

Assertive Community Treatment – DD Modifications
[Summary White Paper Developed by Louisiana OCDD Clinical Services Team]

Overview of ACT and IDD

Assertive Community Treatment (ACT) is an intensive community-based intervention offered for individuals with **significant behavioral health needs** and is a recognized Evidenced-Based Practice (EBP) available in Louisiana via the Medicaid Health Plans.

ACT has historically yielded the following **positive outcomes**:

- Increased **linkage** to needed **supports and services**
- **Decreased hospitalizations**
- **Decreased length of stay** in hospital
- **Improved employment** and **housing stability**
- **Patient satisfaction**

Effective Modifications for individuals with IDD have been studied with specific focus in Canada and Netherlands with ability to maintain reasonable fidelity to core principles while allowing for needed flexibility to meet needs of this group of individuals¹:

- **Expanded core team** (Psychiatrist, RNs, SWs, vocational specialist, team leader, PCP, and two behavioral specialists)
 - Assure appropriate **multi-disciplinary assessment** and **interventions** and to avoid any concerns over ABA vs other modalities
 - PCP allowed **appropriate focus on medical issues** to assure collaborative approach to meet medical and behavioral health needs and to address any impacts across areas
- **Modified inclusion** criteria to **include “behavioral challenges”** at referral as majority are found to meet diagnostic criteria once engaged for intensive assessment and treatment
- Development of **sub-specialty expertise** by team members **to plug “gaps”** (high incidence of **trauma** in the group necessitating more professional development by the team)
- **Greater involvement in referrals/linkages** to other community agencies in addition to direct provision of services aimed at assuring all systems to meet the varied needs of individuals with IDD and co-occurring behavioral health conditions are adapting in positive ways to build capacity
- **Direct assistance and instruction to the community-based support providers** regarding decision making, tracking analyzing progress [many individuals with IDD will receive daily support from family members and/or staff and for any treatment gains to be generalized and maintained it is necessary for the treating teams to share instructions with those supporting the individual on how to support any new skills and coping strategies and how to avoid any triggers or responses that may worsen or destabilize the situation.]
- **Extended their involvement during hospitalizations** due to need to educate the hospital teams

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Reported **Highly Rated Components of ACT** by recipients with IDD (areas seen by recipients as contributing to efficacy and different in experience to other treatment approaches²:

- Historically recipients report distrust due to previous negative experiences with professional treatment, and they cited here that the persistence of the **ACT teams** and **unconditional, non-judging attitude** broke through this barrier.
- **Accessibility, availability** and **flexibility** of treatment team including needed counseling and emotional support
- Team’s **respect** of recipients’ **autonomy** and **space**
- **Practical support** and options
- Majority reporting doing **better in life**

Outcomes noted for individuals with IDD:

- **Decreased hospitalizations**³
- Decreased **length of stay**⁴
- Improvements in **social** and **psychological functioning**⁵

REFS

¹ King, R., Jordan, A., Mazurek, E., Earle, K., Earle, E., & Runham, A. (2009). Assertive Community Treatment-Dually Diagnosed: The Hyphen was the Easy Part. *Mental Health Aspects of Developmental Disabilities, 12(1)*, 1-7.

² Neijmeijer, L., Kuiper, C., Kroon, H. & Didden, R. (2020). Experience of service users with a mild intellectual disability or borderline intellectual functioning with Flexible Assertive Community Treatment: A qualitative study. *Journal of Applied Research in Intellectual Disability, 33*, 1005-1015.

³ Decreased hospitalizations from 217 pre ACT-DD to 72 post ACT-DD (King et al., 2009; Neijmeijer, L., Korzilius, H, Kroon, H, Nijman, H., & Didden, R. (2019). Flexible assertive community treatment for individuals with a mild intellectual disability or borderline intellectual functioning: results of a longitudinal study in the Netherlands. *Journal of Intellectual Disability Research, 63(8)*, 1015-1022.)

⁴ Decreased length of stay from 80,550 days pre ACT-DD to 3,001 post ACT-DD (King et al., 2009)

⁵ Improvements in social and psychological functioning (Neijmeijer et al, 2019.)