

Assertive Community Treatment Team

Evidence-Based Practice-
Recovery in the Community

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April 1, 2021

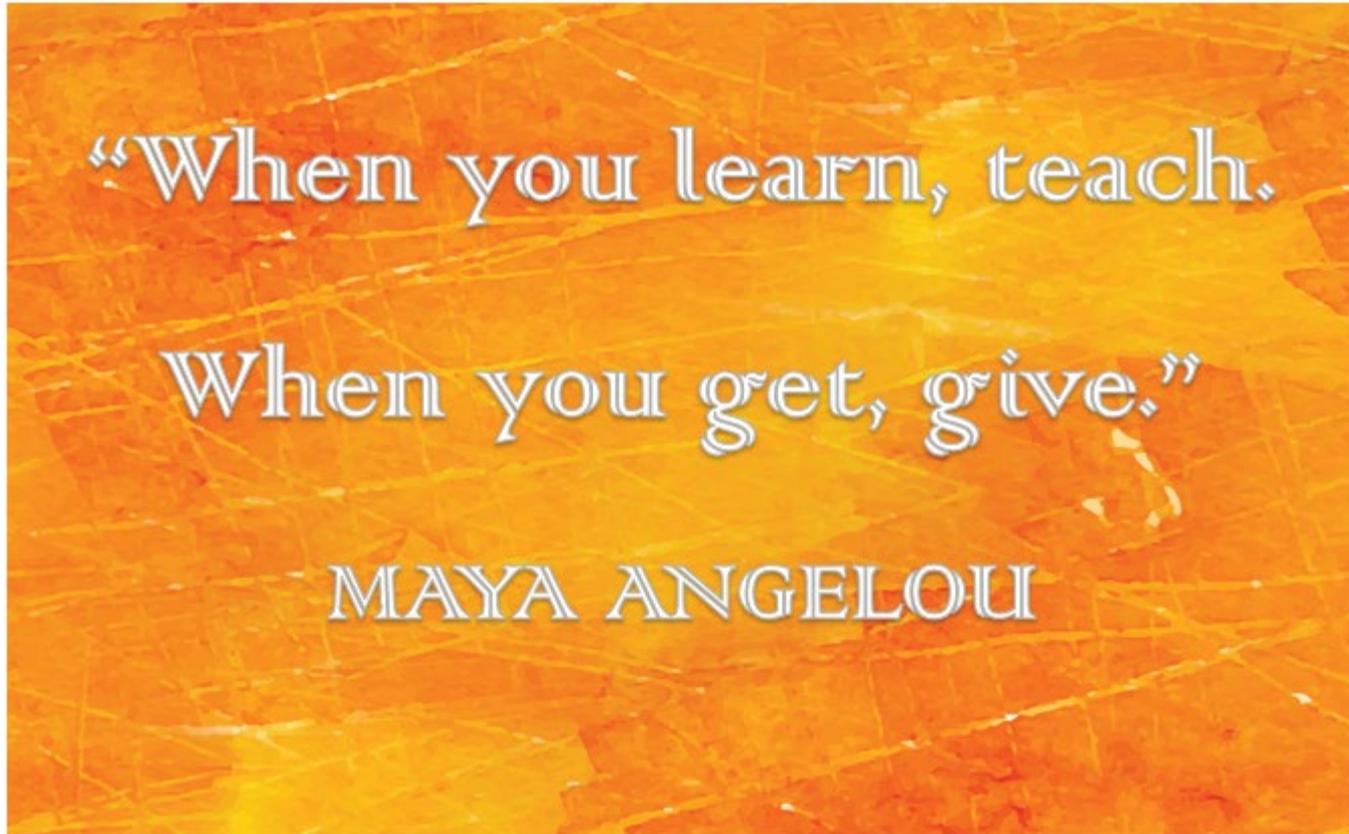


BH3298_032021

United Behavioral Health operating under the brand Optum

Recovery in the community

What I learned from the Assertive Community Treatment Model



“Learning to share and GIVE”

Living a Life of Recovery from SMI and SUD

“The road to well -being is a process that is supported by hope, inner strength and perseverance, and the involvement and support of others.”



