



# **Assertive Community Treatment (ACT)**



**Annual Quality Review  
July 1, 2021 – June 30, 2022**

# Contents

Service Description.....	3-4
Overview .....	4-5
Demographics .....	5
Number of Enrolled Participants.....	5
Gender .....	5
Race.....	6
Age.....	6
Primary Diagnosis.....	7
Housing Status .....	7
Service Data.....	8
Admissions & Discharges .....	8
Reason for Referral .....	8
Discharge Reasons .....	9
Number of Services .....	9
Location of Services .....	10
Sessions with the Psychiatrist.....	10-11
Length of Stay .....	11
ACT Assessments .....	11
Substance Use .....	12
Social Activities.....	12
Employment.....	13
Legal System.....	13
Treatment Plans .....	14
ACT Matrix .....	14-15
Program Adherence.....	15
Audits .....	15
Methodology .....	15
Internal Audit Results.....	16-17
Staff Supervision.....	17
Staff Training .....	17
Client Quality Feedback Surveys .....	18
Survey Results .....	18-19
Comments .....	20

## Service Description

Assertive Community Treatment (ACT) is an evidence-based, integrated approach to providing intensive, recovery-based treatment for the highest risk consumers of mental health resources. ACT is a service-delivery model that assists individuals with serious and persistent mental illness who have needs that are not being adequately addressed though traditional service delivery methods work toward recovery. Using a comprehensive team approach, ACT is able to provide highly individualized, flexible, and coordinated care that has proven to result in improved outcomes for consumers in a cost-effective manner.

Services provided through ACT include psychiatric care, mental health therapy and drug and alcohol counseling, medication management, case management and service coordination, peer support, mobile psychiatric rehabilitation, crisis services, diversion services, and housing, vocational, and functional support services.

The goals of ACT are to provide an intensive, individualized, and comprehensive delivery of mental health services to the most vulnerable consumers in our community. Through adherence to the model as evaluated by the TMACT (Tool for Measurement of ACT), the following outcomes are desired:

### *Consumer Outcomes:*

- Reduced emergency room visits and hospitalizations
- Reduced reliance on crisis services
- Reduced involvement with criminal justice entities
- Ability to procure and manage medication independently
- Improved quality of life
  - ◆ Stable housing
  - ◆ Community Integration
  - ◆ Independence in daily living skills
  - ◆ Meaningful vocation/education
  - ◆ Improved physical health

### *Program Outcomes:*

- Increase cost-effectiveness of treatment
- Increased consumer satisfaction
- Improved communication and collaboration across disciplines

### *Community Outcomes:*

- Reduced hospital usage
- Reduced police and criminal justice involvement
- Reduced systems cost
- Reduced strain on resources
- Increased labor force and community involvement

## **Team Members**

- Program Director
- Psychiatrist
- Nurse
- Program Assistant
- Crisis Director
- Mental Health and/or D/A Therapist
- Caseworker
- Peer Support Specialist
- Rehabilitation Vocational Counselor

## **The Guidance Center Board Members providing oversight include:**

- Pastor Rob Klouw, President
- Shane Oschman, Vice President
- Sam Johnson, Secretary
- John Sullivan, Treasurer
- Sal Luzzi
- Stacy Wallace
- Jim Keltz
- Alcherrie Williams
- Raymond Douglass
- Christy Clark

## **Overview**

- The Guidance Center continues to monitor the COVID-19 pandemic and adhere to CDC guidelines and the Pennsylvania Department of Health guidelines along with the program guidelines and the agency's policies and procedures. As we have endured many changes throughout the pandemic, client safety and their well-being has remained a top priority while serving our clients.

Majority of sessions during this period of review were delivered face to face. When McKean County was at a high-risk level, CDC recommendations and guidelines were followed.

- The ACT Program was initiated in 2021 with services beginning in September.
- Client surveys are offered throughout the program year. Surveys are collected through the Quality Department and data is compiled by the Quality Director. Survey results are shared with the ACT Team to incorporate any need for change or quality improvement. Clients will be offered a feedback survey annually at minimum. Survey results are included within this report.
- The agency developed a Client Advisory Committee in 2020. ACT Program Director and an ACT consumer are members of the committee. The committee meets quarterly at minimum to provide feedback for quality improvement. Ideas are shared within the

