


Providing
**ASSERTIVE
 COMMUNITY
 TREATMENT**




To Forensic and Civil Consumers

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SPEAKERS

Speaker	Title or Role
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OBJECTIVES



- To understand the basics of an ACT team and its functionality
- To understand the benefits of assertive community treatment to reduce recidivism and hospitalization
- To understand the ACT team's role in promoting recovery and empowering individuals towards a more productive life

HISTORY OF OUR PACT TEAM

- Psychiatric Assertive Community Team
- Started at Unison in 1994, through NOPH
 - Unison since 2004
- Civil and forensic divisions
- Team composed of psychiatrist, nurses, forensic monitor, team leader, case managers



PACT TRANSITIONING TO ACT



- In 2017 began transitioning from PACT to ACT
- Reached fidelity to become a certified ACT Team

WHAT IS AN ACT TEAM?

- Assertive Community Treatment is a service delivery model, not a case management program
- ACT is an evidence based treatment program, delivering comprehensive community based behavioral health services in a multi-disciplinary team structure to eligible adults



WHAT IS AN ACT TEAM?



- Specialized team of clinicians in various disciplines
- Recovery focused, time unlimited, continuous stay
- Can be incorrectly referred to by different names - PACT, Assertive Outreach, Mobile Treatment Teams, Continuous Treatment Teams

GOALS OF ACT TEAM



- ACT's primary goal is to promote active participation in treatment, thus increasing stability in a community based setting, overall improving mental and physical health status
- Recovery focused
 - Provides hope
 - Person-centered
- Outcomes
 - Reduce hospitalizations
 - Reduce recidivism
 - Increased satisfaction with services
 - Improve housing stability



FIDELITY TO ACT MODEL:

DARTMOUTH ASSERTIVE COMMUNITY TREATMENT SCALE (DACTS)

HR: Structure & Composition	Organizational Boundaries	Nature of Services
1. Small caseload 10:1 2. Team approach 3. Team meeting 4. Team leader 5. Continuity of staffing 6. Staffing at full capacity 7. Psychiatrist or Prescriber 8. Nurse 9. Substance abuse specialist 10. Vocational specialist 11. ACT team size is of sufficient size	1. Explicit admission criteria 2. Low intake rate 3. Full responsibility for treatment services 4. Responsibility for crisis services 5. Responsibility for hospital admissions 6. Responsibility for hospital discharge planning 7. Time-unlimited services / graduation rate	1. Community based services 2. No dropout policy 3. Assertive engagement mechanisms 4. Intensity of service 5. Frequency of contact 6. Work with informal support system 7. Individualized substance abuse treatment 8. Dual disorder treatment groups 9. Dual disorders model 10. Role of consumers on treatment team

Programs that adhere most closely to the ACT model are more likely to get the best outcomes

HR – STRUCTURE & COMPOSITION

- Small caseload 10:1
- Team approach
- Team meeting
- Team leader
- Continuity of staffing
- Staffing at full capacity
- Psychiatrist or Prescriber
- Nurse
- Substance abuse specialist
- Vocational specialist
- ACT team size is of sufficient size



ORGANIZATIONAL BOUNDARIES



- Explicit admission criteria
- Low intake rate
- Full responsibility for treatment services
- Responsibility for crisis services
- Responsibility for hospital admissions
- Responsibility for hospital discharge planning
- Time-unlimited services / graduation rate

NATURE OF SERVICES

- Community based services
- No dropout policy
- Assertive engagement mechanisms
- Intensity of service
- Frequency of contact
- Work with informal support system
- Individualized substance abuse treatment
- Dual disorder treatment groups
- Dual disorders model
- Role of consumers on treatment team

ELIGIBILITY FOR ACT TEAM

- Diagnosis
 - Integrated services for people with severe and persistent mental illness (SPMI)
 - Psychotic illness, bipolar disorder, major depression with psychosis
- Adult Needs and Strengths Assessment
 - 2 or more mental health needs or risky behaviors, or
 - 3 or more difficulties in life domains
- Other factors - Continuously high-service need
 - 2 or more psychiatric hospitalizations in past 12 months
 - 2 or more ER visits in the past 12 months
 - Significant impairment in meeting basic survival needs
 - Criminal justice involvement within the past 2 years



ELIGIBILITY FOR ACT TEAM

- Other factors:
 - Persistent and recurrent mental health symptoms
 - Coexisting substance use disorder lasting at least 6 months
 - Residing in an inpatient / supervised setting but assessed to be able to live independently if provided intensive services
 - At risk for a psychiatric hospitalization
 - History of poor treatment outcomes using traditional, outpatient services

