Assertive Community Treatment

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The Story of Jane

Learning Objectives

- Review the history of Assertive Community Treatment (ACT)
- Discuss the research
- Examine the SAMHSA ACT guidelines
- Specifics about Valleywise ACT program

The History of ACT

- Originated in the early 1970s at the Mendota Mental Health Institute in Madison, Wisconsin by Drs. Arnold Marx, Leonard Stein and Mary Ann Test
- Many patients were discharged from inpatient care in stable condition to traditional outpatient settings, and would quickly decompensate, leading to re-hospitalization
- The goal was to develop a “service delivery model” of a team that would provide a combination of services to each patient at individualized frequency, intensity, and length, 24 hours per day

The Evidence

- Numerous studies beginning in the 1970s have shown that in comparison to traditional brokered case management, ACT leads to:
  - Significant reduction in hospitalization
  - Improved stability in housing
  - Improved patient and family satisfaction
  - Reduced level of substance use for patients with co-occurring disorders
  - Reduction in cost

The Evidence

- The research consistently shows that for ACT to be successful it needs to follow the core principles and implement all of the ACT components
  - Organizations that do not have comparable outcomes did not implement all of the components of ACT

The Evidence

- 10 principles of ACT (per SAMHSA):
  1. Services are targeted to a specified group of individuals with severe mental illness
  2. Rather than brokering services; treatment, support, and rehabilitation services are provided directly by the assertive community treatment team.
  3. Team members share responsibility for the individuals served by the team.
  4. The staff-to-consumer ratio is small (approximately 1 to 10).
  5. The range of treatment and services is comprehensive and flexible.
  6. Interventions are carried out at the locations where problems occur and support is needed rather than in hospital or clinic settings.
  7. There is no arbitrary time limit on receiving services.
  8. Treatment and support services are individualized.
  9. Services are available on a 24-hour basis.
  10. The team is assertive in engaging individuals in treatment and monitoring their progress.

The Evidence

- Substance Abuse and Mental Health Services Administration (SAMHSA) support for evidence-based practices
  - SAMHSA has compiled the data for ACT and created an evidenced based practice KIT (Knowledge Informing Transformation) to help guide agencies in the implementation of this evidence based psychosocial treatment model
  - The necessary components of ACT were determined by the years of research that show which pieces of the model are linked to improved outcome measures.
  - The closer teams maintain fidelity to the SAMHSA ACT model, the more likely the outcomes for that team will be as expected

SAMHSA ACT Development Process

- Create a Vision
- Form Advisory Groups
- Establish Program Standards
- Develop Admission Guidelines
- Develop Administrative Rules for Discharge
- Develop Administrative Rules for Staffing
- Create Administrative Rules for operations
- Develop a Training Structure
- Financing

SAMHSA ACT Development Process

- Admission Criteria
  - ACT is designed for 20-40% of seriously mentally ill (SMI) patients with psychiatric disorders causing significant functional impairment
    - Potential impairments: inability to maintain safe living situation, take care of their home, maintain employment, complete practical tasks required for basic functioning
    - Priority given to patients diagnosed with schizophrenia and other psychotic disorders or bipolar disorder as these disorders tend to have more longer-term psychiatric disability
    - Priority given to high system utilizers:
      - High use of psychiatric hospitalizations (2 or more admissions per year) or psychiatric emergency services
      - Intractable severe major symptoms
      - Coexisting substance-use disorder of significant duration
      - High risk or a recent history of being involved in the criminal justice system
      - Substandard housing, homeless, or at imminent risk of becoming homeless
      - Living in an inpatient bed or in a supervised community residence, but clinically assessed to be able to live more independently if intensive services provided
      - Inability to participate in traditional office-based services

SAMHSA ACT Development Process

- Admission Criteria
  - Patients should not be excluded from ACT due to severity of symptoms, lack of adherence or response to traditional treatment, or the need for hospitalization in an acute crisis-situation

SAMHSA ACT Development Process

- Mercy Care ACT Admission Criteria
  - Developed directly from the SAMHSA model
  - Used by all ACT teams in Maricopa County

mercy care

ACT Admission Criteria

Member Name:
DOB:
AHCCCS ID:
ACT Team Completing Screening: Mesa Riverview
Type of Referral (i.e. Level 1, CPR, Regular outpatient etc.):
Date Referral was received:
Date ROI/packet were received:

Screening Dates:

1.
2.
3.

Date Doc to Doc was completed:

ACT Screening Guidelines (note: Not all screening guidelines are listed here please refer to ACT Operational Manual for complete ACT screening guidelines)

- Screenings should be completed with member and guardian/advocate (if applicable)
  - If member has a guardian/advocate they must be included in any notification resulting from the screening
  - It is recommended for supportive team to also be present for screening
- If the member declines at the initial screening, ACT teams should make 3 engagement/screening attempts to screen the member before closing out a referral
  - All 3 engagement/screening attempts should be completed within a 30-day period for outpatient and newly SMI/Pre-SMI referrals that are not inpatient

Admission Criteria: Must meet the criteria outlined in the following sections

A. Diagnosis: The individual must have one of the following diagnoses
B. Service need must have one or more of the following
C. Significant functional impairments (meet one or more of the following): Consistent inability to perform practical daily tasks needed to function in the community
D. Must have one or more of the following – listed below. Please check the requirements are met by the ACT applicant. Criteria must be supported in the medical record.
E. Must have at least three (3) of the following – listed below. Please check the requirements are met by the ACT applicant. Criteria must be supported in the medical record.

