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***Bringing Assertive Community  
Treatment to Iowa:***

***Progress and Challenges 2008***

**Nancy Williams**

**University of Iowa Health Care**

# **Iowa and the seriously mentally ill: A Great Irony**

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- **Iowa is among the best in the nation in research and education for serious mental illness.**
- **But many Iowans are not receiving the treatment practices recommended by our own experts.**

# Overview

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- **ACT model - Fundamentals**
- **ACT in Iowa - Progress**
- **ACT in Iowa - Challenges**

# The Fundamentals of ACT

## The people

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- **Seriously Mentally Ill**
  - **Primarily schizophrenia, schizoaffective, bipolar and severe depressive disorders**
- **Highest utilizers of health care resources**
  - **Institutionalization**
  - **Acute hospitalization**
  - **Homeless/jailed**

# The Fundamentals of ACT

## Key Features

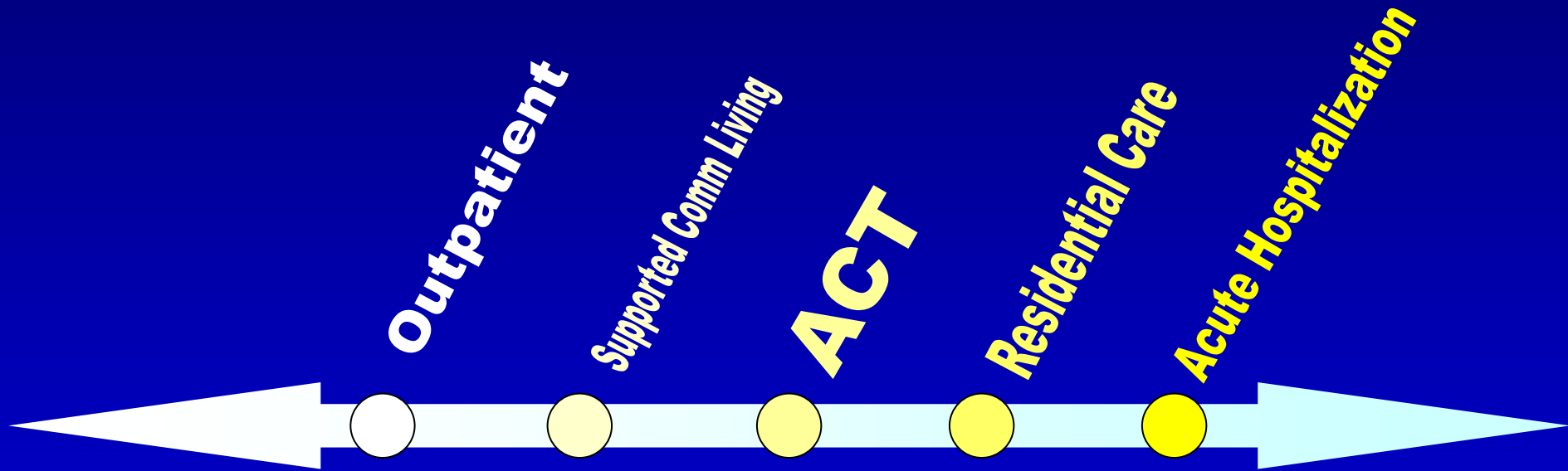
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- **Multidisciplinary Staff**
- **Team approach**
- **Integrated care**
- **Locus of care in the community**
- **Favorable ratio (8:1)**
- **Assertive outreach**
- **24/7 availability for crisis intervention**
- **Time unlimited services**

# The Fundamentals of ACT

## ACT in the Continuum of Care

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# **The Fundamentals of ACT**

## **How ACT works - Outcomes**

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- **Fewer hospitalizations**
- **Improved housing stability**
- **Better retention in mental health services**
- **High satisfaction (patients and families)**
- **Cost effective**
- **Findings have been replicated in more than 25 randomized controlled trials**

# ACT in Iowa

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- 1996 Iowa City (IMPACT)**
- 1998 Des Moines (Golden Circle)**  
**Cedar Rapids (Abbe Center)**
- 2004 Fort Dodge (Berryhill Center)**
- 2006 Council Bluffs (Heartland  
Family Services)**

