Hope Network
Behavioral Health – East

Program Description – Assertive Community Treatment (ACT)

Mission Statement/Program Philosophy

In Christian service, Hope Network empowers people to overcome challenges and achieve their highest level of independence.

Program Goal

The primary goal of the Assertive Community Treatment (ACT) is to provide intensive and highly integrated services. The ACT program services persons in outpatient setting whose symptoms of mental illness result in serious functioning difficulties in several major areas of life, often including work, social relationships, residential independence, money management, and physical health and wellness. The amount, scope, and expected duration of services are outlined in each persons served treatment plan.

Program Description/ Philosophy

Assertive Community Treatment (ACT) is a comprehensive array of clinical, medical, and psychosocial services provided by a mobile, multi-disciplinary team who services individuals whose needs and goals have not been met through traditional office-based treatment and rehabilitation services. The ACT Team is the central point for delivering services. Services are unique to each individual. The ACT Team provides all-inclusive case management and support services (psychiatry, therapy, peer services, case management, and nursing services) essential to maintaining the persons served ability to function in community settings. Team members assist persons served with the securing of entitlements/benefits, housing, medical care, and psychiatric and substance use supports that allow the person served to function better in community, family, social, educational, and/or vocational settings. ACT Services are based on the principles of the Assertive Community Treatment service delivery model. The primary goal of ACT is treatment, rehabilitation, recovery, and the provision of necessary support services through community treatment and habilitation. Services are individually tailored to meet the needs of the person served. The amount, scope, and expected duration of services are outlined in each person's served individual treatment plan.

Persons served by ACT Programs, often have co-occurring issues such as substance use, IV drug use, HIV, AIDS, homelessness, criminal justice system obligations, sexual offenses, pregnancy, and aging. Hope Network welcomes persons with co-occurring (mental health and substance use) disorders. Persons with co-occurring issues will receive an integrated care plan to address care needs and relevant health, safety, and risk issues. At no time will an individual presenting for mental health services be told that they must/should address substance use issues first before accessing mental health services. There will be no arbitrary imposition of a length of sobriety requirement before accessing mental health or substance use services. At no time will individuals presenting for substance use services be told that they must/should address mental health issues before accessing substance use services. At no time should an individual presenting for substance or mental health services be arbitrarily excluded based on class of medicine used. When special populations are served, the persons served specific needs are addressed in the psychiatric assessment and treatment planning processes as well as through on-going service provisions.

The team is comprised of a multidisciplinary team: a physician who provides psychiatric oversight, medical and addiction consultation, and direct care services; at least one registered nurse who oversees medical and pharmacotherapy programs, provides nursing consultation, participates in treatment

planning, and provides direct care services to persons served in the community; a team coordinator with at least a master's degree in a relevant discipline is licensed and/or certified to provide clinical supervision to team members and provides direct care services to persons served in the community; other qualified behavioral health care workforce members; a Peer Support who can advocate for a person served and a clerical workforce member. There are no more than 10 persons served assigned to each team member, excluding the physician and the clerical workforce members. Every attempt possible will be made to match team demographic characteristics to those of the person served. Team members will be culturally and linguistically competent relative to the current person served caseload. Team members are competent to serve dually diagnosed populations. Team members will promote recovery and/or well-being, provide services consistent with the needs of the person served, implement and monitor the treatment plan, and react to service provisions as the person's served needs change.

Workforce members are in place to provide a rapid response to early signs of relapse, including the capability to provide multiple contacts daily with persons served who have acute care needs or who have emergent conditions. There is an answering service for after-hour calls. On-call workforce members have cellular phones where the answering services can reach them if needed.

Days & Hours of Services

Generally, the ACT Team's office hours are Monday-Friday, between 8:00 a.m. and 4:00 p.m. Team members work or are on-call, twenty-four hours each day, seven-days, each week. The team develops and communicates plans for back up coverage in cases of emergency. The team ensures that it has enough workforce members and necessary resources to meet needs of persons served at all times.

Service Locations

Services are provided primarily in the person served residence or other community locations where the person served spends time.

Frequency of Services

Frequency of services are based on need. Persons served are typically seen 5 days a week when first admitted. The average person served will receive services 3 days a week. Team members attend daily meetings to review the status of the person served, caseloads, up-date workforce members on service provisions that occurred the previous day, and plan for future activities. From here, the daily schedule is organized, and necessary services are scheduled and provided.

Target Population

- Individuals with serious mental illness with difficulty managing medication without on-going support or with psychotic/affective symptoms despite medication compliance.
- Individuals with serious mental illness.
- Individuals with serious mental illness with co-occurring substance disorders.
- Individuals with serious mental illness who exhibit socially disruptive behavior that puts them at high risk for arrest and inappropriate incarceration or those exiting corrections systems.
- Individuals with serious mental illness who are frequent users of inpatient psychiatric hospital services, crisis services, crisis residential services, or homeless shelters.
- Older individuals with serious mental illness with complex medical/medication conditions.

Credentialing & Training

- Workforce members will be trained in First Aid, CPR, OSHA, Recipient Rights, Trauma Informed Care, Crisis Intervention, Zero Suicide initiative techniques, HIPAA, LEP, Cultural Competency, Compliance and Integrity related issues.

