



# COMMONWEALTH of VIRGINIA

NELSON SMITH  
COMMISSIONER

DEPARTMENT OF  
BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

Post Office Box 1797  
Richmond, Virginia 23218-1797

Telephone (804) 786-3921  
Fax (804) 371-6638  
[www.dbhds.virginia.gov](http://www.dbhds.virginia.gov)

July 2, 2025

To: The Honorable L. Louise Lucas, Chair, Senate Finance & Appropriations Committee  
The Honorable Luke E. Torian, Chair, House Appropriations Committee

From: Nelson Smith, Commissioner, Department of Behavioral Health and Developmental Services

RE: Item 295.T, 2024 Special Session I Appropriations Act

Item 295.T of the 2024 Special Session I Appropriations Act directs the Department of Behavioral Health and Developmental Services (DBHDS) to submit an annual report on the Commonwealth's Assertive Community Treatment (ACT) programs. Specifically, the language states:

*T. The Department of Behavioral Health and Developmental Services shall report on the allocation and funding for Programs of Assertive Community Treatment (PACT) in the Commonwealth. The report shall include information on the cost of each team, the cost per individual served and the cost effectiveness of each PACT in diverting individuals from state and local hospitalization and stabilizing individuals in the community. The department shall provide the report to the Chairmen of the House Appropriations and Senate Finance Committees by November 1, of each year.*

cc: The Honorable Janet V. Kelly, Secretary of Health and Human Resources



# **Report on Assertive Community Treatment – Program Funding, Cost Effectiveness, and Impact**

(Item 295.T, 2024 Special Session I Appropriations Act)

**November 1, 2024**

***DBHDS Vision: A Life of Possibilities for All Virginians***

1220 BANK STREET • P.O. BOX 1797 • RICHMOND, VIRGINIA 23218-1797

PHONE: (804) 786-3921 • FAX: (804) 371-6638 • WEB SITE: [WWW.DBHDS.VIRGINIA.GOV](http://WWW.DBHDS.VIRGINIA.GOV)

## Preface

Item 295.T of the 2024 Special Session I Appropriations Act requires the Department of Behavioral Health and Developmental Services (DBHDS) to report on the Commonwealth's Assertive Community Treatment (ACT) programs to the Chairmen of the House Appropriations and Senate Finance Committees. The language reads:

*T. The Department of Behavioral Health and Developmental Services shall report on the allocation and funding for Programs of Assertive Community Treatment (PACT) in the Commonwealth. The report shall include information on the cost of each team, the cost per individual served and the cost effectiveness of each PACT in diverting individuals from state and local hospitalization and stabilizing individuals in the community. The department shall provide the report to the Chairmen of the House Appropriations and Senate Finance Committees by November 1, of each year.*

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## Executive Summary

Assertive Community Treatment (ACT) is an evidence-based practice (EBP) proven to improve outcomes for people with severe mental illness. One of the oldest and most widely researched EBP's in behavioral healthcare for people with severe mental illness, research shows that ACT reduces hospitalizations and incarceration, increases housing stability, and improves quality of life for people with the most severe symptoms of mental illness.<sup>1</sup> ACT utilizes a multidisciplinary, community-based team of medical, behavioral health, and rehabilitation professionals who work together to meet the needs of the individuals that they serve.

The Department of Behavioral Health and Development Services (DBHDS) assesses general financial figures for ACT – costs per team and costs per individual served, the program's impact on state and local hospitalization and incarceration, and the associated cost implications from diverting ACT clients from these more expensive services. The assessment of data indicated ACT services resulted in lower hospitalization and incarceration rates for individuals being served, and substantial associated cost reductions.

Some of the main findings in this report supporting the value of investment in ACT services across the Commonwealth include:

- The average cost per individual served by ACT teams across the Commonwealth in FY 2023 was \$17,838, representing a consistent trend with the previous fiscal year.
- State hospitalization usage for all ACT-served individuals admitted in FY 2021 was reduced by 45 percent, representing a cost avoidance of \$12,086,216 related to this population.
- All new FY 2021 ACT-served individuals accounted for 22,130 state hospital bed days in the two years prior to their ACT admission, and just 12,233 in the two years post their ACT admission.
- Across the FY 2016, FY 2017, FY 2018, FY 2019, FY 2020, and FY 2021 cohorts, the ACT program contributed to an overall cost avoidance of \$67,150,396 in state hospital costs in the two years following initiation of ACT services.
- Local psychiatric hospitalization use for all ACT-served individuals admitted in FY 2021 had a 32 percent reduction, which represents a cost avoidance of \$1,470,831 related to this population.
- All new FY 2021 ACT-served individuals accounted for 8,195 local hospital psychiatric bed days in the two years prior to ACT admission, and just 5,541 in the two years post ACT admission.

## Assertive Community Treatment (ACT) Overview

Assertive Community Treatment (ACT) consists of a self-contained trans-disciplinary team comprised of a team leader, a psychiatric care provider, nurses, social workers, therapists, and specialists, such as in the area of co-occurring substance use disorder treatment, employment and educational services, and recovery focused peer-support services. Team members work closely

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<sup>1</sup> For a collection of relevant research, see: UNC Institute for Best Practices. (2019). *ACT* [Research]. Retrieved from <http://www.institutebestpractices.org/act/research/>

together to help adults with severe mental illness live independently in the community instead of an institution or on the streets. Some of the services provided include:

- Helping individuals find and maintain safe, affordable housing.
- Assistance with finding and maintaining meaningful, competitive employment.
- Education around mental health challenges and treatment choices.
- Assistance with harm reduction and substance use disorder recovery strategies.
- Psychiatric rehabilitation and the development of practical life skills.
- Medication management and support

To be most effective, ACT is to be recovery-oriented, strengths-based, and person-centered. Treatment is assertive in that the team is proactive and persistent in efforts to engage, and retain in services, individuals who would likely benefit from this level of support.

Individuals who are appropriate for ACT do not benefit from receiving services across multiple, disconnected providers, thus a fundamental charge of ACT is to be the first line (and generally sole provider) of all the services that individuals who receive ACT need. Being the single point of responsibility necessitates a higher frequency and intensity of community-based contacts, and a very low individual-to-staff ratio. Other important characteristics of ACT programs include:

- Services are delivered in an ongoing framework to aid the process of recovery and ensure continuity of care.
- Services are delivered according to a recovery-based philosophy of care, where the team promotes self-determination, respects the individual as expert in his or her own right, and engages peers in the process of promoting hope that the individual can experience sustained recovery from the symptoms related to their mental illness, as well as regain meaningful roles and relationships in the community.
- ACT teams assist individuals in advancing towards personal goals with a focus on enhancing community integration and regaining of valued roles (e.g. employee, spouse, parent, tenant). Because ACT teams work with individuals who may passively or actively resist services, ACT teams are expected to thoughtfully carry out planned assertive engagement techniques, which consist largely of rapport-building strategies, facilitating meeting of basic needs, and motivational interviewing techniques. These techniques are used to identify and focus on the individual's life goals and what they are motivated to change.

