Learn how an Assertive Community Treatment (ACT) team works together daily to achieve high fidelity to this evidence-based practice. A free Learning Guide (PDF) for this video is available on our website. This video demonstrates how professionals from multiple disciplines, including peer support, collaborate to promote the recovery of people with mental illness, substance use disorders, and co-occurring disorders who are enrolled in ACT services.
INTRODUCTION

PURPOSE OF THIS BOOKLET

This Learning Guide is a companion to our ACT Video Training Series, Part 1: Daily Team Meeting, which can be found on YouTube and our website: www.centeforebp.case.edu/resources/tools/act-video-part-1

Use this guide to help ACT team members understand the structure and activities of the daily team meeting. The introduction below provides an overview about the meeting. Beginning on page 6, we provide learning highlights for specific scenes in the video. Each highlight is marked by a timestamp for reference.

PURPOSE OF THE VIDEO

The purpose of our ACT daily team meeting video is to show how a multidisciplinary ACT team functions to support and advance the recovery of people enrolled in ACT services. There are two basic components which facilitate the daily meeting:

- Format
- Pace

Format of Meeting

The meeting format is simple. It is a gathering of service providers from multiple disciplines who are dedicated to team cohesiveness, team collaboration, and the recovery of people with severe mental illness. ACT teams usually consist of the following:

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

Roll Call

The team leader runs the meeting. He or she maintains a list of names of all people enrolled in ACT services and facilitates open communication among team members about each person on the list.

24-Hour Cycle

The team leader (or another team member) reads a name from the roster and all team members discuss what they know about this person’s life experiences and recovery in the last 24 hours and the next 24 hours. The team leader elicits and encourages participation from everyone and keeps the discussion focused on the 24-hour cycle. This close look at yesterday and today is very important. It helps keep the pace of the meeting. Here are two basic and important questions which shape the daily discussion:

- What happened yesterday in this person’s life?
- What should we focus on today to support and advance his or her recovery?

Pace of Meetings

The team in this video demonstrates a level of efficiency, accuracy, and collaboration that is consistent with a high-fidelity ACT team. This team discusses:

- 30 names in 30 minutes
- Very specific information about each person (i.e., person-centered)
- Challenges to and strengths of each person’s stability and recovery
- Plans for specific actions that support and advance each person’s recovery (i.e., recovery-focused)

Efficiency of Time

Sometimes daily team meetings proceed at a faster pace and result in a shorter duration. The pace often depends upon the number of people who are on the roster (enrolled in ACT services) and the intensity of their needs. However, meetings should not run longer than an hour if possible. Be sure to give yourself enough time for meaningful discussions. Allow yourself the time to be a team.
EVIDENCE OF HIGH-FIDELITY ACT

The team in this video demonstrates an adherence to format, pace, and content that is consistent with a high-fidelity ACT team. The conversation in this video exhibits core ACT concepts, and this learning guide will point these out. Here are a few to note as an introduction.

Team Approach to Service
For every name called from the roster, you see and hear one to five team members providing relevant and useful information about the person’s life experiences and recovery status. You never know who’s going to speak up. Nobody dominates the conversation, which means everyone is committed to collaboration. All team members provide service to all clients on the roster. Information from the previous day’s interventions is shared during the team meeting and does not come from any one team member but from the team as a whole.

Sharing Information
In this video, you will hear team members share information about a client’s life experience and recovery that might not be in his or her field of expertise. For example, the substance abuse specialist shares information about a person’s physical health that is relevant for the nurse to hear and evaluate. This enables the nurse to share ideas with all team members for a plan of action about the person’s health and well-being. Also, non-vocational team members share information that the employment specialist needs to know. And non-medical team members share information with the team prescriber (e.g., psychiatrist or nurse practitioner).

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 homelessness, psychiatric crisis and hospitalization, and involvement in the criminal justice system. ACT is one of the oldest and most widely researched evidence-based practices in behavioral healthcare for people with severe mental illness.

ACT is a multidisciplinary team approach with assertive outreach in the community. The consistent, caring, person-centered relationships have a positive effect upon outcomes and quality of life. People receiving ACT services tend to utilize fewer intensive, high-cost services such as emergency department visits, psychiatric crisis services, and psychiatric hospitalization. They also experience more independent living and higher rates of treatment retention, which enhances recovery.
Prescriber Flexibility
The psychiatrist in this video rearranges her schedule to “fit somebody in.” A prescriber’s willingness and ability to adjust his or her schedule is essential for a successful ACT team. It enables the team to address each person's recovery needs today, which can make the difference between mental health stability and relapse or crisis.

