

**Utah Department of Human Services  
Division of Substance Abuse and Mental Health (DSAMH)  
Utah Community Action Grant Committee  
SAMHSA Community Action Grant**

**Assertive Community Outreach Treatment (ACOT)  
For Clients with the Most Serious and Persistent Mental Illnesses  
*Program Guidelines*  
2003**

**Vision**

The vision for Utah Assertive Community Outreach Treatment (ACOT) is a client-centered, recovery-oriented service delivery model based on three fundamental principles:

- ☞ **Recovery** – Restoration of self-esteem and a meaningful life are possible for consumers, despite serious and persistent mental illness.
- ☞ **Client-Centered Individualized Services** – Services are individually tailored to each consumer and are determined through consumer empowerment, involvement, and choice.
- ☞ **Community-Based Service Delivery** – Services are mobile and delivered in the community in order to support and sustain adult role functioning (e.g., a home, a job or purposeful activities, and meaningful relationships).

**Primary Provider of Services**

ACOT teams shall be the primary provider of treatment, rehabilitation, and support services, assuming ultimate responsibility for the client and including the primary therapist of record.

**Multidisciplinary Team**

ACOT teams shall have at least 5.5 FTE multidisciplinary clinical staff which include members of the core mental health and rehabilitation disciplines. The psychiatrist or psychiatric prescriber is not counted in the minimum 5.5 FTE required staff. The goal is to have sufficient numbers of staff to provide full coverage (e.g., evenings, weekends, holidays) and to maintain a staff-to-client ratio of no larger than 1:10.

**Core ACOT Staff Members:**

**Psychiatrist (or Other Psychiatric Prescriber, per DSAMH approval)**

☞ At least one licensed psychiatrist minimum of 16 hours per week per 50 clients;

or

with DSAMH approval, a board certified medical doctor (MD) with relevant psychiatric experience minimum of 16 hours per week per 50 clients or a licensed advanced practice registered nurse (APRN) specializing in psychiatric mental health nursing minimum of 16 hours per week per 50 clients.

☞ The psychiatrist or psychiatric prescriber functions as an integrated team member. The team may not have more than two psychiatrists or two psychiatric prescribers. If a team has two people fulfill this role, it must be clearly demonstrated how both are fully integrated team members and how they collaborate to carry out the functions of this position.

- ✍ The psychiatrist or psychiatric prescriber provides clinical services to all ACOT clients, has responsibility for all psychopharmacologic and medical services, works with the team leader to clinically direct the team, and has overall clinical responsibility for client care.

### **Team Leader**

- ✍ A full-time team leader who is licensed and has at least a Master's degree in social work or a related field with at least one year of supervised experience with people with serious and persistent mental illness and/or training in clinical approaches with people with serious and persistent mental illness, as demonstrated by coursework or other education.
- ✍ The team leader is the clinical and administrative supervisor of the team and also functions as a practicing clinician on the team.

### **Substance Abuse Specialist**

- ✍ A minimum of one full-time Master's-level substance abuse specialist with (a) at least one year of supervised experience in a combined substance abuse/mental health setting or (b) at least one year of training in co-occurring substance abuse and mental health disorders, as demonstrated by coursework or other education. This staffing requirement applies to both mental health providers with training and experience in substance abuse and substance abuse providers with training and experience in mental health.
- ✍ The substance abuse specialist is the multidisciplinary staff member who is responsible for completing the drug and alcohol assessment and providing integrated substance abuse treatment.

### **Registered Nurse**

- ✍ At least one full-time nurse with an RN level of certification and demonstrated specialization in psychiatry.
- ✍ The registered nurse is the multidisciplinary staff member who is responsible, with the psychiatrist or psychiatric prescriber, for the overall operation of the medication and medical services component. The registered nurse also has primary responsibility to conduct physical health assessments within his or her scope of practice and to coordinate services with other health providers.

