



Georgia Department of Behavioral Health & Developmental Disabilities

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DBHDD ACT Team Overview:

Assertive Community Treatment (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. Below are frequently asked questions about DBHDD ACT teams and how they serve Georgians in their communities.

FAQs:

How many ACT teams does DBHDD currently have in place? *There are 22 contracted ACT teams and there are 15 Medicaid Reimbursement Option (MRO) only ACT teams throughout the state.*

How are ACT teams funded? *DBHDD provides contract dollars for the 22 state funded ACT teams. In addition, Assertive Community Treatment is an approved Medicaid reimbursable service. It is expected that the majority of persons enrolled in ACT services are eligible for and become enrolled in the state Medicaid plan. DBHDD contracts for ACT services and uses state dollars to offset those costs associated with the provision of ACT services that are not covered by Medicaid.*

Who do ACT teams serve? *The ACT target population is individuals with severe and persistent mental illness and/or co-occurring substance related disorders and mental illness that seriously impairs their ability to live in the community who may have frequent experiences of psychiatric admission, homelessness, incarceration and/or legal involvement as a result of their mental illness.*

What positions support ACT teams? *Each team is comprised of a team lead, psychiatrist, registered nurse, substance abuse counselor, licensed clinician, certified peer specialist, vocational counselor, para-professional.*

How many ACT teams are based in Georgia? *All*

Are all ACT teams mobile? *Yes*

What services do ACT teams provide? *ACT teams provide comprehensive community-based services to support independent living; mental health counseling, psychoeducation, medication management, rehabilitation, substance abuse treatment, housing assistance, transportation, vocational assistance, social skills acquisition, symptom self-management, crisis and safety planning, 24/7 crisis intervention and response, service and resource coordination, support with activities of daily living.*

How do ACT teams operate? *ACT teams receive referrals from various community providers, clinics, hospitals and jails. Upon receipt of a referral, evaluation for eligibility is made, followed by a comprehensive intake assessment. ACT provides a variety of interventions 24- hours, seven days a week. All ACT teams operate routinely in the field, providing 80 percent of services to consumers in the community, which are primarily non-office based. In the event that a consumer requires the teams response outside of a regular visit, ACT teams have 24/7 on-call staff accessible via phone. ACT teams maintain consumers in services as long as eligibility is met, typically one to two years as consumers progress toward stability and achieve recovery.*

How many people does each ACT team serve? *ACT teams are expected to serve a maximum of 100 consumers and a minimum of 75.*

Who evaluates the ACT teams? *ACT teams are monitored by DBHDD Fidelity Review Team, APS, DBHDD Quality Management and the Independent Evaluator/subject matter expert as part of the DOJ requirements.*

Is there a national standard that ACT follows? *ACT teams follow national program standards that have been established by NAMI and SAMHSA.*

How is DBHDD progressing with the DOJ Settlement requirement for ACT? *DBHDD is on target with having all 22 ACT teams fully operational and progressing toward fidelity to the Dartmouth Assertive Community Treatment (DACT) model for ACT. Of these 22 contracted teams, 15 were newly awarded in the fall of 2012 and 7 have been in existence since early-2011.*

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