- Continuing education/orientation will include at least an additional 14 continuing education hours annually, covering:
    - Assertive Community Treatment (8 per year)
    - Assessment and referral
    - Person-centered planning and self-determination
    - Treatment and service
    - Relapse and recovery
    - Medication administration, monitoring, and education
    - Addiction counseling and prevention
    - Crisis management and intervention
    - Clinical documentation
    - Co-Occurring Disorders
    - Other areas as needed to provide high quality services.
- On-going professional and clinical supervision
- On-going supervision by a medical doctor/psychiatrist, fully licensed Masters level qualified mental health professional, and addictions specialist.

Service Approach/Modality

- Assertive Community Treatment Model
- Integrated Dual Diagnosis Treatment
    - Multidisciplinary Team
        - Substance Abuse Specialist
    - Access to needed services—service continuum
    - Stage-Wise Interventions
    - Outreach
    - Motivational Interviewing
    - Individual and group treatment
    - Family Psychoeducation
    - Pharmacological treatment
    - Interventions to promote overall health
- Secondary interventions for non-IDDT responders
- Person Centered Planning
- Self Determination
- Illness Management and Recovery
- Relapse Prevention
- Community Inclusion
- Dialectical Behavior Treatment (DBT)

Services Provided

- Assessment
    - Symptom Management
- Psychiatric evaluation
- Treatment planning
- Service reviews
- Pharmacological
- Medication management and support
- Individual supportive therapy
- Outreach
- Integrated Dual Diagnosis Treatment
- Family psycho-education
- Community linkage/service coordination
    - Entitlements/benefits
    - Psychiatric care

    - Medical care
    - Substance use services
    - Shelter/housing
    - Social support networks
    - Educational
    - Transportation
    - Vocational/employment
- Skill development related to community living, social skills and supports
- Education
- Vocational
- Community/natural supports
- Coordination of care with primary care physician and health plan
- Transition services
- 30-Day post service follow-up
- Provides crisis intervention services

Service Outcomes

- To live independently
- To gain education or skills
- To have a job
- To have meaningful relationships
- To avoid hospitalization
- To avoid incarceration
- To avoid substance use

Assertive Community Treatment (ACT)

- Reduces
    - Relapse of substance abuse and mental illness
    - Hospitalization
    - Arrest
    - Incarceration
    - Duplication of services
    - Service Costs
    - Utilization of high-cost services

- Increases
    - Continuity of care
    - The person served quality of life outcomes
    - Stable housing
    - Independent Living

Program Access

Persons served are referred to ACT services through the local CMH access centers. An individual seeking services may also contact Hope Network and engage in services independently if they have an ability to privately pay for the services available. If a person served qualifies for ACT services, an assessment occurs at intake. Persons served will be assessed within 3 days of referral.

Admission and Readmission Criteria

- Current mental illness diagnosis as reflected in the current version of the DSM or ICD and at least one of the following manifestations:

1. Prominent disturbance of thought processes, perception, affect, memory, consciousness, and somatic functioning with or without co-occurring substance disorder.
2. Disruption of self-care and independent functioning.
3. Difficulty with managing medication without ongoing support.
4. Risk to self or others.
5. Socially disruptive behavior that puts them at high risk for arrest and inappropriate incarceration or those exiting a jail or prison.
6. Frequent users of inpatient psychiatric hospital services, crisis services, crisis residential, or homeless shelters.
7. Eighteen years of age or older or an emancipated minor.

The referring agency, insurance provider, and Hope Network Behavioral Health - East work together in making access, referral, transition, and/or discharge decisions.

The referring agency manages admission priorities and any wait lists for services.

Exclusionary Criteria

A. Individuals who are in an institution or ICF/MR and is not expected to be discharged within the next 180 days.
B. Individuals are enrolled in the PSR clubhouse and receives case management as a "bundled" service. Persons served are eligible to receive case management services either from the PSR Clubhouse Program or as a separate Targeted Case Management Service (outside the Clubhouse), but not both.
C. Individuals who are enrolled in Case management services.

Transition/Discharge Criteria

- Achieves/obtains treatment goals.
- Ability to maintain adequate physical, mental, and emotional health and stability.
- Moves outside of geographic area of the team's responsibility.
- When the person served requests termination of services.
- Requires higher level of care.
- When the team cannot locate the person served.

When services are denied, persons served will be informed as to the reason for the service denial. Recommendations for alternative services will be summarized with the person served. Where appropriate, service denials and/or service recommendations will be communicated to the referring agency.

When services are transitioned and/or discharged, persons served will be provided a transition/discharge summary and a copy of the summary will be provided to the person's served designated representative and responsible agency.

When services are denied, reduced, and/or suspended, persons served will be provided due process notices including but not limited to adequate notice, advanced notice, Office of Recipient Rights Complaint Form, and/or internal grievance procedures and associated forms.

Payer Sources/Fees

- Generally, this service is paid for by Medicare and/or Medicaid. This service provision may be covered by commercial insurance. The insurance card/number will indicate the reimbursement source.

Funding Source

These programs are generally funded through various contracts with Community Mental Health agencies and individual contribution, which is based upon the individual's ability to pay. Persons served may be private pay.

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