



# Office of Mental Health

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

### Overview

Young Adult ACT (YA ACT) is an expansion of the ACT model which incorporates program modifications to better meet the needs of young adults (ages 18 to 28) with serious mental illness (SMI). Young Adult ACT teams serve individuals with Serious Mental Illness (SMI) who have not been successfully engaged by the traditional mental health treatment and rehabilitation system and who can benefit from the Young Adult ACT Team goals which include comprehensive clinical treatment and domains associated with helping young adults to become independent. In addition to a program of comprehensive clinical treatment services, Young Adult ACT provides developmentally appropriate support to 1) build and implement a productive vocational and/or educational plan, 2) skill development to enhance necessary “real-world” skills, including but not limited to financial literacy, decision-making, time management, interpersonal interactions socially and in work setting, as well as self-care and well-being, and 3) help to develop or strength a family/family of choice or social support network.

Young Adult ACT will serve individuals who may need support developing a productive vocational or educational plan, do not have a sufficient social/family support system and/or lack sufficient real-world skills to successfully become independent adults. The expansion of ACT represents a commitment by the New York State Office of Mental Health to develop specialty ACT Teams that are designed to better meet the needs of specific populations, e.g., providing access to an evidence-based practice for young adults with SMI and high continuous needs that are not met in traditional community-based services. As this expansion moves forward, there are several principles that inform the overall process. These include:

- Promoting the concepts of recovery and the power of individual choice.
- Supporting young adults to develop a productive vocational or educational plan that will provide a path to independence.
- Supporting young adults to develop the real-world skills that are necessary for them to live successfully as independent adults in the communities in which they have chosen to live.
- Supporting young adults who may have limited social or family support to strengthen existing family relationships, including their family of choice, and to develop and expand their networks to provide the necessary support they will need to reach the goal of living successfully as independent adults.
- Expertise in the natural supports available to individuals so that full community integration is possible.
- Cultural understanding of each individual and their personal identity (i.e. indicated name/pronoun, and spiritual practices, etc.). Additionally, social determinants should be considered as they are domains likely to have inherent disparities (healthcare access,

housing, employment status, food security).

- Referrals will be received by the Young Adult ACT provider and managed cooperatively with OMH ensuring access to services to individuals meeting specific program criteria.
- Young Adults are expected to be served by the Young Adult ACT Team for two to three years, depending upon the individual's needs, progress, and goals.
- Facilitating continuity of care from the ACT team to care management and other services in the community when transitioning/being discharged from ACT.

Young Adult ACT requires additional competencies specific to the population. 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).

### **Program Definitions (in addition to Section 1 in the ACT Program Guidelines)**

**Real World Skills:** Skills that a young adult needs to develop/learn and or strengthen on the path to independence. Development of these skills may involve the use of groups and/or community settings to provide opportunities for learning and give individuals a chance to teach each other, when appropriate. Real World Skills include, but are not limited to well-being, financial literacy, decision-making, and maintaining a living situation

**Peer Specialists:** Young Adult ACT teams are required to employ a Certified Peer or Credentialed Youth Peer Advocate.

### **Outcomes (in addition to Section 3 in the ACT Program Guidelines)**

- Development of and engagement in the implementation of a vocation or education plan;
- Real-world skills needed to live and work independently are identified, developed, and practiced (with support) with the intention of fading that support as the skill is mastered; and
- Family, family of choice, and social support network needed to live and work independently are strengthened and/or identified

### **4.1 ACT Service Definitions**

ACT provides direct services, assists with task completion, and teaches skills in the following areas, in addition to those listed in 4.1:

