Iowa's Center of Excellence for Behavioral Health

Evidence-Based Practices in Behavioral Health Summit

Rural ACT: What It Is, What It Isn't

Mindy Blair MHR, LHMC, LMHP
Community Behavioral Health Director
Heartland Family Service
Council Bluffs, IA

Kristen Penn BSN, RN
Team Lead, RN
Prairie Ridge ACT team
Mason City, IA

Nancy Williams, MD
Professor of Clinical Psychiatry
UIHC ACT team "IMPACT"
Iowa City, IA

September 29, 2023

Learn. Support. Advance.

Disclosures

- None
- ACT nerd

Can ACT work in Rural Areas?

- ACT, like many evidenced based practices, was developed and studied in urban areas
- Model requirements not well suited to rural circumstances
  - “Numbers”- rural areas lack a critical mass of people who need this level of care
  - “Workforce”- limited workforce to staff required multidisciplinary team
- Cost- Higher costs: travel and staffing ratios
- Fidelity – unlikely to meet standards given numbers and workforce

Administration and Policy in Mental Health
Vol. 25, No. 2, November 1997

IMPLEMENTING ASSERTIVE COMMUNITY TREATMENT PROGRAMS IN RURAL SETTINGS

Elizabeth C. McDonel, Gary R. Bond, Michelle Salyers, Dawn Fekete, Annabel Chen, John H. McGrew, and Larry Miller

ORIGINAL PAPER

Comparison of Assertive Community Treatment Programs in Urban Massachusetts and Rural North Carolina

Dan Siskind · Elizabeth Wiley-Exley

Psychiatr Q (2013) 84:103–114
DOI 10.1007/s11126-012-9231-5

ORIGINAL PAPER

Adaptation of Intensive Me… Management to Rural Com… Health Administration

Somaia Mohamed

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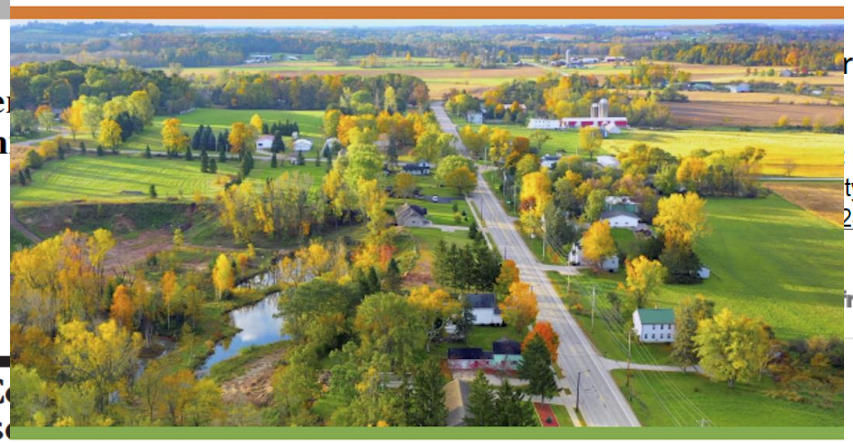
An APA and SAMHS… | SAMHSA

actice, Unique Place: Exploring Two Community Treatment Teams in Maine

…roeder

…Rebecca A. Schroeder (2018) Unique Practice, Unique Place: Exploring Two …ty Treatment Teams in Maine, Issues in Mental Health Nursing, 39:6, 499-505, …2840.2017.1413460



A Comparison of Assertive C… Treatment and Intensive Cas… Management for Patients in …

Piper S. Meyer, Ph.D.
Joseph P. Morrissey, Ph.D.

Psychotherapy

Improving Behavioral Health Services for Individuals with SMI in Rural and Remote Communities

Increasing the Availability of Evidence-Based Practices in Rural and Remote Communities for Individuals with SMI

August 2021

ROBERT L. TRESTMAN, MD, PhD

…frontiers | Frontiers in Public Health

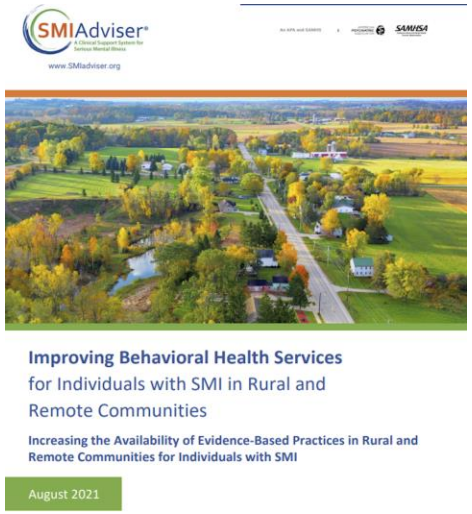
ORIGINAL RESEARCH
published: 22 July 2022
doi: 10.3389/fpubh.2022.913159

