EVIDENCE-BASED PRACTICES KIT

Knowledge Informing Transformation

Using Multimedia to Introduce Your EBP

Assertive Community Treatment

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Mental Health Services
www.samhsa.gov

Using Multimedia to Introduce Your EBP

Assertive Community Treatment

U.S. Department of Health and Human Services
Substance Abuse and Mental Health Services Administration
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Acknowledgments

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Disclaimer

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Assertive Community Treatment

Using Multimedia to Introduce Your EBP

Using Multimedia to Introduce Your EBP is a collection of educational tools to help you introduce your Assertive Community Treatment (ACT) program to a variety of stakeholder groups, including the following:

- Mental health authorities;
- Community members;
- Employers;
- Consumers;
- Families and other supporters; and
- Agency-wide staff.

Anyone who is trained in the ACT model (including EBP program leaders, staff, and advisory group members) should be able to use these tools during in-service training meetings or for community presentations to educate other stakeholder groups.

For references, see the booklet *The Evidence*.

This KIT is part of a series of Evidence-Based Practices KITs created by the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.

This booklet is part of the Assertive Community Treatment KIT that includes a DVD, CD-ROM, and seven booklets:

How to Use the Evidence-Based Practices KITs

Getting Started with Evidence-Based Practices

Building Your Program

Training Frontline Staff

Evaluating Your Program

The Evidence

Using Multimedia to Introduce Your EBP

What's in *Using Multimedia to Introduce Your EBP*

Introductory Video 3

Sample Brochure 3

Introductory Handouts 4

Introductory PowerPoint Presentation 4

Appendix A: Sample Brochure 5

Appendix B: Introductory Handouts 11

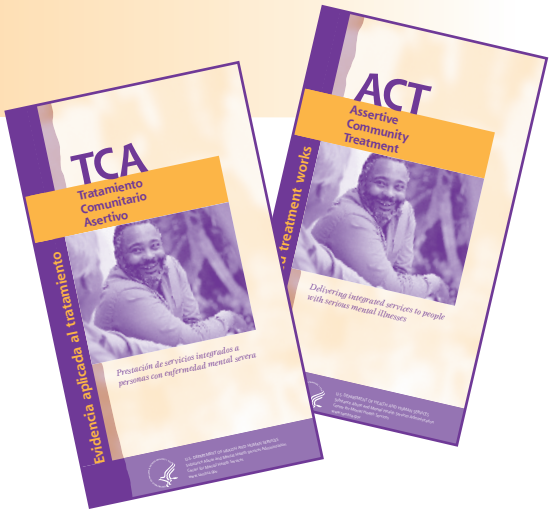
Appendix C: PowerPoint Presentation 23

Assertive Community Treatment

EVIDENCE-BASED PRACTICES KIT

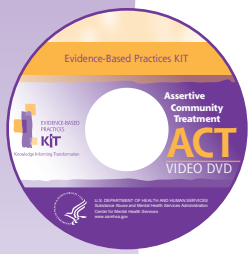
Knowledge Informing Transformation

Using Multimedia to Introduce Your EBP



Introductory Video

This film gives viewers basic information about the Assertive Community Treatment (ACT) program, including the following:



- Practice principles;
- Practice philosophy and values;
- Basic rationale for services; and
- How the evidence-based practice has helped consumers and families.

English and Spanish versions of the Introductory Video are included on the DVD in the KIT.

Sample Brochure

Using a brochure to introduce your ACT program to consumers, families, and community members is an easy way to disseminate basic information about ACT. We include a paper copy of English and Spanish versions in Appendix A of this booklet. Electronic copies are on the CD-ROM in this KIT so that you can tailor the brochure to your specific ACT program.

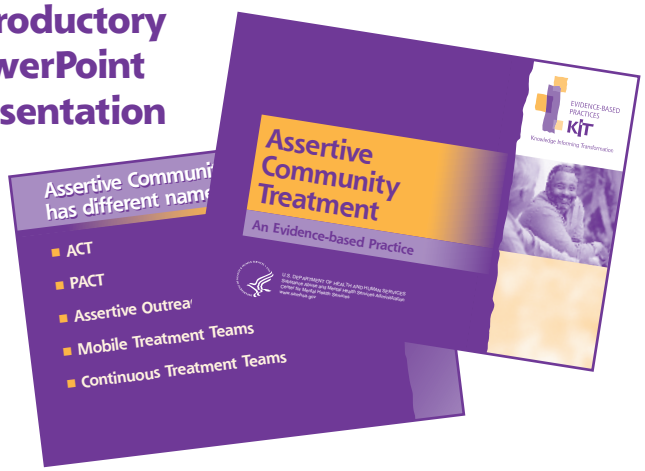
Introductory Handouts

We have developed two handouts for you to disseminate in professional in-service seminars. They are included on the next few pages:

- Overview of ACT for Agency Leaders and Staff; and
- Overview of ACT for Mental Health Authorities.

