2.503 Assertive Community Treatment (Adult)

Assertive Community Treatment (ACT) is a consumer-centered, recovery-oriented mental health service delivery model that is designed to work closely with individuals providing comprehensive community-based treatment. It is a self-contained mental health program made up of a multidisciplinary mental health staff, including a peer specialist, who works as a team to provide the majority of treatment, rehabilitation, and support services consumers need to achieve their goals. ACT services are targeted to individuals with severe and persistent mental illnesses that cause symptoms and impairments in basic mental and behavioral processes. Individuals who have had a history of struggling to access or respond to traditional mental health services or difficulty fitting into their community are considered appropriate for this treatment.

ACT services are individually tailored for each consumer through relationship building, individualized assessment and planning, and active involvement with consumers to enable each to find and live in their own residence, to find and maintain work in community jobs, to better manage symptoms, to achieve individual goals, and to maintain optimism and recover. Services, provided in the individual's primary language, are designed to meet the unique needs of the individual, based on his/her cultural values and norms. Services are predominately delivered offsite in community settings (e.g., a person's home, job site, or homeless shelter). Services include assistance with addressing basic needs (e.g., food, housing, medical care), as well as a comprehensive integrated program of psychosocial rehabilitation services to support improved social, educational, and vocational functioning. In general, these programs assist individuals with such things as understanding their illness; self-care; budgeting; symptom/medication management; and developing or building on skills that would enhance their employability. Services are less structured and more flexible than intensive outpatient program services.

ACT teams provide a vast majority of their clinical interventions in the home or community setting outside of the treatment provider's office. Individuals living in supported living situations may receive ACT services if the objective is to move the client to more independent living or to more generic community services. ACT also provides mental health services to individuals who are homeless or in imminent risk of becoming homeless. The program has an outreach component geared towards assessment and linkage to appropriate treatment and community services. ACT teams comply with National Program Standards*: serving persons with severe and persistent mental illnesses; multidisciplinary staffing with a least one peer specialist; low staff-to-client ratios and intensive services; staff who work weekday, evening, and weekend/holiday shifts and provide 24-hour on-call services; team organizational and communication structure; client-centered individualized assessment and treatment planning; and up-to-date individually tailored treatment, rehabilitation, and support services.

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Procedures	
Admission Criteria	*The following criteria are necessary for admission to this level of care*: 1. The individual is age 18 and older that has a diagnosis of Schizophrenia (295.xx) or chronic major mood disorder (296.xx) consistent with DSM 5 Other mental health disorders maybe appropriate in conjunction with symptoms presenting as chronic and persistent and can reasonably be expected to respond to therapeutic intervention. Individuals with the primary diagnosis of substance use disorder, intellectual developmental disorder, or brain injury are not candidates for Assertive Community Treatment. **AND** *At least two of the following criteria:* 2. At least two psychiatric hospitalizations in the past 12 months or lengths of stay totaling over 30 days in the past 12 months that can include admissions to the psychiatric emergency services. 3. Intractable (i.e., persistent or very recurrent) severe major symptoms -- e.g., affective, psychotic, suicidal). 4. Co-occurring mental illness and substance use disorders with more than six months duration at the time of contact. 5. High risk or recent history of criminal justice involvement, which may include frequent contact with law enforcement personnel, incarcerations, parole or probation. 6. Literally homeless, imminent risk of being homeless, or residing in unsafe housing. ***Homeless Individual (literally homeless)*** *is an individual who lives outdoors (street, abandoned or public building, automobile, etc.), or whose primary residence during the night is a supervised public or private facility that provides temporary living accommodations (short-term shelter).* ***Homeless Individual (at imminent risk of being homeless)*** *should meet at least one of the following criteria: doubled-up living arrangement where the individual's name is not on the lease, living in a condemned building without a place to move, arrears in rent/utility payments with no ability to pay, having received an eviction notice without a place to move, living in temporary or transitional housing that carries time limits, being discharged from a health care or criminal justice institution without a place to live.* 7. Residing in an inpatient or supervised community residence, but clinically assessed to be able to live in a more independent living situation if intensive services are provided, or requiring a residential or institutional placement if more intensive services are not available. 8. Difficulty effectively utilizing traditional case management or office-based outpatient services or evidence that they require a more assertive and frequent non-office based services to meet their clinical needs.
Exclusion Criteria	*Either of the* ***following criteria*** *is sufficient for exclusion from this level of care*: 1. Individual is at imminent (immediate) risk of harm to self or others, or has impairment sufficient enough to require a level of service that is more intensive than community-based care.

Continued Stay Criteria	*The **following criteria** are necessary for continuing treatment at this level of care*: 1. Severity of illness and resulting impairment continues to require this level of service; 2. Services are focused on reintegration of the individual into the community and improving his/her functioning in order to reduce unnecessary utilization of more intensive treatment alternatives (e.g., residential or inpatient); 3. Active treatment is occurring and continued progress toward goals is anticipated; 4. Treatment planning is individualized and appropriate to the individual's changing condition, and includes the following as appropriate to support individuals and promote their ability to pursue/achieve recovery. a) Linkage with community agencies, educational presentations; b) Assistance and referral with meeting basic needs (e.g., housing, food, medical care); c) Psychosocial evaluation and treatment; d) Crisis intervention; e) Social rehabilitation/habilitation; f) Consumer and family support and education (e.g., symptom management); g) Coordination and development of alternative support systems (e.g., religious organizations, self-help groups, peer support); h) Protection and advocacy resources; i) Documented expected outcome from relevant treatment modalities; j) Coordination of services, including vocational, medical, and educational needs; and k) Medication and treatment monitoring. 5. Individual continues to require services in order to maximize functioning and sustain recovery; or individual's support network (e.g., family, friends, and peers) is insufficient to allow for independent living.
Discharge Criteria	***Any one** of the following criteria are sufficient for discharge from this level of care*; 1. Have successfully reached individually established goals for discharge, and the consumer and program staff mutually agree to the termination of services. 2. Have successfully demonstrated an ability to function in all major role areas (i.e., work, social, self-care) without ongoing assistance from the program, without significant relapse when services are withdrawn, and the consumer requests for the termination of services. 3. Move outside the geographic area of ACT's responsibility. In such cases, the ACT team shall arrange for transfer of mental health service responsibility to an ACT program or another provider wherever the consumer is moving. The ACT team shall maintain contact with the consumer until this service transfer is implemented. 4. Decline or refuse services and request discharge, despite the team's best efforts to develop an acceptable treatment plan with the consumer.