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# ***Assertive Community Treatment***

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# Goals of this talk

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- Describe the fundamentals of the Assertive Community Treatment (ACT) model.
- Review the history of ACT in Iowa.
- Understand what barriers exist to broader implementation of ACT in Iowa and discuss strategies to overcome these barriers.

# The Fundamentals of ACT

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- Who is ACT intended for?
- Why is it needed?
- What does it consist of?
- How is it different?
- How well does it work?

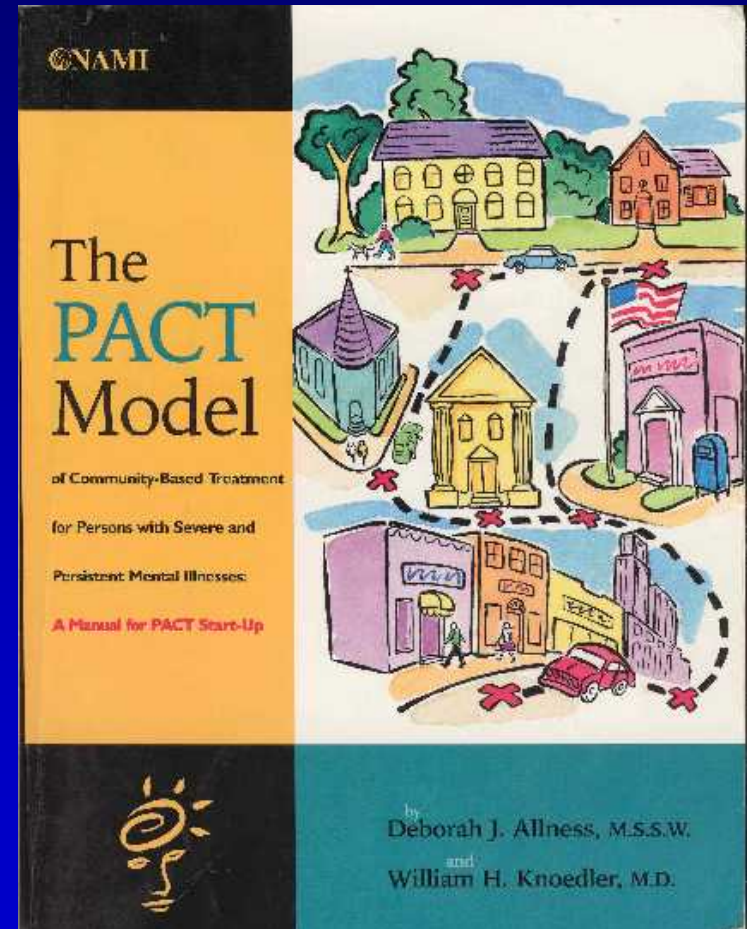
# What ACT is...Definition

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- **Team of mental health professionals that provides**
    - **Consistent Care** (24 hour per day, 7 days per week, 365 days per year)
    - **Comprehensive Care** (treatment, support and rehabilitation services)
- in the community setting to those with serious mental illnesses.**

# What ACT is....Origins

- Wisconsin 1970's
- Mendota State Hospital
- Len Stein MD, Mary Ann Test
- “Hospital without Walls”
- Outcomes published in 1980



# Why ACT now

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## Nationally, ACT is proliferating rapidly because of:

- Recent emphasis on ‘evidence based practices’: ACT has been identified as one of six evidence-based treatments by experts convened by the Robert Wood Johnson Foundation/SAMHSA; PORT study recommended ACT for treatment of schizophrenia
- Health Care Financing Administration has authorized ACT as a Medicaid reimbursable treatment 1999
- Surgeon General’s report on Mental Health endorsed ACT as an essential treatment for severe mental illness 1999
- NAMI’s commitment to ACT: “PACT Across America” 1998
- New Freedom Commission
- Olmstead Decision

# Who is ACT for?

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- **Serious Mental Illness**
  - Primarily people with schizophrenia, schizoaffective, bipolar and severe depressive disorders
- **Significant functional impairments,**
- **Continuously high service needs**
  - Institutionalization (MHI, RCF)
  - Acute hospitalization (2 or more admissions/yr)
  - Jailed
  - Homelessness/housing instability

