

SOUTHERN HIGHLANDS COMMUNITY MENTAL HEALTH CENTER

POLICY AND PROCEDURE MANUAL

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Policy 108 – Assertive Community Treatment (ACT)

I. POLICY

Southern Highlands Community Mental Health Center's ACT program serves adults with severe and persistent mental illness as well as those with persistent mental illness with co-occurring substance abuse disorders. These individuals may also have mild intellectual disabilities. ACT is an intense community based rehabilitative mental health service for adults who have a history of high use of psychiatric hospitalization and/or crisis stabilization. They require a well-coordinated and integrated array of services, provided over an extended duration to live successfully in the community of their choice. The program combines clinical, rehabilitation, supportive, and case management services, providing direct assistance to manage symptoms, facilitating a supportive environment with direct assistance in meeting basic needs and improving social, family, and environmental functioning.

II. DISCUSSION

In order to deliver quality services, the completion of all required activities, documentation of all services, the protection of consumer's rights and minimization of safety risks, the program will adhere to all applicable State, Federal and agency policies/guidelines governing services provided by this program.

III. PROCEDURE

A. Eligibility Criteria

The ACT program serves adults with severe and persistent mental illness (who may have co-occurring substance disorders or mild intellectual disabilities) who have a history of frequent, lengthy or repeated admission to psychiatric hospitals or Community Psychiatric Supportive Treatment Programs (CPST). These individuals require an array of coordinated services to remain in a successful community environment and meet the following criteria.

1. Three (3) or more hospitalizations in a psychiatric inpatient unit or psychiatric hospital in the past 12 months.
2. Five (5) or more hospitalizations in a psychiatric inpatient unit, psychiatric hospital, or Community Psychiatric Supportive Treatment Program (CPST) in the past 24 months **OR**

3. 180 days total length of stay in a psychiatric inpatient unit or psychiatric hospital within the past 12 months **OR**
4. The Bureau for Medical Services may authorize ACT services for individuals within other specific target population who exhibit necessity for the service (i.e., persons who are homeless and who have severe and persistent mental illness and who have severe and persistent mental illness and have frequent contact with law enforcement or criminal justice system, or individuals with co-occurring mental illness and chemical addiction who require consistent monitoring).

A consumer must have an eligible diagnosis as determined by the Bureau of Medical Services contracted authorization agent. An ACT team may serve consumers on an on-going basis following authorization/re-authorization of eligibility based on continuing need and clinical appropriateness of ACT services.

B. Admission Criteria

1. Adult consumer – age 18 years or older and has a severe and persistent mental illness **AND**
2. Requires an array of services to prevent inpatient psychiatric hospitalization and remain in a successful community environment **AND**
3. Has had previous mental health treatment services and/or is currently receiving services **AND**
4. Meets eligibility criteria as listed above **AND**
5. SHCMHC accepts participant in the service.

C. Continuing Stay Criteria

1. The consumer continues to require an array of services to preserve community placement **AND**
2. Progress/stability is documented and efforts to link to natural support/activities/services in the community are documented **AND/OR**
3. Symptoms, functional impairments and new areas of need are identified on the treatment plan to be addressed in the program as needed.

D. Discharge Criteria

1. The consumer no longer meets eligibility criteria.
2. All program goals are met and member is at maximum level of functioning.
3. Consumer has moved outside the team's geographical area.
4. Consumer is no longer participating or refuses despite attempts to engage. (Must document at least weekly attempts to visit the consumer and to establish phone contact.)
5. The consumer would be better served by an alternative program of care.

For consumers who are not able to be engaged, they can be placed on an inactive roster or discharged after 30 days of no contact in spite of repeated attempts to engage the consumer. A consumer must be discharged after 60 days on the inactive roster. The contracted agent must be notified within 72 hours of discharge. Billing must cease after 7 days of no services provided to the consumer.

E. ACT Team Staff Composition

The ACT Team is made up of staff from different disciplines who work together to meet the individual needs of the consumer to prevent hospitalizations and maintain a successful community placement. The team meets daily and provides intense services with 75% of services being provided outside the office setting (Team Leader will provide 50% of services outside the office setting). The team provides on-call service to these consumers by rotating the team members. The team may add other members other than the core members listed below. Staff roles are defined within the individual job descriptions.

