Wisconsin Public Psychiatry Network Teleconference (WPPNT)

- This teleconference is brought to you by the Wisconsin Department of Health Services (DHS), Division of Care and Treatment Services, Bureau of Prevention Treatment and Recovery and the University of Wisconsin-Madison, Department of Psychiatry.
- Use of information contained in this presentation may require express authority from a third party.
- 2024, Christine Ahrens, Reproduced with permission.

WPPNT Reminders

How to join the Zoom webinar

• Online: https://dhswi.zoomgov.com/j/1606358142

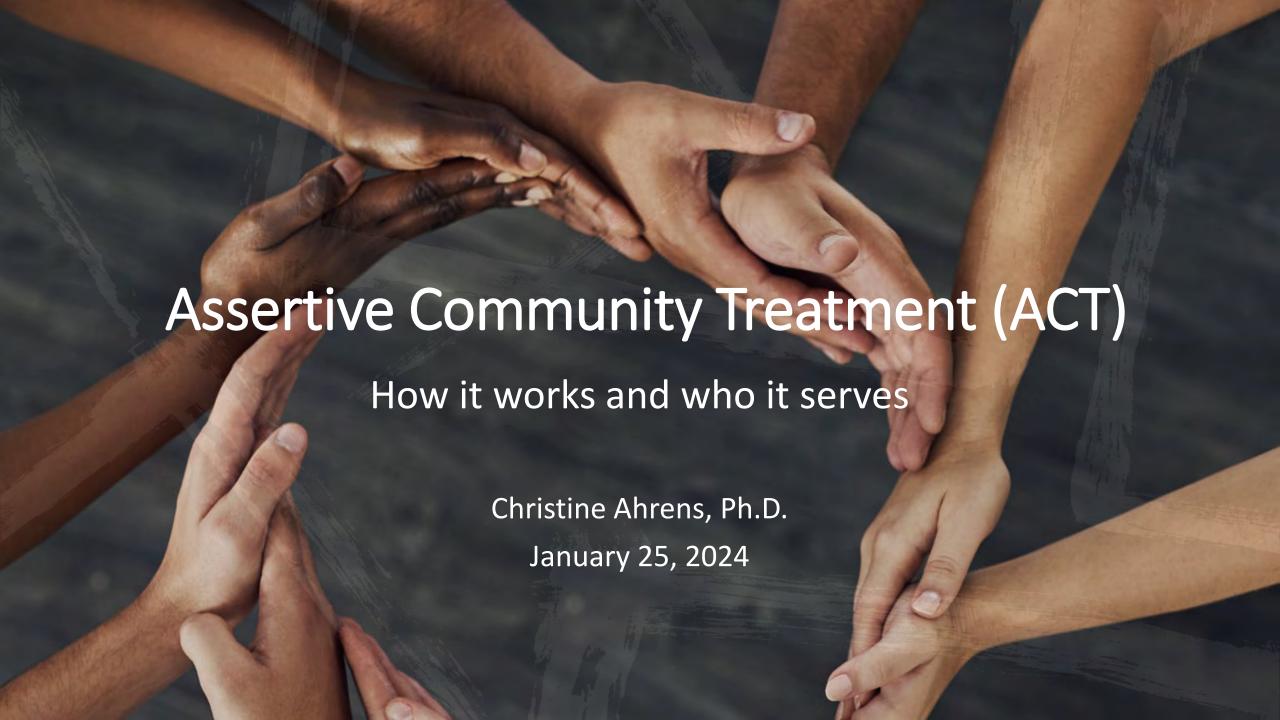
• **Phone:** 669-254-5252

• Enter the Webinar ID: 160 635 8142#.

