

**2013**

Georgia Department of Behavioral  
Health and Developmental  
Disabilities  
Assertive Community Treatment  
Strategic Plan

## **Georgia Department of Behavioral Health and Developmental Disabilities Assertive Community Treatment Strategic Plan**

Assertive Community Treatment has, for decades, achieved unequaled success in supporting persons with severe mental illness who have often not experienced success in traditional therapeutic environments. Research supports ACT as evidence based service delivery model that promotes recovery. The very nature of ACT services addresses one of the most commonly experienced barriers in mental health treatment, that of fragmented, non-integrated services.

The State of Georgia is a leader in the recovery movement and its Assertive Community Treatment services are expected to continue as an example of the DBHDD's commitment to recovery. With the national movement towards community-based mental health treatment services, ACT is reflective of the kind of treatment options that support an individual's whole-being. Through provision of a full array of mental health, rehabilitation and support services, ACT is geared towards promoting an individual's ability to live successfully in their community. During the time frame of 7/1/2012 to 6/31/2013, the number of persons who were authorized by the DBHDD for Community Based Mental Health services was 154,095. This large number is an example of the need for services such as ACT which support individuals with mental health needs in community-based treatment options. Currently, the 22 ADA Settlement funded ACT teams could provide services for up to 2,200 persons with severe and persistent mental illness.

In full accordance with the ACT model and requirements of the ADA Settlement, The DBHDD has established program standards, and has provided ongoing staff training and consultation, and program monitoring of ACT –model adherence, as well as measurement of program outcomes. The DBHDD has consistently supported high quality ACT service delivery through policy and funding.

The Department of Justice Settlement dictates that, " All ACT teams will operate with fidelity to the Dartmouth Assertive Community Treatment model". Georgia has moved into alignment with evidence-based practice for ACT teams, with the contractually bound expectation that providers would demonstrate fidelity to the identified EBP. The tool developed by Dartmouth Psychiatric Research Center, the DACTS, exists to measure fidelity as prescribed in the DOJ Settlement. By adhering to an EBP such as the DACTS model, DBHDD providers of ACT should yield better outcomes.

### **Strategic Plan**

The purpose of the plan is to provide a framework for implementation of ACT statewide services that will support service delivery to persons with mental illness being served by the Department of Behavioral Health and Developmental Disabilities.

## **GA DBHDD ACT**

Georgia DBHDD's service definition of Assertive Community Treatment is as follows;

'ACT is an Evidence Based Practice that is client-centered, recovery-oriented, and a highly intensive community based service for individuals who have severe and persistent mental illness. The individual's mental illness has significantly impaired his or her functioning in the community. The individual has been unsuccessfully treated in the traditional mental health service system because of his/her high level of mental health acuity. The use of the traditional clinic based services for the individual in the past or present have usually been greater than 8 hours of service per month. The recipient may have experienced chronic homelessness and/or criminal justice involvement; and may have had multiple or extended stays in state psychiatric/public hospitals. ACT provides a variety of interventions twenty-four (24) hours, seven days a week.

The service utilizes a multidisciplinary mental health team from the fields of psychiatry, nursing, psychology, social work, substance abuse, and vocational rehabilitation; additionally, a Certified Peer Specialist is an active member of the ACT Team providing assistance with the development of natural supports, promoting socialization, and the strengthening of community living skills. The ACT Team works as one organizational unit providing community based interventions that are rehabilitative, intensive, integrated, and stage specific. Services emphasize social inclusiveness through relationship building and the active involvement in assisting individuals to achieve a stable and structured life style.

The service providers must develop programmatic goals that clearly articulate the use of best/evidence-based practices for ACT recipients using co-occurring and trauma-informed service delivery and support. Practitioners of this service are expected to maintain knowledge and skills according to the current research trends in best/evidence based practices. ACT is a unique treatment model in which the majority of mental health services are directly provided internally by the ACT program in the recipient's natural environment. ACT services are individually tailored with each consumer to address his/her preferences and identified goals, which are the basis of the Individualized Recovery Plan.

Based on the needs of the individual, services may include (in addition to those services provided by other systems):

1. Assistance to facilitate the individual's active participation in the development of the Individualized Recovery Plan (IRP);
2. Psycho educational and instrumental support to individuals and their identified family;
3. Crisis planning (WRAP), assessment, support and intervention;
4. Psychiatric assessment and care; nursing assessment and care; psychosocial and functional assessment which includes identification of strengths, skills, resources and needs;
5. Curriculum-based group treatment;
6. Individualized interventions, which may include:
  - a. Identification, with the consumer, of barriers that impede the development of skills

