NorthCare Network

Assertive Community Practice (ACT) Guideline

Regional Practice Guideline

Effective Date: 4/4/2025

Reviewed By: Regional Clinical Practice and Quality Improvement Committee (CPQI):

Definitions:

American Psychiatric Association: Clinical Practice Guidelines provide evidence-based recommendations for the assessment and treatment of psychiatric disorders and are intended to assist in clinical decision making by presenting systematically developed patient care strategies in a standardized format. (Association, 2025)

Assertive Community Treatment (ACT): ACT is a specialized model for treatment/service delivery in which a multi-disciplinary team provides basic services and supports essential to maintaining the consumer's ability to function in community settings, including assistance with accessing basic needs through available community resources, such as food, housing, and medical care and supports to allow consumers to function in social educational and vocational settings. ACT services are based on the principles of recovery and person-centered practice and are individually tailored to meet the needs of the consumers. (PIHP, 2025)

Beneficiary: A person served by the publicly funded behavioral health and substance use disorder system or his/her representative. Evidence-based Practice (EBP): Approaches to prevention or treatment that are validated by some form of documented scientific evidence. What counts as "evidence" varies. Evidence often is defined as findings established through scientific research, such as controlled clinical studies, but other methods of establishing evidence are considered valid as well. Evidence-based practice stands in contrast to approaches that are based on tradition, convention, belief, or anecdotal evidence.

Individual Plan of Services (IPOS): The written details of the supports, activities, and resources required for the individual to achieve personal goals. An individual and his/her team are responsible for developing the individual plan of services.

MDHHS: Michigan Department of Health and Human Services

Recovery: A journey of healing and change allowing a person to live a meaningful life in a community of his/her choice, while working toward his/her full potential.

Serious Mental Illness: Is defined by the Michigan Mental Health Code to mean a diagnosable mental, behavioral or emotional disorder affecting an adult that exists or has existed within the past year for a period of time sufficient to meet diagnostic criteria specified in the most recent Diagnostic and Statistical Manual of Mental Disorders; and that has resulted in functional impairment that substantially interferes with or limits one or more major life activities.

Substance Use Disorder: The taking of alcohol or other drugs at dosages that place an individual's social, economic, psychological and physical welfare in potential hazard or to the extent that an individual loses the power of self-control as a result of the use of alcohol or drugs or while habitually under the influence of alcohol or drugs, endangers public health, morals, safety or welfare, or a combination thereof.

Purpose: The Assertive Community Treatment (ACT) Program is more rigorously defined in the Michigan Department of Health and Human Services (MDHHS) Medicaid Provider manual and all practice applications will first and foremost meet those requirements. The MDHHS Field Guide to Assertive Community Treatment will be an additional resource.

Practice Guidelines

A. Identified Population

ACT services are targeted to beneficiaries who are diagnosed with serious mental illness, which may include personality disorders, who require intensive services and supports and who, without ACT, would require more restrictive services and/or settings.

1. Beneficiaries with serious mental illness with difficulty managing medications without ongoing support, or with psychotic/affective symptoms despite medication compliance.

2. Beneficiaries with serious mental illness with co-occurring substance disorder.

3. Beneficiaries with serious mental illness who exhibit socially disruptive behavior that put them at high risk for arrest and inappropriate incarceration or those exiting a jail or prison.

4. Beneficiaries with serious mental illness who are frequent users of inpatient psychiatric hospital services, crisis services, crisis residential, or homeless shelters.

5. Older beneficiaries with serious mental illness with complex medical/medication conditions.

B. Assessment

Prior to service planning, ACT staff will utilize a comprehensive assessment that include history and treatment of medical, psychiatric and substance use disorders, current stages of all existing disorder vocational history, any existing support network, and evaluation of bio-psychosocial risk factors including ASAM placement criteria when applicable.

C. Services

The Individual Plan of Services (IPOS) will show written evidence that ACT services and interventions are based on medical necessity, consumer preference, person-centered planning, and recovery to maximize independence and progress into less intensive services. Both mental health and substance use disorder issues will be addressed in the IPOS and treatment for co-occurring substance use disorders will be provided by the ACT team if the agency is licensed to provide substance use disorder services. Services will be provided directly by the ACT Team and team members will share responsibility for all beneficiaries served by the Team. Staff to consumer ratio will be small (1 to 10); services will be available 24 hours a day, 7 days per week. Interventions will be generally provided where they are needed (home, community, jail, etc.) rather than in the clinic or office.

D. Intensity

The ACT program will be an individually tailored combination of services and supports that may vary in intensity over time based on the beneficiary's needs and condition. Services will include availability of multiple daily contacts and 24-hour, 7 days per week crisis availability provided by a multi-disciplinary Team.

E. Transition

Cessation or control of symptoms will not be adequate criteria for discharge from ACT. Recovery must be stable enough to maintain functioning without the support of ACT as identified through the person-centered process. If clinical evidence supports the beneficiary's desire to transition, this evidence and the transition plan will be

detailed in an updated IPOS developed through the personcentered planning process. The IPOS will identify what supports and services will be made available, and contain a provision for re-enrollment in ACT services, if needed.

F. Qualifications/Credentials

ACT Team composition, size, and qualifications will meet those stated in the most recent version of the MDHHS Medicaid Provider Manual. If the Team provides substance use disorder services, it must include a designated substance abuse specialist who is certified through the Michigan Certification Board of Addiction Professionals (MCBAP).

References

Association, A. P. (2025, February 7). *Clinical Practice Guidelines*. Retrieved from APA Clinicial Practice Guidelines: https://www.psychiatry.org/psychiatrists/practice/clinical-practice-guidelines

PIHP, N. M. (2025, February 7). *Northern Michigan Regional Entity Practice Guidelines*. Retrieved from Assertive Community Practice Guidelines: https://www.nmre.org/application/files/1116/7708/5192/ACT_Practice_Guidelines.pdf