

**Rule Summary and Fiscal Analysis (Part A)****Department of Mental Health**

Agency Name

Division

**Jill Hay**

Contact

**30 East Broad Street Columbus OH 43266-414**

Agency Mailing Address (Plus Zip)

**614-466-9993**

Phone

**614-752-9453**

Fax

**5122-29-29**

Rule Number

**NEW**

TYPE of rule filing

Rule Title/Tag Line

**Assertive community treatment (ACT) service.****RULE SUMMARY**

1. Is the rule being filed consistent with the requirements of the RC 119.032 review? **No**

2. Are you proposing this rule as a result of recent legislation? **No**

3. Statute prescribing the procedure in accordance with the agency is required to adopt the rule: **119.03**

4. Statute(s) authorizing agency to adopt the rule: **5111.022, 5119.22, 5119.61(A), 5119.611(C)**

5. Statute(s) the rule, as filed, amplifies or implements: **5111.022, 5119.22, 5119.61(A), 5119.611(C)**

6. State the reason(s) for proposing (i.e., why are you filing,) this rule:

We are filing this rule in order to create the certified service of Assertive Community Treatment (ACT). ACT is an evidence-based practice for highest-need mentally ill adults. Research consistently shows that clients receiving ACT services use less hospital and crisis services, and maintain higher independent housing stability than peers who receive traditional mental health services.

7. If the rule is an AMENDMENT, then summarize the changes and the content of the proposed rule; If the rule type is RESCISSION, NEW or NO CHANGE,

then summarize the content of the rule:

This rule contains basic standards of practice, team composition, collection of consumer outcomes, established thresholds for ongoing certification, staff requirements and qualifications, and the use of consumer outcomes data and fidelity tools for ACT performance improvement.

Assertive community treatment (ACT) is a bundled, multidisciplinary team approach that includes behavioral health counseling and therapy service, mental health assessment service, pharmacologic management service, community psychiatric supportive treatment service, self-help/peer support service, mental health crisis response service, substance abuse services, and supported employment services.

ACT services are provided to an individual with a major functional impairment(s) and/or behavior that presents a high degree of risk to the individual due to severe and persistent mental illness and which necessitate high service intensity. ACT services are also provided to the individual's family and other support systems. A client receiving ACT services may also have coexisting substance abuse, mental retardation/developmental disabilities, and/or physical health diagnoses. The service is available twenty-four hours a day, seven days a week.

The purpose/intent of ACT team services is to provide the necessary services and supports which maximize recovery and promote success in employment, housing, and the community.

8. If the rule incorporates a text or other material by reference and the agency claims the incorporation by reference is exempt from compliance with sections 121.71 to 121.74 of the Revised Code because the text or other material is **generally available** to persons who reasonably can be expected to be affected by the rule, provide an explanation of how the text or other material is generally available to those persons:

This rule does incorporate material by reference. This material is generally available to persons who are reasonably expected to be affected by the rule. The materials referenced are currently used by those affected by this rule and websites where the materials can be found are cited in the rule.

9. If the rule incorporates a text or other material by reference, and it was **infeasible** for the agency to file the text or other material electronically, provide an explanation of why filing the text or other material electronically was infeasible:

Not applicable

10. If the rule is being **rescinded** and incorporates a text or other material by reference, and it was **infeasible** for the agency to file the text or other material, provide an explanation of why filing the text or other material was infeasible:

*Not Applicable.*

11. If **revising** or **refiling** this rule, identify changes made from the previously filed version of this rule; if none, please state so:

Revised because the appendix was incorrectly marked, 'Draft'.

12. 119.032 Rule Review Date:

(If the rule is not exempt and you answered NO to question No. 1, provide the scheduled review date. If you answered YES to No. 1, the review date for this rule is the filing date.)

NOTE: If the rule is not exempt at the time of final filing, two dates are required: the current review date plus a date not to exceed 5 years from the effective date for Amended rules or a date not to exceed 5 years from the review date for No Change rules.

### **FISCAL ANALYSIS**

13. Estimate the total amount by which *this proposed rule* would **increase/decrease** either **revenues /expenditures** for the agency during the current biennium (in dollars): Explain the net impact of the proposed changes to the budget of your agency/department.

This will increase expenditures.

\$65,000.

Expenditures will increase by \$65,000. in order to implement the data analysis, outcomes, and fidelity requirements of this rule.

14. Identify the appropriation (by line item etc.) that authorizes each expenditure necessitated by the proposed rule:

ODMH received Federal Block Grant dollars (HHS)

15. Provide a summary of the estimated cost of compliance with the rule to all directly affected persons. When appropriate, please include the source for your

information/estimated costs, e.g. industry, CFR, internal/agency:

Compliance with this rule is only required for ODMH certified agencies who also choose to be certified for ACT. Providers who choose to be certified for ACT may incur the following estimated increases in expenses: \*\$422. increase in cost for Ohio Adult Outcomes Instrument collection and monitoring and reporting per agency. (This is based upon a \$4,224. annual cost for an agency to engage in Outcomes collection, and since ACT may be for up to 10% of clients currently served, the projected cost is an additional \$422. - 10% of \$4,224.) \*\$419. increase in cost for fidelity monitoring per team. This is based on the completion and submission of an annual survey. It is estimated that it would take 16 hours of Team Leader staff time to complete the survey. (Estimate of time for DACTS completion is 2 staff at 8 hours = \$54,500\* - includes benefits/2080 x 16 = \$419.) \*Salary figures from Ohio Council 2004 Salary Survey. (Source for estimate of time for DACTS completion is the ACT Center of Indiana.) \*\$419.increase cost for Outcomes collection per team. This is based on the collection and reporting of individual client hospital and crisis use as well as employment status. ACT Workgroup members estimate it will take an additional 4 hours per quarter for the oversight and the reporting of these outcomes measures, thus the ACT Team Leader/Case Management Supervisor will spend 16 hours a year on data review and reporting. (\$54,500\* - includes benefits/2080 x 16 = \$419. \*(Salary figures from Ohio Council 2004 Salary Survey). Totals: \$422 per agency + \$838. per team = \$1,260. for an agency with one ACT team. Ongoing business expenses such as accreditation survey costs and additional staff training costs may increase as a result of providing ACT.

16. Does this rule have a fiscal effect on school districts, counties, townships, or municipal corporations? **No**

17. Does this rule deal with environmental protection or contain a component dealing with environmental protection as defined in R. C. 121.39? **No**