# **What ACT is**

## **Key Features**

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

# How is it different than traditional care?

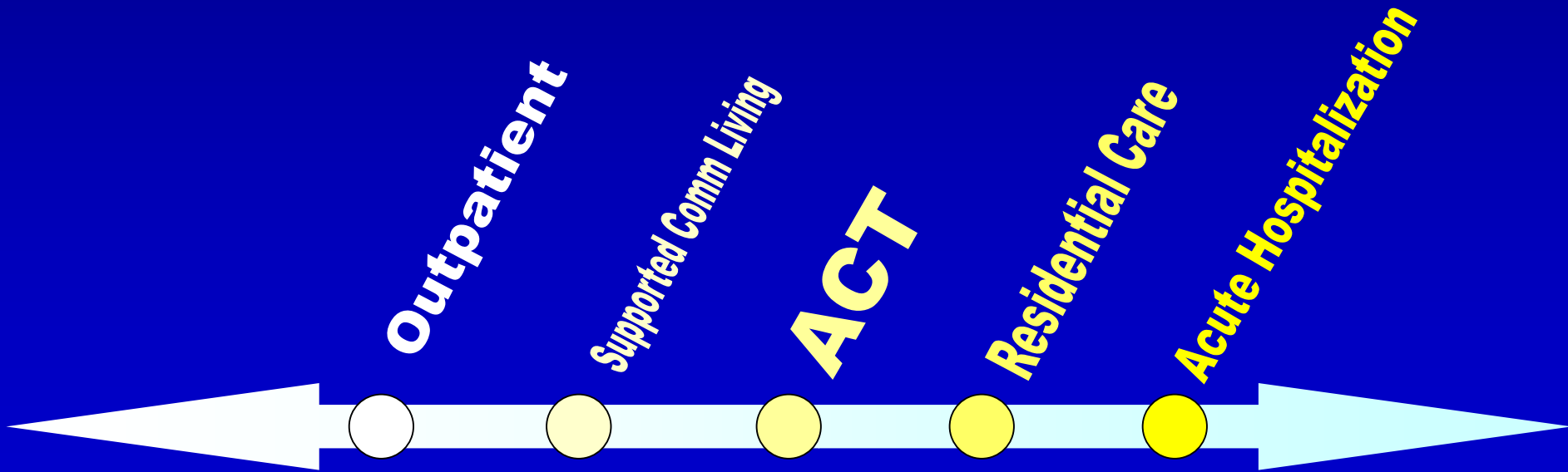
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- **Around the clock availability of a familiar caregiver**
- **Low client to staff ratio allows for greater flexibility/time**
- **“One stop shopping” eliminates confusion about who to call with a problem for both client and family**
- **Daily contribution of all disciplines for problem solving and coordination of care**
- **Quick access to psychiatrist for medication adjustments**

# Where ACT fits in

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## Continuum of Care for SMI:



# How well does ACT work?

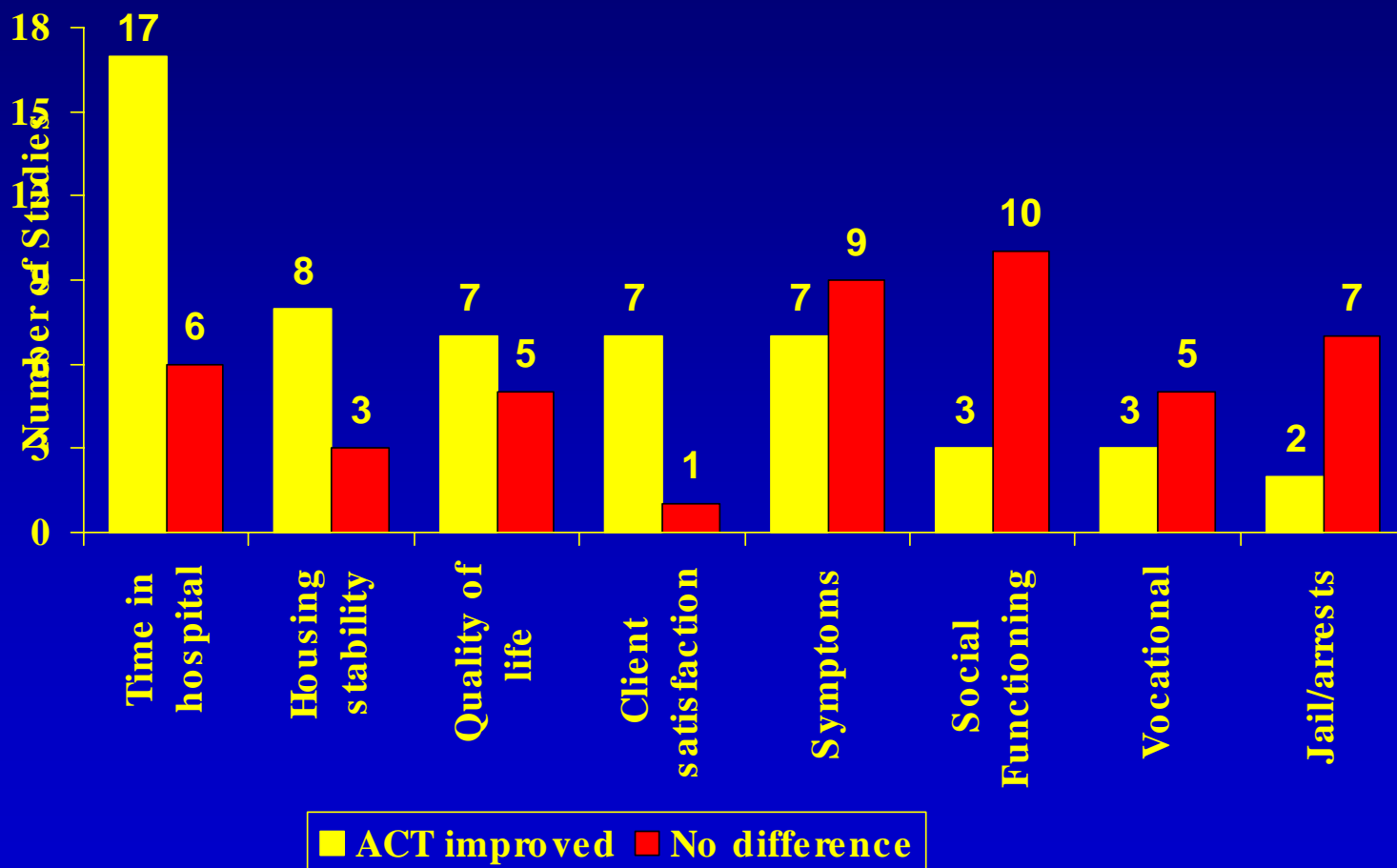
## Outcomes

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- Fewer hospitalizations
- Improved housing stability
- Better retention in mental health services
- High satisfaction (patients and families)
- Cost effective ( cost neutral to cost savings)
- Findings have been replicated (>25 randomized controlled trials)

