

Challenges Surprises and Everything In Between:

One Team's Journey to Flex ACT



**Mark Graham, LCSW, Senior Vice President,
Community Care ACMH**



**Victoria Hannibal-Clark, MHC, Team Leader,
ACMH**



Mark Graham, LCSW, SVP Community Care at ACMH



ACT Experience:

- Pathway to Housing, ACT Team Leader, Downtown Brooklyn (2009),
- Pathways To Housing, Program Director, Manhattan, Queens, and Brooklyn ACT teams (2010 to 2020)
- ACMH Bronx ACT Team Leader Oversight (2025 to present)



Outlook :

- Eternal Optimist, Glass is Half Full
- Things Happen for Reasons
- We Can Do This



Spirit Animal: Dolphin

Victoria Hannibal-Clark, MHC, ACMH Bronx ACT Team Leader



ACT Experience: Fed of Orgs Team Leader, Queens (2018 -22),
ACMH Team Leader, Bronx (2022 to present)



Outlook:

- Realist, What Glass are we talking about?
- Things happen with a lot of hard work
- Why do this?



Spirit Animal: Owl



ACMH Bronx ACT Team



Launched in the Mott Haven Neighborhood in 2023



Provide Care Across the whole borough



Full ACT Census of

68

Within 18 months



Annual Utilization Reviews Started Identifying Clients For Step Down

Flexible ACT Opportunity



OMH RFP For a Bronx Flexible ACT Team Posted May 2025



Flex Model Increases Team Census to

100



68

High Touch



32

Lite Touch



Increased Staffing

The Optimist's Perspective

Flexible ACT created a meaningful opportunity for clients and the team.

WHY THIS FELT LIKE A WIN

Expand Access

Serve more individuals who need ACT-level support.

Create a Step-Down Path

Offer a gradual transition from High Touch ACT to greater independence.

Celebrate Progress

Make successful transitions visible and reinforce recovery milestones.

Build Hope

Give other High-Touch participants a concrete goal to work toward.

Strengthen Operations

Add an Assistant Team Leader to support day-to-day team operations.

“

More capacity. More flexibility. A clearer pathway toward independence.

The Realist's Perspective

An opportunity—yes. But what would it require from the team?

YES...

The benefits were
real.

AND...

So were the
operational demands.

More Staff → More Supervision

Growth increases leadership and supervisory responsibilities.

More Participants → More Documentation

A larger census brings more clinical documentation and coordination.

New Model → New Workflows

Flex ACT requires new processes, role clarity, and additional administrative work.

January 2026: We Got the Flex Contract



MILESTONE

Awarded the Bronx Flexible ACT Contract

January 2026

Celebration quickly gave way to implementation planning.

What Legacy Staff Were Thinking

The team saw opportunity—and immediately started pressure-testing the model.

Excitement

Most staff were energized by the opportunity to expand the team.

Curiosity

Staff wanted to understand the new roles and opportunities.

Space

Some questioned whether the current office could accommodate growth.

Who Is Ready for Lite-Touch?

The team quickly began identifying participants who might be ready to step down.

PNP Caseload

The Psychiatric Nurse Practitioner raised the strongest concerns about an expanded caseload.

“

The staff were not resisting Flex ACT—they were already trying to make it work.

Implementation Conundrums

The transition required several decisions to happen at the same time.

1

Staffing

How do we staff up while the census is still growing?

2

Sequence

Which roles should we fill first—and when?

3

Client Conversations

When should Lite-touch discussions begin?

4

Eligibility

What makes someone a strong Lite-touch candidate?

5

Space

How do we fit more staff into the current office?

6

Workflow

What needs to change in the morning meeting?

ACMH's Staffing Strategy

Add capacity in stages—starting with the role most critical to implementation.

PRIORITY



“

Four new roles in the Flex model: Assistant Team Leader, Wellness Specialist, part-time PNP, and Registered Nurse.

