
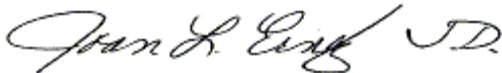


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|  | MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES BULLETIN COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF PUBLIC WELFARE | | |
| | NUMBER: OMHSAS-08-03 | ISSUE DATE: September 2, 2008 | EFFECTIVE DATE: September 2, 2008 |
| SUBJECT: Assertive Community Treatment (ACT) | | BY :  Joan L. Erney, J.D. Deputy Secretary for Office of Mental Health and Substance Abuse Services | |

SCOPE:

County MH/MR Administrators
Behavioral Health Managed Care Organizations
Assertive Community Treatment Providers

PURPOSE:

The purpose of this bulletin is to outline the standards for Assertive Community Treatment (ACT) programs. The publication of this bulletin transmits the information necessary for the provision of ACT services in the Commonwealth. All County MH/MR offices and ACT service providers shall use the guidelines, standards, and procedures delineated in this bulletin for developing, administering, and monitoring ACT programs.

BACKGROUND:

The landmark document entitled ***“A Call for Change: Toward a Recovery - Oriented Mental Health Service System for Adults”*** issued in November 2005 by the Pennsylvania Office of Mental Health and Substance Abuse Services (OMHSAS) recognized the importance of Evidence-Based Practices in a recovery oriented mental health service system. This recognition was reinforced in the White Paper ***“Strategies for Promoting Recovery and Resilience and Implementing Evidence Based Practices”*** released in October 2006. This document is the OMHSAS follow-up to "A Call for Change" to continue the work in developing recovery-oriented services and supports. ACT is one of the evidence-based practices that could play a vital role in our efforts to transform the mental health service system.

Some counties and mental health service providers in Pennsylvania have developed programs that identify themselves as ACT. Studies have shown that in order to achieve the outcome objectives of the ACT program, it is important that the programs adhere to the fidelity to the ACT model. This bulletin provides direction, and prescribes the standards for all programs that seek to be identified as ACT or Programs of Assertive Community Treatment (PACT). ***The program standards delineated in this bulletin are based on the “National Program Standards for ACT Teams” contained in the 2003 Edition of “A Manual for ACT Start-UP” by Deborah J. Allness and William H. Knoedler. ACT services providers are expected to refer to the most recent edition of “A Manual for ACT Start-UP” for detailed information on start-up and implementation. Some additional standards are based on the fidelity requirements of the most recent version of the “Dartmouth Assertive Community Treatment Scale (DACTS)”.***

DISCUSSION:

Assertive Community Treatment (ACT) is a consumer-centered, recovery-oriented mental health service delivery model that has received substantial empirical support for facilitating community living, psychosocial rehabilitation, and recovery for persons with the most serious mental illnesses and impairments who have not benefited from traditional outpatient programs. The following are the important characteristics of ACT programs:

- ACT serves individuals, including older adults, with serious mental illnesses that are complex and have devastating effects on functioning. Many of these individuals may not have received appropriate services. This consumer group is often over represented among the homeless, and in jails and prisons, and has been unfairly thought to resist or avoid involvement in treatment;
- ACT services are delivered by a group of multidisciplinary mental health staff who work as a team and provide the majority of the treatment, rehabilitation, and support services the consumers need to achieve their goals;
- ACT services are individually tailored for each consumer, and address the preferences and identified goals of each consumer. The approach with each consumer emphasizes relationship building and active involvement in assisting individuals with serious mental illness to make improvements in functioning, to better manage symptoms, to achieve individual goals, and to maintain optimism;
- The ACT team is mobile and delivers services in community locations to enable each consumer to find and live in their own residence, and find and maintain work in community jobs rather than expecting the consumer to come to the program;
- ACT services are delivered in an ongoing rather than time-limited framework to aid the process of recovery and ensure continuity of caregiver. Serious mental illnesses are episodic disorders and many consumers benefit from the availability of a longer-term treatment approach and continuity of care.

The following attachments to this bulletin establish the standards and guidelines for Assertive Community Treatment services:

- **Attachment A: Definitions** – Page 4
- **Attachment B: Standards and Guidelines**
 - Section I: General Provisions – Page 8
 - Section II: Eligibility – Page 9
 - Section III: Responsibilities – Page 11
 - Section IV: Program Organization and Communication – Page 13
 - Section V: Staff Requirements – Page 16
 - Section VI: Consumer-Centered Assessment and Individualized Treatment Planning – Page 20
 - Section VII: Required Services - Page 24
 - Section VIII: Record Keeping – Page 28
 - Section IX: Consumer Rights and Grievance Procedures – Page 30
 - Section X: Culturally and Linguistically Appropriate Services – Page 30
 - Section XI: Performance Improvement and Program Evaluation – Page 31

- Section XII: Rate Setting/Payment – Page 32
- Section XIII: ACT Advisory Committee – Page 32
- Section XIV: Waiver of Provisions – Page 33
- Section XV: Resources – Page 34

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

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