ACT

ASSERTIVE COMMUNITY TREATMENT
the evidence-based practice

Timeline for Implementation

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

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TIMELINE FOR IMPLEMENTATION

At-A-Glance

Use this resource as a guide to and checklist for your ACT implementation activities. You will likely address some items sequentially, but you will also experience some variation to the order in which you begin and complete them. There may be simultaneous activity and overlap as well.

ACT IMPLEMENTATION ITEM	YEAR ONE				BOOKLET PAGE #
	Begin/Continue 1-3 Months	Begin/Continue 4-6 Months	Begin/Continue 7-9 Months	Begin/Continue 10-12 Months	
BEGIN 1-3 MONTHS					
01.) Choose Your ACT Champions	✔				5
02.) Assemble Leadership Teams	✔				5
03.) Engage Technical Assistance ▪ Conduct Readiness Assessment & Write Implementation Plan	✔				5
04.) Identify Outcomes Indicators & Measures	✔				6
05.) Get Team Office Space & Equipment	✔				6
06.) Recruit & Assemble ACT Team ▪ Team Leader & Multidisciplinary Team ▪ Specialist vs. Generalist Roles	✔				7
07.) Establish Supervision Structure	✔				7
08.) Provide Training & Supervision	✔	✔	✔	✔	7
09.) Adopt & Utilize Eligibility Criteria	✔	✔	✔	✔	8
10.) Establish Client Referral Protocols	✔	✔	✔	✔	8
11.) Educate Your Organization & Community Stakeholders about ACT	✔	✔	✔	✔	8
12.) Identify & Engage Clients	✔	✔	✔	✔	9
13.) Utilize Team-Meeting Tools	✔	✔	✔	✔	9
14.) Establish & Enhance ACT Daily Team Meeting	✔	✔	✔	✔	10
15.) Establish & Utilize On-Call Protocol	✔	✔	✔	✔	10
16.) Develop Team Approach to Service	✔	✔	✔	✔	10
17.) Develop Staff Health & Safety Protocol	✔	✔	✔	✔	11
18.) Develop & Initiate Client Comprehensive-Assessment Process	✔	✔	✔	✔	11
19.) Utilize Person-Centered Treatment Planning	✔	✔	✔	✔	11
BEGIN 4-6 MONTHS					
20.) Collect & Review Outcomes Indicators & Measures		✔	✔	✔	12
21.) Establish Medication Protocols		✔	✔	✔	12
22.) Prepare for Baseline Fidelity Review		✔			13
23.) Develop Stage-Wise Interventions & Staging ▪ Stages of Change & Treatment ▪ The Staging Process		✔	✔	✔	13
BEGIN 7-9 MONTHS					
24.) Assess & Enhance Team Approach to Services			✔	✔	14
25.) Enhance Specialist Roles			✔	✔	14
26.) Participate in Baseline Fidelity Review			✔		15
27.) Write Fidelity Action-Plan ▪ Process Monitoring			✔	✔	15
28.) Troubleshoot Eligibility, Referral & Intake Processes			✔	✔	15
BEGIN 10-12 MONTHS					
29.) Ongoing Process Monitoring ▪ Utilize, Monitor & Revise Fidelity Action-Plan ▪ Identify & Address Barriers to Implementation ▪ Address Unintended Consequences ▪ Maintain Oversight of Implementation ▪ Collect, Analyze & Share Outcomes				✔	16-17
30.) Network with Others				✔	17
31.) Continue Stakeholder Collaborations				✔	17
32.) Celebrate Successes				✔	18

Get additional copies of this resource from our website:
  ▪ **ACT | Timeline for Implementation (Booklet & Mini-Poster)**
    ww.centerforebp.case.edu/resources/tools/act-timeline

INTRODUCTION

PURPOSE OF THIS BOOKLET

This booklet provides a timeline for developing Assertive Community Treatment (ACT) services during the first year of implementation. Use this booklet to guide your activities and to communicate with stakeholders inside your organization and in your community.

This booklet serves three purposes:
- It provides an overview of and introduction to important tasks in the ACT implementation process and, thus, helps you develop realistic expectations.
- It provides a benchmark for your current activities.
- It serves as a record (or checklist) of the incremental progress that you will make over time.

STRUCTURE OF THIS BOOKLET

We encourage you to view this resource as a guide to and checklist for your activities and not as a procedural manual that must be followed step-by-step. The items in this resource are listed in a way to help you organize the process of implementing ACT and to help you track your progress.

You will likely address some items sequentially, but you will also experience some variation to the order in which you begin and complete them. Simultaneous activity and overlap is common. The items on the following pages are numbered simply to facilitate efficient communication between and among team members and stakeholders: use the numbers for reference only, not for step-by-step procedures.

STAGES OF CHANGE

The implementation of ACT creates big changes in your organization and service outcomes incrementally over time through five stages of change & implementation:

Stages of Change	Stages of Implementation
Pre-contemplation	Unaware or uninterested
Contemplation	Consensus building
Preparation	Motivating
Action	Implementing
Maintenance	Sustaining

Managing change requires an investment of time, energy, human resources, and financial resources. Therefore, you need to know what to expect. For organizations and systems of care that are implementing ACT, big changes like high fidelity and improved outcomes are built upon a series of small, incremental changes in philosophies, policies, and individual clinical and team practices. The process outlined in this booklet will help you achieve those incremental successes.

