

Assertive Community Treatment (ACT)

Definition

The Assertive Community Treatment (ACT) Team provides high intensity services, and is available to provide treatment, rehabilitation, and support activities seven days per week, twenty-four hours per day, 365 days per year. The team has the capacity to provide multiple contacts each day as dictated by client need. The team provides ongoing continuous care for an extended period of time, and clients admitted to the service and demonstrating any continued need for treatment, rehabilitation, or support will not be discharged except by mutual agreement between the client and the team.

The primary goal of the Assertive Community Treatment (ACT) is to assist clients disabled by severe and persistent mental illness to have an improved quality of life and increased success in stable community living. This model of integrated treatment, rehabilitation and support services by multidisciplinary team staff is intended to help clients stabilize symptoms, improve level of functioning, and enhance their sense of well-being and empowerment. While the majority of services provided will focus on treatment and rehabilitation of the affects of serious mental illness, support and assistance in meeting such basic human needs as housing, transportation, education, and employment is necessary for client satisfaction with services and increased quality of life. The philosophy of the program is to provide assistance to clients to maximize their recovery, to insure client directed goal setting, to assist clients in gaining hope and sense of empowerment, and provide assistance in helping clients become respected and valuable members of the community.

Policy

Acute Inpatient mental health services are available to Medicaid Managed Care eligible adult members, age 21 and over.

Program Requirements

Refer to the program standards common to all levels of care/programs for additional requirements.

Licensing

NA

The agency must have written policies and procedures related to:

Refer to the “Standards Common to all Levels of Care” for a potential list of policies generally related to the provision of mental health and substance abuse treatment. Agencies must develop policies to guide the provision of any service in which they engage clients, and to guide their overall administrative function.

Features/Hours

A minimum of 12 hours per day, 8 hours per day on weekends/holidays. Staff on-call 24/7, 365 days per year and able to provide needed services and response to psychiatric crises.

Service Expectations

- **Comprehensive Assessment:** The Comprehensive Assessment is unique to the ACT Program in its scope and completeness. A Comprehensive Assessment is the process used to evaluate a client's past history and current condition in order to identify strengths and problems, outline goals, and create a comprehensive, individual treatment/rehabilitation/recovery/service plan. The Comprehensive Assessment reviews information from all available resources including past medical records, client self-report, interviews with family or significant others if approved by the client, and other appropriate resources, as well as current assessment by team clinicians from all disciplines. This assessment must include thorough medical and psychiatric evaluations. A Comprehensive Assessment must be initiated and completed within 30 days after the client's admission to the ACT program.
- A treatment/rehabilitation/recovery/service plan developed under clinical guidance with the individual, integrating individual strengths & needs, considering community, family and other supports, stating measurable goals and specific interventions, that includes a crisis/relapse prevention plan, completed within 21 days of the completion of the Comprehensive Assessment.
- The treatment/rehabilitation/recovery/service plan is reviewed and revised at least every 6 months or more often as medically indicated. The team leader, psychiatrist, appropriate team members, the client, and appropriate, approved family members or others must participate.
- Medical assessment, management and intervention as needed.
- Individual/family/group psychotherapy and substance abuse counseling as needed. Referrals to appropriate support group services may be appropriate.
- Medication prescribing, delivery, administration and monitoring.
- Crisis intervention as required
- Rehabilitation services, including symptom management skill development, vocational skill development, and psychoeducational services focused on activities of daily living, social functioning, and community living skills.
- 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, etc.
- National accreditation by an approved accreditation body

Staffing

- A licensed Psychiatrist who serves as the Team Psychiatrist of the program and meets the FTE standards for evidence-based ACT programs.
- **For ACT Alternative Programs:** A Psychiatrist/Advanced Practice Registered Nurse (APRN) Team provides the Team Psychiatrist functions, and the psychiatrist at a minimum provides an in-depth psychiatric assessment and initial determination for medical and psychopharmacological treatment, individual treatment rehabilitation and recovery plan reviews, weekly clinical supervision, and participation in at least two daily meetings per week. APRNs may provide coverage for psychiatric time as a part of the Psychiatrist/APRN Team when the APRN is

practicing within his/her scope of practice, has an integrated practice agreement with the team psychiatrist, and defines the relationship with the psychiatrist. All other program staffing standards apply.

