

Spero ACT Referral Screening Guide, Criteria, and Process

ACT (Assertive Community Treatment) is an evidence-based practice designed for individuals with Severe and Persistent Mental Illness who require intensive, community-based support to maintain stability and independence.

Core Characteristics of ACT

1. A transdisciplinary team approach providing integrated services
2. Small caseloads to ensure individualized and consistent care
3. Time-unlimited services based on clinical need
4. Flexible, community-based service delivery
5. A fixed point of responsibility for comprehensive care coordination
6. 24/7 crises coverage to support safety and stability

ACT services shall include, but are not limited to:

- a. Assertive engagement
- b. Benefits and financial support
- c. Crisis assessment and intervention
- d. Vocational services
- e. Housing access support
- f. Family psychoeducation and support
- g. Medication assistance, education, and support
- h. Physical health services and coordination
- i. Rehabilitative mental health services
- j. Symptom Management and therapeutic interventions
- k. Psychiatry Services
- l. Nursing Services
- m. Peer delivered services
- n. Wellness self-management and prevention

Program Overview

ACT is recovery-oriented, person-centered, and rehabilitative service that is typically long-term and time-unlimited if it remains medically necessary and appropriate. Spero's ACT team has a program capacity of 40 clients. Our team of providers includes:

1. ACT Director / Team Lead
2. Psychiatrist / Medication Prescriber

3. Program Assistant
4. Registered Nurse
5. Certified Psychiatric Rehabilitation Practitioner
6. Vocational Specialist
7. Co-Occurring Specialist
8. Certified Peer Support and Recovery Specialist

Before making a referral:

Referrals to ACT should be made thoughtfully and collaboratively to ensure the program is the best clinical fit for the individual. Before submitting a referral, please review and document the following:

1. Coordination with Current Providers

- Contact the individual's current treatment team to discuss the referral.
- Confirm that all involved providers (psychiatrist, case manager, ARMHS, therapist, etc.) are aware of and in agreement with the referral.
- Identify any community providers you may not have collaborated with and include them in the discussion to support a coordinated transition (CADI providers, care coordinators, etc.).

2. Client Readiness and Willingness

- Assess whether the individual is willing to engage with a new team of providers.
- Determine if they are agreeable to transferring their current mental health services to ACT (psychiatry, therapy, case management, ARMHS, etc.).
- Note that transitioning into an ACT model can feel overwhelming; the team-based approach is intensive and may require additional preparation and support.

3. History of Services and Intensity of Need

- Identify current or previous community-based supports (e.g., case management, ARMHS, therapy, IRTS).
- Evaluate whether the individual has had sufficient frequency or intensity of services to meet their needs.
- Document any **failed attempts** at stabilization through outpatient or less intensive community services to demonstrate the need for ACT-level intervention.

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