

Performance Based Contract Measures Assertive Community Treatment (ACT)

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Purpose:

To establish a set of performance based measures that can be used for contracts that 1) focus on the small number of individuals receiving ACT as a contracted service for three or more quarters, and 2) provide a set of measures that can transition to the Values Based Purchasing initiative for MaineCare funded ACT services.

Goal:

ACT teams assume clinical responsibility for all members on the team. Measures proposed here use the reduction of psychiatric hospitalization as the goal for keeping individuals in the community, who are moving towards a less restrictive service.

Standards/Strategies:

Assertive Community Treatment (ACT) provides an individualized intensive integrated service that is:

- Delivered by a multi-disciplinary team of practitioners.
- Available twenty-four (24) hours a day, every day, three hundred and sixty five (365) days a year.
- Delivered primarily in the community and not in an office based setting.
- Assertive interventions, including street outreach, are employed by the team as appropriate.
- Provide at least on average, per member, three (3) face-to-face contacts with the member per week, or as clinically required.
- Medication services to include 1 face-to-face per month.
- Employment assistance.
- Housing assistance.
- Implementation of crisis management plan.

Why are the measures proposed important in assessing contractor performance?

ACT is a model of care for persons with serious mental illness and has historically been focused on individuals 1) with a diagnosis of schizophrenia or schizoaffective disorder, and 2) have had higher rates and frequency of psychiatric hospitalizations.

ACT services have consistently been found effective in decreasing hospital days (Dixon 2000, Ziguras and Stuart, 2000).

The original ACT treatment included a time-unlimited treatment, however, in recent years there has been much discussion to the transition of individuals receiving ACT services to a less-intensive service or “step-down” approach.

McRae et al. (1990) raise the concern that time-unlimited ACT services are not only expensive, but they also restrict the ability of teams to take on new clients.

Performance Based Contract Measures:

- 65% of ACT recipients will have a decrease in or no psychiatric hospitalizations in the last quarter.
- 10% of ACT recipients who have not had a psychiatric hospitalization for 18 or more months are transitioned into less-intensive services.

Source:

* MaineCare Manual and DHHS Contracts.

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