Natural Supports
You will hear team members in this video talk about their interactions with a landlord, mother, grandmother, and other non-professionals. These natural supports often provide the potential for safe and trusting relationships that support recovery for people with severe mental illness. A collaborative relationship between an ACT team and a person's natural supports facilitates the sharing of information about the person's recovery (without violating client confidentiality). Examples of natural supports in a person's life include the following:
- Family
- Friends
- Landlord
- Employer
- Clergy
- Others

24/7 Availability
Team members in this video often attend to situations after business hours. This team has an on-call policy and process which supports the team’s ability to focus on each person’s life experiences and recovery in real time. It also enables the team to attend to crises as they occur. This may prevent an unnecessary hospitalization, or it may also help expedite a needed hospitalization.

Activities of Daily Living (ADL)
Team members talk about the health, nutrition, financial condition (money management), and physical appearance of clients (e.g., clothing, grooming, cleanliness) and the condition of their living spaces (e.g., organized vs. disorganized, fire hazards). These details are important, because they are often markers (or measures) of the severity of a person’s mental health symptoms. Helping the client manage activities of daily living and symptoms will strengthen a person’s success in self-care and recovery.

Integrated Behavioral Healthcare
High-fidelity ACT teams do not limit themselves to pharmacological interventions (i.e., med drops) as a primary form of mental health treatment. They utilize a wide range of psychosocial interventions and integrate other evidence-based practices and best practices into their day-to-day routines. Some examples include the following:
- Integrated Dual Disorder Treatment (IDDT)
- Supported Employment/ Individual Placement and Support (SE/IPS)
- Benefits Advocacy & Planning
- Illness Management & Recovery (IMR)
- Motivational Interviewing (MI)
- Integrated Primary and Behavioral Healthcare (IPBH)
- Tobacco: Recovery Across the Continuum (TRAC)
- Cognitive Behavioral Therapy (CBT)

Flight Patterns & Zones
Team members in this video occasionally refer to their “zones” or “flight patterns.” This is a shorthand way of saying, “I’ll be in that part of town today checking on somebody else, so I can stop by and see the person we are talking about.”

ACT team members always pay attention to geography. If they will be in a part of town (zone) where a client needs attention, they volunteer to make contact. Again, this supports the team’s focus on each person’s life experiences and recovery in the last 24 hours and the next 24 hours.
TEAM-MEETING TOOLS

There are tools to help manage the format and pace of the ACT daily team meeting. We do not highlight these tools in this video. Examples include the following:
- Weekly Client Schedule (Card)
- Daily Staff Schedule
- Use of Dry-Erase Boards/White Boards
- Team Calendar

For more information, visit this web page of our website: www.centerforebp.case.edu/resources/tools/act-list

INTEGRATED DUAL DISORDER TREATMENT

The ACT team in this video is also using Integrated Dual Disorder Treatment (IDDT), the evidence-based practice for people with co-occurring severe mental illness and substance use disorders. IDDT acknowledges that abstinence from alcohol and other drugs is a long-term goal that occurs in stages of change and treatment over time. IDDT utilizes a person-centered, motivational, and stage-wise approach.

IDDT is a natural fit for ACT. It is estimated that as many as 80 percent of people with severe mental illness who receive ACT services may also have a co-occurring substance use disorder. Organizations that implement ACT often implement IDDT to address substance use disorders.

For more information about IDDT, consult these resources from our website:
- www.centerforebp.case.edu/practices/sami/iddt
- www.centerforebp.case.edu/resources/tools/iddt-overview
- www.centerforebp.case.edu/resources/tools/clinical-guide-for-iddt

Team members in this video occasionally refer to their “zones” or “flight patterns.” This is a shorthand way of saying, “I’ll be in that part of town today checking on somebody else, so I can stop by and check in on the person we are talking about.”

This supports the ACT team’s focus on each person’s life experiences and recovery in the last 24 hours and the next 24 hours.
In this section, we provide learning highlights for specific scenes in our ACT Video Training Series, Part 1: Daily Team Meeting. Each highlight is marked by a timestamp (e.g., 1:55) for reference. It may be helpful to stop the video at the time indicated to learn more about what you are seeing and hearing. The short headline for each highlight below relates to the topic in the video segment.

**Time 0:42**  
**Case Manager**

The role of each team member in this video is defined in text that appears on the screen. Notice that no one is designated as a “case manager.” In Ohio, where this video was made, a substance abuse specialist or vocational specialist often functions in this role. However, to some degree, each ACT team member on every ACT team (including those in Ohio and other states) helps manage care. We refer to this as the specialist-generalist approach. We will address this more below.