Census Growth: The First Surprise

Participants were more interested in Lite-touch services than we expected.

8

**immediate Lite Touch
candidates**

identified during early utilization
reviews

Staff Opened the Conversation

Team members spoke openly with participants about the Flex ACT model.

Participants Asked to Step Down

Several participants contacted the Team Leader to ask whether they could be considered.

Team Maturity Mattered

After three years of ACT services, more participants were ready for Lite-touch than we had anticipated.

The Census Balancing “ACT”

Every successful step-down created room for another high-intensity referral.



THE BALANCING CHALLENGE

Step Down

Move stable participants to Lite-touch care.



Backfill

Open High-touch capacity is quickly filled by new referrals.

The census could grow—but not in a straight line.

Census Growth: The Reality

Demand in the Bronx made growth more complex than simply adding Lite-touch participants.

High Demand

High-touch openings were quickly filled by new ACT referrals.

Intake Limits

ACT guidance recommends no more than six new intakes per month.

Natural Attrition

Case closures unrelated to Lite-touch also affected census growth.

TWO STEPS FORWARD, ONE STEP BACK

Growth happened—but competing census pressures repeatedly changed the math.

Then Add AOT to the Equation

A large AOT caseload introduced another layer of priority, documentation, and oversight.

32

**Existing AOT
participants**

on the team at the start of the
transition

Priority for ACT

AOT orders prioritize individuals for ACT services.

Backfill Pressure

Early Lite-touch step-downs were backfilled with additional AOT referrals.

Oversight Burden

The growing AOT caseload increased documentation and reporting requirements beyond what added staffing could fully absorb.

Result: increased team stress and management concern about retention.

Psychiatric Nurse Practitioner: A Unique Pressure Point

Team growth was shared. Prescribing responsibility was not.

ONE ROLE

**All psychiatric
assessments +
prescribing**

until the part-time PNP was hired

Timing the Hire

Balance the financial cost of a part-time PNP against caseload growth.

Dividing the Work

Define responsibilities between the full-time and part-time PNPs.

Assigning Cases

Create a clear and sustainable approach to distributing participants.

“

The added part-time PNP ultimately reduced one of the team's biggest implementation concerns.

Financial Considerations

Flex ACT expands capacity, but the economics require active management.

Added Staffing Costs

New positions bring salary, benefits, equipment, workspace, and infrastructure costs.

Census Mix Matters

Financial performance depends on maintaining the right balance of High-touch and Lite-touch participants.

Engagement Affects Billing

AOT and homeless referrals can be harder to engage consistently, making full monthly billing more difficult.

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The model's clinical promise and its financial sustainability have to be managed together.

Six Months Later...

The model is becoming part of the team's routine—not a separate initiative.

Team Adoption

Staff have embraced the Flex ACT model.

PNP Support

The part-time PNP has eased prescribing and assessment pressure.

Lite Leadership

The Assistant Team Leader oversees the Lite-touch caseload.

Case Review

Dedicated Lite-touch case reviews are now routine.

74

CURRENT CASELOAD

12

**PARTICIPANTS
STEPPED DOWN TO LITE
TOUCH**

Replace "X" with the final number before presenting.

What Surprised Us—and What We Learned

The biggest lessons were operational, clinical, and human.

1

Attrition Matters

Natural caseload attrition affected growth more than expected.

2

Participants Wanted Lite Touch

Interest in stepping down was stronger than anticipated.

3

Step-Down Can Work

Participants have been successful after moving to Lite-touch.

4

ATL Is Critical

The Assistant Team Leader became central to model success.

5

Space Was Manageable

Office capacity was less problematic than expected.

6

PNP Messaging Must Align

Consistent communication across prescribers matters.

7

Growth Takes Time

Building the census is gradual, not immediate.

8

Financial Pressure Is Real

The model remains financially challenging.

Flex ACT is not simply a bigger ACT team—it requires a different operating rhythm.

Given what you know, would you do it again?



Questions?