

## Transition from Intensive Community Services (ICS) to Assertive Community Treatment (ACT)

Carlton County Public Health and Human Services formed an Intensive Community Services Team in 2007. Services were designed to provide community based treatment to adults with serious and persistent mental illness. The Intensive Community Rehabilitative Services (ICRS) model originated as a pilot project with annual grant funding to support the cost of services.

The Department of Human Services (DHS) stated intention over the programs' duration was to seek state legislative approval to secure funding through the Center for Medicaid and Medicare Services (CMS) via medical assistance reimbursement. However, ICRS services continued in pilot project status thru 2015. DHS has decided to discontinue funding for ICRS programs, and instead the state legislature approved funding for expansion of a similar, but more comprehensive service model, Assertive Community Treatment (ACT) in 2016.

### ACT is designed for persons with serious mental illness:

Individuals eligible for ACT services, commonly experience multiple barriers to successful functioning, including co-occurring substance abuse or dependence, homelessness, and unemployment. They may lack the skills necessary to manage their own symptoms. They may have legal issues. Their use of hospital emergency departments and inpatient psychiatric treatment is likely to be frequent and persistent. To live successfully in the community and achieve their personal recovery goals, they need the most intensive and highly integrated level of nonresidential, rehabilitative community service.

### ACT teams are comprehensive:

The team typically includes a psychiatrist, a mental health professional (who serves as the team leader), one or more nurses, substance abuse specialists, supported employment specialists, certified peer specialists, and other mental health professionals, practitioners, or rehabilitation workers. The team is responsible for providing virtually all community services needed by a designated group of individuals



### ACT is an evidence-based psychiatric rehabilitation practice, defined by the following characteristics:

- Team approach. A multidisciplinary team of mental health professionals, mental health practitioners, and other qualified staff work closely together, blending their knowledge and skills to design effective interventions.
- Small caseload. The staff-to-client ratio is 1:10. With DHS approval, the staff-to-client ratio may be 1:8 for a rural team.
- Shared caseload. Team members do not have individual caseloads. Rather, the team as a whole is responsible for assuring that each person receives the services she or he needs to live in the community and reach his or her personal goals.

- Fixed point of responsibility. Rather than sending clients to different providers, the team itself provides virtually all needed services. If the team cannot provide a service—dental care, for example—the team ensures that the service is provided.
- In vivo services. Services are delivered primarily in natural settings (not offices or clinics), where they are needed, and where skill training is most likely to be effective.
- Time-unlimited services. Services are provided not on the basis of predetermined timelines but as long as they are medically necessary.
- Flexible services. The team meets daily to discuss how each client is doing and, if necessary, adjusts the services provided.
- 24/7 crisis services. Crisis services are available 24 hours a day, 7 days a week. Team members anticipate crisis situations and, as much as possible, prevent them. A team member is always on call. ACT is a reimbursable service:

### **ACT Services are reimbursable:**

Since January 1, 2005, ACT has been a covered service in the Medicaid fee-for-service benefit set. Effective January 1, 2008, the Minnesota Legislature added ACT to the benefit sets for General Assistance Medical Care (GAMC), the Prepaid Medical Assistance Program (PMAP), and Minnesota Care.

The DHS rate setting tool takes into account all staff salary and benefit costs. An administrative cost factor of forty-one percent is included in the rate determination. Reimbursement is based on each face to face contact. Existing ACT teams average three contacts per week with service recipients.

### **ACT Services in Carlton County:**

The formation of a multi agency ACT team in partnership with Fond du Lac behavioral health services and the Human Development Center would mean continuation of a more intense level of services for the majority of individuals currently receiving intensive community services. Partnering with FDL and HDC would increase access to ACT level services for Carlton County residents seeking services from any one of these agencies.

DHS has monies available to assist programs transitioning from an ICS model of service delivery to an ACT team. As the process from initiation of a team to being fully operational is estimated to take two years, these funds are intended to cover costs while “growing” services.

Offering a more intense community treatment for persons with serious and persistent mental illness also supports other local and state social service initiatives. For example, the Olmstead decision highlights the need for consumer choice and ACT services provide a high level of support for persons in recovery who are ready to live more independently. ACT services, designed to address both mental health and substance abuse concerns, have been effective in addressing the needs of persons being released to the community from jail or corrections programs.

Based on the demand for Intensive Community Services over the past years, an initial goal of serving 35 persons thru ACT services seems reasonable. The option to expand services , if needs exceed initial estimates, is possible.

