Empowerment Through Engagement: Assertive Community Treatment (ACT)

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Learning Objectives

At the end of the session, participants will have an increased ability to:

- Understand who might benefit from Assertive Community Treatment (ACT)
- Articulate at least three core principles ACT services
- Describe at least three services delivered by an ACT team

Introduction and Overview

Case Study - Michael

- 33-year-old male
- Diagnosed with Schizoaffective disorder
- Co-occurring Substance Use Disorder
- History of non-adherence with meds
- Two years of college
- First psychotic break in sophomore year
- Housing insecurity – stays with parents when on meds, otherwise street homeless
- Intelligent, interested in mechanics, enjoys rock music

History of ACT

- Started in 1972, in Wisconsin
- Designed to assist adults with Serious Mental Illness (SMI) maintain the gains achieved on inpatient units when discharged into the community
- Attempted to replicate 24/7 availability of inpatient services
- Outcomes
  - "High-fidelity" ACT result in fewer hospitalizations, increased housing stability, and higher client and family satisfaction
  - Reduced inpatient hospitalization days and emergency room visits
  - Improved quality of life, fewer symptoms, and increased social functioning

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SAMHSA Definition of ACT

- Multidisciplinary team
- Community based
- Time-unlimited
- Designed for individuals with Serious Mental Illness who experience or at risk for concurrent substance use, frequent hospitalization, homelessness, involvement with the criminal legal system, and psychiatric crises
- Evidence Based Practice
- Primary goal is to help achieve recovery through community treatment, rehabilitation and support

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What is an Evidence-Based Practice (EBP)

Clinical Experience / Research Evidence / Patient Preference — Evidence Based Practice

- A systematic process of applying or translating research findings in daily patient care practices and clinical decision-making
- Integrating best available evidence with clinical knowledge and expertise, while considering patients' unique needs and personal preferences
- Aim of EBP is to remove subjective opinion, unfounded beliefs, or bias from decisions and actions
- Objective, balanced, and responsible use of current research and best available data to guide policy and practice decisions, such that outcomes are improved

ACT EBP

- Widely recognized and effective EBP for the treatment of SMI
- Within the ACT model, additional EBP's include
    - Care Coordination
    - Integrated Dual Disorder Treatment (IDDT)
    - Supported Employment (SE)
    - Family Psychoeducation (Family PE)
    - Wellness Self Management (WSM)
    - Motivational Interviewing
    - Harm Reduction

ACT Model of Care

Distinguishing Features

- Engagement as an outcome
- 24/7 availability to divert crisis
- Community-based
- Care comes to the individual at a time & location convenient to them
- Every member of the multidisciplinary team is involved in the individual's care
- A minimum of six contacts per month, by multiple team members
- In vivo advocacy and support
- Medication adherence/sobriety are not precursors to care

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ACT Core Principles

- Client voice and choice
- Individualized
- Strengths based
- Recovery focused
- Trauma informed
- Team based
- Natural and chosen supports
- Evidence-based

- Collaboration
- Community based
- Assertive outreach
- Unconditional
- Nonjudgemental
- Outcome based
- Flexible
- Culturally and linguistically competent

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Exercise #1

True or False:
At least 50% of ACT services must be provided in the ACT team office.

True or False:
ACT recipients meet with multiple ACT team members throughout the course of a month.

Exercise #1 Answers

False
ACT services are intended to be provided in the community.

True
ACT recipients are not 'assigned' to one ACT team member's caseload. Instead, within a month, ACT recipients work with many team members, which may include social workers, nurses, psychiatrists, and peer recovery specialists, among others.

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Recovery-Focused Care

- ACT promotes self-determination and respects consumers as experts in their own right
- For care to be "recovery-focused", certain elements need to be present
  - The belief that people can recover from mental health conditions, substance use disorders and personal trauma
  - Allows individuals to direct their own care
  - Incorporates all elements of a person's wellbeing
  - Emphasizes hope, social inclusion and the basic rights of citizenship

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Key Features of the Recovery Model

Self Direction	Person Centered	Empowerment	Nonlinear	Strengths Based
Peer Support	Respect	Responsibility	Hope	Holistic

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Types of ACT Teams

Adult

Youth

Family

Forensic ACT (FACT)

Permanent Housing (PHACT)