<p><b>Service Planning &amp; Coordination</b></p> <p>Developing, in partnership with the individual, a comprehensive, individualized and culturally sensitive, goal-oriented service plan, including coordination with other formal and informal providers</p> <p>Identifying primary psychiatric and co-occurring psychiatric disorders, symptoms, and related functional problems</p> <p>Identifying individualized strengths, preferences, needs and goals</p> <p>Identifying risk factors regarding harm to self or others</p> <p>Monitoring response to treatment, rehabilitation, and support services</p>	<p><b>Wellness Self-Management &amp; Relapse Prevention</b></p> <p>Educating about mental health, treatment, and recovery</p> <p>Teaching skills for coping with specific symptoms and stress management, including development of a crisis management plan</p> <p>Developing a relapse prevention plan, including identification/ recognition of early warning signs and rapid intervention strategies</p> <p>Developing a willingness to engage in services</p>	<p><b>Family Life &amp; Social Relationships</b></p> <p>Restoring and strengthening the individual's unique social and family relationships. Psycho-educational services (providing accurate information on mental illness &amp; treatment to families and facilitating communication skills and problem solving)</p> <p>Coordinating with child welfare and family agencies</p> <p>Support in carrying out parent role</p> <p>Teaching coping skills to families</p> <p>Enlisting family/family of choice support in recovery of individual</p>
<p><b>Medication Support</b></p> <p>Prescribing and administering medication</p> <p>Carefully monitoring response and side effects</p> <p>Ordering medications from pharmacies</p> <p>Delivering medications</p> <p>Educating individuals about medications</p> <p>Reminding individuals to take medications</p>	<p><b>Peer Support Services<sup>1</sup></b></p> <p>Advocacy on behalf of the individual and supporting self-advocacy</p> <p>Engagement</p> <p>Assisting with utilizing self-help tools</p> <p>Peer recovery supports and peer counseling</p> <p>Transitional Supports</p> <p>Pre-crisis and crisis support services</p>	<p><b>Problem Solving</b></p> <p>Individual, group, family, and behavior therapy that is problem-specific and goal oriented</p> <p>Therapeutic approach consistent with evidence-based practices for a particular problem</p> <p>Emphasizes social/interpersonal competence</p> <p>Addresses self-defeating beliefs, expectations, and behaviors that disrupt the recovery process</p> <p>Considers an individual's strengths, needs, and cultural values</p>

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<sup>1</sup> ONLY certified or provisionally certified peers can provide reimbursable Peer Support Services.

<p><b>Daily Activities</b></p> <ul style="list-style-type: none"> <li>Basic personal care and safety skills</li> <li>Grocery shopping and cooking</li> <li>Purchasing and caring for clothing</li> <li>Household chores</li> <li>Using transportation</li> <li>Using other community resources</li> </ul>	<p><b>Housing</b></p> <ul style="list-style-type: none"> <li>Finding safe, affordable housing</li> <li>Negotiating leases and paying rent</li> <li>Purchasing and repairing household items</li> <li>Developing relationships with landlords</li> </ul>	<p><b>Money Management &amp; Entitlements</b></p> <ul style="list-style-type: none"> <li>Completing entitlement applications</li> <li>Accompanying individuals to entitlement offices</li> <li>Re-determination of benefits</li> <li>Budgeting skills</li> <li>Financial crisis management</li> <li>Managing food stamps</li> <li>Education about entitlements</li> <li>Wage Reporting</li> </ul>
<p><b>Work Opportunities</b></p> <ul style="list-style-type: none"> <li>Identifying interests and skills</li> <li>Preparing for finding employment</li> <li>Social skills training</li> <li>Developing and strengthening relationships with employers and other vocational support agencies</li> <li>Educating employers about SMI</li> <li>Education on information on work incentives</li> </ul>	<p><b>Empowerment &amp; Self Help</b></p> <ul style="list-style-type: none"> <li>Encouraging and assisting individuals to participate in self-help, advocacy, social clubs, and culturally preferred and supportive community organizations</li> <li>Educating in self-help and recovery-oriented literature organizations, and related resources</li> <li>Educating in rights of individuals</li> </ul>	<p><b>Integrated Treatment for Substance Abuse</b></p> <ul style="list-style-type: none"> <li>Individual &amp; group modalities for dual disorders treatment</li> <li>Education on substance abuse &amp; interaction with mental illness</li> <li>Non-Confrontational support and support for harm reduction</li> <li>Reflective listening, motivational interviewing &amp; behavioral principles</li> <li>Relapse prevention</li> </ul>
<p><b>Health</b></p> <ul style="list-style-type: none"> <li>Education to prevent health problems</li> <li>Medical screening and follow up</li> <li>Scheduling routine and acute medical and dental care visits</li> <li>Sex education and counseling</li> <li>Provide education and support for reproductive and sexual health, including linkages, when necessary/appropriate. <b>This is required for Young Adult ACT teams.</b></li> </ul>	<p><b>School &amp; Training Opportunities</b></p> <ul style="list-style-type: none"> <li>Identifying interests and skills</li> <li>Finding and enrolling in school/training programs</li> <li>Supporting participation in school/training programs</li> <li>Internships</li> <li>Apprenticeships</li> </ul>	<p><b>Real World Skills (Required for Young Adult ACT teams)</b></p> <ul style="list-style-type: none"> <li>Financial literacy (budgeting, banking, taxes, etc.), and navigating benefits</li> <li>Time management</li> <li>Decision-making and recovery from decisions that do not work out as intended</li> <li>Belonging and advocacy</li> <li>Disclosure issues, boundaries, and healthy relationships</li> <li>Goal setting</li> <li>Transportation</li> <li>Obtaining vital documents</li> </ul>