Distributing these handouts during in-service trainings will help these stakeholders understand basic ACT principles and services.

Introductory PowerPoint Presentation



We encourage those who are trained in the ACT model to offer basic community presentations and in-service seminars using the Introductory PowerPoint slides in this KIT. We include a paper copy of the prentation in Appendix C of this booklet. An electronic copy is on the CD-ROM in this KIT so that you can tailor it to your specific ACT program.

The slides provide background information about the following:

- Evidence-based practices in general;
- Practice principles; and
- Critical components of the evidence-based model.

Use the presentation along with the other tools in this section to educate a wide array of stakeholders.

EVIDENCE-BASED PRACTICES KIT

Knowledge Informing Transformation

Using Multimedia to Introduce Your EBP

Appendix A: Sample Brochure

Use this sample brochure to introduce your Assertive Community Treatment program in your community. Both English and Spanish versions are on the next few pages. Electronic copies are on the CD-ROM in this KIT.

A Life in the Community for Everyone

SAMHSA

Substance Abuse and Mental Health Services Administration

U.S. Department of Health and Human Services

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EVIDENCE-BASED PRACTICES KIT

Knowledge Informing Transformation

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Evidenced-based treatment works

ACT

Assertive Community Treatment

Delivering integrated services to people with serious mental illnesses

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Mental Health Services
www.samhsa.gov

What is Assertive Community Treatment?

Assertive Community Treatment, or ACT, is a way of delivering a full range of services to people who have been diagnosed with a serious mental illness. ACT's goal is to give consumers adequate community care and to help them have a life that isn't dominated by their mental illnesses.

How does ACT help consumers?

With ACT, consumers get help taking care of their basic needs—taking medications, getting up, and getting through the day. ACT teams work closely with consumers to see which medications work best for them. They help consumers find housing, apply for food stamps, go back to school, or get a job.

How does ACT work?

A team approach	Psychiatrists, nurses, mental health professionals, employment specialists, and substance-abuse specialists join together on ACT teams to give consumers ongoing, individualized care.
Services provided where they are needed	Consumers receive ACT services in their homes, where they work, and in other settings in the community where problems occur or where support is needed.
Personalized care	ACT teams work with relatively small numbers of people.
Time-unlimited support	ACT teams give consumers whatever services and supports they need for as long as they need them.
Continuous care	Several ACT team members work regularly with each consumer.
Flexible care	ACT teams fit their schedules around the needs of consumers.
Comprehensive care	ACT teams provide an array of services to help meet consumer needs.
Services provided when they are needed	ACT services are available 24 hours a day, 7 days a week. Someone is always available to handle emergencies.

With ACT, consumers benefit most because they are hospitalized less often and have more stable housing.

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Knowledge Informing Transformation
(Transformación basada en la información)

Este documento fue producido por la Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS) bajo los numeros de contrato 280-00-8049 con el Dartmouth Psychiatric Research Center y 270-03-6005 con Westat.

Printed 2008 DHHS Publication No. SMA-08-4344

Evidencia aplicada al tratamiento

TCA

Tratamiento Comunitario Asertivo

Prestación de servicios integrados a personas con enfermedad mental severa

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Mental Health Services
www.samhsa.gov

¿Qué es Tratamiento Asertivo Comunitario?

El Tratamiento Comunitario Asertivo, o TCA, es una manera de prestar una gama completa de servicios a personas que han sido diagnosticadas con una enfermedad mental severa. La meta de TCA es dar al consumidor atención adecuada en la comunidad y ayudarle a vivir una vida no dominada por su enfermedad mental.

¿Cómo ayuda TCA a los consumidores?

Con TCA, los consumidores reciben ayuda con sus necesidades básicas—para tomar medicamentos, levantarse, y pasar el día. Los equipos de TCA trabajan muy de cerca con los consumidores para ver qué medicamentos funcionan mejor para ellos. Ayudan a los consumidores a conseguir vivienda, solicitar estampillas de alimentos, regresar a la escuela, u obtener empleo.

¿Cómo funciona TCA?