- necessary for independent functioning in the community; as well as existing strengths which may aid the individual in recovery and goal achievement;
- b. Support to facilitate recovery (including emotional/therapeutic support/assistance with defining what recovery means to the individual in order to assist individual with recovery based goal setting and attainment);
  - c. Service and resource coordination to assist the individual with the acquisition and maintenance of recovery capital (i.e. gaining access to necessary internal and external rehabilitative, medical and other services) required for recovery initiation and self maintenance;
  - d. Family counseling/training for individuals and their families (as related to the person's IRP);
  - e. Assistance to develop both mental illness and physical health symptom monitoring and illness self-management skills in order to identify and minimize the negative effects of symptoms which interfere with the individual's daily living (may include medication administration and/or observation and assistance with self- medication motivation and skills) and to promote wellness;
  - f. Assistance with accessing entitlement benefits and financial management skill development;
  - g. Motivational assistance to develop and work on goals related to personal development and school or work performance;
  - h. Substance abuse counseling and intervention (e.g. motivational interviewing, stage based interventions, refusal skill development, cognitive behavioral therapy, psycho educational approaches, instrumental support such as helping individual relocate away from friends/neighbors who influence drug use, relapse prevention planning and techniques etc);
  - i. Individualized, restorative one-to-one psychosocial rehabilitation and skill development, including assistance in the development of interpersonal/social and community coping and functional skills (i.e. adaptation/functioning in home, school and work environments);
  - j. Psychotherapeutic techniques involving the in depth exploration and treatment of interpersonal and intrapersonal issues, including trauma issues; and
  - k. Any necessary monitoring and follow-up to determine if the services accessed have adequately met the individual's needs.

Individuals receiving this intensive level of community support are expected to experience increased community tenure and decreased frequency and/or duration of hospitalization/crisis services. Through individualized, team-based supports, it is expected that individuals will achieve housing stability, decreased symptomatology (or a decrease in the debilitating effects of symptoms), improved social integration and functioning, and increased movement toward self-defined recovery'.

## **Guiding ACT Principles**

- To decrease the debilitating symptoms of mental illness and prevent acute episodes that may lead to hospitalization
- Enhance quality of life
- Improve social and vocational functioning
- Increase individuals ability to reside in their community
- Strengthen support system

## **GA DBHDD Assertive Community Treatment Services and the DACTS Model**

Individuals receiving ACT services will experience mental health and support services that are integrated from an ACT team that works collaboratively to deliver the majority of treatment, rehabilitation and support services that are needed for an individual to reside in the community. ACT services are reflective of the following elements;

- a. The ACT team is the primary provider of services. Persons enrolled in ACT receive support in all aspects of their functioning. The ACT team ensures that the needs of an individual are not met in a fragmented manner. Rehabilitation and treatment services are effectively addressed through a combination of disciplines.
- b. The ACT team provides the majority of services out of the office. ACT services are to be delivered in settings that are preferred by consumers, either in their own residence, place of employment or other areas where they socialize in their in community. Because of the psychiatric staff resource shortages, allowances are made for a limited amount of services, specifically psychiatric services to be delivered in-clinic.
- c. ACT services are highly individualized. Each person participating in ACT services receives interventions that are tailored to their needs and preferences and based on their individual recovery plan.
- d. ACT teams are as their name indicates, they are assertive. The multidisciplinary team members persistently engage in active outreach, working within the consumers environment to engage, support and deliver appropriate interventions.

## **Model Fidelity**

Georgia DBHDD Assertive Community Treatment programs adhere to the Dartmouth Assertive Community Treatment Scale. All providers of ACT are expected to deliver this service in accordance with this model. Annually, ACT providers participate in a fidelity review to assess the implementation of this model and the extent to which providers of this service are following the DACTS principles. It is expected that provider adherence to this evidence based practice will afford consumers the outcomes associated with fidelity ACT. Fidelity reviews are conducted on-site and in a collaborative manner, with focus on quality improvement. ACT Providers are expected to maintain a minimum fidelity total score of 112 (out of a possible 140) and a minimum mean score of 4.0. Each fidelity review includes an exit interview, where each



	<p>providers meeting</p> <ul style="list-style-type: none"> <li>• Behavioral Health Caucus</li> <li>• DBHDD Board meeting</li> </ul>	<p>service Providers</p> <p>State office</p> <p>Regional office</p> <p>ACT providers</p> <p>State legislators</p> <p>Board members</p>	<ul style="list-style-type: none"> <li>• Discussion of expectations and responsibilities</li> <li>• Open dialogue for receiving feedback</li> </ul>	<p><b>month</b></p> <p><b>every other month</b></p> <p><b>annually</b></p> <p><b>annually</b></p> <p><b>annually</b></p>
<b>Monitoring</b>	<ul style="list-style-type: none"> <li>• Fidelity Review</li> <li>• Monthly programmatic reporting</li> <li>• QM audit</li> <li>• APS audit</li> </ul>	<p>Fidelity Review team</p> <p>State office</p> <p>Regional office</p> <p>All ACT Providers</p>	<ul style="list-style-type: none"> <li>• Increased adherence to the DACTS model</li> <li>• Enhanced quality of service delivery</li> <li>• Performance monitoring</li> <li>• Settlement compliance</li> <li>• Standardized plan for implementation of ACT services</li> </ul>	<p><b>annually</b></p> <p><b>monthly</b></p> <p><b>annually</b></p>
<b>Contracts</b>	<ul style="list-style-type: none"> <li>• Contract Revision based on data</li> <li>• Inclusion of contract deliverables</li> <li>• DBHDD Service Guidelines</li> </ul>	<p>State office</p> <p>Regional office</p> <p>All ACT Providers</p>	<ul style="list-style-type: none"> <li>• Compliance with ADA Settlement</li> <li>• Improved contract management</li> <li>• Increased programmatic accountability</li> <li>• Promotion of fiscal responsibility</li> <li>• Financial monitoring</li> <li>• Sustainability planning</li> </ul>	<p><b>annually</b></p>

