



About Children's ACT

- ACT teams include a clinician, psychiatrist, nurse practitioner and other mental health staff
- ACT services include crisis intervention, medication assessment and treatment, case management, and individual, family and group therapy
- ACT programs are offered to Maine children and youth enrolled in MaineCare

Study Methods

- Data reported from MaineCare paid claims data
- Study group included 336 children who entered ACT between July 1, 2007 and September 30, 2008
- Services were examined over three six month periods – Pre ACT, Post 1 (start of ACT Treatment) and Post 2 (7 to 12 months after treatment)

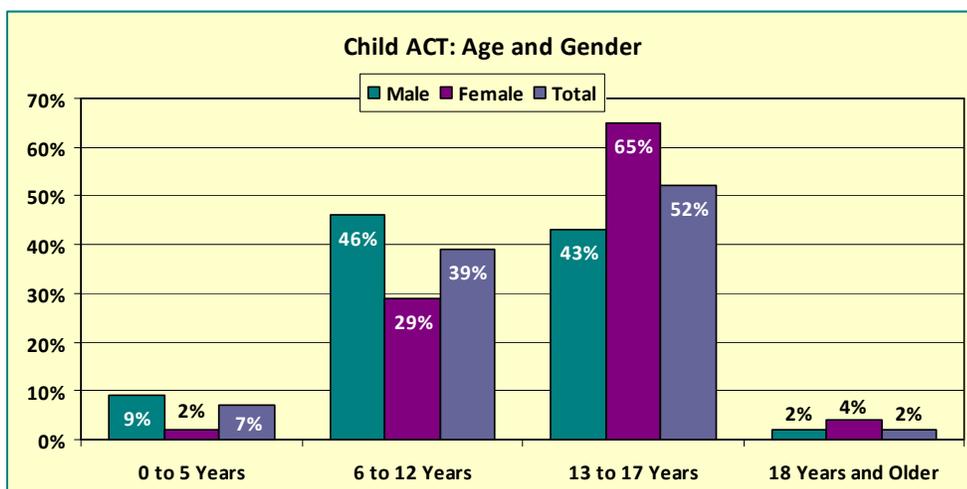
Services Studied

- Home and Community-Based Treatment
- Outpatient Clinical Treatment
- Emergency Crisis Resolution and Support Services
- Out-of-Home Residential Treatment Services
- Hospital Psychiatric Inpatient Treatment
- Hospital Emergency Room for Mental Health Reasons

Children's Assertive Community Treatment: Study Results of Service and Cost Outcomes

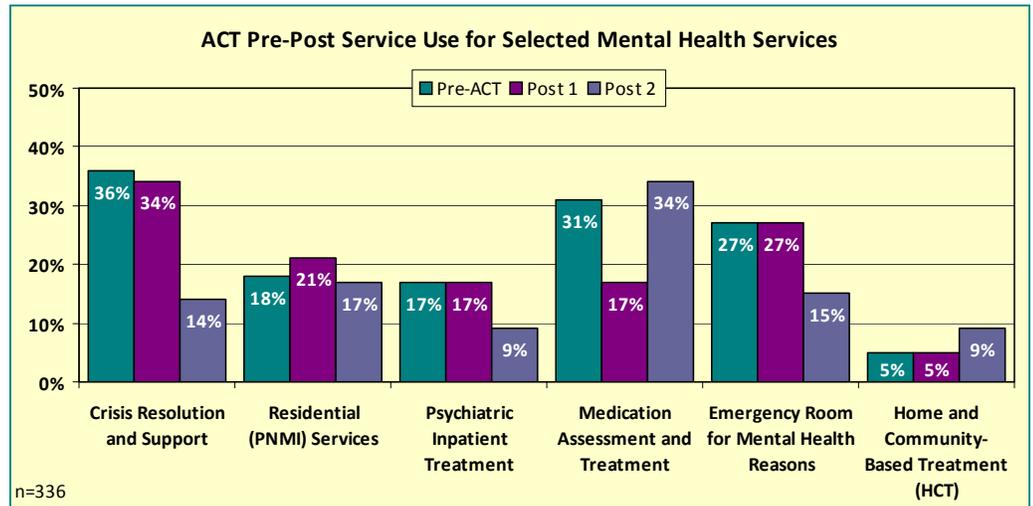
This snapshot shows the results of a mental health study of children receiving Assertive Community Treatment (ACT). This program offers intensive, in-home treatment for children birth to 20 years of age at risk of being hospitalized or being taken from their homes due to serious emotional and behavioral challenges. A team of mental health professionals is available 24 hours a day, seven days a week, for three to six months, to provide treatment based on the individual needs of each child and their family.

Who are the Children?



- Overall males (60%) were more likely to use ACT services than females (40%)
- Ages ranged from three to 19 years with 12.3 years being the average age
- Females were older than males (13.4 years versus 11.6 years) with 65% entering services between the ages of 13 and 17 years
- Most frequently reported diagnoses among ACT service users were:
 - ✓ Neurotic/Other Depressive Disorders (27%)
 - ✓ ADHD Related Disorders (26%)
 - ✓ Major Depressive Disorders (21%)
- Male service users were significantly more likely to have a diagnoses of Conduct Related, ADHD Related and Psychotic Disorders, whereas females were nearly three times more likely to be diagnosed with a Major Mood Disorder

- A total of 336 children received treatment during the study period
- 253 children (75%) left treatment within six months of starting ACT with an average length of treatment of 3.8 months
- Only 83 children (25%) stayed in treatment for more than six months



What Do Services Cost? ACT Study Group (336 children)

- The total cost of ACT services was \$3,456,097 with an average cost per child of \$10,286
- The total cost of all mental health services (including ACT) was \$10,387,834 with an average cost per child \$30,916 over the 12-month period following the start of ACT Treatment

Changes in Service Use Following ACT Treatment

Among ACT service recipients, the use of . . .

- ✓ Psychiatric Inpatient Treatment
- ✓ Crisis Resolution and Support
- ✓ Emergency Rooms for Mental Health Reasons

DECREASED significantly between pre and post study periods with the most change occurring at 7 to 12 months post treatment

Residential Treatment Services did not decrease significantly during the study period

Questions to Consider . . .

1. What service and system factors might explain the continued use of residential treatment services throughout the study period?
2. To what extent will the changes in service use experienced by ACT users be sustained over time?
3. Are ACT services cost effective?

Contact Office of Quality Improvement Services

Tel: (207) 287-4296
TTY: 1-800-606-0215

Visit OQIS Website

<http://www.maine.gov/dhhs/OI/home.html>



Department of Health and Human Services

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