### **Vocational Specialist**

- ✍ A minimum of one vocational specialist with at least a Bachelor's degree and (a) at least one year of post-college supervised experience in vocational rehabilitation/supported employment with persons with serious and persistent mental illness or (b) at least one year of training in vocational rehabilitation as demonstrated by coursework or other education.
- ✍ In rural and frontier areas where there is a strong existing vocational rehabilitation/supported employment agency or program (either internal or external to the Community Mental Health Center), it may be acceptable for this role to be filled by a single staff person from the separate vocational services agency, with DSAMH approval. This staff person must have regularly assigned hours to work exclusively with the ACOT team and regularly participate in ACOT staff communication.
- ✍ The vocational specialist is the multidisciplinary staff member who is responsible for completing the education and employment assessment and providing vocational services.

## **Peer Specialist**

~~///~~ A minimum of .5 FTE peer specialists, who have been recipients/clients of mental health services for serious and persistent mental illness. Because of life experience with mental illness and mental health services, the peer specialist provides expertise to the team that professional training cannot replicate. The peer specialist is a fully integrated team member and has clinical responsibilities commensurate with his or her level of training and experience.

~~///~~ The peer specialist is the multidisciplinary team member who promotes client self-determination and decision-making and provides expertise and consultation to the entire team to promote a culture in which each client's point of view and preferences are recognized, understood, respected and integrated into treatment, rehabilitation, and community self-help activities.

## **Bachelor's Level Staff**

~~///~~ A minimum of one bachelor's level staff who have state-certification as a case manager, and (a) a degree in social work or a related field or (b) at least four years of training or experience working with people with severe and persistent mental illness.

~~///~~ Bachelor's level staff are the multidisciplinary team members who carry out rehabilitation and support functions, and assist in treatment, substance abuse services, education, support and consultation to families, and crisis intervention.

## **Team Approach**

~~///~~ ACOT services are delivered by a group of multidisciplinary staff who work as a team and who share (by assignment) in the provision of the individually tailored treatment, rehabilitation, and support services each client needs per each client's comprehensive assessment and individualized treatment plan. On average, 90% or more of clients have contact with more than two staff per month. Staff communication and scheduling are critical to maintaining a team approach and the overall operation of the ACOT team. Therefore, the ACOT team shall:

- Conduct daily organizational staff meetings at regularly scheduled times under the supervision of the team leader to: (a) briefly review the service contacts which occurred the previous day and the status of all program clients, and (b) review the service contacts that are scheduled to be completed the current day and revise as needed; assign staff to carry out the day's service activities; and revise clients' individualized treatment plans in order to handle emergency and crisis situations that are occurring with particular clients.
- Conduct regularly scheduled treatment planning meetings under the supervision of the team leader and the psychiatrist or psychiatric prescriber. The purpose of these meetings is for the staff, as a team, to thoroughly prepare for their work with each client. The team meets to present and integrate the information collected through assessment in order to learn as much as possible about the client's life, their experience with mental illness, and the type and effectiveness of the past treatment they have experienced. The presentations and discussions at these meetings make it possible for all staff to: (a) be familiar with each client and his or her goals and aspirations, (b) participate in the ongoing assessment and reformulation of issues/problems, (c) problem-solve treatment strategies and rehabilitation options, and (d) fully understand the treatment plan rationale in order to carry out each client's treatment plan.

## **Client-Centered, Individualized Services**

~~///~~ The client-centered approach to individualized services is the process by which ACOT staff learn how to plan and structure services to fully take into account what each client wants, needs, and prefers rather than expecting the client to fit into a staff-directed treatment program. The process begins with engaging each client and establishing a therapeutic alliance. Getting to know the person, his or her life experience, and the ways he or she has been affected by mental illness are the steps to establish effective individualized services (i.e., treatment plan). Collecting accurate and complete information and thoroughly pulling together all that is learned from the person leads to the development of the right approach to meet each client's immediate and longer-term goals. All clinical and rehabilitation services begin with comprehensive assessment and individualized treatment planning.