# How well does ACT work?

## Controlled ACT Research (Bond, 2001)



# How well does ACT work: Caveat

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- Outcome studies show unequivocally that fidelity to the model is important - better implemented teams have better outcomes.

# How do you measure fidelity?

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## Dartmouth ACT Fidelity Scale (DACTS)

- **staffing**
- **intensity of services**
- **organization of team**
- **28 items, rate on scale of 1-5**

How do you measure the philosophy of the caregivers? Are they recovery oriented? What is the quality of the contacts provided?

# Funding ACT: Costs

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- **Start-up for new programs estimated to be ½ - 1 million dollars annually**
- **Programs are expected to lose money over first several years**
- **Monthly costs: \$ 800 to \$1300 per client per month**

# Funding ACT

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- **Medicaid**

  - **The rehabilitation option is the predominant form of reimbursement under Medicaid nationwide**

- **Case payment vs fee for services**

- **Other funding streams**

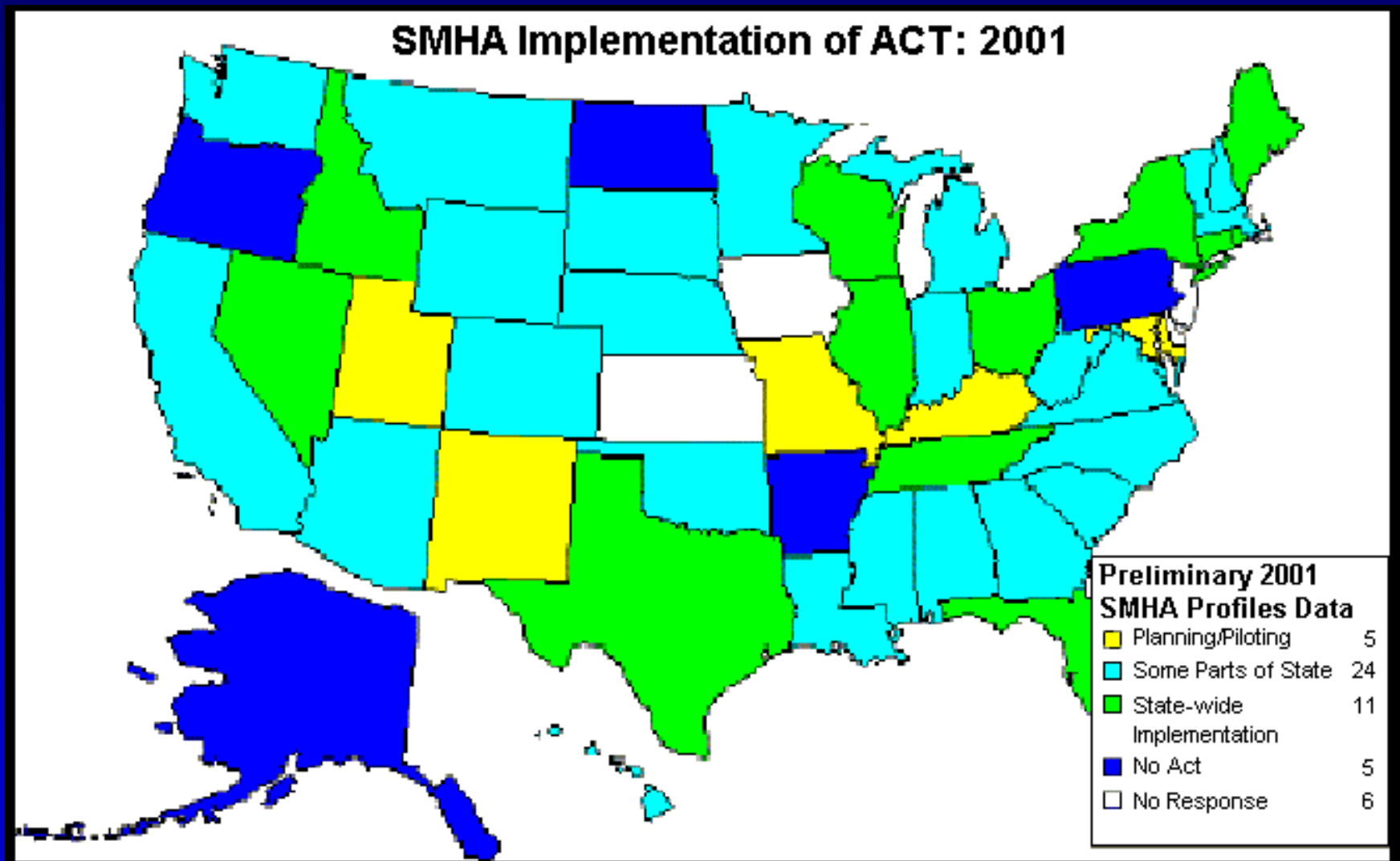
  - **State General Funds**

  - **Local Funds**

  - **Block grants**

# Who is doing it?

## NASMHPD Research Institute



# Who is doing it?

**Implementation by State** National Association State  
Mental Health Program Directors Research Institute (NASMHPD)

