
Assertive Community Treatment:

Beyond The Basics: Team Start Up

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Beyond the basics

Overview

- Brief recap of ACT
- 10 steps for ACT start up
 - With an emphasis on putting together the team and daily operations
- Lessons learned

Beyond the basics

Caveat

- This webinar is not intended to constitute your entire “training” for ACT start up.
- Simply provides a next layer of detail into the process of starting ACT
- A great start!

Beyond the basics

Overview

- The key resource for information on ACT start up:
 - [A Manual for ACT Start – Up: Based on the PACT Model of Community Treatment for Persons with Severe and Persistent Mental Illness. Allness and Knoedler. 2003](#)
 - Job descriptions
 - Assessment forms
 - Appendix 8 National Program Standards for ACT teams
 - During webinar – refer to this reference as “ACT manual”
- Today's webinar primarily uses information from the ACT manual (above), also articles (listed) and clinical experience

Beyond the basics

Overview of ACT

- Focus on the people who are the most seriously mentally ill that current system is failing.
- Multi-disciplinary Team
 - *(doctors, nurses, social workers, therapists, vocational specialist, substance abuse specialists, etc)*
- Continuous, Responsible, Accountable, Comprehensive Care.
- Team provides treatment at home, in the community.

Beyond the Basics

Team Start Up

1. Understand what ACT is.
2. Bring together a planning group.
3. Needs assessment.
4. Find the money.
5. Create the team*
6. Train the team*
7. Start the ACT*
8. Collect the data
9. Use the data
10. It's all about the relation

*** today's focus**

1 Understand ACT

- Easy in theory, harder in practice.
 - Understanding will come in stages
- As you develop ACT, you realize this is quite different than traditional models.
 - Staffing, supervision, transport, etc
- As you practice ACT, you get an *even deeper* understanding of ACT.
 - Philosophical/ethical dimensions

2 Bring together a Planning Group

- Iowa is doing this!
- Key Clinicians and Key Administrators
- All levels of the public mental health system affected by ACT
 - Hospitals, County Government, County Assistance, Community Mental Health Center, etc
- Need an identified local champion to lead the charge

3 Conduct Needs Assessment

UIHC example: 1995

- ~100 Bed Tertiary UI Psychiatric Hospital:
- High Cost, Fragmented Care with Poor Clinical Outcomes.
 - ◆ 1/3 inpatients from Iowa City, all with Serious Mental Illness.
 - ◆ Frequent Readmissions.
 - ◆ Waiting list for inpatient care across State.
- County of 100,000 = 100 may need ACT.
- Benchmark with model program in Wisconsin.
- Collaboration and education with managed care organizations, health plans.

4 Find the money

- In Iowa, mechanism for start up money has varied :
 - Institution: Costs savings to hospital, e.g. University of Iowa
 - Managed care company/state collaboration (Magellan), eg Cedar Rapids, Des Moines
 - County/Magellan shared cost: Cost savings by avoidance of RCF, eg Fort Dodge team
- Examples from other states: Block grant from state, reinvestment from closures of state facilities, grants, other

5 Create the Team

- ...experienced, full time clinicians...
 - Team Leader
 - Psychiatrist
 - Mental Health Professionals (80% of team)
 - Nurses
 - Vocational specialist
 - Substance abuse specialist
 - Occupational therapist
 - Social Work
 - Bachelors in related field/experience
 - Peer counselor
 - Program assistant

5 Create the Team

Team leader

- **A key hire!**
- Provides clinical supervision, administrative leadership, and also a practicing clinician on the team ~ monitors all aspects of team operations
- Masters degree in nursing, social work, psych rehab, psychology, related
- In conjunction with the psychiatrist, make decisions on admissions and provides clinical supervision to assure clients receive appropriate care/support
- Team leader and psychiatrist set the tone, “team culture”

5 Create the team

Psychiatrist

- Need psychiatrist willing to jump in:
 - ◆ *Comfortable in outreach setting.*
 - ◆ *Comfortable with serious mental illness.*
 - ◆ *Comfortable with changing schedule*
 - ◆ *Comfortable with team care.*
- Psychiatrist → Minimum 16 hours per week for every 50 clients
 - No psychiatrist? Nurse practitioner or PA with psychiatrist supervision.