A total of 61 ACT teams are operated in the Commonwealth, with 41 of those operating out of the 30 Community Service Boards (CSBs) and 20 teams operated by non-CSB providers. Providers are now benefiting from having the flexibility to operate small, medium, or large teams, which allows for “right-sizing” the model to reflect the specific needs and resources of each individual community. State general funds in the amount of \$18.9 million were provided to CSB-operated ACT teams in FY 2021. Funding for ACT has differed with each appropriation and varies between \$336,061 to \$850,000 for individual CSBs.

## Program Impact

### The Cost of Each Team and Cost per Individual Served

On August 20, 2024, the Department of Behavioral Health and Developmental Services (DBHDS) distributed a survey to all of Virginia's CSBs offering ACT services in FY 2023 via email. The questions were as follows:

1. How many years has your CSB or agency offered ACT services as of 6/30/2023?
2. What is the total amount of expenditures this CSB or agency had for ACT services for SFY2023?
3. How much revenue did the CSB or agency receive from its ACT services for SFY2023 by the following categories?
  - Federal Funds
  - State Funds
  - Local Funds
  - Medicaid
  - Medicare
  - Private Insurance and Other Payers, Fees

The results for CSB ACT teams are tabulated in Table 1 below.

**The average cost per individual served by CSB ACT teams in FY 2023 was \$17,838** (see Table 1 below), which represents an increased cost per individual when compared to the previous year's cost per person average. Figure 1 contrasts the cost per person across ACT teams in FY 2021, FY 2022, and FY 2023. The chart illustrates that overall, the variance in average cost across sites expanded between FY 2022 and FY 2023 including the inter-quartile range increasing by about \$2,384. The lower most point remained the same.

DBHDS also sent the survey to other CSBs that provided the very similar Intensive Community Treatment (ICT) service in FY 2023, as well as some private providers that performed ACT services in FY 2023 and received some Medicaid reimbursement. The intention was to enable DBHDS to compare funding discrepancies between the different types of service providers. Two CSBs that provided ICT and six private providers that provided ACT in FY 2023 completed the optional survey. While this sample size of other providers was limited and should be considered when viewing results, the distinction in funding allotments between these types of service providers was substantial.

The two most significant differences in funding sources between the providers were proportions of revenue from state and Medicaid funds. State funds made up 47 percent of revenue for CSB ACT programs, compared to only seven percent of the CSB ICT programs and none of the revenue for the ACT private providers. Medicaid comprised all of the revenue for ACT private providers, 100 percent, while only contributing to 44 percent of CSB ACT and 77 percent of CSB ICT programs' funding. Additionally, CSB ICT programs had a similar share of total revenue from Federal (three percent) and Local (11 percent) funds than their CSB ACT program counterparts (two percent Federal and six percent local funds).

**Table 1: VA CSB ACT Team Cost**

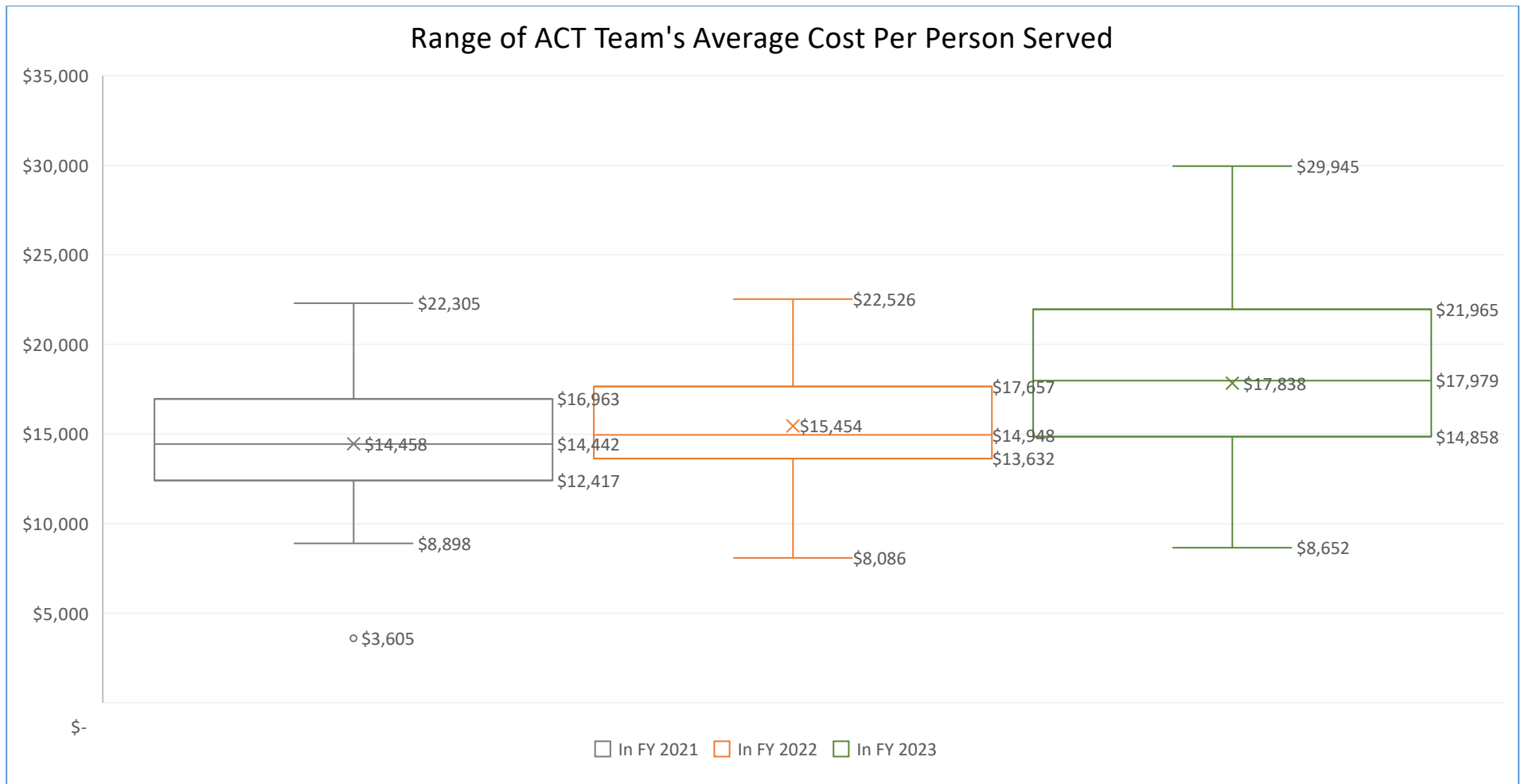
Name of CSB:	Years Offering ACT a/o June 30, 2023	Total Expenditures ACT Services FY 2023	Total Revenue ACT Services FY 2023	Federal:	State:	Local	Medicaid	Medicare	Private Insurance and Other Payers, Fees	# Served FY 2023	Change from FY 2022	Average Cost PP in FY 2023	Change from FY 2022
Alexandria CSB	7	\$1,200,787	\$1,200,787	\$0	\$850,000	\$310,164	\$40,623	\$0	\$0	66	-1	\$18,194	1,034
Arlington CSB	10	\$1,735,139	\$1,028,286	\$0	\$665,000	\$0	\$362,366	\$0	\$921	100	-2	\$17,351	13,746
Blue Ridge Behavioral Healthcare	24	\$1,195,472	\$1,170,867	\$10,235	\$731,569	\$9,213	\$419,686	\$0	\$164	81	-22	\$14,759	1,986
Chesapeake Integrated Behavioral Healthcare	18	\$2,277,699	\$2,156,094	\$0	\$1,580,487	\$0	\$575,607	\$0	\$0	99	4	\$23,007	702
Colonial Behavioral Health	7	\$1,224,994	\$1,424,694	\$102,202	\$850,000	\$0	\$472,492	\$0	\$0	55	-5	\$22,273	2,928
Danville- Pittsylvania Community Services	18	\$1,478,544	\$1,657,940	\$8,718	\$845,000	\$0	\$802,004	\$0	\$2,218	80	-7	\$18,482	5,078
District 19 Community Services Board	23	\$1,631,330	\$1,631,330	\$34,647	\$927,989	\$0	\$617,058	\$0	\$51,637	75	-11	\$21,751	5,379
Fairfax-Falls Church CSB	25	\$1,851,100	\$1,851,100	\$0	\$1,091,440	\$330,687	\$408,002	\$0	\$20,970	84	-13	\$22,037	6,800
Hampton- Newport News CSB	25	\$1,832,851	\$2,330,390	\$0	\$862,500	\$0	\$1,425,479	\$12,189	\$30,222	93	-17	\$19,708	3,876
Henrico Area Mental Health and Development- al Services	27	\$1,676,146	\$1,728,620	\$188,744	\$500,000	\$543,794	\$495,811	\$149	\$122	174	-29	\$9,633	-2,181