<b>Data Management</b>	<ul style="list-style-type: none"> <li>• Monthly program data collection</li> <li>• Data analysis</li> <li>• Performance feedback</li> </ul>	State office Regional Office ACT providers	<ul style="list-style-type: none"> <li>• Data driven programming</li> <li>• Ongoing improvement of data reporting and tracking</li> </ul>	<b>monthly</b>
<b>Quality Management</b>	<ul style="list-style-type: none"> <li>• Key performance indicators tracking</li> <li>• QM audit</li> </ul>	Regional office State Office ACT providers Behavioral Health Performance Quality Council DBHDD Executive Quality Council	<ul style="list-style-type: none"> <li>• QM Audit of ACT service delivery integration with AMH system</li> </ul>	<b>annually</b>

**Training and Technical Assistance**

Annually, DBHDD coordinates provision of training in ACT operations and delivery of the evidence-based DACTS model in order to ensure provision of the foundation upon which ACT is based. Training and technical assistance provided by DBHDD staff and outside subject matter experts is made available for ACT providers throughout the year and as part of the Bi-Annual 2-day DBHDD CMH training and technical assistance symposium. ACT staff are encouraged to participate in order to strengthen skills and improve outcomes, and increase adherence to the DACTS model.

The DBHDD ACT Fidelity Monitoring team staff serve as resources and throughout the year provide information, consultation and technical assistance. As a by-product of each fidelity review, DBHDD ACT staff provide technical assistance on areas identified as requiring a corrective action plan. Training topics are formulated as a result of feedback obtained from interest surveys completed by ACT staff. Given the expansiveness of Georgia, the DBHDD attempts to create opportunities for training that can be accessed by providers via webinar. Additionally, opportunities for reviewing trainings that have been delivered via video tape are also incorporated.

## **Integration into Departmental priorities**

The value of ACT as a state priority and an integral component of recovery is well recognized. Given the focus on transition of persons out of facility-based mental health care and into community-based care strongly supports the need for ACT services. This is further evidenced by the number of unduplicated adult mental health hospital admissions from July 1, 2012-May 31, 2013 (4,808) and number of forensic admissions (496). The importance that is placed on ACT services being available and readily accessible for this population upon discharge is discussed at venues across the state.

Access to ACT services and provision of high quality ACT services for eligible consumers throughout the state is regularly discussed at The Behavioral Health Services Committee meetings, Mental Health Planning & Advisory Committee meeting, and The Carter Center Mental Health Forum. ACT is also discussed during Coalition meetings for other Adult Mental Health services meetings and with providers of other services. The State legislature and the Governor's Office view the success of ACT, as part of our ADA Settlement Agreement requirements, as a high priority, as evidenced by discussion of ACT by the DBHDD Assistant Commissioner during the Behavioral Health Caucus of the recent legislative session. Providers across the array of behavioral health services receive information on accessing ACT services and collaborating with ACT teams. As an indicator of where it falls in priorities for the department, ACT is one of the services regularly and frequently reported on to various intra-departmental leadership groups, inter-departmental state agency meetings, as well as external stakeholder groups.

## **Funding and Sustainability**

The DBHDD contracts for the operation of 22 Assertive Community Treatment teams across the state and funding for contracted providers is granted at a rate of \$871,000 for the first year of ACT operation and \$780,000 for each subsequent year of operation. After careful review and operational analyses, The DBHDD provided an increase from previous years funding so that funding for years two and beyond will remain at the \$780,000 level. In addition to the grant funding, ACT teams have the option of obtaining Medicaid reimbursement for delivery of ACT services for persons enrolled in ACT and eligible for Medicaid. This Medicaid reimbursement option provides further sustainability for ACT services.

## **Coalition meetings**

A gathering of all ACT providers is facilitated on an every other month basis by DBHDD staff. These meetings are vehicles for disseminating and gathering information, maintaining open communication, promoting provider collaboration and fostering the partnership between the Department and provider agencies. This forum allows for discussion of programmatic operations and performance, informal presentations/ in-service, discussion of Departmental policies and any other matter of relevance for this evidence-based practice.