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<u>Degree of Implementation</u>	<u>States</u>	<u>Examples</u>
State-wide	11	RI, TX, OH, WI
Some parts of state	24	CA, MA, MI
Planning, Piloting	5	KY, MO, UT
No ACT	5	PA, WA, AK
No Reply	6	IA, KS, NJ, DC

*Also: England,  
Canada, Sweden,  
Australia*

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**ACT in Iowa**

# **ACT in Iowa**

## **The IMPACT Program at UIHC – Overview**

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- **Begun in 1996**
- **Gerry Clancy, MD**
- **Betsy Hradek, ARNP**
- **Joint effort between Dept of Clinical Outreach and Dept of Psychiatry**

# ACT in Iowa

## The IMPACT Program – Patients

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- **Census: 56**
- **Diagnoses (primary)**
  - **65% Schizophrenia**
  - **15% Schizoaffective Disorder**
  - **15% Bipolar Disorder**
  - **5% Chronic Major Depression**
- **70% with co-occurring Substance Abuse disorder**

# ACT in Iowa

## The IMPACT Program – Admission Criteria

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- **Diagnosis**
  - Schizophrenia, Schizoaffective, Bipolar Disorder, refractory Depressive Disorder
- **High utilization of services**
- **Funding source**
- **Proximity to Iowa City ('windshield time')**

# ACT in Iowa

## The IMPACT Program – Monitoring Outcomes

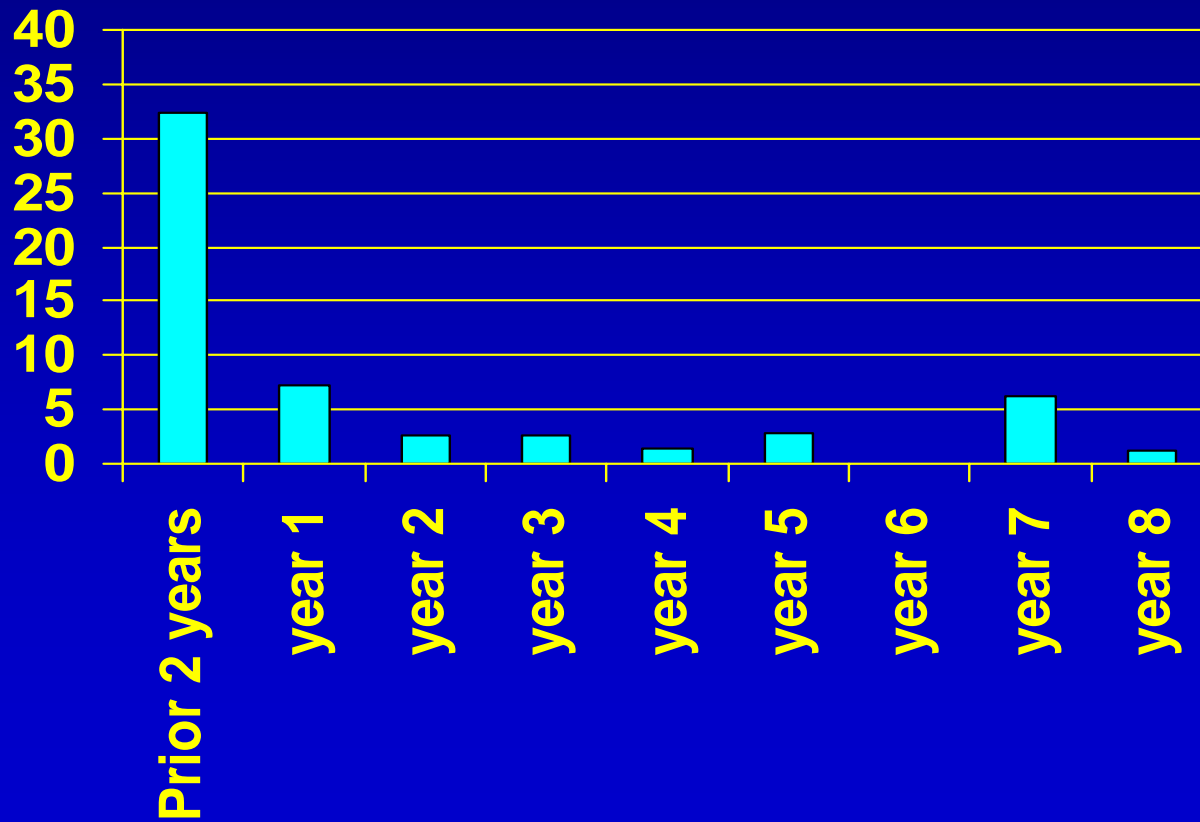
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<u>Outcome</u>	<u>Frequency</u>
Hospitalization days	Annual
Level of Function	3 months
Symptom Severity	6 months
Patient satisfaction	Annual