Name of CSB:	Years Offering ACT a/o June 30, 2023	Total Expenditures ACT Services FY 2023	Total Revenue ACT Services FY 2023	Federal:	State:	Local	Medicaid	Medicare	Private Insurance and Other Payers, Fees	# Served FY 2023	Change from FY 2022	Average Cost PP in FY 2023	Change from FY 2022
Horizon Behavioral Health	25	\$1,616,458	\$1,762,055	\$25,319	\$700,000	\$0	\$1,029,007	\$1,798	\$5,931	91	-4	\$17,763	2,825
Middle Peninsula Northern Neck Community Services Board	7	\$1,021,854	\$1,437,483	\$0	\$750,000	\$0	\$687,483	\$0	\$0	59	-2	\$17,320	1,708
Mount Rogers Community Services*	19	\$1,766,727	\$1,728,947	\$0	\$835,000	\$0	\$893,342	\$0	\$605	59	-16	\$29,945	11,141
New River Valley Community Services*	23	\$3,485,363	\$4,326,360	\$39,463	\$379,272	\$0	\$3,907,625	\$0	\$0	230	-19	\$15,154	-4,019
Norfolk CSB	24	\$2,186,348	\$2,186,348	\$5,000	\$1,343,665	\$561,469	\$271,609	\$2,360	\$2,245	117	-9	\$18,687	6,094
Northwestern CSB	7	\$781,732	\$1,203,009	\$0	\$850,000	\$0	\$336,146	\$0	\$16,863	87	-18	\$8,985	87
Piedmont Community Services	8	\$1,427,313	\$1,397,577	\$8,204	\$858,192	\$9,936	\$518,539	\$49	\$2,657	94	0	\$15,184	1,998
Portsmouth Behavioral Healthcare Services	1	\$219,565	\$501,478	\$500,000	\$0	\$0	\$1,478	\$0	\$0	6			
Prince William County Community Services	21	\$2,302,504	\$2,302,504	\$0	\$850,000	\$865,212	\$585,209	\$264	\$1,819	83	-3	\$27,741	8,700
Rappahannock Area Community Services Board	9	\$1,549,826	\$1,815,878	\$0	\$850,000	\$0	\$962,905	\$0	\$2,973	67	-6	\$23,132	9,185

Name of CSB:	Years Offering ACT a/o June 30, 2023	Total Expenditures - ACT Services FY 2023	Total Revenue - ACT Services FY 2023	Federal:	State:	Local	Medicaid	Medicare	Private Insurance and Other Payers, Fees	# Served FY 2023	Change from FY 2022	Average Cost PP in FY 2023	Change from FY 2022
Region Ten CSB*	25	\$1,824,716	\$1,734,389	\$0	\$889,000	\$0	\$844,886	\$0	\$503	175	63	\$10,566	-5,293
Richmond Behavioral Health Authority	25	\$1,579,757	\$2,336,928	\$242,038	\$1,000,000	\$0	\$1,089,890	\$0	\$5,000	102	-13	\$15,488	4,411
Valley CSB	25	\$988,074	\$1,901,866	\$7,500	\$630,000	\$0	\$1,246,349	\$4,119	\$13,897	85	-12	\$11,624	906
Virginia Beach CSB	10	\$1,798,779	\$1,798,779	\$0	\$1,050,000	\$78,235	\$639,359	\$0	\$31,185	87	-8	\$20,676	7,738
Western Tidewater CSB	7	\$1,609,281	\$1,516,395	\$0	\$850,000	\$0	\$665,793	\$126	\$477	186	23	\$8,652	-3,706
<b>Average</b>	<b>17</b>	<b>\$1,610,494</b>	<b>\$1,765,204</b>	<b>\$46,883</b>	<b>\$829,565</b>	<b>\$108,348</b>	<b>\$771,950</b>	<b>\$842</b>	<b>\$7,616</b>	<b>97</b>	<b>-5</b>	<b>\$17,838</b>	<b>\$3,380</b>

\*New River Valley CS, Mount Rogers CSB, Region Ten CSB each have two separate ACT teams



