

National Program Standards for ACT Teams

Deborah Allness, M.S.S.W. and William Knoedler, M.D.
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III. Admission and Discharge Criteria

[The ACT program standards establish written admission and discharge criteria. The reasons for this are: 1) to ensure that clients with the most severe and persistent mental illnesses have top priority for ACT services; and 2) to prohibit people with severe mental illness from being inappropriately discharged or dropped from ACT services because of the complexity involved in engaging and finding effective interventions to achieve recovery.]

A. Admission Criteria

The following criteria are offered to be used by an ACT team in selecting clients “in the greatest need” of ACT services:

1. Clients with severe and persistent mental illness listed in the diagnostic nomenclature (currently the Diagnostic and Statistical Manual, Fourth Edition, or DSM IV, of the American Psychiatric Association) that seriously impair their functioning in community living. Priority is given to people with schizophrenia, other psychotic disorders (e.g., schizoaffective disorder), and bipolar disorder because these illnesses more often cause long-term psychiatric disability. Clients with other psychiatric illnesses are eligible dependent on the level of the long-term disability. (Individuals with a primary diagnosis of a substance abuse disorder or mental retardation are not the intended client group.)
2. Clients with significant functional impairments as demonstrated by at least one of the following conditions:

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- 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, and housing services; recognizing and avoiding common dangers or hazards to self and possessions; 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 the homemaker role (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).
3. Clients with one or more of the following problems, which are indicators of continuous high-service needs (i.e., greater than eight hours per month):
 - a. High use of acute psychiatric hospitals (e.g., two or more admissions per year) or psychiatric emergency services.
 - b. Intractable (i.e., persistent or very recurrent) severe major symptoms (e.g., affective, psychotic, suicidal).
 - c. Coexisting substance abuse disorder of significant duration (e.g., greater than 6 months).
 - d. High risk or recent 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, but 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.
 4. Documentation of admission shall include:
 - a. The reasons for admission as stated by both the client and the ACT team.
 - b. The signature of the psychiatrist.

The ACT model has demonstrated effectiveness for “clients in the greatest need,” who are estimated to make up 20 percent to 40 percent of the total group of persons with severe and persistent mental illnesses. These clients have not received adequate assessment and appropriate services and are typically not even being served in traditional mental health settings. Therefore, admission criteria ensure that the ACT program serves the intended client group. ACT was once considered the service of last resort when, in fact, research has shown that clients benefit from

earlier access to ACT. For example, high use of acute psychiatric care should indicate need for more intensive and continuous services in the community, just as intractable and severe major symptoms should indicate need for high-quality individualized assessment, intervention, and support. Both indicators of problems meriting ACT services should bring about appropriate assessment and interventions as well as compassionate and immediate support for the client and his or her family and support system.

B. Discharge Criteria

1. Discharges from the ACT team occur when clients and program staff mutually agree to the termination of services. This shall occur when clients:
 - a. Have successfully reached individually established goals for discharge, and when the client and program staff mutually agree to the termination of services.
 - b. Have successfully demonstrated an ability to function in all major role areas (i.e., work, social, self-care) without ongoing assistance from the program, without significant relapse when services are withdrawn, and when the client requests discharge, and the program staff mutually agree to the termination of services.
 - c. Move outside the geographic area of ACT's responsibility. In such cases, the ACT team shall arrange for transfer of mental health service responsibility to an ACT program or another provider wherever the client is moving. The ACT team shall maintain contact with the client until this service transfer is implemented.
 - d. Decline or refuse services and request discharge, despite the team's best efforts to develop an acceptable treatment plan with the client.
2. Documentation of discharge shall include:
 - a. The reasons for discharge as stated by both the client and the ACT team.
 - b. The client's biopsychosocial status at discharge.
 - c. A written final evaluation summary of the client's progress toward the goals set forth in the treatment plan.
 - d. A plan developed in conjunction with the client for follow-up treatment after discharge.
 - e. The signature of the client, the client's service coordinator, the team leader, and the psychiatrist.

Each discharge is carefully evaluated because clients with the most severe and persistent mental illness frequently have been inappropriately discharged. Monitoring discharges is a critical program evaluation activity. Discharges from ACT should not occur for traditional reasons like transitioning to another program because the person needs less care or utilization review where service outcomes are determined to be achieved. ACT is a service model that has demonstrated that when services for persons with longer-term episodic disorders are delivered in a continuous rather than time-limited framework, relapse can be addressed and treatment gains maintained and improved upon. In addition, clients should not be forced out of the program prematurely. Discharges may occur when clients and program staff mutually agree to the termination of services. All too often clients

are not discharged for reasons of recovery or goal achievement but are dropped due to conflicts with staff or because the complexity of the problems and issues require too much staff time. In circumstances when a client wants to "fire" the ACT team, it is important that the ACT team be willing to listen and to accommodate the client's wishes/preferences regarding services. If the client still requests discharge, their request must be honored. The client should be given all necessary help to arrange alternative services and should be given priority for readmission to ACT if they so chose.

Please note: Some new ACT programs stop working with people whom the program failed to effectively engage and admit to the program. Problems with engagement should not be confused with reasons for discharge.