Consensus Building

If you and your organization are new to ACT—if you are in the consensus-building stage of implementation (see table on page 3)—we have other resources to consult to prepare you for the implementation process:
- ACT | Getting-Started Guide
- ACT | Implementation Guide: At-A-Glance
- ACT | Daily Team Meeting, Part 1: Video
- ACT | Daily Team Meeting, Part 1: Learning Guide
- ACT | Team Meeting Tools Resource Page
- ACT | Team Meeting Tools Booklet

Get these resources from our website. See "Resources & Tools" section on page 19.

Motivating & Implementing

If you are ready to start implementing ACT services— if you are in the motivating and implementing stages (see table on page 3)—this booklet is a helpful resource to use. We also encourage you to seek advice and guidance from an organization that specializes in technical assistance.

PACE OF IMPLEMENTATION

Use this booklet to engage in some important introspection, communication, and teamwork. Many successful ACT programs have taken an entire year to complete the initial stages of implementation and several years to reach high fidelity. The pace of implementation is different for every organization. This booklet offers guidance for some typical implementation timeframes:
- 1 - 3 months (see page 5)
- 4 - 6 months (see page 12)
- 7 - 9 months (see page 14)
- 10 - 12 months (see page 16)

TECHNICAL ASSISTANCE

The Center for Evidence-Based Practices at Case Western Reserve University is available to help you through the ACT implementation process. We are a technical-assistance organization that provides a number of services:
- Service-systems consultation
- Program consultation
- Clinical consultation
- Training and education
- Knowledge-translation resources
- Program evaluation (fidelity & outcomes)
- Professional networks

For related information about our Center, visit our website:
- *www.centerforebp.case.edu*

For more information, see this section:
- *#03 Engage Technical Assistance*

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 between team members and clients 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, visit this page of our website: www.centerforebp.case.edu/practices/act

BEGIN 1-3 MONTHS

1.) CHOOSE YOUR ACT CHAMPIONS

ACT champions are people within your organization who have an unwavering enthusiasm for and commitment to ACT principles, practices, fidelity, and outcomes. They are involved in all aspects of planning and implementation. They contribute positive energy to the process and often guide important activities which lay the groundwork for implementation. Examples include the following:

- Participate in ACT trainings
- Meet with other ACT programs
- Visit high-fidelity ACT programs
- Help build consensus in your organization
- Help make administrative changes
- Help build consensus in your community

2.) ASSEMBLE LEADERSHIP TEAMS

To achieve and sustain high fidelity and improved outcomes, you will need many different people to contribute their passion, talent, and expertise to the project. Therefore, it is important to recruit representatives from your organization, from other organizations and systems, and from the community to participate in your ACT leadership teams.

- **Internal leadership team**
  This team will help implement ACT *within* your organization. Include decision makers who have the authority to influence the implementation and change processes (e.g., chief executive officer, clinical officer, medical officer, information systems, quality improvement, clients).

- **External leadership team**
  This team will help implement ACT *outside* your organization—in the community. Include representatives of community stakeholder groups (e.g., funders, inter-system partners) who can help your organization connect with needed resources and collaborations (e.g., housing networks, criminal justice, probation officers, employers, clients) and, thus, minimize barriers to success and maximize outcomes.

3.) ENGAGE TECHNICAL ASSISTANCE

Technical-assistance organizations typically provide the following to assist with the implementation process:

- Readiness assessment to help you identify available and needed resources (see below)
- Program consultation to help you make administrative changes
- Clinical consultation and training to help your ACT team leader(s) and team members acquire knowledge and skills to deliver effective services
- Fidelity evaluations to help you assess progress
- Fidelity action-plan

Conduct Readiness Assessment

Your technical-assistance organization (or other provider of technical support) will partner with you to conduct a readiness assessment to help your organization
- Review all core components of ACT implementation
- Become familiar with an ACT fidelity scale
- Review the facilitators and barriers to successful ACT implementation
- Identify available and needed resources
- Determine your organization's level of readiness for change

Write Implementation Plan

After the readiness assessment, the next step is to draft an ACT implementation plan. This will be your organization's to-do list for the start-up of your ACT program. The plan typically contains four major components:
- Implementation item
- Task required
- Person or group responsible
- Deadline for completion

4.) IDENTIFY OUTCOMES INDICATORS & MEASURES

Outcomes data measure the effectiveness of ACT services. Use outcomes data to identify (and monitor) the way in which you would like your ACT program to address and solve service challenges in your community. Collaborate with funders and health authorities in your community to establish agreed-upon measures of your ACT initiative and clearly communicate expected outcomes to ACT team members as a way to ensure those outcomes become your team goals as well. Some examples include the following:

- **Client-Recovery Outcomes**
  - Reduce hospitalizations
  - Reduce crisis services
  - Reduce emergency department visits
  - Reduce arrests
  - Reduce incarcerations
  - Increase housing stability
  - Increase interactions with natural supports (e.g., family members, friends)
  - Increase employment
  - Improve quality of life
- **Program Outcomes**
  - Increase cost effectiveness
  - Increase client satisfaction
  - Increase family-caregiver satisfaction
- **Community/System Outcomes**
  - Reduce hospital/crisis bed-day usage
  - Reduce arrest and incarceration
  - Reduce systems costs
  - Increase employment

