Assertive Community Treatment:
The Basics

Nancy Williams MD
May 27, 2016
Today’s Goals

- What ACT is and how it works
- Brief overview of ACT in Iowa

Next webinar June 3rd, 2016 – 10 am
ACT – Beyond the Basics: Team Start Up
The Fundamentals of ACT

- Who has it been used for?
- Why it is needed?
- What does it consist of?
- How well does it work?
The Fundamentals of ACT

Who is it for?

- People with Serious Mental Illness (SMI)
  - Primarily schizophrenia, schizoaffective, bipolar and severe depressive disorders

- Highest utilizers of health care resources
  - Institutionalization
  - Acute hospitalization
  - Homeless/jailed
The Fundamentals of ACT
Why ACT is needed

Bad outcomes for those with serious mental illness compared with general population:

- 10 x suicide rate
- 10 x HIV rate
- 3 x substance abuse
- 8 x violence rate (if SMI and substance abuse)
- > 28% of homeless in U.S. have SMI
- ~20 year shorter life expectancy
The Fundamentals of ACT
What ACT is – the Origins

- Wisconsin 1970’s
- Mendota State Hospital
- Len Stein MD, Mary Ann Test
- “Hospital without Walls”
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What ACT is: Key Features*

- Multidisciplinary staff
- Team approach
- Locus of care in the community
- Favorable ratio (8:1 or less if very rural/high need)
- Assertive outreach
- 24/7 availability for crisis intervention
- Fixed point of responsibility for service
- Time unlimited services

*Programs that adhere most closely to the model are most likely to get the good outcomes.

ACT is a service delivery model not a case management model
The Fundamentals of ACT
ACT in the Continuum of Care

Outpatient  Supported Comm Living  ACT  Residential Care  Acute Hospitalization
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What ACT is: Key Activities

**Intensive treatment, support and rehabilitation**

- Visits in home as often as daily to assist with medication and symptom management.
- Assistance with activities of daily living
  - Grooming and hygiene
  - Upkeep of home
  - Shopping and meal preparation
  - Money management
- Assistance with general health management
- Assistance with benefits enrollment and eligibility
- Assistance with transportation and use of public transportation
- Assistance to reduce/eliminate the use of alcohol and drugs
- Assistance to find and keep a job
- Assistance to make and keep friends
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Daily operations

IMPACT Admission Criteria:

- Diagnoses - Schizophrenia, Schizoaffective, Bipolar Disorder, refractory Depressive Disorder
- High utilization of services
- Funding source
- Proximity to Iowa City (‘windshield time’)
The Fundamentals of ACT

Daily Rounds

- Each client, each day
- All team members
- Report on last 24 hours, plan for today
  - Coordination
  - Accountability
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“First things First”

- Assessment
- Housing
- Medications
The Fundamentals of ACT

Help with Daily Living - a lot to Manage

- Accessing and maintaining benefits
  - Social Security, Medicaid eligibility
  - Food stamps

- Maintaining activities of daily living
  - Bathing, grooming, housekeeping
  - Transportation, cooking, taking medications
  - Paying bills

- Trying to “have a good day”
  - Work
  - Friends and Recreation
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Home Visits

- We average 3-4 visits for each client per week
- Range is from once a week to twice daily
- Dollars well spent
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Work – often the best treatment

From our training at the original team in Madison:

“if you have a pulse, you are eligible to work”.
The Fundamentals of ACT
How well ACT works - Outcomes

- Fewer hospitalizations
- Better retention in mental health services
- Improved housing stability
- Fewer contacts with law enforcement
- High satisfaction (clients and families)
- Cost effective
- Over 30 years of research…findings have been replicated > 25 randomized controlled trials
Assertive Community Treatment In Iowa
### ACT in Iowa

**Timeline – Some Key Events**

<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
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</thead>
<tbody>
<tr>
<td>1996</td>
<td>First Team – IMPACT in Iowa City</td>
</tr>
<tr>
<td>1998</td>
<td>Teams in Des Moines, Cedar Rapids</td>
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<tr>
<td>2003-2010</td>
<td>Technical Assistance Center</td>
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<tr>
<td>2004</td>
<td>Fort Dodge Team</td>
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<tr>
<td>2006</td>
<td>Council Bluffs Team</td>
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<tr>
<td>2009</td>
<td>ACT on the Medicaid ‘menu’ of services</td>
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<tr>
<td>2011</td>
<td>Forensic team in Des Moines (FACT)</td>
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### ACT in Iowa