- Press # again to join. (There is no participant ID)

Reminders for participants

- Join online or by phone by 11 a.m. Central and wait for the host to start the webinar. Your camera and audio/microphone are disabled.
- <u>Download or view the presentation materials</u>. The evaluation survey opens at 11:59 a.m. the day of the presentation.
- Ask questions to the presenter(s) in the Zoom Q&A window. Each presenter will decide when to address questions. People who join by phone cannot ask questions.
- Use Zoom chat to communicate with the WPPNT coordinator or to share information related to the presentation.
- <u>Participate live to earn continuing education hours</u> (CEHs). Complete the evaluation survey within two weeks of the live presentation and confirmation of your CEH will be returned by email.
- A link to the video recording of the presentation is posted within four business days of the presentation.
- Presentation materials, evaluations, and video recordings are on the WPPNT webpage: https://www.dhs.wisconsin.gov/wppnt/2024.htm



A Transdisciplinary Team

- Professionals from multiple disciplines work together
 - Meeting the diverse needs of people with severe and persistent mental illnesses
 - o Community-based
 - o Comprehensive
 - o As long as needed



Medical Staff

• 1 psychiatrist

- o Full time
- Provides medical direction to the team
- Supervises 4-5 nurses
- o Participates in treatment planning
- Sees clients in the community as needed
- Provides on-call services
- Available for consultation to team members and in ACT training



Medical Staff

• 4-5 nurses

- Help clients establish primary health care in the community
- Schedule and accompany clients to primary and specialty appointments as needed
- Provide consultation to the team and in ACT training
- o Review and set up medications
- Provide medical assessment and triage



Rehabilitation Staff

• 3 psychology staff

- Provide direction on behavioral and therapeutic interventions
- o Participate in treatment planning
- See clients in the community as needed
- o Provide on-call services
- Provide consultation to the team and in ACT training



Rehabilitation Staff

- 11 professionals from diverse disciplines
 - Have specialties in social work, vocational and substance use counseling, occupational therapy, housing, and peer support
 - Provide consultation to the team and in ACT training
 - Provide services and develop resources for assigned clients
 - Serve as the system-wide case manager



Administrative Staff

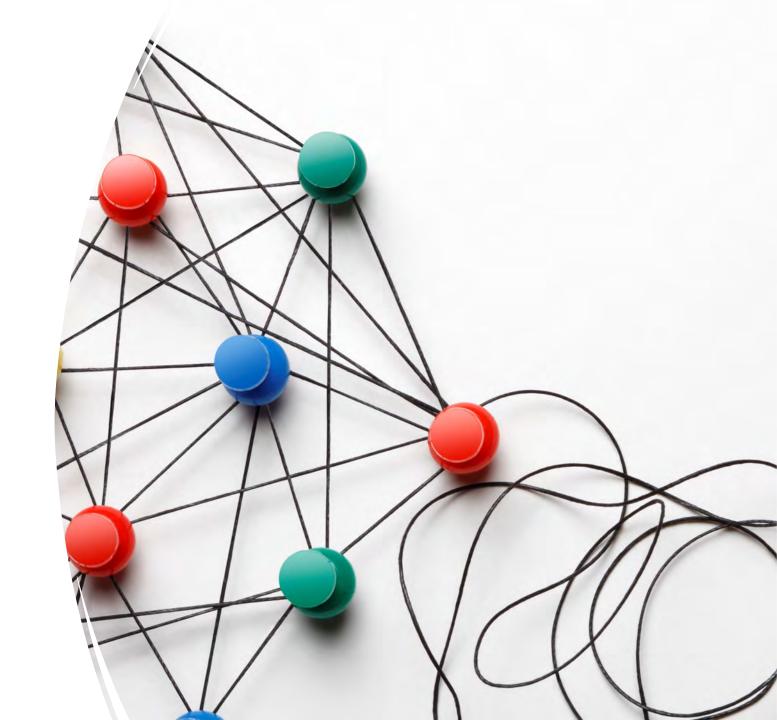
- 2 administrative staff
 - Manage the front desk
 - o Answer phones
 - o Complete data entry and billing
 - o Help with organization
 - o Provide triage