5.) GET TEAM OFFICE SPACE & EQUIPMENT

The ACT team needs its own office space and equipment to foster communication, cohesion, confidentiality, and efficiencies. Examples include the following:

- **Team Office Space**
  A dedicated office space facilitates the following activities:
  - Meet daily and formally as an entire team
  - Meet informally with colleagues/team members
  - Maintain and share team-meeting tools
  - Maintain and share information about catchment areas, zones, and flight patterns (i.e., team members' travel routes for the day)
  - Maintain HIPAA-level confidentiality
- **Room(s) for Group Treatment/Counseling**
- **Room(s) for Individual Treatment/Counseling**
- **Team Equipment**
  - Automobiles
  - Telephones/mobile
  - Telephones/landline
  - Telephone/crisis hotline
  - Computer laptops
  - Computer desktops
  - Computer server
  - Team-meeting binder
  - Team-meeting tools

- Dry-erase boards
- Flip charts
- Team-meeting tools/paper or electronic
- Team-meeting binder/paper or electronic
- Community map/catchment areas & zones
- Client (clinical) records/charts
- First aid kit
- Bedbug kit
- Naloxone kit
- Office supplies

For related information, see these sections:
- *#13 Utilize Team-Meeting Tools*
- *#14 Establish & Enhance ACT Daily Team Meeting*

6.) RECRUIT & ASSEMBLE ACT TEAM

An ACT team is a group of service providers from multiple disciplines who are dedicated to the recovery of people with severe mental illness as well as team cohesiveness and cohesion. All team members work collaboratively to provide a full range of services needed by each client. ACT teams usually consist of the following:
- Team leader
- Prescriber (e.g., psychiatrist, nurse practitioner)
- Nurse
- Substance-abuse specialist
- Peer-support specialist
- Vocational specialist
- Counselor/therapist
- Most ACT teams do not have a designated case manager because all team members provide community-support (case-management) services.

Specialist & Generalist Roles

An ACT team is often referred to as a *transdisciplinary* team. This means that each ACT team member is a specialist in his or her field of practice (e.g., nursing, psychiatry, counseling, employment/rehabilitation services). However, each ACT team member is also a generalist in fields of practice that are not his/her specialty. For example, a nurse should know enough about supported employment to talk about it with clients and to relay those conversations to the employment specialist for follow-up. In addition, all team members have basic knowledge of substance use disorders. In this way, all team members work collaboratively to provide a full range of community-support services needed by each client.

7.) ESTABLISH SUPERVISION STRUCTURE

ACT program managers and team leaders establish supervision for ACT teams and individual team members that is routine and consistent and focuses on nurturing the knowledge, skills, attitudes, optimism, excellence, and ongoing professional development of each staff person. Supervision should include frequent observation of team members in the community while providing services. There are essentially three core components to effective supervision that program managers and team leaders should integrate into ACT supervision:

- **Administrative supervision**
  A focus on the management of tasks of the ACT team
- **Clinical supervision**
  A focus on the performance of tasks by each ACT team member
- **Leadership & Support**
  A focus on building and sustaining the culture of recovery-centered service delivery and professional development of team members

8.) PROVIDE TRAINING & SUPERVISION

Training and supervision are essential for empowering all team members to acquire the knowledge, skills, and attitudes necessary to translate ACT principles into their practice specialties. Develop and maintain a systematic method for training new ACT team members and for supporting existing team members with training opportunities. Here are a few principles and practices to keep in mind:
- Training by itself is not likely to promote long-term change in service-provider behavior or consumer outcomes.
- Service providers often demonstrate improvement in clinical practice when training is followed by observation, feedback, and coaching from supervisors.

- Supervisors are the key to sustaining any new practice when they promote and support experiential learning among staff members in the work environment.
- Supervisors need ongoing professional development opportunities.
- Successful training occurs within an organizational context that supports supervisors and direct-service providers during the process of mastering and sustaining the new practice.
- Sustaining effective practice requires organizational planning, evaluation, and commitment to ongoing quality supervision.

9.) ADOPT & UTILIZE ELIGIBILITY CRITERIA

Admission criteria should only include ACT's target population, which includes individuals who have severe mental illness (and co-occurring substance use disorders) who are most at-risk of

- Psychiatric crisis and hospitalization
- Involvement in the criminal justice system (i.e., arrest, incarceration)
- Housing instability

Diagnoses for ACT's target population typically include schizophrenia, schizoaffective disorder, major depression with psychotic features, and bipolar disorder with psychotic features. This high-risk population generally does not benefit from typical mental-health services (e.g., day treatment). Therefore, ACT provides assertive outreach in the community with a multidisciplinary (transdisciplinary) team approach.

