LAPEER COUNTY COMMUNITY MENTAL HEALTH **Date Issued:** 10/23/2008
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CHAPTER Service Delivery	**CHAPTER** 02	**SECTION** 004	**SUBJECT** 115
SECTION Clinical and Support Services	**DESCRIPTION** Assertive Community Treatment Program (ACTP)		
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APPLICATION:

☒CMH Staff	☐Board Members	☐Provider Network	☒Employment Services Providers
☐Employment Services Provider Agencies	☒Independent Contractors	☒Students	☒Interns
☒Volunteers	☒Persons Served		

POLICY:
The Lapeer County Community Mental Health (LCCMH) Assertive Community Treatment Program (ACTP) provides services to adults diagnosed with severe and persistent mental illness (SPMI).

STANDARDS:

A. LCCMH as a Certified Community Behavioral Health Clinic (CCBHC) ensures no prospective individual is denied access to services because of place of residence, homelessness, or lack of permanent residence.

   1. Due to the level of care provided by ACT, the team provides services to persons served within the identified catchment area.

B. ACTP is a team-based service model with shared services responsibility and consistent continuity of care. The multi-disciplinary team includes a master-level supervisor, psychiatrist, master-level therapist, registered nurse, case managers, certified peer support specialist, and support staff.

C. ACTP provides an array of services:

   1. Case management

2. Group therapy
3. Behavioral interventions
4. Individual/family therapy
5. Medication reviews
6. Psychiatric evaluations
7. Employment and/or educational services
8. Health services
9. Substance use disorder services
10. Housing assistance
11. Entitlements
12. Community inclusion
13. Other areas of concern identified by persons served

D. ACTP provides after-hours mobile crisis interventions to persons served enrolled in the program. Crisis assessment and intervention is provided by the team 24 hours a day, seven days a week or as indicated in the Individual Plan of Service (IPOS). These services include telephone and face-to-face contact to divert a crisis situation or hospitalization.

E. Staff to persons served ratio does not exceed 1:10 including team members and Certified Peer Support Specialist (excluding psychiatrist and support staff).

F. ACTP provides its services in the community; at a minimum, 80% of contacts must be in persons served home or other community locations.

G. ACTP services:

1. Reduce the number of hospital inpatient days for persons served.

2. Maintain persons served who have a serious mental illness or co-occurring disorders in the community in the least restrictive environment.

3. Enhance the quality of life for persons served by providing intensive outreach services to those who are not inclined to participate in “traditional” mental health office services.

4. Promote choice by actively engaging persons served in the treatment planning process.

PROCEDURES:

A. Referral to the program is made through the LCCMH intake process (see LCCMH Policy 02.00.30 Intake Procedures) or by the primary case holder who presents the case to the ACTP Supervisor and team.

B. Person served is assigned a primary case holder, but all members of the ACTP team shares in tasks and responsibilities regarding their care towards recovery. Documentation by ACTP staff is completed annually, quarterly, or on an as needed basis as outlined in LCCHM Form #339 Procedure for Documentation Needed and Time Frame.

C. Entry/Re-entry Criteria:

1. Have a primary diagnosis of serious mental illness, and who, without ACTP, would require more restrictive services and/or settings. ACTP is not an appropriate service for persons served with:

    a. Primary personality disorder

    b. Primary substance use disorder

    c. Primary developmental disability diagnosis

2. Persons served with a primary serious mental illness may also be diagnosed with a secondary personality disorder or co-occurring substance use disorder and benefit from ACTP services.

3. Demonstrating acute or severe psychiatric symptoms seriously impairing the individual's ability to function independently, and whose symptoms impede the return of normal functioning as a result of the individual's severe mental illness.

4. Significant impairment in one or more of the following areas:

    a. Maintaining or having interpersonal relationships with family and friends

    b. Accessing needed mental health or physical health care

c. Addressing issues relating to aging, especially where symptoms of serious mental illness may be exacerbated or confused by complex medical conditions or complex medication regimens

d. Performing activities of daily living or other life skills

e. Managing medications without ongoing support

f. Maintaining housing

g. Avoiding arrest and incarceration, navigating the legal system, and transitioning back to the community from jail or prison

h. Coping with relapses or return of symptoms given an increase in psychosocial stressors or changes in the environment resulting in frequent use of hospital services, emergency departments, crisis services, crisis residential programs or homeless shelters

i. Maintain recovery as part of the challenges of a co-occurring substance use disorder

j. Encountering difficulty in past or present progress toward recovery despite participation in long-term and/or intensive services

D. Discharge/Exit Criteria:

1. Person served no longer requires the service level provided by ACTP

2. Treatment needs can be met with a less intensive level of care or higher level of care is needed to maintain safety. The Level of Care Utilization System (LOCUS) score supports a more or less restrictive level of care. Persons served identifies goals/objectives to support this change in services.

3. Person served consistently declines to be involved with ACTP

4. Documentation of no response from person served following deliberate persistent and frequent outreach attempted by ACT staff, contacts by phone and mailing a letter detaining the requirement to make and keep an appointment.

5. Person served has died

E. See LCCMH Policy 02.002.50 Discharge Summary for discharge procedures. Decisions on discharges may be appealed, see LCCMH Policy 04.001.10 Grievance and Appeals and Second Opinion Process.

DEFINITIONS:

Mobile Crisis Intervention: a service that provides emergency assistance to people experiencing a mental health or substance use crisis.

Multi-disciplinary Team: a group of individuals that come from different areas of expertise who work together to achieve a common goal.

Significant Impairment: mental disorder, which is characterized by a clinically significant disturbance in a person's cognition, emotional regulation, or behavior.

Traditional Mental Health Office Services: includes outpatient therapy, counseling, and psychotherapy which are common types of care for mental health conditions.

Level of Care Utilization System (LOCUS): tool that helps clinicians, insurers, and patients make consistent and effective treatment decisions for behavioral health and addiction services.

REFERENCES:

Improving MI Practices-Field Guide: Assertive Community Treatment
LCCMH Form #339 Procedure for Documentation Needed and Time Frame
LCCMH Policy 02.002.50 Discharge Summary
Region 10 Policy 07.02.01 Grievance and Appeal SystemLCCMH Policy 04.001.10 Grievance and Appeals and Second Opinion Process
Michigan Department of Health and Human Services- Medicaid Provider Manual. Section 4-Assertive Community Treatment Program
Notice of Adverse Benefits Determination- OASIS documentation

MC & RB
Supersedes #10/08056 dated 10/23/2008