## **Young Adult ACT Eligibility (in addition to Section 5.3 in the ACT Program Guidelines)**

Young Adult ACT admits individuals ages 18 to 28 with SMI that impairs functioning in the community, have continuous high service needs, who lack engagement in and whose needs have not been met in traditional outpatient services. The individuals may need assistance developing a productive vocational or educational plan. Many of these young adults have very limited family or social support networks, or networks that may be insufficient to meet their needs. Moreover, these individuals often lack many of the real-world skills needed to be successful, independent adults, such as financial literacy, self-care/well-being, time management and decision-making.

Individuals with a primary diagnosis of a personality disorder(s), a SUD, intellectual/developmental disabilities, an IQ below 70, or who are also being served by the Office for People with Development Disabilities (OPWDD) are not appropriate for Young Adult ACT. An individual who meets the criteria for OnTrackNY, first episode psychosis, will be referred to that program to receive services if one is available.

Continuous high service needs, which include:

- i. Two (2) or more psychiatric hospitalizations or one (1) hospitalization of 60+ days in a 12-month period
- ii. Four (4) or more psychiatric emergency room visits, or four (4) or more mobile crisis calls in the last 12 months
- iii. Co-occurring SUD for six (6) months or more
- iv. High risk of justice involvement
- v. Residing in inpatient bed, residential program or CR and assessed to be able to live independently with intensive community services
- vi. At risk of requiring more restrictive living situation without increased community services

Young Adult ACT is a program that will use assertive and intentional engagement strategies to work with individuals who may have had unsatisfactory experiences with previous mental health systems. Interest in participating in this specialized Young Adult ACT program is also a requirement. The following real-world skills are necessary to help individuals achieve the goal of becoming an independent adult: treatment participation, productive vocational or educational plan, social/family/family of choice support system and real-world skills.

## **Referrals and Admissions (in addition to Section 5.4 in the ACT Program Guidelines)**

The admission process for Young Adult ACT is unique and distinct from other mental health programs. It is more assertive and intentional, recognizing that continuous engagement is a key component in the admission process.

1. In NYC, referrals to Young Adult ACT are made to the provider from various sources including, but not limited to:
  - NYC SPOA, acute care psychiatric Hospitals, state psychiatric hospitals, CPEP, mental health outpatient clinics, federally qualified health centers, residential treatment programs, children's mental health services, Managed Care

Organizations (MCO), OnTrackNY, or families.

2. For Rest of State, admission to Young Adult ACT is managed through a local SPOA process. Referrals are submitted to SPOA in the individual's county or primary service area.
  - Referral sources may include inpatient psychiatric units, mental health outpatient programs, families and/or individuals, and Health Home Care Management Agencies.
3. All admissions to Young Adult ACT will be made in consultation with representative(s) of NYS OMH.
4. Individuals ages 18 to 28 who meet the admissions criteria are eligible to be served by Young Adult ACT.

### **Discharge (in addition to Section 5.5.2 in the ACT Program Guidelines)**

Young Adult ACT Discharge in addition to those outlined in 5.5.2 of the ACT **Program** Guidelines:

1. Individuals who are no longer within the eligible age range for Young Adult ACT, which serves young adults ages 18 to 30, must be transferred to an appropriate provider. The Young Adult ACT team must maintain contact with the individual until the provider and individual are engaged in this new service arrangement.
2. Individuals who move outside the geographic area of the Young Adult ACT team's responsibility. The Young Adult ACT team must arrange for transfer of mental health service responsibility to an appropriate provider and maintain contact with the individual until the provider and the individual are engaged in this new service arrangement.
3. Young adults are expected to be served by Young Adult ACT for two (2) to three (3) years depending upon their needs, goals, and progress. To accommodate the needs of individuals admitted up to age 28, transfer or discharge must take place no later than the individual's 31st birthday. While the Team can provide services through age 30, the expectation is that the service is transitional, rather than permanent. Discharge planning and the transition should begin soon after admission. No individual is expected to be served from a younger eligible age to their 31st birthday.

Young Adult ACT is expected to service individuals for two (2) to three (3) years, depending upon needs and progress. However, some young adults may need the service for longer. If an individual is served by a Young Adult ACT Team, a review/collaboration with OMH staff is required to discuss current goals, needs and discharge plans. Thereafter, an annual review meeting is required.