In addition, many health authorities and funders (e.g., Medicaid, managed care organizations, state departments) establish eligibility criteria that your organization will need to adopt and utilize. Find out what these are. Be specific about the following for your ACT services:

- Admission criteria
- Continued-stay criteria
- Step-down criteria

10.) ESTABLISH CLIENT REFERRAL PROTOCOLS

The ACT team develops a protocol for referrals to its services. This protocol is based upon and includes the eligibility criteria. Share the protocol (and eligibility criteria) with the intake department at your organization and with community stakeholders who will likely refer clients to your ACT services. Be sure to educate community stakeholders about your referral protocol, which may include the following:

- Methods of referral—that is, how a referral is submitted to and received by the ACT team (e.g., paper form, electronic form, telephone, email)
- Required documentation (e.g., doctor's note/referral)
- Review process to examine appropriateness of the referral (e.g., determine client eligibility, appropriate level of care, level of risk)
- Expected response from ACT team (i.e., who, how, and when—for example, within 24 to 72 hours of receipt of the referral)

For related information, see this section:
- *#09 Adopt & Utilize Eligibility Criteria*

11.) EDUCATE YOUR ORGANIZATION & COMMUNITY STAKEHOLDERS ABOUT ACT

Provide information about ACT to community stakeholders so they begin to understand ACT's basic principles and practices and how to make a referral to the ACT program. This may inspire them to rethink how they interact with clients who have severe and persistent mental illness (and co-occurring substance use disorders) and how they collaborate with your organization.

- Develop talking points for your organization's executive team, leadership team, and service team
- Develop promotional materials (e.g., brochure, web pages, social media)
- Host a kick-off event to inform and engage community partners
- Encourage collaborative problem-solving with stakeholders
- Invite community stakeholders to call the ACT team for proactive responses to clients

Community Stakeholders

Community stakeholders who will benefit from knowing about ACT typically include the following:

- Crisis services
- Emergency departments
- Inpatient psychiatric services
- Police
- Courts
- Parole/probation
- Homeless shelter
- Housing services
- Family support groups
- Peer (consumer) networks

For related information, see these sections:
- *#09 Adopt & Utilize Eligibility Criteria*
- *#10 Establish Client Referral Protocols*

12.) IDENTIFY & ENGAGE CLIENTS

Identifying and engaging clients occurs continuously. Assertive outreach is the centerpiece of ACT services. Team members make persistent and caring attempts to engage clients and to foster trusting relationships with them. Client retention is a high priority. In fact, clients are not discharged from ACT services if they fail to keep appointments. Instead, ACT teams make the effort to find out why clients might be missing appointments and help them find ways to keep appointments.

There are several ways an ACT team might identify and engage clients who are eligible for services. Examples include the following:

- Assertive outreach in the community
- Natural support networks (e.g., family, friends, employers, landlords)
- Legal mechanisms (i.e., parole/probation, outpatient commitment, representative payee, guardianship)
- Crisis services admission & discharge
- Inpatient psychiatric admission & discharge
- Emergency department admission & discharge
- Peer (consumer) networks

13.) UTILIZE TEAM-MEETING TOOLS

ACT teams use a number of tools (paper and/or electronic) in daily-team meetings to organize and manage information about their work with clients who receive ACT services. 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
- 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

- Client Information
- Medication List
- Treatment & Recovery Goals
- Client Weekly Schedule
- Client Roster
- Team-Meeting Summary
- Daily Staff Schedule
- Client Monthly Schedule
- Lists of Client Activities
  - List of Clients & Employment
  - List of Clients Who are Scheduled for Injectable Medications
  - 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

For more information, get these resources from our website (see page 19):
- *ACT | Team Meeting Tools Resource Page*
- *ACT | Team Meeting Tools Booklet*

14.) ESTABLISH & ENHANCE ACT DAILY TEAM MEETING

The daily team meeting gives the multidisciplinary treatment team a time and place to gather to discuss each ACT client's progress in all aspects of his or her recovery. Choose a consistent time and place and set the expectation that all team members will attend and be punctual. Use the team-meeting tools to record and organize information about each client and to manage the delivery of services (see section #13). Also, encourage team members to provide ongoing real-time feedback about the daily-team meeting as a way to enhance it.

Roll Call & 24-Hour Cycle

Each ACT daily-team meeting has a consistent format and pace. The team leader (or another team member) reads a name from the *client 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. This keeps discussions focused and efficient. Here are two basic and important questions which shape daily discussions:
- What happened yesterday in this person's life?
- What should we focus on today to support and advance his or her recovery?

Enhance Team Meeting

Team leaders strive consistently to improve the daily-team meeting. Here are a few items to consider for the process:
- Solicit ongoing feedback from team members about the structure and process of the meeting
- If there are barriers to staff attendance (e.g., time of day meeting is held), be sure to review, address, and resolve those barriers as a team.
- Refine the team-meeting agenda as needed
- Try to limit duration of meeting to one hour or less (e.g., 60 minutes for 100 clients)
- Enhance efficiency of team's assertive outreach by discussing the following:
  - Catchment areas (i.e., specific geographic areas or parts of town)
  - Zones (i.e., specific geographic areas or parts of town where ACT clients live)
  - Flight patterns (i.e., team members' travel routes for the day)

For more detailed information, get these resources from our website (see page 19):
- *ACT | Daily Team Meeting, Part 1: Video*
- *ACT | Daily Team Meeting, Part 1: Learning Guide*