- Team Leader (Masters Degree in nursing, social work, psychiatric rehabilitation or other human service needs, psychiatrist, psychologist. The team leader must have demonstrated clinical and administrative experience.
- Licensed mental health practitioners, LMHP, PLMHP, Psychologist, Provisional Psychologist, LADC, PLADC (dual licensure is preferable.)
- Registered nurses with psychiatric experience to provide nursing interventions as appropriate and needed.
- Mental Health Worker (BS degree or higher in psychology, sociology, or a related field is preferred, but two years of course work in a human services field, or High School Diploma and two years experience/training or two years of lived recovery experience with demonstrated skills and competencies in treatment with individuals with a MH diagnoses is acceptable. All staff should be trained in rehabilitation and recovery principles, and personal recovery experience is a positive.
- Substance Abuse Specialists with at least one year training/experience in substance abuse treatment, or a LADC, or LMHP with specialized SA training
- Vocational Specialists with at least one year training/experience in vocational rehabilitation and support
- Peer support worker with training, experience, and ability to work with the team in carrying out appropriate aspects of the treatment and service plan. Must have a minimum of a high school diploma with experience working with adults with severe and persistent mental illness, or be able to demonstrate the motivation, learning potential and interpersonal characteristics necessary to benefit from on-the-job training.
- Support staff (administrative)

Staff to Client Ratio

Assertive Community Treatment: Team member to client ratio is 1 to no more than 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.

Alternative Community Treatment: The Psychiatrist/APRN Team must provide a full-time equivalent for programs of 100 persons served. Increases in the size of the program should reflect a proportional increase in the number of hours supplied by this team. At least sixteen hours of this team's psychiatrist time is required weekly for programs of up to 100 individuals served, and 20 hours weekly for programs of up to 120 individuals served, or increased proportionally to reflect the numbers of individuals served. The team APRNs hours should be increased proportionally to assure the overall team hours reflect one FTE for each 100 individuals served, or a proportional increase for programs over 100 individuals served.

Each program serving 100 persons must provide 2 full-time RN's, 2 Substance Abuse Specialists, and 2 Vocational Specialists.

For ACT teams over 100 individuals, there should be a proportional increase in staff hours for the RN, Vocational Rehabilitation Specialist, and Substance Abuse Treatment Specialist to address needs of the additional individuals.

*Team member to client ratio should not consider the team psychiatrist/APRN or those providing administrative support.

Training

Refer to “Standards Common to all Treatment Services” for a list of potential training topics related to the provision of mental health and substance abuse treatment. Agencies should provide adequate pre-service and ongoing training to enhance the capability of all staff to treat the individuals they serve and provide the maximum levels of safety for themselves and others. All staff must be educated/trained in rehabilitation and recovery principles.

Clinical Documentation

The program shall follow the agency’s written policy and procedures regarding clinical records. The agency’s policies must include specifics about timely record entry by all professionals and paraprofessionals providing services in the program.

The clinical record must provide information that fully discloses the extent and outcome of treatment services provided to the client. The clinical record must contain sufficient documentation to justify Medicaid Managed Care participation.

The record must be organized with complete legible documents. When reviewing a clinical record, a clinician not familiar with the client or the program must be able to review, understand and evaluate the mental health and substance abuse treatment for the client. The clinical record must record the date, time, and complete name and title of the facilitator of any treatment service provided to the client. All progress notes should contain the name and title of the author of the note.

In order to maintain one complete, organized clinical record for each client served, the agency must have continuous oversight of the condition of the clinical record. The provider shall make the clinical record available upon Medicaid and/or the ASO’s request to review or receive a copy of the complete record. All clinical records must be maintained for seven years following the provision of services.

