

An Update on Berkeley Mental Health's First Year with Assertive Community Treatment

Summarized by Thomas T. Thomas

Assertive Community Treatment, or ACT, is a program that features collaborative effort among the major social service agencies to provide help for mentally ill people who fall between the cracks or may not be able to access the services they need. At our July 26 meeting, **Jim Hynes**, a senior management analyst with Berkeley's Department of Health and Human Services and coordinator of the city's ACT program, and **Robert Surber**, a consultant in behavioral health to the program, along with assistant management analyst **Rebecca Kahan**, met with us to discuss current progress after the program's first year.



JIM HYNES

By way of background, Hynes said that ACT has the mission of treating people with multiple needs—mental health problems, homelessness, substance abuse, and socialization issues. “Where the majority of behavioral services clients are met in a clinical setting, 70 percent of ACT’s target population can be found in the field,” he said.

In 1997, the Federal Government issued a notice for Community Action Grants for Service System Change, challenging local agencies to identify and implement the best treatment practices. For Berkeley, the ACT model that had been demonstrated at Madison, Wisconsin, seemed to be the best practice. They applied for a grant—Jim Hynes was instrumental in writing the applications—and received one of twenty grants offered nationwide.



ROBERT SURBER

The first phase of the program was planning, which included identifying the stakeholder community: mental health consumers, their family members, police, the Albany-Berkeley Municipal Court, and the Berkeley Mental Health staff themselves. “A total of 58 planning sessions were held over 18 months to find a way to implement ACT that respected Berkeley’s community values,” Hynes said. Work groups, some involving consumers, crafted a program that avoided the involuntary treatment aspects of the established ACT model.

The agency received its implementation grant last July and expects to have the program completely operational by September 2000. ACT is funded at a level of \$800,000 per year, or about a sixth of Berkeley Mental Health’s total annual budget of \$4.7 million.

“The concept of ACT,” said consultant Robert Surber, “is to provide comprehensive service. The program serves whatever needs the client may have in ways he or she is willing to accept. Traditional treatment—simply providing medication and therapy—is insufficient for people in this situation. They need help with housing, with money and jobs, with the law, and with their relationships, in addition to medication and therapy.

“We focus on the highest-cost, highest-need clients,” Surber said.

The ACT program follows the patient out of the hospital into the community and thus is sometimes called “in vivo” treatment. On average nationwide, of all the people discharged from a mental hospital with referral to an outpatient clinic, only 35 percent show up for their first appointment. ACT tries to stay connected with the patient and increase his or her chances of success.

The Berkeley program created a multidisciplinary team, including psychiatrists, psychologists, nurses, social workers, and some consumers as well. Their goal is to maintain a ratio of one staff person for every ten clients, with an ultimate caseload of 100. Currently there are about 40 clients in the program—which should rise to 70 by December. “We’re developing slowly,” Surber said, “to have the best chance of success.”



REBECCA KAHAN

The whole team meets every morning to discuss the caseload, and every member is prepared to work with all of the clients. “We try to engage them in a relationship,” Surber said, “because every aspect of the service is voluntary. They must want it.” Support is offered around the clock, seven days a week.

After these introductory remarks, the speakers opened the floor to questions.

What is the criteria for graduating a client from the ACT program?

The intent is to provide support indefinitely, for as long as it’s needed. The Wisconsin program ended after 12 months, and one year later the clients were doing just as badly as before it started. This showed that ACT must provide long-term support. So there are no criteria for discharge. But what will happen when the program is full and there are still people who need it—there are no answers to that yet.

What are the criteria for admission?

First, the client must represent a high cost of service. The average person in the program consumed \$20,000 in mental health services last year. Second, the client must represent high need. Specifics for that are not completely defined, but the referral is based on staff recommendation. Currently, only Berkeley and Albany residents are eligible for the program.

Because all treatment is voluntary, clients must sign up for the program, can refuse any medications or services, and can leave at any time. The effort is to get people to want to participate.

What would be an example of a client who is “high need” but not “high cost”?

Someone who has been homeless for years but is not in trouble with the law and has never been hospitalized.

What is the size of the patient population?

Much larger than 100 people. But, realistically, there is not enough money in California to take care of the need. Berkeley Mental Health is restructuring and adding resources to provide for this population. ACT is not an answer to all of these problems, but it’s an attempt.

Will an influx of clients from adjoining cities damage the program?

We see homelessness everywhere, and there is no proof that clients will migrate to get better services. Ultimately, it makes no sense to refuse to provide a service just because people might want it.

Will ACT lead to a reduction in hospitalizations?

This has not been shown yet. But the staff is seeing improvement in the patients. Getting people into housing and keeping them there is the biggest improvement.

Can people *really* take some services and not others?

The staff’s job is to keep people in the program, so they are not going to throw anyone out for not participating. But they will explain to a client that his or her ability to get housing is linked to behavior. If the person can control his or her behavior without medication, then there’s no problem. If not, and the person won’t take the medication, then it will be harder to make a placement. There is no coercion, but the staff will explain the consequences and compromises, and the client’s rights and responsibilities as a citizen.

Does Contra Costa County have plans to adopt the ACT model?

Hynes said that he met with representatives from Contra Costa County a week earlier. He pointed out to them the importance of the planning process and not trying to force a top-down program on either staff or consumers.

Is the Drop In Café at Berkeley Mental Health open to everyone?

This program, which meets twice a week for three hours to provide socialization through art classes and other activities, is open only to ACT clients and those on intensive case management. But when Berkeley Mental Health decided to implement ACT, the planning process led to a restructuring of all its services, including the mobile crisis center and same-day service for outpatients.

Does ACT address dual diagnosis?

Substance abuse is a huge problem for the mentally ill. The staff is just getting started with this part of ACT’s comprehensive assessment and services. Full support for it will take more time and resources.

In closing, Jim Hynes mentioned a new measure in the California Legislature, AB 2034, which will provide \$50 million statewide for mental health programs. One of the approaches the bill would support is earlier identification and referral of the chronically ill, because treatment usually works better with early intervention. In a Norwegian program, he said, where the average time from first

referral to receipt of appropriate treatment used to be two years, that time has been reduced to four weeks.

Berkeley Mental Health plans to apply for a grant under AB 2034.