Agenda

- 1 What problem are we trying to solve
- 2 Definition and Model of Assertive Community Treatment
- 3 Brandy: The Story – Optum Salt Lake County
- 4 The Outcome for Optum Salt Lake County
- 5 Considerations for Optum Alaska
- 6 Q & A
- 7 Appendix

What problem are we trying to solve?

Precious resources are being used for inpatient care when earlier interventions might have been helpful had the member been engaged in community services from a multi-disciplinary team and supported.



How might the problem be solved?

Create a “Hospital without Walls” Assertive Community Treatment team (ACT)

How

- **Reach out and engage** those with complex behavioral health and co-occurring physical health needs in the community.
- **Meet them where they are** - at home, on the street, in the hospital or even in jail.

What

- Outreach and engage high need members. Deliver evidence-based, member-centric and person-centered services. ACT is an **end-to-end** approach.

Opportunity

- **Improve the experience.**
- Reach out, engage and activate enabling member success in finding a pathway to recovery with all the support needed.
- Improve the members **quality of life** and impact the total cost of care (TCOC)

Assertive Community Treatment (ACT)

“Hospital without Walls”

The simple **definition of assertive community treatment** is an intensive, integrated approach to **community** mental health service delivery. What this means is that mental health services are provided in a **community setting** (rather than a more restrictive residential or hospital setting) to people experiencing serious mental illness.



Recovery in the Community

ACT is characterized by



ACT is centered on meet them where they are. A relationship **of trust is established by building on common beliefs**. First point of contact is the **peer support specialist**



Evidence based approaches focused on SAMHSA Domains of Intervention: **Health, Home, Purpose, Community, and Resiliency** (addressing the social determinants of health, SDoH)



Trusted clinical insights based on vast quantities of data and analytics with advanced identification and risk stratification algorithms



Focus on triple aim of healthcare to improve outcomes, lower costs, and **enhance the member quality of life**

This approach is designed to provide **comprehensive community-based** behavioral health treatment, to support persons with serious and persistent mental illness, **over time** members will experience a **higher quality of life** and require **fewer inpatient hospitalizations**

SAMSHA EVIDENCE BASED APPROACH

Social Determinants of Health



Home



Health



Purpose



Community

Improved Quality of Life

Who does ACT serve?

SAMSHA has established criteria for who is appropriate for ACT

Members served by ACT are individuals with serious and persistent mental illness (SPMI)

Individuals who have not effectively engaged in outpatient service

“brick and mortar”

Co-occurring problems with homelessness, substance use disorder, chronic physical health conditions and justice involved

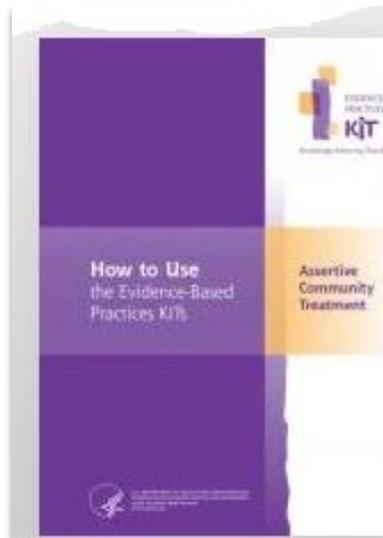


<http://dhss.alaska.gov/dbh/Documents/Medicaid%20Related/Alaska%20Behavioral%20Health%20Provider%20Standards%20and%20Administrative%20Manual%20for%20BH%20Provider%20Services%2010-4-2020.pdf>

ACT's target population and rule outs are specific

Alaska Behavioral Health Providers Services Standards & Administrative Procedures for Behavioral Health Provider Services

- Assertive Community Treatment (ACT) Services, pages, 26- 30.
- SAMHSA Assertive Community Treatment Kit * see Resource page for link



Assertive Community Treatment Team (ACT Team)
Salt Lake County/Optum have partnered with Volunteers of America to operate an Assertive Community Treatment (ACT) Team service delivery model for Salt Lake County residents.

ACT is a highly effective team-based model of providing comprehensive and flexible treatment and support to individuals who live with serious mental illness. ACT is identified by the Substance Abuse and Mental Health Services Administration (SAMHSA) as an evidence-based practice that consistently demonstrates positive outcomes and is considered by experts as an essential treatment option. The program by Salt Lake County/Optum will be implemented to fidelity to the evidence-based model as outlined by SAMHSA.