Trabajo en equipo	Psiquiatras, enfermeras, profesionales de salud mental, especialistas en empleo, y especialistas en abuso de alcohol y drogas forman los equipos de TCA para dar a los consumidores atención continua e individualizada.
Servicios ofrecidos donde se necesitan	Los consumidores reciben los servicios de TCA en sus hogares, en su lugar de trabajo, y en otros lugares en la comunidad donde ocurren los problemas o donde el apoyo es necesario.
Atención personalizada	Los equipos de TCA trabajan con un número de personas relativamente reducido.
Apoyo sin limitación de tiempo	Los equipos de TCA ofrecen al consumidor todos los servicios o apoyo que necesite por todo el tiempo que los necesite.
Atención continúa	Varios miembros del equipo de TCA trabajan regularmente con cada consumidor.
Atención flexible	Los equipos de TCA ajustan sus horarios a las necesidades de los consumidores.
Atención integral	Los equipos de TCA ofrecen una gama de servicios con el fin de satisfacer las necesidades de los consumidores.
Los servicios se ofrecen cuando se necesitan	Los servicios de TCA están disponibles 24 horas al día, 7 días a la semana. Alguien está siempre disponible para atender a emergencias.

Con TCA, los consumidores se benefician más porque están hospitalizados con menos frecuencia y tienen un lugar más estable donde vivir.

EVIDENCE-BASED PRACTICES

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Knowledge Informing Transformation

Using Multimedia to Introduce Your EBP

Appendix B: Introductory Handouts

On the next few pages are two handouts that you can distribute to agency leaders and staff and to public mental health authorities.

Note: We numbered the handouts independently because you will use them as stand-alone documents.

How Assertive Community Treatment began

Assertive Community Treatment (ACT) started when a group of mental health professionals at the Mendota Mental Health Institute in Wisconsin—Arnold Marx, M.D.; Leonard Stein, M.D.; and Mary Ann Test, Ph.D.—recognized that many consumers were discharged from inpatient care in stable condition, only to be readmitted relatively soon after. Practitioners and consumers were frustrated.

> **Our patients work very hard at getting better and getting ready to live in the community, and we work hard to help them. They leave B-2 (the hospital) in pretty good shape, but they always return. Their efforts and ours seem in vain.**
>
> Test, 1998.

This group looked at how the mental health system worked and tried to figure out what could be done so that consumers could remain in their communities and have a life that was not driven by their illness. They recognized that the type and intensity of services available to consumers immediately decreased after they left the hospital.

The group also realized that, even when hospital staff spent considerable time teaching consumers skills that they needed to live in the community, consumers were often unable to apply these skills once they actually lived in the community.

> **Finally, staff looked at the unit leaders, Dr. Marx and me, and declared, "We don't want to do another one of these programs where we try to get patients ready for life in the community. Even though they appear 'ready' when we discharge them, they come right back. What good are we doing?"**
>
> Test, 1998.

Adjusting to a community setting was worsened by the fact that consumers who experience serious psychiatric symptoms may be particularly vulnerable to the stress associated with change. Consumers often had difficulty getting the services and support they needed to prevent relapse because the mental health system was complex and services were fragmented.

Many programs were available only for a limited time. Once consumers were discharged, assistance ended. Sometimes consumers were denied services or they were unable to apply for services because of problems caused by the symptoms of their mental illness. Sometimes the service consumers needed did not even exist and no one was responsible for making sure consumers got the help they needed to stay out of the hospital.

> **Eventually, one of the paraprofessionals commented, "You know, the patients that Barb Lontz works with intensively don't come back. Maybe we should all go out and do what Barb does."**
>
> Test, 1998.

What the originators did

The group learned from the actions of a social worker, Barb Lontz. They moved inpatient staff into the community to work with consumers in the settings where they lived and worked. They created multidisciplinary teams which gave consumers the support, treatment, and rehabilitation services they needed to continue living in the community.

The types of services that were provided and how long those services were provided depended on consumers' needs. Team members pooled their experience and knowledge and worked together to ensure that consumers had the help they needed and that the treatment they received was effective.

Every day, ACT team members met to discuss how each consumer was doing; they quickly adjusted services, when necessary. When consumers needed more support, team members met with them more frequently.

Team members responded to consumers in the community 24 hours a day, 7 days a week. As consumers improved, team members decreased their interactions with them, but remained available to give additional support any time it was needed. After 30 years, the principles of this model remain the same.