~~///~~ In collaboration with the client, the ACOT team shall complete a comprehensive assessment which includes an evaluation of: (a) psychiatric history, mental status, and diagnosis, (b) physical health, (c) use of drugs and alcohol, (d) education and employment, (e) social development and functioning, (f) activities of daily living, and (g) family structure and relationships.

~~///~~ In collaboration with the client and the family or guardian, if possible and appropriate, the ACOT team shall assess the client's needs, strengths, and preferences and develop an individualized treatment plan.

## **Most Services Provided in the Community**

On average, at least 75% of ACOT team total service time shall occur in the client's home or community, rather than in the office. This percentage is an average across all ACOT clients, not a percentage of services delivered in the community per client.

## **Intensity of Services**

~~///~~ ACOT varies the frequency of services and the length of time for client contacts in order to meet the changing needs of clients with serious and persistent mental illnesses.

~~///~~ The ACOT team shall have the capacity to provide multiple contacts per week particularly with clients who are experiencing severe symptoms, trying a new medication, experiencing health problems or serious life events, trying to go back to school or starting a new job, making changes in living situations, or having significant ongoing problems in daily living.

~~///~~ Across the total team caseload, the ACOT team shall provide an average of three face-to-face contacts a week to each client.

~~///~~ Across the total team caseload, the ACOT team shall provide an average of at least two hours of services a week to each client.

## **Small Caseloads**

ACOT teams shall have an intensive staff-to-client ratio no larger than 1:10. The ratio may need to be more intensive in rural or frontier areas where more travel is required. This staff-to-client ratio does not include the team psychiatrist or other psychiatric prescriber.

## **24-Hour Per Day, Seven-Day Per Week Coverage**

~~///~~ ACOT teams shall provide or arrange for 24-hour per day, seven-day per week coverage and crisis services.

~~///~~ Established ACOT teams shall provide services and crisis coverage during the hours ACOT staff are working, and, at a minimum, arrange crisis services by an affiliated crisis provider who is available by phone, with the option of face-to-face contact when ACOT staff are not on duty.

~~///~~ In rural and frontier areas, ACOT teams may elect to work collaboratively with another agency or program to provide crisis services when ACOT staff are not on duty, with DSAMH approval. With this arrangement, the ACOT team shall provide complete information about the current status of each ACOT client along with a recommended crisis plan, particularly for clients for whom such crisis services are highly anticipated. Daily updates and feedback about the outcome of all crisis contacts will be provided by the affiliated crisis provider.

~~///~~ ACOT is responsible to have written policies and procedures that define how after-hours services and crisis intervention services are provided.

### **Time-Unlimited Services**

~~///~~ ACOT clients are offered services for an open-ended period of time.

~~///~~ When clients are discharged or transferred from the ACOT team, the reasons for the discharge or transfer as stated by the client and the ACOT team must be documented and must include a systematic plan to maintain continuity of treatment at appropriate levels of intensity to support the client's continued recovery (e.g., specifying a gradual transfer period).

~~///~~ 100% of transferred clients have access to return to the ACOT team if clinically appropriate.

### **Responsibility during Hospitalization**

~~///~~ ACOT staff shall continue to see and work with clients when they are hospitalized.

~~///~~ ACOT staff (including the psychiatrist or psychiatric prescriber) shall provide information to hospital clinical personnel regarding the reason for clients' hospitalization and their treatment needs while hospitalized, and coordinate closely regarding discharge planning for ACOT clients.

~~///~~ 95% or more of all ACOT client admissions shall be initiated by the ACOT team and 95% or more discharges shall be planned jointly between the ACOT team and hospital staff.

