

Community Maintenance Program

CMP



Population Served

- 18 years of age or older
- Severe Disabling Mental Illness
- Have not benefited from traditional outpatient services
- Do not meet the medical necessity criteria for higher levels of care



ACT as Time-Unlimited

ACT was originally conceived as a time-unlimited service when it was developed more than three decades ago.

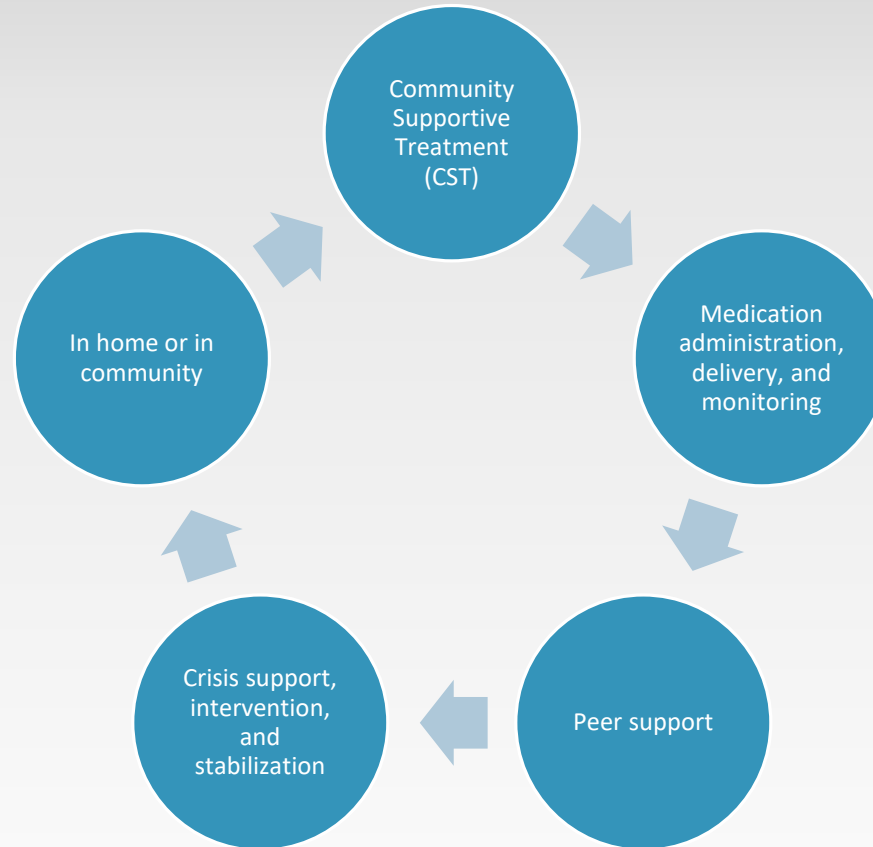
The understanding of ACT as a lifelong service may have contributed to the underdevelopment of research on transition from ACT.

Clinicians' Perceptions of Challenges and Strategies of Transition from Assertive Community Treatment to Less Intensive Services

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4289526/>



Elements of CMP



A Comparison

PACT

- A bundled service package
- Multi-disciplinary team
- Intensive Care Coordination – (Masters level professional)
- More than 8 hours per month
- Medication management, monitoring, administration, and distribution
- Service is intended to rehabilitate the member to their highest level of functioning

CMP

- May be bundled or ala carte
- CST
- Care Coordination – (Bachelor level professional)
- 7 hours or less per month
- Medication monitoring, administration, and distribution
- Service is intended to maintain a member at their highest level of functioning



Review of Other States and Models

Flex ACT (FACT)- Provided in Norway, Sweden, Denmark, Belgium, The Czech Republic, UK, Canada, and Australia -

- A multidisciplinary Flexible ACT team of 11–12 FTE monitors 200 clients
- Members stay on the same FACT team



Minnesota

- Created standards and rules for small teams of less than 50 clients dependent upon geographical needs
- Created team variances that may be granted by the commissioner for specific requirements.
- Passing fidelity score determines continued team certification.



North Carolina

Small teams

Mid-Size teams

Large teams



Questions

Would this or a similar service structure assist in providing services in rural or frontier areas where full PACT staffing isn't available?

Does the defined roles of the CST offer the supportive services necessary to maintaining members in the community? Are there other needed services that may need to be considered?

How could we support nursing staff as part of this team? RN? LPN?

Should the population served include prevention for members going to higher levels of care?

Other feedback?

