

## Assertive Community Treatment (ACT) Clinical Guideline

MVP Health Care® (MVP), as part of its continuing Quality Improvement Program, has adopted the Substance Abuse and Mental Health Services Administration’s (SAMHSA) Assertive Community Treatment (ACT) evidenced-based practices knowledge informing transformation (KIT) toolkit<sup>1</sup>. The full resource can be found at:

<https://store.samhsa.gov/product/Assertive-Community-Treatment-ACT-Evidence-Based-Practices-EBP-KIT/SMA08-4344>

### Impact of The Condition

Serious mental illness (SMI) is defined as a mental, behavioral, or emotional disorder resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities and oftentimes results in disability<sup>2</sup>. In 2021, there were an estimated 14.1 million adults aged 18 or older in the United States with a serious mental illness representing 5.5% or 1 in 20 U.S. adults being affected<sup>3</sup>. The prevalence of serious mental illness was higher among females (7.0%) than males (4.0%); and highest among young adults ages 18 to 25 years (11.4%) compared to the age groups of 26 to 49 years (7.1%) and 50 years and older (2.5%). In 2021, among the 14.1 million U.S. adults with serious mental illness, 9.1 million (64.5%) received mental health treatment<sup>4</sup> in the past year; and more females (67.6%) received mental health treatment compared to males (61.3%). The percentage of young adults ages 18 to 25 years with serious mental illness who received mental health treatment (57.9%) was lower compared to the age groups of 26 to 49 years (67.0%) and 50 years and older (71.0%).

### Summary of the Guideline

Assertive Community Treatment (ACT) is a service-delivery model with the primary goal of recovery through community treatment and habilitation for persons with serious mental illness. It is a transdisciplinary team of practitioners who provide comprehensive and effective services to persons who are affected with serious mental illness and whose needs have not been met with the traditional approaches to health care delivery. Its services are intended for persons diagnosed with serious mental illness, experience the most debilitating symptoms, and have the most difficulty living independently in the community. Assertive community treatment services are primarily for persons diagnosed with schizophrenia, other psychotic disorders (e.g., schizoaffective disorder), bipolar affective disorder or chronic depression as these illnesses more often cause long-term psychiatric disability. Primary diagnoses of substance use disorder or intellectual disability are not considered appropriate. Indicators of continuous high-services needs are prioritized, such as high use of acute psychiatric hospitalization (e.g., two or more admissions per year) or psychiatric emergency visits; intractable, severe major symptoms (e.g., affective, psychotic, suicidal); coexisting substance use disorder of significant duration (e.g., greater than 6 months); high risk or a recent history of being involved in the criminal justice system; in substandard housing, homeless, or at imminent risk of becoming homeless; living in an inpatient bed or in a supervised community residence, but clinically assessed to be able to live more independently

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if intensive services are provided; and inability to participate in traditional office-based services. Assertive Community Treatment (ACT) services have been shown to reduce the use of inpatient services, increase housing stability, lead to improved substance use outcomes (when substance use treatment is part of the program), yield higher rates of competitive employment (when supported employment is part of the program) and to be more satisfying to persons affected with serious mental illness and their family members.

In the federal performance indicator system that the Substance Abuse and Mental Health Services Administration (SAMHSA) developed, accessibility to assertive community treatment services was one of three best-practice measures of the quality of a state's mental health system.

Additional tools to assist providers with educating their patients on behavioral health conditions are available on the MVP Health Care website, accessible via the link below.

[Quality Programs and Initiatives | MVP Health Care](#)

In conjunction with these guidelines, MVP Health Care offers Case Management for members with behavioral health conditions. If you would like to refer your patients to the Case Management program, please call the MVP Case Management Department at **1-800-852-7826**.

This guideline is not intended to replace the role of clinical judgment by the physician in the management of this, or any other disease entity. It is an educational guideline to assist in the delivery of good medical care. All treatment decisions are ultimately up to the physician. Where medication recommendations are made, please refer to each health plan's formulary for coverage considerations.

MVP Health Care updates its clinical guidelines at least every two years. The review process is also initiated when new scientific evidence or national standards are published. Practitioners are alerted via the web site and by written notices from the plan via fax or newsletter. A hard copy of the clinical guideline can be requested by calling the MVP Quality Improvement Department at **(800) 777-4793 extension 1-2247**.

## References

1. Substance Abuse and Mental Health Services Administration (SAMHSA) Assertive Community Treatment (ACT) Evidence-based Practices (EBP) Kit:  
<https://store.samhsa.gov/product/Assertive-Community-Treatment-ACT-Evidence-Based-Practices-EBP-KIT/SMA08-4344>
2. National Institute of Mental Health. Mental Illness:  
<https://www.nimh.nih.gov/health/statistics/mental-illness>
3. National Alliance on Mental Illness. Mental Health by the Numbers:  
<https://www.nami.org/mhstats>

4. National Institute of Mental Health. Mental Illness. Mental Health Services – SMI. Mental health services as having received inpatient treatment/counseling or outpatient treatment/counseling or having used prescription medication for problems with emotions, nerves, or mental health. <https://www.nimh.nih.gov/health/statistics/mental-illness>