FY27 PROGRAM DESCRIPTION
HAMHDS PROGRAM: ASSERTIVE COMMUNITY TREATMENT (ACT) 18-002 (small team)
CARF PROGRAM: ASSERTIVE COMMUNITY TREATMENT

PHILOSOPHY OF PROGRAM

The Assertive Community Treatment (ACT - small team) is an evidence-based service-delivery model for providing comprehensive, individualized treatment within the communities of individuals who are experiencing severe and persistent mental illnesses. The ACT model strives to provide flexible, individualized application of resources to meet people's goals and needs in their natural environments, delivered with appropriate timing and intensity. It also stresses a team approach where interdisciplinary providers integrate care and share responsibility for complex service needs. This program utilizes and interacts with other programs and agencies within and outside of Henrico Area Mental Health and Developmental Services, however, ACT- small team staff is the primary provider of key services to prevent fragmentation of service delivery. The core focus of ACT is on recovery-oriented services that promote self-determination and respect individuals as experts in their own lives. The ultimate goal is to implement ACT services in a way that supports individualized, recovery-centered care that empowers people to live meaningful, valued lives with stability in the community and reduce recidivism rates for psychiatric hospitalization and/or incarceration.

DESCRIPTION OF SERVICES

ACT-small team services are intended primarily for individuals with psychiatric illnesses that are most severe and persistent such as Schizophrenia, Bipolar Disorder, and Schizoaffective Disorder. ACT-small team services are targeted towards those individuals who have the greatest need as defined as those who have severe symptoms and impairments not effectively remedied by available treatments or who, for reasons related to their mental illness, resist or avoid involvement with mental health services. Most services are provided in the community or in individuals' homes, and can occur from once per week up to several times each day. Additional contact is maintained with individuals via telephone and, in rare circumstances may occur via tele video via a HIPPA compliant telehealth platform. Needs of this population include monitoring of symptoms, medication management, assistance with medication adherence, coordination of psychiatric and medical care, assistance with housing, entitlements, substance use and/or abuse, family support and education, basic living skills, supportive counseling, community integration, and social support.

Admission/Re-admission/Continued Stay/Exclusion Criteria:
There must be a major mental disorder diagnosed using the Diagnostic and Statistical Manual of Mental Disorders (DSM-V, Fifth Edition). These disorders are: schizophrenia, major affective disorders, paranoia or other psychotic disorders, or other disorders that may lead to chronic disability.

Level of Disability:
There must be evidence of severe and recurrent disability resulting from mental illness. The disability must result in functional limitations in major life activities. Individuals should meet at least two of the following criteria on a continuing or intermittent basis:
Is unemployed; is employed in a sheltered setting or supportive work situation; has markedly limited or reduced employment skills; or has a poor employment history.
Requires public financial assistance to remain in the community and may be unable to procure such assistance without help.
Has difficulty establishing or maintaining a personal social support system.
Requires assistance in basic living skills such as personal hygiene, food preparation, or money management.
Exhibits inappropriate behavior that often results in intervention by the mental health or judicial system.

Duration of Illness
The individual is expected to require services of an extended duration, or the individual's treatment history meets at least one of the following criteria:
The individual has undergone psychiatric treatment more intensive than outpatient care more than once in his or her lifetime (e.g., crisis response services, alternative home care, partial hospitalization, and inpatient hospitalization).
The individual has experienced an episode of continuous, supportive residential care, other than hospitalization, for a period long enough to have significantly disrupted the normal living situation.

Current Functioning
The individual is best served in the community. The individual also must currently meet one or more of the following criteria:
Is at high risk for psychiatric hospitalization or for becoming or remaining homeless, or requires intervention by the mental health or criminal justice system due to inappropriate social behavior.
Has a history (three months or more) of a need for intensive mental health treatment or treatment for serious mental illness and substance abuse and demonstrates a resistance to seek out and utilize traditional treatment options.
Must be a resident of the Western portion of Henrico County.
Must be 18 years or older

Attendance Policy:
ACT is an intensive service that requires individuals to be seen at least twice a week for a minimum of 15 minutes. If individuals are unwilling to participate, we as a multidisciplinary team will assess their readiness for the intensity of the service.

Discharge Criteria:
Discharges from the ACT-small team occur when individuals and program staff mutually agree to the termination of services. This shall occur when an individual
Moves outside of the designated geographic area; or,
Demonstrates an ability to function in all major life areas without significant support or assistance from the program for at least 9 months. The determination that the individual is ready for a lesser level of care is to be made by both the individual and the ACT-small team; or,
Requests discharge, despite the team's best efforts to develop a treatment plan acceptable to them.