**Figure 1. Range of PACT Team's Average Cost Per Person Served**

## Cost Effectiveness of ACT in Diverting Individuals from Hospitalization

### State Hospitals

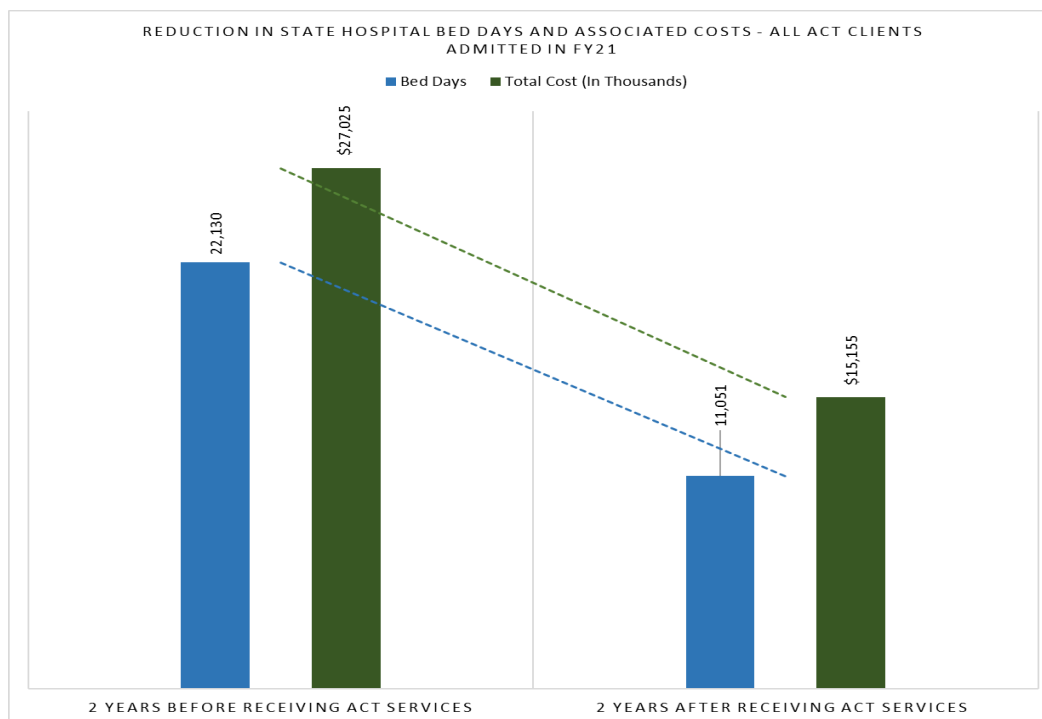
DBHDS assesses hospitalization cost effectiveness by comparing individuals' number of bed days and associated costs in the two years prior to ACT admission with the number of bed days and associated costs the two years following admission to ACT. In FY 2021, ACT programs admitted 333 new individuals across the Commonwealth. The entire group of new ACT admits in FY 2021 accounted for a total of 22,130 state hospital bed days in the two years prior to admission to an ACT program. Total cost for these bed days was an estimated \$27 million.

In the two years after their first ACT service in FY 2021, the group used only 11,051 bed days (estimated cost \$15.1 million). **This represents a 45 percent reduction in state hospitalization for this population, which signifies a cost avoidance of \$12.1 million (see Figure 2).** Since FY 2016, ACT admits collectively represented a cost avoidance of \$55.0 million in state hospital costs in the two years post ACT admission. Thus, in total, the **ACT program contributed to an overall cost avoidance of \$67.1 million in state hospital costs for the four cohort groups in the two years post initiation of ACT services.**

The costs are based off a \$1,221.20 average daily cost per adult patient figure, which is the average year-to-date cost per patient day rate from the May 2024 DBHDS Monthly Cost Report.

Table 2 below demonstrates the impact of all ACT teams in diverting individuals served by ACT services in FY 2021 from state hospitalization. **Of the 25 CSBs with ACT teams, 18 (72 percent) exhibited a net reduction in state hospital bed days for their FY 2021 cohort, including 14 CSBs (56 percent) that contributed to a reduction greater than 50 percent.**

Figure 2: Reduction in State Hospital Bed Days and Associated Costs - All ACT Clients admitted FY21



**Table 2: State Hospital Bed Days by ACT Team**

<b>Name of CSB</b>	<b>Two Years Before ACT</b>	<b>Two Years After ACT</b>	<b>Difference</b>	<b>Cost Reduction</b>
Alexandria	66	148	82(↑ 124%)	\$ (100,138.40)
Arlington	1156	490	-666(↓ 57%)	\$ 813,319.20
Blue Ridge	947	361	-586(↓ 62%)	\$ 715,623.20
Chesapeake	3109	826	-2283(↓ 73%)	\$ 2,787,999.60
Chesterfield	8	0	-8 (↓ 100%)	\$ 9,769.60
Colonial	3	0	-3 (↓ 100%)	\$ 3,663.60
Crossroads	34	0	-34(↓ 100%)	\$ 41,520.80
District 19	209	532	323(↑ 155%)	\$ (394,447.60)
Fairfax-Falls Church	1034	276	-758(↓ 73%)	\$ 925,669.60
Hampton- Newport News	1555	450	-1105(↓ 71%)	\$ 1,349,426.00
Henrico Area	346	461	115(↑ 33%)	\$ (140,438.00)
Horizon	1042	149	-893(↓ 86%)	\$ 1,090,531.60
Middle Peninsula- Northern Neck	156	380	224(↑ 144%)	\$ (273,548.80)
Mount Rogers	107	534	427(↑ 399%)	\$ (521,452.40)
New River Valley	28	342	314(↑ 1121%)	\$ (383,456.80)
Norfolk	2121	472	-1649(↓ 78%)	\$ 2,013,758.80
Northwestern	510	740	230(↑ 45%)	\$ (280,876.00)
Piedmont	553	294	-259(↓ 47%)	\$ 316,290.80
Prince William	3760	1729	-2031(↓ 54%)	\$ 2,480,257.20
Rappahannock Area	16	0	-16(↓ 100%)	\$ 19,539.20
Region Ten	1117	445	-672(↓ 60%)	\$ 820,646.40
Richmond	1929	987	-942(↓ 49%)	\$ 1,150,370.40
Valley	561	125	-436(↓ 78%)	\$ 532,443.20
Virginia Beach	1563	728	-835(↓ 53%)	\$ 1,019,702.00
Western Tidewater	200	1764	1564(↑ 782%)	\$ (1,909,956.80)
<b>Total</b>	<b>22,130</b>	<b>12,233</b>	<b>-9,897(↓ 45%)</b>	<b>\$ 12,086,216.40</b>