# ACT in Iowa

## Overview

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- **Approximately 250 people receiving care in the five ACT programs across the state**
- **We have followed six outcome measures:**
  - **Hospital days**
  - **RCF/MHI days**
  - **Incarceration**
  - **Homelessness**
  - **Employment**
  - **Substance Abuse**

# **ACT in Iowa**

## **Outcomes**

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- **78% reduction in hospital days**
- **80% reduction in jail days**
- **66% reduction in homeless days**

# ACT in Iowa

## Outcomes

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Measure	Pre ACT	Post ACT
Hospital days	4.2	0.9
RCF/MHI days	13.4	0.5
Jail days	3	0.6
Homeless days	2.1	0.7
%Unemployed	79%	51%
% Drug Abuse	22%	21%

**Average number of days per patient per quarter**

# **ACT in Iowa**

## **Outcomes**

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### **Hospital Days per patient**

- **Pre ACT 17 days per year in hospital**
- **Post ACT 4 days per year in hospital**
- **Save 13 days per year/ per patient**

# **ACT in Iowa**

## **Outcomes and Cost of ACT**

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- **13 hospital days saved per patient/year**
  - **@ \$1,000 hosp/day, save \$13,000 per patient per year**
- **Cost of ACT?**
  - **Around \$14,000 per patient/per year**

# **ACT in Iowa**

## **Infrastructure for ACT**

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- **Technical Assistance Center for ACT**
- **2003- present**
- **Paid for by Iowa DHS through its contract with Magellan Health Services: Iowa Plan for Behavioral Health Community Reinvestment Funding**

# **ACT in Iowa**

## **TAC scope of work**

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- **Increase awareness and understanding of ACT.**
- **Assemble a statewide advisory board.**
- **Propose a funding model for ACT in Iowa.**
- **Develop ACT program standards.**
- **Conduct fidelity reviews of ACT teams.**
- **Standardize and aggregate outcome measures for ACT teams.**
- **Assess and support the educational needs of ACT teams.**
- **Develop interest in potential ACT sites**
- **Provide new team training**

# **ACT in Iowa**

## Fidelity reviews

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- **Annual peer review using the Dartmouth ACT scale**
- **“Reviewers” are volunteers from each team**
- **Educational objective= Auditing objective**
- **Reports shared with Magellan and advisory board**

# **ACT in Iowa**

## Fidelity reviews

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- **DACTS (Dartmouth ACT Scale)**
  - **28 program specific items**
    - ◆ Human Resources
    - ◆ Organizational Boundaries
    - ◆ Nature of Service
  - **Iowa teams show high fidelity to the model**
    - ◆ Every six months x 2, then annually
    - ◆ Stable to improved scores '04 ->'05-> '06 ->->
    - ◆ Scale from 0-5; all teams > 4.0

# **ACT in Iowa**

## **Progress - Conclusions**

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- **Iowa has demonstrated ability to do ACT and achieve the benefits.**
- **A system is in place to monitor program outcomes and program fidelity**
- **There is an increased awareness of need for ACT across the state**

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# The Challenges

# **The Challenges**

## **Some “Basic ACT” Issues**

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- **Refractory population.**
- **Non-standard work environment.**
- **Treatments partially effective.**
- **We compete with entrenched organizations for scarce resources.**
- **Most ACT care is paid for with public funds.**

# **The Challenges**

## **The “Iowa Environment” Issues**

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- Organizational**
- Funding**
- Workforce**

# The Challenges

## The County System

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- In Iowa MH policies and funding are controlled and administered locally- at the county level.
- In many ways, Iowa has *99 separate mental health systems*.
- Building consensus at the county level will be significant determinant of ACT success or failure.

# ACT in Iowa

## Challenges- Funding

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	<u>States with strong ACT</u>	<u>Iowa</u>
Strong “Top Down” support from State legislature	Yes	No
Significant commitment of State General Funds	Yes	No
Significant use of “Medicaid Rehab Option” **	Yes	No

\*\* In Iowa, now Habilitative Services and Rehabilitative services

# Meeting the Challenges

## ACT in Oklahoma- “Top down” strategy

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- 2000 - With DMHSAS support legislation for ACT
- 2001 - RFP's for two teams with start up \$ for each team
- 2002 - first two teams start taking clients
- 2003 - DMHSAS asks 4 rural state operated facilities to start teams - 6months later they start taking clients.
- 2004 - legislature awards \$6 million increase for ACT, two more teams started
- 2005 – 8 teams serving 350 clients (capacity to increase to 600 clients); DMHSAS works with Oklahoma Health Care Authority to develop Medicaid revenue stream; plans to expand until statewide.

