



Assertive Community Treatment

Program Description

Assertive Community Treatment (ACT) is an evidence-based practice that provides community-based, multi-disciplinary mental health treatment for individuals with severe and persistent mental illness. The goal of ACT is to lessen or eliminate the debilitating effects that the symptoms of mental illness can have on functioning and quality of life by providing the majority of treatment, rehabilitation, and support services that individuals need to achieve their goals and live independently in their community.

ACT services are tailored for each person and address their preferences and identified goals established through relationship building and individualized assessments. The teams work collaboratively to provide services in community locations that can be available 24 hours a day and 365 days a year.

The services that the teams are required to provide include:

- Service coordination by an assigned service coordinator/case manager
- 24-hour crisis assessment and intervention
- Symptom assessment and management
- Medication prescription, administration, monitoring, and documentation
- Co-occurring substance use services
- Employment services
- Activities of daily living
- Social/interpersonal relationship and leisure-time skill training
- Peer support services
- Support services
- Education, support, and consultation to families

Admission Criteria (must meet all seven)

1. A primary diagnosis of schizophrenia or other psychotic disorders, such as schizoaffective disorder or bipolar disorder, as defined in the Diagnostic and Statistical Manual of Mental Disorders (DSM V or any subsequent revisions thereafter). Individuals with a primary diagnosis of substance use disorder, intellectual disability, or brain injury are not the intended consumer group.
2. Must be 18 years of age or older.
3. At least two or more acute episodes of psychiatric inpatient treatment within the past 12 months or 30 days or more on an acute psychiatric unit or State Hospital during the last 12 months, or three or more contacts with crisis intervention/emergency services within the past six months.
4. Significant difficulty meeting basic survival needs, residing in substandard housing, homelessness, or imminent risk of becoming homeless.
5. The individual does not have a primary diagnosis of a Personality Disorder, Traumatic Brain Injury, or Intellectual Disability.

6. Difficulty effectively utilizing traditional community-based services: outpatient, case management, etc.
7. History of inadequate follow through with elements of a treatment/service plan that resulted in member psychiatric or medically instability.

OR

8. The individual does not meet all of the admission criteria described above, but is designated as appropriate to receive ACT services by a multidisciplinary team, which includes participation by representatives of CBH Clinical Management in consultation with an ACT provider, CBH physician advisor, or the county Office of Behavioral Health.

Continued Stay Criteria

1. Individual's condition continues to meet admission criteria and there is reasonable expectation, based on the individual's current condition and past history, that withdrawal of ACT will impede improvement or result in rapid exacerbation or recurrence of symptoms or behaviors that cannot be managed in a less intensive level of support.
2. Validated DSM-5 which remains the principal diagnosis, and continued symptomatology affecting the individual's ability to function in the community and to access and utilize traditional treatment services.
3. There is evidence that current available community resources and social supports do not effectively meet the needs of the person relative to safety, active participation in treatment, supervision, stabilization, recovery, and rehabilitation.

Discharge Criteria

1. The member and team determine ACT services are no longer needed based on the attainment of goals as identified in the treatment/service plan and a less intensive level of support is appropriate.
2. The member has successfully demonstrated an ability to function in all major role areas without ongoing assistance from the program, without significant relapse when services are withdrawn, and the consumer requests the termination of services.
3. The member moves out of county and the ACT team has facilitated the referral to mental health services in the new place of residence and has assisted the member in the transition to services.
4. The individual refuses services despite the team's persistent and caring attempts to engage the individual in treatment, and the provider has documented and reviewed strategies to reengage the individual prior to considering discharge.
5. The ACT team has not been able to locate the member despite making all available efforts and documenting these efforts.
6. The member has transitioned to a supported housing environment that offers the appropriate level of support on-site.
7. The individual is admitted to a state hospital or state incarceration.
8. The individual is deceased.