

Evidence-Based Practice & Resource Guide



Assertive Community Treatment (ACT)

Evidence-based Practices for Psychosis



Northwest (HHS Region 10)

MHTTC

Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration



About Us

OUR GOALS

Accelerate adoption and implementation of mental health-related EBPs.

Heighten awareness, knowledge, and skills of the workforce.

Foster alliances and address training needs among diverse partners.

Ensure availability and delivery of free, publicly available training and TA.

The Northwest Mental Health Technology Transfer Center (Northwest MHTTC) provides training and technical assistance (TA) in evidence-based practices (EBPs) to behavioral health and primary care providers, school workers, and social service staff. The Northwest MHTTC is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA).

Our team is a dynamic group of faculty and staff in the SPIRIT (Supporting Psychosis Innovation through Research, Implementation & Training) Center within the University of Washington's Department of Psychiatry & Behavioral Sciences. We support people who work to improve behavioral health outcomes for individuals with or at risk of developing serious mental illness (SMI) in HHS Region 10, the states of Alaska, Idaho, Oregon, and Washington.

Our center supports the behavioral health and allied workforce to implement specific evidence-based practices for psychosis, including Assertive Community Treatment (ACT); Cognitive Behavioral Therapy for Psychosis (CBTp); Coordinated Specialty Care for Early Psychosis (CSC); and evidence-based lifestyle programs.



Evidence-based Practices

Evidence-based practices include treatments or service programs that have demonstrated effectiveness in targeting a range of clinical and recovery outcome domains. However, despite the proven effectiveness of EBPs for serious mental illness, few programs deliver these services consistently or with high fidelity.

Our center aims to improve lives, care, and outcomes by providing communities, clinicians, and others in the field with the information and tools they need to incorporate EBPs such as ACT in their settings.



What is Assertive Community Treatment?

Assertive Community Treatment (ACT) was developed to meet the complex needs of individuals with serious mental illness (SMI) who also experience continuous high service needs and challenges with role functioning. This outreach-oriented team provides a range of clinical treatment, psychiatric rehabilitation, and case management services and, where possible, avoids escalation to higher levels of care or involvement with the justice system. Services are typically delivered in person at a high intensity and frequency based on each individual's needs. Most services are provided in individuals' homes and communities, and in locations that maximize skills generalization.

What is the evidence for this practice?

ACT is one of the most well-studied service programs for people with serious mental illness (SMI), with many published empirical studies and several reviews and meta-analyses available. Across studies, nearly all have found positive outcomes related to improved community integration for people served by ACT teams. **The most robust findings have been in four outcome domains:**

- Decreased hospital utilization
- Increased independent living and housing stability
- Retention in treatment
- Individual and family satisfaction

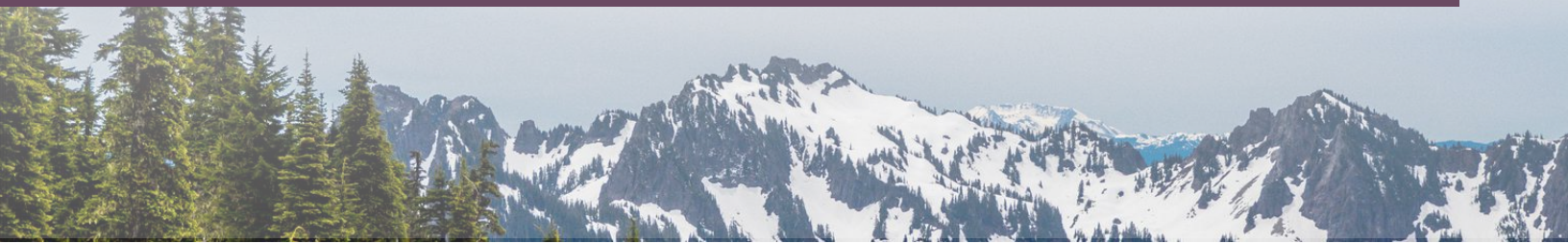
Why is this practice important?

Individuals seeking ACT services often face challenges with stress management, building relationships, learning new skills, and managing daily life. ACT empowers clients to navigate these difficulties, take charge of their recovery, and achieve their goals for a fulfilling life within their chosen community. This approach has proven successful for individuals living with SMI, **leading to positive outcomes without a substantial increase in cost** compared to traditional care.

Implementing ACT

Who is it for?

Assertive Community Treatment (ACT) was developed to meet the complex needs of individuals with serious mental illness (SMI), including those with co-occurring substance use disorders. ACT is for individuals 18 years and older who hold SMI diagnoses, experience serious challenges with role functioning, and have continuous high service needs.



How is ACT implemented?

ACT is typically implemented within community behavioral health care settings, in a team-based outreach approach outside the office and in community settings such as the individual's home or community. ACT team members often support the coordination of care with health and social service appointments, acute inpatient and state hospital stays, crisis services, jail, housing services, and other community-based needs.

Intention & Commitment

Services are traditionally delivered in person and personalized to individuals' goals, needs, and preferences. There is no specific service frequency; however, most individuals receive an average of three hours of face-to-face and approximately two hours of service contact per week with any member on the transdisciplinary service team. Individuals have access to someone on the team any time of the day or night to help address emerging needs. There is no time limit on someone's enrollment in ACT; however, the team works collaboratively with service recipients toward a transition to less intensive services.