Rural Assertive Community Treatm… Telepsychiatry

Flexible Assertive Community Treatment in Rural and Remote Areas: A Qualitative Study of the Challenges and Adaptations of the Model

Kristin Trane[1], Kristian Aasbrenn[2], Martin Rønningen[2], Sigrun Odden[1], Annika Lexén[3] and Anne Signe Landheim[4]*

ACT in a Rural Areas
Literature



- Modified versions of ACT exist; no clear winner.
  - 9/14 states describe modifications to the model
    - Higher staff to client ratios, smaller teams
    - Modified fidelity tool, Request for exception for the 7 “core components” (MI)
    - “CARE” teams; less intensive than ACT
- Outcomes – not standardized
- Need funding which accommodates higher costs
- Flexible ACT= Netherlands version of ACT, most researched; Norway is implementing; not yet in US

ACT in a Rural Areas – NAW Interviews
Minnesota

- 5 counties, One medium density and four low density
- 2986 sq mi
- 70,147 population; census 39 (predicted = 42)
- Farthest visit 90 minutes
- 1:6 ratio
- Doc is telehealth, T/Th afternoons; availability other hours
- 7 staff; Team meeting 3.30pm-4.30 pm
- Send car home with each staff and schedule geographically

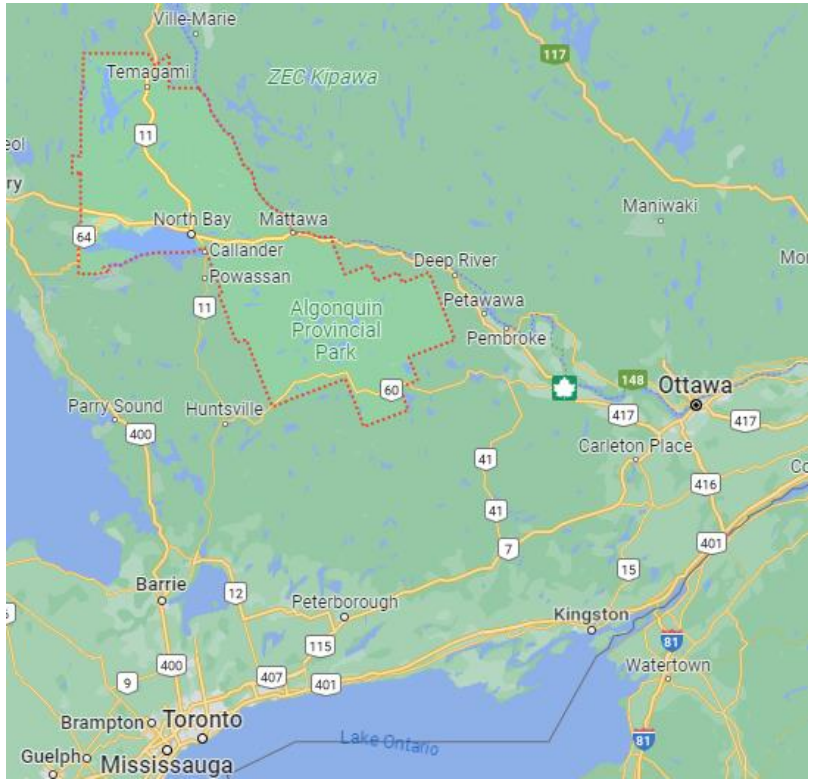
ACT in a Rural Areas- NAW interviews
Western North Carolina

- "Small team" 990 sq mi. Cherokee (m), Clay (m), Graham (l) = 45 (predicted= 30) 1:6
- "Med team" 1555 sq mi. Jackson (m), Macon (m), Swain (l) = 60 (predicted =57) 1:8
- "Large team" Haywood, Buncombe (includes Asheville) = 60 (predicted= 201) 1:8

- Challenges
  - Agency = Workforce: open positions x 3-4 years. Nursing hardest.
    - Speak at local colleges, job fairs, advisory boards, internships always offered
  - Clients: finding housing, transportation
    - Their clients *can* live in group homes and receive ACT
  - No visits on Sundays
  - Farthest distance to do a visit is 75 minutes

ACT in a Rural Areas- NAW interviews
North Bay area, Ontario

- ~85,000 population; census 64 (predicted 51)
- 4330 sq miles
- 11 FTE staff; ~1:6 ratio
- 90 minutes furthest visit
- “Farthest edge”: once per week
- Optimal twice weekly visit
- Discuss option to relocate
- Effects of meth on housing; effect of opioids
- Cost based funding
- 5 fleet vehicles, plans to address this.



What is critical?

