ACT

ASSERTIVE COMMUNITY TREATMENT

the evidence-based practice

Getting-Started Guide

Frequently Asked Questions & Answers

2nd Edition Revised

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

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www.centerforebp.case.edu/resources/tools/act-getting-started-guide

QUESTION 1:
WHY WOULD WE DO 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 hospitalization, institutional recidivism, and unstable community tenure. ACT is one of the oldest and most widely researched evidence-based practices in behavioral healthcare for people with severe mental illness (SAMHSA, 2008; Bond & Drake, 2015).

ACT is a multidisciplinary team approach with assertive outreach in the community. The consistent, caring, person-centered relationships can have a positive effect upon outcomes and quality of life. People receiving ACT services may utilize fewer intensive, high-cost services such as emergency department visits, psychiatric crisis services, and psychiatric hospitalization. They also experience more independent living and higher rates of treatment retention (SAMHSA, 2008).

CLIENT & STAFF OUTCOMES
Since the inception of Assertive Community Treatment 40 years ago, there is consistent research which shows that ACT reduces hospitalization, increases housing stability, improves the quality of life for those individuals who have the most intractable symptoms of severe mental illness and experience the greatest impairment (Phillips, et.al., 2001; Bond & Drake, 2015). ACT also reduces staff burnout and increases job satisfaction (Boyer & Bond, 1999). Research also suggests a relationship between teams that achieve higher levels of fidelity to the ACT model and clients who experience a greater reduction in hospital days. If your community is spending a lot of resources on hospitalization, implementing ACT could help reduce those costs (Latimer, 1999).

Organizations and systems that are struggling to engage individuals who utilize high-cost inpatient services should consider implementing ACT. The results of a 2014 study support the effectiveness of ACT and Integrated Dual Disorder Treatment (IDDT) in reducing mental-health symptom severity and frequency of mental health problems. The study also indicates significant housing improvements (Young, Barret, Engelhardt, & Moore, 2014).

RECOMMENDED READING

- Boyer, S. & Bond, G. (1999). Does Assertive Community Treatment Reduce Burnout? A Comparison with Traditional Case Management, *Mental Health Services Research*, 1(1), 31-45.
- Bond, G.R., Drake, R.E., Mueser, K.T., & Latimer, E. (2001). Assertive Community Treatment for people with severe mental illness: critical ingredients and impact on patients. *Disease Management and Health Outcomes.* 9(3), 141-159.
- Gary R. Bond & Robert E. Drake (2015). The critical ingredients of assertive community treatment. *World Psychiatry*, v14, n2.
- Cuddeback, G.S., Morrissey, J.P., & Meyer, P.S. (2006). How many Assertive Community Treatment Teams do we need? *Psychiatric Services,* 57(12), 1803-6.
- Latimer, E. (1999). Economic impacts of Assertive Community Treatment: A review of the literature. *Canadian Journal of Psychiatry,* 44, 443-454.
- Phillips, S.D., Burns, B.J., Edgar, E.R., Mueser, K.T., Linkins, K.W., Rosenheck, R.A., Drake, R.E., & McDonel Herr, E.C. (2001). Moving Assertive Community Treatment into standard practice. *Psychiatric Services,* 52(6), 771-9.
- Substance Abuse and Mental Health Services Administration (2008). Assertive Community Treatment: How to Use the Evidence-Based Practice KITs. DHHS Pub. No. SMA-08-4344, Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.

■ Young, S.M., Barrett, B., Engelhardt, M.A., & Moore, K.A. (2014). Six-month outcomes of an Integrated Assertive Community Treatment Team serving adults with complex behavioral health and housing needs. *Community Mental Health,* 50: 474-9.

RELATED RESOURCES

ACT | Making the Case
Use this resource to build consensus for ACT in your organization and community.
■ www.centerforebp.case.edu/resources/tools/act-making-the-case

NEXT STEPS
Considerations for Your Organization

1. Has a formal assessment been conducted to explore the need for and viability of ACT? If not, consider this important step.

2. Which individuals with severe and persistent mental illness (SPMI) served by your organization or in your local mental health system would benefit from ACT's intensive level of care?

3. What problems might ACT solve for your organization, community, and/or funder? A list of these problems can guide your outcomes discussions.

4. Is there consensus at your organization (and in your community) to implement ACT? If not, think about ways you might be able to build consensus.

5. Make a list of your top ten concerns about implementing ACT.

QUESTION 2:

HOW RESOURCE INTENSIVE IS THE IMPLEMENTION OF ACT?