Principles of ACT

- ACT is a service-delivery model, not a case management program.
- The primary goal of ACT is recovery through community treatment and habilitation.
- ACT is characterized by:
  - **a team approach** — Practitioners with various professional training and general life skills work closely together to blend their knowledge and skills.
  - **in vivo services** — Services are delivered in the places and contexts where they are needed.
  - **a small caseload** — An ACT team consists of 10 to 12 staff members who serve about 100 consumers, resulting in a staff-to-consumer ratio of approximately 1 to 10.
  - **time-unlimited services** — A service is provided as long as needed, not according to pre-set timelines.
  - **a shared caseload** — Practitioners do not have individual caseloads; rather the team as a whole is responsible for ensuring that consumers receive the services they need to live in the community and reach their personal goals.
  - **a flexible service delivery** — The ACT team meets daily to discuss how each consumer is doing. The team members can quickly adjust their services to respond to changes in consumers' needs.
  - **a fixed point of responsibility** — Rather than sending consumers to various providers for services, the ACT team provides the services that consumers need. If using another provider cannot be avoided (e.g., medical care), the team makes certain that consumers receive the services they need.
  - **24/7 crisis availability** — Services are available 24 hours a day, 7 days a week. However, team members often find that they can anticipate and avoid crises.
- ACT is for consumers with the most challenging and persistent problems.
- Programs that adhere most closely to the ACT model are most likely to get the best outcomes.

Who ACT is for

Typically, consumers who receive services from an ACT program have not benefited from traditional approaches to providing treatment. Consumers who receive ACT services are those who have the most serious and intractable symptoms of mental illness and experience the greatest impairment in functioning. Impairments may include problems with basic, everyday activities, such as:

- keeping themselves safe,
- caring for their basic physical needs, or
- maintaining safe and adequate housing, unemployment, substance abuse, homelessness, and involvement in the criminal justice system.

How we know ACT is effective

Researchers have compared ACT to traditional approaches to care (usually brokered or clinical case-management programs). Evidence shows that ACT is superior to comparison conditions in:

- reducing psychiatric hospitalization,
- increasing housing stability, and
- improving consumers' quality of life.

Studies also show that consumers and their family members find ACT more satisfactory than comparable interventions (Phillips et al., 2001).

The ACT leader

It is important to hire or designate a leader for your ACT program. Successful ACT leaders have administrative and clinical skills.

ACT leaders are often mid-level managers who have the authority to suggest or make administrative changes within the agency. We suggest that ACT leaders are full-time employees whose time is 100% dedicated to the ACT program and who commonly provide direct service at least 50% of the time.

Team and caseload size

The ACT team must have enough staff to achieve a comprehensive mixture of expertise and sufficient coverage for the hours of operation. At the same time, to operate as a team, the team must be small enough to communicate easily and allow team members to be familiar enough with each consumer's status so that they can step in to provide care at any time.

We suggest having a team of 10 to 12 members with a total caseload of 100 consumers, although teams that serve a large number of consumers with acute needs may find that they need a smaller caseload until the consumers stabilize. The cost of this more intensive staff may be recouped through decreasing the use of more expensive inpatient services.

Team composition

Since an ACT team is responsible for providing a broad array of treatment, rehabilitation, and support services, team members must have a wide range of knowledge and experience.

Who is on a typical ACT team?

A staffing pattern for a team providing 24-hour coverage for 100 consumers might be:

- an ACT leader—1 full-time employed mental health professional;
- 1 psychiatrist;
- 2 or more nurses;
- 2 or more employment specialists;
- 2 or more substance abuse treatment specialists;
- 1 full-time consumer/peer specialist;
- mental health professionals and paraprofessionals (master-level social workers, occupational therapists, rehabilitation counselors, psychologists); and
- 1 program assistant.

Team approach

An ACT team is not a consortium of specialists or a group of individual case managers. It is an integrated, self-contained treatment program in which team members work together collaboratively.

While certain team members will work more often with some consumers than with others, all team members are familiar with each consumer and are available when needed for consultation or to provide assistance.

As a whole, the team, rather than any one member, is responsible for providing whatever is needed to help consumers recover from mental illness. This shared-caseload approach is an important component of ACT and is a characteristic that distinguishes it from other community-based programs.

Team development

When selecting team members for an ACT team, ACT leaders will want to find people who not only have expertise in their particular specialties, but those who can also work productively in a group.

Pragmatism, street smarts, and an optimistic "can-do" attitude are also desirable. Team members should be willing and able to actively involve consumers in making decisions about their own treatment and services.