All Staff

- Coordinate services in a daily, structured meeting
 - o Review and assign all tasks
 - Convey necessary information between team members and across shifts
 - Address emergent situations
 - Integrate approaches from specialty consultation
 - Provide/receive case-based supervision





All Staff Members

- Work together in multiple permutations to form mini-teams based on individual client needs
- Convey a unified treatment message
- Provide consistency

Diagnostic Categories

- Help with communication among
 - o Providers
 - o Insurance
- Limitations
 - o Oversimplification
 - o Reduced options
 - o Cause for fear and hopelessness

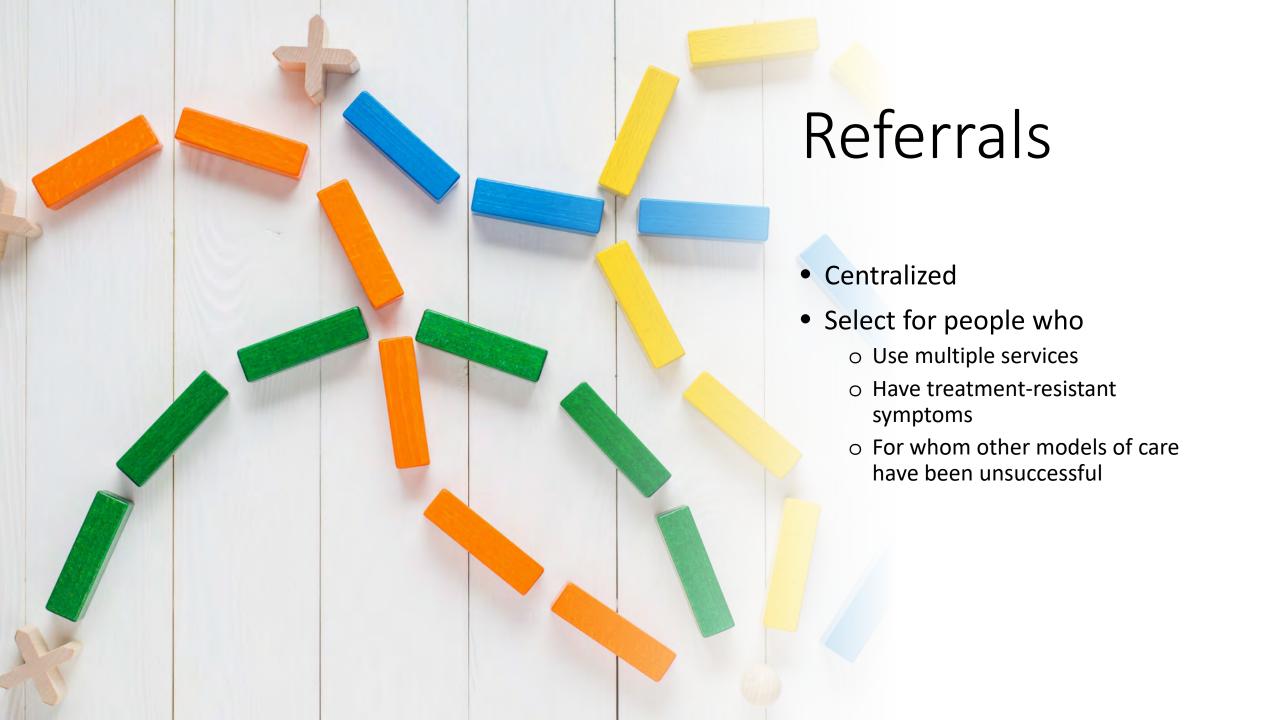




Who We Serve

- Up to 150 people with severe and persistent mental illness
 - Need and can benefit from comprehensive medical and rehabilitation services
 - o Able to live in the community
 - Most are diagnosed with schizophrenia





Services

- Address a broad range of bio-psycho-social needs
 - o Side-by-side life coaching
 - Help clients assume valued social roles
 - o Age-appropriate





