

## MHICM Answers and Questions

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## What is MHICM?

“Oh, do not ask,  
‘What is it?’...  
Let us go and make  
our visit.”

(T.S. Eliot)



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## Assertive Community Treatment

- Community Service Delivery Structure
- People with Serious Mental Illnesses
- Individualized
- Team Delivery
- Continuous
- Comprehensive



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# Recovery and Reliance of the Client with Psychosis: Evidence-based Practices

**ACT Principles**

- Multi-disciplinary team:
  - provides services (rather than broker them)
  - shares responsibility, planning, clients
- Low client-staff ratio (10:1)
  - assertive engagement, monitoring
  - frequent community contact
  - 24-hour access to team

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**ACT Principles**

- Individualized treatment & support:
  - flexible services and supports
  - client, natural support collaboration
  - education, practical problem-solving

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**ACT + VA = MHICM**

- Smaller teams (4-8 FTE), daily meetings
- Shorter service hours, on-call access
- Masters-level staff (MSW, RN, Rehab,...)
- VAMC space, service sharing
- Veteran eligibility, benefits
- High users, hospital entry

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# Recovery and Rehabilitation of the Client with Psychosis: Evidence-based Practices

## How did we get here?

- Hospital > Community (1986)
- Clinical Demonstration (1987)
- Family & System Advocacy (1994)
- National Stds. Monitoring (2000)
- Network Planning (2001)
- Program Development (2004)

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## Who should we thank?

- MHICM Teams & Veterans;
- VACO: Paul Errera, Tom Horvath, Larry Lehmann, Mark Shelhorse
- SMI: Miklos Losonczy, Dick McCormick, Steve Berman
- NAMI: Dottie Sayer, Bonnie Banks, June Husted, Jane Fyer, June Judge, Moe Armstrong, Fred Frese;
- NEPEC: Bob Rosenheck, Joe Castrodonatti, Albina Martin, Joan Morrissey, Jonas Anderson.

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## Where are we? Veterans 2003

- 50 years old at entry
- 66% white, 28% black, 3% hispanic
- 49% ever married
- 49% representative payee
- 27 years old at 1<sup>st</sup> hospital stay
- 90% psychotic diagnosis
- 21% co-occurring substance abuse

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### Where are we? Teams 2003

	1997	2003	% change
Teams	40	74	85%
Expenditures	12.6M	26.7M	110%
Clients	2,021	4,108	103%
Assigned FTE	194	393	103%
Filled FTE	166	356	114%
% Filled	86%	91%	6%
Cost/Client	\$6,049	\$6,509	8%
Client/Staff ratio	12.3	12.3	0%

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### Where are we? Services 2003

	1997	2003	% change
Contacted wkly	85%	87%	2%
Contacts/week	1.64	1.35	-18%
60%+ Contacts in community	78%	89%	14%
Discharged	16%	14%	-13%
Client: Alliance	31.4	39.6	26%
ACT Fidelity	4.0	4.0	0%

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### Where are we? Outcomes 2003

	1997	2003	% change
BPRS	-7%	-13%	-83%
BSI	-6%	-13%	-113%
Quality of Life	8%	10%	25%
IADL	1.2%	2.6%	117%
Satisfaction	3.3	3.7	12%
Change IP days	-50	-33	-34%
%Change IP days	-64%	-72%	-13%

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**What is the evidence?**

- Reduced Hospital Use
- Unit Closures
- Cost Avoidance, Savings?
- Improved Access & Continuity
- Reduced Symptoms
- Improved Quality of Life
- Improved Satisfaction

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**Evidence in the Fast Lane**

We know what we know.  
We do what we can.  
We're all short of resources.\*

\*except for "them"  
(and they know who they are)

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**Where are we in 2004?**

- 78 teams, 4300 clients, 426 case managers
- 22 teams with fewer than 4.0 FTE
- 6 teams with caseloads above 15:1
- Teams w/ Unmet Need
- Reliance on Supervised Residences
- Few Peer or Employment Specialists
- Few Psychologists

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# Recovery and Rehabilitation of the Client with Psychosis: Evidence-based Practices

## Where do we need to go?

- Client Rehabilitation Focus
- Client Recovery Support
- Peer / Family / Community integration
- Functional entry/discharge criteria
- Wireless Technology
- Rural / Frontier applications
- Refreshed evidence base

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## How far have we come?



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## How far will we go?



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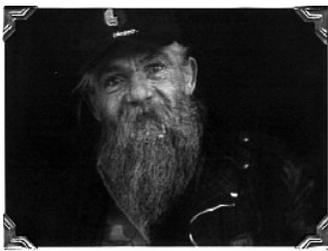
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How far will we go?



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How far will we go?



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Community Membership



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# Recovery and Resilience of the Client with Psychosis: Evidence-based Practices

## Meaningful Work



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## Social Support



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## Affordable Housing



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**What's stopping us?**

- Competing interests
  - Standards vs. Erosion
  - Fiscal competition
- Old views of treatment
- Outdated skills and ways of thinking

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**Diffusion of Innovation**

- Everett Rogers (1962, 1995):
  - People vary in their response to new ideas
    - » Innovators (3%)
    - » Early adopters (14%)
    - » Laggards (16%)
  - Change agents have most luck with opinion leaders, whose behavior influences others, leading to a “tipping point”, when an idea’s adoption increases rapidly.

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**Diffusion of Innovation**

- Ronald Burt (2004):
  - “Tracing the origin of an idea is...largely irrelevant. The trick is, can you get an idea which is mundane and well known in one place to another place where people get value out of it”.
  - The best ideas often come from outside a network, not from within it.

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**Diffusion of Innovation**

- ACT and MHICM are still helping systems to innovate but changes in stakeholders, advocacy, culture, services, evidence, and technology require adjustments and improvements in community services for and by people with serious mental illness.

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**Diffusion of Innovation**

- ACT Change Agents & Advocates:
  - You are bridges between clients and society, “out the box” and bureaucratic worlds.
  - Stay flexible, hang out with strange people, and share good ideas...Sound familiar?

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# Recovery and Empowerment of the Client with Psychosis: Evidence-based Practices

It's Your Move!



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Keep the Ideas Flowing!



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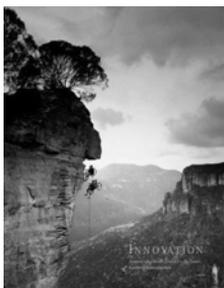
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iNNOVATE!



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We need your Energy & Ideas!



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