

ACT ASSERTIVE COMMUNITY TREATMENT

the evidence-based practice

MAKING THE CASE

Assertive Community Treatment (ACT) is an evidence-based practice that improves outcomes for people with severe mental illness who are most at-risk of

- Homelessness
- Psychiatric hospitalization
- Institutional recidivism

Recovery Relationships

ACT services are delivered by a multidisciplinary team of providers who conduct assertive outreach in the community.

Team members develop consistent, caring, person-centered relationships with clients. These relationships have a positive impact on outcomes and quality of life.

People who receive ACT services tend to utilize fewer intensive, high-cost services such as emergency department visits, psychiatric crisis services, and psychiatric hospitalization. They also experience more independent living and higher rates of treatment retention.



CENTER FOR EVIDENCE-BASED PRACTICES

& its Ohio Assertive Community **Treatment Coordinating Center** of Excellence

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OUTCOMES¹

Assertive Community Treatment (ACT) began over 40 years ago and has been studied widely. Research shows that ACT has consistent, positive effects upon individuals who have the most severe symptoms and experience the greatest impairment. ACT consistently

- Reduces hospitalization
- Increases housing stability
- Improves quality of life

Importance of Fidelity²

Research also shows that fidelity to the ACT model has a positive effect upon hospitalization rates. People with mental illness who receive services from ACT teams that achieve higher levels of fidelity to the model tend to experience a greater reduction in hospital days.

INTEGRATED TREATMENT

ACT is a person-centered, recovery-based model that is often integrated with other evidenced-based practices and best practices, including

- Integrated Dual Disorder Treatment (IDĎT)
- Supported Employment/ Individual Placement and Support (SE/IPS)
- Illness Management and Recovery (IMR)
- Family Psychoeducation

SYSTEMS CHANGE

ACT services implemented by your organization will likely have a positive impact upon outcomes and costs in other systems in your community. Therefore, it is important to communicate this. Consultants from our Center will work with you to engage key stakeholders from the beginning of the implementation process.

Other organizations and systems that will likely experience improved outcomes and reduced costs because of your ACT services include the following:

- Courts
- Hospitals
- Local mental health authorities
- Managed care companies

Integrated Dual Disorder Treatment (IDDT) is an evidence-based practice for people with co-occurring severe mental illness and addiction to alcohol and other drugs. The integration of ACT and IDDT is increasingly popular and effective. Research shows that individuals who receive integrated ACT-IDDT services experience a reduction in mental-health symptom severity and frequency of mental health problems. There are also significant improvements in their housing status.3

STATE OF OHIO

Our Center provides technical-assistance services for ACT and ACT-IDDT to behavioral healthcare organizations in Ohio through our ACT Coordinating Center of Excellence (CCOE) initiative, which is supported by the Ohio Department of Mental Health and Addiction Services (OhioMHAS).



The Center for Evidence-**Based Practices at Case** Western Reserve **University** is a partnership between the Jack, Joseph and Morton Mandel School of Applied Social Sciences and the **Department of Psychiatry at the Case** Western Reserve School of Medicine. The partnership is in collaboration with and supported by the Ohio **Department of Mental Health and Addiction** Services (OhioMHAS).

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Our Center provides technical assistance (consulting, training, and evaluation) to mental health organizations in Ohio and other

CONSULTING & TRAINING

states across the country that are providing ACT services, plan to implement ACT services, and wish to integrate ACT with IDDT. Our Center also provides technical assistance for ACT and integrated ACT-IDDT in the Netherlands.

RECOMMENDED READING

- Phillips, S.D., Burns, B.J., Edgar, E.R., Mueser, K.T., Linkins, K.W., Rosenheck, R.A., Drake, R.E., & McDonel Herr, E.C. (2001). Moving Assertive Community Treatment into standard practice. Psychiatric Services, 52(6), 771-9.
- Latimer, E. (1999). Economic impacts of Assertive Community Treatment: A review of 2 the literature. Canadian Journal of Psychiatry, 44, 443-454.
- 3 Young, S.M., Barrett, B., Engelhardt, M.A., & Moore, K.A. (2014). Six-month outcomes of an Integrated Assertive Community Treatment Team serving adults with complex behavioral health and housing needs. Community Mental Health, 50: 474-9.

Visit our website for more information: www.centerforebp.case.edu/practices/act

Implement and integrate behavioral healthcare innovations