Staff Credentials

1. Psychiatrist (or board certified physician with behavioral health experience) who possesses a valid license to practice medicine in West Virginia.
2. Physician Extender – An Advanced Practice Registered Nurse or Physician Assistant with a valid license to practice within their scope of medicine in West Virginia with appropriate training and supervision by the Psychiatrist/Board Certified Physician.

3. Team Leader – A Master’s degree and valid West Virginia license in Counseling, Social Work, Psychology or Supervised Psychologist with three years of experience in behavioral health services and two of which must be in a supervisory capacity or a Registered Nurse with one year of psychiatric experience and a valid West Virginia Nursing license.
4. Substance Abuse/Vocational Rehabilitation Counselor – Master’s degree in Counseling, Social Work, or Psychology and two years experience in behavioral health services. Also, experience in substance abuse assessment/treatment and/or vocational rehabilitation.
5. Counselor – Master’s degree in Counseling, Social Work, or Psychology and two years experience in behavioral health services.
6. Case Manager – Bachelor’s degree in Social Work or an alternative behavioral science with one year of behavioral health experience.
7. ACT Team RN – Registered Nurse with a valid West Virginia License and one year psychiatric experience.

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PROGRAM ORGANIZATION AND PLAN

1. PROGRAM HOURS – COVERAGE

- **DESCRIPTION OF WEEKDAY AND WEEKEND HOURS** – Act team coverage is 24 hours a day, 7 days a week. The typical hours of the ACT team will be determined based on the needs of the consumers. The program will be staffed Monday through Friday 8:00 AM until 5:00 PM with 24 hour on-call coverage. Staff will be sufficient to meet ACT consumers' needs including but not limited to medication delivery, crisis response – via telephone or face to face, therapeutic services to promote stability. The ACT staff person on call will review each patient with the ACT Team Leader or the Team Leader's designee if unavailable for documented reasons each weekend day and holiday. The physician or physician extender will be accessible for medication adjustments or any issues that arise to the level that a physician or physician extender needed to be involved. As additional ACT consumers are admitted, additional staff will be hired. ACT employees may work in other SHCMHC programs in addition to their regular work week.
- **DESCRIPTION OF HOW AFTER HOURS ON-CALL WILL BE ADDRESSED BY THE TEAM TO COVER 24 HOURS/7 DAYS WEEK** – Crisis services will be available to all ACT consumers 24 hours a day, 7 days a week. All Act staff will be trained on crisis procedures. An on-call schedule will be developed to include all of the core team members (Team Leader, RN, Substance Abuse/Vocational Counselor, ACT Counselor, and Case Manager). The ACT on-call staff can be reached by calling the regular on-call number at 1-800-615-0122 and requesting to speak to the ACT team on-call staff. The outpatient staff participating in the agency-wide on call system will be trained to refer all calls involving ACT consumers to the ACT team member who is on call. Depending on the nature of the crisis, it will either be handled on the phone or by a face-to-face contact.
- **DESCRIPTION OF HOW PSYCHIATRIST / PHYSICIAN / PHYSICIAN ASSISTANT / ADVANCE PRACTICE REGISTERED NURSE WILL BE AVAILABLE FOR CONSULTATION** – Southern Highlands has a Psychiatrist/Physician/ Physician Assistant/Advance Practice Registered Nurse on call seven days per week for the Crisis Stabilization Unit. During evening or weekend emergency when psychiatric consultation is required, the on-call team member will contact the on-call medical provider for the Crisis Stabilization Unit. If this provider requires additional assistance they can contact the ACT Psychiatrist/PA. During regular office hours, the ACT staff can consult with the Psychiatrist or Physician Extender in their outpatient office.

