Making the Case for Assertive Community Treatment
CENTER FOR EVIDENCE-BASED PRACTICES

at Case Western Reserve University

A partnership between the Jack, Joseph and Morton Mandel School of Applied Social Sciences & Department of Psychiatry at the Case Western Reserve School of Medicine
A Technical-Assistance Center

Providing consultation, training, and evaluation for the implementation of integrated behavioral healthcare services
Service innovations for people with mental illness, substance use disorders

**SAMI**
Substance Abuse & Mental Illness
- Strategies for co-occurring disorders

**IDDT**
Integrated Dual Disorder Treatment
- The evidence-based practice

**DDCAT**
Dual Diagnosis Capability in Addiction Treatment
- An organizational assessment & planning tool

**DDCMHT**
Dual Diagnosis Capability in Mental-Health Treatment
- An organizational assessment & planning tool

**ACT**
Assertive Community Treatment
- The evidence-based practice

**SE/IPS**
Supported Employment/Individual Placement & Support
- The evidence-based practice

**IPBH**
Integrated Primary & Behavioral Healthcare

**MI**
Motivational Interviewing
- The evidence-based practice

**TRAC**
Tobacco: Recovery Across the Continuum
- A stage-based motivational model

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Goals for Today

1. Describe the research that supports the ACT model

2. Describe practice based client and systems level outcomes

3. Identify elements of ACT that can enhance service outcomes for vulnerable client populations
Making the Case for ACT

• Where
• What
• Who
• When
• How
Where did ACT start?

- Mendota State Hospital; Madison, Wisconsin
- Original program was called Training in Community Living
- Moved services from inside the hospital to outside – in individuals’ homes and communities
The Research

• Gold Award: a community treatment program, Mendota Mental Health Institute, Madison, Wisconsin. (2000). *Psychiatric Services*, 51(6), 755-758.

What does ACT solve/address?

- Fragmentation of services
- Institutionalization
- Level of need not addressed by traditional services
- Reduce overall system cost/resource utilization
- Recovery focus
- Staff burnout
- “Need” to implement EBPs
The Research


ACT Outcomes: Number of studies per domain

- Hospital Use: 17
- Housing Stability: 8
- Symptoms: 7
- Quality of Life: 7
- Social Adjustment: 5
- Jail/Arrests: 7
- Substance Use: 4
- Med Compliance: 2
- Vocational Outcomes: 2
- Client Satisfaction: 3

Categories: Better, No Difference, Worse
Who is appropriate/eligible for ACT?

People with:

• Severe and persistent mental health conditions
• High utilization of institutions
  o Inpatient psychiatric beds
  o Jail/prison
  o Crisis stabilization
• Are difficult to engage in community [services]
• Homelessness
• Significant difficulty doing the everyday things needed to live independently in the community
The Research


• Gold Award: a community treatment program, Mendota Mental Health Institute, Madison, Wisconsin. (2000). *Psychiatric Services*, 51(6), 755-758.
Who makes up an ACT team?

• Multidisciplinary team approach
  o Case managers
  o Psychiatrists
  o Nurses
  o Substance abuse specialists
  o Vocational Specialists
  o Peers
  o Therapists
  o Others (e.g. housing, forensic)
• Specialist/generalist
• Lower staff burnout
The Research

- Substance Abuse and Mental Health Services Administration. Assertive Community Treatment: How to Use the Evidence-Based Practice KITs. DHHS Pub. No. SMA-08-4344, Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, 2008.
When to get started? NOW!

- Local needs assessment:
  - Which clients/groups to target?
  - Which stakeholders/systems are impacted?
  - Creation/expansion of implementation team
  - What funding mechanisms are available?
The Research

- Substance Abuse and Mental Health Services Administration. Assertive Community Treatment: How to Use the Evidence-Based Practice KITs. DHHS Pub. No. SMA-08-4344, Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, 2008.
How?

• What “problems” need to be addressed (e.g. “overuse” of high cost resources – police, ED, inpatient…)
• Person-centered
• Recovery focused, time-unlimited
• Access to multiple levels of care/full continuum of care
• Monitoring and use of outcomes
The Research


• Substance Abuse and Mental Health Services Administration. Assertive Community Treatment: How to Use the Evidence-Based Practice KITs. DHHS Pub. No. SMA-08-4344, Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, 2008.

How to structure ACT services

- 24/7
- In community/natural settings
- Team approach
- Assertive engagement skills/approaches
- Recovery-focus
How to structure ACT services

- Services provided by team (not referred/brokered)
  - Employment
  - Substance-related
  - Housing
  - Finances
  - Self-management skill development
  - Medication management
  - Attention to/coordination of care for other medical needs
  - Involvement of natural supports/family
The Research


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Get connected to ...
- Training events
- Educational resources
- Consulting resources
- Evaluation resources (fidelity & outcomes)
- Professional peer-networks

Online!
Events & Stories

- Training events & online registration
- News about us and our collaborators
- Recovery stories told by consumers, family members, service providers, employers

www.centerforebp.case.edu
Tools | Education & Advocacy

Booklets

Posters

Reminder Cards

www.centerforebp.case.edu/resources/tools
Contact Us

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Our Mission

The Center for Evidence-Based Practices at Case Western Reserve University is a technical-assistance organization that promotes knowledge development and the implementation of evidence-based practices (EBPs) for the treatment and recovery of people diagnosed with mental illness or co-occurring mental illness and substance use disorders.

Our technical-assistance services include the following:
- Service-systems consultation
- Program consultation
- Clinical consultation
- Training and education
- Program evaluation (fidelity & outcomes)
- Professional peer-networks
- Research