



MAINE CRIMINAL JUSTICE/MENTAL HEALTH BRIEFS

ASSERTIVE COMMUNITY TREATMENT (ACT)

Policy makers in Maine and around the country face the serious challenge of addressing the needs of people with mental illness involved in the criminal justice system. There are a number of strategies that offer alternatives to jail for mentally ill persons. These diversion strategies have shown success in decreasing jail stays for persons with mental illness, encouraging continuity of care after the person has been released, as well as saving money. The following is a description of one type of program aimed at reducing the number of persons with mental illness who are sentenced to serve time in the criminal justice system.

About ACT:

The model originated in Wisconsin in the late 1960s as the Program of Assertive Community Treatment (PACT) to serve people with severe mental illness. Traditional approaches connect individuals with mental illness to services provided by many different agencies, whereas ACT members operate as a team, collaborating to provide those services directly for the individuals. The ACT team usually consists of a psychiatrist, nurses, substance abuse specialists and case managers, who are collectively responsible for the individual. There are several guiding principles for ACT systems, called "Principles of ACT." These include:

1. Highly individualized services
2. Integration
3. Emphasis on vocational expectations
4. Psycho educational services
5. Community Attention to health care needs

Guided by these principles, ACT teams operate with a small client-to-staff ratio (1:10), include family members in treatment plans, and provide many services to those with severe mental illness. Communities are also able to tailor the program to specific outcomes, such as increased employment. Prior to release, team members assess the individual and develop a treatment plan to ensure continuous service after release.

Research on outcomes:

Research has shown that, compared those receiving traditional treatments, individuals with severe mental illness who participated in an ACT program spent fewer days receiving inpatient care. In addition, ACT has been shown to increase residence stability, promote independent living and continuity of care, and increase family and consumer satisfaction. In programs that include a supported employment components, ACT results in higher rates of competitive employment. Likewise, in programs that include substance abuse components, better substance abuse outcomes have been reported.

Best Practice: Ohio ACT

The Ohio Department of Rehabilitation and Corrections (ODRC) funded two pilot programs in two counties. Funding was used to provide housing, clothing, medication, transportation, and rehabilitation services and employment of practitioners. In addition to the core ACT team, two parole officers operate as liaisons between the criminal justice system and the mental health service providers. Participation in the program is voluntary. 90 days prior to release, ACT practitioners complete a treatment assessment to ensure continuity of care post release.

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Diversion Re-Entry Steering Committee

The Committee is established to oversee the implementation of a joint action plan of action to address the needs of people with mental illness who are involved in the criminal justice system. The Diversion/Re-Entry (DRE) Steering Committee will focus on diverting people with mental illness from the criminal justice system and improving re-entry planning from prison or jail.

Maine Association of Criminal Defense Lawyers (MACDL)
Maine Chiefs of Police
Maine Coalition Against Sexual Assault
Maine Coalition to End Domestic Violence
Maine Criminal Justice Academy
Maine Department of Corrections (MDOC)
Maine Department of Health and Human Services (DHHS)
Maine Judicial Branch
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