For more information about the specialist role, review the Tool for Measurement of Assertive Community Treatment (TMACT) on our website:  
www.centerforebp.case.edu/resources/tools/act-tmact

**Time 1:55**  
**Community Outreach & Punctuality**

This ACT team’s substance abuse specialist walks in late to the meeting. Team members sometimes arrive late when they stop by the home (e.g., shelter, group home, residential facility, apartment) of a client during their commute to the team meeting. This should not happen all the time, just occasionally. All team members should expect to arrive on time (be punctual) to the meeting to minimize disruption and maximize team cohesion, communication, and collaboration. If team members are routinely late, the team leader should voice his/her concern to establish a norm of punctuality.

**Time 2:13**  
**Peer Support**

The team leader and peer support specialist are collaborating here, talking about the safety of a client named Thomas who has agreed, for now, to use his microwave for cooking and not his stove, which presents a potential fire hazard. A peer support specialist is a person who uses his or her lived-experience in the provision of ACT services. A peer support specialist is often able to engage clients in a way other team members cannot. Engaging clients in conversations and building trust is a central part of his/her role.

**Time 2:40**  
**Supported Employment**

The substance abuse specialist talks about a person’s first steps toward employment. Every ACT team member—not just the vocational specialist—supports employment goals of people who receive ACT services.

**Time 3:15**  
**Natural Supports**

The substance abuse specialist reports that he has contact with a natural support; he is working with a landlord and a client named Brad to resolve a housing issue—specifically, payment for broken windows. The employment specialist adds some important information about Brad: he has expressed an interest in changing the dosage of his medication. This prompts a brief discussion with the team psychiatrist (prescriber).

For related information, see “Natural Supports” section in Introduction on page 4.
**Time 4:15  On-Call 24/7**
Here is the first example of this ACT team being on call 24/7. Team members were able to provide important information to the Emergency Department at a local hospital. The hospitalization of this client, Kelly, appears to be an appropriate intervention.

**Time 4:40  Hospitalization Protocol**
The team leader asks for a team member to volunteer to go to the local hospital and connect with Kelly, the client who has been hospitalized. ACT teams should have a protocol that requires team contact with clients and inpatient staff within 24 hours of client admission. The ACT model expects team members to facilitate both admission and discharge from hospitals and/or crisis units.

**Time 4:40  Relationship-Based Recovery**
People in psychiatric crisis often experience hospital admission as isolating and traumatic. That’s why ACT teams make the effort to be involved in the process of hospital admission and discharge. ACT emphasizes that safe and trusting relationships play an important role in mental health recovery and relapse prevention. Be sure that people in crisis know you are thinking about them, care about them, and are available to help.

**Time 4:40  Flight Patterns & Zones**
The peer support specialist volunteers to stop by the hospital to see Kelly, so does the team nurse. These team members are aware of their own “flight patterns”—their presence in or near the neighborhood where the hospital is located.

*For related information, see “Flight Patterns & Zones” section in Introduction on page 4.*

**Time 6:30  Flight Patterns & Zones, cont.**
Here’s another example of an ACT team member being aware of his or her “flight pattern”—geographic proximity to a client, Rachel, who needs some attention (discussion begins at 5:30). We point this out because many new teams don’t think about flight patterns as a way to share caseload and workload. Inexperienced team members are often burdened with long hours and intense workloads but do not consider the utility of flight patterns. Here are some important questions to ask:

- Are we working collaboratively?
- Are we paying attention to our own flight patterns and how they relate to the needs of ACT clients who live in or near these flight patterns?

*For related information, see “Flight Patterns & Zones” section in Introduction on page 4.*

**Time 6:45  Natural Supports & Engagement**
The peer support specialist is connecting with the grandmother of a client named Tillie. The grandmother plays an important role in this person’s recovery. She gives the ACT team an idea about how to reconnect (engage) with her granddaughter.

*For related information, see “Natural Supports” section in Introduction on page 4.*
**Time 7:25**  **Benefits Advocacy**  
The peer specialist will be meeting Samuel at the Social Security office today to help him sort out some information about his benefits. The employment specialist reminds the team that it’s important for clients to report their income and/or benefits regularly to avoid a potential benefits crisis. ACT team members learn the basics of public benefits programs such as SSI, SSDI, and Medicaid to help clients make more informed choices about their benefits and employment.

**Time 8:20**  **Prescriber is Present**  
Notice that the prescriber of medication (a psychiatrist) is present in the meeting. This is very important and should occur at least once a week. The team is doing good collaborative work for medication management. Team members are sharing information about a client named Robert, which will help inform the prescriber’s next session with him.