Length of Services

By nature of the program description, the service is intended to be available to the individual indefinitely but discharge may occur if the individual for example refuses further consent to be involved in the program or relocates outside of the ACT teams geographic area, or no longer needs the service.

Limitations

Clients are eligible for acute inpatient psychiatric hospitalization and subacute inpatient psychiatric hospitalization which would be available during crisis when there is clinical need for evaluation and stabilization. During the client’s involvement in the ACT services, no other mental health service is available.

Clinical Guidelines: Assertive Community Treatment

Admission Guidelines

All of the following must be present:

1. DSM (current version) Axis I diagnosis consistent with a serious and persistent mental illness i.e. a primary diagnosis of schizophrenia, major affective disorder or other major mental illness under the current edition of DSM.
2. 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 client's ability to function independently in an appropriate manner in two of three functional areas.
3. Presence of functional deficits in two of three functional areas:
Vocational/education, Social Skills, Activities of Daily Living.
 - a. Vocational/Education: inability to be employed or an ability to be employed only with extensive supports; or deterioration or decompensation resulting in inability to establish or pursue educational goals within normal time frame or without extensive supports; or inability to consistently and independently carry out home management tasks.
 - b. Social skills: repeated inappropriate or inadequate social behavior or ability to behave appropriately only with extensive supports; or consistent participation in adult activities only with extensive supports or when involvement is mostly limited to special activities established for persons with mental illness; or history of dangerousness to self/others.
 - c. Activities of Daily Living: Inability to consistently perform the range of practical daily living tasks required for basic adult functioning in three of five of the following:
 - Grooming, hygiene, washing clothes, meeting nutritional needs;
 - Care of personal business affairs;
 - Transportation and care of residence;
 - Procurement of medical, legal, and housing services; or
 - Recognition and avoidance of common dangers or hazards to self and possessions.
4. Functional deficits of such intensity requiring extensive professional multidisciplinary treatment, rehabilitation and support interventions with 24 hour capability
5. The individual is at significant risk of continuing in a pattern of either institutionalization or living in a severely dysfunctional way if needed treatment/rehabilitation services with 24 hour capability are not provided.
6. The individual has a history of high utilization of psychiatric inpatient and emergency services.
7. The individual has had less than satisfactory response to previous levels of treatment/rehabilitation interventions.

Exclusion Guidelines:

Any of the following are sufficient for exclusion from this level of care:

1. The individual does not meet DSM (current version) Axis I diagnosis consistent with severe and persistent mental illness.
2. The individual has a primary diagnosis of substance dependence/abuse or developmental disability.

3. The persistent mental illness has not been present for the last 12 months or is not expected to last 12 months of longer.
4. The persistent mental illness does not seriously interfere with the client's ability to function independently in two of three functional areas.
5. The individual is a resident of a nursing facility or psychiatric residential rehabilitation facility.

Continued Stay Guidelines

All of the following guidelines are necessary for continuing treatment at this level of care:

1. The individual continues to meet admission guidelines.
2. The individual does not require a more intensive level of services and no less intensive level of care is appropriate.
3. There is reasonable likelihood of substantial benefits as demonstrated by objective behavioral measurements of improvement in functional areas.
4. The individual is making progress towards treatment/rehabilitation goals.

Discharge Guidelines

All of the following are required for discharge from this level of care:

1. Maximum treatment/rehabilitation benefit and goals have been achieved. The consumer can function independently without extensive professional multidisciplinary supports. (Deficits in daily living have improved.
2. Deficits in functional areas have improved and now manageable without extensive supports.) Services are primarily monitor in nature and can be sustained with a lesser level of care.
3. Sustainability plan for supports is in place.
4. Formal and informal supports have been established.
5. A crisis relapse plan is in place.
6. OR The client requests discharge.
7. OR The individual relocates out of the ACT team's geographic area.

