

Assertive Community Treatment: *Investment Yields Outcomes*

Assertive Community Treatment, or ACT, is a highly effective team-based model of providing comprehensive and flexible treatment and support to individuals who live with serious mental illness.

ACT is identified by the Substance Abuse and Mental Health Services Administration as an evidence-based practice that consistently demonstrates positive outcomes and is considered by experts as an essential treatment option.¹

How does ACT work?

Assertive Community Treatment uses a multidisciplinary team approach to provide intensive services where and when consumers need them—in their homes, at work and in other community settings—24 hours a day, seven days a week.

Teams include peer support specialists and practitioners with expertise in psychiatry, nursing, social work, substance abuse treatment, and employment who work closely together to provide integrated and outreach-oriented services.²

Team members stay in close contact with consumers to help them recover and to respond quickly with more services and supports if circumstances change.³

How effective is ACT?

ACT has a proven track record of helping individuals with the greatest needs—and with the most severe illnesses—who have not been helped by other services. ACT clients often have bipolar disorder or schizophrenia and have experienced unemployment, substance abuse, homelessness, or criminal justice system involvement.

Multiple studies show ACT programs reduce hospital days by about 58% compared to case management services—and by about 78% compared to outpatient clinic care.⁴

A review of published results from several forensic ACT programs indicated lower arrests, jail days and hospitalizations. Notable results for one forensic ACT program:

- 85 percent fewer hospital days—saving \$917,000 in one year
- 83 percent reduction in jail days—saving jail costs⁵

Compared to traditional case management programs, high-fidelity ACT programs result in fewer hospitalizations, increased housing stability, and improved quality of life for individuals experiencing serious impairment from mental illness.⁶

What does ACT cost?

While various factors affect local costs, ACT is frequently estimated at \$10,000 to \$15,000 per person per year based on a team of about 10-12 people and a 1 to 10 staff-to-consumer ratio. Medication and housing may add additional costs.^{7,8}

Research studies have shown that assertive community treatment is a cost-effective solution when teams adhere closely to the ACT model and serve individuals at high risk.⁹

State Successes with ACT

- Oklahoma reports that in the 12 months prior to admission to their ACT program in FY 2006, 229 consumers had a combined total of 9,583 days of hospital inpatient care and 3,614 days in jail. In the year following, the number of hospital days fell to 2,612—a 73 percent decrease. Days in jail dropped to 1,314—a reduction of 64 percent.¹⁰
- Data for FY 2007 in Virginia indicated that consumers used 76 percent fewer state hospital days after ACT enrollment than in an equivalent period before enrollment. Of consumers served by ACT teams, 92 percent had no arrests during the year and 83 percent experienced stable housing situations.¹¹
- In Georgia, a study of a forensic ACT team revealed a 78 percent decrease in jail days, 53 percent reduction in arrests, and 89 percent drop in hospital days, generating a net cost savings of \$1.114 million dollars in one year.¹²

Will ACT work in my state?

After thirty years of implementation, ACT has been shown to be adaptable to a wide range of mental health systems and to various populations of individuals at high-risk.

Some ACT teams, for example, have targeted their programs to serve homeless persons, some to serve individuals entering or leaving criminal justice systems, others on veterans diagnosed with a severe mental illness. In both urban and rural settings, ACT programs exhibit extensive success throughout the United States.¹³

Principles of Assertive Community Treatment^{13,14}

- Services are targeted to a specific group of individuals with severe mental illness
- Team members directly provide individualized, flexible, and comprehensive treatment, support and rehabilitation services, including:
 - Mobile crisis interventions
 - Illness management and recovery skills
 - Individual supportive therapy
 - Substance abuse treatment
 - Skills teaching and assistance with daily living activities
 - Assistance with natural support networks
 - Supported housing and supports in accessing benefits, transportation, medical care, etc.
 - Medication prescribing, administration and monitoring
 - Peer supports
- Team members share responsibility for consumers served by the team
- Small staff to consumer ratio (approximately 1 to 10)
- Majority of contacts are in community settings
- No arbitrary time limits on receiving services
- Services are available on a 24/7 basis

Certain mental health services are in consistently short supply. These include assertive community treatment, an intensive approach to treating people with serious mental illnesses.

...All too frequently, these effective programs are simply unavailable in communities. It is essential to expand the supply of effective, evidence based services throughout the Nation.