**Time 9:17**  **The Voice of IDDT**  
This ACT team is also using Integrated Dual Disorder Treatment (IDDT), the evidence-based practice for people with co-occurring mental illness and substance use disorders. The substance abuse specialist interjects and reminds his colleagues about stages of change and treatment, which are components of IDDT.

For related information, see “IDDT” section in Introduction on page 5.

**Time 9:30**  **Staging & Treatment Planning**  
The team refers to a staging and treatment planning meeting, which is different from the daily team meeting. Staging refers to the stages of change and treatment. It is important to know each person’s stage of change (e.g., pre-contemplation, contemplation, preparation, action, maintenance). Use this information to choose treatment approaches that are appropriate for each person. Staging is a core component of IDDT.

For related information, see “IDDT” section in Introduction on page 5.

**Time 10:00**  **Activities of Daily Living (ADL)**  
The team psychiatrist starts a discussion about this person’s activities of daily living (ADL). She notices a decline in Brian’s appearance (e.g., grooming his hair, brushing his teeth) and makes plans to discuss it with him. The team nurse volunteers to have a similar discussion with him as well, so does the peer support specialist. Notice how the team leader manages the input he receives from team members. In this section, the team leader mentions the client weekly schedule (card). This is one of several ACT team tools.

For related information, see “Team-Meeting Tools” section in the Introduction on page 4 and “Activities of Daily Living (ADL)” section on page 5.

**Time 11:39**  **Natural Supports**  
The substance abuse specialist reports on a client named Champ, whose housing status is questionable (discussion begins at 11:08). Champ has a lot of trash bags piled outside his apartment, and he refuses to let the substance abuse specialist into his apartment. The peer support specialist offers to help. He reports having a good relationship with the landlord (natural support) and will connect with her to get more information about Champ’s status. The team nurse, who has a good relationship with Champ, offers to accompany the substance abuse specialist on his next visit with this client.

For related information, see “Natural Supports” section in the Introduction on page 4.
**Time 14:20  Specialist vs. Generalist**

The nurse is a specialist in healthcare. However, she talks about provisions of behavioral healthcare that are not related directly to nursing. She reports that a client named Ann is staying sober but is experiencing some heightened anxiety as she gets closer to reuniting with her children. The nurse suggests that team members interact with Ann daily to help her through this transition. The nurse, substance abuse specialist, employment specialist, and psychiatrist discuss ideas about helping Ann manage her anxiety and cravings for alcohol.

**Time 15:39  Medication for Cravings**

Team members discuss medications that might help Ann manage her cravings for alcohol. They collaborate with the prescriber (psychiatrist) for solutions. Having the prescriber present in the daily meeting allows for real-time collaboration among team members to address cravings for alcohol and other drugs among clients.

**Time 16:07  Client Advocacy**

The team leader is meeting with a client named Kelsie and will accompany her to a meeting with her legal guardian to support her as she advocates for some personal and legal matters related to her recovery.

**Time 16:42  Integrated Primary & Behavioral Healthcare**

ACT teams often function as a link to and support for primary healthcare services. The substance abuse specialist recently accompanied a client named Kelly to an outpatient health clinic for an appointment. The team nurse supports the efforts of her non-medical team member and asks to be informed (kept in the loop) around test results. Team members discuss their observations of this client's heightened anxiety around health issues, so they plan a response. They decide to start seeing Kelly daily for a period of time to help her manage anxiety about her medical uncertainties.

**Time 17:32  Medication Education**

The employment specialist reports that a client named Victoria is happy that the team psychiatrist is taking time to explain the purpose of each medication that she takes. ACT team members focus on medication education, demonstrating their collaboration with clients around medication management. Team members do not just focus on medication adherence and med drops.

**Time 18:24  Team Safety**

A client named SuAnn got into another fight with her sister. The substance abuse specialist reports that nobody got hurt, but there were a lot of empty beer bottles lying around. The sisters have a history of getting violent with each other, especially when they are drinking. The peer specialist will be near SuAnn’s home today, so he will check on her. The team leader encourages him to leave if he feels unsafe.
LEARNING HIGHLIGHTS

**Time 18:50**  **Team Safety, cont.**
ACT teams are encouraged to create protocols for safety. Here, the team leader reminds everyone about the importance of their personal safety. He encourages team members to trust their instincts, to leave situations in which they do not feel safe, and to call him or another colleague to report the unsafe conditions and their location.

