



ACT Institute
for Recovery-Based Practice

**ACT Town Hall #1: Reconceptualizing the Delivery of ACT in Our Challenging
Environment
June, July and August 2020**

ACT Institute

Center for Practice Innovations at Columbia University Department of Psychiatry &
New York State Psychiatric Institute

ACT Town Hall: Reconceptualizing the Delivery of ACT in Our Challenging Environment

During the months of June, July, and August of 2020, the ACT Institute at the Center for Practice Innovation (CPI) hosted a series of virtual Town Halls for all Assertive Community Treatment (ACT) providers in New York State (NYS). The original purpose of these Town Halls was to discuss the impact that the COVID-19 pandemic had on the ACT model of care. Specifically, the Town Hall was an opportunity for ACT providers to discuss the unique challenges that arose for ACT providers, ACT service participants, and the overall delivery of ACT services during the pandemic. However, recent acts of police brutality in the United States, the ensuing social unrest globally, and the nationwide discourse concerning systemic racism in the United States prompted the ACT Institute to shift its focus. Considering the significance of these impactful, historical events, the purpose of these Town Halls is to provide insight on the implications that the COVID-19 pandemic, police brutality, social unrest, and systemic racism have had on the ACT model, ACT providers, and ACT service participants, and to identify areas of improvement for service delivery.

The Center for Practice Innovations: A History

The CPI is an organization affiliated with the Columbia University Department of Psychiatry and the New York State Psychiatric Institute. Its mission is to advance the delivery of evidence-based behavioral health care services in order to ensure the optimum recovery for all individuals and families. CPI achieves this goal by developing and implementing robust educational courses and training, consultations, guidelines, manuals, and toolkits. CPI is supported by the NYS Office of Mental Health (NYS-OMH).

ACT Institute

The ACT Institute is an initiative within CPI that provides education, training, and support for all ACT providers in NYS. Training, which is provided by staff members of CPI and the ACT Institute, are based on a curriculum grounded in evidence-based practices and standards implemented by the NYS-OMH.

Events

COVID-19

On March 11, 2020, the World Health Organization (WHO) characterized COVID-19 as a pandemic (Ghebreyesus, 2020). Following suit, NYS Governor Andrew Cuomo signed the “New York on PAUSE” executive order which banned all non-essential in-person gatherings and mandated that all non-essential businesses shift to remote work situations (New York State [NYS], 2020). The executive order also required ACT providers to continue their work with participants in a remote setting. While the necessity to conduct ACT services remotely revealed new challenges for ACT providers and organizations, it also opened up opportunities for ACT providers and participants to seek new and creative ways to continue their work together (e.g., telephonic contact). Lessons learned during this time may provide new opportunities that can foster greater flexibility and innovation in the ACT model moving forward. This may pave the way for greater flexibility and attention to ACT participants’ individual preferences in their utilization of ACT in the context of their personal recovery goals, ultimately resulting in improved outcomes for participants.

NYS-OMH Guidelines for ACT Providers During COVID-19

Within the first month of the NYS lockdown, the NYS-OMH released a list of guidelines for all ACT providers to follow during this period. In general, the NYS-OMH made

approval/attestation easier in order for providers to utilize telemental health (New York State Office of Mental Health [NYS-OMH], 2020).

ACT Program Operations. All ACT programs in NYS are required to continue all of their operations remotely in order to adhere to the NYS-OMH waiving in-person requirements for providing mental health services. NYS-licensed practitioners are allowed to practice outside NYS. ACT teams are to continue their morning meetings virtually or by phone in order to make sure that all of their participants' needs are being met. ACT providers and prescribers are also required to contact each of their participants by phone or virtually at a minimum of one (1) outreach effort per week. They are also required to make further contact with their participants if there is an urgent change in their situation (i.e. medication review or administration, etc.) (NYS-OMH, 2020).

Documentation. The NYS-OMH also released new guidelines for documentation during the lockdown period. In tandem with remote service delivery, ACT providers are permitted to create initial Service Plans and assessments via telehealth methods. These plans should all focus on the immediate needs of the participant spanning medication management, health and safety needs, and acute psychiatric symptoms. All required signatures for documentation, which includes participant and physician signatures, could all be obtained verbally and documented in their records. Documentation guidelines also relaxed assessment and Service Plan requirements that did not require assessment and Service Plan updates. This allowed ACT providers to continue working under existing Service Plans. Specific timeframes for the creation of initial Service Plans were also waived (NYS-OMH, 2020).

