

Title of Presentation: An Evaluation of Implementation Resources for Assertive Community Treatment (ACT) Teams: Implications for Future Directions

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Assertive Community Treatment (ACT) is one of six identified evidence-based practices for adults with serious mental illness and has been widely studied and disseminated, both nationally and internationally. While ACT has been in existence since 1972, national training and implementation efforts had initially been organized primarily by the original ACT programs in Madison and Green County, Wisconsin. Since the launching of the NAMI PACT Technical Assistance Center in 1996 and the publication of the first edition of the *Manual for PACT Start-Up* (Allness & Knoedler, 1998), more training and implementation resources for consumers, families, treatment providers, community mental health center leaders, and state mental health authorities have been widely deployed, both within specific states (e.g., ACT Center of Indiana, Ohio's SAMI CCOE) and nationally (SAMHSA Implementation Resource Kits, or "Toolkits").

Despite the availability of such a wide range of implementation resources and ongoing efforts to gain feedback about their use and improve upon them (e.g., National EBP Project; Mueser et al., 2003), ACT providers still report facing many challenges with transporting this EBP into standard practice and continuing to support their ongoing training needs. The result is still a system without fully successful transformation and ultimately fewer consumers getting their needs met and achieving recovery.

We conducted a comprehensive survey of individuals involved in ACT implementation across the U.S., by accessing two different national ACT listservs (ACT Center of Indiana and the ACTA) and a list of respondents developed by a national ACT consultant (n=228). Survey item development was initially guided by responses to key informant interviews (n=10) and a pilot survey with ACT teams (n=12). In the final survey, approximately 52% of respondents were directly involved on ACT teams (e.g., team leaders, psychiatrists), while 48% were researchers, trainers, or administrators involved in ACT implementation in a variety of ways. We systematically evaluated the wide range of implementation resource tools available to ACT teams across the country by examining the following:

- 1) The extent to which ACT providers simply know about current implementation resources available to them;
- 2) Whether they actually use/used these resources, and if so, whether they were helpful;

- 3) Identification of content or strategies missing or that need to be expanded upon within these resources, that would have better guided their implementation/training efforts;
- 4) The extent to which specific clinical and rehabilitation training is needed to more effectively treat or respond to their most challenging clinical situations; and
- 5) Whether it is/would be helpful to have more implementation resources available via a web-based interface or other computer-based application.

In this presentation, we will report on the findings from this national survey and further discuss implications for improving ACT dissemination and implementation efforts. Particular attention will be paid to the use of innovative strategies and technological advances (e.g., computer-based training) to support these efforts and achieve better system transformation for consumers, families, and providers alike.