

# Assertive Community Treatment Through the Decades



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# Assertive Community Treatment

Training in Community Living  
The Continuous Treatment Team Model of Care



# The PACT Model



- ✦ The PACT Program Developed the ACT Approach to Treatment in 1972.
- ✦ It was developed in Madison, Wisconsin at the Mendota Mental Health Institute.
- ✦ MMHI staff wanted to address “the revolving door” of chronic recidivism.
- ✦ They decided to transplant to the community.
- ✦ They proved it could be done.
- ✦ 1974 they won the APA Gold award for their research.



# The Original PACT House

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Making Mental Health History  
Reforming the Delivery System  
Winning the Gold Award  
Improvement Through Research

# What Was Learned



- ✦ It could be done!
- ✦ Services Need to be Comprehensive
- ✦ Services Need to be Mobile, Flexible, and Individualized
- ✦ Services Need to be Intensive
- ✦ Engagement and Relationship Building is Critical
- ✦ Services Need to Be Long Term

# Wisconsin Impact



- ✦ Dissemination of key principles to the counties
- ✦ 1971-1974 Chapter 51 was enacted
- ✦ 1977 -1978 Legislature formed Legislative Council/Special Study
- ✦ 1977 Fiscal Incentives for Community Treatment (3.5 million)
- ✦ 1979 NAMI was founded
- ✦ 1980s assisted with the development of the CSP administrative code. Developed CTT curriculum.
- ✦ CSP Advisory Committee 1<sup>st</sup> State in nation to make CSP services a Medicaid Benefit
- ✦ 1984 OMH, DVR, NAMI and PACT State Wide Vocational Collaboration

# Research Sequence



- ✦ Initial Study Alternative to Hospitalization 1972-1976
- ✦ Dissemination 1976-1978
- ✦ Longitudinal Study 1978-1994
- ✦ Dual Diagnosis Study 1990-1995
- ✦ Vocational Study 1993-1998
- ✦ Demonstration Studies Transition and Independent Enhancement 1998-2017
- ✦ Project for Community Alternative High Cost/Intensive Institutional Care Users 2017-2020

# Assertive Community Treatment

Robert Drake, Psychiatric Services, July 1995

“No psychosocial intervention has influenced current community mental health care more than assertive community treatment. During the early years of deinstitutionalization, when many people with severe mental illness failed to achieve stability in the community and cycled in and out of hospitals, a variety of community-based interventions evolved. By far the most carefully defined, well documented, and successful of these interventions was developed in Madison, Wisconsin, where a group of clinicians and researchers established an intensive program of community care that has since become known as assertive community treatment.”

# PACT Outcomes

## Fidelity



- ✦ Research has repeatedly indicated that programs are more likely to obtain positive outcomes for consumers if they adhere to the features developed in the original PACT Program (Stein and Test).
- ✦ The PACT approach is highly individualized.
- ✦ It is a system of care that is delivered by a multi-disciplinary team.
- ✦ The comprehensive clinical services are organized around and by key team functions.
- ✦ The organizational structure allows for service intensity important to providing continuity of care for individuals at the more severe end of the mental health system.

# ACT Services



- ✦ ACT programs are designed to provide services for persons with severe and persistent mental illness.
- ✦ It is a costly service so appropriate prioritization is important.
- ✦ Diagnosis is not sufficient, there should be corresponding functional deficits.
- ✦ Referral sources should be educated regarding the approach and its purpose.

# Research Influence



- ✦ ACT is a model of treatment, rehabilitation and service delivery that has been proven effective.
- ✦ Over 35 quality controlled research studies have found ACT to be an effective treatment.
- ✦ PACT research resulted in the eventual replication of PACT in most states, Australia and many European and Asian countries.
- ✦ In 1998 the PORT Study recommended that systems of care servicing high users should include ACM and ACT (case management and treatment).

# Evidenced Based Practice



- ✦ In 1998 NAMI decided to promote ACT Teams in every state citing the continued failure of the nation to provide effective services that research has proven effective.
- ✦ In 1999 the Surgeon General cited Assertive Community Treatment as a cost effective and scientifically demonstrated treatment for persons with severe mental illness.
- ✦ In 2003, The President's New Freedom Commission advocates the use of evidence based practices including Assertive Community Treatment.

# What Lies Ahead



- ✦ Future Research and Applications
- ✦ Fidelity is Important/Linked to Better Outcomes
- ✦ Costs Vary but it is a High Cost Service
- ✦ Referral Sources and Stakeholders should be educated
- ✦ Systems need a range of services ACT is for the more severe/higher cost
- ✦ Oversight should be outcome based