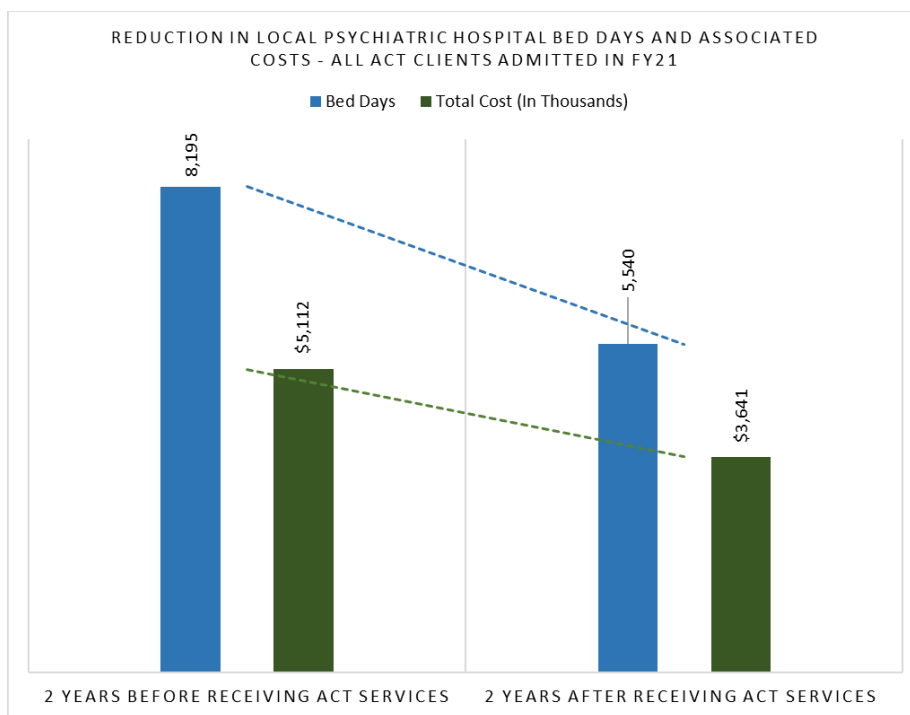
## Local Hospitals

DBHDS assesses local hospitalization cost effectiveness by comparing individuals' number of psychiatric bed days<sup>2</sup> (and associated costs) in the two years prior to ACT admission with the number of bed days (and associated costs) the two years post admission to ACT. In FY 2021, ACT programs admitted 333 new individuals. A total of 294 individuals were assessed. New FY 2021 ACT admits accounted for a total of 8,195 local hospital psychiatric bed days in the two years prior to ACT program admission. Total estimated cost for these bed days is \$5.1 million.

In the two years post their first ACT service in FY 2021, these individuals used 5,540 psychiatric bed days (estimated cost \$3.6 million). **This is a 32 percent reduction in local psychiatric hospitalization for this population, a cost avoidance of \$1.5 million (see Figure 3).** Costs are based on DMAS' FY 2023 Local Hospital Psychiatric Operating Rate per Day's state average of \$881.38.<sup>3</sup>

Table 3 below demonstrates the impact of all ACT teams in diverting ACT-served individuals admitted in FY 2021 from local psychiatric hospitalization. Of the 27 CSBs with ACT teams, 22 demonstrated a net reduction in local hospital psychiatric bed days for their FY 2021 cohort, including five (19 percent) that contributed to a reduction greater than 50 percent.

**Figure 3: Reduction in Local Psychiatric Hospital Bed Days and Associated Costs - All ACT Clients admitted in FY21**



<sup>2</sup> Psychiatric bed days are defined as the following three Major Diagnostic Categories (MDC) at intake: 19 Mental Diseases and Disorders, 20 Alcohol/Drug Use or Induced Mental Disorders, and 21 Injuries, Poison and Toxic Effect of Drugs

<sup>3</sup> Department of Medical Assistance Services. (2023). *Hospital Rates* [DRG and Psychiatric Rates]. Retrieved from <https://www.dmas.virginia.gov/for-providers/general-information/rate-setting/hospital-rates/>  
<http://www.dmas.virginia.gov/>

**Table 3: Local Hospital Psychiatric Bed Days by ACT Team**

Name of CSB	Two Years Before ACT	Two Years After ACT	Difference	Cost Reduction
Alexandria	205	122	-82(↓40%)	\$ 30,057.26
Arlington	335	306	-30(↓9%)	\$ 6,126.26
Blue Ridge	520	368	-152(↓29%)	\$ 117,781.24
Chesapeake	207	149	-58(↓28%)	\$ 24,649.72
Chesterfield	155	93	-62(↓40%)	\$ 24,287.04
Colonial	173	124	-49(↓28%)	\$ 21,100.52
Danville-Pittsylvania	85	63	-23(↓26%)	\$ 5,924.95
District 19	252	94	-158(↓63%)	\$ 76,514.98
Fairfax-Falls Church	403	412	9(↑2%)	\$ 10,073.89
Hampton-Newport News	436	379	-57(↓13%)	\$ 24,065.61
Hanover County CSB	129	68	-62(↓48%)	\$ 36,543.12
Henrico Area	482	275	-207(↓48%)	\$ 62,532.95
Horizon	155	105	-50(↓32%)	\$ 18,045.27
Loudoun County	65	23	-42(↓65%)	\$ 23,556.30
Middle Peninsula-Northern Neck	96	112	16(↑17%)	\$ 827.22
Mount Rogers	191	74	-117(↓61%)	\$ 77,574.31
New River Valley	210	187	22(↑11%)	\$ 14,134.31
Norfolk	393	296	-97(↓25%)	\$ 39,275.69
Northwestern	402	224	-178(↓44%)	\$ 154,650.46
Piedmont	294	227	-67(↓23%)	\$ 39,472.81
Prince William	412	213	-200(↓48%)	\$ 105,379.65
Rappahannock Area	226	252	26 (↑12%)	\$ (24,518.78)
Region Ten	704	363	-341(↓48%)	\$ 224,292.04
Richmond	691	324	-357(↓53%)	\$ 179,393.46
Valley	238	309	71 (↑30%)	\$ (31,381.40)
Virginia Beach	202	191	-11(↑6%)	\$ (1,494.06)
Western Tidewater	539	192	-347(↓64%)	\$ 211,965.83
<b>Total</b>	<b>8,657</b>	<b>4,922</b>	<b>-2,655(↓32%)</b>	<b>\$ 1,470,830.63</b>

## Conclusion

ACT services are now available at 30 of Virginia's 40 CSBs with an additional 20 private providers now in operation as well. In FY 2023, ACT served 2,610 individuals who required highly proactive and persistent support through ACT services. On average, it costs the state \$17,838 per individual to provide this level of care. This investment has produced significant

outcomes. The program reduces ACT-served individuals' state hospitalization. The FY 2020 ACT population had a 45 percent reduction in bed days over two years, which resulted in avoiding an estimated \$12,086,216 in costs. Similarly, the data suggests that the ACT program reduces the demand on local/private hospitals with the new FY 2021 ACT population needing 43 percent less bed days, an estimated cost avoidance of \$1,470,831.