ACT implementation may include a variety of community stakeholders as well as both local and state health authorities. If an organization is providing effective ACT services, many systems which interface with ACT clients (e.g., behavioral healthcare, primary healthcare, criminal justice) have an investment in the outcomes generated by ACT, because clients will not be showing up in those systems as frequently. Courts, hospitals, managed-care companies, and the local mental health authority all interact with the individuals you are serving. Therefore, it is important to engage these key stakeholders in the implementation process.

It is also important to know about all the funding and reimbursement mechanisms available in your community. While the required components of the ACT model may have considerable costs attached to them, many states and counties may have funding mechanisms which address most or all of the costs (e.g., nursing services, physician services, employment specialists).

RECOMMENDED READING

- Clark, R. E., Teague, G. B., Ricketts, S. K., Bush, P. W., Xie, H., McGuire, T. G. et al. (1998). Cost-effectiveness of Assertive Community Treatment versus standard case management for persons with co-occurring severe mental illness and substance use disorders. *Health Services Research, 33,* 1285-1308.

- Cuddeback, G.S., Morrissey, J.P., & Meyer, P.S. (2006). How many Assertive Community Treatment Teams do we need? *Psychiatric Services, 57*(12), 1803-6.
- Latimer, E. (1999). Economic impacts of Assertive Community Treatment: A review of the literature. *Canadian Journal of Psychiatry, 44,* 443-454.

RELATED RESOURCES

DACTS | Dartmouth Assertive Community Treatment Scale
A tool for assessing fidelity to the ACT model.
- www.centerforebp.case.edu/resources/tools/act-dacts

TMACT | Tool for Measurement of Assertive Community Treatment
A tool for assessing fidelity to the model.
- www.centerforebp.case.edu/resources/tools/act-tmact

NEXT STEPS
Considerations for Your Organization

1. Is available funding sufficient to cover your organization's expenses for delivering high-fidelity ACT?

2. Obtain a copy of an ACT fidelity scale, such as the Dartmouth Assertive Community Treatment Scale (DACTS) or the Tool for Measurement of Assertive Community Treatment (TMACT) (see "Related Resources" on page 4) or your state behavioral health authority's guidelines for ACT. Use these tools to identify start-up issues for your organization. What needs do you foresee for staffing, resources, and resource intensity?

3. Is your organization well-connected with a diverse group of community stakeholders? If not, establishing relationships with community stakeholders can be valuable to ACT implementation. Consider making a list of community stakeholders who could benefit from successful ACT implementation. Think about how to engage these stakeholders in a discussion about cost-sharing (cost-shared implementation).

QUESTION 3:
WHAT STAFF MAKE UP AN ACT TEAM?

Assertive Community Treatment (ACT) is a structurally prescriptive model. The fidelity scales have explicit requirements about full-time equivalent (FTE) positions and staffing. ACT teams consist of individuals who are dedicated to working as a multidisciplinary and cross-disciplinary team and who are dedicated to having both generalist and specialist roles. Teams are comprised of case managers, psychiatrists, nurses, team leaders, substance-abuse specialists, vocational specialists, and peer specialists. Some teams have specialty roles that include forensic specialists and housing specialists.

ACT teams must be comprised of staff members who are passionate about working with individuals who have the most severe symptoms of mental illness and substance use disorders and may live in challenging environments. Important characteristics of team members include being flexible, compassionate, optimistic, and dedicated.

ASSERTIVE OUTREACH & ENGAGEMENT
Team members almost always provide ACT services in the community where clients reside. Team members will likely spend more than 80 percent of their time in the community, and they will share caseload responsibilities. In addition, team members will provide on-call services (24 hours per day, 7 days per week).

LEADERSHIP & SUPERVISION
Effective ACT teams have leaders who are committed and dedicated to individual and team supervision. Team leaders also have a direct-service role on the team, while providing leadership and supervision in real time in the field.

RECOMMENDED READING

- Bond, G.R., Drake, R.E., Mueser, K.T., & Latimer, E. (2001). Assertive Community Treatment for people with severe mental illness: critical ingredients and impact on patients. *Disease Management and Health Outcomes.* 9(3), 141-159.