Every effort is made to accommodate individuals with concurrent physical disabilities and other special needs. Interpreters are hired for the hearing impaired when necessary, and volunteer or paid interpreters are sought for individuals whose primary language is not English, and who have difficulty communicating in English.

Small ACT teams can serve up to 50 individuals. Annually we are between 40-43 individuals served.

Hours and Days of Operation:
Monday – Friday 8am – 8pm
Saturday, Sunday and Holidays 8:00 am – 4:30pm
24 hours a day on-call coverage is provided.

The organization does not use Artificial Intelligence (AI) in service delivery or for health data analysis and processing.

CONTRACT SERVICES

Should an individual receiving ACT-small team services require hospitalization, inpatient services will be provided by one of the private or public state hospitals in the area. Individual preference and bed availability are the primary determining factors in deciding which hospital an individual will be admitted.

STAFFING

There is one ACT-small team in the agency serving the West End of the county. The team includes the following staff:

A full-time team leader/supervisor, who is the clinical and administrative supervisor of the team and also functions as a practicing clinician on the ACT-small team. The team leader has at least a master's degree in nursing, social work, psychiatric rehabilitation, or psychology, and he/she is either an LMHP-E or an LMHP. The team leader, in consultation with the team psychiatrist, has overall responsibility for monitoring each individual's clinical status and response to treatment as well as supervising staff delivery of clinical services to maintain a standard of service excellence and courteous, helpful, and respectful services to program individuals.

A psychiatrist or a psychiatric nurse practitioner on a full-time or part-time basis for a minimum of 16 hours per week for every 50 individuals. The psychiatric prescriber, in consultation with the team leader, monitors each individual's clinical status and response to treatment. The prescriber is available for consultation at team meetings and on an as needed basis. The psychiatric nurse practitioner is supervised by a psychiatrist and the psychiatrist is supervised by the medical director.

Clinicians who have responsibility to provide treatment; to assume lead roles in developing, directing, and providing the ACT-small team's treatment, rehabilitation, and support services; and depending on their particular skills and training, to perform specialty functions within the team. Generalist Clinicians within the team hold either a QMHP-A, LMHP-E, or and LMHP and the necessary knowledge skills and abilities to work with adults with a serious mental illness. Specialty functions are carried out by the following mental health and rehabilitation disciplines:

Vocational Specialist who has responsibility to develop, direct, and provide work-related services, including assessment of the effect of the individual's mental illness on employment, and to plan and implement an ongoing employment strategy to enable each individual who would like to work to obtain and retain a job. The vocational specialist must be either a QMHP-A, LMHP-E, or a LMHP.

Substance Abuse Specialist who assumes designated responsibility to provide and coordinate substance abuse assessment, treatment planning, and service delivery tailored to the individual needs of individuals with dual disorders of mental illnesses and substance use. The substance abuse specialist must be either a QMHP-A, LMHP-E, or a LMHP.

Psychiatric Nurses who carry out medical functions including basic health and medical assessment and education, coordination of health care provided to individuals in the community; psychiatric medical assessment, treatment and education; and psychotropic medication administration. Psychiatric nurses must be either registered nurses with at least one year of experience in the provision of services to adults with serious mental illness OR licensed practical nurses with at least three years of experience with adults with a serious mental illness.

Peer Recovery Specialists who has lived experience as a recipient of mental health services for a severe mental illness. The peer recovery specialists shares their recovery story with persons served and works to inspire and empower hope, wellness, resiliency, independence, and personal strength in others. As active members of the team, support is provided in a mutual manner providing effective and positive strategies for developing coping skills. PRS's provide training, advocacy, linkage to resources, and educational/wellness tools such as WRAP. This promotes health, wellness, and recovery. Team peer recovery specialist are certified as "Certified Peer Recovery Specialists."

Program Assistant who is responsible for organizing, coordinating, and monitoring all nonclinical operations of ACT-small team.

The ACT-small team shall maintain a total caseload of no more than 50 individuals and shall maintain a ratio of at least one staff member per eight individuals, in addition to the psychiatric care provider and a program assistant. Each team member is responsible for all the individuals on the team, although staff will have more primary relationships with some individuals, based on the role they carry with a given individual. The primary caseload of each position on the team varies according to specific duties. For example, the team leader's caseload is smaller due to supervisory and administrative duties while a generalist clinician's caseload may be a bit larger.

ACT-small team members meet daily Monday through Friday to review the individual roster, so team members can be up to date on the clinical status of each person they serve, and changes needed to individual treatment plans given the individual's changing needs and progress. The treatment plans, in addition to individual goals and objectives, include specific interventions including staff member to carry out the intervention as well as the frequency of staff contact. Staff interventions are transferred onto the individual master schedule and from this, a daily task sheet/staff schedule is created.