#### Outcome Measures – Pre and Post ACT*

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<thead>
<tr>
<th></th>
<th>Pre</th>
<th>Post</th>
<th>Chg.</th>
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</thead>
<tbody>
<tr>
<td>Hospitalization</td>
<td>4.8</td>
<td>1.0</td>
<td>-79%</td>
</tr>
<tr>
<td>RCF/MHI</td>
<td>13.1</td>
<td>0.8</td>
<td>-94%</td>
</tr>
<tr>
<td>Homeless</td>
<td>2.3</td>
<td>0.6</td>
<td>-75%</td>
</tr>
<tr>
<td>Incarcerated</td>
<td>2.4</td>
<td>0.5</td>
<td>-79%</td>
</tr>
<tr>
<td>Unemployed</td>
<td>83%</td>
<td>55%</td>
<td>-34%</td>
</tr>
<tr>
<td>Abusing substances</td>
<td>25%</td>
<td>21%</td>
<td>-16%</td>
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* Paid for by the Iowa Department of Human Services through its contract with Magellan Health Services for Iowa Plan for Behavioral Health Community Reinvestment funding
ACT in Iowa
How many teams do we need?

2006 Study to identify *minimum* number of ACT teams community might need  (Cuddeback et al. Psychiatric Services 2006)

- 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 (> 6 months) in past five years, or 2-3 hosp in last year].
- .06% of adult population
ACT in Iowa

How many teams do we need?

- **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
General Rules:

- Roughly 1 adult person in every thousand in the general population needs ACT.
- Iowa, with a population > 18 yo of ~2.3 million, might have 2,300 people that need ACT.
- Each PACT team averages about 60-80 clients.
- Iowa could have 25 -35 ACT teams.
ACT in Iowa
How Many Teams do we Need?

- **Urban areas:** ~ 14 teams
  - Des Moines 3 teams
  - Cedar Rapids 2 teams
  - Davenport 2 teams
  - Waterloo 2 teams
  - Dubuque
  - Iowa City
  - Ames
  - Sioux City
  - Mason City
ACT in Iowa
How Many Teams do we Need: Rural

- Very little written or researched in past decade
- “Rural” not well defined in terms of geographic boundaries or “reach” for any one team.
- Drive time requires a lower client to staff ratio and thus a higher cost per person per month.
- Team size is generally smaller which also escalates per person per month cost.
- There may be more work force shortage issues for rural teams.
ACT in Iowa
Challenges

- Start up Funding
- Workforce shortages
- Resistance to change
The Challenges
Funding for ACT - Start Up Costs

- Programs typically lose money for the first few years.
  - Low census
  - Need for technical assistance and consulting
  - Facilities start-up
- Short fall can be $.5 to $1 million.
- No current mechanism to provide start up; each start up requires a special arrangement.
The Challenges
Workforce Shortage

- Psychiatrist shortage well documented
  - Increase exposure in training – Iowa City, other ACT sites
  - Provide incentives; remove disincentives

- Use of ARNP’ and PA’s with psychiatrist back up
  - Provided for in ACT standards in IN, IA, MI, MN, IL, UT, WI, MT, NY, WA
  - Telepsychiatry?
The Challenges

Resistance to Change

- **We don’t need it**
  - “What we do is just as good as ACT”
  - “ACT would take away from current programs”

- **We need it, but we can’t do it**
  - No one to head up the effort
  - Not enough capacity: time, money, space, etc
ACT in Iowa

Conclusions

- Iowa has demonstrated ability to do ACT and achieve the benefits.
- Other states have overcome challenges for expansion --- and we can too.
- Recent developments encouraging for growth of ACT in Iowa.
ACT Resources

Iowa Consortium for Mental Health website has much information:

http://www.medicine.uiowa.edu/ICMH/act/

Toolkit for ACT: SAMHSA

http://store.samhsa.gov/product/Assertive-Community-Treatment-ACT-Evidence-Based-Practices-EBP-KIT/SMA08-4345

The PACT model of community-based treatment for persons with severe and persistent mental illnesses. 1998 Allness, Knoedler

A Manual for ACT Start-Up. 2003 Allness, Knoedler
Thank you!

Questions?

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