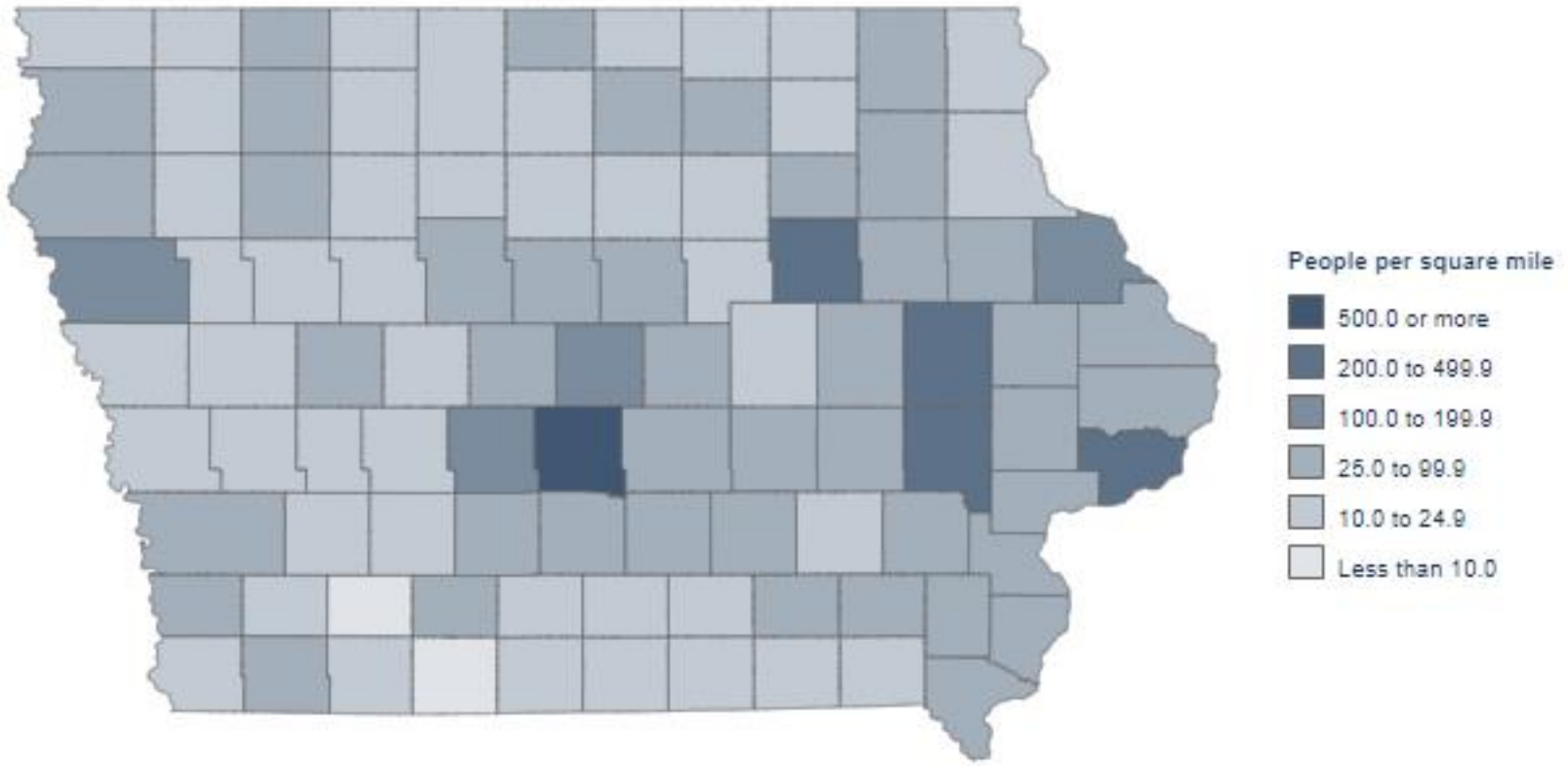
- Outreach
- Delivery of services in the community
- Holistic and integrated services
  - Focus on recovery, shared decision making, treatment planning, use of community resources
- Continuity of care

Bond G, Drake R. The critical ingredients of assertive community treatment World Psychiatry 14:2- 2015

Goscha RJ, Rapp CA, Bond GR et al. Case management and community psychiatry. In: McQuistion HL, Sowers WE, Ranz JM et al (eds). Handbook of community psychiatry. New York: Springer,2012:293-308.

