Rural Assertive Community Treatment (ACT)

Program Guidelines Addendum

Overview

Rural ACT is an expansion of the ACT model to underserved communities in rural areas of New York State (NYS). Rural ACT teams will better meet the needs of specific populations in underserved communities, e.g., increasing access to an evidence-based practice for adults with SMI and high continuous needs that are not met in traditional community-based services. In addition to program modifications outlined in this addendum, providers will adhere to the NYS ACT 508 regulations, 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).

The following components distinguish a Rural ACT from ACT:

- Rural ACT teams will serve 36 individuals who meet the ACT eligibility criteria as identified in the ACT Program Guidelines (section 5.3).
- Rural ACT teams are expected to maintain staffing for a minimum ratio of nine (9) individuals to one (1) staff (9:1).
- Rural ACT teams do not require a Family Specialist. Teams are required to complete training to integrate services that are typically led by the Family Specialist role and provide family services if identified in an individual's goal plan.

Staffing Requirements

Rural ACT teams will build a multi-disciplinary team including members from the fields of psychiatry, nursing, psychology, social work, and substance use. Rural ACT teams will hire staff who have the appropriate qualifications to meet the needs of the population with SMI.

Rural ACT teams must meet the following staffing requirements:

1. ACT team composition should include nine (9) or fewer individuals per team member (9:1). This ratio excludes psychiatric providers and program assistants.
2. The 36-capacity model calls for four (4) staff (counted in the staff to individual ratio), one (1) FTE program assistant, and 0.48 FTE psychiatrist / 0.7 FTE 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 9:1 ratio is professional.
5. At least 60% of the staff included in the 9:1 ratio is full-time.
6. Teams who experience high staff turnover, or low staffing numbers affecting the 9:1 ratio, should communicate with their regional OMH Field Office to notify them of these

challenges and plans to meet the needs of the individuals.

7. Rural 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 36-capacity Rural ACT team:

   Required staff included in the 9:1 ratio:

   i. 1 FTE Team Leader
   ii. 1 FTE Registered Nurse
   iii. 1 FTE Substance Use Specialist
   iv. 1 FTE Vocational Specialist

   Required staff not included in individual to staff ratio:

   v. 0.48 FTE Psychiatrist or 0.70 FTE NPP
   vi. 1 FTE Program Assistant

Training Requirements

Rural ACT teams will complete all required training as outlined in the ACT Program Guidelines (Appendix A and Appendix B).

In addition, all Rural ACT team specialists and Team Leader are required to complete the Family Specialist role training. All staff on the Rural ACT team (with exception of the Program Assistant) are expected to provide interventions focused on family, social and natural supports as needed.

ACT Providers shall utilize Center for Practice Innovations (CPI) ACT Institute as a resource for continued training through the Learning Management System and in-person/web-based trainings, role support calls, consultations, and additional technical assistance for the ACT model.

Resources

NYS ACT Program Guidelines

NYS ACT Standards of Care

14 NYCRR 508 (Part 508) ACT Regulations