Service Intensity and Location

The ACT services will be based out of the Princeton office of Southern Highlands Community Mental Health Center. Seventy-five percent of team contact will occur in the community. All ACT team members share the responsibility for assertive outreach with

consumers they serve as the primary clinician. These outreach activities will be provided in accordance with ACT service guidelines, with the goal of two face-to-face contacts with the consumer per week and a minimum of at least four contacts of any type per week and can have multiple contacts per day depending on the need. To maintain ongoing involvement with the consumer while in an inpatient setting (hospital, crisis stabilization unit, convalescent care facility, rehabilitation facility), the primary clinician will at least have phone contact as often as possible, ongoing involvement with the institutional treatment team, exchange of information as necessary and interaction with family members as necessary and desired by the consumer. The ACT team will work closely with the SHCMHC hospital liaison. The team will be involved in 95% or more of hospital/crisis stabilization unit admissions of ACT consumers. This involvement must be active as soon as the team becomes aware that the consumer is at risk of being admitted or has been admitted without the team's prior knowledge.

Program Size

The ACT team will serve around 50 or more consumers within the Mercer County geographic area. The staff to client ratio will be 1:10. As the program grows SHCMHC will assess the capability to extend the service to include other counties in SHCMHC catchment area. Once the staff to consumer ratio reaches 1:10, additional staff may be added to the team.

Staff Communication

The ACT Team Leader will be responsible for overseeing all team members and ensuring that the team is kept up to date on the needs of the ACT consumers. The ACT team will have daily organizational staff meetings each week day morning. On week-ends and holidays the ACT staff person on call will review each ACT consumer with the ACT team leader or the team leader's designee if unavailable for documented reasons. The physician or physician extender will be accessible for medication adjustments or any issues that would rise to the level of their needed involvement.

During the daily review the status of each consumer will be reviewed with the team. The following information will be discussed:

- All treatment or service contacts which occurred the previous day in a concise, behaviorally descriptive manner.
- The daily staff assignment schedule will be developed and adjusted to ensure that all clients have their needs met for the day.
- A review of any overnight problems from the on-call staff.
- Possible treatment changes.
- Any medication issues for the day.
- Treatment plan revisions.
- Planning for any crisis or emergency that might arise.

An intense weekly review of all ACT consumers will occur. Each staff member will have a designed day each week to review their caseload with the team. During these meetings, discussion will include:

- Specific services provided since the last weekly meeting.
- Consumer's typical daily routine (work, school, and other activities).
- Problems or other concerns.
- Effectiveness of current treatment.

Assessment and treatment planning will occur according to the Medicaid guidelines under the supervision of the ACT team leader/ psychiatrist/ physician extender. The team leader will develop and maintain a written schedule for treatment planning. Master treatment plans and reviews will be a part of the consumer's medical record.

Service Scope

- Case Management – will be provided to all ACT consumers on an ongoing basis by the entire ACT team. Case management activities will include but are not limited to linkage and referral to other needed services, assessment, service planning, service plan evaluation, advocacy, crisis response planning as well as direct ACT supports.
- Crisis Assessment and intervention – will be provided by the ACT team directly 24 hours a day, 7 days a week through an on-call rotation. The on-call staff will be available by cell phone. All staff will be trained in crisis intervention and necessary assessments. Individuals in crisis will be provided with services in the least restrictive environment and at the least intrusive level of care to meet their individual need. The ACT team will work with the SHCMHC on-call team when necessary to ensure accessibility to services at the appropriate level of care.

Symptom assessment, management, and therapy – will be provided by the ACT team on an ongoing basis. Symptom assessment and management will occur on a formal basis at each appointment with the psychiatrist or physician extender. Each ACT team contact offers the opportunity to assess a consumer's mental status and current symptoms. The ACT clinicians will utilize the standardized assessments and therapy. When a staff member identifies an increase in symptoms, the staff will contact the team leader or ACT RN who may then consult with the psychiatrist or physician extender. At their direction, the consumer will be seen as soon as possible. If non-compliance with medications is an issue, the case will be reviewed by the treatment team and additional supports will be put in place. The goal of this ongoing symptom assessment is to minimize symptoms and all the ACT consumer to remain in the community environment by avoiding unnecessary hospitalizations/commitments. Therapy will be provided on both individual and group settings. It will be incorporated in the consumer's treatment plan. Therapy will be provided by appropriately trained and qualified staff. Goals for therapy may include

but are not limited to understanding symptoms, problem solving, stress management, anger control, making safe and healthy choices, and using community resources. Therapy goals are individualized and provided in a manner which best meets the needs of the consumer.