The Model
Assertive Community Treatment is a "hospital without walls" model. ACT uses a multidisciplinary team approach to provide intensive, integrated services where and when consumers need them—in their homes, at work and in other community settings—24 hours a day, seven days a week. The service is not time-limited and continues as long as the consumer needs the ACT level of care.

ACT Team members directly provide services that are individually tailored with each client and address the preferences and goals of each client. The approach with each client emphasizes the relationship building and active involvement in assisting consumers to make improvements in functioning, to better manage symptoms, to achieve individual goals and to maintain optimism. The services delivered are community-based (not office or facility-based), individualized, flexible, and comprehensive support and rehabilitation services, including:

- Crisis assessment and intervention (and will partner with the Crisis Programs in delivering crisis intervention services)
- Comprehensive assessment
- Illness management and recovery skills
- Individual supportive therapy
- Skill teaching and assistance with daily living activities
- Assistance with natural support networks (family, friends, landlords, neighbors)
- Supporting the client with finding housing and supports in accessing benefits, transportation, etc.
- General health care monitoring
- Medication prescribing, administration and monitoring
- Peer supports
- Employment support

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Optum Behavioral Health Assertive Community Treatment Team Model (follows fidelity measures)

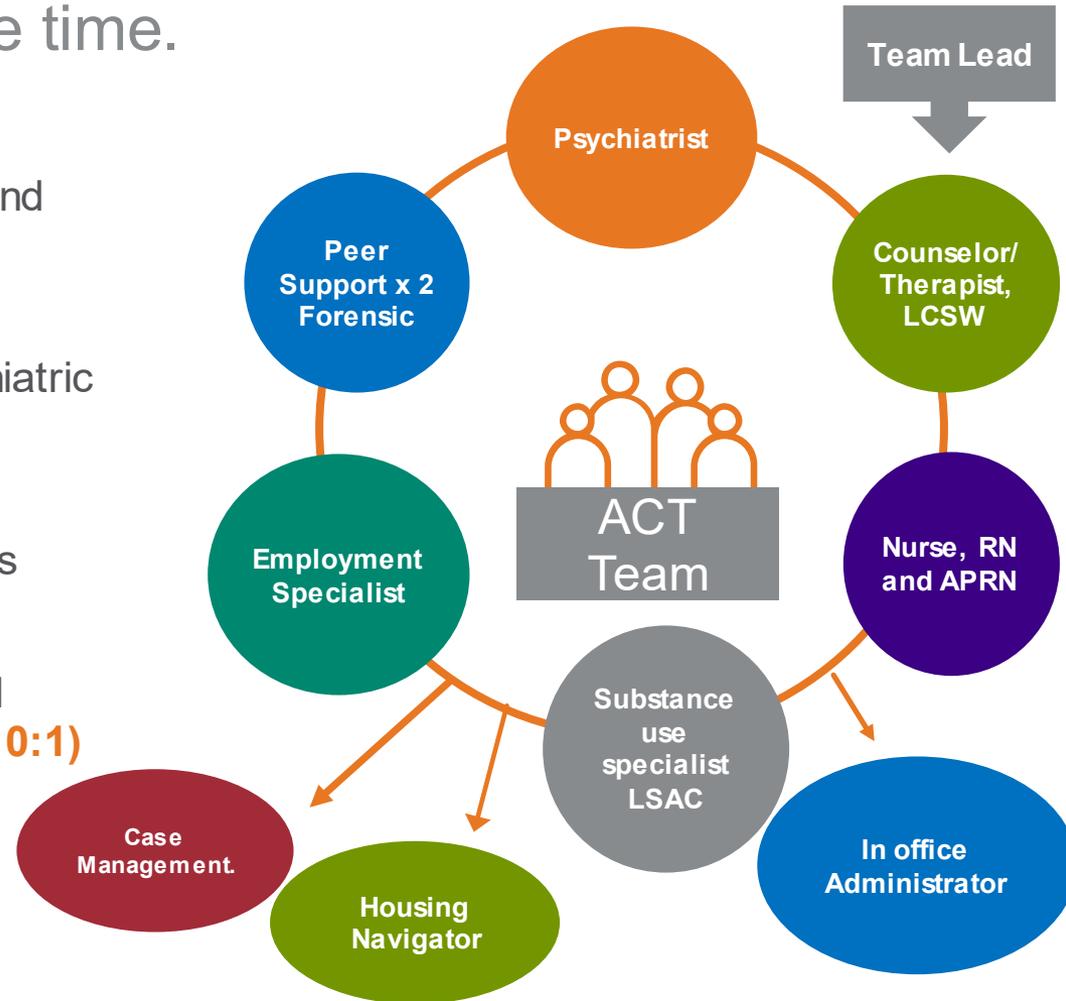


ACT team configuration

Each ACT team has a team leader who provides direct services at least 50% of the time.

The Team-based Approach

- Assist with management of mental and physical health and everyday living activities
- ACT helps **decrease** inpatient psychiatric care, often houses and prevents homelessness
- ACT team works together and shares responsibilities
- **Caseloads are small** so that careful attention is given to each member **(10:1)**
- ACT provides **coverage 24/7 365**
- There is no arbitrary time limit on receiving services



ACT team led journey for the inpatient experience

Initial Facility Engagement

- Peer makes introductory face to face visit with Jordan early in hospitalization, to provide support and establish rapport.
- Peer educates on ACT services. If Jordan wants to receive services from ACT arrangements are made.