The effectiveness of Virginia's ACT programs will continue to depend on three things:

- 1) **Workforce recruitment and retention:** As much, or perhaps even more than most community-based services, ACT in particular has continued to struggle with ongoing workforce issues. Given the intense nature of ACT service delivery, the acute needs of the population it serves, and often less-than-competitive salaries, most if not all of Virginia's ACT teams have been hampered by staff departures, key positions left vacant for extended periods of time, or both. If workforce shortages across ACT continue to worsen, and a more robust array of intensive, community-based services are not stood up, the safety of ACT staff and the individuals they serve may be at risk.
- 2) **The quality of the particular program delivering this service, and how faithfully they implement best practice elements (known as "program fidelity"):** DBHDS has continued its partnership with national ACT experts from the University of North Carolina's Institute for Best Practices, including the co-author of the widely used *Tool for Measurement of Assertive Community Treatment (TMACT)*<sup>4</sup> to conduct formal fidelity evaluations of Virginia's ACT programs. In addition, this year six DBHDS staff began the process of training as either TMACT lead or co-evaluators which will ultimately provide a much-needed increase in capacity to keep up with the ever-expanding ACT service array across the Commonwealth.
- 3) **Funding:** Continued funding for existing programs is important, but to ensure that Virginia continues to achieve and improve upon the outcomes and cost reductions ACT has achieved to date, ongoing support and funding for not only the service itself, but also provider training, formal program fidelity evaluations, and expansion of staffing infrastructure at the state level will remain significant priorities.

DBHDS has made great strides to enhance the quality of ACT services across the Commonwealth through its' fidelity monitoring efforts and contractual relationship with experts at the University of North Carolina. And, as outcomes continue to demonstrate, ACT remains an effective and essential component of our behavioral health service system, both in terms of cost-effectiveness and its' impact on the quality of life for this vulnerable population of Virginians.

With support, near-term goals will be an increased emphasis on provider training and continuing collaboration with Virginia Commonwealth University's School of Social Work in an effort to implement a Virginia-based center of excellence to serve as a workforce development, training,

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<sup>4</sup> Monroe-DeVita, M., Moser, L.L. & Teague, G.B. (2013). The Tool for Measurement of Assertive Community Treatment (TMACT). In M. P. McGovern, G. J. McHugo, R. E. Drake, G. R. Bond, & M. R. Merrens. (Eds.), *Implementing Evidence-Based Practices in Behavioral Health*. Center City, MN: Hazelden.



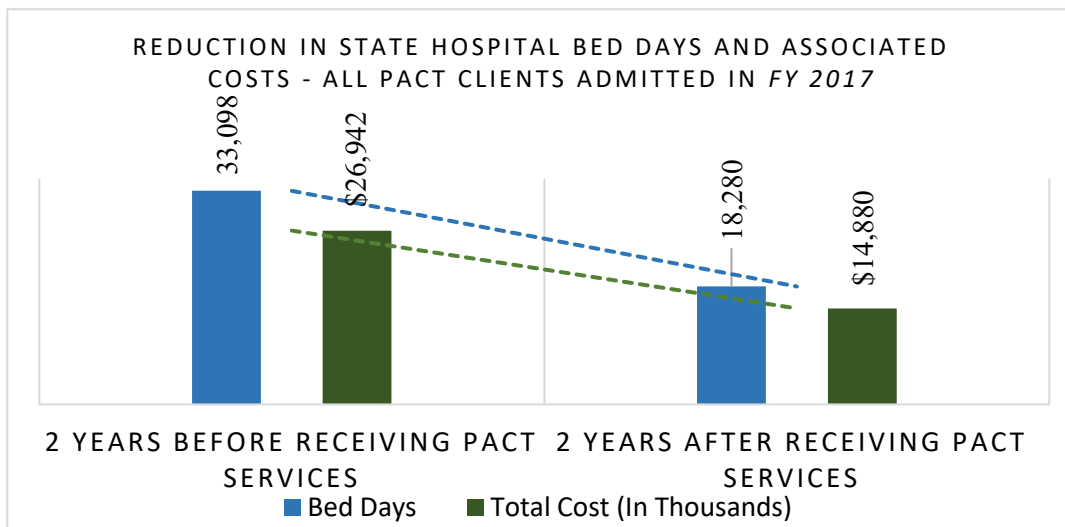
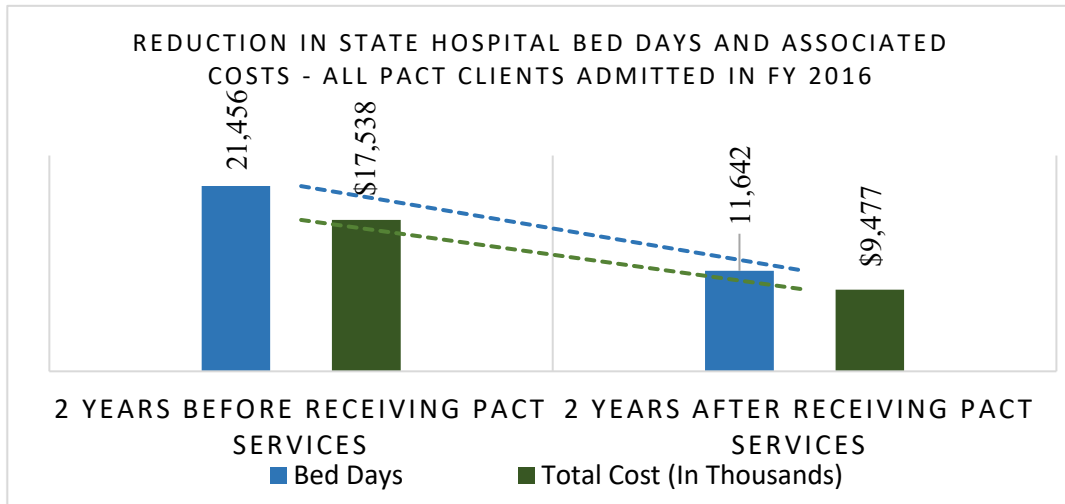
and technical assistance hub that will help grow, sustain, and support the Commonwealth's ACT providers, and the individuals that they serve.