RELATED RESOURCES

ACT | Daily Team Meeting: Video & Learning Guide
Includes free YouTube video that demonstrates an ACT team at work and a free PDF booklet that explains some nuances of the work.
- www.centerforebp.case.edu/resources/tools/act-video-part-1

DACTS | Dartmouth Assertive Community Treatment Scale
A tool for assessing fidelity to the ACT model.
- www.centerforebp.case.edu/resources/tools/act-dacts

TMACT | Tool for Measurement of Assertive Community Treatment
A tool for assessing fidelity to the model.
- www.centerforebp.case.edu/resources/tools/act-tmact

NEXT STEPS
Considerations for Your Organization

1. Review the Dartmouth Assertive Community Treatment Scale (DACTS) or the Tool for Measurement of Assertive Community Treatment (TMACT) (see "Related Resources" on page 6). Notice there are specific team roles (team members) needed to deliver ACT services. Make a list of team roles (possible team members) and structures already present at your organization. What roles need to be added to complete the ACT team?

2. Does the current service-delivery culture in your organization support the ACT model? Are there modifications that should be made to build your ACT services (e.g., community-based practice, on-call policy and services, smaller caseloads)? If so, list the modifications that are needed.

3. What supervisory structure and/or supervisory resources are needed to build an effective ACT team?

QUESTION 4:

IF WE WANT TO DO ACT WELL, WHAT WILL IT LOOK LIKE?

Assertive Community Treatment (ACT) is generally the highest level of out-patient care a person can receive for serious mental illness and substance use disorders. The literature on ACT discusses the following key ingredients: multidisciplinary staffing; integration of treatment services; team approach; low client-to-staff ratios; majority of contact in the person's natural environment; medication management; focus on everyday problems of living; rapid access to services; assertive outreach; individualized services; and time-unlimited services (Bond, Drake, Mueser, & Latimer, 2001; Bond & Drake, 2015).

ACT team members need to meet daily to strategize community-based engagement and intervention. Integrated, collaborative, and effective communication with a diverse range of professionals within the multidisciplinary team is key to implementation. Structured and regularly scheduled supervision is a core component to ACT services as well (Teague, Bond, & Drake, 1998).

Implementation of a strong ACT team at your organization will benefit from a focus on outcomes, a close attention to model fidelity, and a process-implementation team (or workgroup) to provide implementation oversight.

RECOMMENDED READING

- Bond, G.R., Drake, R.E., Mueser, K.T., & Latimer, E. (2001). Assertive Community Treatment for people with severe mental illness: critical ingredients and impact on patients. *Disease Management and Health Outcomes.* 9(3), 141-159.
- Gary R. Bond & Robert E. Drake (2015). The critical ingredients of assertive community treatment. *World Psychiatry*, v14, n2, June.
- Monroe-DeVita, M., Moser, L.L. & Teague, G.B. (2013). The tool for measurement of assertive

community treatment (TMACT). In M. P. McGovern, G. J. McHugo, R. E. Drake, G. R. Bond, & M. R. Merrens. (Eds.), *Implementing evidence-based practices in behavioral health.* Center City, MN: Hazelden.
- Teague, G. B., Bond, G. R., & Drake, R. E. (1998). Program fidelity in assertive community treatment: Development and use of a measure. *American Journal of Orthopsychiatry*, 68, 216-232.

RELATED RESOURCES

ACT | Daily Team Meeting: Video & Learning Guide
Includes free YouTube video that demonstrates an ACT team at work and a free PDF booklet that explains some nuances of the work.
- www.centerforebp.case.edu/resources/tools/act-video-part-1

DACTS | Dartmouth Assertive Community Treatment Scale
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- www.centerforebp.case.edu/resources/tools/act-dacts

TMACT | Tool for Measurement of Assertive Community Treatment
A tool for assessing fidelity to the model.
- www.centerforebp.case.edu/resources/tools/act-tmact

NEXT STEPS
Considerations for Your Organization

1. How well do your organization's existing services and structures match up (or not) with ACT core components and critical ingredients?

2. Is your organization committed to routine processes that monitor progress toward full implementation of ACT (or other evidence-based practices)? Assemble an implementation team of staff members (particularly managers) who are committed to the success of ACT services. Identify an implementation leader who will convene the group regularly and guide the process.

3. Do existing policies and procedures at your organization support model implementation? What policies and procedures may need to be changed or updated to ensure success?

QUESTION 5:

HOW WILL WE KNOW WHEN WE ARE DOING ACT?

A fidelity review provides a formal mechanism for evaluation of ACT implementation by reviewers external to your organization. A fidelity review will provide your organization with a set of programmatic benchmarks. If you achieve and maintain high fidelity to the ACT model, you are more likely to achieve the outcomes that you want from these services. Research shows that teams which maintain fidelity achieve good outcomes (Teague, Bond, Drake 1998).