# Meeting the Challenges

## ACT in Indiana

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- In 1980's and 1990's had 3-6 teams statewide.
- Initiative by Dept Mental Health (DMH) 2001 to expand ACT in conjunction with downsizing state hospitals. Identifies three challenges:
  - Adequacy and stability of funding
  - Clarity of program standards
  - Availability of technical assistance with implementation
- DMH
  - Developing ACT as Medicaid reimbursable service
  - Funds University based technical assistance center
  - Established state standards
- 15 teams in operation currently

# ACT in Iowa

## Challenges- Permanence

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- **Current leadership supportive of ACT.**
- **We need to assure permanence of ACT over the long term**
  - **ACT in the state plan?**
  - **Perception that ACT is a “special project funding” and not on the state Medicaid menu?**

# **ACT in Iowa**

## **Challenges- Funding**

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- **Cost savings for inpatient care**
  - ◆ **Medicare (hospitalization dually eligible)**
  - ◆ **County (residential care)**
- **Potential cost increase to outpatient funder as they are not paying for inpatient care**
- **Start up costs**
  - **Teams lose money until their census is adequate to cover costs of program**

# ACT in Iowa

## Challenges- Workforce

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	Psychiatrists	Per
	<u>In Clinical Practice</u>	<u>100,000</u>
Iowa	164	5.6
Illinois	1,396	11.2
Minnesota	462	9.4
Missouri	497	8.9
Nebraska	142	8.3
South Dakota	55	7.3
Wisconsin	526	<u>9.8</u>
Average		10.0



# The Challenges

## Iowa Workforce – ACT Psychiatrists

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- **Increase the number of psychiatrists interested in ACT:**
  - **Provide incentives; remove disincentives**
  - **Community Psychiatry training**
- **Use ARNP's and PA's with psychiatrist back up**
  - **Provided for in ACT standards in MN, UT, WI**
  - **Pilot study in Indiana**

# ACT in Iowa

How many teams do we need?

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- **Recent study sought to identify minimum number of ACT teams community might need**
  - **Identified persons receiving services in their county with severe mental illness and > 3 psychiatric hospitalization in one year.**
    - ◆ **Severe mental illness = diagnosis + SSI/SSDI + inpatient utilization [long single hospitalization (> 6months) in past five years, or 2-3 hosp in last year].**
  - **.06% of adult population**
  - **50% of population with severe mental illness**

# ACT in Iowa

How many teams do we need?

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- **Limitations of Study**

- **Underestimate of true need.**
- **Not counted are:**
  - ◆ Those not already connected to MH system
  - ◆ Those not on SSI/SSDI
  - ◆ Those with less than 3 hospitalizations/year
  - ◆ Those with jail time/homelessness

# ACT in Iowa

## Progress- Availability

	Adult Population	Expected number needing ACT*	Getting ACT- current	Percent of those getting ACT
<b>Iowa</b>	<b>2,284,077</b>	<b>1,370</b>	<b>252</b>	<b>18%</b>
Polk	308,851	185	70	38%
Linn	153,155	91	72	79%
Scott	123,936	74	-	-
Black Hawk	96,936	58	-	-
Iowa City	90,142	54	54	100%
Sioux City	79,006	47	-	-
Dubuque	70,556	42	-	-
Council Bluffs	69,068	41	18	44%
Ames	61,563	37	-	-
Fort Dodge and surrounding	44,662	28	38	135%

\*Cuddeback GS et al, 2006

# **ACT in Iowa**

## Conclusions

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- **Iowa has demonstrated ability to do ACT and achieve the benefits.**
- **There are significant challenges to implementation of ACT**
  - **Legislative priority, funding issues, workforce shortages**
- **Other states have met the challenge, and Iowa should as well.**