5 Create the team

Mental Health Professionals

- Professional degrees in core discipline
 - Nursing*, social work, rehab counseling, psychology, occupational therapy, substance abuse specialist*, vocational specialist
 - Case management, treatment, rehabilitation, support services
 - Collaborative, flexible, good teachers
- Need at least 2-3 FTE nurses, depending on team size
 - Medication monitoring and set up, assessing physical health needs, etc

* Required per ACT manual

5 Create the team

Peer Specialist

- Recipient of mental health services
- Expertise and consultation to team
- Can be in any of the staffing positions with appropriate credentials

5 Create the team

Remaining staff

- Bachelors level and paraprofessional mental health workers
- Experience with people with serious mental illness, related training
- Rehabilitation and support

5 Create the team

Example of staffing

Position	Smaller team	Larger team
Team Leader	1 FTE	1 FTE
Psychiatrist	Min 16 hours/50 clients	Min 16 hours/50 clients
Nurse	At least 2 FTE	At least 3 FTE
Masters level	2 FTE	4 FTE
Other level	1.5-2.5 FTE	1-3 FTE
Peer specialist	1 FTE	1 FTE
Program assistant	1 FTE	1 FTE

Chart adapted from the ACT manual

5 Create the team

Team size, ratio, caseload

- Need to cover all shifts, and on call, account for sick time, vacation, vacancies etc
 - Minimum 6 to 8 FTE
 - Greater than 10 to 12 FTE → split into 2 teams

5 Create the team

Team size, ratio, caseload

- 8-10 clients per 1 staff
 - Lower ratio for rural or high service needs
- “Overall” ratio
 - Individual staff will have differing size of caseload depending on intensity of service need for clients

6 Train the team

- First, get everybody on board with the fundamentals:
 - “Active ingredients” of ACT
 - Client centered approach, Integrated dual disorders treatment, motivational interviewing, supported employment, medication management, medical comorbidities
 - Daily operations- the nuts and bolts
 - Visits to existing team
 - Emphasis on fidelity: DACTS- Dartmouth ACT scale
- Consultation Eg: On site consultation every month x first year

7 Start the ACT

Hours of operation

- Smaller team
 - Daytime hours eg: 8am to 5pm Mon-Friday
 - Weekend/holiday face to face visits for clients who need it eg: 8am to noon
 - On call evening, weekends, holidays
- Larger team
 - As above, also evening shift.

7 Start the ACT

Daily team meeting

- “The Art” of the daily team meeting:
 - Review of all clients in 60 minutes
 - Sets the tone for the team culture
- Develop daily schedule (based on treatment plan)
- Team leader, shift manager roles
- “You are being paid to have an opinion!”
- Accountability, problem solving, support

7 Start the ACT

Admission

- Admission meeting
 - Review information re: eligibility, develop initial treatment plan, releases signed, exchange contact information
 - Team leader assigns primary case manager and intensive treatment team or “mini team”
- Comprehensive assessment (first 30 days)
 - Seven components: Psychiatric history/diagnosis, physical health, substance abuse, education/employment, social history, activities of daily living, family structure/relationships

7 Start the ACT

Treatment Planning

- In ACT, treatment planning is... useful!
 - Informs the weekly client schedule
- Every six months
- Directs the focus of the daily visits
- “What gets paid attention to, gets paid attention to”
- Need multidisciplinary input

7 Start the ACT

Visits – treatment, support, rehabilitation

- Treatment
 - Medication management, therapy and problem solving, substance abuse treatment
- Support
 - Medical/dental care, legal, benefits, housing, money, transport
- Rehabilitation
 - Structure time, employment, activities of daily living, relationships, leisure time

7 Start the ACT

Hospitalizations

- Team assists in all aspects
 - Admission- collaboration with ER, inpatient staff, notify family
 - Assessment- visits on unit, passes off unit, help determine readiness for d/c
 - Discharge planning- attend d/c meetings, plan transport home and getting settled

7 Start the ACT

Discharge from ACT

- Client and staff agree can function in the absence of assistance from team without significant relapse; have met goals for d/c
- Needs higher level of care
- Move outside geographic area
- Decline services despite best efforts of team

