ACT

ASSERTIVE COMMUNITY TREATMENT
the evidence-based practice

Team Meeting Tools

Delivering ACT services using a team approach

Produced by
CENTER FOR EVIDENCE- BASED PRACTICES
at Case Western Reserve University

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Free Downloads   **www.centerforebp.case.edu/resources/tools/act-team-meetings**

PURPOSE OF THIS BOOKLET

This booklet provides a brief introduction to some popular tools that Assertive Community Treatment (ACT) teams use to organize and manage information about their work with clients who receive ACT services. Use the tools described in this booklet in

- Daily team meetings
- Staging meetings
- Treatment-planning meetings

PURPOSE OF TEAM-MEETING TOOLS

The tools are designed to help ACT teams with the following:

- Manage information about each person who receives ACT services
- Stay informed about each client's recovery goals and experiences in the last 24 hours and the next 24 hours
- Stay informed about each other's daily contact with clients
- Facilitate and coordinate the daily activities of team members as they collaborate with each other to support the recovery of people enrolled in ACT services
- Provide the best ACT services and clinical interventions possible

The Tools

Know each client
- Client Information (page 4)
- Medication List (page 4)
- Treatment & Recovery Goals (page 4)
- Client Weekly Schedule (page 5)

Manage team meetings and teamwork:
- Client Roster (page 6)
- Team-Meeting Summary (page 6)
- Daily Staff Schedule (page 6)

- Client Monthly Schedule (page 7)
- Lists of Client Activities (page 7)
  - List of Clients & Employment
  - List of Clients Who are Scheduled for Injections
  - List of Clients in Crisis Services
  - List of Clients in Housing Services
  - List of Clients in Inpatient Services
  - Other lists the team finds relevant and helpful to their work with clients enrolled in ACT services

Innovation & Adaptation

ACT teams are encouraged to adapt existing tools and create new ones to address the unique needs of their team, their community, and their clients (people who receive ACT services).

STAY ORGANIZED

Keep these tools in a central location and accessible to all team members. Some examples include the following:

- Computer folder (electronic system)
- Google docs & calendar (electronic system)
- Team meeting binder (paper-based system)

TEAMWORK

Team members take turns at each daily team meeting to review and use these tools as they discuss the recovery experiences of each person receiving ACT services. This rotation enables team members to invest in a collaborative process and remain focused on details of each discussion. Team members who actively use these tools report feeling more mindful and attentive in meetings and conversations. They feel a part of the team and a part of each client's recovery experiences.

Download Innovate Share

ACT teams are encouraged to
- Download the ACT Team Meeting Tools from our website
- Customize them to meet your specific needs
- Share your versions with us, so we can share them with others

www.centerforebp.case.edu/resources/tools/act-team-meetings

In ACT team meetings, the team leader does not do everything. He or she facilitates full participation of all team members. The team-meeting tools help with this process. They support teamwork and team communication.

Team Members

ACT teams are multidisciplinary and usually consist of the following:

- Team Leader
- Program Assistant
- Prescriber (e.g., psychiatric care provider)
- Nurse
- Case Manager (e.g., community support provider, qualified mental health provider)
- Substance Abuse Specialist
- Peer Support Specialist
- Vocational Specialist
- Counselor/Therapist

DAILY TEAM MEETING

The ACT daily team meeting is a gathering of service providers from multiple disciplines who are dedicated to team cohesiveness, team collaboration, and the recovery of people with severe mental illness and co-occurring substance use disorders. The daily team meeting has two basic components: format and pace. The meeting format is simple. It is a gathering of service providers from multiple disciplines who are dedicated to team cohesiveness, team collaboration, and the recovery of people with severe mental illness. All team members discuss what they know about each person's life experiences and recovery in the last 24 hours and the next 24 hours.

The team leader keeps the pace of the meeting by focusing on the roster (list) of names of people enrolled in ACT services. The team leader keeps the discussion focused on the 24-hour cycle. This close look at yesterday and today is very important. It helps keep the pace of the meeting.

To learn more, get this resource from our website:
- Daily Team Meeting, Part 1: Format & Pace (Video & Learning Guide) www.centerforebp.case.edu/resources/tools/act-video-part-1

WHAT IS ACT ?