Staffing & Training

ACT is a team-based service program, where teams meet daily to review the status of individuals served by the program. While a subset of the team may work more closely with a certain individual in the program, it is expected that all team members be familiar with all individuals served so they can step in to support as needed or during a crisis.

ACT team members include:

- Team Leader
- Psychiatric Care Provider
- Master's Level Mental Health Professionals
- Case managers
- Nurse(s)
- Co-Occurring Substance Use Disorders Specialist
- Supported Employment Specialist
- Peer Support Specialist

All team members must have a clear understanding and expertise in their specialized role on the team. Team members are trained in a person-centered, recovery-oriented approach to treatment planning and service delivery.

Funding & Fidelity

Costs associated with delivering this practice vary by state, region, and healthcare setting in which they are delivered. Most teams are primarily supported by Medicaid, with some supported by Medicare, state or regional funding, and/or federal block grant funding. A team-based or bundled payment model is typically the best financing approach than fee-for-service given the amount of nonbillable time ACT teams spend in team-based approaches (e.g., planning in the daily team meeting). Implementation costs vary depending on the trainers selected.

The current ACT fidelity tool is called the Tool for the Measurement of Assertive Community Treatment (TMACT), which builds upon the Dartmouth Assertive Community Treatment Scale (DACTS) in order to more sensitively assess team services in addition to structure. **Ongoing training, consultation, and fidelity reviews are essential for facilitating ACT sustainability.**



Our Work Supporting EBPs

The Northwest MHTTC provides specialized training in EBPs for psychosis. Our team is a dynamic group of faculty and staff in the SPIRIT (Supporting Psychosis Innovation through Research, Implementation & Training) Center within the University of Washington Department of Psychiatry & Behavioral Sciences.

Lydia Chwastiak, MD, MPH

Dr. Chwastiak's clinical and research interests have focused on the intersection of chronic medical illness and serious mental illness. She has adapted and implemented evidence-based integrated care models for low-resource settings in the US and in Southeast Asia.



Maria Monroe-DeVita, PhD

Dr. Monroe-DeVita's expertise is in implementation and services research related to EBPs for adults with serious mental illness, particularly ACT. She has served as Principal Investigator in development, implementation, and fidelity assessment of 10 new ACT teams. She is the lead author of the ACT fidelity tool (TMACT) which has been disseminated and piloted in several U.S. states and countries.



Sarah Kopelovich, PhD

Dr. Kopelovich holds a Professorship in Cognitive Behavioral Therapy for Psychosis (CBTp). Her research aims to enhance implementation and dissemination strategies for psychosocial interventions for individuals with Psychotic Spectrum Disorders. She leads the nation's first CBTp provider network, which was founded in 2015 in the Pacific Northwest.



Akansha Vaswani-Bye, PhD

Dr. Vaswani-Bye's research and implementation work is focused on supporting communities impacted by psychosis, building the family peer workforce, and developing and disseminating culturally responsive principles and practices. She is interested in non-pathologizing interventions and interventions that account for structural and social determinants of health.



Continue Your Learning

Northwest MHTTC Resources

- Best and Promising Practices Fact Sheet: Assertive Community Treatment | [Read](#)
- Introduction to Assertive Community Treatment (ACT) | [Take eCourse](#)



Other Resources

- SAMHSA Guide: Psychosocial Interventions for Older Adults With Serious Mental Illness | [Read](#)
- SAMHSA Brief: Forensic Assertive Community Treatment (FACT) | [Read](#)
- Recommended Reading & Research for ACT | [Access](#)
- Making the Case for ACT | [Read](#)
- ACT Getting Started Guide | [Read](#)
- Assertive Community Treatment Evidence-Based Practices Kit | [Access](#)
- ACT Core Curriculum | [Access](#)

Northwest Regional Resources:

- [Alaska ACT Interim Program Standards](#)
- [Idaho ACT Competency Center](#)
- [Oregon Center of Excellence for ACT](#)
- [Washington Program of ACT \(PACT\)](#)

For Current ACT Teams

Northwest MHTTC Resources

- National ACT Virtual Consultation Meetings including:
 - [View all meeting recordings](#)
 - [Psychosis REACH](#): A CBT-informed Care Approach for Families and Caregivers
 - [Being Too Assertive or Not Assertive Enough](#): Navigating an Important but Challenging Space within ACT
 - And more!
- ACT Psychiatric Care Provider Series | [View all recordings](#)
- Conversations on Leadership and Supervision in ACT | [View all recordings](#)
- The Importance of the Team Leader in the Implementation of Assertive Community Treatment (ACT) | [Read tip sheet](#)

Other Resources

- SAMHSA's EBP Resource Center | [Visit](#)
- SAMHSA on Maintaining Fidelity to ACT: Current Issues and Innovations in Implementation | [Read](#)
- UNC Institute for Best Practices ACT Resources | [Visit](#)
- New York State ACT Resources | [Visit](#)
- Case Western Reserve University ACT Resources | [Visit](#)
- ACT Daily Tools | [Access](#)
- Evidence-Based Practices within PACT | [Access](#)
- ACT Fidelity Monitoring | [Learn more](#)
- ACT ECHO Clinic | [Visit](#)
- PACT Teams in WA State | [Visit](#)
- Tool for Measurement of ACT | [Access](#)
- National ACT listserv | [Sign up](#)
- RECOVERYlibrary | [Learn more](#)



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