- Peer introduces Jordan to another ACT team Staff member

Discharge Rounds

- Facility and Optum Care Advocate and ACT staff partner to develop a person-centered discharge plan that addresses Jordan's needs and that Jordan is onboard with.

Pre – Discharge Planning Meeting

- Jordan meets with ACT team staff for a low pressure, informal conversation to talk Jordan's strengths.
- They determine what Jordan's needs are, i.e., housing, entitlements, etc.

Transition to Community

- Jordan leaves the hospital with an ACT staff member. There is an understanding of the plan and who to call for help. Jordan returns to his friend's home, but he will be seen by another ACT staff member to begin working on finding permanent housing right away.

Jordan's experience with ACT post discharge

Post Discharge

- Jordan meets his ACT housing navigator face to face. The ACT team peer specialist arranges transportation & attends post discharge appointment with Jordan. Together they complete a supportive housing application. They begin talking about Jordan's recovery and plans for the future.

Clinical Assessment

- Jordan meets with the ACT team lead and the prescriber. His inpatient discharge plan is reviewed and all assessment, etc. are done.

Looking to the Future

- With the support and encouragement of his ACT team Jordan's housing situation is resolved. He experiences a steady and reliable array of services that meet his needs. He is engaged in his services and making strides. Setbacks still occur from time to time, but he is now living in supportive housing and has a "team" helping him establish friendships in the recovery community.

Crisis/Safety Planning

- ACT team peer specialist and Jordan develop a simple and personalized crisis plan based on his history, supports, and local resources available. (a pocket WRAP)

Crisis Moments Are Anticipated and Discussed

- The stress of still living at his friend's home and trying to and not having permanent housing is overwhelming to Jordan. Advance crisis planning leads to a better outcome.

What makes an ACT team successful



Community Building

Connectedness

Communication

Consistency

Collaboration

Creative & Critical Thinking

Organization, Communication Collaboration

The Team Daily Meeting

- Focused, task-oriented team meetings
- One hour to briefly discuss members status over the past 24 hours
- Problem solve, address current and anticipated crises
- Plan schedule and treatment contacts
 - Client Log
 - Client Weekly and Monthly Schedule
 - Central Calendar
 - Daily Team Schedule