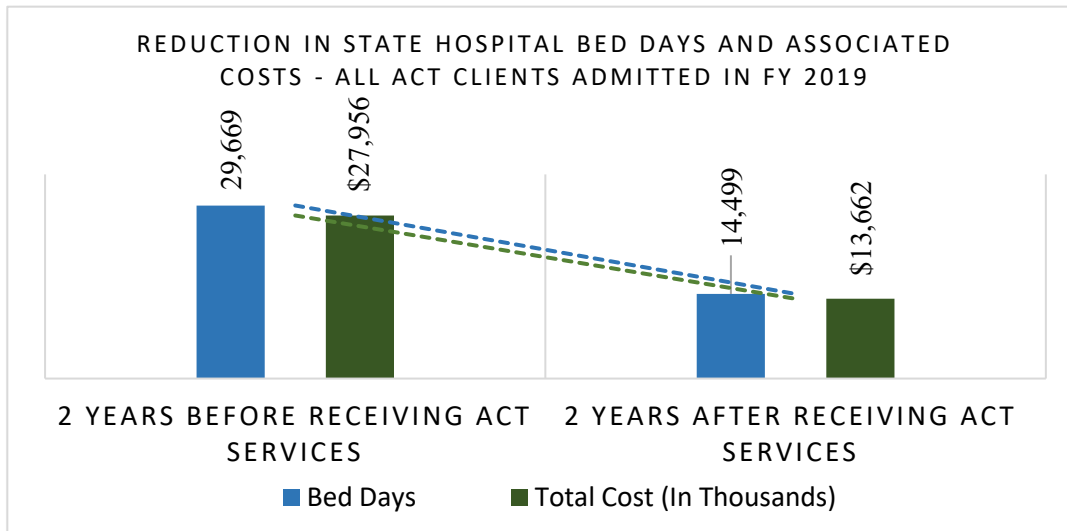
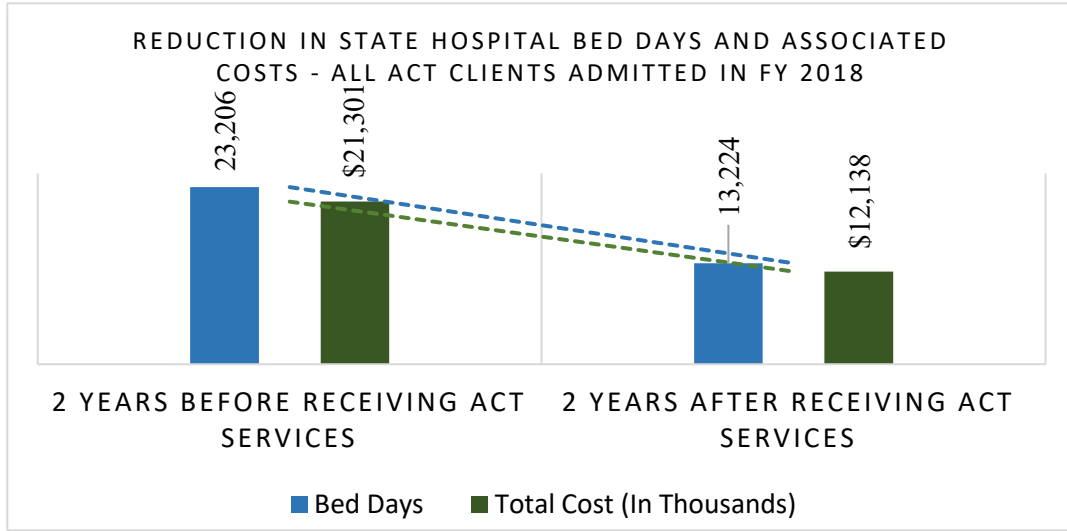
## Appendix

### Charts from Past Annual GA Reports

Note: In some past General Assembly reports, the ACT program was referred to as the Program of Assertive Community Treatment (PACT).

#### State Hospital Bed Day Reduction





## Local Psychiatric Hospital Bed Day Reduction

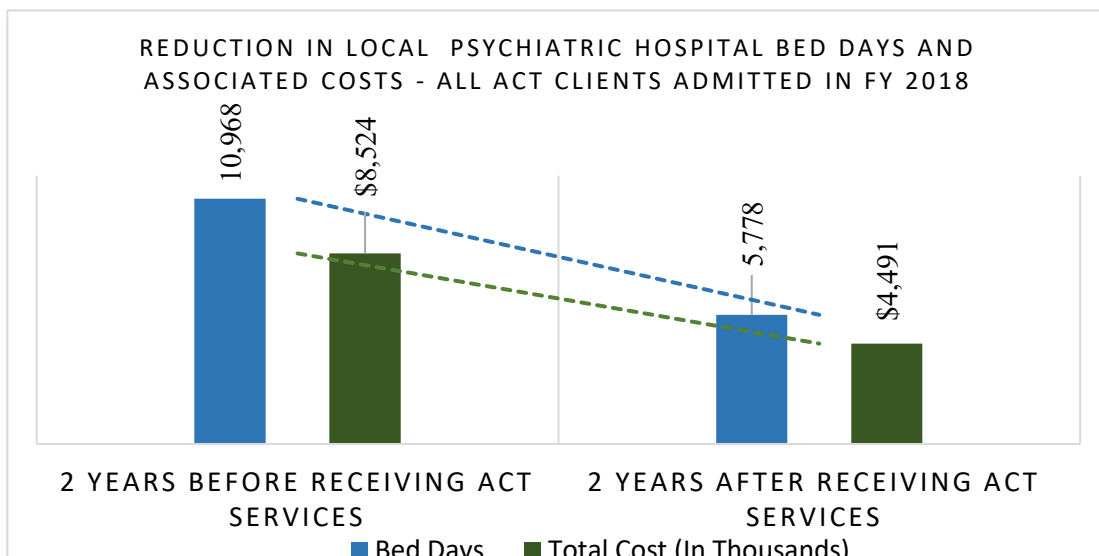
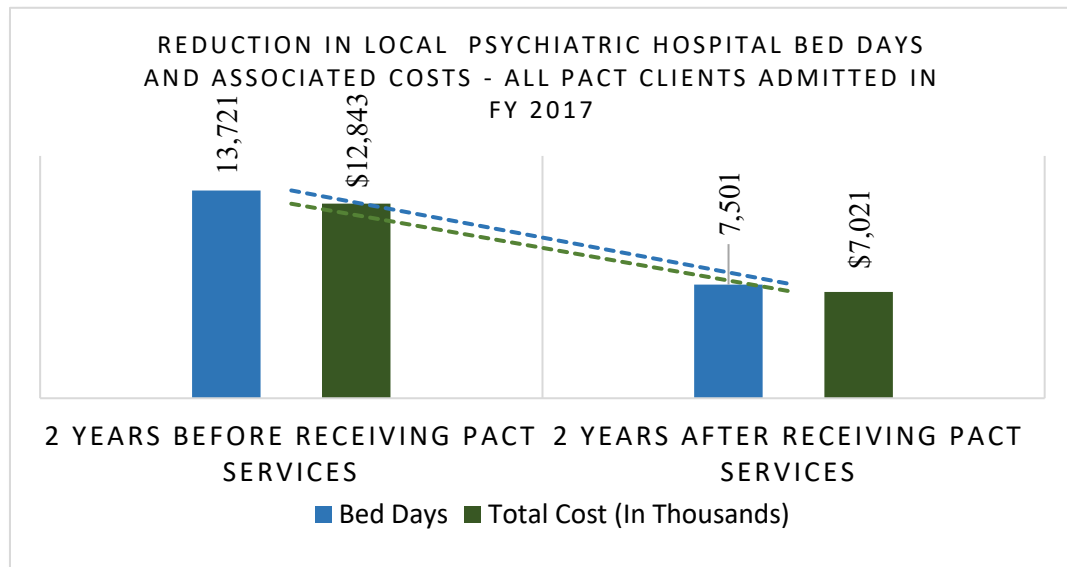


