

DEPARTMENT OF MENTAL HEALTH
MENTAL ILLNESS COMMUNITY PROGRAMS
ADMINISTRATIVE CODE

CHAPTER 580-2-9
PROGRAM OPERATION

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~~580-2-9-.22~~ Program for Assertive Community Treatment

~~(1) The program description is approved by the Board as specified in 580-2-9-.08(10)(b) and is consistent with the provisions of this rule. The program description must include all of the following components.~~

~~(a) A description of the nature and scope of the program that includes, at a minimum, the provision of services as specified in this chapter and as indicated by individual consumer needs.~~

~~(b) Discharge/transfer criteria and procedures that do not limit the amount of time a consumer is on the team, that permit the team to remain the contact point for all consumers as needed, and that require discharges to be mutually determined by the consumer and the team.~~

~~(c) A description of the geographic service area for the program.~~

~~(d) Admission criteria that includes, at least, the following:~~

~~1. Consumers with severe and persistent mental illnesses that seriously impair their functioning in community living. Priority is given to people with schizophrenia, other psychotic disorder, or bipolar disorders. At least 80% of consumers have a diagnosis in the 295-296 Axis I range.~~

~~2. Functional impairments demonstrated by at least one of the following conditions.~~

~~(i) Inability to consistently perform the range of daily living tasks required for basic adult functioning in the community or persistent or recurrent failure to perform daily~~

~~living tasks except with significant support or assistance from others such as friends, family, or relatives.~~

~~—— (ii) —— Inability to be consistently employed at a self-sustaining level or inability to consistently carry out the homemaker role.~~

~~—— (iii) —— Inability to maintain a safe living situation.~~

~~3. —— Consumers with one or more of the following which are indicators of continuous high-service needs (greater than 8 hours per month).~~

~~—— (i) —— Two or more admissions per year to acute psychiatric hospitals or psychiatric emergency services.~~

~~—— (ii) —— Intractable, severe major symptoms (affective, psychotic, suicidal).~~

~~—— (iii) —— Co-existing substance use disorder of significant duration (greater than 6 months).~~

~~—— (iv) —— High risk of or recent criminal justice involvement.~~

~~—— (v) —— Inability to meet basic survival needs or residing in substandard housing, homeless, or at imminent risk of becoming homeless.~~

~~—— (vi) —— Residing in an inpatient bed or in a supervised community residence, but clinically assessed as being able to live in a more independent living situation if intensive services are provided or requiring residential/inpatient placement if more intensive services are not available.~~

~~4. —— Admission approval by a psychiatrist, licensed psychologist, or the Clinical Director.~~

~~—— (c) —— The description reflects that the Program of Assertive Community Treatment (PACT) operates as follows.~~

~~—— 1. —— Assumes responsibility for directly providing needed treatment, rehabilitation, and support services to identified clients with severe and persistent mental illnesses.~~

~~—— 2. —— Minimally refers consumers to outside service providers.~~

~~3. Provides services on a long-term care basis with continuity of caregivers over time.~~

~~4. Delivers 75% or more of the services outside program offices.~~

~~5. Emphasizes outreach, relationship building, and individualization of services.~~

~~(2) There must be an identifiable team with the following characteristics.~~

~~(a) Clinical staff to consumer ratio of 1:10, excluding the doctor and administrative assistant.~~

~~(b) Minimum team size of 10 Full-time Equivalents in urban areas, 5-7 Full-time Equivalents in rural areas.~~

~~(c) A psychiatrist(s) 16 hours per week per 36 consumers.~~

~~(d) Administrative Assistant of 1 FTE in urban areas and .5 Full-time Equivalents in rural areas.~~

~~(e) Full-time master's level clinician as team leader.~~

~~(f) At least 8 mental health professionals (MA, MSN, RN) in urban areas, 5 in rural areas.~~

~~(g) Substance Abuse specialist of, at least, 1 Full-time Equivalents (FTE).~~

~~(h) RN of, at least, 3 Full-time Equivalents in urban areas and 1.5 in rural areas.~~

~~(i) Vocational specialist of, at least, 1 Full-time Equivalents.~~

~~(j) Peer specialist of, at least, 1 Full-time Equivalents.~~

~~(k) Members that work as a team so that all team members know and work with all consumers.~~

~~(1) Program operates, at least, at 80% of full staffing for the past 12 months, or since program opening, if not in operation for 12 months.~~

~~(3) The team leader performs the following functions.~~

~~(a) Leads daily organizational team meetings.~~

~~(b) Leads treatment planning meetings.~~

~~(c) Is available to team members for clinical consultation.~~

~~(d) Provides one-to-one supervision.~~

~~(e) Functions as a practicing clinician.~~

~~(4) The psychiatrist performs the following functions.~~

~~(a) Conducts psychiatric and health assessments.~~

~~(b) Supervises the psychiatric treatment of all consumers.~~

~~(c) Provides psychopharmacologic treatment of all consumers.~~

~~(d) Supervises the medication management system.~~

~~(e) Provides individual supportive therapy.~~

~~(f) Provides crisis intervention on-site.~~

~~(g) Provides family interventions and psychoeducation.~~

~~(h) Attends daily organizational and treatment planning meetings.~~

~~(i) Provides clinical supervision.~~

~~(5) The registered nurses perform the following functions.~~

~~———— (a) ———— Manage medication system, in conjunction with doctors.~~

~~———— (b) ———— Administer and document medication treatment.~~

~~———— (c) ———— Conduct health assessments.~~

~~———— (d) ———— Coordinate services with other health providers.~~

~~———— (6) ———— The vocational specialist performs the following functions.~~

~~———— (a) ———— Acts as the lead clinician for vocational assessment and planning.~~