Outreach and Engagement Approach

- Assertive and ongoing
- Community based
- Flexible
- Varied approaches
- Comprehensive assessment
  - Wholistic
  - In-vivo
  - Strength based
  - Multidisciplinary

Person Centered Recovery Plan

- Individual
- Strengths based
- Psychoeducation and support
- A **wholistic approach** to services which may include
  - Wellness self management
  - Crisis planning
  - Medication management
  - Housing support
  - Money management
  - Peer support
  - Education and employment
  - Family support
  - Substance use recovery services

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Multidisciplinary Team

- Social Worker
- Psychiatrist
- Nurse
- Substance Abuse Counselor
- Mental Health Professional
- Employment Specialist
- Housing Specialist
- Peer Specialist
- Benefits & Entitlements Specialist

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Target Population

ACT Target Population

- ACT developed to meet the complex needs of individuals with SMI who also experience continuous high service needs
    - Repeated or long-term hospitalizations
    - Crisis service use
    - Challenges with role functioning
        - Maintaining housing
        - Employment
        - Social relationships
        - Justice involved

Eligibility

Clients may be referred to ACT by their current psychiatric provider, therapist, or case manager

- Clients 18 years +
- Diagnosed with a Serious Mental Illness (SMI) with major symptoms currently present
- Priority given to people with schizophrenia and other psychotic disorders or bipolar disorder
- Clients with primary diagnosis of substance use, personality disorder or significant developmental impairment are not appropriate for ACT
- Two + hospitalizations in the last 12 months for diagnosed SMI
- Having failed traditional outpatient services, secondary to SMI

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Other Contributing Factors

- Intractable, persistent and pervasive symptoms of psychosis
- High utilizer of the ER system
- Difficulty meeting basic survival needs independently in community
- High risk of criminal involvement due to SMI
- High risk of homelessness due to SMI
- Ratings of 2 or 3 (Moderate to Severe) for at least 4 of the 6 assessment items on the Locus Assessment
- Necessity for supervised/inpatient living environment due to SMI

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Back to Michael

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Exercise #2

- How might you engage Michael?

- What assertive outreach efforts would you embrace?