Requirements for ACT team members

- Be interested in working in the community.
- Be pragmatic and "street smart."
- Be willing to work non-traditional hours.
- Be willing to work both independently and collaboratively as a team.
- Have strong clinical and rehabilitative skills.
- Have specific knowledge of mental illness.
- Be willing and able to actively involve consumers in making decisions about their own treatment and services

Cultural sensitivity

Because team members work with consumers in communities rather than in clinic or hospital settings, they are actively involved in the culture of the consumers they serve. Awareness of and sensitivity to cultural differences take on additional importance in this context. Teams should reflect the cultural diversity of the communities in which they operate and team members should be familiar with and comfortable with the culture of the consumers they serve. Also, consider having bilingual team members.

Administrative issues

Starting a new team means developing policies and procedures that fit the activities of the ACT model.

Administrative issues are discussed in detail in this KIT in *Building Your Program.* Many model policies and procedures may also be found in *A Manual for ACT Start–Up* (Allness & Knoedler, 2003). You can obtain a copy through **www.nami.org.**

What policies and procedures should cover

- admission and discharge (e.g., admission criteria, admission process, discharge criteria, discharge documentation);
- personnel issues (e.g., staff-to-consumer ratios, job descriptions);
- hours of operation, coverage, and service intensity;
- communicating with staff, emphasized by the team approach and recovery;
- administering medications and delivering services;
- planning assessment and treatment;
- managing consumer service funds;
- maintaining consumer records;
- ensuring consumers' rights; and
- evaluating program and staff performance

A growing trend shows that governmental and professional organizations see Assertive Community Treatment (ACT) as a fundamental element in a mental health service system. The Centers for Medicare and Medicaid Services (CMS) have authorized ACT as a Medicaid-reimbursable treatment and it has been endorsed as an essential treatment for serious mental illness in the Surgeon General's Report on Mental Health.

In the new Federal performance indicators system that the Substance Abuse and Mental Health Services Administration (SAMHSA) developed, accessibility to ACT services is one of three best-practice measures of the quality of a state's mental health system.

Disseminating the ACT model is also a top priority for the National Alliance on Mental Illness.

What ACT Is

ACT is a way of delivering comprehensive and effective services to consumers who have needs that have not been well met by traditional approaches to delivering services. At the heart of ACT is a transdisciplinary team of 10 to 12 practitioners who provide services to about 100 people.

ACT teams directly deliver services to consumers instead of brokering services from other agencies or providers.

For the most part, to ensure that services are highly integrated, team members are cross-trained in one another's areas of expertise.

ACT team members collaborate on assessments, treatment planning, and day-to-day interventions. Instead of practitioners having individual caseloads, team members are jointly responsible for making sure that each consumer receives the services needed to support recovery from mental illness.

The course of recovery from serious mental illness and what it means to have a life that is not defined by a serious mental illness differs among consumers. Consequently, ACT services are highly individualized. No arbitrary time limits dictate the length of time consumers receive services.

Most services are provided in vivo, that is, in the community settings where problems may occur and where support is needed rather than in staff offices or clinics. By providing services in this way, consumers receive the treatment and support they need to address the complex, real-world problems that can hinder their recovery.

Every day, ACT teams review each consumer's status so that the ACT team can quickly adjust the nature and intensity of services as needs change. At times, team members may meet with consumers several times a day, but as consumers' needs and goals change, the nature and frequency of contacts with them also change.

Who is ACT for?

ACT is for a relatively small group of consumers who are diagnosed with serious mental illness and who have not responded well to more traditional services. It is for those consumers who have the most serious and recalcitrant symptoms of mental illness and who experience the greatest impairment in functioning.

These consumers have the most severe difficulties with basic, everyday activities, such as keeping themselves safe, caring for their basic physical needs, or maintaining safe and adequate housing. Extensive histories of hospitalization, unemployment, substance abuse, homelessness, and involvement in the criminal justice system are common for these consumers.