ACT team daily meeting to coordinate and plan services

Brandy's Story

Volunteers of America ACT
Optum Salt Lake County

Optum Salt Lake County ACT team



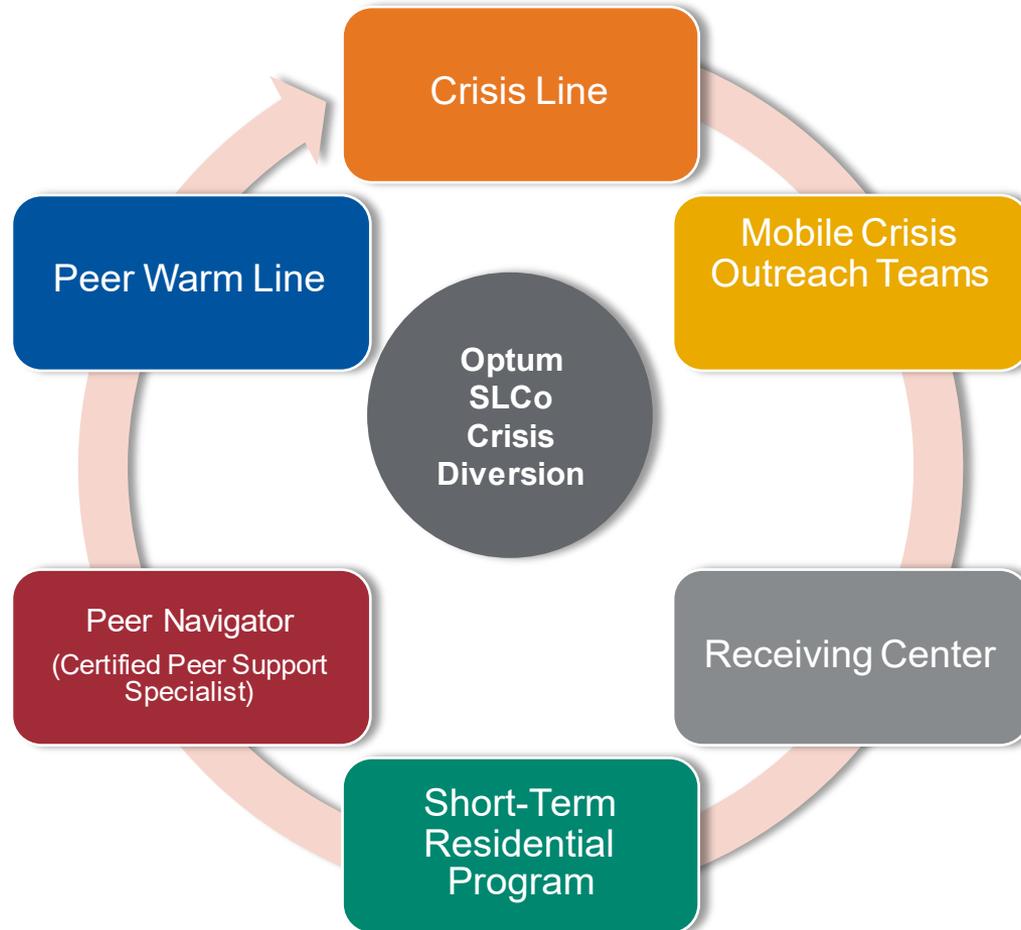
Outcomes in Salt Lake County

Since implementing the ACT model of care delivery, SLCo has experienced significant savings in both inpatient and total health care cost*

	Total cost for ACT members in the 12 months before implementation	Total cost for ACT members in the 12 months after implementation	Percent change
	INPATIENT CARE \$7,386,199.84	\$ 2,454,119.30	 - 67%
	TOTAL HEALTH CARE SPEND \$9,042,828.50	\$3,675,190.10	 - 60%

*Results from an Optum-conducted July 2019 evaluation of services provided to consumers in the Salt Lake County ACT program. We reviewed the 12 months prior to and after each consumer's first ACT service and calculated total amounts for inpatient, outpatient and residential services, as well as per-member-per-month costs, to establish the change in the approved amount for each service level.

SLCo Crisis Diversions Support the ACT team



Optum Alaska Considerations

Considerations for different populations

Multiply teams to meet the needs of members

- Assertive Community Treatment team (ACT)
- Forensic Assertive Community Treatment Team (FACT)
- Flexible Assertive Community Treatment Team (FACT)