Utilization Review. Lastly, the NYS-OMH relaxed internal utilization review (UR) requirements for ACT providers during the lockdown. Specifically, ACT providers were

permitted to suspend all their internal, written UR procedures for the duration of the disaster emergency, recommencing once it concludes. Minimum requirements to submit Medicaid FFS and Medicaid managed care claims were reduced by NYS (NYS-OMH, 2020).

Police Brutality: The Murder of George Floyd

On May 25, 2020, George Floyd, a Black man, was killed by four members of the Minneapolis Police Department. News of the event, which spread rapidly on social media and news outlets, sparked widespread outrage and social unrest across cities in the United States and around the world. Along with the killings of Breonna Taylor and Ahmaud Arbery, the murder of George Floyd also initiated a nationwide dialogue on the impact of racism in American society. The ACT Institute recognized the significant impact that these events could have on not only the lives of ACT participants and their interactions with law enforcement, but ACT providers themselves.

ACT NYS Provider Town Hall Meetings

Town Hall # 1

The first Town Hall was held on June 6, 2020 from 2:00 PM to 3:30 PM and was facilitated by ACT Institute staff members Dr. Helle Thorning, Pascale Jean-Noel, and Luis Lopez, with the participation of ACT Institute staff, Dr. David Lowenthal, Krystal Ayala, Abaigael Duke, Noah Lipton, Gary Scannevin and MSW Interns Jenny Ariza-Umaña and Joshua Binag. Fifty-six (56) individuals from 21 different ACT Teams based in New York City (24), Western New York (14), Central New York (5), Hudson River (10), and Long Island (4) participated in this discussion. It was hosted virtually using Adobe Connect, a digital platform where individuals could participate and interact with one another via computer audio, dial-in

phone number, or in the participant chat box. The facilitators also used poll questions and short answer polls on the platform to help facilitate the overall dialogue.

As originally intended, ACT providers utilized the Town Hall to discuss the challenges that they themselves and their participants faced during the COVID-19 pandemic. They also discussed and exchanged information and resources regarding COVID-19. Considering the recent killing of George Floyd and the ensuing social unrest, the First Town Hall was reconceptualized to also allow providers to discuss the impact of these events on themselves, their circle of family and friends, and their participants, social supports, and communities. Providers also discussed issues related to interactions with the police, social justice, systemic racism, and White supremacy. Providers were encouraged to use this platform to share their own experiences. In the following, we will first report on the dialogue related to COVID-19. This will be followed by a dialogue about the social unrest following George Floyd's death and its impact on ACT providers.

COVID-19.

In this Town Hall, ACT providers discussed their experiences working remotely during the pandemic and the anxieties that they first experienced when NYS initiated the lockdown requirements as described above.

Balancing work and family challenges in the initial phases of the COVID-19 Pandemic. Providers expressed that they initially were in a state of shock as they, along with the rest of New York State, had to figure out how to continue to work remotely given that the ACT model is designed for active outreach and work in the community. Moreover, they also spoke to their personal situations, whether having to care for young children, establish home schooling for their children, having children from college return home, and or caring for at risk family

members. This initial phase of having to pivot to a new reality with regards to ALL aspects of life created a great deal of stress for ACT providers. This was described as a sense of frustration and anxiety in how to make this work on a personal level and with regards to the ACT participants that they serve. Most worrisome was the initial feeling of helplessness when they were having difficulties in reaching participants remotely. Providers also expressed great anxiety around contracting the virus if they were asked to go into the community, and possibly putting their own family members at risk. Moreover, participants in the Town Hall also expressed a great deal of anxiety about personal and family safety when they eventually would have to return to the field.

Agencies response to COVID-19. From the participants on the call there seemed to be great variability in how agencies handled this enormous change for all. One provider mentioned that their agency offered a support group for staff members who experienced loss during the COVID-19 pandemic.

