SPURWINK
going the distance

April 29, 2021

Re: LD 582, H.P. 425 An Act To Support the Fidelity and Sustainability of Assertive Community

Thank you, Senator Claxton, Representative Meyer, and Committee Members for accepting this testimony in support of LD 582, An Act to Support the Fidelity and Sustainability of Assertive Community Treatment. My name is Ben Strick. I am a licensed clinical social worker and the Director of Adult Behavioral Health for Spurwink Services.

LD 582 is designed to improve fidelity to the ACT model. Your support of this legislation would enhance services for vulnerable Mainers with serious mental illness and complex needs, leading to a decrease in unnecessary and expensive hospitalizations and incarcerations.

Assertive Community Treatment (ACT) is an evidence-based practice (EBP) created to help individuals with psychotic disorders like Schizophrenia and Schizoaffective Disorder live in the community rather than psychiatric institutions. Fidelity to the model is measured using the Dartmouth Assertive Community Treatment Scale (DACTS). In 2019 all ACT providers in Maine underwent a DACTS fidelity review conducted by the Center for Evidence Based Practices at Case Western Reserve University and the Office of Behavioral Health. These reviews highlighted several areas where current regulations restrict providers ability to follow the model with fidelity. This bill would align State regulations to DACTS standards, ensuring better care for vulnerable Mainers.

While a detailed crosswalk between LD 582 and DACTS standards is included below, the key changes include:

- Enhancing provider ability to provide 24/7 x 365 services,
- Aligning prior authorizations and continued stay reviews with evidence-based standards,
- Guaranteeing continuity of care across treatment settings, decreasing likelihood of re-hospitalization or re-incarceration,
- Clarifying face-to-face contact requirements to align with DACTS fidelity standards, and
- Ensuring service recipients meet appropriate, evidence-based, diagnostic criteria.

The DACTS assesses programs in 21 areas across 3 domains: Human Resources (H), Organizational Boundaries (O), and Nature of Services (S). Below please find the DACTS standards that correspond with the proposed rule changes in sect. 5 of LD 582.

1. Provide for a per member, per month reimbursement model that ensures adequate resources to provide services achieving fidelity to the evidence-based model for ACT services, using a per member, per month payment model;

DACTS Standard O3 specifies that "ACT teams provide 24-hour coverage." Section 17.04-3 of the MaineCare Benefits manual requires that "practitioners are available twenty-four (24) hours a day, every day, three hundred and sixty five (365) days a year." Current ACT reimbursement is based on a per diem rate and covered services. Providers are authorized for 21 billable days a month unless they receive additional prior authorization. Switching to a per member, per month rate similar to existing Behavioral Health Home and Opioid Health Home models would better encompass the 24/7 x 365 requirements outlined in both the DACTS and MaineCare Benefits Manual.

2. Ensure that limits are not placed on the duration of ACT services to any recipient and that ACT services remain the point of contact for all clients meeting the eligibility requirements for ACT for as long as necessary;

3. Provide an initial authorization period of one year for clients meeting eligibility requirements for ACT and require reauthorization no more often than annually thereafter;

ACT services currently require 90-day reauthorization. Schizophrenia is a lifelong illness. DACTS standard O7 requires that "all clients are served on a time-unlimited basis, with fewer than 5% graduating annually." DACTS standard S2 requires that "95% or more of caseload is retained over a 12-month period." The SAMHSA ACT Evidence Based Practices Tool Kit suggests that consumers who transitioned to lower levels of care after only one year of service were likely to experience substantial setbacks while consumers who were were successful had "received ACT services for about 6 years" (p.11). Changing authorization timelines would ensure consumers receive services for the appropriate duration and decrease unnecessary and expensive hospitalizations.

4. Allow billing for services under the program for coordination of care during an initial engagement period of 90 days, when the recipient of those services is temporarily admitted to a hospital or resident in a jail or prison in this State and when the recipient is making a transition to a lower level of care, recognizing that the fidelity of the program to the ACT model requires continuity of treatment;

Currently providers are not allowed to bill for services while a consumer is hospitalized or incarcerated. These are times that, unfortunately, require an increased intensity of service. A consumer's plan has been unsuccessful, and the team needs to assist the individual in creating a new and better plan. Items O4 and O5 of the DACTS require that ACT be involved in 95% of hospital admission and discharges. Changing these regulations to allow for transitional services, and switching to a per member per month rate, would ensure continuity of care, engender better discharge planning, and decrease risk of rehospitalization or reincarceration.

5. Clarify that the minimum contact requirement is 3 contacts weekly on average over each year of authorized service and that a contact may be face to face, through a closed door or an outreach attempt at the home or in the community, including without limitation street outreach; and

This item aligns the timeline used to calculate the required average in Section 17.04-3 of the Mainecare Benefits Manual with the above proposed authorization period. This would align more closely with DACTS item S5 which assesses fidelity based on an average of contacts across a client panel over three months, not per client.

6. Ensure that medical eligibility to receive services under the program reflects an evidence-based understanding of the diagnoses and circumstances in which ACT is effective.

ACT is an evidence-based practice for individuals with serious mental illness including psychotic disorders like Schizophrenia and Schizoaffective Disorder, Bipolar Disorder, and Major Depressive Disorder. It is ideal for people with multi-system engagement and complex needs like homelessness, co-occurring substance use, justice system involvement, and high crisis, emergency department, and hospital utilization. Unfortunately, with the decline in access to other adult behavioral health services, ACT has become a catch-all for anyone with complex needs. It is not an evidence-based treatment for individuals with Personality Disorders, Developmental Disabilities, or stand-alone Substance Use Disorders, and may be iatrogenic to their care. The State has developed new intensive outpatient and other programs. ACT should be reserved for those for whom it was designed and is most effective.

I ask that you please support this legislation, align State regulations with established fidelity standards, and help meet the needs of Mainers with serious mental illness and complex needs. Thank you for your time, consideration, and efforts to help us serve this deserving population.

BENJAMIN STRICK, LCSW
Director of Adult Behavioral Health
207.871.1200 x 3160 | 207.615.2146 (c) |207.871.1232 (f)
62 Elm Street
Portland, Maine 04101
www.spurwink.org

SPURWINK