### **Broad Service Array**

ACOT teams shall have the capability to provide client-centered individualized treatment, rehabilitation and support services, including:

#### **Service Coordination:**

Each client will be assigned a service coordinator who coordinates and monitors the activities of the client's individual treatment team and the greater ACOT team. The primary responsibility of the service coordinator is to work with the client to write the treatment plan, to provide individual supportive counseling, to offer options and choices in the treatment plan, to ensure that immediate changes are made as the client's needs change, and to advocate for the client's wishes, rights, and preferences.

~~///~~ The members of the client's individual treatment team share these tasks with the service coordinator and are responsible to perform the tasks when the service coordinator is not working.

~~///~~ Service coordination also includes coordination with community resources, including client self-help and advocacy organizations that promote recovery.

- ✍ Every ACOT client will be offered the opportunity to develop an advance directive as part of the service planning process, in a manner that is clinically appropriate and in accord with Utah state guidelines regarding advance directives.

### **Crisis Assessment and Intervention:**

Crisis assessment and intervention shall be provided or coordinated 24-hours per day, seven days per week. These services include telephone and face-to-face contact and are provided in collaboration with local emergency service providers and law enforcement as appropriate in accord with Utah statutes and due process, including legal mechanisms such as civil commitment.

### **Symptom Assessment and Management Services:**

- ✍ Ongoing comprehensive assessment of the client's symptoms of mental illness, accurate diagnosis, and the client's response to treatment.
- ✍ Psychoeducation regarding mental illness and the effects and side effects of prescribed medications.
- ✍ Symptom management to help each client identify and target the symptoms and occurrence patterns of his or her mental illness and develop methods (internal, behavioral, or adaptive) to help lessen the effects.
- ✍ Individual supportive therapy
- ✍ Psychotherapy
- ✍ Generous psychological support to clients, both on a planned and as-needed basis, to help them accomplish their personal goals, to cope with the stressors of day-to-day living, and to recover.

### **Medication Prescription, Administration, Monitoring and Documentation:**

The ACOT team psychiatrist or psychiatric prescriber shall:

- ✍ Establish an individual clinical relationship with each client.
- ✍ Assess each client's symptoms of mental illness and provide verbal and written information about mental illness.
- ✍ Determine an accurate diagnosis based on a comprehensive assessment which dictates an evidence-based pathway that the psychiatrist or psychiatric prescriber will use.
- ✍ Provide education about medication, benefits and risks, and obtain informed consent.
- ✍ Assess and document the client's symptoms of mental illness and behavior in response to medication and shall monitor and document medication side effects.

All ACOT staff shall assess and document the client's symptoms of mental illness and behavior in response to medication and shall monitor for medication side effects.

### **Dual Disorders Substance Abuse Services:**

Dual Disorders Substance Abuse Services include applying a stage-based treatment model that is non-confrontational, considers the interaction between mental illness and substance abuse, and has client-determined goals. This includes, but is not limited to, individual and group interventions in:

- ~~///~~ Engagement (e.g., empathy, reflective listening, avoiding confrontation or argument)
- ~~///~~ Assessment (e.g., stage of readiness to change, client-determined problem identification)
- ~~///~~ Motivational enhancement (e.g., helping to recognize discrepancies between behavior and desired outcomes, psychoeducation)
- ~~///~~ Continuous relapse prevention (e.g., trigger identification, building relapse prevention action plans)

### **Vocational Services:**

Vocational services include helping clients value, find, and maintain meaningful employment in community-based job sites and services, developing jobs, and coordinating with employers. Vocational services also include, but are not necessarily limited to:

- ~~///~~ Assessment of job-related interests and abilities through a complete education and work history assessment as well as on-the-job assessments in the community.
- ~~///~~ Assessment of the effect of the client's mental illness on employment with identification of specific behaviors that interfere with the client's work performance and development of interventions to reduce or eliminate those behaviors, and find effective job accommodations.
- ~~///~~ Development of an ongoing employment rehabilitation plan to help each client establish the skills necessary to find and maintain employment.
- ~~///~~ Individual supportive therapy to assist clients in identifying and coping with the symptoms of mental illness that may interfere with their work performance.
- ~~///~~ On-the-job or work-related crisis intervention.
- ~~///~~ Work-related supportive services, such as assistance with grooming and personal hygiene, securing appropriate clothing, wake-up calls, and transportation, if needed.

