Assertive Community Treatment (ACT)
Overview of ACT

**Purpose:** Provide high quality, coordinated, and comprehensive services to individuals who are experiencing serious mental illness using a multidisciplinary team approach.
Overview of ACT

- Multidisciplinary team approach
- Small, shared case loads
- Flexible comprehensive service delivery
- Assertive outreach
- 24/7 availability for crisis prevention/intervention
- Fixed point of responsibility for service
- Time unlimited service
ACT Services

- Services are often provided in the home and can include:
  - medication management
  - activities of daily living
  - health and wellbeing services
  - benefits enrollment
  - transportation
  - substance use reduction or elimination
  - employment
  - social skills
ACT Standards

SAMHSA advises a fully staffed ACT Team consists of:

- A mental health provider (leader)
- Psychiatrist
- Registered nurse
- Employment specialist
- Substance use disorder treatment provider
- Consumer/peer specialist
Iowa Code ACT Standards

Per Chapter 77 of Iowa Administrative Code
• ACT Teams are supervised by a psychiatrist
• At a minimum, teams are made up of:
  – A registered nurse
  – A licensed mental health service provider
  – A substance use disorder treatment provider
  – All should have experience working with individuals with an SMI
ACT Population

- Persons with serious mental illness
- Highest utilizers of health care resources
- Persons transitioning from residential care to the community
- Persons with frequent acute hospitalization and ER visits
- Persons who are homeless/jailed
ACT Outcomes

• Fewer hospitalizations
• Reduced homelessness and greater housing stability
• Improved employment
• Fewer contacts with law enforcement
• High satisfaction in clients and families
• Cost effective
ACT in Iowa

1996 - First Team - IMPACT Iowa City
1998 - Teams in Des Moines, Cedar Rapids
2004-10 - Technical Assistance Center
2004 - Fort Dodge Team
2006 - Council Bluffs Team
2009 - ACT Officially Medicaid Service
ACT in Iowa

• Iowa Providers with ACT Teams:
  – Abbe Center Community Mental Health Center, Cedar Rapids
  – Eyerly Ball Community Mental Health Center, Des Moines
  – Heartland Family Services, Council Bluffs
  – University of Iowa IMPACT Program, Iowa City
  – Berryhill Community Mental Health Center, Fort Dodge
ACT in Iowa

• ACT Technical Assistance Center at the University of Iowa
• Provided the following services:
  – Readiness assessments
  – Fidelity Reviews (using DACTS)
  – Quarterly outcome monitoring of all teams through 2010
• The TA Center has maintained informal connections with ACT Teams
ACT Readiness Assessment

- Assess the level of familiarity and support for ACT among community stakeholders
- Estimate number of eligible clients
- Identify funding issues
- Assess agency readiness
- Predict start-up costs based on the results
ACT Fidelity Process

• Fidelity in Iowa previously reviewed with the Dartmouth Assertive Community Treatment Scale (DACTS)
• A new measurement tool has been developed called the Tool for Measurement of Assertive Community Treatment (TMACT)
ACT Fidelity Process

- New teams typically reviewed every six months until fidelity achieved.
- Annual reviews for the first three years for all teams.
- After that any team with a mean score of over 40 moved to an every other year review.
- Review requires an 8 hour site visit, interviews with staff, client interview, and chart review.
- Review uses protocols in either DACTS or TMACT.
Challenges to Implementation

• Funding for costs to train ACT teams
• Shortage of psychiatrists and care providers in Iowa
• Non-standard work for psychiatrists
• Resistance to change - it is hard to change entrenched practices
Psychiatric Rehabilitation Process Model
Psychiatric Rehabilitation

- Focuses on helping individuals develop skills and access resources needed to increase their capacity to be successful in the living, working, learning and social environments of their choice.
- Rehabilitation is used when the person’s desired outcome is improved role functioning.
- Psychiatric rehabilitation promotes:
  - recovery
  - full community integration
  - improved quality of life

Psychiatric Rehabilitation Trainer Requirements

• Train-the-Trainer network:
  – Trainers must have two years experience as practitioners and complete a training entrance exam
  – Three day program in Iowa
  – After successful completion attendees are certified to train staff at their own organizations
Psychiatric Rehabilitation Model in Iowa

• Intensive Psychiatric Rehabilitation (IPR) is one model used in Iowa that meets fidelity standards and is based on the Boston University model

• Agencies that are Chapter 24 accredited in IPR must have staff that have completed 60 training hours in IPR

• Individuals using IPR receive 4 – 10 hours per week of psychiatric rehabilitation services

• IPR model is considered an Evidence Based Practice
IPR Providers in Iowa

• Eight providers are accredited through Chapter 24 to provide IPR:
  – Abbe Center – Community Mental Health Center (CMHC)
  – Central Iowa Recovery – Mental Health Service Provider (MHSP)
  – First Resources - MHSP
  – Hillcrest Family Services- CMHC
  – Hope Haven – MHSP
  – Myrtue – MHSP
  – Optimae Life Services - MHSP
  – Siouxland – CMHC

• Additional providers in the state have received some level of IPR training
IPR Process

• IPR has specific phases practitioners follow (Diagnosis, Planning and Intervention)

• Each phase emphasizes client choice in:
  – environment
  – goal setting
  – skills and supports needed to reach goals
The IPR Process

- Readiness Assessment
- Goal Setting
- Functional Assessment
- Resource Assessment
The IPR Process

- Skill Prioritization
- Responsibility Assignment
The IPR Process

- Skill Teaching
- Skill Programming
- Resource Coordination
- Resource Modification
IPR Fidelity

• Providers meet the IPR standards in Chapter 24
• Agency trainers are certified
• Staff are experienced and demonstrate competencies in all components of Psychiatric Rehabilitation
Challenges to Implementation

• Cost effective access to training for trainers and practitioners
• Integrity review process is not currently in place outside of Chapter 24 Accreditation
• Funds for annual follow up trainings and retesting of trainers and practitioners
Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
Overview of TF-CBT

**Purpose:** A psychosocial treatment model designed to treat psychological trauma and accompanying emotional and behavioral challenges.
Overview of TF-CBT

- Structured, short term treatment model
- Typically used with children and adolescents and their parent or caregiver
- Studies document improvement in child’s trauma related symptoms
- Improvements documented in parent/caregiver’s stress and parenting skills
TF-CBT Process

- Psychoeducation and Parenting Skills
- Relaxation
- Affect Expression and Regulation
- Cognitive Coping and Processing
- Trauma Narrative
- In Vivo Mastery of Trauma Reminders
- Conjoint Child-Parent Sessions
- Enhancing Future Safety and Development
Training requirements:

- Licensed, master’s level or above mental health professionals
- Completion of 10 hour web-based introductory course
- In person training conducted by a nationally approved trainer
- Follow-up consultation and supervision
- Pass TF-CBT Therapist Certification Test
TF-CBT Certification Timeline

In person training:
- Two day training option, OR
- An approved “TF-CBT Learning Collaborative” at least six months in duration

Follow-Up Phone Case Consultation:
- Twice monthly for 6-12 months
TF-CBT Fidelity

• Fidelity maintained by conducting all TF-CBT components in sequence
• Sequence should be completed within a reasonable time period
• Fidelity monitored with a self-report practice checklist
TF-CBT in Iowa

- Certified therapists listed on the TF-CBT national registry:
  - Cedar Rapids, Ames, Council Bluffs, Iowa Falls, Anamosa, and Burlington
- Trained therapists are also practicing in other areas of the state