

History and Composition of ACT Teams - “Act 101”

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IT Check



Development, Implementation, and importance of ACT in South Dakota



- Survey
- Others?

- Discussion
- Interactive
- Opportunities to learn from one another



What is the definition of ACT?

ACT Team

- ACT is a team treatment approach designed to provide comprehensive, community-based psychiatric treatment, rehabilitation, and support to persons with serious and persistent mental illness such as schizophrenia. A team of professionals whose backgrounds and training include social work, rehabilitation, counseling, nursing and psychiatry provide ACT services.

– Assertive Community Treatment Association,
<http://www.actassociation.org/actModel/>

ACT Team

(continued)

- Among the services ACT teams provide are: case management, initial and ongoing assessments; psychiatric services; employment and housing assistance; family support and education; substance abuse services; and other services and supports critical to an individual's ability to live successfully in the community. ACT services are available 24 hours per day, 365 days per year.

– Assertive Community Treatment Association,
<http://www.actassociation.org/actModel/>

Assertive Community Treatment

An Evidence-Based Practice for
people with Severe Mental Illness



Evidence Based Practice Definition

- The practice has demonstrated success in helping people who experience SMI to achieve their desired goals (e.g. competitive employment) in randomized control trials or quasi experimental designs

Evidence Based Practice Definition

- The practice has demonstrated success in helping people who experience SMI to achieve their desired goals when evaluated by different researchers

ACT: One of the most well-researched mental health psychosocial interventions

- Bedell, J. R., Cohen, N. L., & Sullivan, A. (2000). Case management: The current best practices and the next generation of innovation. Community Mental Health Journal, 36, 179-194.
- Latimer, E. (1999). Economic impacts of assertive community treatment: A review of the literature. Canadian Journal of Psychiatry, 44, 443-454.
- Bond, G. R., Drake, R. E., Mueser, K. T., & Latimer, E. (2001). Assertive community treatment for people with severe mental illness: Critical ingredients and impact on patients. Disease Management & Health Outcomes, 9, 141-159.
- Bond, G. R., McGrew, J. H., & Fekete, D. M. (1995). Assertive outreach for frequent users of psychiatric hospitals: A meta-analysis. Journal of Mental Health Administration, 22, 4-16.
- Bond, G. R., Pensec, M., Dietzen, L., McCafferty, D., Giemza, R., & Sipple, H. W. (1991). Intensive case management for frequent users of psychiatric hospitals in a large city: A comparison of team and individual caseloads. Psychosocial Rehabilitation Journal, 15(1), 90-98.
- Boyer, S. L., & Bond, G. R. (1999). Does assertive community treatment reduce burnout? A comparison with traditional case management. Mental Health Services Research, 1, 31-45.

Phillips et al. Moving Assertive Community Treatment into Standard Practice, *Psychiatric Services*, June 2001, 52 (6) 771-779.

“The Assertive Community Treatment (ACT) model has been the subject of more than 25 randomized controlled trials. Research has shown that (ACT) is effective in reducing hospitalization, is no more expensive than traditional care, and is more satisfactory to persons and their families than standard care.”

Summary of ACT Outcomes

(Bond et al. meta-analysis: 25 controlled studies)
Statistically Significant outcomes (relative to usual care)

- Lower use of inpatient services
- Better quality of life
- More independent living
- Better substance abuse outcomes
(when a substance abuse component is included)
- Higher rates of competitive employment
(when supported employment component is included)
- Greater person and family member satisfaction
- Higher rates of treatment retention

Latimer (1999) Conclusions

- Higher fidelity ACT programs have best outcomes
- ACT appears to result in somewhat lower costs overall



If you call is something does it make it so?