ACT in Iowa

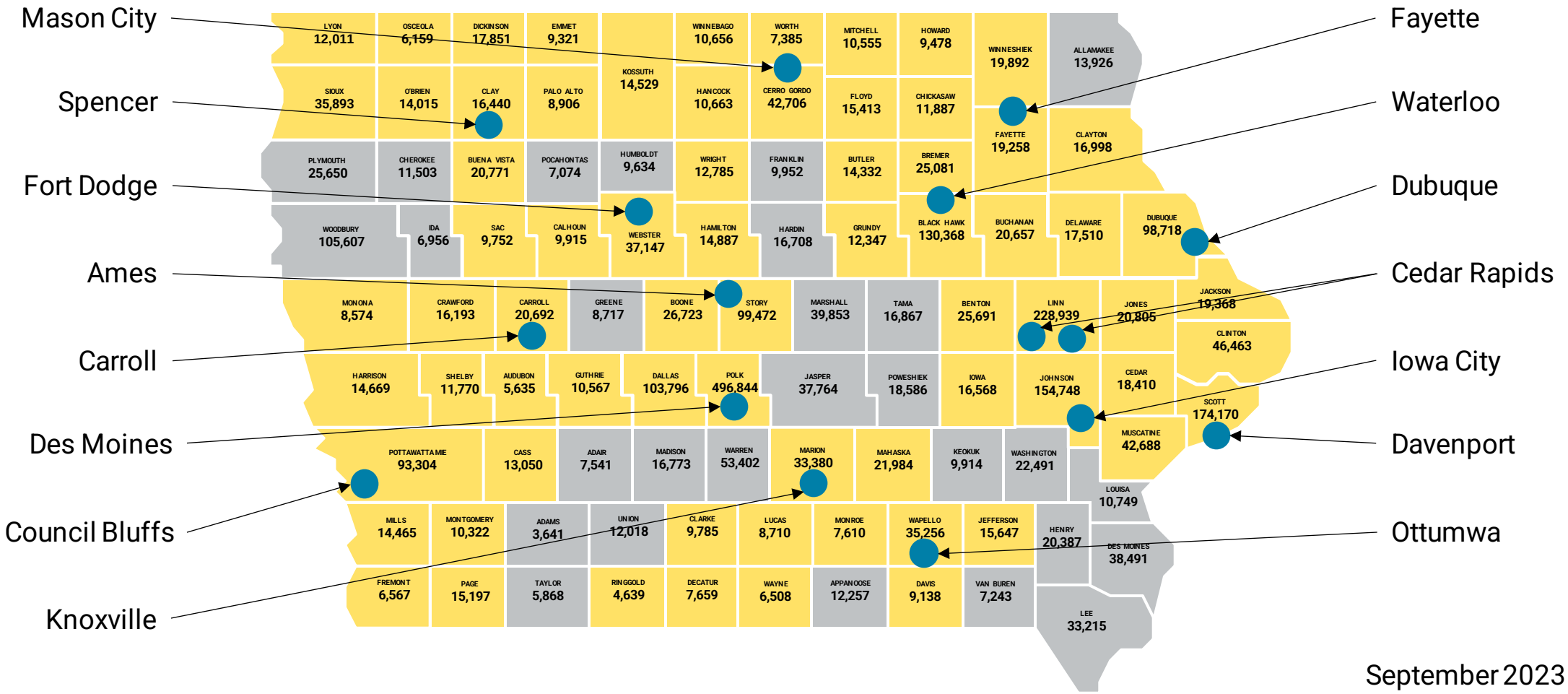
Population Density in Iowa Counties: 2020



ACT Teams in Iowa- by City

Iowa Total Population: 3,193,079

2021 County Population Data



September 2023

Adult Population, ACT Needs and ACT Teams

*High >100 per sq mile.
** Med 50-100 per sq mile
*** Low <50 per sq mile

	Total Population/ % of state	Area Sq miles/ % of state	Predicted Needs	Current Clients	% of Predicted in ACT
High Density* 9 counties	1,584,377 50%	5572 10%	951	447	47%
Medium Density** 13 counties	560,113 18%	7583 13%	336	208	61%
Low Density*** 77 counties	1,045,879 32%	43,121 77%	628	63	10%
Total	3,190,369	56,276	1914	718	38%

Rural ACT: What it is, What it isn't

- It **is not** well defined, no "rural ACT recipe"
- It **is** being practiced, usually in modified form, usually using the critical core components established in ACT … but it **isn't** always going to meet traditional fidelity standards
- It **is** more expensive

Bottom line:

… It **is** critical to get care to people who need it in rural areas

Agencies in Iowa are piloting "Rural ACT"

TIMELINE

2019-2020

Initial Planning began to expand ACT services into all 9 counties of the SWIA MHDS Region

2020-2021

Focused on serving current ACT clients during COVID-19 pandemic, progress on Rural ACT was halted

JANUARY 2022

- SWIA MHDS Region provided start up funds for Rural Act
- Leased office space in Harlan, IA

