



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE  
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JOAN L. ERNEY, J.D.  
Deputy Secretary for Mental Health  
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Dear Colleagues:


The enclosed report contains the findings from the **fidelity, cost, and outcomes** study of the Assertive Community Treatment (ACT) programs and Community Treatment Teams (CTT) in the Commonwealth. This report was prepared for the Office of Mental Health and Substance Abuse Services (OMHSAS) by Mercer Government Human Services Consulting (Mercer). During the summer of 2008, Mercer conducted telephone interviews with representatives of both the ACT and CTT teams in the state to gather information on fidelity and outcomes. The information collected during these interviews was used to learn about the extent to which the teams adhere to ACT principles, as well as to explore the impact of fidelity on consumer outcomes and program costs.

The findings from the **fidelity, outcomes, and cost** analyses were compelling, though not entirely unexpected. The findings were consistent with the research literature findings that those programs with lower fidelity cost much more when compared to those programs that were rated high on the fidelity study. Furthermore, teams that rated low on fidelity relied more heavily on additional services resulting in substantial increases in costs, which contravenes the basic principle of ACT as an all-inclusive team approach to service provision. The results of the **outcome** analysis, which focused on the areas of housing and employment, also showed a relationship between adherence to fidelity and positive outcomes.

In light of the findings from this study, OMHSAS will collaborate with counties and Behavioral Health Managed Care Organizations (BH-MCO) to establish goals to assist the ACT/CTT teams under their respective jurisdictions to meet the requirements outlined in the OMHSAS ACT bulletin (#OMHSAS-08-03) issued in September 2008. Additionally, OMHSAS will consider new requests for ACT or CTT services only if the county agrees to meet the standards prescribed in the OMHSAS ACT Bulletin. OMHSAS is also developing survey tools that will be used in licensing/approving ACT programs.

OMHSAS will work with Advisory Committee members, including consumers, family members, and other stakeholders as we move forward with the implementation of ACT programs in the state. I invite all stakeholders to read the report and continue to partner with OMHSAS in moving Assertive Community Treatment fidelity forward in Pennsylvania. If you have any questions or concerns regarding this report, please contact Amanda Pearson at [apearson@state.pa.us](mailto:apearson@state.pa.us).

Sincerely,



Joan L. Erney, J.D.

Enclosure