- Michigan has long had an **unofficial** nickname: "The Wolverine State." However, evidence seems to show that wolverines in Michigan would have been rare. We don't know exactly how the state got the nickname

- Mich.Gov

Assertive Community Treatment Is Known by Different Names

- ACT
- PACT
- Assertive Outreach
- Mobile Treatment Teams
- Continuous Treatment Teams
- (IMP)ACT

ACT Principles

ACT Practice Principles

- Assertive Community Treatment is a service delivery model, not a case management program
- The primary goal of Assertive Community Treatment is recovery through effective community-based treatment and rehabilitation services
- Fidelity is *part* of the model

History of ACT

- “Hospital Without Walls”

ACT Practice Principles

ACT is characterized by

- A team approach
- In vivo services
- A small caseload
- Time unlimited services
- A shared caseload
- Flexible service delivery
- Fixed point of responsibility
- 24/7 crisis availability

ACT Practice Principles

- ACT is for people with the most challenging and persistent challenges
- Programs that adhere most closely to the ACT model fidelity principles are more likely to help people achieve better outcomes

Primary Responsibility for All Services

- Staff consists of people experienced in psychiatry, psychology, nursing, social work, rehabilitation, substance abuse treatment, and employment
- Rather than referring people to multiple programs and services, the team itself provides the treatment and services that a person needs



- Act is not intended to be an “agency” based program → rather it’s a “team based program” within an agency
- How do team members view your IMPACT Program within the agency?
- How does your agency view the IMPACT program?

Help is Provided Where it is Needed

- Rather than working with people in an office or hospital setting, ACT staff work with persons in their homes, neighborhoods, and other places where problems and stress arise and support and skills are needed.

Help is Provided When it is Needed

- Rather than only seeing persons a few times a month, ACT staff with different types of expertise are in face-to-face contact with people as many times a day or a week as is necessary
- Help and support are available 24 hours a day, 7 days a week, 365 days a year, if needed from the ACT team

Shared Caseload

- ACT staff members do not have individual caseloads. Instead, they share responsibility for all persons served by their team
- Each person gets to know multiple members of the staff. If a staff member goes on vacation, gets sick, or leaves the program, there are always other ACT staff that the person knows to carry on
- “Primary Caseloads”

No Preset Time Limits on Services

- There is no limit on the amount of time a person can receive ACT services. Over time, staff may have less and less contact with persons, but they still remain available to provide support as needed
- People are never discharged from the program because they are 'noncompliant'

Close Attention to Each Individual Person's Needs

- Program staff work closely with each person to develop a recovery plan that helps the person reach his or her goals
- Staff review each person's progress toward reaching those goals daily. If a person's needs change or a plan isn't working, the team responds immediately

Close Attention to Each Individual Person's Needs

- Careful attention is possible because of the low staff:member ratio
- *Treatment Plans* - in light of state requirements
- How do your programs approach treatment planning?

Close Attention to Each Individual Person's Needs

- Ideal to have all specialty staff contribute to members treatment plans



Assertive Community Treatment and Intensive Case Management

ACT

- 10:1 Staff to Client Ratio
- Assertive outreach
- Community based services
- Shared caseloads
- Provide services directly

- Regular defined meetings
- 24/7 Crisis coverage
- Well defined Evidence Based Practice

ICM

- Low Staff to Client Ratio
- Assertive outreach
- Community based services
- Individual caseloads
- Provide or broker services

- Meetings vary
- Crisis coverage varies
- Variety of definitions with variety of evidence

Intensive Case Management

“Intensive case management encompasses a range of service delivery practices that are less intensive and not as standardized as the assertive community treatment model.

Intensive case management involves assertive outreach, assessment of consumer need, and negotiation and coordination of care.”

-- Meyer,P & Morrissey, J, “A Comparison of Assertive Community Treatment and Intensive Case Management for Patients in Rural Areas” *Psyc. Services psychiatryonline.org* January 2007 Vol. 58 No. 1

ACT is Not:

- A sub-team of a larger team with mixed caseloads of ACT and non-ACT clients
- Individual caseloads
- Staff with duties outside of ACT
- Providing office based services
- Brokered services
- Day treatment
- Case management for persons in group homes
- A “treatment as usual” mental health treatment team that meets once a week

ACT Team Staff Members

- Psychiatrist
- Team Leader
- Nurse
- Substance Abuse Team Member
- Employment Specialist
- Individual Therapist
- Peer Specialist
- Team Member