- Substance Use Services – will be coordinated by the team’s Substance Use Counselor. Direct provision may also be provided by ACT clinicians credentialed to provide that level of care under the direction of the SA Counselor. The focus of SA services will be identifying the effects of substances, recognizing the relationship between substance use and mental illness, psychotropic medications, and recovery. The ACT team will work with the SA Counselor toward the goals of recovery and relapse prevention by encouraging attendance in support groups and promoting sobriety.
- Work-Related Services – will assist the consumer in finding and maintaining employment or volunteer opportunities in the community-based sites that are consistent with the individual’s goals and choices as indicated by the treatment plan. Work related services would include:
 - The linkage and referral of the client to potential employment or volunteer opportunities or agencies that provide these services.
 - The assessment of job readiness, related interests, and abilities.
 - The development of any on-going employment plan to help each consumer establish the skills necessary to find and maintain a job.
 - Counseling to assist the consumer in identifying and coping with the symptoms of mental illness (and when co-occurring substance abuse) that may interfere with work performance.
 - Work related and on-the-job crisis intervention.
 - Work related supportive services such as assistance with grooming/personal hygiene, appropriate dress, wake-up calls, and securing transportation.
- Activities of Daily Living – The ACT team will attend to the basic needs of the ACT consumers to support them in living independently in the community. These are needs such as personal care, nutrition, housing, financial management, rep-payee. All ACT team members will assess the consumer’s ability to perform their activities of daily living during face-to-face and telephone contacts. When deficiencies are found, the team will develop a plan to address them.
- Assisting in securing Basic Necessities – In the initial intake assessment and treatment planning process, problems with securing or retaining basic necessities will be identified.

ACT staff will help consumers obtain basic necessities such as food, shelter, clothing, etc. utilizing agency, community, and family resources when available. Consumers who do not have entitled benefits such as food stamps will have assistance in accessing these benefits.

Telehealth services will take place during a time of a pandemic.

- Social interpersonal relationships and leisure time – will be assessed on each consumer and the ACT team will work with every ACT consumer to ensure the best quality of life possible. This includes skill training, nurturing and maintaining positive relationships. Consumers will be encouraged to participate in activities such as expanding social networks in different settings such as work, faith based, and community functions. Opportunities will be provided to boost self-confidence and assist the consumers in feeling more confident in social environments. Social and interpersonal skills might include conversation skills (listening, turn-taking), consideration for the feelings of others, sensitivity to moods, self-control, accepting rejection, developing interests in crafts and other leisure activities such as gardening, visiting with family, and sewing.
- Support Services – focus on activities of daily living, securing basic necessities and developing skills such as money management, accessing health care, and stable housing. The ACT team is structured and organized to provide hands-on support for the consumers, and all ACT members work toward the common goal of the consumer being successful in their community. The ACT team works with the consumer in developing the skills they need and encourage increased interaction and support from natural supports (families, peers, significant others) and community (DHHR, food pantries).
- Education, Support, and Consultation to Consumer, Families, and Other Supports – will be provided by the ACT team. Because of the importance of family/significant others and their knowledge about the consumer, The ACT team will involve these people directly and early in treatment with the consent of the consumer. Education will be provided to those involved regarding their loved one's mental illness/substance abuse and its treatment. The ACT team will also provide education and support to the consumer to assist in interacting with family/significant others. This will continue throughout participation in ACT services.
- Rey Payee Services – Southern Highlands must be representative payee for any consumer living in housing established by SHCMHC including, but not limited to group homes, IDD Waiver housing, etc. Therefore, individuals in the ACT program that are also in residential settings within Southern Highlands will be provided representative payee services. As well, any identified consumers in the community in need of this service will also be provided representative payee services by the Agency. ACT staff will be trained in representative payee procedures and will assist ACT consumers with this service to include the development of a budget, regular communication with consumer and/or guardian concerning budget and financial status, and the submission of any needed funding requests. Please refer to Policy 195 Representative Payee Services for additional procedures.

