



**STATE OF HAWAII
DEPARTMENT OF HEALTH**

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**Testimony COMMENTING on HB 836
RELATING TO ASSERTIVE COMMUNITY TREATMENT**

REPRESENTATIVE DELLA AU BELATTI, CHAIR
HOUSE COMMITTEE ON HEALTH (HLT)

Hearing Date: February 18, 2015
8:30 a.m.

Room Number: 329

1 **Fiscal Implications:** This bill includes an expenditure that is in addition to the Administration's
2 proposed budget.

3 **Department Testimony:** The Department of Health (DOH) and the Adult Mental
4 Health Division (AMHD) appreciates the Committee's support around rebuilding community
5 adult mental health programs and offers comments on HB 836.

6 Assertive community treatment (ACT) is an intensive and highly integrated approach for
7 community mental health service delivery that was developed in the early 1970's to assist in the
8 transition of chronically institutionalized state hospital patients into the community. Although
9 ACT is considered an evidence-based mental health practice, concerns have been raised as to
10 whether it is cost effective in the post deinstitutionalization era.

11 Teague, Bond and Drake developed the ACT Fidelity Scale in 1998 which included 28
12 program specific items covering structure and composition, organizational boundaries, and the
13 nature of services. Their fidelity measurement tool provides predictive validity that can be used
14 to differentiate between, for example, ACT teams and other forms of case management.

1 The AMHD ended its contracts for ACT in 2008. An influencing factor for ending the
2 ACT contracts was due to the inability of ACT teams to provide the service AMHD had
3 contracted for, as defined and outlined in the ACT Fidelity Scale (Teague, et. al., 1998). The
4 stringent and explicit ACT team composition and process proved challenging for providers.

5 Currently, AMHD has active contracts for community-based case management services.
6 As part of this contract, AMHD has initiated an Intensive Case Management (ICM) pilot project.
7 This pilot project began in 2014 and has a targeted case load of fifty consumers.

8 The AMHD considers the ICM pilot program a more cost effective and flexible approach
9 to case management services for its more impaired and higher need consumers. Contract
10 mechanisms already in place permit ICM and can expand the ICM program as provider capacity
11 permits and as a well-defined consumer cohort is specified. The AMHD's assessment of this
12 proposed legislation is that it is not required.

13 **Offered Amendments:** None.

14 Thank you for the opportunity to testify on this measure.