

## The Assertive Community Treatment Model

### Goals of the ACT Model

- ✓ Lessen or eliminate the debilitating symptoms of mental illness each individual person experiences and to minimize or prevent recurrent acute episodes of the illness.
- ✓ To teach people to meet basic needs and enhance quality of life.
- ✓ To teach people the variety of adult social and employment roles and activities that are available in their community.
- ✓ To assist people to maximize community tenure.
- ✓ To provide education and support to the family and significant others.
- ✓ ACT is NOT a linkage or brokerage “case-management” program.
- ✓ Teach people the skills necessary to manage their finances (Team Payeeship is temporary).

### The Model

- ✓ Services are focused on Wellness and Recovery, and teaching people the skills they will need to live, learn and work in the community.
- ✓ Services are NOT focused on the “Medical (stabilize and maintain) Model”.
- ✓ Is the primary provider of services and fixed point of responsibility?
- ✓ Services are provided in the community, not in the office (Some States require 80% of staff time to be in the community providing services).
- ✓ Services are highly individualized as spelled out on the Recovery Plan.
- ✓ The team uses an assertive approach.
- ✓ Services are continuous and long term.
- ✓ Person to staff ratio is no more that 10:1.
- ✓ The team is multidisciplinary.
- ✓ The team shares role functions.
- ✓ The team does not have individual “caseloads”; each team member rotates visits of each person served.
- ✓ The team meets daily to review each person receiving services, share information from the previous outreach, and plan outreach for the day.
- ✓ Double outreach is rotated with all staff on the team. Double outreach occurs when the area has high crime or the person is experiencing increased unpredictable symptoms.
- ✓ The total number of persons receiving services from the team must be manageable in that all have a working knowledge of and familiarity with all the people receiving services and the goals and staff interventions.
- ✓ Staff is available 24/7. Staff work hours must meet the need of the persons receiving services
- ✓ On-Call services are rotated by the entire clinical team.
- ✓ Services provided are evidence based and include: Supported Employment, Illness Management & Independent Medication Education, and Supported Education.
- ✓ The team uses consensus decision making, and no team member’s opinion is valued more than any other member of the team.
- ✓ All members of the team, including the Psychiatrist and Team Leader, are expected to provide direct clinical services with people in the community setting.
- ✓ Services are to be provided on a face-to-face basis, not on the phone.
- ✓ The team shares the same office space in order to expedite communication.