Principles of ACT

- ACT is a service-delivery model, not a case management program.
- The primary goal of ACT is recovery through community treatment and habilitation.
- ACT is characterized by:
  - **a team approach** — Practitioners with various professional training and general life skills work closely together to blend their knowledge and skills.
  - **in vivo services** — Services are delivered in the places and contexts where they are needed.
  - **a small caseload** — An ACT team consists of 10 to 12 staff members who serve about 100 consumers, resulting in a staff-to-consumer ratio of approximately 1 to 10.
  - **time-unlimited services** — A service is provided as long as needed, not according to pre-set timelines.
  - **a shared caseload** — Practitioners do not have individual caseloads; rather the team as a whole is responsible for ensuring that consumers receive the services they need to live in the community and reach their personal goals.
  - **a flexible service delivery** — The ACT team meets daily to discuss how each consumer is doing. The team members can quickly adjust their services to respond to changes in consumers' needs.
  - **a fixed point of responsibility** — Rather than sending consumers to various providers for services, the ACT team provides the services that consumers need. If using another provider cannot be avoided (e.g., medical care), the team makes certain that consumers receive the services they need.
  - **24/7 crisis availability** — Services are available 24 hours a day, 7 days a week. However, team members often find that they can anticipate and avoid crises.
- ACT is for consumers with the most challenging and persistent problems.
- Programs that adhere most closely to the ACT model are most likely to get the best outcomes.

What does ACT cost?

Rigorous economic studies have found that when teams adhere closely to the ACT program model, reduced hospitalization costs offset the costs of ACT (Bond et al., 2001; Essock et al., 1998). While many factors affect the cost of ACT, a ballpark figure is $9,000 to $12,000 per year per consumer (Linkins et al., 2002).

How is ACT funded?

ACT is a Medicaid-reimbursable service; however, it may require an amendment to the State plan. Service system administrators will want to work closely with the State's Medicaid authority to develop the appropriate financial constructs for ACT.

Will ACT work in your mental health system?

ACT has adapted to a wide range of mental health systems and to the needs of various high-need groups within the population of consumers with serious mental illness.

Some teams target their programs to serve consumers who are homeless. Others focus on veterans diagnosed with a serious mental illness or consumers with dual-diagnoses. Some have had the goal of increasing competitive employment. Still others have included consumers and family members as active members of ACT teams.

ACT programs have been implemented throughout the United States as well as in Canada, England, Sweden, and Australia and they operate in both urban and rural settings.

Can ACT make a difference?

Whenever new programs come along, administrators have to ask whether reorganizing resources is worth it: Is the new program really going to make a difference?

When it comes to ACT, extensive research shows that the answer is, "Yes." Most impressive is the extent to which ACT has been subjected to rigorous research and the consistency of favorable findings.

Briefly stated, extensive research (Phillips et al., 2001) shows that ACT:

- reduces the use of inpatient services,
- increases housing stability,
- leads to better substance-abuse outcomes (when programs include a substance-abuse treatment component),
- yields higher rates of competitive employment (when programs included a supported employment component), and
- is more satisfying to consumers and family members.

As an administrator who must balance competing fiscal demands, you will be particularly interested in knowing that rigorous economic analyses have found that ACT is cost-effective when programs adhere closely to the model in serving high-risk consumers. Cost studies have found that reduced hospitalization costs offset the costs of ACT (Bond et al., 2001; Essock et al., 1998).

For more information, see *The Evidence* section of this KIT.

How can a mental health system ensure that ACT teams faithfully adhere to the ACT model?

Programs that adhere more closely to the ACT model are more effective in reducing hospital use and associated costs. To ensure that your community receives the full benefit of this model:

Step 1 **Set up State and local advisory groups** made up of key stakeholders.

Step 2 **Designate a clinical coordinator** at the State or county mental health office who has experience with the ACT model to provide side-by-side assistance to new teams.

Step 3 **Assess programs' fidelity to the ACT model regularly.**

Step 4 **Include program standards in State plans and contracts.** Make adherence to those standards part of a certification process.

EVIDENCE-BASED PRACTICES

KIT

Knowledge Informing Transformation

Using Multimedia to Introduce Your EBP

Appendix C: PowerPoint Presentation

In Appendix C, you'll find paper copies of a presentation that you may use during sessions with your communty or in-service seminars. An electronic copy is on the CD-ROM in this KIT.

EVIDENCE-BASED PRACTICES KIT

Knowledge Informing Transformation

Assertive Community Treatment

An Evidence-Based Practice

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Mental Health Services
www.samhsa.gov

Assertive Community Treatment has different names

- ACT
- PACT
- Assertive Outreach
- Mobile Treatment Teams
- Continuous Treatment Teams

ACT practice principles

- ACT is a service delivery model, not a case management program
- ACT's primary goal is recovery through community treatment and habilitation

ACT practice principles

ACT is characterized by:

- A team approach
- In vivo services
- A small caseload
- Time-unlimited services
- A shared caseload
- Flexible service delivery
- Fixed point of responsibility
- Crisis management available 24 hours a day, 7 days a week