15.) ESTABLISH & UTILIZE ON-CALL PROTOCOL

The ACT model expects organizations to provide crisis-intervention services 24 hours per day, 7 days per week. The availability of team members provides consistent, caring, person-centered relationships which have a positive effect upon client outcomes and quality of life.
- Review your organization's existing on-call procedures
- Adjust procedures to ACT model intent, as needed
- Provide adequate compensation (financial or otherwise) to team members who provide on-call services
- Develop protocol for different types of responses: telephone vs. in-person
- Educate clients and community stakeholders about on-call services and hotline numbers
- Develop equitable scheduling (e.g., staff rotation)
- Post on-call schedules (paper or electronic)
- Provide adequate tools and equipment (e.g., laptop; cell phone; car; updated information about clients, such as advance directives and lists of medications and natural supports)
- Provide ACT team members with phone numbers for crisis services, emergency departments, hospitals, and psychiatric hospitals

16.) DEVELOP TEAM APPROACH TO SERVICE

Be intentional about developing and maintaining a team approach to service and make it a part of your organizational culture. For instance, be sure your entire team is involved in developing a comprehensive assessment of each client. Also, pay attention to how your team organizes each day's work (workload responsibilities) during the daily meeting. Find an effective balance between each team member's specialist and generalist roles, and ensure that each team member is maximizing his or her specialty.

Another important method for developing a team approach to service is to identify the location of client residences and develop catchment areas, service areas (or zones), flight patterns, and daily or weekly rotations.

For related information, see these sections:
- *#06 Recruit & Assemble ACT Team*
- *#13 Utilize Team-Meeting Tools*
- *#14 Establish & Enhance ACT Daily Team Meeting*
- *#18 Develop & Initiate Client Comprehensive-Assessment Process*

17.) DEVELOP STAFF HEALTH & SAFETY PROTOCOL

Program managers and ACT team leaders always give team members the permission to put their personal health and safety first. They also ensure that the organization has a clear and effective health and safety protocol, which should pro-actively address the following:
- Unsafe environments (e.g. high-crime areas, known drug- or sex-trafficking locations, homeless encampments)
- Trauma (i.e., being a victim of or witness to physical assault)
- Secondary trauma (i.e., exposure to violence via the stories told by clients who have been victims of and witnesses to violence; knowledge of or exposure to client death)
- Infectious diseases
- Poor hygiene conditions/environments (e.g., exposure to bed bugs, cockroaches, fleas, lice)

18.) DEVELOP & INITIATE CLIENT COMPREHENSIVE-ASSESSMENT PROCESS

A comprehensive clinical assessment of each client informs diagnoses, treatment planning, and delivery of the most appropriate biopsychosocial interventions available. During a comprehensive assessment, team members collect information from multiple sources and perspectives about the course of the client's

illness(es) and functioning. The team then creates a comprehensive narrative about how the client's health and wellbeing are (and have been) impacted by the following:
- Mental illness
- Substance use and abuse
  - Alcohol
  - Tobacco
  - Other drugs, including opioids
- Trauma exposure, as victim of and/or witness to assault and neglect
- Chronic primary-health conditions (e.g., cardio pulmonary disease, sexually transmitted diseases, dental disorders, Hepatitis-C)
- Medication side effects

For more detailed information, get this resource from our website (see page 19):
- *Clinical Guide to Integrated Dual Disorder Treatment, p16-23*

19.) UTILIZE PERSON-CENTERED TREATMENT PLANNING

Treatment planning for each client enrolled in ACT services is based upon the comprehensive assessment and is
- Person-centered
- Strengths-based
- Stage-based
- Motivational
- Recovery-focused
- Trauma-informed
- Inclusive (i.e., each treatment-planning meeting includes ACT team members and the client and his or her natural supports)

For more detailed information, get this resource from our website (see page 19):
- *Clinical Guide to Integrated Dual Disorder Treatment, p28-31*

BEGIN 4-6 MONTHS

20.) COLLECT & REVIEW OUTCOMES INDICATORS & MEASURES

You established team outcomes and goals in the first three months of your ACT services (see section #4). Begin reviewing the outcomes regularly with the ACT services team and leadership team:

- Adjust outcomes and goals as needed
- Develop or refine the process for tracking and reporting

21.) ESTABLISH MEDICATION PROTOCOLS

- Review your organization's existing protocol for medication (e.g., storage, access, sign-in and sign-out, transporting, delivering and administering to clients) and develop medication protocol specifically for ACT services as needed
- Dispel myths and misconceptions about meds among clients and team members
- Develop process for monitoring medication use and side effects among clients
- Establish relationship(s) with local pharmacy(ies)

- Educate staff members and clients about meds for co-occurring mental illness and substance use disorders (e.g., meds to manage cravings, meds that can be safely prescribed to active users, medications known to be addictive)

Tobacco Use & Psychotropic Medication

- Review your organization's existing policies for tobacco use.
- Tobacco interferes with the metabolism of most medications.
- Therefore, tobacco users often require higher doses of medication to get the intended therapeutic effect. In addition, with higher doses, there is a potential for increased side effects.
- Research shows that simultaneous treatment for alcohol, tobacco, and other drugs can likely increase abstinence by up to 25 percent.