# IMPACT Outcomes

## Days of Hospitalization

### Average Inpatient Days per year

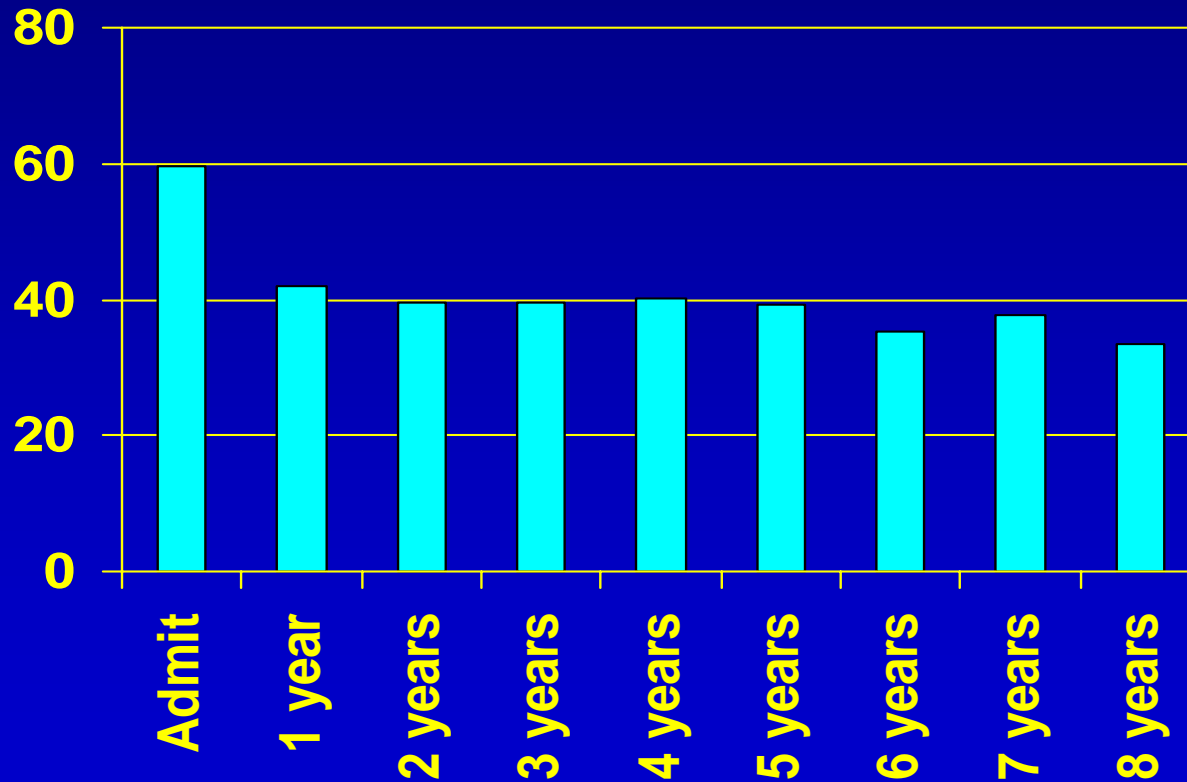


# IMPACT Outcomes

## Symptom Severity

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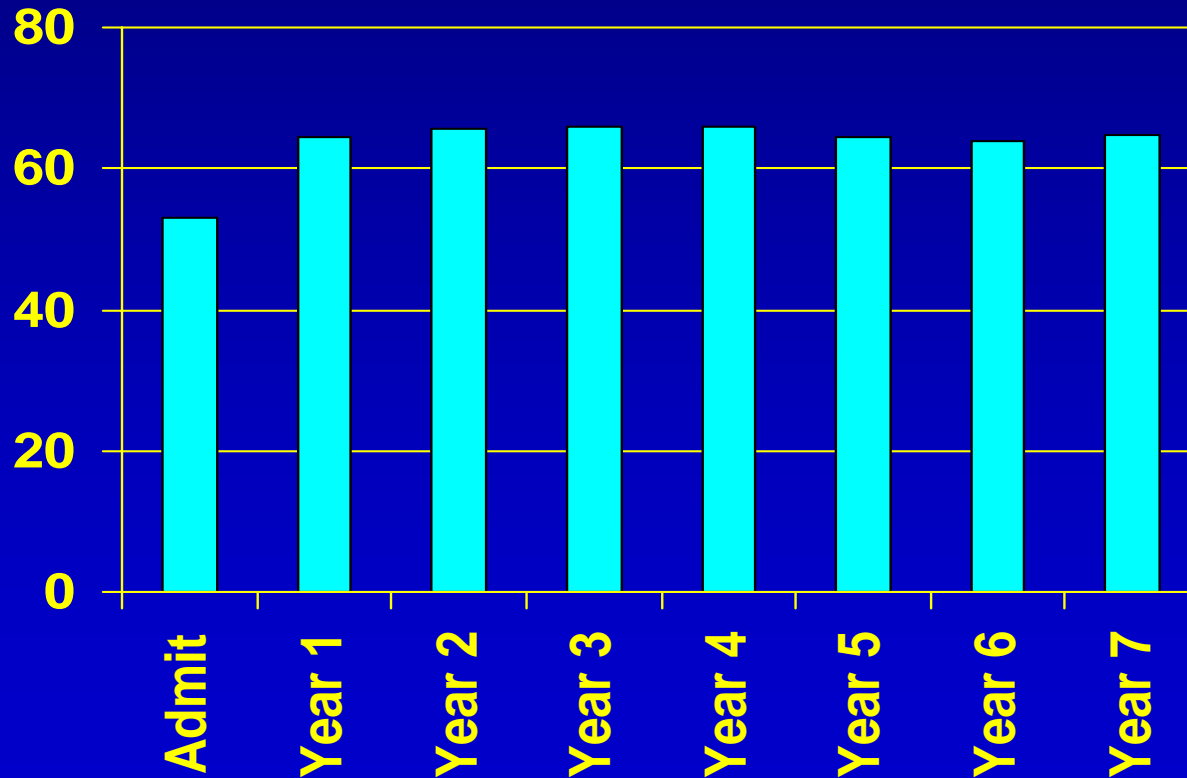
### Brief Psychiatric Rating Scale



