

ASSERTIVE COMMUNITY TREATMENT

Assertive Community Treatment (ACT) is a model of **intensive, community-based care** for people living with serious mental illness. It was designed to provide the level of intensive care that someone might get in an inpatient (hospital) setting, but instead in the community.

As many of us know, mental health services are often fragmented. For example, a person may receive medication from one place, therapy from another and substance use counseling from another. In the ACT model, all of these providers (and others) work together on the same team to meet the each person's specific needs. ACT teams typically include: psychiatrists, nurses, social workers, vocational and substance abuse specialists, and peer specialists (see below).



NOTE: Some people may receive all, some or more services than the example shown above. It depends on the person's individual needs and preferences.

WHAT DOES “COMMUNITY-BASED” MEAN AND WHY IS IT IMPORTANT?

Community-based means that the person is not in a hospital or inpatient setting. Instead, they receive care from a mobile treatment team in or near the place they live, with access to daily choices and new experiences — things that allow us to maintain our identities, grow as people and lead fulfilling lives. When people receive care without these essential elements, their opportunities for recovery are unfairly limited.

IS ACT AVAILABLE IN WISCONSIN?

In Wisconsin, ACT services for adults are delivered by Community Support Programs (CSPs). To learn more, contact your county human services department (contact information on pages 73-81).

ARE COMMUNITY SUPPORT PROGRAMS (CSPs) THE SAME AS ACT TEAMS?

ACT is an “evidence-based practice.” This means that scientific research has proven it to be an effective model for keeping people with serious mental illness out of inpatient (hospital) settings and promoting recovery. ACT is effective because it allows an integrated team of providers to work together on all aspects of a person’s needs. Wisconsin CSPs use this overall approach but many do not follow the ACT model to a “T.” CSPs that follow the ACT model more strictly are generally more effective.

WHAT IF MY COMMUNITY DOESN'T HAVE A CSP?

It's very possible that Comprehensive Community Services (CCS) may

be another very good option. CCS programs serve people across the lifespan and provide a wide array of recovery-oriented services. Contact your county mental health department about CCS (contact info on pages 73-81). You can also learn more at dhs.wisconsin.gov/ccs/expansion/consumers.htm

WHO IS ELIGIBLE FOR CSP AND CCS SERVICES?

Again, CSPs serve people with serious mental illnesses who have intensive care needs. CCS services use a similar model, but serve people who need less intensive services. Typically, people who receive CSP and CCS services have Medicaid coverage. However, eligibility criteria are complex and you should contact your county human services department directly (contact info on pages 73-81).

WHERE CAN I LEARN MORE ABOUT THE ACT MODEL?

Contact your local NAMI affiliate or NAMI Wisconsin to obtain further resources or visit nami.org (click the Treatment tab at the top).