For more detailed information, get these resources from our website (see page 19):
- *Tobacco: Recovery Across the Continuum (TRAC) www.centerforebp.case.edu/practices/trac*
- *Clinical Guide to Integrated Dual Disorder Treatment, p34-37 & p44-45*

22.) PREPARE FOR BASELINE FIDELITY REVIEW

A fidelity review is conducted with an ACT Fidelity Scale by reviewers external to your organization. The fidelity scale is an evaluation instrument that outlines and describes essential components of the ACT model. It measures the degree to which your team meets the expectations described in the scale.

Organizations that choose to implement ACT typically want to replicate the outcomes associated with the model. A fidelity review helps to ensure that your organization is engaged in activities necessary to achieve those outcomes. A fidelity review provides you with a set of benchmarks about your ACT services and recommendations for program enhancements. Become familiar with the fidelity scale used in your state. There are two popular scales:

- Dartmouth Assertive Community Treatment Scale (DACTS)
- Tool for Measurement of Assertive Community Treatment (TMACT)

New ACT programs typically engage in a baseline fidelity review within 3 to 6 months after starting ACT and annually thereafter. Established ACT programs with high fidelity typically engage in ongoing fidelity reviews. Your technical-assistance organization (or other provider of technical support) can help you prepare for your fidelity review. The Center for Evidence-Based Practices at Case Western Reserve University provides technical assistance for both the DACTS and TMACT.

23.) DEVELOP STAGE-WISE INTERVENTIONS & STAGING

The ACT model encourages organizations to provide services to people who also have co-occurring substance use disorders (i.e., addiction to alcohol, tobacco, and other drugs). The Integrated Dual Disorder Treatment (IDDT) model is an evidence-based practice that combines mental-health services with addiction services. It also fits seamlessly with ACT.

Stages of Change & Treatment

IDDT acknowledges that recovery from alcohol, tobacco, and other drugs occurs incrementally over time through stages-of-change and stages-of-treatment (see table below). This stage-wise approach suggests that change occurs incrementally over time. Thus, big changes like sobriety, symptom management, and an increase in independent living are usually built upon a series of small, overlapping and incremental changes. With an understanding of these stages, ACT team members are best equipped to help persons with co-occurring disorders gain the most confidence with their abilities to recover from symptoms and relapses, to develop independent living skills, and to meet daily living needs.

The Staging Process

Your technical-assistance consultants can help your team members learn how to deliver services in a stage-appropriate manner. They can also help you develop the capacity to "stage" clients—that is, to assess accurately their symptoms of mental illness and addiction *as well as* their readiness, willingness, and ability to work on (and accomplish) their recovery goals. Remind your ACT team members that clients gain the most confidence with personal change when they are helped to experience incremental successes over time. It is also important for team members to acknowledge clients as they experience those successes. A small success is, in fact, *a success.*

Stages of Change	IDDT Stages of Treatment
▪ Pre-contemplation	▪ Engagement
▪ Contemplation	▪ Early Motivation
▪ Preparation	▪ Motivation
▪ Action	▪ Active Treatment
▪ Maintenance	▪ Relapse Prevention

BEGIN 7-9 MONTHS

24.) ASSESS & ENHANCE TEAM APPROACH TO SERVICES

The ACT Daily Team Meeting is the foundation of your team approach to services. Here are a few tips for advancing teamwork even further during daily meetings:

- Encourage and emphasize shared caseloads
- Ensure full use of all team-meeting tools
  - Review Client Weekly Schedule with team regularly
- Make sure a variety of team members are reporting information about recent interactions with each client. (This will demonstrate that contact with a client is not just limited to one or two team members.)

Quality Improvement

It can also be very helpful to use quality-improvement processes such as chart reviews, fidelity reviews, and fidelity action-plans to ensure a team approach to service is occurring. Look for the following:

- How many different people on a team interacted with each client in a month?

- How many ACT team members are seeing clients face-to-face in a two-week period?

For related information, see these sections:
- *#13 Utilize Team-Meeting Tools*
- *#14 Establish & Enhance ACT Daily Team Meeting*
- *#16 Develop Team Approach to Service*
- *#22 Prepare for Baseline Fidelity Review*

25.) ENHANCE SPECIALIST ROLES

As team members settle into their specialist roles, team leaders create opportunities for them to contribute to the team beyond their direct-service work. For instance, team members may advance their professional development by educating their colleagues about their specialist roles. Assign each specialist to lead an in-service training or *lunch-and-learn* (a group-supervision meeting) at least twice a year. Some examples include the following:

- Nurse provides update about medications for mental illness and addiction (e.g., new trends, side effects) and how to identify and talk about physical health issues with clients.
- Substance abuse specialist educates team members about psychosocial approaches to treatment.

- Employment specialist teaches colleagues how to use motivational approaches to talk with clients about their desires, hopes, and anxieties about working a part-time or full-time job.