DISCHARGE CRITERIA

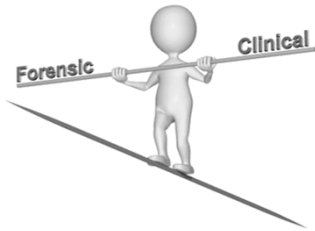
- Client self-terminates
- Clients achieve established goals and are able to maintain a level of stability with decreased utilization of services allowing for transfer to traditional ongoing case management
- Death
- Move out of the service area
- Client is not benefitting from ACT services
- ACT team has been unable to locate the client for 45 days or more
- Client is incarcerated, hospitalized, or admitted to a residential substance abuse treatment center and is not expected to be released for 2 months or more

WHY ACT WORKS



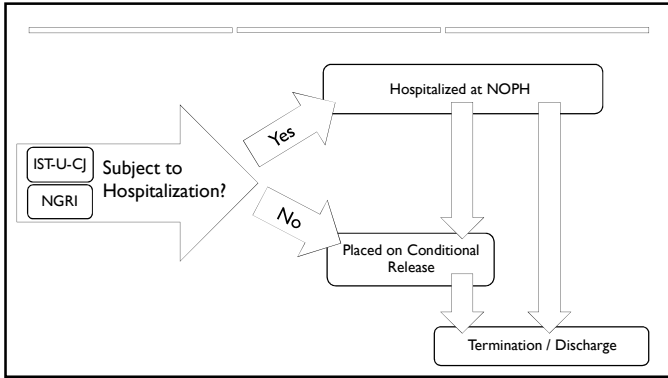
- Team approach
- Services are provided where and when they are needed
- Personalized care
- Time-unlimited support
- Continuous care
- Flexible care
- Comprehensive care

FORENSICS WITH ACT TEAM



FORENSIC MONITOR





FORENSIC MONITOR'S ROLES

- To act as a liaison between...
 - The courts,
 - The Lucas County Mental Health and Recovery Services Board,
 - NOPH, and
 - Unison Behavioral Health Group
- To plan, coordinate and monitor service provision with treatment providers
- To develop and maintain communication with the Court of Common Pleas, provide status reports and notify of timelines for hearings
- To work with ODMH and Mental Health Board in developing and implementing procedures that reflect the provision of NGRI statute

TEAM PARTICIPATION

- Team meetings
 - Inpatient
 - Outpatient
- Meetings with clients
- Risk assessments
- Monitor compliance
- Liaison with the courts
- Transitions
 - Hospital discharge to the community
 - Completion of commitment or conditional release

BENEFITS OF FORENSIC INTEGRATION

- Increased frequency and speed of communication
- Improved flow of communication with the courts
- Proven history of success



PSYCHIATRIST



MEDICATIONS



- Compliance
- Lab work
- Long-acting injectables

AUTONOMY VERSUS RISK

- Most patients have the right to refuse treatment
- If someone is under court jurisdiction, they are mandated to follow treatment recommendations
- In these forensic scenarios, public safety trumps personal autonomy



MEDICAL CONDITIONS

- Medical comorbidities
- Collaborating with other physicians and treatment providers
- Medications prescribed by other providers
 - Approval
 - Side effects



DECOMPENSATIONS



- Honesty
- Decompensations
- Treatment planning options
 - Forced hospitalization
 - 30 day least restrictive evaluation
 - Electronic monitoring
 - Increased frequency of contacts by ACT team members

TEAM MEMBER

- Meet once weekly
- Bring it all together, different view
- Medical and therapeutic knowledge base
- Longer-term psychiatric or medical issues to consider
- Court required reports every 2 years – review



VIGNETTES

SUMMARY

The unique, comprehensive, and communicative ACT model is highly conducive to helping the forensic client achieve recovery while successfully completing legal requirements



PANEL QUESTIONS & ANSWERS



RESOURCES

- <https://www.centerforebp.case.edu/client-files/pdf/act-dacts.pdf>
- <https://www.centerforebp.case.edu/practices/act>
- <https://store.samhsa.gov/product/Assertive-Community-Treatment-ACT-Evidence-Based-Practices-EBP-KIT/SMA08-4345>
- <https://store.samhsa.gov/shin/content/SMA08-4345/TheEvidence.pdf>
- <http://www.mha.ohio.gov/Portals/0/assets/Treatment/Forensic/forensic-monitor-orientation-manual.pdf>