Team Meeting



Daily Meetings

- Meetings are Crucial, Regular and Structured
 - Start on time, end on time
 - Usually about one hour
 - Facilitated in a recovery focused way
 - Use a holistic view of people being served
 - Incorporates team based problem solving
 - Source of daily integrated services

Daily Meeting

- Each person is reviewed daily:
 - Review the client schedule cards
 - What progress has been made towards goals
 - Are services helping person make progress or do the services need to be changed
- What happened in last 24 hours?
 - Describe in behavioral terms
 - How does this relate to recovery goals for the person?
 - Write a brief record of contact (2-6 words)
- What is going to happen in the next 24 hours?
 - Fill out the Daily Team Schedule
 - How does this relate to recovery goals for the person?

Importance of daily meeting in Rural ACT Programs



Rural ACT Teams

Rural ACT Teams

“Rural teams were smaller in numbers of staff and consumers, and urban teams were more likely to have and maintain multidisciplinary staff, including vocational and substance abuse counselors.”

-- Meyer, P & Morrissey, J, “A Comparison of Assertive Community Treatment and Intensive Case Management for Patients in Rural Areas” *Psych. Services* psychiatryonline.org
January 2007 Vol. 58 No. 1

Rural ACT Teams

“Assertive community treatment programs in rural areas often make adjustments to accommodate resource constraints—such as deploying smaller teams, forming teams with a smaller range of specialized skills, and providing less intensive services—but there is little evidence that these adaptations will produce desired outcomes.”

-- Meyer, P & Morrissey, J, “A Comparison of Assertive Community Treatment and Intensive Case Management for Patients in Rural Areas” *Psych. Services* psychiatryonline.org January 2007 Vol. 58 No. 1

Rural ACT Opportunities

In their recent comprehensive review of the case management literature Mueser and colleagues found 75 outcome studies, only 4 of which evaluated rural ACT programs. The results of these rural ACT studies are encouraging.

Rural ACT Opportunities

- 79% decrease in the number of days hospitalized per year and a 64% reduction in the number of hospital admissions per year.
- 85% decrease in number of days hospitalized and a similar reduction in jail time.
- Although these findings are generally positive, no controlled comparisons of ACT in rural areas have yet been reported.

Rural ACT Opportunities

--Fekete, D, Bond, G, et al. *“Rural Assertive Community Treatment: A Field Experiment” Psychiatric Rehabilitation Journal*. SPRING 1998—VOLUME 21 NUMBER 4

ACT in Rural Areas

- Multidisciplinary all inclusive nature of ACT programs serves as a strength in rural areas with limited services
- Many adaptations including smaller teams, less comprehensive staff, smaller range of specialized skills, and less intensive services
- Research is somewhat sparse with little evidence that these adaptations will produce desired outcomes

McDonel, et al. (1997). **Implementing Assertive Community Treatment Programs in Rural Settings.** *Administration and Policy in Mental Health: 25(2), 153-173*

- Followed 4 CMHC's implementation of ACT in rural Indiana for 24 months

Siskind, Dan & Wiley-Exley, Elizabeth. (2009). **Comparison of Assertive Community Treatment Programs in Urban Massachusetts and Rural North Carolina** *Administration and Policy in Mental Health: 36, 236-246*

- 61 rural teams in NC
- 13 urban teams in MA

ACT: Rural Challenges

- Limited qualified staff available
- Limited availability of staff trained in specialty areas
- Lack of comprehensive supervisor training and familiarity with ACT principles

ACT: Rural Challenges

- Agency administration lack of clarity with ACT philosophy
- High staff turnover
- Community resource limitations

Rural Discussion



Your Rural ACT Challenges



Your Rural ACT Improvements



Questions?

Feedback



**“I hope you’ve had as much fun training me
as I’ve had being trained.”**

- Content
- Format

- Ways to improve
next 3 trainings

Next Training

**Thursday May 5, 2016
12:00-3:00 Central**

Comprehensive Services

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