For related information, see these sections:
- *#06 Recruit & Assemble ACT Team*
- *#07 Establish Supervision Structure*
- *#08 Provide Training & Supervision*
- *#16 Develop Team Approach to Service*

26.) PARTICIPATE IN BASELINE FIDELITY REVIEW

Your technical-assistance organization (or other provider of technical support) will conduct a baseline fidelity review using an ACT Fidelity Scale such as the Dartmouth Assertive Community Treatment Scale (DACTS). Remember that the fidelity scale is an evaluation instrument that outlines and describes essential components of the ACT model. It measures the degree to which your team meets the expectations described in the scale. After the fidelity review, your technical-assistance organization will provide a fidelity report that your organization will use to write a fidelity action-plan.

For related information, see this section:
- *#22 Prepare for Baseline Fidelity Review*

27.) WRITE FIDELITY ACTION-PLAN

Your internal leadership team (see section #2) and ACT services team (see section #6) collaborate to review the fidelity report and write a fidelity action-plan, which outlines next steps in your journey to reach and sustain high fidelity and improved outcomes. The action plan consists of four major components:
- Fidelity scale item
- Action required
- Person or group responsible
- Timeframe/target date

Process Monitoring

Process monitoring is the name given to the ongoing (e.g., monthly) review of your fidelity action-plan, which tracks your progress of ACT implementation.

Some activities of process monitoring include the following:
- Read and review the fidelity report
- Identify target areas for improvement
- Review the fidelity action-plan with input and guidance from your ACT service team and ACT leadership team
- Link your fidelity action-plan to your organization's quality-improvement (QI) goals
- Review action plan at least monthly with your technical-assistance organization (or other provider of technical support)

For related information, see these sections:
- *#02 Assemble Leadership Teams*
- *#29 Ongoing Process Monitoring*

For more detailed information, get this resource from our website (see page 19):
- *ACT | Getting-Started Guide (booklet)*

28.) TROUBLESHOOT ELIGIBILITY, REFERRAL & INTAKE PROCESSES

You have had some time to interact with clients and community-based referral sources, so now is the time to ask an important question:
- Are we getting the right clients for our ACT services?

Remember, ACT is designed for people with severe and persistent mental illness (and co-occurring substance use disorders) who are most at-risk of psychiatric crisis, hospitalization, and involvement in the criminal justice system. If you are working with clients who do not meet this description, you are likely not reaching and serving ACT's priority population. Remember that not all high-need clients are appropriate for ACT services. Review the following with your ACT team, your organization's intake department, and your community-based referral sources and make necessary adjustments and corrections:
- Eligibility criteria
- Referral process
- Intake process

For related information, see these sections:
- *#09 Adopt & Utilize Eligibility Criteria*
- *#10 Establish Client Referral Protocols*
- *#11 Educate Your Organization & Community Stakeholders about ACT*

BEGIN 10-12 MONTHS

29.) ONGOING PROCESS MONITORING

Utilize, Monitor & Revise Fidelity Action-Plan

Review your fidelity action-plan periodically to ensure your organization is making progress with ACT implementation and program enhancements. As you complete the action items, revise the plan to keep your organization on track with its continuous quality-improvement process. Also, be sure to complete unfinished action items from this first year of implementation. If there are items you have not yet completed, identify and address the barriers that are preventing that from happening.

When your program achieves high fidelity, continue to utilize a fidelity action-plan to pay attention to quality indicators. This will keep you on the path of achieving ACT model outcomes.

For related information, see these sections:
- *#22 Prepare for Baseline Fidelity Review*
- *#26 Participate in Baseline Fidelity Review*
- *#27 Write Fidelity Action-Plan*

Identify & Address Barriers to Implementation

You will likely recognize new barriers to implementation and fidelity if your ACT program stops making progress with outcomes and items on your fidelity action-plan. Use *process monitoring* to figure out what is holding you back from better implementation, higher fidelity, and improved outcomes. Identify the challenges and create strategies to overcome them if possible. Add a list of barriers to your fidelity action-plan as a way to systematically review and address them. Some examples include the following:
- Staff turnover
- Inadequate office space
- Inadequate amount of prescriber time being dedicated to ACT team for medication-management services to clients
- Lack of collaboration with community stakeholders (e.g., local hospital emergency department, criminal justice system)
- Hospital admissions and discharges being conducted without the collaboration of the ACT team
- A targeted training need

Address Unintended Consequences

There will likely be unanticipated (or unintended) consequences from ACT implementation. These consequences might have positive or negative impacts. For instance, you might experience an increased demand for ACT services from community stakeholders (e.g., police departments, courts, emergency departments, homeless shelters), which is good, because more clients will receive the services they need. However, a sudden increase in demand might put a workload stress on your ACT team and financial stress on your organization. Ask your technical-assistance consultants (or other provider of technical support) for advice about managing unintended consequences. They may have helped other ACT programs deal with similar situations in other communities and could suggest strategies that will work for you.