ACT practice principles

- ACT is for consumers with the most challenging and persistent problems
- Programs that adhere most closely to the ACT model are more likely to get the best outcomes

Primary responsibility for all services

- ACT team members are experienced in psychiatry, psychology, nursing, social work, rehabilitation, substance-abuse treatment, and employment
- Rather than referring consumers to multiple programs and services, the ACT team provides the treatment and services consumers need

Help is provided where it is needed

Rather than working with consumers in an office or hospital, ACT team members work with consumers in their homes, neighborhoods, and other places where their problems and stresses arise and where they need support and skills

Help is provided where it is needed

- Rather than seeing consumers only a few times a month, ACT team members with different types of expertise contact consumers as often as necessary
- Help and support are available 24 hours a day, 7 days a week, 365 days a year, if needed

Shared caseload

- ACT team members do not have individual caseloads. Instead, the team shares responsibility for consumers in the program
- Each consumer gets to know multiple members of the team. If a team member goes on vacation, gets sick, or leaves the program, consumers know the other team members

No preset time limits on services

- ACT has no preset limit on how long consumers receive services. Over time, team members may have less contact with consumers, but still remain available for support if it's needed
- Consumers are never discharged from ACT programs because they are "noncompliant"

Close attention to consumers' needs

- ACT team members work closely with consumers to develop plans to help them reach their goals
- Every day, ACT teams review each consumer's progress in reaching those goals. If consumers' needs change or a plan isn't working, the team responds immediately

Close attention to consumers' needs

Careful attention is possible because the team works with only a small number of consumers — about 10 consumers for each team member

ACT provides assistance with…

- Activities of daily living
- Housing
- Family life
- Employment
- Benefits
- Managing finances
- Health care
- Medications
- Co-Occurring disorders integrated treatment (substance use)
- Counseling

ACT targets consumers with:

- Serious mental illness
- Significant difficulty doing the everyday things needed to live independently in the community, or
- Continuously high-service need

ACT team staffing

Team approach:

- 90% or more of consumers have contact with more than 1 team member per week

Practicing team leader:

- A full-time program supervisor (also called the team leader) provides direct services at least 50% of the time

ACT team staffing

A program serving 100 consumers has at least:

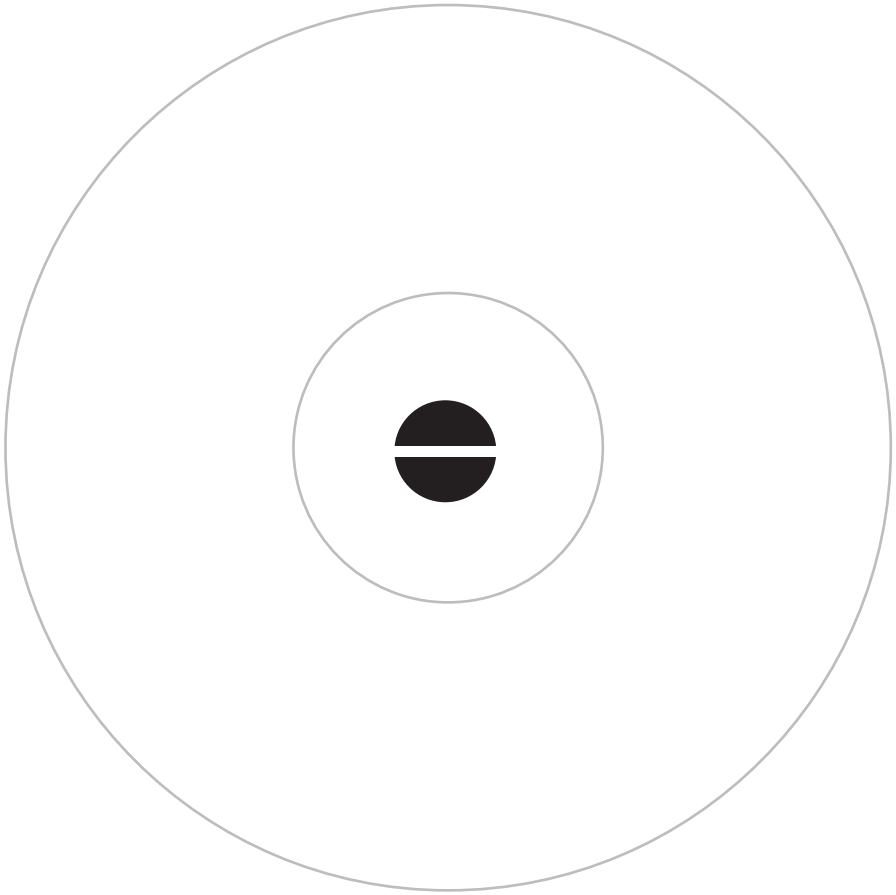
- 1 or more full-time psychiatrists
- 2 full-time nurses
- 2 full-time substance-abuse specialists
- 2 full-time employment specialists