~~———— (b) ———— Maintains liaison with Vocational Rehabilitation and training agencies.~~

~~———— (c) ———— Provides the full range of vocational services (job development, placement, job support, career counseling).~~

~~———— (7) ———— The substance abuse specialist performs the following functions.~~

~~———— (a) ———— Serves on the individual treatment team of consumers with substance abuse.~~

~~———— (b) ———— Acts as the lead clinician for assessing, planning, and treating substance abuse.~~

~~———— (c) ———— Provides supportive and cognitive behavioral treatment individually and in groups.~~

~~———— (d) ———— Uses a stage-wise model that is non-confrontational, follows behavioral principles, considers interactions of mental illness and substance abuse, and has gradual expectations of abstinence.~~

~~———— (8) ———— The team provides outreach and continuity of care in the following manner.~~

~~———— (a) ———— At least 75% of all contacts occur out of the office.~~

~~———— (b) ———— Difficult to engage consumers are retained.~~

~~———— (c) ———— Difficult to engage consumers are seen 2 times per month or more.~~

~~———— (d) ———— Acutely hospitalized consumers are seen 2 times per week or more.~~

~~———— (e) ———— Long-term hospitalized consumers are seen each week in the hospital.~~

~~———— (f) ———— The team plans jointly with inpatient staff.~~

~~———— (g) ———— The program provides the following intensity of services.~~

~~———— (a) ———— The program size does not exceed 120 consumers in urban areas and 80 in rural areas.~~

~~———— (b) ———— The staff to client ratio does not exceed 1 to 10.~~

~~———— (c) ———— The consumers are contacted face-to-face an average of 3 times per week.~~

~~———— (d) ———— Unstable consumers are contacted multiple times daily.~~

~~———— (10) ———— The team operates during the following hours.~~

~~———— (a) ———— The staff are on duty 7 days per week.~~

~~———— (b) ———— The program operates 12 hours on weekdays.~~

~~———— (c) ———— The program operates 8 hours on weekends/holidays.~~

~~———— (d) ———— The team members are on-call all other hours in the urban model. In rural areas, team members can coordinate after hours calls with other clinicians. A team member must brief the on-call staff relative to high-risk consumers. A team member must provide face-to-face services, if necessary.~~

~~———— (11) ———— The team is organized and communicates in the following manner.~~

~~———— (a) ———— Organizational team meetings are held daily, Monday through Friday.~~

~~_____ (b) _____ The daily meeting concludes within 45 – 60 minutes.~~

~~_____ (c) _____ The status of each consumer is reviewed via daily log and staff report.~~

~~_____ (d) _____ The team leader facilitates the discussion and treatment planning.~~

~~_____ (e) _____ Services and contacts are scheduled per treatment plans and triage.~~

~~_____ (f) _____ The shift manager determines the staff assignments.~~

~~_____ (g) _____ The shift manager prepares the daily staff assignment schedule.~~

~~_____ (h) _____ The shift manager monitors/coordinates service provision.~~

~~_____ (i) _____ All staff contacts with consumers are logged.~~

~~_____ (12) _____ The team performs assessment and treatment planning in the following manner.~~

~~_____ (a) _____ Baseline and ongoing assessments are documented in the following areas.~~

~~_____ 1. _____ Psychiatric.~~

~~_____ 2. _____ Vocational.~~

~~_____ 3. _____ Activities of daily living and housing.~~

~~_____ 4. _____ Social.~~

~~_____ 5. _____ Family interaction.~~

~~_____ 6. _____ Substance use and~~

~~_____ 7. _____ Health.~~

~~_____ (b) _____ Assessments are performed by qualified staff.~~

~~_____ (c) _____ Individual treatment teams consist of from 3 to 5 staff per consumer.~~

~~———— (d) ——— Treatment planning meetings are held weekly.~~

~~———— (e) ——— Treatment planning meetings are led by senior staff.~~

~~———— (f) ——— Consumers participate in formulating goals and service plans.~~

~~———— (g) ——— All 5 diagnostic axes are completed on plans.~~

~~———— (h) ——— Problems, goals, and plans are specific and measurable.~~

~~———— (i) ——— The treatment plans are transferred to consumers' weekly schedules.~~

~~———— (j) ——— The treatment planning schedule is posted 2 months in advance.~~

~~———— (k) ——— The treatment plan is reviewed and modified at key events in the course of treatment but no less often than every 6 months.~~