# IMPACT Outcomes

## Functional Abilities

### Multnomah Community Ability Scale

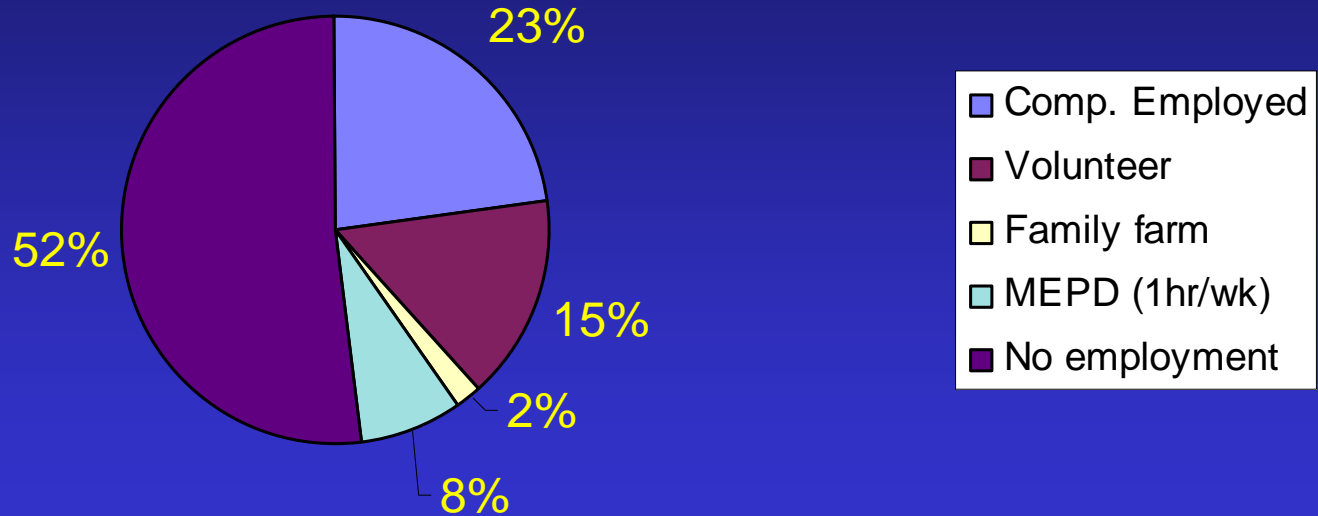


# IMPACT Outcomes

## Employment

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Q3 2003 ( n=52)

