Service Name	**ASSERTIVE COMMUNITY TREATMENT**
Setting	Community based – Primarily provided in the home/community based settings however may occur in an office based setting.
Facility License	As required by DHHS Division of Public Health.
Basic Definition	The assertive community treatment/alternative community treatment (ACT) team provides high intensity services, and is available to provide treatment, rehabilitation, and support activities seven days per week, 24 hours per day, and 365 days per year. The team has the capacity to provide multiple contacts each day as dictated by individual need. The team provides ongoing continuous care for individuals determined to have met medical necessity criteria. Individuals admitted to the service who demonstrate any continued need for treatment, rehabilitation, and support will not be discharged unless it is determined the individual no longer meets medical necessity criteria.
Service Expectations (basic expectations for more detail see Title 471 chapter 20	• Complete an initial diagnostic interview (IDI) if one has not been completed within the 12 months prior to admission to ACT to ensure the individual meets the DSM (current edition) criteria for having a severe and persistent mental illness. The IDI is to identify the need for ACT and outline the needed services and resources for the individual. The IDI shall serve as the treatment plan until the comprehensive plan of care is developed. • If the IDI was completed within 12 months prior to admission, a licensed professional should review and update as necessary via an addendum to ensure the information is reflective of the individual's current status and functioning. The review and update should be completed within 30 days of admission. • An initial Individual treatment, rehabilitation, and recovery plan is to be developed upon the individual's admission to the ACT Team. • A comprehensive treatment, rehabilitation and recovery plan, developed under clinical guidance with the individual, should integrate individual strengths, needs and preferences, while, considering community, family and other informal supports important to the person served. It should state measurable, attainable goals and specific interventions that include a crisis/relapse prevention plan, completed within 21 days of the IDI. • Review and revise the individual's treatment, rehabilitation, and recovery plan every six months, whenever there is a change in psychiatric condition and/or level of functioning during the individual's course of treatment, or more often as necessary to actively review progress made towards goals. • Engage the individual in active involvement in the development of the treatment/service goals. • Involve pertinent agencies and members of the individual's family and social network in the development of the treatment, rehabilitation, and recovery plans. • Provide the interventions necessary to ensure an individual receives treatment for identified psychiatric and/or physical conditions. • Provide individual, family, and group therapy to assist the individual to gain skills in interpersonal relationships, identify and resolve conflicts, and systematically work on identified individual goals. Referrals to appropriate support group services may be appropriate. • Provide medication prescribing, delivery, administration and monitoring. • Provide crisis intervention as required. • Provide rehabilitation services, including symptom management, skill development, vocational skill development, and psycho-educational services focused on activities of daily living, social functioning, and community living skills.

	• Provide supportive interventions which include direct assistance and coordination in obtaining basic necessities such as medical appointments, housing, transportation, and maintaining family/other involvement with the individual. • Offer opportunities for positive peer role modeling and peer support. • Clinical direction will be provided by the team psychiatrist, and/or team leader, weekly and may occur during daily team meetings, individual treatment, rehabilitation and recovery plan meetings, side-by-side and face-to-face supervision sessions and record review. • Conducts daily multidisciplinary team meetings. This may include, but is not limited to, activities such as reviewing the functional status and needs of individuals, proactively identifying issues and concerns, providing effective communication, and reviewing clinical issues.
Length of Service	The service is available to the individual as long as medical necessity criteria is met and in accordance with the discharge criteria on the program fidelity scale for ACT.
Staffing	• An ACT team is comprised of the following: o Psychiatrist (at least 16 hours a week) or an APRN; o Team leader (may have a master's degree in nursing, social work, psychiatric rehabilitation, psychology, or counseling, or be a psychiatrist or a physician extender); o Mental health professional (Licensed and/or provisionally licensed Psychologist, LIMHP, Licensed and/or provisionally licensed LMHP/PLMHP); o RN; o Mental health worker (may be a LADC/PLADC; or have an associate or bachelor's degree in behavioral sciences with experience working with individuals diagnosed with a severe and persistent mental illness and/or substance use disorder); o Part time certified peer support specialist; o Vocational specialist with at least one year training/experience in vocational rehabilitation and support; and o Substance abuse specialists with at least one year training/experience in substance use disorder treatment, a LADC, PLADC, LMHP or PLMHP with specialized substance use disorder training • All staff should be educated/trained in rehabilitation, recovery principles, and trauma informed care. • If the ACT team serves more than 50 individuals then the following additional staff members are needed: o At least one additional RN and mental health professional; o A full time Certified Peer Support Specialist; and o For every additional eight individuals, the Psychiatrist will be available an additional 2.6 hours.
Staffing Ratio	• Team member to individual ratio is 1:10. • A full-time psychiatrist is required for programs of 100 persons served. Increases in the size of the program should reflect a proportional increase in psychiatrist hours and availability. • Programs serving 100 persons will provide two full-time RNs, two substance abuse specialists, and two vocational specialists. • For ACT teams over 100 individuals, there should be a proportional increase in staff hours for the RN, vocational specialist, and substance abuse treatment specialist to address needs of the additional individuals. • Team member to individual ratio should not consider the team psychiatrist/APRN or those providing administrative support.

Hours of Operation	A minimum of 12 hours per day, eight hours per day on weekends/holidays. Staff on-call 24/7 and able to provide needed services and to respond to psychiatric crises.
Desired Individual Outcome	• The individual has met their treatment plan goals and objectives. • The precipitating condition and relapse potential is stabilized such that individual's condition can be managed without professional external supports and interventions. • Individual has alternative support systems secured to help the individual maintain stability in the community.
Admission guidelines	The individual shall: • Have a DSM diagnosis (current edition) consistent with a long standing serious and persistent mental illness with symptoms of sufficient severity and duration that it is expected to cause significant, ongoing, disabling functional impairments. These impairments are beyond the scope of the person's informal support system to remediate and require professional assistance to guide the individual to recovery. • Have a persistent mental illness as demonstrated by the presence of the disorder for the last 12 months or which is expected to last 12 months or longer and will result in a degree of limitation that seriously interferes with the individual's ability to function independently in an appropriate and effective manner in two of three functional areas: Vocational/Education, Social Skills, Activities of Daily Living. • Be at significant risk of continuing in a pattern of either institutionalization or living in a severely dysfunctional way if needed mental health services are not provided, and this pattern has existed for one year or longer and is likely to endure for one year or longer. • Have a history of high utilization of psychiatric inpatient and emergency services. • The individual has had less than satisfactory response to previous levels of treatment/rehabilitation interventions.
Continued stay guidelines	• The individual continues to meet admission guidelines and medical necessity for ACT. • The individual does not require a more intensive level of services and no less intensive level of care is appropriate. • There is reasonable likelihood of substantial benefits as demonstrated by objective behavioral measurements of improvement in functional areas. • The individual is making progress towards treatment/rehabilitation goals.