### **Assistance with Activities of Daily Living (ADLs):**

Assistance with ADL's includes services to support activities of daily living in community-based settings such as individualized assessment, problem solving, sufficient side-by-side assistance and support, skills training, ongoing supervision (e.g., prompts, assignments, monitoring, encouragement), and environmental adaptations to assist clients to gain or use the skills required to:

- ~~///~~ Find safe, affordable, quality housing (e.g., apartment hunting, finding a roommate, landlord negotiations, cleaning, furnishing, and decorating; and procuring necessities (such as telephone, furnishings, linens)
- ~~///~~ Perform household activities, including house cleaning, cooking, grocery shopping, and laundry

- ~~///~~ Carry out personal hygiene and grooming tasks, as needed
- ~~///~~ Develop or improve money-management skills
- ~~///~~ Use available transportation
- ~~///~~ Secure and effectively use the services of a personal physician and dentist

**Social/Interpersonal Relationship and Leisure-Time Skill Training:**

These include services to support social/interpersonal relationships and leisure-time skill training such as supportive individual therapy (e.g., problem solving, role-playing, modeling, and support); social skills teaching and assertiveness training; planning, structuring, and prompting of social and leisure-time activities; side-by-side support and coaching; and organizing individual and group social and recreational activities to structure clients’ time, increase their social experiences, and provide them with opportunities to practice social skills and receive feedback and support required to:

- ~~///~~ Improve communication skills, develop assertiveness, and increase self-esteem
- ~~///~~ Develop social skills, increase social experiences, and develop meaningful personal relationships
- ~~///~~ Plan appropriate and productive use of leisure time
- ~~///~~ Relate to landlords, neighbors, and others effectively
- ~~///~~ Familiarize themselves with available social and recreational opportunities and increase their use of such opportunities

**Peer Support Services**

These include services to validate clients’ experiences and to guide and encourage clients to take responsibility for and actively participate in their own recovery. In addition, peer support services help clients identify, understand, and combat stigma and discrimination against mental illness and develop strategies to reduce any self-imposed stigma, including but not limited to:

- ~~///~~ Peer counseling and support
- ~~///~~ Introduction and referral to client self-help programs and advocacy organizations that promote recovery

**Education, Support, and Consultation to Clients’ Families and Other Major Supports:**

Services under this category include those provided regularly to clients’ families and other major supports, with client agreement and consent, including, but not limited to:

- ~~///~~ Individualized psychoeducation about the client’s illness and the role of the family and other significant people in the therapeutic process
- ~~///~~ Interventions to restore contact, resolve conflict, and maintain relationships with family or other significant people

- ~~///~~ Ongoing communication and collaboration, face-to-face and by telephone, between the ACOT team and the family
- ~~///~~ Introduction and referral to family self-help programs and advocacy organizations that promote recovery
- ~~///~~ Assistance to clients with children (including individual supportive counseling, parenting training, and service coordination) including, but not limited to:
  - Services to help clients throughout pregnancy and the birth of a child
  - Services to help clients fulfill parenting responsibilities and coordinate services for children as needed
  - Services to help clients to restore relationships with children who are not in the client's custody.

### **Support Services**

Support services or direct assistance to ensure that clients obtain the basic necessities of daily life, including, but not necessarily limited to:

- ~~///~~ Medical and dental services
- ~~///~~ Safe, affordable, and quality housing
- ~~///~~ Financial support and/or benefits counseling
- ~~///~~ Social service
- ~~///~~ Transportation
- ~~///~~ Legal advocacy and protection and advocacy services