Annual fidelity reviews are most helpful. The fidelity assessment includes interviews with administrative staff, clinical staff, and clients who receive services. It also includes observations of clinical practice and reviews of medical records and organization policies. After a fidelity review is complete, the fidelity reviewers provide a detailed report with specific

recommendations for program improvement. Program leaders are then encouraged to develop a fidelity action-plan that prioritizes next steps for implementation and technical assistance (i.e., consultation and training). The annual fidelity review and fidelity action-plan create a continuous cycle of planning, implementation, evaluation, and service enhancement.

In the end, fidelity reviews and action plans encourage organizations to attain the outcomes from research that are correlated with ACT services. To enhance the implementation and sustainability of ACT, ensure that outcomes are agreed upon by all stakeholders; understood by staff, clients, and families; and collected, analyzed and disseminated by the organization and/or its funders.

RECOMMENDED READING

- Teague, G. B., Bond, G. R., & Drake, R. E. (1998). Program fidelity in Assertive Community Treatment: development and use of a measure. *American Journal of Orthopsychiatry,* 68, 216-232.

- Monroe-DeVita, M., Moser, L.L. & Teague, G.B. (2013). The tool for measurement of assertive community treatment (TMACT). In M. P. McGovern, G. J. McHugo, R. E. Drake, G. R. Bond, & M. R. Merrens. (Eds.), *Implementing evidence-based practices in behavioral health.* Center City, MN: Hazelden.

RELATED RESOURCES

DACTS | Dartmouth Assertive Community Treatment Scale
- www.centerforebp.case.edu/resources/tools/act-dacts

TMACT | Tool for Measurement of Assertive Community Treatment
- www.centerforebp.case.edu/resources/tools/act-tmact

NEXT STEPS
Considerations for Your Organization

1. Familiarize yourself with an ACT fidelity scale—the DACTS and/or TMACT (see "Related Resources" on page 10). For each fidelity item, identify the facilitators and potential barriers that exist at your organization.

2. The outcomes of your ACT services may impact several systems (e.g., criminal justice, hospital emergency departments, crisis shelters) that interface/interact with ACT clients. Make a list of data (outcomes) that you will monitor and share with them.

3. How can your organization involve ACT team members and other staff in outcomes development and monitoring? How will you help team members access, review, and understand the results of your ACT implementation and its successes?

QUESTION 6:
WHAT TYPE OF TECHNICAL ASSISTANCE IS AVAILABLE TO MY ORGANIZATION TO HELP "GET STARTED"?

Technical-assistance organizations and other support services can help you avoid repeating the same mistakes that others have made. They can also help you evaluate the barriers that are unique to the culture of your system, your community, and your organization and make recommendations for changes that are based on experience. Technical-assistance consultants work closely with your organization through consultation and training to help your administrators and team leaders transform service environments to support and promote integrated mental health and substance abuse services.

The Center for Evidence-Based Practices at Case Western Reserve University is a technical-assistance organization that can be helpful to you. Our Center provides systems consultation, program consultation, clinical consultation, evaluation, training, and learning communities that provide professional peer-networking for sharing lessons learned about ACT implementation and the integration of ACT with Integrated Dual Disorder Treatment (IDDT), the evidence-based practice.

RECOMMENDED READING

- Allness, D. J., & Knoedler, W. H. (2003). A manual for ACT start-up: based on the PACT model of community treatment for persons with severe and persistent mental illness. Arlington, VA: NAMI.
- Day, S., Morris, J.A., & Schoenwald, S.K. (2010). Turning knowledge into practice. Boston, MA: The technical assistance collaborative.
- Rapp, C.A., Etzel-Wise, D., Marty, D., Coffman, M., Carlson, L., Asher, D., Callaghan, J., & Whitley, R. (2008). Evidenced-based practice implementation strategies: results of a qualitative study. *Community Mental Health Journal,* 44, 213-224.
- Substance Abuse and Mental Health Services Administration (2008). Assertive Community Treatment: How to Use the Evidence-Based Practice KITs. DHHS Pub. No. SMA-08-4344, Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.

RELATED RESOURCES

Center for Evidence-Based Practices at Case Western Reserve University
For more information about our technical-assistance services for ACT implementation, visit this page of our website.
- www.centerforebp.case.edu/practices/act

ACT | Implementation Guide
- www.centerforebp.case.edu/resources/tools/act-implementation-guide

A List of ACT Resources
- www.centerforebp.case.edu/resources/tools/act-list

NEXT STEPS
Considerations for Your Organization

1. Is there a technical-assistance organization in your state (or otherwise available) to help you address implementation concerns identified in earlier questions?

