CENTER FOR EVIDENCE-BASED PRACTICES

at Case Western Reserve University

A partnership between the Jack, Joseph and Morton Mandel School of Applied Social Sciences & Department of Psychiatry at the Case Western Reserve School of Medicine
A Technical-Assistance Center

Providing consultation, training, and evaluation for the implementation of integrated behavioral healthcare services
Service innovations for people with mental illness, substance use disorders

**SAMI**
Substance Abuse & Mental Illness
strategies for co-occurring disorders

**IDDT**
Integrated Dual Disorder Treatment
the evidence-based practice

**DDCAT**
Dual Diagnosis Capability in Addiction Treatment
an organizational assessment & planning tool

**DDCMHT**
Dual Diagnosis Capability in Mental-Health Treatment
an organizational assessment & planning tool

**ACT**
Assertive Community Treatment
the evidence-based practice

**SE/IPS**
Supported Employment/Individual Placement & Support
the evidence-based practice

**IPBH**
Integrated Primary & Behavioral Healthcare

**MI**
Motivational Interviewing
the evidence-based practice

**TRAC**
Tobacco: Recovery Across the Continuum
a stage-based motivational model
Developing an ACT Team

ACT Implementation Guide

ACT Implementation Milestones
- Preparation
- 0-3 months
- 3-6 months
- 6-9 months
- 9-12 months
Developing an ACT Team

0-3 months
Assemble Internal Leadership Work Team
• CEO
• Directors (clinical, program, medical)
• Decision makers
Developing an ACT Team

Establish Eligibility Criteria

• Model criteria
• State standards
• Payer (Medicaid, MCO)
• Consider special populations
• Discharge criteria
Developing an ACT Team

Establish Referral and Admission Protocol

• Referral process
• Decision process (who, how)
• Response time
• Admission process (timeline, introductions assessments)
Developing an ACT Team

Identify and Engage Clients

• Educate referral sources
• Kick off
• Develop brochure
Developing an ACT Team

Secure Team Space and Equipment

• Arrange according to model
• Meeting space (tools)
• Laptops (field connection)
• Phones
• Auto(s)
Developing an ACT Team

Establish ACT Daily Meeting

• Attendance and participation
• Communication protocol
• Meeting forms (i.e. Daily staff schedule)
• Develop agenda (team input)
  - entire caseload, last 24, next 24
• Establishing culture
Developing an ACT Team

Develop and Initiate Supervision Structure

- Individual supervision
- How often
- Field mentoring
- Supervision style
- Make it useful
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Develop Safety Protocol

• Pro-active
• Co-staffing
• Judgement call vs. Do’s and Don'ts
• Giving staff “permission” to put safety first
Developing an ACT Team

Establish Team Goals

• Team input
• Refer to eligibility criteria
• Process to monitor and report
Developing an ACT Team

Initiate ACT Comprehensive Assessment and Treatment Planning Processes

• What
• When
• How
• Where
Developing an ACT Team

3-6 months

Utilize ACT Daily Meeting

• Refine meeting tools and forms
• Refine/solidify agenda
  - entire caseload, last 24, next 24
• No longer than 1 hour
• Ensure attendance
• Feedback from team
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Review/Refine Team Goals

• Adjust as needed
• Process for tracking and reporting
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Establish Medication Protocol

• Review existing organizational protocol
• Develop protocol (or adjust as needed) for handling and distributing
• Dispel myths
• Develop medication monitoring process
• Establish relationship(s) with pharmacy
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Establish and Enact On-Call Procedure

• Review existing procedure
• Adjust to ACT model intent (as needed)
• Compensation (financial or otherwise)
• Telephonic vs. in-person response
• Educate service recipients and community stakeholders
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Develop and enhance clinical skills

• Identify level of competence

• Develop plan to enhance
  - team-based (training, consultation)
  - individual-based (professional development)

• Develop process for cross-training
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Develop Specialty Roles and Responsibilities

• Clarify expectations
• Develop specialty goals
• Determine assessment tools
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Develop Team Approach to Service

• Structure to ensure ongoing team approach
  - geographic rotation
  - Individual Treatment Team (ITT)

• Ensure frequency of contact per client need
  - client weekly schedule
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Prepare for ACT Fidelity Assessment

• Familiarize with fidelity tool (DACTS, TMACT)
• Consult with reviewers for preparation
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6-9 months

Enhance team approach to services

• Process for internal review
• Ensure use of client weekly schedule and other meeting tools to facilitate team approach
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Solidify Specialty Roles and Responsibilities

• Functioning within team approach
• Plans for professional development/growth
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Participate in fidelity review (baseline)
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Develop Fidelity Action Plan

• Based on fidelity assessment report
• 3-5 target areas
• Team input
• Develop process for review
  - at least monthly with team
  - at Internal Leadership Work Team meetings
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9-12 months
Continue to Utilize and Monitor Fidelity Action Plan
• Review and revise action steps (as needed)
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Complete Unfinished Action Items From Year 1

• Identify and address barriers
• Incorporate into fidelity action plan
Join Our Mailing List

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Get connected to ...
- Training events
- Educational resources
- Consulting resources
- Evaluation resources (fidelity & outcomes)
- Professional peer-networks

Online!

www.centerforebp.case.edu
Events & Stories

- Training events & online registration
- News about us and our collaborators
- Recovery stories told by consumers, family members, service providers, employers
Contact Us

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Our Mission

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 (EBPs) for the treatment and recovery of people diagnosed with mental illness or co-occurring mental illness and substance use disorders.

Our technical-assistance services include the following:
- Service-systems consultation
- Program consultation
- Clinical consultation
- Training and education
- Program evaluation (fidelity & outcomes)
- Professional peer-networks
- Research