FIGURE 3: REDUCTION IN LOCAL PSYCHIATRIC HOSPITAL BED DAYS AND ASSOCIATED COSTS - ALL PACT CLIENTS ADMITTED IN FY19

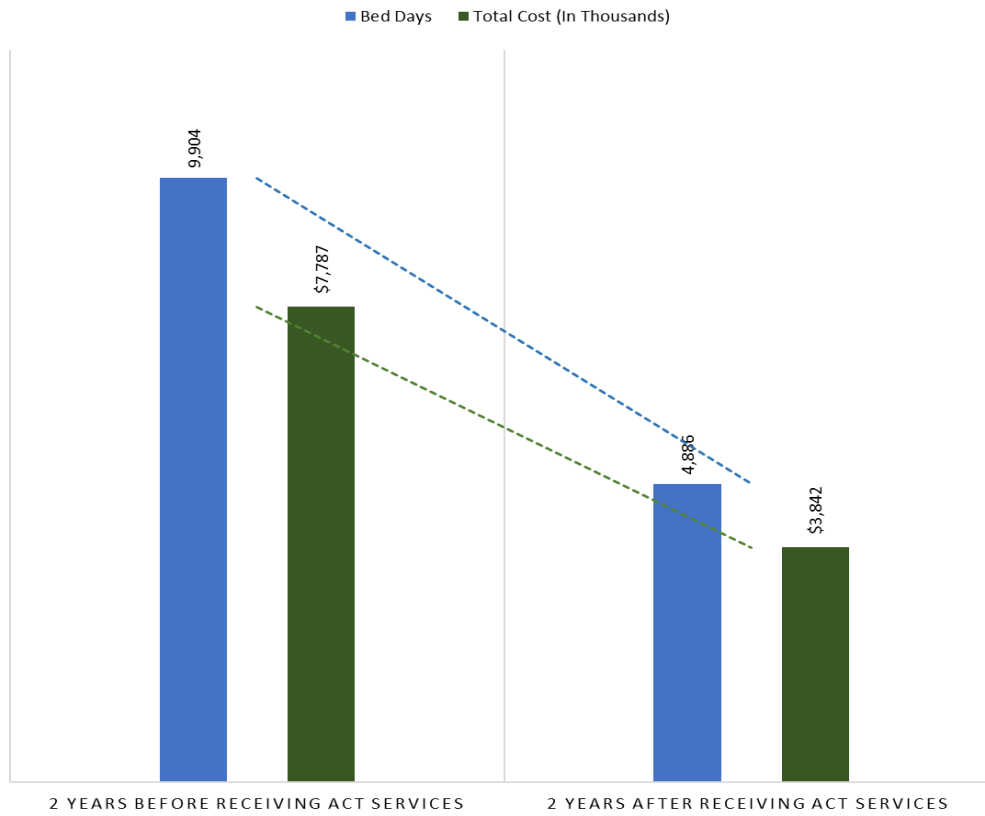
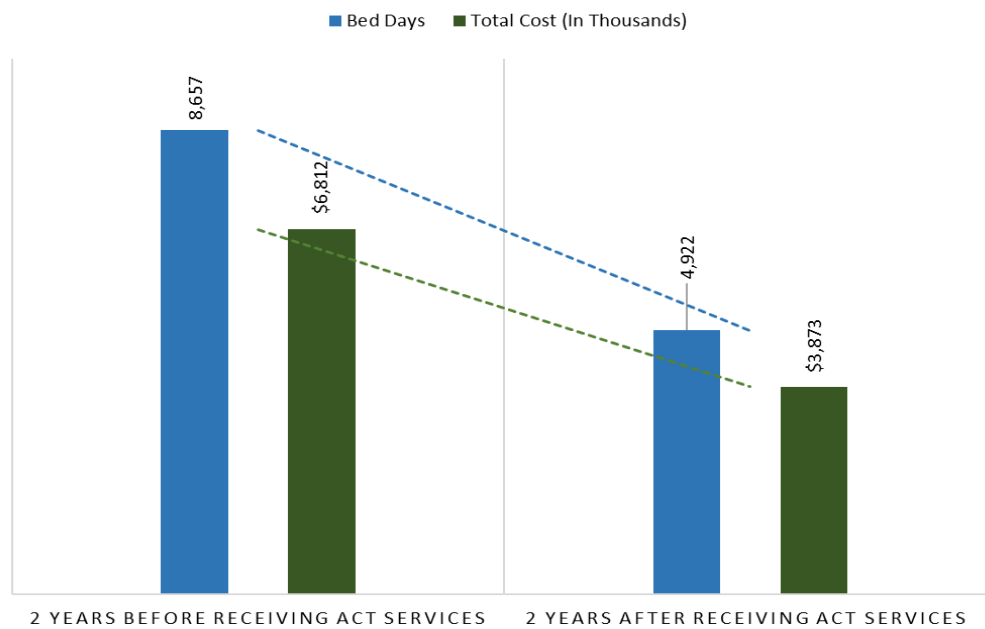


FIGURE 3: REDUCTION IN LOCAL PSYCHIATRIC HOSPITAL BED DAYS AND ASSOCIATED COSTS - ALL ACT CLIENTS ADMITTED IN FY20



## Days Spent in Confinement Reduction