Maintain Oversight of Implementation

Your ACT leadership team continues to provide oversight of your ACT implementation process and oversees a number of process-monitoring activities related to your continuous quality-improvement process. Examples include the following:
- Review fidelity reports
- Revise fidelity action-plan
- Track desired outcomes
- Review outcome reports
- Review and recommend enhancements to administrative policies and practices
- Identify and minimize organizational barriers and systems barriers to fidelity and improved outcomes
- Plan for continued funding

Collect, Analyze & Share Outcomes

Continue investing in a mechanism for collecting and evaluating outcomes and reporting results to everyone involved with ACT, including service providers, clients, family members, community stakeholders, policymakers, foundations, and other departments within your organization. Your openness and honesty will inspire hope about improvements and elicit help from others if outcomes begin to slip. There are a number of outcomes categories that your program should continuously monitor. They include the following:

- Client/recovery outcomes
- Program outcomes
- Community/system outcomes

Pay close attention to outcomes data at the same time you pay attention to fidelity. A drop in outcomes *might* indicate a drop in fidelity. Likewise, an improvement in outcomes *might* reflect an increase in fidelity.

For related information, see these sections:
- *#04 Identify Outcomes Indicators & Measures*
- *#20 Collect & Review Outcomes Indicators & Measures*
- *#22 Prepare for Baseline Fidelity Review*
- *#26 Participate in Baseline Fidelity Review*
- *#27 Write Baseline Fidelity Action-Plan*

30.) NETWORK WITH OTHERS

It is important for program administrators, team leaders, and team members to maintain formal and informal professional networks with individuals at other ACT programs and with community stakeholders. These networks provide a forum for everyone to share the lessons they are learning about ACT service delivery. This form of dissemination helps new and existing ACT programs avoid common pitfalls, overcome barriers, and capitalize on strategies that work.

Your technical-assistance organization (or other provider of technical support) may sponsor professional networks to help you connect and stay connected with others. Examples include the following:
- Monthly team-leader consultation (onsite or online)
- Family program-development consultation
- Regional network meetings
- Regional training events

31.) CONTINUE STAKEHOLDER COLLABORATIONS

Your ACT team members, administrative team, and leadership team are acquiring hands-on experience with ACT principles and practices. Share this knowledge and these skills with community stakeholders and other partners. Visit their organizations and invite them to

yours. Also, ask them to attend training sessions, and, when appropriate, invite them to consultations with your technical-assistance provider. The training of stakeholders (and other individuals) from multiple service systems will help develop a continuity of recovery philosophy and practices in the community and promote cross-system communication and collaboration. Continue to welcome stakeholders into the implementation process and give them opportunities to contribute their experience, expertise, and resources to the ACT cause.

32.) CELEBRATE SUCCESSES

The pace of work in most service organizations is very fast. It seems that service providers and administrators alike are constantly "moving on" to the next task and challenge. While working at a fast pace, there is often little time to notice, evaluate, and celebrate your successes. However, these activities are important, because they provide opportunities for team and organizational self-reflection and, therefore, quality improvement.

Take time to evaluate and celebrate successes together, so everyone becomes aware of team processes and organizational processes that produce positive outcomes. Be sure to include direct-service providers, administrators, steering committee members, community stakeholders, clients, and family members and share the results openly. This will provide positive energy for future innovations.

Take time to evaluate and celebrate successes together, so everyone becomes aware of team processes and organizational processes that produce positive outcomes.

RESOURCES & TOOLS

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

ACT | Making the Case
- www.centerforebp.case.edu/practices/act

ACT | Getting-Started Guide
- www.centerforebp.case.edu/resources/tools/act-gettingstarted-guide

ACT | Implementation Guide: At-A-Glance
- www.centerforebp.case.edu/resources/tools/actimplementation-guide

ACT | Timeline for Implementation
- ww.centerforebp.case.edu/resources/tools/act-timeline

ACT | Daily Team Meeting, Part 1: Video
- www.centerforebp.case.edu/resources/tools/act-video-part-1

ACT | Daily Team Meeting, Part 1: Learning Guide
- www.centerforebp.case.edu/resources/tools/act-video-part-1-guide

ACT | Team Meeting Tools Resource Page
- www.centerforebp.case.edu/resources/tools/act-team-meetings

ACT | Team Meeting Tools Booklet
- www.centerforebp.case.edu/resources/tools/act-team-tools-booklet

ACT | Team Meeting Tools Booklet (Mini-Poster)
- www.centerforebp.case.edu/resources/tools/act-team-tools-miniposter

FIDELITY RESOURCES & TOOLS

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

ACT | Tool for Measurement of Assertive Community Treatment (TMACT): Summary Scale
- www.centerforebp.case.edu/resources/tools/act-tmact

ACT | SAMHSA Evidence-Based Practices KIT
- www.centerforebp.case.edu/resources/tools/act-samhsa-ebp-kit

CLINICAL RESOURCES & TOOLS

Clinical Guide to Integrated Dual Disorder Treatment (IDDT)
- www.centerforebp.case.edu/resources/tools/clinical-guide-for-iddt

Tobacco: Recovery Across the Continuum (TRAC)
- www.centerforebp.case.edu/practices/trac

MORE RESOURCES & TOOLS
Visit our website:
- www.centerforebp.case.edu/resources/tools

The implementation of ACT creates big changes in your organization and service outcomes incrementally over time through stages of change & implementation.

ACT ASSERTIVE COMMUNITY TREATMENT
the evidence-based practice

ACT | Timeline for Implementation

RECOMMENDED CITATION

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www.centerforebp.case.edu/resources/tools/act-timeline

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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
- Knowledge-translation resources
- Evaluation (fidelity and outcomes)
- Professional 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

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)**.

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