A. Diagnosis: The individual must have one of the following diagnoses:

☐ Schizophrenia
☐ Schizoaffective disorder
☐ Other psychotic disorders (must be SMI qualifying)
☐ Bipolar disorder or other affective disorders

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ACT Admission Criteria

B. Service need must have one or more of the following:

☐ 2 or more acute psychiatric hospitalizations or 4 or more psychiatric emergency room visits in the last 12 months

☐ 2 or more interactions with law enforcement in the past year for emergency services due to mental illness or substance abuse (this includes involuntary commitment)

☐ Persistent or recurrent severe major symptoms (psychosis, affective, or suicidal)

☐ High risk or recent history of being involved in criminal justice system

☐ Living in substandard housing, homeless, or imminent risk of homelessness

☐ Inability to participate in traditional office-based services

☐ Currently residing in an inpatient bed but clinically assessed to be able to live independently or with natural supports only if ACT services were provided

☐ Currently in residential treatment or a staffed community living placement but clinically assessed to be able to live independently or with natural supports only if ACT services were provided

C. Significant functional impairments (meet one or more of the following): Consistent inability to perform practical daily tasks needed to function in the community:

☐ Maintaining personal hygiene

☐ Meeting nutritional needs

☐ Caring for personal business needs (Budgeting, paying bills, etc.)

☐ Obtaining medical, legal, and housing services

☐ Recognizing and avoiding common dangers or hazards to one's self or one's possessions

☐ Persistent or recurrent failure to perform daily living tasks on own, including but not limited to, adhering to medications as prescribed (behavioral health and/or physical health medications)

☐ Consistent inability to be employed at a self-sustaining level or carry out homemaker duties

Inability to maintain a safe living situation (repeated evictions, etc.)

D. Must have one or more of the following:

☐ Inability to participate, remain engaged and/or respond to traditional outpatient services

☐ Inability to meet basic survival needs or independently maintain adequate housing, homeless, or at imminent risk of becoming homeless

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ACT Admission Criteria

E. Must have at least three (3) of the following:

- ☐ Evidence of co-existing mental illness and substance abuse/dependence
- ☐ Insufficient independent living skills to support independent living in the community
- ☐ Significant suicidal ideation with a plan and ability to carry out within the last two (2) years
- ☐ Suicide attempt in the last two years
- ☐ History of violence due to mental illness/substance abuse within the last two (2) years
- ☐ Lack of support systems
- ☐ History of inadequate follow-through with treatment plan, resulting in psychiatric or medical instability
- ☐ Threats of harm to others in the past two years
- ☐ Significant psychotic symptomology; such as command hallucinations
- ☐ Not employed or engaged in other meaningful community activity

Eligible for ACT Services? ☐ **Yes** ☐ **No**

Additional Clinical Information supporting ACT team's decision (If member is determined NOT eligible for ACT services ensure to include clinical summary supporting outcome):

SAMHSA ACT Development Process

- Discharge Criteria
  - Two major studies have evaluated the criteria for discharge from ACT
  - They both found the goal of the service should not be to transfer patients from ACT
  - Stein and Test evaluated programs that transferred patients to standard care after one year. It found the patients experienced “substantial setbacks,” and concluded that setting an arbitrary time point for discharge is not effective.
  - The second study from Salyers, Masterson, Fekete, Picone, and Bond documented that only a small number of patients should be expected to step down from ACT.
    - In cases that were determined appropriate for step down, it was an average of six years after beginning with ACT.
    - The transition was most successfully implemented when significant coordination took place between the ACT team and the step-down team.
    - This included a gradual transfer of care, a period of overlap in services, as well as an option for the patient to transfer back to ACT if desired.
    - It was also important for all involved to be in agreement that step down was appropriate.

Measuring Success

- Objectively
  - Outcomes data
    - Hospitalizations, Incarcerations, employment, housing status
  - Audits
    - AHCCCS utilizes WICHE (Western Interstate Commission for Higher Education) to complete independent audits for all ACT teams in Maricopa County on a routine basis
      - Using the DACTS (Dartmouth Assertive Community Treatment Scale)
- Subjectively
  - How do people perceive they are doing

Valleywise ACT

Makeup of Our Team

- Psychiatrist
- Clinical Coordinator
- 2 Registered Nurses
- Medical Assistant
- Program Assistant
- Registrar
- Department Assistant
- Rehab Specialist
- Employment Specialist
- Peer Support Specialist
- 2 Substance Abuse Specialists
- Housing Specialist
- Independent Living Skills Specialist
- Team Specialist

Valleywise ACT

- We follow the SAMHSA fidelity guidelines as required by Mercy Care
- How did we do?
  - 2/16/17 – 4.1
  - 8/29/17 – 4.07
  - 3/6/18 – 4.5
  - 2/4/19 – 4.35
  - 8/8/19 – 4.29
  - 1/28/20 – 4.39
  - 5/24/22 – 3.71
  - 2/8/23 – 4.18

Valleywise ACT

- Unique Psychiatry Services
  - Medically Assisted Treatment for Opioid Use Disorder and Alcohol Use Disorder (MAT)
    - In office buprenorphine inductions and maintenance
    - Naltrexone Long Acting Injection
  - Zyprexa Relprevv – Long Acting Injectable Olanzapine

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Questions???