Mental Health: A Report of the Surgeon General
U.S. Dept. of Health and Human Services, 1999

References

- ¹ Substance Abuse and Mental Health Services Administration. Evidence-based practices: Shaping mental health services toward recovery. *Implementation Tips for Public Mental Health Authorities*. Retrieved July 25, 2007 from <http://mentalhealth.samhsa.gov/cmhs/communitysupport/toolkits/community>.
- ² Substance Abuse and Mental Health Services Administration. Evidence-based practices: Shaping mental health services toward recovery. *Information for Mental Health Program Leaders*. Retrieved July 25, 2007 from <http://mentalhealth.samhsa.gov/cmhs/communitysupport/toolkits/community>.
- ³ Substance Abuse and Mental Health Services Administration. Evidence-based practices: Shaping mental health services toward recovery. *Implementation Tips for Public Mental Health Authorities*. Retrieved July 25, 2007 from <http://mentalhealth.samhsa.gov/cmhs/communitysupport/toolkits/community>.
- ⁴ Latimer, E. (2005). Economic considerations associated with assertive community treatment and support employment for people with severe mental illness. (p.357). *Journal of Psychiatry & Neuroscience*, 30(5), 355-359.
- ⁵ Lambert, J.S., Weisman, R., & Faden, D.I. (2004). Forensic assertive community treatment: Preventing incarceration of adults with severe mental illness. (p.1289). *Psychiatric Services*, 55(11), 1285-1293. [Percentages calculated from data presented].
- ⁶ Substance Abuse and Mental Health Services Administration. Evidence-based practices: Shaping mental health services toward recovery. *Information for Mental Health Program Leaders*. Retrieved July 25, 2007 from <http://mentalhealth.samhsa.gov/cmhs/communitysupport/toolkits/community>. See also— Chandler, D. & Spicer, G. (2002). Capitated assertive community treatment program savings: System implications. (p.12). *Administrative and Policy in Mental Health*, 30(1), 3-19. [NOTE: Case managed clients spent 7 times more days in institutions, i.e., jails and hospitals, compared to ACT clients].
- ⁷ Allness, D.J., & Knoedler, W.H. (2003). *A manual for ACT start-up: Based on the PACT model of community treatment for persons with severe and persistent mental illness*. 2003 ed. Arlington, VA: National Alliance for the Mentally Ill.
- ⁸ Substance Abuse and Mental Health Services Administration. Evidence-based practices: Shaping mental health services toward recovery. *Implementation Tips for Public Mental Health Authorities*. Retrieved July 25, 2007 from <http://mentalhealth.samhsa.gov/cmhs/communitysupport/toolkits/community>.
- ⁹ Substance Abuse and Mental Health Services Administration. Evidence-based practices: Shaping mental health services toward recovery. *Implementation Tips for Public Mental Health Authorities*. Retrieved July 25, 2007 from <http://mentalhealth.samhsa.gov/cmhs/communitysupport/toolkits/community>.
- ¹⁰ Report on the implementation of Programs of Assertive Community Treatment (PACT), submitted to the President Pro Tempore of the Oklahoma Senate and the Speaker of the Oklahoma House of Representatives pursuant to House Bill 1084 by the Oklahoma Department of Mental Health and Substance Abuse Services, April 1, 2007, p. 3.
- ¹¹ Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services. PACT data for FY 2007: Local psychiatric hospital and state facility bed days per quarter— before and after PACT enrollment. [Data provided by VA DMHMRSAS and on file with authors].
- ¹² Forensic Assertive Community Treatment: First Year in Review, July 1, 2004 - June 30, 2005. Georgia Rehabilitation Outreach, Inc. Retrieved on March 20, 2007 from www.garehaboutreach.org
- ¹³ Substance Abuse and Mental Health Services Administration. Evidence-based practices: Shaping mental health services toward recovery. *Information for Public Mental Health Authorities*. Retrieved July 25, 2007 from <http://mentalhealth.samhsa.gov/cmhs/communitysupport/toolkits/community>.
- ¹⁴ Substance Abuse and Mental Health Services Administration. Evidence-based practices: Shaping mental health services toward recovery. *Implementation Tips for Public Mental Health Authorities*. Retrieved July 25, 2007 from <http://mentalhealth.samhsa.gov/cmhs/communitysupport/toolkits/community>.

Additional Resources

Lewin Group, Assertive Community Treatment Budget Model at <http://www.lewin.com/Spotlights/BehavioralHealth/ACTBudgetModel.htm>
National Association of Mental Health Planning and Advisory Councils, *Evidence-Based Assertive Community Treatment*, available at <http://www.namhpac.org/PDFs/assertive.pdf>