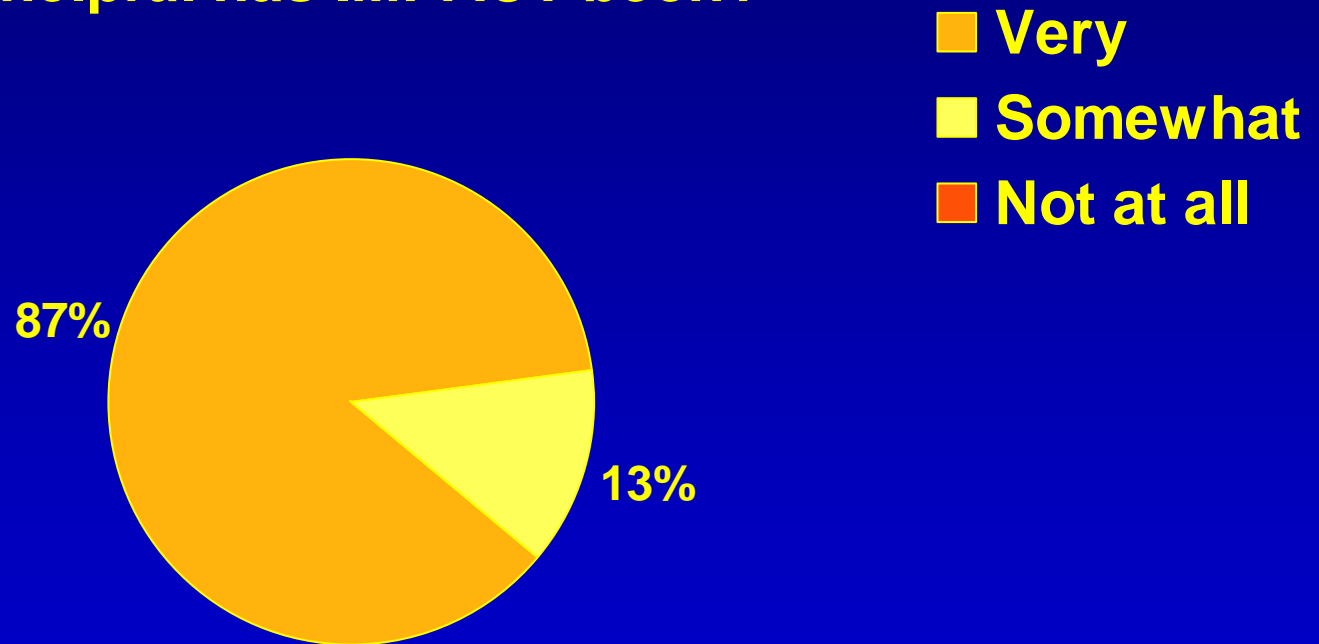


# IMPACT Outcomes

## Patient Satisfaction

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How helpful has IMPACT been?

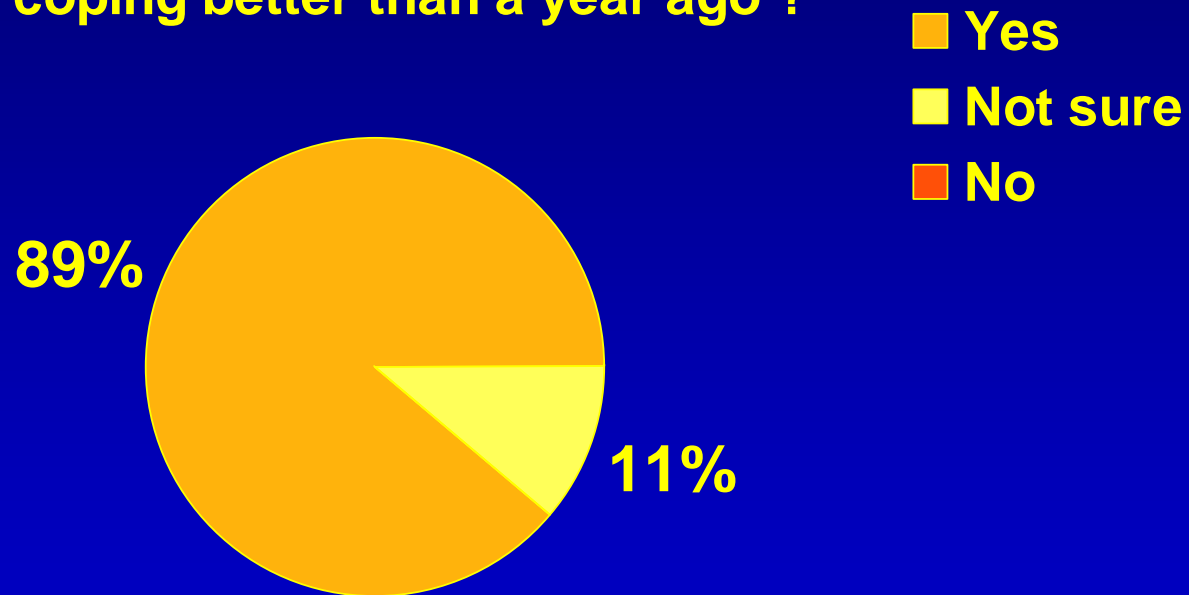


# IMPACT Outcomes

## Patient Satisfaction

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Are you coping better than a year ago ?