MARCH-DECEMBER 2022

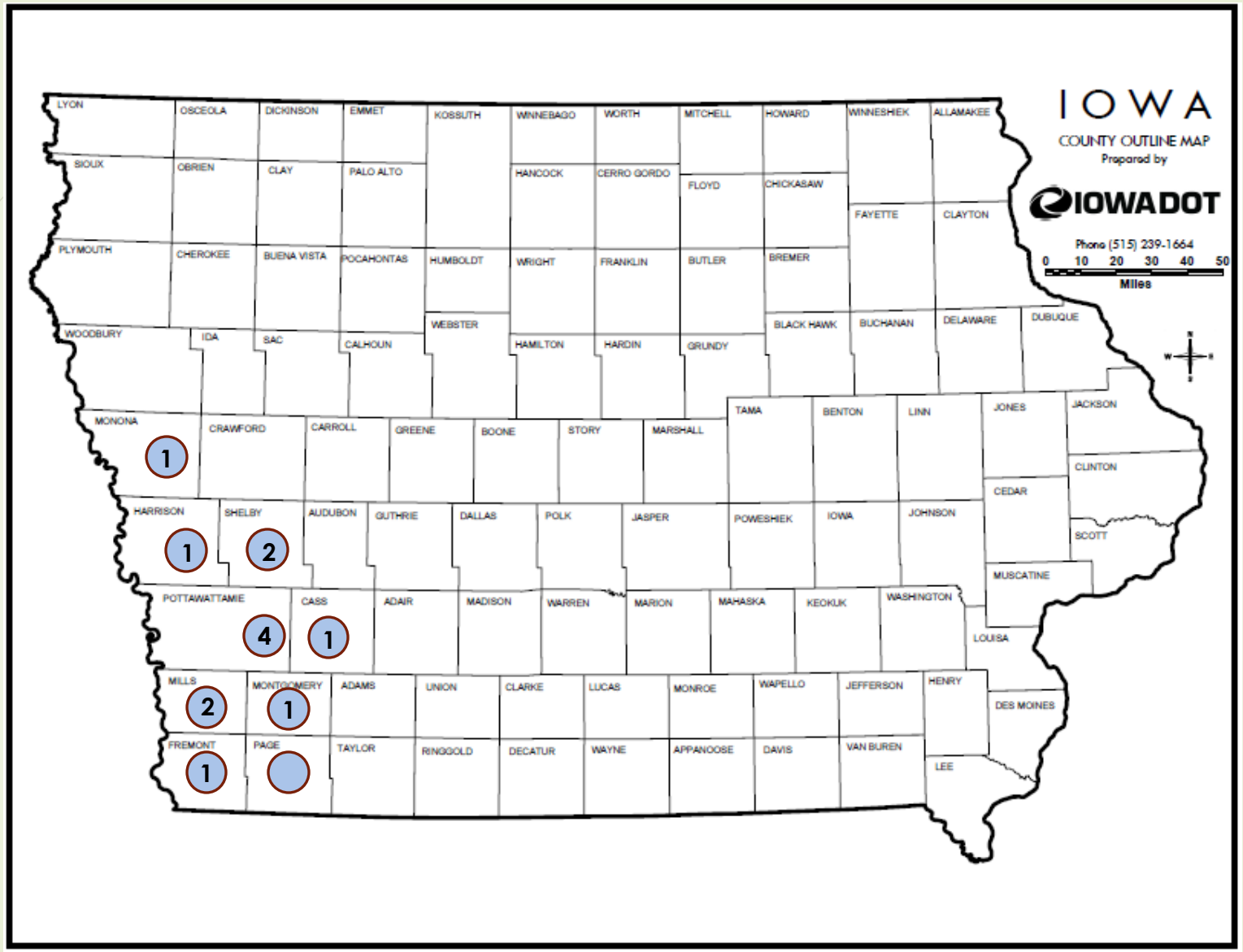
- Began hiring staff
- Admitted 1st client in May of 2022
- 9 active clients at end of year
- Some staff turnover, no turnover in ARNP role

2023

- Current census-13
- Some clients have transferred between CB and Rural ACT

Rural ACT

- Serving 13 clients in SWIA MHDS Region
- 50% of clients live 50+ miles from either our Harlan or CB Office-100+ miles round trip
- 3 FTE in June and July
  - 5871 Total miles driven in July
  - 5257 total miles drive in June
- August 2023 received approval for Rural ACT staff to be eligible to keep a vehicle at their homes, designating their home as the primary place of employment
- Never been fully staffed
- Higher staff turnover rate than our Council Bluffs team