Assertive Community Treatment (ACT) is an evidence-based practice that improves outcomes for people with severe mental illness who are most at-risk of psychiatric crisis and hospitalization and involvement in the criminal justice system. ACT is one of the oldest and most widely researched evidence-based practices in behavioral healthcare for people with severe mental illness.

ACT is a multidisciplinary team approach with assertive outreach in the community. The consistent, caring, person-centered relationships have a positive effect upon outcomes and quality of life. Research shows that ACT reduces hospitalization, increases housing stability, and improves quality of life for people with the most severe symptoms of mental illness. ACT may also reduce staff burnout and increase job satisfaction, cost effectiveness, and client satisfaction.

(For research citations: www.centerforebp.case.edu/practices/act)

Know each client

These are person-centered tools. ACT teams complete a separate one for each client who receives ACT services.

CLIENT INFORMATION

This person-centered tool helps the ACT team keep track of important personal information about each client who receives ACT services, for example:

- Current address
- Current phone number(s)
- Emergency contact name and phone number
- Contact information for family members and/or other natural supports
- Contact information of other providers (e.g., primary care physician, prescriber, pharmacy/ pharmacist, dentist)
- Benefits information (e.g., Medicaid#, Medicare#)
- Healthcare provider/ Managed Care Organization (MCO)
- Income source(s) and amounts
- Mental health and substance use diagnoses (Dx)

This tool should be updated regularly as client information changes. A good time to update this tool is during the daily team meeting as ACT team members discuss the recovery experiences and needs of each client who receives ACT services.

MEDICATION LIST

This tool helps the ACT team keep track of medications taken by each client for symptoms of

- Mental illness
- Addiction to alcohol, tobacco, and other drugs
- Physical illness

Review and update this tool during the daily team meeting to keep medication information about each client up-to-date and accessible to all team members. Medications might change frequently for some clients, especially during the early stages of ACT services and recovery. Stay current about client medications in a way that is efficient and effective for your team.

TREATMENT & RECOVERY GOALS

ACT is an evidence-based practice which emphasizes that each client and his or her chosen natural supports (e.g., family members, friends) be invited to and included in private treatment-planning meetings, which are different from daily team meetings.

The goal of each treatment-planning meeting is to produce a treatment plan that is person-centered and strengths-based. To accomplish this, ACT team members encourage each client to explore and express his or her own treatment and recovery goals. If your organization does not utilize this kind of approach, we encourage your ACT team to do so. Many ACT teams often use a Wellness Recovery Action Plan (WRAP) and Advance Directives to help people think about and address a variety of mental health, physical health, and life issues—to get well, stay well, and make their lives the way they'd like them to be.

ACT teams use a specific team-meeting tool called "Treatment & Recovery Goals" (which can be downloaded from our website) to summarize client-centered goals that are listed in the treatment plan. Think of this tool as a quick guide to each client's stated goals.

CLIENT WEEKLY SCHEDULE

The ACT team maintains a Client Weekly Schedule for each person enrolled in ACT services. This is essentially a weekly calendar. It functions as a *quick guide* to the kinds of interventions that each person should be receiving every week. The schedule reads like a to-do list, for example

- Take medication
- Call family member/natural supports
- Do laundry
- Go to work
- Receive home visit for support

The information recorded on this tool is based upon each person-centered treatment plan and recovery goals and should be created and/or revised with the client in treatment-planning meetings. A copy of this tool is made accessible to all team members. Also, each client is given a copy of his or her weekly schedule as a way to set clear expectations for him/her and team members about their work together.

The interventions listed on this tool should be regular and consistent. This tool helps teams with the following:

- Facilitate consistent person-centered services
- Facilitate collaborative communication among clients, ACT team members, and client-approved natural (social) supports
- Provide clear expectations about services, prevent a reactive approach to client's daily needs, and, thus, prevent provider burnout
- Differentiate between interventions that do not require a specialist and those that do (e.g., nurse- or physician-prescriber for medication)
- Evaluate the relevance and effectiveness of current services for each client
  - Are the current services consistent with the client-centered treatment plan and recovery goals?
  - Are these services still relevant? If not, discuss at daily team meeting and make minor changes if necessary.
  - If major changes are needed, schedule a treatment-planning meeting with the client. This meeting is separate and different from the daily team meeting.
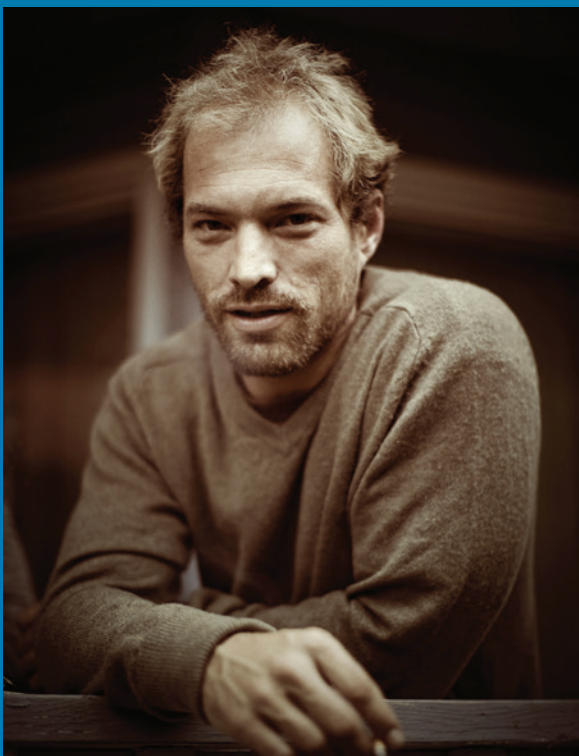
ACT is an evidence-based practice that improves outcomes for people with severe mental illness who are most at-risk of psychiatric crisis and hospitalization and involvement in the criminal justice system.

Manage team meetings

These tools are designed to facilitate and coordinate the daily activities of team members.

CLIENT ROSTER

This tool is the centerpiece of the ACT daily team meeting. It is a list of all clients who receive ACT services and is used like a roll call during the team meeting. The team leader (or another team member) reads a name from the roster and all team members discuss what they know about this person's life experiences and recovery in the last 24 hours and the next 24 hours. While the team is communicating about each client, one team member is taking brief notes about the discussions. The note-taker could be the person managing the daily roster or it could be another team member. This tool helps with the following:

- Facilitate ongoing communication about each client
- Record team contact with clients (e.g., kept and missed appointments, symptoms, level of need)
- Record relevant and useful information about each client's life experiences and recovery status in the last 24 hours and the next 24 hours
- Planning for needed interventions

Teamwork Tip

Discussions that transpire from the roster produce information that is also used on these tools:

- Team-Meeting Summary
- Daily Staff Schedule
- Client Weekly Schedule
- Client Monthly Schedule

TEAM-MEETING SUMMARY

This tool is a *quick guide* to what transpired in the daily team meeting. It is a summary—not detailed meeting minutes. This tool helps teams with the following:

- Record, track, and show a pattern of attendance at meetings by team members
- Record a summary of important discussions, announcements, and hand-outs
- Chronical evening and weekend team-member assignments
- Remind and prompt team members to follow-up on important items in the next 24 hours of client care
- Provide a summary of team activities to team members who may be absent

Give a copy of the summary to each team member who did not attend the meeting. Email it to them and/or put a paper copy in their mailboxes. A copy of each summary should also be kept in chronological order in a common area, for example:

- Team-meeting folder (electronic system)
- Team-meeting binder (paper-based system)

DAILY STAFF SCHEDULE

This tool is a collection of each team member's daily schedule. Think of it as a master calendar. It helps the team with the following:

- Develop a tentative plan for the day's work
- Provide an hour-by-hour overview of team-member activity during the day
- Facilitate efficiencies for services to clients by enabling team members to review their *zones* and *flight patterns* (i.e., parts of town where they will be today)
- Enhance the safety of team members by providing location information to team leader and fellow team members
- Communicate and accommodate changes in each team member's schedule as the day progresses and help fill gaps in services to clients

Each team member should bring his or her daily calendar (e.g., smart phone calendar, Google calendar, paper calendar) to the daily meeting. By the end of the meeting, team members add their appointments to the Daily Staff Schedule.

