



# Office of Mental Health

## Older Adult Assertive Community Treatment (ACT) Program Guidelines Addendum

### Overview

Older Adult ACT is an expansion of the ACT model that incorporates program modifications to better meet the needs of older adults with serious mental illness (SMI). Older Adult ACT requires additional competencies specific to the aging population with SMI. In addition to program modifications outlined in this addendum, providers will adhere to the New York State (NYS) ACT 508 regulations, NYS ACT Program Guidelines, ACT Standards of Care, and maintain fidelity to the ACT model utilizing a validated ACT fidelity tool as recommended by NYS Office of Mental Health (OMH).

### Eligibility Criteria

The target population to be served by Older Adult ACT includes adults 55 years of age or older who are diagnosed with SMI and have had difficulty engaging in the traditional mental health system. These individuals may be high utilizers of emergency and/or crisis services, isolated from community supports (including family), homeless or in danger of losing their housing, and who may have histories of involvement with the criminal justice system.

Eligibility criteria for Older Adult ACT:

- Individuals who meet the eligibility criteria outlined in the ACT Program Guidance; and
- Individuals who are at least 55 years old; and
- Individuals with an existing chronic medical condition or newly diagnosed medical condition within the last 12 months.

### Referrals and Coordination Between ACT and Other Systems

Older Adult ACT teams will follow the referral and admission process outlined in the ACT Program Guidelines (Section 5.4) and receive referrals from SPOA. Once the assignment is made, the assigned Older Adult ACT team will directly coordinate warm handoff and/or engagement efforts with the assigned individual.

Older Adult ACT teams must collaborate with the applicable NYS OMH Field Office, Local Government Unit (LGU) and Single Point of Access (SPOA), NYS Office for the Aging (NYSOFA), New York City Aging, Extended Care/Nursing Facilities, adult home and assisted living residences, acute and state-operated psychiatric hospitals and residences, and community-based providers (among other potential referral sources) to target appropriate individuals for this high need service.

The Older Adult ACT team will develop coordinated admission and transition plans with Health

Home(s), Specialty Mental Health Care Management Agencies, acute and state-operated psychiatric hospitals, aging service providers and home care agencies, Extended Care/Nursing Facilities, Transitional Case Management Teams, Critical Time Intervention Programs, Assisted Outpatient Treatment (AOT) Programs, Managed Care Plans, Community Oriented Recovery & Empowerment Services (CORE), Home and Community-Based Services (HCBS) providers, Personalized Recovery Oriented Services (PROS), Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS)/Clinic, Housing providers, Peer Support/Peer Bridging and other community services to identify and deliver services and supports for individuals to ensure their successful transition into less intensive community-based services.

## Staffing Requirements and Qualifications

Older Adult ACT teams will build a multi-disciplinary team including members from the fields of psychiatry, nursing, psychology, social work, substance use, and older adults and aging populations. Older Adult ACT teams will hire staff who have the appropriate qualifications to meet the needs of the aging population with SMI, which includes the hiring of an Older Adult Specialist.

Older Adult ACT teams must meet the following requirements:

1. ACT team composition should include 10 or fewer individuals per team member (10:1). This ratio excludes psychiatric providers and program assistants.
2. The 48-capacity model calls for five (5) staff (counted in the staff to individual ratio), one (1) FTE program assistant, and 0.48 FTE psychiatrist / 0.7 FTE Nurse Practitioner or Psychiatry (NPP). The program must make every effort to be fully staffed.
3. Team staffing is multi-disciplinary.
4. At least 60% of the staff included in the 10:1 ratio is professional.
5. At least 60% of the staff included in the 10:1 ratio is full-time.
6. Teams who experience high staff turnover, or low staffing numbers affecting the 10:1 ratio, should communicate with their regional NYS OMH Field Office to notify them of these challenges and plans to meet the needs of the individuals.
7. Older Adult ACT teams will maintain a plan for regular supervision of all staff members, including the Team Leader, as outlined in the ACT Program Guidelines (Section 5.7.3).
8. The minimum staffing requirements for a 48-capacity Older Adult ACT team:

Required staff included in the 10:1 ratio:

- i. 1 FTE Team Leader
- ii. 1 FTE Registered Nurse
- iii. 1 FTE Substance Use Specialist
- iv. 1 FTE Family Specialist
- v. 1 FTE Older Adult Specialist

Required staff not included in individual to staff ratio:

- vi. 0.48 FTE Psychiatrist or 0.70 FTE NPP
- vii. 1 FTE Program Assistant

## Staff Qualifications

In addition to the ACT staffing requirements outlined in the ACT Program Guidelines (Section 5.7), the following staff role and qualifications are required on an Older Adult ACT team:

- Older Adult Specialist: One (1) full time employee (FTE) staff member who, in addition to performing routine team duties, has lead responsibility for integrating evidence-based practices specific to the older adult population with SMI. The Older Adult Specialist will be knowledgeable in assessing for and developing interventions that address risk factors and mental health challenges associated with aging. The Older Adult Specialist will provide education and skill building to older adults on entitlements to address social determinants of health. The Older Adult Specialist will lead medical care coordination across service sectors. Additionally, the Older Adult Specialist will understand the different Medicare and Medicaid Health Plans for older adults, including familiarity with eligibility pathways and related assessments needed for accessing Medicaid long term services and supports (LTSS) and enrollment in Managed Long-Term Care (MLTC). Finally, the Older Adult Specialist is expected to be familiar with community-based services and supports available outside of the Older Adult ACT team.

The Older Adult ACT team does not require a Vocational Specialist. Therefore, all staff will provide vocational support to individuals with interest in employment.

## Core Competencies and Staff Training Requirements

### Core Competencies

In addition to the core competencies and staff training requirements outlined in the ACT Program Guidelines (Section 5.7.2), the Older Adult ACT team will develop and maintain competency in the following areas:

- Using standardized screening tools (if available) to assess for signs of substance use/addiction, misuse of prescribed medication, anxiety, depression, suicidality, and assess for specific risk factors associated with aging such as social isolation/loneliness, cognitive decline and impaired executive functioning, Alzheimer's disease and other related dementias, psychosis, and chronic medical conditions;
- Assessing for risk factors associated with aging, social isolation/loneliness, experiences of trauma, discrimination, marginalization, and financial insecurity, and compromised mobility, hearing, vision and chronic medical conditions;
- Developing and implementing strategies for maintaining continuity of care during periods of hospitalizations and medical complications, including regular communication with the treating provider and Primary Care Physician during this time of inactivity;
- Providing clinical services, including psychotherapy, cognitive behavioral therapy (CBT), dialectical behavior treatment (DBT), and other therapies and psychosocial interventions shown to reduce psychological symptoms in older adults;
- Knowledgeable about the complex interplay between physical health, mental health, and the accelerated aging process experienced by older adults with co-occurring complex medical conditions;
- Knowledgeable of community resources available specifically for older adults with an awareness of how ageism can affect service provision and willingness to engage in services;

- Understanding of existing and emerging anxiety, depression, and serious mental illness including bipolar disorder and Schizophrenia that manifests in older adults;
- Knowledgeable of mental health challenges among older adults, such as:
  - The impacts of social isolation/loneliness, bereavement, family dynamics, and loss of independence.
  - Mental and physical health impacts on affective and anxiety disorders, dementia, and psychosis.
  - Sleep and behavior disorders, and cognitive decline.
- Advocacy and education on entitlements to address social determinants of health and medical care coordination across service sectors; and
- Establishing collaborative relationships with health plans and understanding the different Medicare and Medicaid Health Plans (duals) for older adults.

### **Training Requirements**

Older Adult ACT teams will complete all required training as outlined in the ACT Program Guidelines (Appendix A and Appendix B). Additionally, the Older Adult ACT team will ensure all staff are continually trained, especially regarding needs of older adults with SMI, including but not limited to: social isolation, substance use, homelessness, dementia, psychosis, and chronic medical conditions.

### **Resources**

[NYS ACT Program Guidelines](#)

[NYS ACT Standards of Care](#)

[14 NYCRR 508 \(Part 508\) ACT Regulations](#)