Pivoting to Safe practices in the context of COVID-19. As everyone tried to adapt to the changes in practice brought about by COVID to ensure provider and participant safety, providers reported that they felt that they had been able to pivot to work remotely as a team and with their participants. Providers mentioned that their teams rose to the challenge and found new ways to provide the best quality services despite working remotely. For example, if field visits were required, providers tried their best to limit the spread of the virus and protect the health of their participants. A provider in the participant chat box replied, “Protective of clients- careful not to bring infection to their doorstep and to try to shield them from an unjust world.” Another provider shared their feelings in the chat box on the barriers COVID-19 had cause when engaging with their clients, “frustrated with working from home, feel helpless when trying to

help clients from home.” Some providers even reported having more contact with their participants than they would when working in the field. One provider said, “...and impressed that our teams have actually been MORE in touch with clients in the last two months than before the pandemic!”

George Floyd, Social Unrest, and Systemic Racism. Providers discussed the protests surrounding the murder of George Floyd, White supremacy, and the way that these events have impacted their work and their participants.

They also discussed the efforts that they have been making to show their support for the Black Lives Matter movement and the ways that they are educating themselves on their biases, systemic racism, White supremacy, and White fragility.

Providers were asked if their agencies invited staff to discuss current events and the impact it has had on themselves and the participants in their care. Based on the responses that were received, most agencies were providing space for these conversations, although some providers shared that there has been no space for discussion since their agencies have not addressed current events. Participants shared difficulty in the past initiating conversations around cultural awareness and sensitivity. In the participant chat box, one participant shared:

Trying to process. Not an answer to current question, but would like to share. I have to be honest, years ago I and a few coworkers attempted to set up a cultural awareness committee in our agency. We were given minimal support and there was little staff interest, or if people were interested, they were not given the time. I am very pleased to see more attention is now being paid, but like most situations, it takes something [*sic*] to happen. I feel may mixed emotions. Go, Shannon and everyone else with courage to speak up in what I see as a microcosm [*sic*]of the larger structures.

Some providers reported that their agencies released statements condemning anti-Black racism and provided resources but did not offer a space for a discussion. Providers also reported that they began having difficult and uncomfortable conversations with their friends and family members regarding systemic racism, police brutality, and White supremacy.

Participants also discussed the use of police when dealing with individuals who are experiencing psychiatric emergencies, the consequences that may occur when using emergency medical services (EMS) and 911 services during a crisis, and how many times providers, even if they identify as a person of color (POC), are viewed as part of the “system.”

The second poll question asked if teams were discussing their relationships with the local police and the response of local law enforcement to ACT participants. Most providers who responded reported that their teams have had discussion regarding the treatment their participants experience from the local police. Providers discussed their concerns that some of those experiences are negative, traumatic, and violent. One provider shared that excessive force was used on an ACT participant to “get him to comply.” Another provider shared that police may respond differently depending on the ACT participant’s race or ethnicity. One participant shared in the chat box, “Over the last two months I and a shelter have tried to hospitalize a very ill caucasian female client multiple times, each time the police and ems arrived and refused to take her to be examined I feel this would have been very diffrent [*sic*] if it was a woman of color.” However, some providers feel that there is no other option but to use EMS services when an ACT participant is in a crisis. Providers also discussed their concerns regarding officers who do not understand the population that is receiving ACT services or mental health in general. A few providers shared that they have not discussed this with their team or agency. ACT providers reporting the importance of addressing personal biases and how it can impact treatment of ACT

participants. One ACT provider shared how an ACT participant was unable to receive treatment because of law enforcement's bias through the following statement, "Over the last two months I and a shelter have tried to hospitalize a very ill caucasian female client multiple times, each time the police and ems arrived and refused to take her to be examined, once because they said she knew who the current occupant of 1600 avenue . I feel this would have been very different if it was a woman of color"

The last poll question discussed how the international anti-racism movement has impacted their work. Providers identified feeling uncomfortable when having conversations regarding racism with their participants and their fellow team members. One provider shared that she feels uncomfortable speaking about race because the management at her agency is predominantly white. Providers also shared that they can be hesitant to discuss racism because they do not want to say the wrong thing or want to make sure they are using inoffensive language. One provider shared "I heard the saying 'imperfect ally' recently and that resonated [*sic*] with me. I've struggled personally with fearing I may say the wrong thing when the right is in my heart but being imperfect while ACTIVELY learning is important." However, they shared that learning about what is going on right now made them realize the trauma that some of their participants may be experiencing due to the color of their skin. One provider shared that it has caused her to assess her own privilege as a White woman mainly working with POC.

References

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[New York State Office of Mental Health. \(2020, April 13\). *Program and billing guidance for assertive community treatment programs regarding emergency response to COVID-19.*](#)

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