Changes to SAMHSA Protocol: H11, H12, H13, O7, S11

**H11. Program size**

Definition: The team is of a sufficient size to consistently provide for necessary staffing diversity and coverage. NOTE: This item includes separate parameters for minimal coverage for smaller teams to allow for enough staff to be available 24 hours a day, seven days a week.

Rationale: The ACT team provides an integrated approach to mental health services, through which the range of treatment issues are addressed from a variety of perspectives. It is critical to maintain adequate staff size and disciplinary background to provide comprehensive, individualized service to every individual, while also allowing for enough staff to cover 24 hours a day, 7 days a week crisis availability.

Sources of information:  
1. ACT leader interview

* Information about FTEs is obtained during the initial review of staffing

Item response coding: If the program has at least 7.0 FTE staff, code the item as a “5.” Count all staff, including psychiatrist (exclude administrative support staff).

**H12. Housing specialist on staff**

Definition: at least one staff member with at least one year of training/experience providing housing services

Rationale: ACT teams have a target population that include persons at risk for or experiencing homelessness. Assessing and obtaining affordable housing is an integral part of keeping individuals out of the state hospital and nursing facilities for mental health.

Sources of information:

1. ACT leader interview

* Information about FTE housing specialist is obtained during the initial review of the staffing.
* Calculate the FTE housing specialist time for 100 individuals (see formula, below).

Item response coding:

Formula:

FTE value x 100/Number of individuals served = FTE per 100 individuals

Full credit may be given even if the team’s housing specialist belongs to a separate supported housing team if he or she sees only ACT individuals. Otherwise, give partial credit according to the percentage of time the housing specialist works with ACT individuals.

If, for a 100-individual program, 2 FTEs or more were assigned, code the item as a “5.”

**H13. SOAR Certified Staff**

Definition: at least two staff members who are SSI/SSDI Outreach, Access, and Recovery (SOAR) certified NOTE: Online Application Tracking (OAT) registration and participation are required. **This is not a separate position. Any ACT staff member can fulfill this requirement.**

Rationale: ACT teams have a target population that include persons at risk for or experiencing homelessness. Applying for SSI and/or SSDI can be extremely difficult for those diagnosed with SMI, particularly those who may be at risk or experiencing homelessness.

Sources of information:

1. ACT leader interview

* Information about FTE who are SOAR Certified is obtained during the initial review of the staffing.
* Calculate the SOAR Certified FTE for 100 individuals (see formula, below).

Item response coding:

Formula:

FTE value x 100/Number of individuals served = FTE per 100 individuals

Full credit may be given even if the team’s SOAR Certified FTE/s belongs to a separate team if he or she sees only ACT individuals. Otherwise, give partial credit according to the percentage of time the SOAR Certified staff member works with ACT individuals.

If, for a 100-individual program, 2 FTEs or more with SOAR training were assigned, code the item as a “5.”

**O7. Transition to less intensive services**

Definition: 1) Conducts a regular assessment of the need for ACT services; 2) Uses explicit criteria to assess need to transfer to less intensive service option; 3) Transition is gradual & individualized, with assured continuity of care; 4) Status is monitored following transition, per individual need; and 5) The team expedites re admission to the team if necessary.

Rationale: The intent of this item is to ensure continuity of care for individuals who are transitioning to a different service model and that individuals served by the team continue to need the intense levels of care provided by the ACT Team.

Sources of information:

1. ACT leader interview

* “Do you conduct regular assessments of individual needs for ACT services?”
  + If yes, how often do you conduct these assessments?
* “Do you use explicit criteria to assess needs to transfer to less intensive services?”
  + If yes, please provide the criteria.
* “Do you have protocol for gradual, individualized transitions with assurance on continuity of care?”
  + If yes, please provide the protocol.
* “Do you continuously monitor individuals throughout transition?”
  + If yes, how so? Do you have protocols or procedures? Please provide them.
* “Do you have expedited re admission procedures?”
  + If yes, what are those procedures?

Item response coding: Calculate how many of the criterion are met. If all five criteria are met code the item as a “5.”

**S11 Peer Specialist on staff**

Definition: at least 1 staff member with serious mental illness who functions as a fully integrated team member

Rationale: The peer specialist shares personal, practical experience to benefit the team and its individuals; provides expertise about symptom management and the recovery process; promotes a team culture that maximizes individual choice and self-determination; provides peer counseling to ACT individuals and families; and carries out other rehabilitation and support functions.

Sources of information:

1. ACT leader interview

* Information about FTE peer specialist is obtained during the initial review of the staffing.
* Calculate the FTE peer specialist time for 100 individuals (see formula, below).

Item response coding:

Formula:

FTE value x 100/Number of individuals served = FTE per 100 individuals

Full credit may be given even if the team’s peer specialist belongs to a separate team if he or she sees only ACT individuals. Otherwise, give partial credit according to the percentage of time the peer specialist works with ACT individuals.

If, for a 100-individual program, 2 FTEs or more were assigned, code the item as a “5.”