

Arcadia ACT Team

The Assertive Community Treatment (ACT) program implements an innovative, intensive service delivery system for the adult/transition age youth/older adult consumers. This is a community-based program that connects individuals with mental health, housing, employment and other rehabilitative and recovery services. Evidence-based research findings indicate more positive outcomes for chronically mentally ill clients receiving ACT services.

Assertive Community Treatment (ACT) Team

A multi-disciplinary team will be required to provide the range of ACT services. This team must have a "Can Do" approach. They will handle the client's needs for therapy, medication, crisis intervention, employment, substance abuse, housing needs, medical needs, benefits establishment, social and relationship issues, and daily activities, etc. Due to the multi-disciplinary composition of the team, specialists will be available to address each of these service points. The majority of the services will be provided in the community in the client's environment. This approach allows greater opportunity to realistic view of the client's issue and aid in identifying the best method for problem resolution. Additionally, places like local parks, restaurants, movie theatres, and schools may be used for meetings with the client, as needed.

The start date for the implementation of this program is July 1, 2005. However, in preparation for the implementation of this program, the Arcadia office has already started identifying the first list of clients to be enrolled in this program and the planning the procedures of how the program will be implemented.

Initial ACT Enrolled Members

This program will enroll clients with serious and persistent mental illness. These are clients who are inconsistently or marginally engaged and whose movement towards recovery is stalled because the individual is not capable of handling their needs and problems independently. With the support provided by the ACT team, based on past data, recovery will be reestablished and progress initiated.

Planning for Implementation.

Several clients already open to Arcadia Mental Health have been identified as suitable candidates for this program. These clients have been selected from the on-going caseload of present clinicians at AMHC. They include clients with multiple hospitalizations during the most recent six-month period; intensive service recipients as identified by the FFS hospitals; discharged clients from the IMDs, via community residential placement; and others. Daily experience in servicing these clients indicates unless additional support is provided in a timely manner, these clients tend to decompensate easily, resulting in expensive hospital stays, disruption of their family/community situations, and delaying their recovery process.

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Services will be provided 24/7 to aid clients to develop a feeling of security and to address the problems *when they arise*. Clients enrolled in the Arcadia ACT will have access to a staff member to address the client's call at all time. It will then be the clinician's decision to decide if phone consultation is adequate or if there is a need for a field/home visit. Clients will be provided with a 24-hour call number, and each ACT team member will have a cell phone and pager. If the client contacts the Access Center seeking emergency services, the center staff then will contact the on-call team staff providing coverage to arrange a response. In addition, plans call for inclusion of a substance abuse counselor on the ACT Team, provided via contractor Social Model Recovery Systems, Inc. [Pending amendment of this provider's current contract.]

General Operation

The multi-disciplinary ACT team will meet every morning for a briefing from the coordinator, updating the team with information from the previous night and also assign the duties for the day. Each client will be seen multiple times during the week. The team will also meet once every week to review the progress/changes/needs of the clients identified as most at risk or vulnerable, and the team will decide on the course of action necessary to avoid decline in the client's status. The team members, conversely, will identify high-risk issues and will inform the coordinator at any time, should immediate action be required in order to prevent inpatient placement.

In order to provide efficient care to the clients and to expedite their recovery, the client-to-staff ratio will be 1-14 at maximum capacity.

Update: New Items—Arcadia MH Center Transformation Pilot Projects

Building Costs: No anticipated increase. Use existing clinic building.

Staff Costs for 24/7 Program for Intensive Service Recipients:

MH Education Consultant	(1 FTE)
PSW II	(4 FTE)
Psychiatrist MD	(0.5 FTE)
Medical Caseworker	(2 FTE)
Intermediate Typist Clerk	(1 FTE)

Other Expenses

Substance Abuse Coun.	(1 FTE)	[Approx. \$49,000 amended contract with Social Model Recovery Systems, Inc.]
Caminar	\$10,000.00	(Per Year)
Motel Vouchers:	\$15,000.00	(Per Year-\$85 X 14day X 12 months)

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Petty cash:	\$ 2,000.00	(Per Year)
Misc.	\$ 1,000.00	(Per Year)
Car:	\$25,000.00	(One-time Expense)

Tentative After Hours Coverage/July 2005*

July 1 thru 7—	Liane Tanahara, PSW II
July 8 thru 14—	Brady Gallagher, LPT III
July 15 thru 21—	Tiffany Lui, PSW I or Heidi Wedekind, LPT III
July 22 thru 28—	Tiffany Liu, PSW I, or Mirala Vega, Medical Caseworker I
July 29-31+—	William Granja, MH Service Coord. I or Martin Hernandez, PSW I

* The above employees are possible candidates for this project. Final selection of staff has not been completed, pending negotiation/notification of employee union representatives and employees.