8 Collect the Data

Outcomes

- Outcomes Measures
 - Hospital/RCF days
 - Homeless days
 - Incarceration
 - Employment status
- Other
 - Eg: Framingham scores (IMPACT)

8 Collect the Data

	<u>Pre</u>	<u>Post</u>	<u>Chg.</u>
Hospitalization	4.8	1.0	-79%
RCF/MHI	13.1	0.8	-94%
Homeless	2.3	0.6	-75%
Incarcerated	2.4	0.5	-79%
Unemployed	83%	55%	-34%
Abusing substances	25%	21%	-16%

* 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

9 Use the data

- Quality Improvement
 - *Cardiovascular risk reduction →*
 - *More attention to diet/exercise/medication effects*
 - *Low rates of employment -> brush up on supported employment principles, more networking*
- Team Morale
- Helps convince others to start ACT

10 It's all about the relationship

- The most critical ingredient for success in ACT operations... is the relationship
 - Engaging with the people receiving care in ACT
 - Supporting your colleagues in day to day work
 - Assisting families to cope with the challenges and heartache of struggling loved ones
 - Being available for landlords, employers to problem solve
 - Collegial relationships with administrators, funders

... *Lessons Learned*

- Team Factors
- Clinical Issues
- Administrative Issues

Lessons learned: Team Factors

- *Team Leader is a KEY HIRE*
- *Salaries needs to be competitive*
- *Experience with Chronic Mental Illness*
 - ◆ *Bio-Psycho-Social Understanding*
 - ◆ *“80 % of ACT is Medications” then the next “80 % of ACT is Rehabilitation”*
- *Motivation, Stamina, team work, continuity, flexible*

Lessons learned: Team Factors

- ACT: decreased clinician burn out
 - Shared responsibility
 - Increased knowledge
 - Clarity of job roles
 - Support, camaraderie
 - Making a difference
 - (Boyer, Bond 1999)

Lessons learned: Clinical Issues

- Outcomes pointed out that some people do worse in ACT :
 - Primary Diagnosis of Substance Abuse, Head Injury, Personality Disorders did worse.
 - At time of referral: examine factors for high utilization – what is primary?
- Comprehensive assessment (including medical record review) at time of admission is VITAL and pays BIG dividends

Lessons learned: Clinical Issues

- Substance Abuse is very common among our clients
 - *Alcohol, Marijuana are favorites.*
 - *Need a different approach than the mainstream 12 Step Program.*
 - *Treat mental illness while still using.*
 - *Motivational interviewing approach is key*
 - *Harm reduction!*
 - *Don't be preoccupied with sobriety*
 - *Take the long term view*

Lessons learned: Clinical Issues

- The Right Medication is Vital :
 - High risk / high reward medication usage, eg clozapine
 - Daily involvement with nurses, psychiatrist
 - *Non-adherence with medications-->*
 - ◆ More discussion, increase visits, blood levels.

Lessons learned: Clinical Issues

- Take the long view
 - Client centered treatment planning
 - “First things first” then, what are the top several priorities?
 - Try something different!
- Startled by what people can accomplish
 - Optimism and hope

Lessons learned: Administrative Issues

- ACT is not a money maker.
 - Excellent clinical outcomes, saves system money, high levels of satisfaction.
- To do it right, enough money needs to be available for:
 - Training and on-going consultation
 - Start up costs.
 - Enough staff to follow the model's level of care intensity, provide 24 hour on call.

Lessons learned: Administrative Issues

- Fidelity to the ACT Model predicts success

(Mancini 2009)

- Dartmouth Assertive Community Treatment fidelity scale (DACTS) (Teague 1998)
 - Team organization and staffing most important factors

Beyond the basics

Conclusions

- The ACT model operates differently from traditional treatment
- Start up require attention to these differences ... and is worth the effort!
- ... You are doing great work for a great cause!

ACT

Resources

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

Iowa Consortium for Mental Health:

<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>



ACT

Resources

- Boyer SL, Bond GR. Does assertive community treatment reduce burnout? A comparison with traditional case management. *Mental Health Services Research*. 1999;1(1):31–45.
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Thank you!

Questions?



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