














### **Inpatient Referral to an ACT Team:**

-  Inpatient Team member identifies a BHR as a possible ACT candidate.
-  Inpatient Team member refers the BHR to the ACT Medical Director and the ACT Manager requesting that the BHR be evaluated for ACT services.
-  Within 24 hours of receiving the referral from Inpatient Team the ACT Manager identifies and contacts the BHR's Clinical Director(CD) & Supportive Team Clinical Coordinator (CC). The ACT Manager informs the Supportive Team's CC that the BHR has been referred by the Inpatient Team for an ACT evaluation and assists with identifying the ACT Team that is in the encashment area of the BHR's discharge address.
-  Supportive Team's CC initiates contact with the identified ACT Team CC via telephone or email within 24 hours of being contacted by the ACT Manager.
-  During this initial contact the Supportive Team CC and ACT Team CC will staff the case in detail. ACT CC may ask for clinical documentation, i.e. psychiatric evaluations, psychiatric progress notes, med flow sheets, Part E. Assessments, ISPs, etc. (In an effort to expedite the process this information would ideally be faxed or hand delivered.)
-  The ACT Team CC and Supportive Team CC will set a date to complete the face-to-face interview with the BHR. **The initial interview must be completed within 1-5 days of the initial referral date from the MIHS Inpatient Team.** (Note that it is not always necessary for the Supportive Team to be present for the actual ACT evaluation)
-  If the BHR is determined appropriate and is willing to transfer to an ACT Team the ACT Team CC will immediately begin co-case management and will schedule the BHR for **transfer within 7 days from the ACT evaluation.** (Note that the expectation is that the transfer occurs even if the BHR remains in an inpatient setting). The Supportive Team will co-case manage the BHR while resolving housing and benefit issues.
-  If the BHR is determined appropriate but is not able to consent or is not agreeable to the team's recommendation of ACT services the ACT Team will begin engagement. In a thoughtful manner the ACT Team will make three distinct attempts to motivate the identified ACT Candidate to participate in the Outpatient Team's recommended level of care.
-  If attempts are successful the Team will schedule the transfer within **7 days from the date BHR consents to transfer** to the ACT Team.
-  If the engagement attempts are unsuccessful consider recommending that COT be amended to include ACT. BHR will be transferred to ACT Team within **7 days from date of Court Order.**
-  If the BHR is determined inappropriate for ACT Services the ACT Physician will justify their conclusions in writing and staff case with ACT AMD &/or ACT Manager. If ACT AMD or ACT Manager concurs the recommendation is presented to the Supportive Team.
-  Supportive Team will issue a Notice of Decision to the BHR.
-  If ACT AMD &/or ACT Manager disagree with denial case will be staffed until a resolution is obtained.

**Supportive Team Outpatient Referral to an ACT Team:**

- ✓ Supportive Team CC completes a transfer packet and submits it to the ACT Team per the transfer protocol.
- ✓ Upon receipt of the transfer packet the ACT CC will initiate contact with the Supportive CC and coordinate a face-to-face meeting with the potential ACT candidate.
- ✓ If the person is determined to be an appropriate candidate for ACT Services and is willing to transfer the ACT CC will schedule the **transfer within 14 days from the date of the face-to-face evaluation.**
- ◆ If the BHR is determined appropriate but is not able to consent or is not agreeable to the team's recommendation of ACT services the ACT Team will begin engagement efforts. In a thoughtful manner the ACT Team will make three distinct attempts to motivate the identified ACT Candidate to participate in the Outpatient Team's recommended level of care. If the BHR remains unwilling and/or is unable to consent to the recommended treatment the ACT Team and Supportive Team will staff the case to determine an appropriate plan of action.
- ✓ If the BHR is determined inappropriate for ACT Services the ACT CC and/or ACT Prescriber will justify their conclusions in writing and offer recommendations to the Supportive Team. ACT CC will notify ACT Manager that referral has been declined.