


LAPEER COUNTY COMMUNITY MENTAL HEALTH

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11/14/2023

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:

<input checked="" type="checkbox"/> CMH Staff	<input type="checkbox"/> Board Members	<input type="checkbox"/> Provider Network	<input checked="" type="checkbox"/> Employment Services Providers
<input type="checkbox"/> Employment Services Provider Agencies	<input checked="" type="checkbox"/> Independent Contractors	<input checked="" type="checkbox"/> Students	<input checked="" type="checkbox"/> Interns
<input checked="" type="checkbox"/> Volunteers	<input checked="" type="checkbox"/> 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). ACTP is a team-based service model with shared services responsibility and consistent continuity of care.

- A. **STANDARDS:**LCCMH as a Certified Community Behavioral Health Clinic (CCBHC) ensures no prospective individual is denied access to services because of place of residence or homelessness or lack of permanent residence.
- A. ACTP functions as a multi-disciplinary team including a masters-level supervisor, psychiatrist, masters-level therapist, registered nurse, case managers, certified peer support specialist, and support staff.
- B. ACTP provides an array of services; case management, group therapy, behavioral interventions, individual/family therapy, medications reviews, psychiatric evaluations, employment and/or educational services, health services, substance use, housing, entitlements, community inclusion and other areas of concern identified by persons served.

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- C. 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 (7) days a week or as indicated in the Individual Plan of Service. These services include telephone and face-to-face contact to divert a crisis situation or hospitalization.
- D. Staff to persons served ratio does not exceed 1:10 including team members and Certified Peer Support Specialist (excluding psychiatrist and support staff).
- E. ACTP provides most of its services in the community; at a minimum, 80% of contacts must be in persons served home or other community locations.
- F. 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 the 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 the persons served in the treatment planning process.

PROCEDURES:

- A. Referrals: Referral to the program is made through the Region 10 Pre-Paid Inpatient Health Plan (PIHP) Access Center or by LCCMH primary case holder who presents the case to the ACTP Supervisor and team. ACTP provides services to person served who meet the following 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, a primary substance use disorder, or a primary developmental disability diagnosis. A 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.

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2. 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.
 3. 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
- B. Person served is assigned a primary case manager, 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 bases as outlined in LCCHM Form #339 *Procedure for Documentation Needed and Time Frame.*

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C. Discharge Criteria: Persons served are discharged from the Assertive Community Treatment Program when one of the following circumstances exists:

1. Person served no longer requires the service level provided by ACTP and 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.
2. Person served consistently declines to be involved with ACTP, as evidenced by 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.
3. Death.

D. Procedure for Discharge: The primary case manager or clinical staff prepares a discharge summary or interagency transfer form which is reviewed and signed by the Program Supervisor. A *Notice of Adverse Benefits Determination* letter needs to be provided to persons served who are closing from services at LCCHM. Any decision on discharge may be appealed through the agency grievance and appeal process or the Region 10 Grievance and Appeals Process Policy # 07.02.01 (for Medicaid and non-Medicaid beneficiaries) as applicable.

REFERENCES:

Improving MI Practices-Field Guide: Assertive Community Treatment

LCCMH Form #339 *Procedure for Documentation Needed and Time Frame*

Notice of Adverse Benefits Determination- OASIS documentation

Michigan Department of Health and Human Services- Medicaid Provider Manual. Section 4-Assertive Community Treatment Program

Region 10 Policy 07.02.01 *Grievance and Appeal System*

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This policy supersedes
#10/08056 dated 10/23/2008.