Peer specialists:

- Consumers hold team positions (sometimes called peer specialists) or other positions for which they are qualified with full professional status

Organizational boundaries

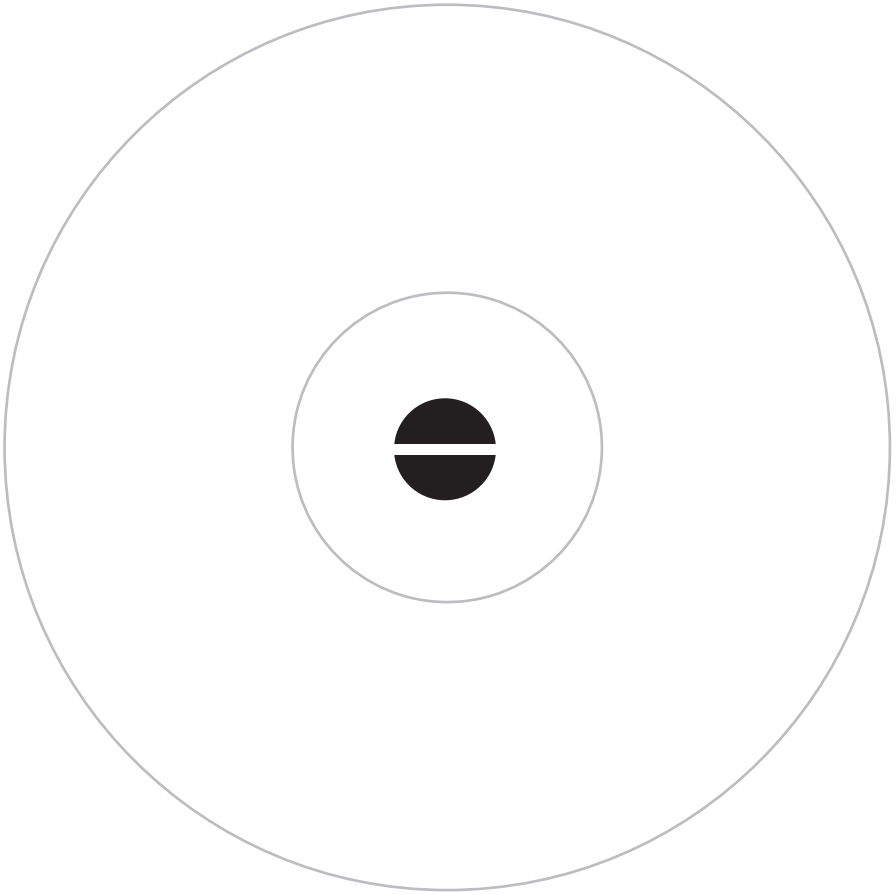
- Explicit admission criteria
- No more than 6 new admissions per month
- 24-hour coverage
- Responsibility for coordinating hospital admissions and discharge
- Full responsibility for treatment services
- Time-unlimited services



DVD Instructions:

If the DVD does not play automatically, you may need to set the Autoplay function for DVD on your computer:

1. With the left mouse button, click on the Start Button and select My Computer.
2. With the right mouse button, click on the drive letter or icon for your DVD drive.
3. With the left mouse button, click on Properties.
4. In Properties, click the Autoplay tab.
5. Click on the dropdown arrow to display a list of content and disk types. ("Music files" may be selected by default.)
6. Find and select DVD movie or DVD video.
7. In Actions, click Select an action to perform by clicking on the circle. A green dot will appear in the circle, indicating it has been selected.
8. Click Play DVD video using Windows Media Player. Alternatively you may select another media player of choice, such as PowerDVD or WinDVD.
9. Click Apply, then OK.



CD Instructions:

To view the CD:

1. Insert CD into disc drive.
2. CD should start automatically on a Windows system with Internet Explorer 6 or above.
3. If you are on a Mac system or if the CD does not start automatically, find the CD directory and double click on the file: "StartHere.html".
4. Once the CD loads, click on the link to download the latest version of Acrobat Reader prior to viewing the content on the CD.
5. To quit, click on "File" in the upper left corner and select "Exit" or close the window.

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