ACT Fidelity
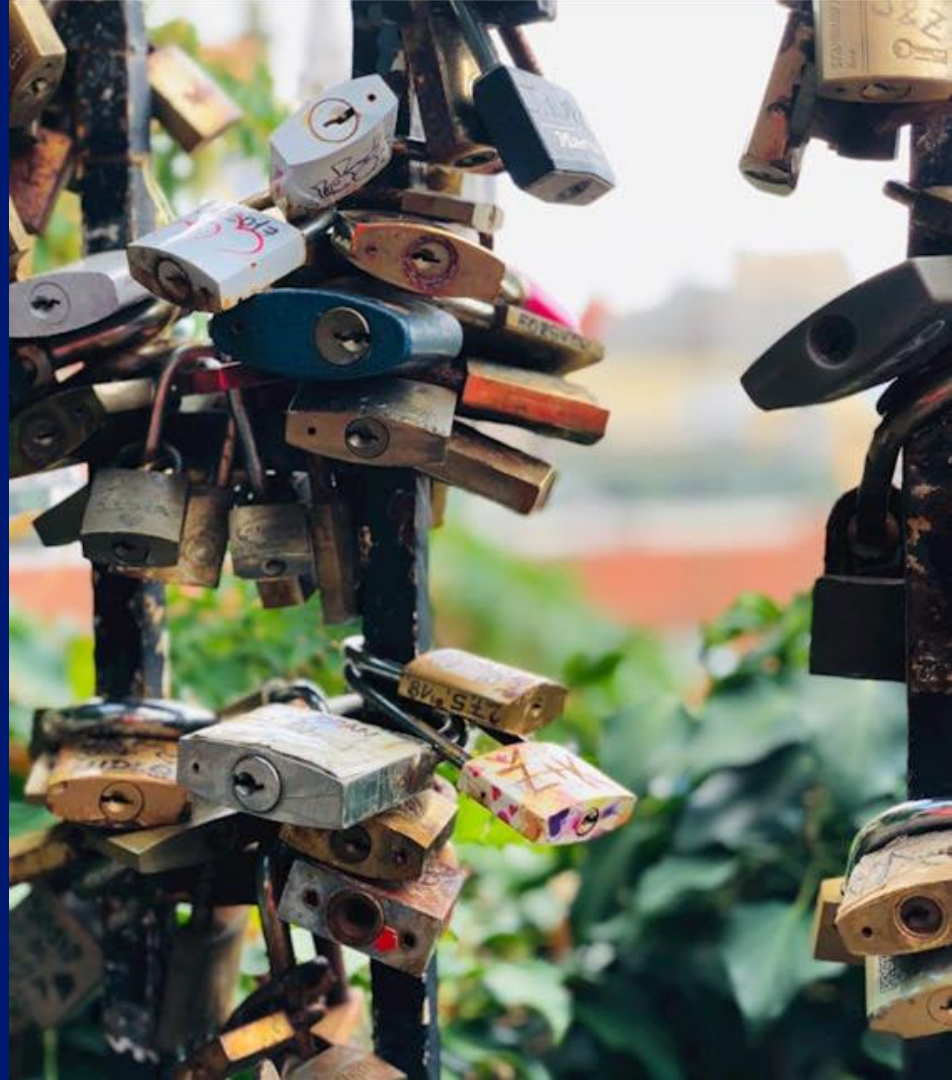
ACT Fidelity

- Evaluation of how faithfully an ACT program adheres to best practice elements
- Examines if program is implementing essential components of ACT effectively
- Assessment helps guide efforts to improve and enhance the quality of ACT implementation

Tool for Measurement of ACT (TMACT)

- TMACT used to assess ACT program fidelity and guide higher quality ACT
- Developed by University of North Carolina Center for Excellence in Community Mental Health
- TMACT assesses
  - Flexible and individualized application of resources
  - Team approach to treatment delivery
  - Recovery-oriented services as the focus of care

TMACT Scoring Elements

Operations

- Enrollment
- Team approach
- Team meetings
- Program size
- Priority populations
- Client recruitment
- Admission/retention
- Transitions
- Hospital decisions

Core | Specialist

- Core team
- Specialist team
- Core Practices

EBPs | Person Centered Planning

- Engagement
- Intensity/frequency
- Co-Occurring needs
- Education
- Employment
- Supportive housing
- Wellness Management
- Natural supports
- Crisis

References & Resources

- SAMHSA: Assertive Community Treatment (ACT) Evidence Based Practices (EBP) KIT https://www.samhsa.gov/resource/ebp/assertive-community-treatment-act-evidence-based-practices-ebp-kit
- SAMHSA: Maintaining Fidelity to ACT: Current Issues and Innovations in Implementation chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://store.samhsa.gov/sites/default/files/pep23-06-05-003.pdf
- Assertive community treatment: An evidence-based practice and its continuing evolution. APA PsycNet American Psychological Association. https://psycnet.apa.org/record/2012-34406-013
- More about the TMACT - UNC Center for Excellence in Community Mental Health https://www.med.unc.edu/psych/cecmh/education-and-training/unc-institute-for-best-practices/assertive-community-treatment-act/tool-for-measurement-of-act-tmact/more-about-the-tmact/
- Monroe-DeVita, M., Moser, L.L. & Teague, G.B. (2013). The tool for measurement of assertive community treatment (TMACT). In M. P. McGovern, G. J. McHugo, R. E. Drake, G. R. Bond, & M. R. Merrens. (Eds.), Implementing evidence-based practices in behavioral health. Center City, MN: Hazelden. chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.med.unc.edu/psych/cecmh/wp-content/uploads/sites/880/2020/11/TMACT-Summary-Scale-1.0rev3_2018_final-posted.pdf

To better inform our future trainings and request topics for office hours, please complete this short survey. Use the QR code or short URL to access it. Your feedback is important. Thank you!

https://bit.ly/bhprovidertrainingsurvey

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Appendix A: Additional Resources

Office Hours	Office Hours are offered on the last Friday of every month (through September 2024) at noon MT! Please visit the [HCPF Safety Net Landing Page](#) for details & registration information.
Listserv	Join the Listserv to receive notifications of trainings, technical assistance, and other stakeholder engagement opportunities: [Register Here](#)
HCPF Safety Net Provider Website	Visit the website for details on upcoming training topics and announcements, training recordings and presentation decks, FAQs and more: https://hcpf.colorado.gov/safetynetproviders
TTA Request Form and E-Mail	Request TTA support or share your ideas, questions and concerns about this effort using the [TTA Request Form](#) or e-mail questions and comments to: info@safetynetproviders.com

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