The staffing pattern varies as individuals are added to and deleted from the program. Adequate staffing is maintained is ensure individuals are safe while participating in the program and to assist as needed during evacuations.

PROGRAM GOALS

To assist individuals in reaching recovery goals and to function as independently as possible through provision of treatment, rehabilitation, and support services;
To increase community integration
To improve accessibility to the program
To provide more integrative healthcare.

PROGRAM OBJECTIVES

On an annual basis objectives are developed to measure service access, effectiveness, efficiency, individual and stakeholder satisfaction within the program. These measures may consider three important factors: program quality, customer value and/or financial performance. See program specific performance improvement goals and objectives.

FEES

The identified payors/funding sources are as follows: Medicaid MCO's, Medicare, Commercial Insurance, Self-pay, State funds, Federal MH Block Grant funds, County funds.

Fees are assessed on a sliding scale based upon an individual's income. For individuals who have insurance coverage, such as Medicaid, fees are collected for assertive community treatment services. No one is denied services due to an inability to pay.

PROCEDURES FOR REFERRAL, SCREENING, ADMISSION, AND RE-ADMISISON

Individuals will first meet all general Adult Recovery Services (ARS) criteria. If the individual meets the criteria for ACT-small team services as specified above, he/she will be referred to ACT-small team by the primary case manager. Referrals are made through the electronic health record using the "Referral Within ARS" form. The program does not utilize a waitlist. Any questions about referrals are reviewed in the weekly ARS supervisors' group meeting. Once an individual is accepted into the ACT-small team the following steps occur:

A primary clinician will be assigned to the individual upon admission to the ACT-small team.
The team supervisor will be responsible for coordinating a thorough review of all records available.
The nurse, primary clinician, and the team supervisor will take part in the chart review before the first face-to-face contact with the individual.
At least a phone consultation between referring case manager and the accepting clinician will occur as soon as possible and will be initiated by the ACT-small team clinician to discuss the transfer and other issues.
A licensed clinician will coordinate the initial visit within seven days of receiving the referral in order to complete the transfer process, initiate a thorough assessment of the individual, and begin the development of the initial treatment plan.
Once the clinician has completed the assessment, the individual will meet with the primary clinician to develop a full treatment plan.

ORIENTATION OF INDIVIDUALS TO THE PROGRAM/SERVICE

During the initial contacts with the individual, ACT-small team staff educate the individual about the ACT-small team program including the multidisciplinary approach, types of services provided, hours of operation, important telephone numbers (crisis and office numbers), etc. The assessment and treatment planning is discussed. Orienting an individual to ACT-small team services involves an on-going discussion educating individuals and their families about the program. Functioning level and symptomatology of the individual often affects how much information an individual is able to process, and therefore it may take more than one staff contact to fully grasp the ACT program.

EMERGENCY CLINICAL CONSULTATION

ACT-small team leaders are available by telephone 7 days per week/24 hours per day for clinical consultation. ACT-small team staff are available 7 days per week/24 hours per day on a rotated basis to ensure team individuals have access to a team member for emergency needs both during the team's typical service hours and beyond. Emergency Services staff are used as backup for clinical consultation during non-office hours. The team psychiatric nurse practitioner and the ARS Program Coordinator are also available by telephone for backup clinical consultation. 804-727-8484

TELEHEALTH

Additional contact is maintained with individuals via telephone and, in rare circumstances may occur via tele video via a HIPPA compliant telehealth platform.

MEDICATION MANAGEMENT

ACT-small team provides Medication Administration/Medication Management. Prior to being able to assist individuals with the self-administration of medications, staff are educated on medication administration and medication side effects. ACT-small team nursing staff administer intramuscular injectable medications as ordered by the team prescriber. All team clinical staff will assist individuals

in the self-administration of medications, as needed/indicated. Medications are stored securely, and medications are disposed of properly.

SECLUSION/RESTRAINTS/EMERGENCY HOLDS

Seclusion and restraint are prohibited and are not used in any agency programs. Brief physical holds are used only by staff trained in Therapeutic Options in an emergency.

TRANSFER/DISCHARGE PROCEDURES

Transfers or discharges from the ACT-small team program would occur only when the Discharge Criteria outlined above are met. Whether transferred inside or outside of the agency, ACT-small team staff will stay in contact with the individual until the transition to a new service provider is complete. The actual type of contact provided during the transfer will depend upon individual need and preference. When an individual is closed to the agency, a discharge summary and a discharge informational note are completed. If the individual is transferred to another program in the agency, a narrative transfer summary or program discharge summary is completed along with a progress note.