

About Assertive Community Treatment (ACT)

Summary: Developed in the early 1970's, Assertive Community Treatment, or ACT, is an intensive, team-based, multi-disciplinary approach for community mental health services that can include housing-related supports. ACT teams serve individuals with serious and persistent forms of mental illness, including schizophrenia spectrum disorders, bipolar and major depression, personality disorders, and anxiety disorders like PTSD. As a multi-disciplinary approach, ACT teams share a caseload of 100 clients across the team. Intended to be a "one stop shop" for outpatient mental health services, ACT teams require high levels of coordination and provide a comprehensive array of services that focus on recovery, rehabilitation, and improved functioning in activities of daily living, including housing stability. ACT teams include specialists with backgrounds in mental health and psychiatry, nursing, employment, housing, substance use treatment, legal services and benefits access, and care coordination with specialty providers. ACT is an evidence-based practice with strong evidence of reducing hospitalizations and increasing housing stability when programs align with fidelity standards. Both Dartmouth University and the U.S. Department of Substance Abuse and Mental Health Services Administration have created fidelity tools for ACT providers to use to ensure quality in practice and outcomes.

- **Evidence Base and Resources for Fidelity in Replication:** [Link to ACT Resources & Research](#)
As research continues to develop on high quality supportive housing and housing-related service models, CSH will update the References and Resources folder of the Services Budget Tool. Do you have resources, research, or promising practices to share with the Quality Supportive Housing community of providers? Send them to consulting@csh.org with "Staffing Model Resource" in the subject line for review and inclusion.
- **Commonly mentioned strengths of this model:** Team based, highly coordinated, comprehensive services, strong evidence base for target populations living with serious mental illness and co-occurring substance use disorders.
- **Common critiques of this model:** Often the most expensive model, can limit choice for ACT consumers wanting to receive services from outside of ACT Team, staffing challenges related to high turnover provider shortages in community mental health (psychiatry and mental health nursing) can challenge fidelity to the model in many rural communities.

Quality Supportive Housing Service Approaches require commitment to and training in:

- Trauma Informed Care
- Diversity in staff providing and leading service organizations
- Intentional inclusion of and influence from people with lived experience in leadership, governance and service provision
- Commitment to anti-racism, cultural humility and cultural competence
- Harm Reduction and Motivational Interviewing
- Housing First



For more information on service models and approaches, visit the [CSH Quality Supportive Housing](#) landing page to learn about the Dimensions of Quality Supportive Housing to ensure that your policies, procedures, practices and outcomes are Tenant-Centered, Accessible, Coordinated, Integrated, and Sustainable.

Service Staffing Models



At a Glance: References and Resources for ACT	
ACT Model Description and Staffing Recommendations	<i>Substance Abuse and Mental Health Services Administration. Assertive Community Treatment: Building Your Program. DHHS Pub. No. SMA-08-4344, Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, 2008.</i>
	https://store.samhsa.gov/product/Assertive-Community-Treatment-ACT-Evidence-Based-Practices-EBP-KIT/SMA08-4344
	SAMHSA published a guide to setup and implementation of the ACT model. In its guide, a ratio of 10-12 FTE ACT workers to 100 clients is recommended. In general, the program does not recommend exceeding a ratio of 10 clients per FTE. More specifically, for every 100 clients, the ACT model recommends at least 1 psychiatrist, 2 psychiatric nurses, 2 employment specialists, and 2 substance abuse specialists. In addition, the program recommends including peer specialists, mental health professionals, and program assistants on the ACT team as well.
ACT Youth Recommendations	<i>Vijverberg, Richard, et al. "The Effect of Youth Assertive Community Treatment: a Systematic PRISMA Review." BMC Psychiatry, vol. 17, no. 1, 2017, doi:10.1186/s12888-017-1446-4.</i>
	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5541424/
	In this systematic literature review, the authors found that 8 of 13 randomized, controlled trials of ACT in youth featured small caseloads of fewer than 10 clients per ACT worker. Four studies did not report their caseload size and only one study featured a larger caseload.



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