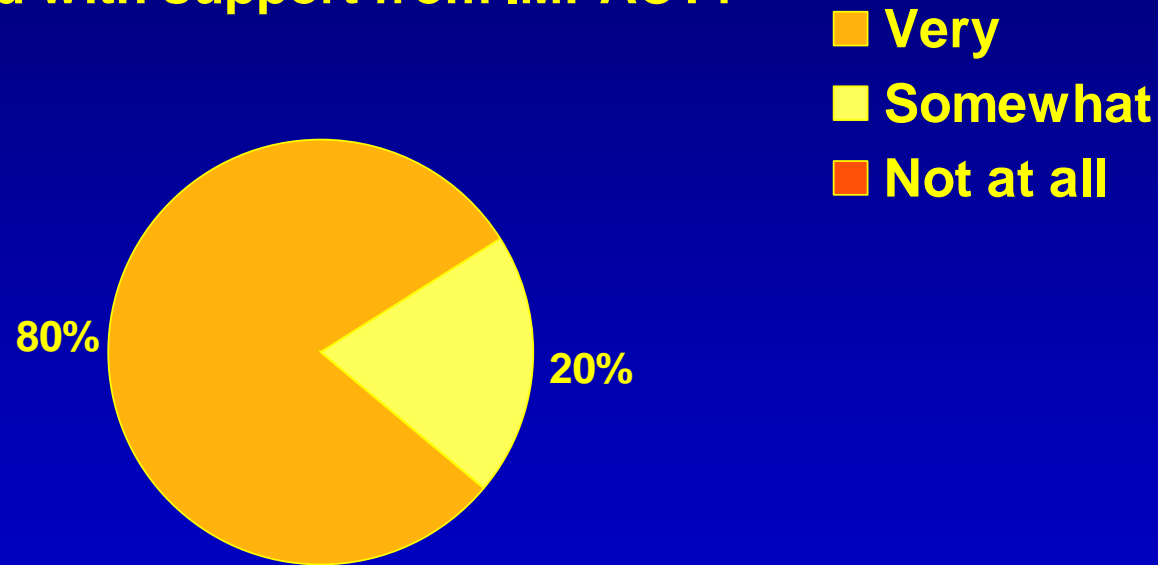


# IMPACT Outcomes

## Patient Satisfaction

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...satisfied with support from IMPACT?

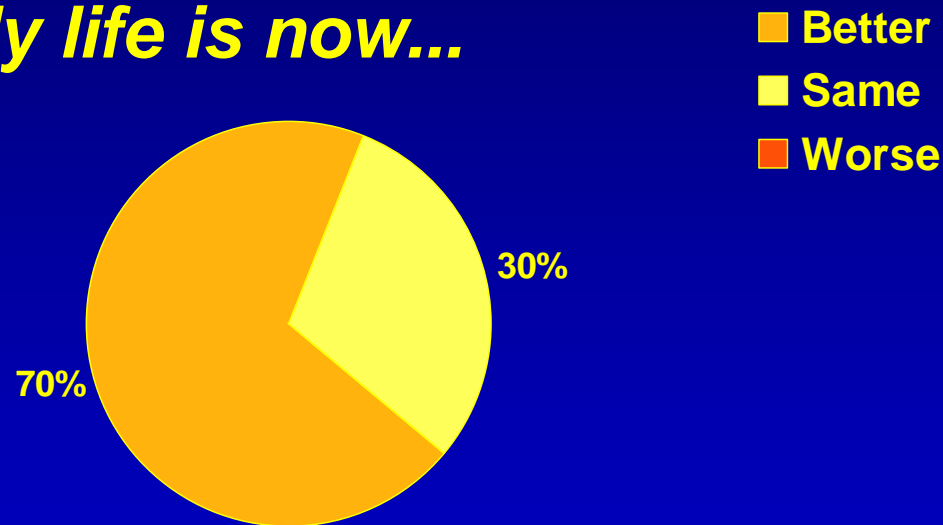


# IMPACT Outcomes

## Patient Satisfaction

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*My life is now...*



# ACT in Iowa

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- IMPACT had demonstrated the ability to do ACT and achieve the benefits.
  - RFP for new teams issued and awarded in 1998 :
    - Des Moines - Golden Circle
    - Cedar Rapids - Abbe Center
    - Rural site - ResCare (no longer in operation)
- ....Growth of ACT in Iowa plateaued....

# Barriers to ACT implementation

## High start-up costs

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- Start-up for new programs estimated to be ½ - 1 million dollars annually
- Programs are expected to lose money over first several years
- Most publicly funded mental health systems in Iowa have been chronically on the brink of financial insolvency
- State budget deficit: Reluctance to create new services and increase the use of Medicaid

# Barriers to ACT implementation

## Funding

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- “Dually eligible” clients
  - Medicare payment for inpatient services
  - Medicaid for outpatient services
- Need multiple funding streams

# Barriers to ACT implementation in Iowa

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- **Workforce issues**
  - Recruitment
  - Training
  - Continuing education and support of existing teams
- **Credentialing bodies**
- **Lack of awareness of model**

# ACT in Iowa- Developments

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- Iowa Consortium for Mental Health (ICMH) becomes interested in Evidence Based Practices (EBP), particularly ACT:
  - ACT has clear construct, recognized nationally
  - ACT has been successfully implemented in other states
  - Iowa has experience with it
  - ACT brings with it other EBP's
- ICMH awarded a grant (summer '03) to start Technical Assistance Center on EBP with plan to focus on ACT and IMR.

# Activities of Technical Assistance Center

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- **Statewide Advisory Board**
  - ◆ **Develop Iowa's vision for ACT, strategize re: funding, oversight body**
- **Develop new programs**
- **Support to existing programs**
- **Address standards development and accreditation issues**
- **Ongoing examination of fidelity to the model**
  - ◆ **Peer review teams using DACTS**
- **Develop standardized outcome measures across teams**

# New team !

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- **North Central Iowa MHC (Fort Dodge)**
  - **Administrative Leadership**
    - ◆ **Jim Burr North Central Iowa MHC**
    - ◆ **Irene Blair Webster County CPC**
  - **Clinical Leadership**
    - ◆ **Team leader Deb Delp**
    - ◆ **Psychiatrist Dr. Minhas, Dr. Berryhill**
  - **Started admitting clients Aug '04**
    - ◆ **Current census: 11 clients and climbing**
  - **Rural site**
  - **Pilot new funding mechanism**

# **ACT in Iowa**

## **Conclusions**

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- **Iowa has demonstrated ability to do ACT and achieve the benefits**
- **There are significant barriers to implementation**
- **Requires strong leadership and advocacy**
- **Other states have met the challenge**
- **We owe it to seriously mentally ill Iowans to do the same**