What is Assertive Community Treatment (ACT)

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Intensive model of community-based illness management for those with severe mental illness

Extensively studied: cost-effective, reduces homelessness & hospitalization, improves clinical outcomes & quality of life

Offered in most states as the highest intensity community-based intervention but not in California until now

History of Assertive Community Treatment

Starting in the 19th century, state-funded custodial institutions dominated care for severe mental illness

In the 1960s, influenced by the availability of Medicaid & other factors, community-based care became the goal

In the 1960s, senior clinicians and administrators at Mendota Mental Health Institute in Madison, Wisconsin created the model that became ACT

- The program aimed to address high rates of readmission
- First called "Total In-Community Treatment" or "Training in Community Living"
- Became the "Program for Assertive Community Treatment"

ACT is not…

A particular treatment or intervention

ACT is not medications plus therapy

A philosophy of care or a way of relating to a client

ACT is not Harm Reduction or "whatever it takes"

A service connected to a particular institution or type of housing

ACT is not Housing First

A temporary, bridging intervention that links the client to other services

ACT is not Critical Time Intervention

ACT is a model of care delivery. The ACT team is a service delivery system with well-specified components.

Essential Features of ACT

- Multidisciplinary team working in a transdisciplinary manner
  - Social worker, psychologist, peer specialist, substance use specialist, nurse, psychiatrist, employment specialist
- Low client-to-staff ratio with a team of adequate size to build synergies
  - Typically: 100 clients served by 11 full time providers
- Frequent & assertive contact (~2/week) often delivered in the field (~75%)
  - On the street, in jails & hospitals, in homes & shelters
- Support for an array of needs delivered as an integrated service
  - More than medications, therapy, and groups: housing, benefits, transportation, physical health, substance use
- Continuity of care across service and housing settings
  - Time-unlimited as long as service intensity is needed

Unique Features of ACT

Staffing *determines* client care capacity	Service intensity is *high*	Value derives from serving the *right* clients
• Defined client: staff ratio • Multidisciplinary team that works collaboratively	• Frequent contact in the client's community including homes, hospitals, jails • 24/7 availability	• Careful enrollment, retention, disenrollment • Clients should have complex current needs

Evidence: ACT Delivered with Fidelity Improves Outcomes

ACT…

- Reduces length & frequency of hospitalizations
  - Consistent evidence from US, Europe, Australia, developing countries
- Improves housing outcomes
- Improves quality of life, symptoms & functioning
- Improves housing outcomes
  - Reduces rates of homelessness
  - Increases rates of independent living
- Improves medication adherence & engagement in treatment
- Demonstrates high client satisfaction

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