IOWA
COUNTY OUTLINE MAP
Prepared by
IOWADOT
Phone (515) 239-1664
0 10 20 30 40 50
Miles
LYON
OSCEOLA
DICKINSON
EMMET
KOSSUTH
WINNEBAGO
WORTH
MITCHELL
HOWARD
WINNESHIEK
ALLAMAKEE
SIOUX
O'BRIEN
CLAY
PALO ALTO
HANCOCK
CERRO GORDO
FLOYD
CHICKASAW
FAYETTE
CLAYTON
PLYMOUTH
CHEROKEE
BUENA VISTA
POCAHONTAS
HUMBOLDT
WRIGHT
FRANKLIN
BUTLER
BREMER
WOODBURY
IDA
SAC
CALHOUN
WEBSTER
HAMILTON
HARDIN
GRUNDY
BLACK HAWK
BUCHANAN
DELAWARE
DUBUQUE
MONONA
CRAWFORD
CARROLL
GREENE
BOONE
STORY
MARSHALL
TAMA
BENTON
LINN
JONES
JACKSON
CLINTON
CEDAR
SCOTT
HARRISON
SHELBY
AUDUBON
GUTHRIE
DALLAS
POLK
JASPER
POWESHIEK
IOWA
JOHNSON
MUSCATINE
POTTAWATTAMIE
CASS
ADAIR
MADISON
WARREN
MARION
MAHASKA
KEOKUK
WASHINGTON
LOUISA
MILLS
MONTGOMERY
ADAMS
UNION
CLARKE
LUCAS
MONROE
WAPELLO
JEFFERSON
HENRY
DES MOINES
FREMONT
PAGE
TAYLOR
RINGGOLD
DECATUR
WAYNE
APPANOOSE
DAVIS
VAN BUREN
LEE
1
1
2
4
1
2
1
1

Adjust staffing plan

Proposed staffing

2 small teams covering 4 counties each with following roles on each team:

- .5 FTE prescriber
- .5 FTE RN
- 1 FTE Team Lead/therapist
- 1 FTE Rehab Specialist
- .5 FTE Peer Support Specialist
- 2 PT Support Staff

Initial Team

For about 3 months our team had the following roles:

- Team Lead also Ph.D. Nurse
- .5 FTE prescriber
- 1 FTE rehab specialist
- 1 FTE OPEN therapist
- Therapy intern shared between both rural and CB Team
- .5 FTE OPEN peer support-CB ACT Peer Support did see some of our clients during this time
- .5 FTE Support Staff

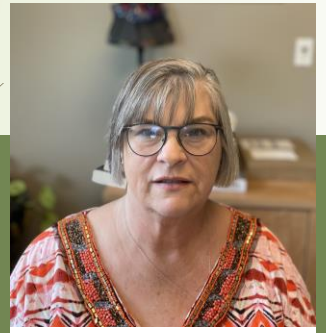
Adjusted staffing plan

Current Staffing:

- .75 prescriber-also covering some of the clinical aspects of Team Leader
- 1 FTE Team Lead
- 1 FTE Rehab Specialist
- .5 FTE RN-shared with IHH Team
- .5 FTE Therapist-started in September
- .5 FTE OPEN Peer Support-recently opened up
- .5 FTE Support Staff

MEET OUR TEAM

JOANNE OLSEN
Nurse Pract./
Clinical Supv



TERRI WITT
Team Lead

SARAH GARCIA
Rehab Specialist

SHAWNEE SULLIVAN
RN

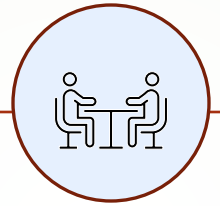
MARY OETTER
Therapist

CARLEE EWOLDT
Support Staff

HOW WE GET THERE

AGENCY CULTURE

- Leadership needs to understand ACT model and be open to innovation
- Be committed to building relationships and hiring staff in local communities
- Work to retain quality staff
- Best Places to Work results
- Low Turnover rate



STAKEHOLDERS

- Educate about ACT Model
- Be open to discuss all referrals
- ACT Fidelity importance
- Community connections are key. Passion and belief in the ACT model are necessities to start and grow a team/census.

STATE ADVOCACY

- Licensure requirements
- Increase rates for ACT
- Rural ACT is more expensive
- Adequate safe, affordable housing for urban and rural clients
- Some flexibility in staff requirements, hiring in rural areas can be difficult

Thinking outside of the box:

- How do we partner with existing agencies/organizations?
- Housing approaches:
  - Collaborating with Permanent Supportive Housing programs
  - Tiny House villages
  - Rethinking guidelines around duplication of services. Some clients may need a group home along with ACT to really meet their needs in a rural community
- Take activities to the client
  - Basketball
  - Games
  - Art Supplies

Tips from the Team

- Providing MAT in our treatment integrates dual diagnosis care when substance use is not the primary issue.
- Strengths based team building- ex substance use background, interest in voc rehab, desire to expand knowledge and skills in needed areas, exploring full scope of practice, etc. Helps us meet fidelity with limited staffing.
- Housing shortages in urban areas has opened up referrals, but housing shortages in rural areas mean a rural client becomes an urban client, if unable to secure rural housing.
- Hospitalizations for Psych % may be a positive statistic, though one client may drag that percentage down a lot right now :/
- Learning and modeling from an urban team helped us get started, then had to be open and innovative to integrate that knowledge with our rural experiences. What works in the city, may not work in the country and we have to be adept and figure it out. I like a city mouse and country mouse comparison for this.
- Shout out to audiobooks and podcasts!
- Specific challenge: building a team when distance is a barrier, need to always be improving communication and have servant leaders who roll up their sleeves to serve clients.

