

ACT CRITERIA

Laurel Hill Center

ASSERTIVE COMMUNITY TREATMENT PROGRAM CRITERIA

Laurel Hill Center's Assertive Community Treatment eligibility criteria is based on the Substance Abuse and Mental Health Services Administration (SAMHSA) model, Oregon Center of Excellence Assertive Community Treatment best practices and Oregon Administrative Rules.

Diagnosis (es): ACT is an evidence-based practice (EBP) for adults that have significant functional impairments due to a serious mental illness (SMI).

Diagnostic Eligibility for ACT Services **OAR 309-019-0225**

(26) "Serious and Persistent Mental Illness (SPMI)" means for the ACT program, the diagnostic eligibility from current DSM criteria for at least one of the following conditions, as a primary diagnosis for an adult 18 years of age or older:

- (a) Schizophrenia and other psychotic disorders;*
- (b) Major depressive disorder;*
- (c) Bipolar disorder;*
- (d) Anxiety disorders **limited to** Obsessive Compulsive Disorder (OCD) and Post Traumatic Stress Disorder (PTSD);*
- (e) Schizotypal personality disorder*

In compliance with OAR 309-019-0245, individuals with other psychiatric diagnosis will be screened for ACT based upon the level of long-term disability and functional impairments. Individuals with a primary diagnosis of substance abuse disorder, borderline personality disorder, developmental disabilities, traumatic brain injury, dementia or other organic cognitive disorders are not the intended client group for this intervention.

ACT Admission Criteria **OAR 309-019-0245**

(1) Participants shall meet the medically appropriate standard as designated in OAR 309-019-0105. Participants who are medically appropriate shall have the following characteristics:

(a) Participants who meet the SPMI Eligibility per OAR 309-019-0225 are the primary target population for ACT services per evidence-based model (see above for specific diagnosis)

(b) 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;

(c) 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).

(2) 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 in OAR 309-023-0110(18) (e.g., 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.

(3) The ACT program provides community-based, long-term, or time-unlimited services.

(4) 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.

Examples of Sources for Supporting Documentation:

- Mental health treatment records
- Diagnostic assessments
- Hospital admission and discharge summaries
- Eligibility or attempts to establish eligibility for community resources to address secondary diagnosis(es) i.e.: SDS/APD services for Traumatic Brain Injury (TBI), dementia and physical health and Developmental Disability Services for autism and other diagnoses identified in childhood

Recipient has an eligible funding source:

- Oregon Health Plan
- CHOICE eligible for services
- Mental Health Court Special Funding
- Approved private pay agreement with Laurel Hill Center

Functional Impairments:

In addition to an eligible primary diagnosis, individuals must have one or more significant functional impairments in the following life areas:

1. Significant difficulty performing the range of practical daily living tasks required for basic adult functioning in the community except with significant assistance from natural supports.
Examples include:
 - a. Caring for personal business affairs
 - b. Obtaining medical, legal services
 - c. Recognizing and avoiding common dangers or hazards to self or possessions
 - d. Meeting nutritional needs
 - e. Maintaining personal hygiene
2. Significant difficulty maintaining consistent employment at a self-sustaining level and/or carrying out the homemaker role (Household activities such as meal preparation, laundry, budgeting and bill paying or parenting responsibilities)
3. Significant difficulty with housing stability and maintenance

Lastly, the significant functional limitations attributed to an eligible diagnosis and a clinical assessment for continuous high service needs indicate requiring greater than 8 hours a month of services.

Indicators of ACT level of service include but are not limited to SMI symptoms contributing to the following:

1. Residing in an inpatient or supervised community residence but clinically assessed to be able to live safely in a more independent living situation if intensive services are available
2. Living in the community currently; however, are assessed as requiring residential or institutional placement if more intensive services are not available as evidenced by:
 - a. Persistent or rapidly recurrent severe affective or psychotic symptoms
 - b. High use of acute care psychiatric hospitals or emergency department for psychiatric reasons in the past 6 months
 - c. Significant difficulty meeting basic survival needs, residing in substandard housing, un-housed or imminent risk of becoming un-housed within the last 24 months
 - d. High or recent history of criminal justice involvement within the past two years
 - e. Coexisting substance use disorder of significant duration (greater than six months)

Previous Graduates of Assertive Community Treatment (ACT):

Individuals that have transitioned from ACT to a lower level of care or requested to be discharged from the program prior to achieving transition requirements, can be re-referred or self-refer to ACT