Some ACT team members are hesitant to report anxiety or fear about some situations. The team leader must be attentive to this dynamic. ACT is an intensive community-based service and team members often go into places that are not welcoming. However, ACT does not require team members to jeopardize their safety and well-being. Team leaders should help facilitate resolution around issues of safety.

**Time 19:23**  **Specialist vs. Generalist**
Notice that the nurse is talking about a person’s benefits (e.g., Medicaid, SSI, SSDI). Although she is a medical specialist, she fulfills a generalist role by addressing benefits concerns and needs.

**Time 19:35**  **Specialist vs. Generalist, cont.**
The team leader met with a client named Sally who is talking about wanting a job. The team leader is not a vocational specialist, but he is paying attention to employment issues and connecting the vocational specialist with Sally. The peer support specialist offers to help out as well.

**Time 21:32**  **Medication Management & Injection Clinics**
The team is using an injection clinic as part of its medication-management strategy for this client. An injection-clinic visit is sometimes set up for the same day each week or every other week. An injection clinic can lighten the load for the team nurse, who typically travels into the community to administer medication to clients. There is another advantage to using an injection clinic. Other team members can stop by the clinic to connect with clients.

**Time 21:50**  **Employment**
The vocational specialist updates the team about a client named Joel who is completing job applications. Notice that the team psychiatrist (a non-vocational specialist) is supporting this client’s vocational goals.

**Time 23:46**  **Integrated Treatment for Substance Abuse**
This team mentions a staging and treatment-planning meeting. This is another type of meeting that ACT teams utilize. In a staging meeting, team members utilize the stages of change and treatment from Integrated Dual Disorder Treatment (IDDT), the evidence-based practice.

For related information about stages of change and treatment and the “staging meeting,” see timestamp 9:30 on page 8. Also see “IDDT” section in Introduction on page 5.

**Time 24:11**  **Peer Support**
The peer support specialist is helping the team be person-centered by reminding everyone to stay focused on her and to encourage the client to express her recovery needs.
**Engagement & Medication**

The team nurse will be taking medication-management services into the community. She will make the effort to find a client, Sam, and offer to administer an injection of medication for him. She will use the opportunity to engage him in a conversation about his recovery.

**Integrated Primary Health**

The ACT team provides an important link to primary care physicians and/or primary health clinics. Watch this segment of the video to learn how an ACT team collaborates effectively about issues of primary healthcare.

**Person-Centered Care**

Team members exhibit strong concern about a client who is renewing a relationship with an old girlfriend. They are aware of the negative impact this relationship has had upon his recovery in the past. However, the team decides not to discourage the relationship. Team members will not take action. They will monitor his situation (and symptoms) and wait to see what happens.

This is a smart decision. It is important for ACT teams not to “get ahead of” clients and argue for change. Be person-centered and recovery-focused. Meet people where they are in their life experiences. Respect their choices. Avoid provoking their resistance to ACT services and the ACT team. Motivational Interviewing (MI), the evidence-based treatment, will help with this. It is useful for all ACT team members to be skillful with MI techniques.

*For more information about Motivational Interviewing (MI), visit this page of our website:*

www.centerforebp.case.edu/practices/mi

**Recovery-Focused**

Team members are paying close attention to this client, Daniel, whose auditory hallucinations are getting intense. They recognize his need to connect with the team prescriber as soon as possible. The prescriber (psychiatrist) is willing to fit him into her schedule. It is another example of how this team focuses on the last 24 hours in a person's recovery and the next 24 hours. Flexibility accommodates urgency and minimizes relapse and crisis.

**Integrated Behavioral Healthcare**

The peer support specialist mentions “IMR,” which is Illness Management and Recovery, another evidence-based practice that focuses on psychosocial interventions. This ACT team is not just focused on med drops. It attends to a full range of psychosocial interventions.

*For related information, see “Integrated Behavioral Healthcare” section in Introduction on page 4.*

**Prescriber is Present**

The team's prescriber (psychiatrist) is attending the daily team meeting. This enables her to communicate her observations of clients with other team members in real time, which enables everyone to problem-solve together. Notice that the prescriber is asking the team to check on a client she is concerned about.
OTHER RESOURCES

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

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

ACT | Getting-Started Guide
$0 / Free PDF / This 20-page booklet helps organizations prepare to implement Assertive Community Treatment (ACT), the evidence-based practice. This planning document is organized into 7 sections that include frequently asked questions about ACT, answers, recommended reading, and next steps for your organization.

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

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

www.centerforebp.case.edu/resources/tools/act-implementation-guide

ABOUT 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 homelessness, psychiatric crisis and hospitalization, and involvement in the criminal justice system.

www.centerforebp.case.edu/practices/act

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