Independent Living

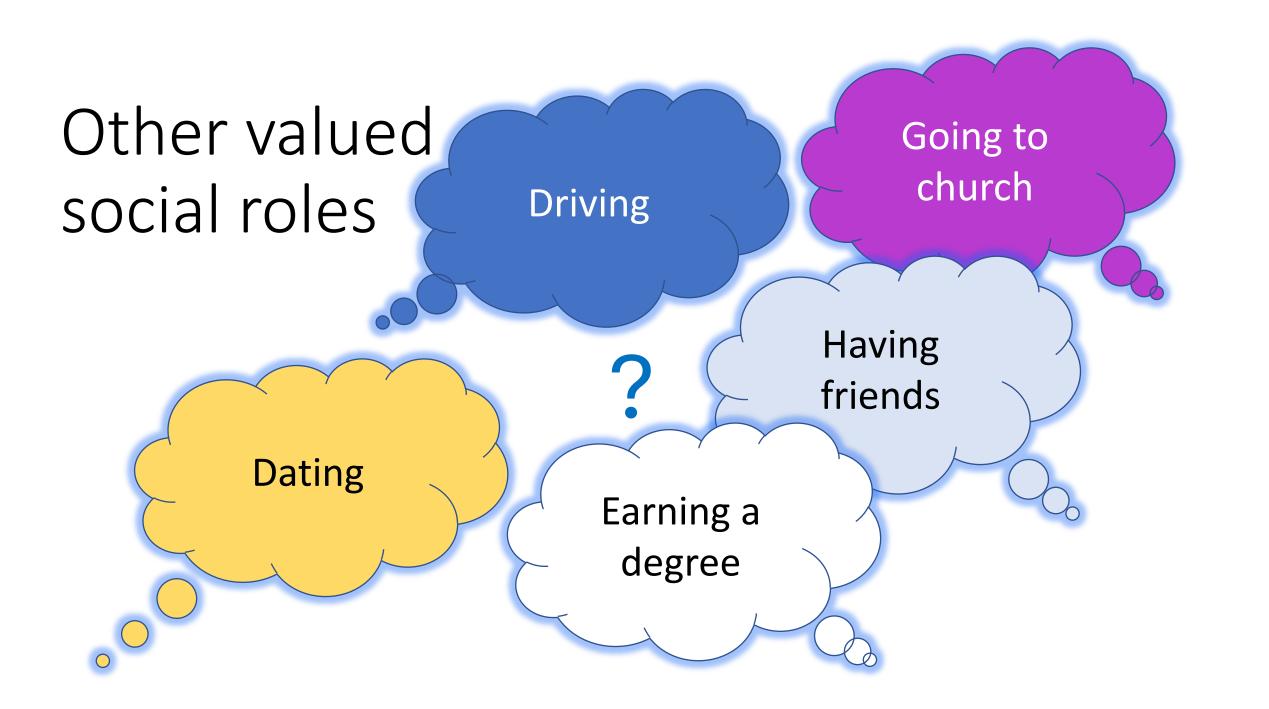
- Represents autonomy and privacy
- Requires skills to maintain
- Presents an avenue for learning and coaching
- Promotes responsibility



Employment

- Community integration
- Income
- Structure
- Meaning





Evidence Base

- Short-term study on Training in Community Living established the evidence base for ACT
- Reduced need for hospitalization
- Improvements in adult role functioning
- Improvements were lost when support was discontinued











Prospective Longitudinal Research

- The largest prospective study of services for people with severe and persistent mental illness;
 1978 to 1988
- Led to the Continuous Treatment Team (CTT) approach

Effectiveness

- Patient Outcomes Research Team (PORT)
 Studies support efficacy and cost effectiveness
- Surgeon General's report addresses Mental Health and recommends ACT for the most severely ill
- International replications





Expansion in Services to Diverse Populations

- Dual diagnosis
- Rural areas
- Homelessness
- Corrections involvement
- Early intervention





PACT Recovery Logo

- Designed by clients
- Used in Facebook anti-stigma campaign

PACT: Proud Past, Promising Future