Dedicated Office-Based Program Assistant

Ideally, service organizations provide ACT teams with a dedicated program assistant who facilitates daily operations of ACT services in a supportive manner to team members and clients, using the Staff Daily Schedule and other tools. He or she helps coordinate changes in schedules and accommodate unforeseen client needs. In the absence of an office-based program assistant, the team leader may fill this role.

CLIENT MONTHLY SCHEDULE

This tool is different from the Client Weekly Schedule (see above), because it functions as a quick guide to the kinds of services and interventions that do not occur regularly (or weekly), for example:

- Primary healthcare appointments (e.g., internal medicine, podiatry, optometry)
- Psychiatry appointments
- Prescriber appointments (medication management)
- Visits with family members and other natural supports
- Meetings with and/or reporting income to benefits programs (e.g., Medicaid, Medicare, Social Security)
- Job services

The information recorded on this tool is based upon each client's person-centered Treatment and Recovery Goals (see page 4) and should be created and/or revised with the client in treatment-planning meetings. A copy of this tool is made accessible to all team members. The interventions listed on this tool should be regular and consistent. This tool helps teams with the following:

- Facilitate consistent client-centered services
- Facilitate collaborative communication among clients, ACT team members, and client-approved natural supports
- Evaluate the relevance and effectiveness of current services for each client

LISTS OF CLIENT ACTIVITIES

Teams find it helpful to use other tools in their office (team space), for instance, dry erase boards and/or large Post-Its with lists. This gives all team members at-a-glance visual reminders of client activities. Examples of these lists include but are not limited to the following:

- **List of Clients & Employment**
  People who are employed and/or interested in employment
- **List of Clients Who are Scheduled for Injections**
- **List of Clients in Crisis Services**
- **List of Clients in Housing Services**
  Includes all types of housing & residential services
- **List of Clients in Inpatient Services**
- Other lists the team finds relevant and helpful to their work with clients enrolled in ACT services

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www.centerforebp.case.edu/resources/tools/act-team-meetings

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ABOUT US

The Center for Evidence-Based Practices at Case Western Reserve University is a technical-assistance organization that promotes knowledge development and the implementation of evidence-based practices, emerging best practices, and other strategies for the treatment and recovery of people with mental illness and substance use disorders. The Center helps service systems, organizations, and providers implement and sustain the practices, maintain fidelity to the practices, and develop collaborations within local communities that enhance the quality of life for consumers and their families.

The Center provides these services:
- Service-systems consultation
- Program consultation
- Clinical consultation
- Training and education
- Evaluation (fidelity and outcomes)
- Professional peer-networking

OUR EXPERIENCE

Our consultants, trainers, and evaluators are experienced administrators, direct-service providers, and researchers who offer personal attention and customized consulting, training, and evaluation services throughout the implementation process.

CONSULTING & TRAINING

We understand that every service system and organization exists within a unique social, political, and economic context. Therefore, we work closely with customers to adapt each service innovation to the unique culture of their community, while maintaining fidelity to the service or model.

We provide consultation to help people integrate new knowledge and skills into practice. We provide consultation and training onsite (at organizations), in the community, and via teleconferences and video conferences. We offer a menu of training activities.

www.centerforebp.case.edu/practices/act

Build Trust
Improve Outcomes
Promote Recovery

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The **Center for Evidence-Based Practices at Case Western Reserve University** is a partnership between the **Jack, Joseph and Morton Mandel School of Applied Social Sciences** and the **Department of Psychiatry at the Case Western Reserve School of Medicine**. The partnership is in collaboration with and supported by the **Ohio Department of Mental Health and Addiction Services (OhioMHAS)**.

CO-DIRECTORS
- Lenore A. Kola, PhD, Associate Professor Emerita of Social Work at the Jack, Joseph and Morton Mandel School of Applied Social Sciences
- Robert J. Ronis, MD, MPH, Douglas Danford Bond Professor and Chairman, Department of Psychiatry, Case Western Reserve School of Medicine

CONTACT US
- Patrick E. Boyle, PhD, LISW-S, LICDC-CS, Director of Implementation Services

  patrick.boyle@case.edu

www.centerforebp.case.edu

CASE WESTERN RESERVE UNIVERSITY — EST. 1826