Prairie Ridge Integrated Behavioral Healthcare

Rural ACT Team

Timeline

Aug 2021

Began hiring staff per grant requirements

Dec 2021

Fully staffed and admitted first ACT client

Dec 2022

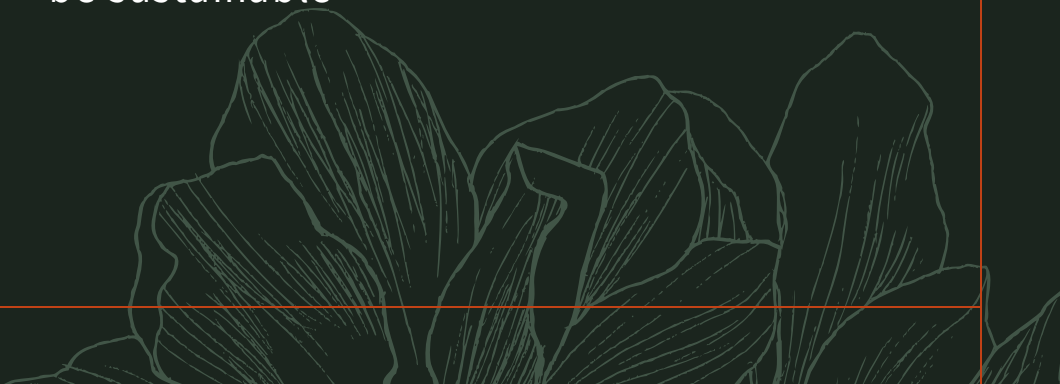
First fidelity review – scored 118 (good) out of a possible 140 – identified areas

Aug 2023

Initial grant funding ended – need 35 clients to be sustainable

Sept 2023

Awarded SAMHSA grant



Staffing

Initial Team:

Team Lead – 1.0 FTE

Psychiatrist - .25 FTE

Nurse – 1.0 FTE

Community Support Specialist – 1.0 FTE

Employment Specialist – 1.0 FTE

Peer Support Specialist – 1.0 FTE

Program Assistant – 1.0 FTE

Current Team:

