



Assertive Community Treatment Mercer Study Overview

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Background

- In May 2008, OMHSAS engaged Mercer to do some analyses of our ACT and CTT teams.
- Prior to May 2008:
 - We did not have any reliable data on fidelity or outcomes
 - Cost data were limited to the raw PLE and CCR data; no analysis was ever done on ACT/CTT cost data
 - Did not have any information to gauge the impact of fidelity on cost and outcomes



Background

- Mercer was tasked with the responsibility of primarily conducting the following three analyses of our ACT and CTT teams:
 - Fidelity
 - Cost
 - Outcomes



Study Methodology

- Data to measure **fidelity** was gathered through a telephone survey. The survey combined factors from the DACTS and PA ACT Bulletin
 - A total of 43 teams were interviewed for the fidelity survey:
 - 12 self identified as ACT
 - 29 self identified as CTT
 - 2 self identified as ECM (Enhanced Case Management)
- A pre-survey was conducted to identify consumers served by the ACT/CTT teams in 2005. **Cost Data** was then derived from OMHSAS PLE and CCR systems
- **Outcomes data** was gathered through additional questions asked in the fidelity survey



Study Highlights (Fidelity)

- Out of the 43 teams, 13 were determined to be high fidelity teams, 16 medium fidelity, and 14 low fidelity
- Fidelity scores varied from **169** for the lowest fidelity team to **316** for the highest fidelity team (**max possible: 330**)
- Self identification (ACT or CTT) did not have much correlation with fidelity (6 of the 13 high fidelity teams were CTT)



Study Highlights (Cost)

- Average costs per year, prior to and after enrollment in the team, were examined for this analysis
- Costs appeared to increase for all subjects on high and low fidelity teams. **This was because costs of state hospital use pre-enrollment were not included in the analysis**
- For high fidelity teams, overall spending increased (from pre to post enrollment) **\$3,110** per year on average, from \$18,984 to \$22,094
- For low fidelity teams, the increase (pre to post) was **\$12,203** per year on average, from \$15,832 to \$28,035 for high fidelity). **This increase is nearly four times as much as the increase for high fidelity teams.**



Study Highlights (Cost – cont'd)

- Primary cost drivers for increased costs included day programs, partial and administrative case management
- If extraneous costs are excluded, cost was comparable for high as well as low fidelity teams (\$11,464 for high fidelity, and \$11,389 for low fidelity)



Study Highlights (Outcomes)

- **Outcomes measured at a single point in time – no pre and post enrollment data were analyzed.**
- **Employment:**
 - Higher fidelity teams had higher % of individuals employed
 - Among the unemployed, higher fidelity teams had higher % looking for work and volunteering
- **Housing:**
 - High fidelity teams had higher % living independently and with family
 - Higher fidelity teams also had fewer % of persons living in shelters or on the streets



Summary of Analyses

- We appear to be paying more for non-evidence based services than for an evidence based service with fidelity
- Reductions in inpatient costs were comparable for high and low fidelity teams (note: State hospital costs were not included in this portion of the analysis)
- There are direct correlations between adherence to fidelity and outcomes
- **The cost of implementing fidelity monitoring and training and technical assistance for ACT appears warranted**



Questions