2. MEDICATION SERVICES

Medication services will be provided in compliance with SHCMHC policies and procedures and state and federal law. (See policy 152 Drug Handling for details on ACT team procedures for prescriptions, administration, monitoring, and documentation).

Medications will only be handled and administered by persons licensed in the West Virginia to carry out these duties.

Documentation of medical appointments and physician orders will be contained on the SHCMHC form SH-400. This form will be forwarded to the ACT RN with the prescription for those consumers requiring assistance with their medications. The RN will inform the team of any medical/medication problems at the daily meeting.

3. STAFF SUPERVISION

The ACT team leader will serve as the clinical supervisor for those ACT members that he/she is credentialed to supervise. The ACT RN will be administratively supervised by the ACT Team Leader and clinically supervised by the Director of Nursing. The ACT LPN's will be administratively and clinically supervised by the ACT RN. The ACT Team Leader will be administratively and clinically supervised by the Director of Clinical and Community Services. The ACT team leader will administratively supervise all other ACT team members. The ACT Psychiatrist is administratively supervised by the Director of Nursing. The ACT Physician Extender is administratively supervised by the Director of Nursing and is clinically supervised by the ACT Psychiatrist.

Before employment, all team members will undergo drug screens, fingerprints and background checks. After employment, they will have an extensive orientation and state required training by SHCMHC. They will be trained on major mental illnesses and substance abuse. They will be taught intervention strategies to communicate more effectively with ACT consumers. They will be taught side effects of medications commonly used to treat these illnesses. They will be trained in crisis procedures and how to recognize increased symptoms in order to coordinate services/interventions when symptoms escalate. All new staff will be required to receive at least monthly clinical supervision including documentation review. The Credentialing and Privileging Committee will assign privileges based on qualifications and experience. The ACT team leader will provide close and continuous supervision of all ACT staff to ensure quality and intensive service provision to all ACT consumers.

7. ASSESSMENT – TREATMENT PLANNING AND DOCUMENTATION

- Assessments: The appropriate assessments, as required by contracted agent, will be completed for each ACT consumer upon admission to the program, at critical treatment junctures, and as part of the ongoing assessment of the consumers daily functioning by

the ACT team members. Other assessments will be conducted to determine appropriate course of treatment as deemed necessary by the ACT team members in their area of expertise (psychiatric/medical, nursing, etc.). Results of these assessments will be maintained in the consumer's clinical record. In addition to the assessments, a Care Connection form is completed and submitted to the contracted agent for approval of ACT services. This assessment will include current level of functioning, history of hospitalizations, and commitments. This evaluation will be updated as required.

- Treatment Planning: After assessments are completed, a treatment plan is formulated during a treatment plan meeting with the consumer, his/her guardian and/or family to develop short and long term goals for treatment. The plan will identify the ACT services and who will be providing the services. The treatment plan will be developed within 24 hours of admission. The treatment will be written in wording that the team and consumer understands. A review of the treatment plan will be scheduled at a minimum of every 90 days. The review will summarize the amount of services provided, the progress towards meeting the objectives and indicate problems that impeded the progress towards meeting the objectives. The Psychiatrist or physician extender will be present at the treatment team meetings. The Psychiatrist must attend the annual treatment team meeting in person.

It is the responsibility of the ACT team leader to track the treatment plan dates to ensure that treatment plans are completed and the reviews are scheduled at needed intervals. The ACT team leader or Therapist will lead the treatment plan meetings. There will be a schedule devised for treatment plan meetings to ensure that all members of the team are available to attend.

- Documentation: A confidential treatment record will be maintained for each ACT consumers. It will contain assessments, treatment plans, weekly reviews, and progress notes. It will clearly document the on-going services provided to the ACT consumer. Documentation of the intensive weekly review of the ACT consumer will include a summary of the consumer's progress toward goals in the individual treatment plan. The progress notes and weekly reviews will indicate the place of service, date of service, start/stop time of the service, the team member providing the service including title and credentials, and will include all services and progress since the last documented meeting and a determination to continue, modify or terminate current activities.