Team Lead – 1.0 FTE

Psychiatrist - .25 FTE

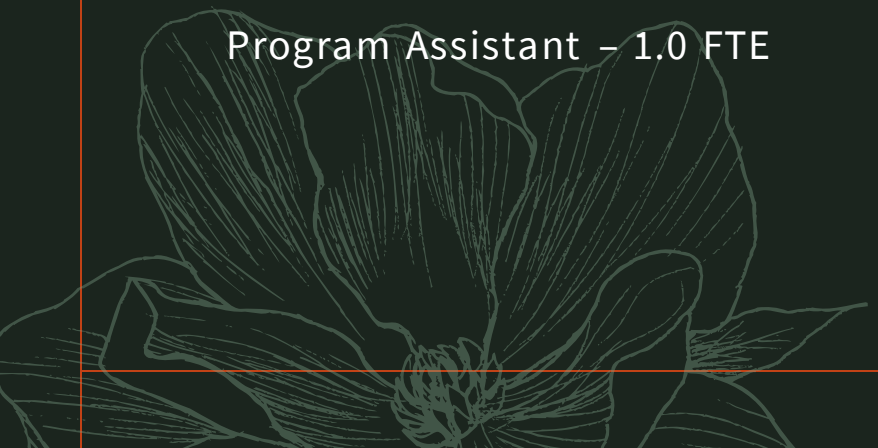
PMHNP - .25 FTE

Nurse – 1.0 FTE

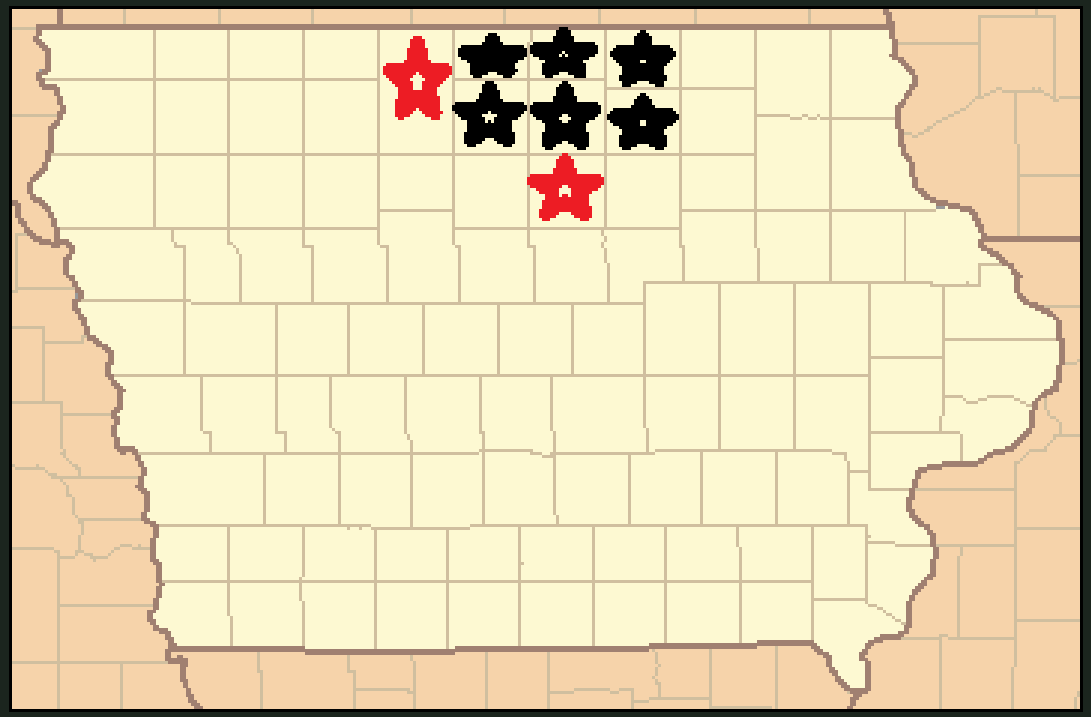
Community Support Specialist – 1.0 FTE

Employment Specialist – 1.0 FTE

Peer Support Specialist – 1.0 FTE



Coverage Area

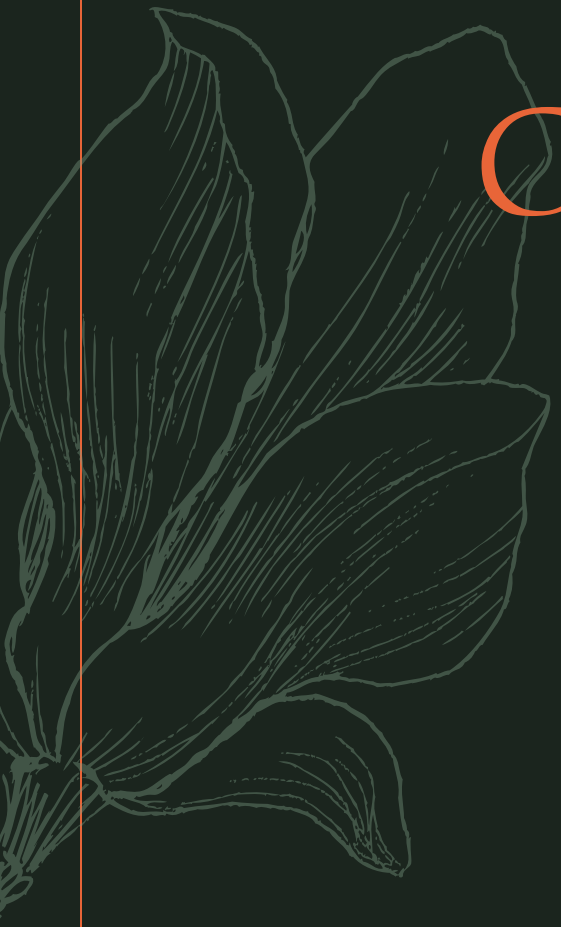


- We began serving a 25-mile radius
- Recently expanded to include neighboring counties (July 2023)
  - Cerro Gordo – 23
  - Worth – 2
  - Mitchell – 1
  - Floyd – 6
  - Franklin – 1
  - Winnebago - 1
- Furthest client is currently 68 miles round trip
- Will cover 8 county radius as part of our new grant funding, increasing travel time to approximately 1.5 hours each way

Rural ACT

About our team:

- Currently serving 34 patients in 5 counties
- 17 clients discharged in 21 months
- Began admitting clients on a 6-month trial basis
- Staff drive approximately 500 miles per month
- Staff turnover – 5 positions in 18 months
- Goal of 48 patients by 9/2024 and 70 patients by 9/2025



Challenges from the field

Growth

- How to get quality referrals
- Admission criteria
- Discharging clients
- Dual diagnosis clients

Staffing

- Filling open positions/turnover
- On-call coverage
- Vehicles/mileage
- Adjusting length of visits

Community

- Lack of resources (especially housing)
- Less access to emergency crisis services
- Providers worry ACT will steal their clients

Summary

- Rural teams are more expensive and come with unique challenges – funding options
- Partnering with other local agencies is crucial to providing optimal services to clients
- Staff will often work outside their standard “role”
- Providing flexibility and ways to contribute to staff engagement

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Kristen Penn, BSN, RN
ACT Team Lead, RN
Prairie Ridge ACT Team

SCAN ME

SESSION SURVEY

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