2. What options are available for you to access expert technical assistance outside of your organization to assess ACT fidelity and provide ongoing consultation and training?

3. Read through the "ACT Implementation Guide: Facilitating Organizational Change" from the Center for Evidence-Based Practices at Case Western Reserve University to plan your implementation process (see "Related Resources" on page 12).

A List of ACT Resources

$0 / Free / A list of resources and tools for implementing Assertive Community Treatment (ACT), the evidence-based practice, recommended by consultants and trainers from the Center for Evidence-Based Practices at Case Western Reserve University. / Funded by the Ohio Department of Mental Health and Addiction Services (OhioMHAS).

■ www.centerforebp.case.edu/resources/tools/act-list

ACT | Making the Case

$0 / Free PDF / This mini-poster introduces organizations to the benefits of implementing Assertive Community Treatment (ACT), the evidence-based practice. Use this resource to educate policymakers, community stakeholders, service providers, and advocates about the benefits of ACT services. Build consensus in your organization and community.

■ www.centerforebp.case.edu/resources/tools/act-making-the-case

ACT | Getting-Started Guide

$0 / Free PDF / This 16-page booklet helps organizations prepare to implement Assertive Community Treatment (ACT), the evidence-based practice. This planning document is organized into 6 sections that include frequently asked questions about ACT, answers, recommended reading, and next steps for your organization.

■ www.centerforebp.case.edu/resources/tools/act-getting-started-guide

ACT | Implementation Guide

$0 / Free PDF / This 4-page booklet helps organizations implement Assertive Community Treatment (ACT), the evidence-based practice. This document is organized as a checklist of activities in 5 stages of change and implementation. ACT improves outcomes for people with severe mental illness who are most at-risk of homelessness, psychiatric crisis and hospitalization, and involvement in the criminal justice system.

■ www.centerforebp.case.edu/resources/tools/act-implementation-guide
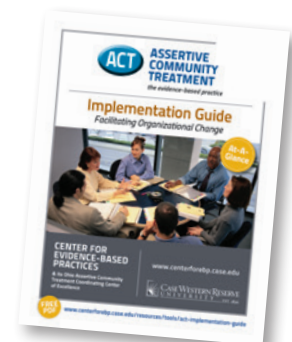
ACT | Daily Team Meeting: Video & Learning Guide

$0 / Free Video & Learning Guide (PDF) booklet / This Assertive Community Treatment (ACT) Daily Team Meeting Video demonstrates how a multidisciplinary ACT team functions to support and advance the recovery of people enrolled in ACT services. The ACT team in this video demonstrates an adherence to the format, pace, and content of a daily team meeting that is consistent with high-fidelity ACT services.
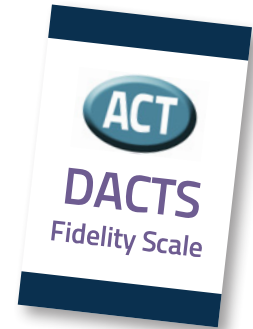
■ www.centerforebp.case.edu/resources/tools/act-video-part-1

ACT | Dartmouth Assertive Community Treatment Scale (DACTS)

$0 / Free PDF / The Dartmouth Assertive Community Treatment Scale (DACTS) helps organizations implement Assertive Community Treatment (ACT), the evidence-based practice. It is part of the ACT Evidence-Based Practices (EBP) Kit produced by SAMHSA. ACT improves outcomes for people with severe mental illness. / Created by Dartmouth Psychiatric Research Center and published by SAMHSA.

■ www.centerforebp.case.edu/resources/tools/act-dacts

ACT | Tool for Measurement of Assertive Community Treatment (TMACT): Summary Scale

$0 / Free PDF / The TMACT Summary Scale helps organizations implement Assertive Community Treatment (ACT), the evidence-based practice. It is designed to be used with the TMACT Fidelity Scale. ACT improves outcomes for people with severe mental illness who are most at-risk of homelessness, psychiatric crisis and hospitalization, and involvement in the criminal justice system. / Created by M. Monroe-DeVita, L.L. Moser & G.B. Teague and published by Hazelden.

■ www.centerforebp.case.edu/resources/tools/act-tmact

■ **For more resources and tools, visit our website:**
www.centerforebp.case.edu/resources/tools

ACT

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Getting-Started Guide
Frequently Asked Questions with Answers

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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.

Build Trust
Improve Outcomes
Promote Recovery

Ohio MHAS — Promoting wellness and recovery

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