

## ACT Referral Process and Criteria

ACT (Assertive Community Treatment) is an evidence-based practice for individuals with SPMI and is Community Based. At is characterized by (a) Using a team approach; (b) A small client to staff caseload, to consistently provide necessary staffing diversity and coverage; (c) Time-unlimited services; (d) Flexible service delivery; (e) A fixed point of responsibility; and (f) 24/7 Crisis Coverage.

ACT services shall include but are not limited to: (a) Hospital discharge planning, including OSH and all other acute care psychiatric hospitals; (b) Case management; (c) Symptom Management; (d) Psychiatry Services; (e) Nursing services; (f) Co-occurring substance use and mental health disorders treatment services; (g) Supported Employment services that includes Vocational Services; (h) Life skills training; and (i) Peer delivered services.

ACT is recovery oriented that is long term and time unlimited, as long as it is medically appropriate. The ACT team has a capacity of 14.

### **Before Referral:**

- 1) Contact current treatment team to staff with them
- 2) Contact ACT supervisor or team lead to staff this client
  - a. What we look at before taking the next step
    - i. Do they have an SPMI as defined in "ACT Admission Criteria" as their primary diagnosis
    - ii. Do they reside in Malheur County
    - iii. Are they currently receiving treatment
      1. Is not, have they tried treatment in the past and not successful
      2. If so, are they receiving peer support and skills training services in addition to counseling
        - a. If so, is it happening at least once a week
          - i. If not, we might look at increase services to weekly to see if that can stabilize the client
    - iv. Do we have a current assessment
    - v. Current living situation
    - vi. Level of functional impairment, if we have that information

- vii. Number of hospitalization or utilizations of the ED or in-patient services in the past 6 months

**ACT Admission Criteria (from the OARs)**

- 1) Participants who meet the SPMI Eligibility are the primary target population for ACT services per evidence-based model
  - a. “Serious and Persistent Mental Illness (SPMI)” means at least one of the following conditions, as a primary diagnosis for an adult 18 years of age or older:
    - i. Schizophrenia and other psychotic disorders;
    - ii. Major depressive disorder;
    - iii. Bipolar disorder;
    - iv. Anxiety disorders limited to Obsessive Compulsive Disorder (OCD) and Post Traumatic Stress Disorder (PTSD)and;
    - v. Schizotypal personality disorder.
- 2) Individuals with a primary diagnosis of a substance use disorder, intellectual developmental disabilities, traumatic brain injury, personality disorder, or an autism spectrum disorder are not the intended recipients of ACT and may not be referred to ACT if they do not have a co-occurring, qualifying SPMI Eligibility disorder;
- 3) Participants with significant functional impairments as demonstrated by at least one of the following conditions:
  - a. Significant difficulty consistently performing the range of practical daily living tasks required for basic adult functioning in the community (e.g., caring for personal business affairs; obtaining medical, legal, housing services; recognizing common dangers or hazards meeting nutritional needs; maintaining personal hygiene) or persistent or recurrent difficulty performing daily living tasks except with significant support or assistance from others such as friends, family, or relatives;
  - b. Significant difficulty maintaining consistent employment at a self-sustaining level or significant difficulty consistently carrying out activities needed for independent living(e.g., household meal preparation, washing clothes, budgeting, or child-care tasks and responsibilities);
  - c. Significant difficulty maintaining a safe living situation (e.g., repeated evictions or loss of housing).
- 4) Participants with one or more of the following problems, which are indicators of continuous high service needs (e.g., greater than eight hours per month):

- a. High use of acute care psychiatric hospitals or emergency departments for psychiatric reasons, including psychiatric emergency services as defined as two or more readmissions in a six-month period;
  - b. Intractable (e.g., persistent or very recurrent) severe major symptoms, affective, psychotic, suicidal;
  - c. Coexisting substance use disorder of significant duration (e.g., greater than six months);
  - d. High risk or history of criminal justice involvement (e.g., arrest, incarceration);
  - e. Significant difficulty meeting basic survival needs, residing in substandard housing, homelessness, or imminent risk of becoming homeless;
  - f. Residing in an inpatient or supervised community residence in the community, and 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;
  - g. Difficulty effectively utilizing traditional office-based outpatient services.
- 5) If an individual is unable to maintain in community without 1:1 constant care; this is beyond the scope of what ACT could provide. ACT program may deny if the care requires 1:1 intervention on a continuum basis that is beyond the scope of ACT and make proper recommendations for higher level of care.

### **Submitting a Referral**

- 1) Once the client has been staffed with their treatment team and the ACT supervisor/team lead
  - a. Put in a “Client Referral” form in Credible
  - b. The same day you submit the referral in Credible, another referral will need to be completed and submitted to GOBHI:
    - i. <https://www.gobhi.org/act-referral>

### **Admission Process (from the OARs)**

- 1) The ACT Program shall complete a Comprehensive Assessment that demonstrates medical appropriateness prior to the provision of this service.
  - a. “Comprehensive Assessment” means the organized process of gathering and analyzing current and past information with each individual and any other informal support deemed relevant to create a treatment plan with the following:

- i. Mental and functional status;
    - ii. Effectiveness of past treatment;
    - iii. Current treatment, rehabilitation, and support needs to achieve person-centered goals and support recovery; and
    - iv. The range of individual strengths (e.g., knowledge gained from dealing with adversity, personal or professional roles, talents, personal traits)
  - b. If a substantially equivalent assessment is available that reflects current level of functioning and contains standards to include sufficient information and documentation to justify the presence of a diagnosis that is the medically appropriate reason for services, the equivalent assessment may be used to determine admission eligibility for the ACT program.
- 2) The deciding entity (ACT supervisor/team lead) shall have 14 calendar days of receipt of a referral to communicate to referring party and requested participant of final determination.
  - a. If there is insufficient information to process the referral, the deciding entity will respond to referring party requesting the additional information;
- 3) If they meet criteria, they will be admitted to the ACT team if there is space
  - a. If the ACT team is full, the participant will be placed on the waitlist and receive ACT like services from their current treatment team until a space opens.