Assertive Community Services (ACT)

Service/Program Definition

Assertive Community Services (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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Criteria	
Admission Criteria	*The following criteria are necessary for admission to this level of care*: 1. The individual is age 18 and older. 2. The individual has symptoms consistent with a covered DSM-IV-TR diagnosis of Schizophrenia (295.xx) or chronic major mood disorder (296.xx) that have a Global Assessment of Functioning (GAF) score of 40 or under. 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, brain injury, or Axis II disorders are not candidates for Assertive Community Treatment. **AND** *At least two of the following criteria:* 3. 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. 4. Intractable (i.e., persistent or very recurrent) severe major symptoms -- e.g., affective, psychotic, suicidal). 5. Co-occurring mental illness and substance use disorders with more than six months duration at the time of contact. 6. High risk or recent history of criminal justice involvement, which may include frequent contact with law enforcement personnel, incarcerations, parole or probation. 7. 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.* 8. 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. 9. Difficulty effectively utilizing traditional office-based outpatient services or evidence that they require a more assertive and frequent non-office based services to meet their clinical needs.
Psychosocial, Occupational, Cultural and Linguistic Factors	These factors may change the risk assessment and should be considered when making level of care decisions.

Exclusion Criteria	***Any*** *of the following criteria is sufficient for exclusion from this level of care:* 1. The individual manifests behavioral and/or psychiatric symptoms that require a more intensive level of care. 2. The individual can be safely maintained and effectively treated with less intensive services. 3. The symptoms of the individual are the result of a non-covered condition. 4. The individual does not voluntarily consent to treatment and there is no court order requiring such treatment.
Continued Stay Criteria	***All*** *of the following criteria are necessary for continuing treatment at this level of care:* 1. The severity of the behavioral and emotional symptoms continues to require this level of intervention. 2. The mode, intensity, and frequency of the interventions are consistent with the intended treatment plan outcomes. 3. When clinically necessary, appropriate psychopharmacological evaluation has been completed and ongoing treatment is initiated and monitored. 4. Individualized services and treatments are tailored to achieve optimal results in a time efficient manner and are consistent with sound clinical practice. 5. The individual and significant others as appropriate participate in treatment to the extent all parties are able. 6. There is documented evidence of active, individualized discharge planning. 7. There is a documented active attempt at coordination of care with relevant providers when appropriate. 8. All services and treatment are carefully structured to achieve optimum results in the most time efficient manner possible consistent with sound clinical practice. 9. Progress in relation to specific symptoms or impairments is clearly evident and can be described in objective terms, but goals of treatment have not yet been achieved or adjustments in the treatment plan to address lack of progress are evident. 10. Care is rendered in a clinically appropriate manner and focused on individual's behavioral and functional outcomes as described in the discharge plan.
Discharge Criteria	***Any*** *of the following criteria is sufficient for discharge from this level of care:* 1. The individual's treatment plan goals and objectives for this level of care have been met **and** a discharge plan with follow-up appointments is in place. 2. The individual withdraws consent for treatment and there is no court order requiring such treatment. 3. The individual's physical condition necessitates transfer to a more intensive level of care. 4. The individual is not making progress toward treatment goals and there is no reasonable expectation of progress at this level of care.