ASSERTIVE COMMUNITY TREATMENT (ACT):

CHANGING THE LIVES OF PEOPLE WITH SEVERE AND PERSISTENT MENTAL ILLNESS

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Late 1960’s at Mendota Mental Health Institute in Madison, WI

Stein & Test (1980):

- Many patients discharged were readmitted later
- Transferred intensity & support of an inpatient setting into the community
- Directly provided mix of services needed

Also known as PACT, continuous treatment teams, mobile treatment teams, to name a few
**WHAT IS ACT?**

- An evidence-based practice (EBP) for adults with severe and persistent mental illness (SPMI)
- Multidisciplinary team shares caseload; no brokering
- Services primarily provided *in vivo*
- Capacity for multiple contacts/intensive services 24/7
- Integrates other evidence-based practices; not just case management
- Person-centered, recovery-oriented practices balanced with therapeutic limit-setting strategies when needed
## Typical ACT Team Staffing

<table>
<thead>
<tr>
<th>Position</th>
<th>Full Team (serves 80-100)</th>
<th>Half Team (serves 42-50)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Team Leader</td>
<td>1 FTE</td>
<td>1 FTE</td>
</tr>
<tr>
<td>Psychiatric Care Provider/Prescriber</td>
<td>16 hours per 50 consumers</td>
<td>16 hours per 50 consumers</td>
</tr>
<tr>
<td>Registered Nurses</td>
<td>3 FTE</td>
<td>1.5 - 2 FTE</td>
</tr>
<tr>
<td>Peer Specialist</td>
<td>1 FTE</td>
<td>1 FTE</td>
</tr>
<tr>
<td>MA-level Clinicians*</td>
<td>4 FTE</td>
<td>2 FTE</td>
</tr>
<tr>
<td>BA-level CMs*</td>
<td>1 – 3 FTE</td>
<td>1.5 – 2.5 FTE</td>
</tr>
<tr>
<td>*Substance Abuse Specialist</td>
<td>1 FTE</td>
<td>1 FTE</td>
</tr>
<tr>
<td>*Vocational Specialist</td>
<td>1 FTE</td>
<td>1 FTE</td>
</tr>
<tr>
<td>Program Assistant</td>
<td>1 – 1.5 FTE</td>
<td>1 FTE</td>
</tr>
</tbody>
</table>
One ACT-like team in Vancouver, WA since late 90’s

Washington State legislature funding
- $2.2 million for development/training in FY 07
- $10.4 million per year to implement 10 new ACT teams statewide

Of the 10 teams:
- 6 full teams (serving 80-100 consumers)
- 4 half teams (serving 42-50 consumers)

Since then 2 additional half teams, and 1 full team has started with other funding sources
15 ACT TEAMS IN WASHINGTON STATE
Most data point to 40+ states with ACT/-like programs

Big ranges: NE (N = 3) to NY (N = 78)

Olmstead Supreme Court decision has had big impact

Several states under DOJ lawsuits/settlements have shifted the focus to not only more ACT, but higher fidelity ACT

One additional state broadened their DOJ mandate to expand from better supported employment to higher fidelity ACT services
ACT’S MOST ROBUST OUTCOMES

✓ Decreased hospital use
✓ More independent living & housing stability
✓ Retention in treatment
✓ Consumer and family satisfaction

Baronet & Gerber, 1998; Bedell et al., 2000; Bond et al., 2001; Burns et al., 2007; Coldwell & Bender, 2007; Gorey et al., 1998; Herdelin & Scott, 1999; Marshall & Lockwood, 2000; Ziguras & Stewart, 2000; Morrissey et al., 2013; Mueser et al., 1998
Latimer (1999) reviewed 34 ACT programs and found that ACT is cost-effective when:

- Services are targeted toward persons who are high users of inpatient psychiatric services (>50 hospital days in prior year)
- It is implemented with high fidelity to the ACT model
- Cost-effectiveness is greatest within first two years of admission (Domino, Morrissey & Cuddeback, 2013)
THE FUTURE: TARGETING A BETTER LIFE

- Improvement in social functioning and other areas of independent living
- Reductions in substance use
- Increases in sustained employment
- “…a home, a job, and a date on Saturday night.”
### ONE OF THE WAYS TO GET THERE

- Enhancing the ACT model
- Targeting training on this enhanced model
- Assessing the extent to which teams adhere to that enhanced model (i.e., fidelity assessment)
  - The higher the fidelity, the better the outcomes
- Tracking fidelity over time
  - Especially when outcomes aren’t available, aren’t improving, or take too long
- Using fidelity results as a blueprint for guiding ongoing training and consultation to ACT teams
TMACT & DACTS in WA: Baseline – 18mo
(Bars = std. dev; only 18mo not significantly different)
WA TMACT Scale Scores: Baseline – 18 mo
(Bars = range, lowest to highest)
Invest in implementation ($1.3 mill/100-client team) or “re-implementation”

Institute an ACT service definition/statewide Standards
  - Tie ACT program certification to those Standards

Employ evidence-based recruitment/hiring strategies

Focus on practice-based training

Provide ongoing hands-on coaching and consultation

Implement fidelity assessment and outcome tracking – matching to individual team needs over time

Sustain by developing statewide/local expertise
THE NEXT GENERATION OF ACT

- Better integration of other evidence-based practices
  - ACT+Illness Management and Recovery (IMR)
  - ACT as a person-centered medical home
- ACT adaptations
  - First-break psychosis or youth in transition
  - Dialectical Behavior Therapy (DBT)
  - Forensic (FACT)
- More focus on how to transition to less intensive services
  - “Functional” ACT (Netherlands)
  - Transition ACT (New York State)
THANK YOU!

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