



Assertive Community Treatment (ACT)

What is ACT?

ACT is a member-centered, recovery-oriented mental health delivery model that uses an interdisciplinary team treatment approach designed to provide comprehensive, community-based psychiatric treatment, rehabilitation, and support to persons with serious and persistent mental illness.

- ✓ Member-centered
- ✓ Recovery-oriented
- ✓ Community-based
- ✓ In-house model
- ✓ Team approach



Who does ACT assist?

- People with serious, persistent mental illness
- People with severe functional impairments
- Those who have avoided or been unresponsive to traditional outpatient mental health care
- People with co-existing situations
 - ✓ Homelessness
 - ✓ Substance use
 - ✓ Involvement with judicial system



Tailored services

- ACT services are individually tailored and address the preferences and self-identified goals of each member
- Services and goals are tailored to meet the needs of the individual, not the team
- The approach with each member emphasizes relationship building and active involvement in helping members with severe and persistent mental illness:
 - ✓ Successfully identify and make desired improvements in their functioning
 - ✓ Better manage their symptoms
 - ✓ Achieve their individual goals
 - ✓ Stay optimistic



Comparing service delivery models

Case management	ACT services
Caseloads of 30 members or more	Staff-to-member ratio of about 1 to 10
Services “brokered” from other providers	All services provided directly by ACT team members
Case manager is solely responsible for members assigned	Team members share responsibility for all members
Change in intensity of services means change in providers	Type and intensity of services are easily varied; ACT team discusses changes in members’ status daily and adjusts treatment, as needed
Members get services they need if the service exists, they meet eligibility criteria and space exists in the program	ACT teams provide any service the members on their team may need
Members may be dropped from caseload if they are noncompliant, jailed or getting services elsewhere	Team is responsible to ensure members get needed services, even if members are difficult to engage, get arrested or are hospitalized
If a case manager quits/goes on vacation, members move to a different case manager or don’t get services	If an ACT team member quits/goes on vacation, others on the ACT team who know the member continue with that member’s services/service plans

Fundamental differences

There are five core services provided by ACT teams that further distinguish it from traditional case management services.



Is ACT an appropriate level of care?

Explicit admission criteria

- Members go through a screening to ensure ACT level of care is appropriate.

ACT is voluntary

- Members do have the right to decline services based on member choice.
- Guardians can consent for ACT outpatient level of care as allowed by their guardianship rights.

ACT referrals

Regular outpatient referrals are managed/sent out by the ACT teams

- Supportive level of care to ACT
- ACT to ACT

Mercy Care manages/sends out

- Hospital referrals (Level 1)/Emergency department (ED) referrals
- Solari Crisis and Human Services referrals (New SMI/Pre-SMI)
- FACT referrals (Forensic ACT)

Fidelity

ACT promotes wellness by focusing on fidelity in the following areas:

- **Evidence-based**
 - ✓ ACT efficacy is supported by data that demonstrates it is effective
- **Workable and realistic**
 - ✓ ACT teams are routinely successful in both program implementation and ongoing support
- **Defined leadership roles**
 - ✓ Well-defined roles at all levels ensure efficiency and help build trust among team members
- **Substance Abuse Mental Health Services Administration (SAMHSA) can measure and report outcomes**
 - ✓ Successful outcomes ensure program is scalable to meet the needs of participants

SAMHSA fidelity

SAMHSA promotes the use of a trans-disciplinary ACT team approach, blending the knowledge and skills of professionals with expertise in several areas.

Through this approach, staff work together to:

- Provide services for the whole individual and all their unique needs
- Increase the individual's self-sufficiency and productivity
- Help the member on their teams live successfully and thrive in the community

SAMHSA fidelity tool

- To measure and maintain fidelity and effectiveness across all ACT teams, SAMHSA has developed a fidelity tool.
- The tool measures if ACT has been implemented in support of program requirements.
- It helps ensure ACT teams see results in expected outcomes such as:
 - ✓ Reduced inpatient stays
 - ✓ Housing stability
 - ✓ Improved social functioning
 - ✓ Higher quality of life
 - ✓ Participant and family satisfaction

SAMHSA fidelity tool (continued)

Western Interstate Commission for Higher Education (WICHE) serves as ACT fidelity reviewer

- Educational compact among 15 western states originally created in 1953
- Facilitates educational resource sharing among its members
- Holds contracts with multiple organizations to conduct ACT fidelity reviews
- Annual/bi-annual reviews are conducted for each team
 - ✓ Review schedule depends on the ACT team's previous fidelity score
- Fidelity scores are publicly reported
 - ✓ Higher number = better score
 - ✓ Access ACT team scores at www.azahcccs.gov/AHCCCS/HealthcareAdvocacy/arnoldvsarn.html

Mercy Care ACT teams

Maricopa County

- 24 ACT teams
- 21 primary care provider (PCP) partnership teams
- 4 specialty teams
 - ✓ 1 Medical ACT team
 - ✓ 3 Forensic ACT teams

Pinal County

- 1 ACT team, PCP partnership team

You can email questions you have about
Mercy Care ACT referrals to
ACTReferrals@MercyCareAZ.org

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Thank you

