

Assertive Community Treatment Pilot Initiative

1. Background:

In 2007, the Office of Mental Health and Substance Abuse Services (OMHSAS) distributed a draft bulletin on Assertive Community Treatment (ACT) for public comment. In December, 2007, individuals representing a cross-representation of stakeholders met to review the bulletin comments and make final revisions. The final bulletin was published in September of 2008.

The intent of this bulletin is to provide statewide standards for the provision of ACT services consistent with national fidelity standards, and to encourage the further growth of this important evidence-based practice in Pennsylvania. Studies have shown that in order to achieve the outcome objectives of the ACT program, it is important that programs adhere to the standards of fidelity, or those elements that have been identified as core components of a true ACT program.

Assertive Community Treatment is a team treatment approach designed to provide comprehensive community-based psychiatric treatment, rehabilitation, and support to persons with serious and persistent mental illness. A team of professionals whose backgrounds include social work, rehabilitation, counseling, nursing and psychiatry provide ACT services. Among the services that ACT teams provide are: case management, initial and ongoing assessments, psychiatric services, employment and housing assistance, family support and education, substance abuse services and other services and supports critical to an individual's ability to live successfully in the community. ACT services are available 24 hours per day, 365 days per year. An evidenced based practice, ACT has been extensively researched and evaluated and has proven clinical and cost effectiveness.

2. Overview of Pilot:

OMHSAS is looking to help support: 1) the development of 2 new ACT teams, and 2) the conversion of 2 Community Treatment Teams to ACT teams. As funding permits, OMHSAS will provide technical assistance and training in the development/conversion process and, a portion of start-up/conversion costs for up to four pilots as described below.

3. Components of the Technical Assistance and Start-up funding to Pilots:

Applicants selected for the ACT pilot initiative will receive the following:

- Technical assistance from national and state ACT consultants regarding program start-up/conversion, program design, development of program forms and protocols, hiring, budgeting, data collection, fidelity issues, clinical consultation, and other areas as identified by the program and consultant. Consultation will be provided based upon a plan developed by the pilot team leader and the consultant. Consultation/technical assistance will include: on-site, email, list service and phone assistance to the project, as well as the county and other stakeholders, as needed. Consultation will continue for up to 2 years, as funding permits.

- Consultation visits to an established ACT program for all ACT pilot team members to see a program in operation and to shadow experienced team members
- Classroom training modules for all ACT pilot team members in a centralized location and by video conference in year one
- Classroom training modules for all ACT pilot team members in a centralized location in year two, as funding permits.

4. About the Consultants:

OMHSAS is currently reviewing proposals submitted by several national consultants. In addition, a request for proposal for a Pennsylvania consultant to work with the national consultant will be issued in September of 2008. All consultants will be selected by the end of 2008.

5. Parameters for Selecting ACT Pilot Projects:

Application and Selection Process:

All counties, Behavioral Health Managed Care Organizations (BHMCO's) and provider organizations are eligible to apply for the ACT pilot initiative. Provider organizations that apply directly must have the endorsement of the county MH/MR administrator and funding to support the project.

Counties, BHMCO's, and providers selected for the ACT Pilot Initiative must agree to the following in order to be eligible:

- (1) Make a commitment to understanding the Evidence Based Practice of Assertive Community Treatment and agree to implement the ACT toolkit, including the fidelity measures.
- (2) Agree to form a local ACT Advisory Committee (as outlined in the ACT bulletin) to provide advice on the start-up and implementation of the program
- (3) Agree to work with the consultant to develop a technical assistance plan for implementation of the program.
- (4) Provide the necessary financial and staff resources necessary for successful ACT start-up and implementation.
- (5) Agree to implement the local ACT program within the timeframe outlined by this grant initiative.
- (6) Agree to send all ACT team members for a multi-day visit to an established ACT program (costs to be covered by the state).
- (7) Agree to send all ACT team members to at least 6 days of training on ACT in Harrisburg (Cost of training to be covered by the state; travel, meals, hotel to be covered by the project).

6. Application Process for NEW ACT Pilot Programs:

Counties, BHMCO's and providers that are interested in being considered for the NEW ACT pilot initiative must submit an ACT pilot application of up to 12 pages, which includes the following elements, by October 24, 2008:

A) Identified Need for ACT Program:

This section should include a brief summary of why an Assertive Community Treatment Program is needed. This should include any county data that was used to identify the need for an ACT program, research the applicant has done to understand the model and how it could be used to meet the local need, population to be served, anticipated size of the team (full size, modified), why an ACT program, rather than another model was chosen to meet the need, stakeholders that were involved in the process, and geographic area the team will cover.

B) Program Design:

This section should describe the provider agency and how they were/will be selected, qualifications of the provider agency, number and type of staff to be hired, how staff for the team will be selected, and how the referral process will work.

C) Technical Assistance and Support Needed:

Describe the content (program implementation, hiring, clinical, training, etc), type (on-site, visits to established ACT program, telephone, email) and duration of training/technical assistance that the county/provider will need to design/implement the ACT program.

D) Timeline for the ACT Program Implementation:

Provide a timeline for the implementation of the ACT program to include key benchmarks including: funding begins, staff hired, full team hired, training of staff, admission of first consumer, full caseload reached, etc.

E. Budget:

In this section, the applicant should include a narrative that describes the amount and source of funding for start-up, implementation and ongoing support of the local ACT team. The narrative should also explain the ACT budget. The budget and budget narrative should identify the amount of start up funding being requested from OMHSAS. The ACT budget should be submitted as a separate attachment (Attachment 1).