### **Staffing Requirements and Qualifications (in addition to Section 5.7.1 in the ACT Program Guidelines)**

#### **Young Adult ACT Staffing Requirements**

The Young Adult ACT teams in NYC and Rest of State generally reflect the ACT staffing model.

The minimum staffing for a 48-capacity Young Adult ACT team includes the following core positions:

- i. 1 FTE Team Leader (time is approximately spent 50% on direct care and 50% on administrative tasks)
- ii. Psychiatric Coverage by:
  - 0.48FTE Psychiatrist; OR
  - 0.48 FTE Psychiatrist and Nurse Practitioner of Psychiatry (NPP) combined, working in collaboration; OR
  - 0.70 FTE Nurse Practitioner of Psychiatry
- iii. 1 FTE Registered Nurse (RN)
- iv. 1 FTE Program Assistant

In addition to the above listed core positions, the below specialty roles are required in the 10:1 staffing ratio.

- v. 1 FTE Substance Use Specialist (MSW/LCSW or Licensed Mental Health Counselor)
- vi. 1 FTE Vocational Specialist
- vii. 1 FTE Peer Specialist (Certified Peer Specialist or Credentialed Youth Peer Advocate)

A 68-capacity team will require the staff listed above and two (2) additional staff, in the 10:1 staffing ratio:

- viii. 1 FTE Licensed Clinician (Psychologist, Social Worker (LCSW or LMSW), or LMHC)
- ix. 1 FTE Psychiatric Rehabilitation Practitioner
- x. Psychiatric Coverage by:
  - 0.68 FTE Psychiatrist; OR
  - 0.68 FTE Psychiatrist and NPP combined, working in collaboration; OR
  - 1FTE Nurse Practitioner of Psychiatry Staff Qualifications

### **Core Competencies and Staff Training Requirements 5.7.2**

In addition to ACT Core and Role Specific modules and Competencies listed in 5.7.2 in the ACT Program Guidelines, the following are required for Young Adult ACT teams: (Training requirements are included in the CPI Learning Management System)

1. Substance use training modules will be required for all Young Adult ACT team staff,
2. LGBT+ Certificate Program will be required for all Young Adult ACT team staff.
3. Social Skills training will be required for all Young Adult ACT staff.
4. Shared Decision-Making will be required for all Young Adult ACT staff.
5. Family specialist training modules will be required for all Young Adult ACT team staff
6. Employment 101 training will be required for all Young Adult ACT team staff.
7. Suicide Prevention training will be required for all Young Adult ACT team staff
8. Harm Reduction/Substance Use training will be required for all Young Adult ACT team staff

9. Sexual health training will be required for all Young Adult ACT team staff.
10. PrEP (Prophylactic HIV Treatment) training will be required for all Young Adult ACT Team staff and is mandatory for the RN and Prescriber
11. Substance use specialist must have a master's degree in social work or be a Licensed Behavioral Health Counselor. In addition to ACT role training, the substance use specialist must complete the Integrated Mental Health and
12. Addictions Treatment Training (IMHATT) Certificate within 90 days of being hired.
13. The vocational specialist is required to complete the ACT role training and IPS training modules within 90 days of being hired, live IPS sessions, to be scheduled
14. Cognitive health (CPI modules) will be required for all Young Adult ACT team staff (TBD in 2025)
15. Executive functioning training and supervision provided by CPI – two (2) staff should be designated to receive training necessary to run an Executive Functioning Group (TBD in 2025)
16. Additional live/virtual trainings include, but are not limited to: Employment 101, Substance Use/Harm Reduction; Sexual Health, Suicide Prevention; Domestic Violence; Prophylactic HIV Treatment (PrEP) and additional Employment trainings

## **5.12 Quality Improvement and Leadership**

In addition to the provisions of 5.12 in the ACT Program Guidelines, the Young Adult ACT Team and OMH will review clients served by the Young Adult ACT team for five (5) years, with subsequent annual reviews until discharge. While Young Adult ACT team is expected to serve young adults for two to three years, based on service needs, that is a goal that may not be appropriate for all clients. Discharge planning should begin at admission. At five (5) years there will be a conference with OMH to discuss current service needs, progress and discharge plans. Annual conferences will be scheduled after five (5) years until discharge.

### **Resources**

[NYS ACT Program Guidelines](#)

[NYS ACT Standards of Care](#)

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