~~———— (13) ——— Case management services are provided as follows.~~

~~———— (a) ——— A case manager is assigned for each consumer.~~

~~———— (b) ——— Other individual treatment team staff back-up the case manager.~~

~~———— (c) ——— The case manager provides supportive therapy, family support, education and collaboration, and crisis intervention.~~

~~———— (d) ——— The case manager plans, coordinates, and monitors services.~~

~~———— (e) ——— The case manager advocates for the consumer and provides social network support.~~

~~———— (f) ——— All staff perform case management functions.~~

~~———— (14) ——— Crisis assessment and intervention services are provided as follows.~~

~~(a) Crisis services are provided 24 hours per day.~~

~~(b) A team member is available by phone and face-to-face with back-up by team leader and psychiatrist in urban areas.~~

~~(c) After-hour services are provided in rural areas either by the team or through collaboration with other emergency service providers.~~

~~(15) Individual supportive therapy is provided as follows:~~

~~(a) Ongoing assessment of symptoms and treatment response.~~

~~(b) Education about the illness and medication effects.~~

~~(c) Symptom management education.~~

~~(d) Psychological support, problem solving, and assistance in adapting to illness.~~

~~(16) Medication management is provided as follows.~~

~~(a) The psychiatrist actively supervises/collaborates with the RN's.~~

~~(b) There is frequent psychiatrist assessment of consumer response.~~

~~(c) All team members monitor medication effects/response.~~

~~(d) Medication is managed in accordance with the policy and procedure manual.~~

~~(17) Substance abuse services are provided as follows.~~

~~(a) The team includes 1 or more designated substance abuse specialists.~~

~~(b) All team members assess and monitor substance use.~~

~~———— (c) ———— Interventions follow an established co-occurring disorders treatment model.~~

~~———— (d) ———— Individual interventions are provided.~~

~~———— (e) ———— Group interventions are provided.~~

~~———— (18) ———— Work-related services are provided as follows.~~

~~———— (a) ———— Services include an assessment of interest and abilities and of effect of mental illness on employment.~~

~~———— (b) ———— All team members provide vocational services that are coordinated by the team vocational specialist.~~

~~———— (c) ———— An ongoing employment rehabilitation plan is developed.~~

~~———— (d) ———— On-the-job collaboration with the consumer and supervisor is provided.~~

~~———— (e) ———— Off-the-job work-related supportive services are provided.~~

~~———— (19) ———— Services for activities of daily living include the following training.~~

~~———— (a) ———— Self-care skills.~~

~~———— (b) ———— Homemaking skills.~~

~~———— (c) ———— Financial management skills.~~

~~———— (d) ———— Use of available transportation.~~

~~———— (e) ———— Use of health and social services.~~

~~———— (20) ———— The team organizes leisure time activities. Services for social, interpersonal relationship, and leisure time include the following.~~

~~———— (a) ———— Communication skill training.~~

~~———— (b) ———— Interpersonal relations skill training.~~

~~———— (c) ———— Social skills training.~~

~~———— (d) ———— Leisure time skills training.~~

~~———— (e) ———— Support to consumers in participating in social, recreational, educational, and cultural community activities.~~

~~———— (21) ———— Support services are provided and include the following.~~

~~———— (a) ———— Access to medical and dental services~~

~~———— (b) ———— Assistance in finding and maintaining safe, clean affordable housing.~~

~~———— (c) ———— Financial management support.~~

~~———— (d) ———— Access to social services.~~

~~———— (e) ———— Transportation and access to transportation.~~

~~———— (f) ———— Legal advocacy.~~

~~———— (22) ———— There shall be an advisory committee with the following membership and roles.~~

~~———— (a) ———— At least, 51% of the members are consumers and family members with a minimum of 3 consumer members.~~

~~———— (b) ———— The local NAMI affiliate, local consumer organizations, and the management of the provider organization should collaborate to determine the committee membership.~~

~~———— (c) ———— The membership shall be culturally representative of the consumers served by the team.~~

~~———— (d) ———— There should be, at least, 10 members but no more than 15.~~

~~———— (e) ———— The Advisory Committee shall meet at least quarterly and as often as needed.~~

~~———— (f) ———— The Advisory Committee is independent of, and communicates directly with, management level staff.~~

~~———— (g) ———— The team leader and other staff, as necessary, meet with the Advisory Committee and provide administrative support to it.~~

~~———— (h) ——— The members will advise the team on issues to make services relevant, culturally respectful, collaborative and desirable to consumers.~~

~~———— (i) ——— The members will monitor evaluation data, including consumer complaints, relative to making performance improvement recommendations.~~

~~———— (j) ——— The Advisory Committee will advocate for resources for consumers served by the team.~~

~~———— (k) ——— The Advisory Committee will promote community understanding of the model and its goals, including community presentations.~~

~~———— (23) ——— Consumers who are deaf or have limited English proficiency will have communication access provided by staff fluent in the consumer's preferred language or by a qualified interpreter. If the consumer is deaf, the staff member providing services shall have at least an Intermediate Plus level in the Sign Language Proficiency Interview. Programming will be modified to provide effective participation for all consumers who are deaf.~~

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