NOTE: If funding permits, OMHSAS intends to make funds available to off-set some of the costs of start-up of the pilot ACT teams. However, any state funds available will be one-time only. Programs must identify the source and amount of funding that will be available to support the start-up and continued operation of the team.

F. County Endorsement and Funding:

Providers that are applying directly for the initiative must attach a letter from the county in which services will be provided indicating endorsement and funding for the project.

7. Application Process For conversion of Community Treatment Teams (CTT) to ACT:

OMHSAS is currently in the process of analyzing the cost and outcomes of Community Treatment Teams (CTT) programs compared to Pennsylvania and national ACT programs. Preliminary data on costs seem to indicate that CTT costs are as high or higher (considering use of services outside of the team) as ACT. However, it is believed that some CTT teams are providing a service similar to case management and are not achieving the outcomes (decreased hospitalization, increased employment, etc) that can be expected from an ACT team. In order to promote the cost efficiencies and outcomes related to ACT, OMHSAS is looking to identify up to two CTT programs to convert to ACT.

Note: It should be noted that “conversion” will mean a dismantling of the CTT program in order to insure that the client eligibility, staffing and start-up process is consistent with the ACT fidelity standards.

Counties, BHMCOs and providers that are interested in being considered for the conversion of a CTT program to an ACT program must submit an ACT pilot application of up to 12 pages, which includes the following elements, by October 24, 2008.

A) Identified Need for Conversion of a CTT to an ACT Program:

This section should include a brief summary of why an ACT team is needed. This should include data on the outcomes of the existing CTT program, any data used to identify the need for an ACT program, target population of the current CTT as compared to the population to be served by ACT, research the applicant has done to understand the model and how it could be used to meet the identified need, why an ACT program instead of a CTT program is needed, anticipated size of the team, (full size, modified) stakeholders that were involved in the process, and geographic areas the team will cover.

B) Program Design/Transition Process:

This section should describe the CTT provider agency and the agency that will provide the ACT services, if different. This section should also describe how individuals currently served by the CTT will be transitioned to other services (if not appropriate for ACT), or provided with services until they can be assessed for entrance into the new ACT program (Act guidelines allow for the admission of up to 6 individuals per month).

A summary should be provided of the hiring process for the ACT team including the number and type of staff and the process to transition CTT staff into other positions, as appropriate.

C) Technical Assistance and Support Needed:

Describe the content (program implementation, hiring process, clinical, training, etc), the type (on-site, visits to established ACT program, telephone, email) and duration of training/technical assistance that the county/provider will need to design/implement the ACT program.

Please note any technical assistance needed specific to the conversion process including: how to transition consumers to other services, how to identify the right staff for the team, strategies for recruiting the hard to fill positions (psychiatrist, RN)

D) Timeline for the ACT Program Implementation:

Provide a timeline for the implementation of the ACT program to include key benchmarks including: funding begins, staff hired, full team hired, staff trained, admission of first consumer, full team caseload achieved, etc.

Timeline should also include a parallel timeline for the disposition of the consumers and staff on the CTT team.

E) Budget:

In this section, the applicant should include a narrative that describes the amount and source of funding for start-up, implementation and ongoing support of the local ACT team.

The narrative should also explain the ACT budget. The ACT budget should be submitted as a separate attachment (Attachment 1) and should include ACT funding for the transition phase (which may include maintenance of some or all of the CTT services, as well as, ACT start-up costs) the current funds available for the CTT program, the portion of CTT funds to be used for the ACT program, and additional funds committed for the operation of the ACT program. The budget and budget narrative should identify the amount of start-up funding being requested from OMHSAS.

F. County Endorsement and Funding:

Providers that are applying directly for the initiative must attach a letter from the county in which services will be provided indicating endorsement and funding for the project.

Note: If funding permits, OMHSAS intends to make funds available to offset some of the costs of the start-up of the pilot ACT teams. However, any state funds available will be one-time only. Programs must identify the source and amount of funding that will be available to support the start-up and continued operation of the team.

8. Selection Process:

Applicants interested in being considered for the Assertive Community Treatment Pilot Initiative should complete the following:

Submit an application, not to exceed 12 pages by October 24, 2008. Applications must follow the above format and content using either the “Application Process for New Act Pilot Programs” or the “Application Process for Conversion of Community Treatment Teams to ACT”. Applications must be single spaced and should use Times New Roman 12 point font size.

Applications should be emailed to Benny Varghese at bvarghese@state.pa.us and must be received by OMHSAS no later than 4:00 pm October 24, 2008.

TIMELINE FOR ACT PILOT INITIATIVE

October 24, 2008	Applicants submit an application for the ACT pilot Initiative no later than 4:00 pm
December, 2008	Applicants are notified of the selection of ACT pilots
December, 2008	Consultant(s) contact the ACT Pilots to begin identifying technical assistance needs
March, 2009	Financial awards to assist with ACT Pilot start-up made by OMHSAS (as funding permits).
December, 2008	Consultants begin providing technical assistance/training.
May – December, 2009	Pilot ACT teams visit an established ACT program
November 2008 – June 2010	Technical assistance/training provided to ACT pilots.
Ongoing	Training for ACT pilot team members held in Harrisburg and by video conference..
June 2009	OMHSAS announces availability of on-going technical assistance for 2009-10.

ATTACHMENT I

ACT BUDGET FORM

ACT budget	Start-Up 08-09	Full Year Funding 09-10
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Personnel –
Fringe Benefits –
Supplies –
Equipment –
Travel –
Rent –
Training –
Contractual, etc. –

Provide a brief narrative description of each budgeted item in Section E of the application. Also include information on the source of funds (e.g. reinvestment, county base dollars, conversion from CTT, etc.)

Amount of start-up funding requested from the state: _____