The ACT Model can target specific populations

Following the same model, services can be adjusted to meet needs

**Assertive
Community
Treatment**

Youth in transition



**Forensic
Community
Treatment**

Justice involved



**Flexible
Community
Treatment**

Thriving in recovery



Question & Answer

Thank you

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Appendix



Crisis Diversion – Intervention Descriptions

Intervention	Description	Focus
Crisis and Peer Warm Line	<ul style="list-style-type: none">Salt Lake County residents have telephone access to a crisis response service, as well as a non-crisis Warm Line run by trained peer specialists. The crisis line currently answers over 3,000 calls each month, and the warm line answers over 300 calls each month.	<ul style="list-style-type: none">Crisis support and triage
Mobile Crisis Outreach Team (2 Adults and 1 Youth)	<ul style="list-style-type: none">The Salt Lake County MCOT, initiated in March 2012, consists of a licensed mental health therapist and a peer who travel to provide crisis support, no matter where the consumer is located in the community. The MCOT provides crisis intervention and resolution, and also ensures that follow-up is provided through network providers and community linkages. About 76% of individuals remain in the community	<ul style="list-style-type: none">Meet them where they are, de-escalate, offer needed support and resource coordination
Receiving Center	<ul style="list-style-type: none">Consumer-centered crisis services are offered through this “living room” style center, which allows consumers to step down from a crisis in a humane and safe environment. Consumers can stay at the center for up to 23 hours to receive what they need to resolve the current crisis — including assessments, medications and other support. The center receives an average of 87 consumer visits per month. Of these, only 7% continue on to an inpatient level of care.	<ul style="list-style-type: none">Divert individuals from inpatient services and jail, offer assessment and evaluation
Short-Term Residential	<ul style="list-style-type: none">This 16-bed voluntary facility provides more extended treatment than the Receiving Center to help consumers with mental health issues who do not require an acute inpatient stay.	<ul style="list-style-type: none">Help consumers with mental health issues who do not require an acute inpatient stay but would benefit from respite and support
Peer Navigator (Certified Peer Support Specialist)	<ul style="list-style-type: none">Peer support specialists have significant roles in the new crisis services, including a Peer Navigator program to further enhance the recovery orientation of services for consumers who are discharged from inpatient settings.	<ul style="list-style-type: none">Support members that are being discharged from an inpatient level of care as they transition to the community of their choice

Sources

1. Stranges, E. (Thomson Reuters), Levit, K. (Thomson Reuters), Stocks, C. (Agency for Healthcare Research and Quality) and Santora, P. (Substance Abuse and Mental Health Services Administration). *State Variation in Inpatient Hospitalizations for Mental Health and Substance Abuse Conditions, 2002–2008*. HCUP Statistical Brief #117. June 2011. Agency for Healthcare Research and Quality, Rockville, MD. <http://www.hcup-us.ahrq.gov/reports/statbriefs/sb117.pdf>
2. Owens PL (AHRQ), Fingar KR (IBM Watson Health), McDermott KW (IBM Watson Health), Muhuri PK (AHRQ), Heslin KC (AHRQ). *Inpatient Stays Involving Mental and Substance Use Disorders, 2016*. HCUP Statistical Brief #249. March 2019. Agency for Healthcare Research and Quality, Rockville, MD. <https://www.hcup-us.ahrq.gov/reports/statbriefs/sb249-Mental-Substance-Use-Disorder-Hospital-Stays-2016.pdf>
3. Results from an Optum-conducted evaluation of services provided to consumers in the Salt Lake County ACT program. We reviewed the 12 months prior to and after each consumer's first ACT service and calculated total amounts for inpatient, outpatient and residential services, as well as per-member-per-month costs, to establish the change in the approved amount for each service level.

Resources

Links to websites, to Toolkits, and Case Studies

[Assertive Community Treatment \(ACT\) Evidence-Based Practices \(EBP\) KIT | SAMHSA](#)

[Assertive Community Treatment \(ACT\) Learning Community for Service Teams | Jack, Joseph and Morton Mandel School of Applied Social Sciences | Case Western Reserve University](#)

[Case management or assertive community treatment. What is the difference? - PubMed \(nih.gov\)](#)

Optum Case Study- ACT in Salt Lake County, UT

[wf1414602-behavioral-salt-lake-act-program-case-study-final-web.pdf \(optum.com\)](#)

Optum Video of ACT in Salt Lake County, UT

[Assertive Community Treatment \(ACT\) approach \(optum.com\)](#)

NAMI

[Psychosocial Treatments | NAMI: National Alliance on Mental Illness](#)

Resources (continued)

[Alaska Behavioral Health Providers Services Standards & Administrative Procedures for Behavioral Health Provider Services-August 2020](#)

DACT Fidelity Scale - Dartmouth Assertive Community Treatment Scale

<https://www.centerforebp.case.edu/client-files/pdf/act-dacts.pdf>



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