

North Carolina's ACT Model

Table 1. Assertive Community Treatment Team Staffing Level Requirements

	<u>Small Team</u> <u>(Up to 50 individuals¹)</u>	<u>Mid-Size Team</u> <u>(Between 51 and 74 individuals¹)</u>	<u>Large Team</u> <u>(75 to 120 individuals¹)</u>
<u>Staff to Individual Ratios</u> Includes all team members, except psychiatrists and program assistants.	1 team member per 8 or fewer individuals	1 team member per 9 or fewer individuals	1 team member per 9 or fewer individuals
<u>Team Leader</u> This position is to be occupied by only one person.	One full-time team leader.	One full-time team leader.	One full-time team leader.
<u>Psychiatric Care Provider</u> Prorating of FTE allowed given number of	<ul style="list-style-type: none"> At least 16 hours each week for 50 individuals, or 	<ul style="list-style-type: none"> Minimum of 16 hours of psychiatry time for 51 individuals, with an 	<ul style="list-style-type: none"> At least 32 hours each week per 100 individuals, or
individuals actually served. No more than two psychiatric care providers may assume this role.	equivalent if fewer individuals. <ul style="list-style-type: none"> The psychiatrist works a minimum of eight hours each week, with the Psychiatric Nurse Practitioner (PNP) or Physician Assistant (PA) fulfilling the balance of the requirement given the individual caseload size. 	additional 2 hours for every 6 individuals added to the team (e.g., 20 hours for 63 individuals). <ul style="list-style-type: none"> Half of the psychiatric care provider time must be fulfilled by a psychiatrist; a PNP, or PA may be employed to fulfill the balance of the requirement given the individual caseload size. 	equivalent (e.g., a team serving 75 individuals are expected to have a minimum of 24 hours of psychiatric care provider time or a team serving 120 consumers are expected to have a minimum of 40 hours of psychiatric care provider). <ul style="list-style-type: none"> Half of the psychiatric care provider time must be fulfilled by a psychiatrist; a PNP, or PA may be employed to fulfill the balance of the requirement given the individual caseload size.
<u>Nurses</u> Prorating of FTE allowed given number of individuals actually served. No more than two individuals can share a 1.0 FTE.	1.0 FTE Nurse who is an RN or APRN with a minimum of 1 year experience working with adults with serious mental illness and working knowledge of psychiatric medications.	<ul style="list-style-type: none"> 2.0 FTE RNs or APRNs. At least one RN with a minimum of 1 year experience working with adults with serious mental illness and working knowledge of psychiatric medications. The remaining 1.0 nurse can be an RN or LPN 	<ul style="list-style-type: none"> 3.0 FTE Nursing. At least two Nurses are an RN or APRN, with at least one having a minimum of 1 year experience working with adults with serious mental illness and working knowledge of psychiatric medications. The remaining 1.0 nurse can be an RN or LPN.

<u>Substance Abuse Specialist</u> No more than two individuals can share this position.	1.0 FTE with QP status and licensed or certified CCS, LCAS, LCAS-A, CSAC	1.0 FTE with QP status and licensed or certified CCS, LCAS, LCAS-A, CSAC	1.0 FTE with QP status and licensed or certified CCS, LCAS, LCAS-A, CSAC
<u>Peer Specialist</u> No more than two individuals can share this position.	1.0 FTE NC Certified Peer Support Specialist	1.0 FTE NC Certified Peer Support Specialist	1.0 FTE NC Certified Peer Support Specialist
<u>Vocational Specialist</u> This position is to be occupied by only one person.	One full-time AP or QP. Preference for someone who has at least one year experience providing employment services	One full-time AP or QP. Preference for someone who has at least one year experience providing employment services or has advanced education that	One full-time AP or QP. Preference for someone who has at least one year experience providing employment services or has advanced education that
	or has advanced education that involved field training in vocational services.	involved field training in vocational services.	involved field training in vocational services.
<u>Dedicated Office-Based Program Assistant</u>	1.0 FTE office-based program assistant solely dedicated to supporting the ACT team.	1.0 FTE office-based program assistant solely dedicated to supporting the ACT team.	1.0 FTE office-based program assistant solely dedicated to supporting the ACT team.
<u>Additional Staff</u> Any additional staffing should reflect the intended program size, number of individuals served, and needs of the team. ²	At least 1 FTE ACT member with QP or AP status.	At least 2.0 FTE ACT team members, with at least one dedicated full-time staff with a Master's Level QP status. Remaining team members may be QP or AP status.	At least 3.0 FTE ACT team members, with at least one dedicated full-time staff with a Master's Level QP status. Remaining team members may be QP or AP status.
<p>¹Movement on to (admissions) and off of (discharges) the team may temporarily result in breaches of the maximum caseload. Therefore, teams will be expected to maintain an annual average not to exceed 50, 74, and 120 individuals, respectively.</p> <p>²Areas of expertise and training may include, for example: supportive housing, psychiatric rehabilitation (e.g., assistance with ADLs, money management, benefits), empirically-supported therapy (e.g., trauma-focused care, CBT for psychosis), family liaison, and forensic and legal issues. If teams are targeting a specific clinical population, it is recommended they hire additional staff reflecting the expertise and training needed for the targeted clinical population (e.g., a second substance abuse counselor for teams serving primarily individuals with co-occurring substance use disorders).</p>			