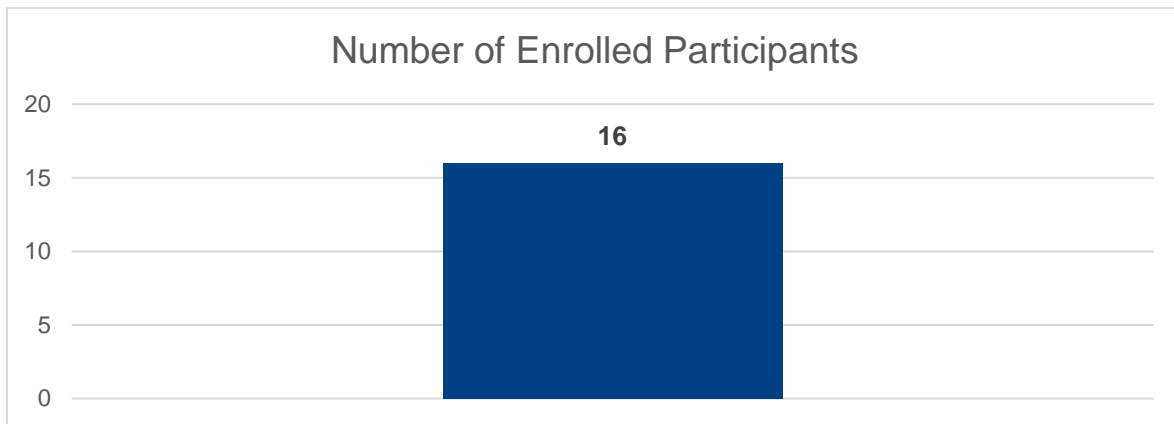
committee and reported to Senior Management to ensure the highest quality of care is being delivered. Suggestions for improvement are reviewed to initiate new procedures when identified.

- Data for this Quality Report is from July 1, 2021, through June 30, 2022.

## Demographics

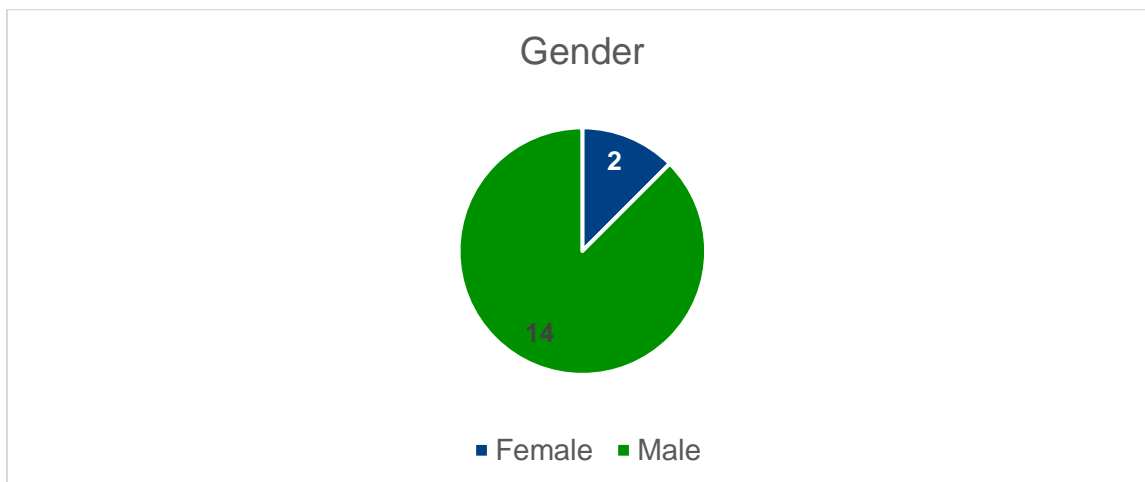
### Number of Enrolled Participants

There were 16 participants enrolled in the program during this review.



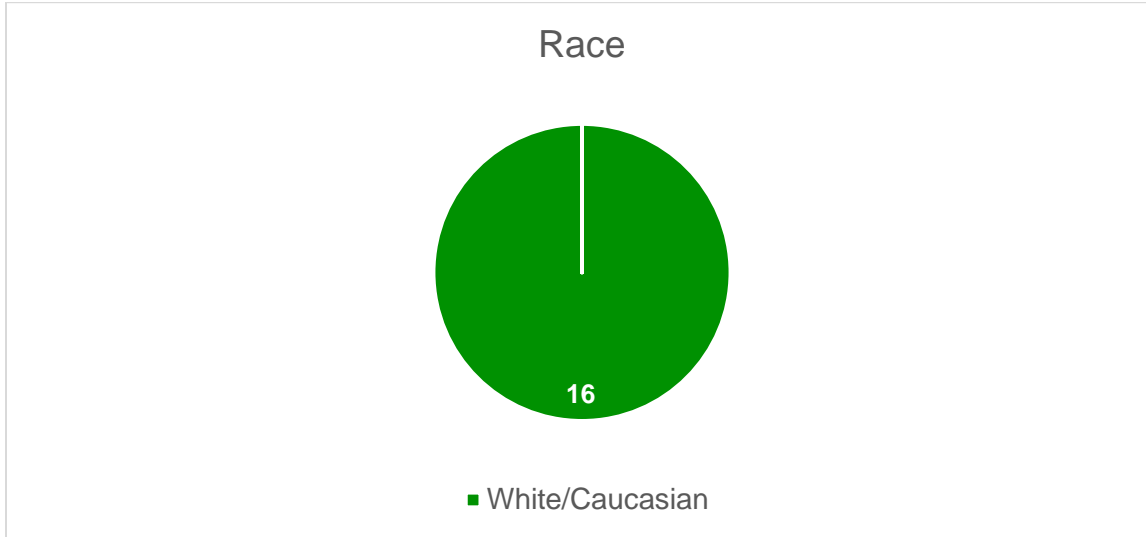
### Gender

A greater number of males have been served in the program during this review. The following table indicates the number of females and males served in the program.



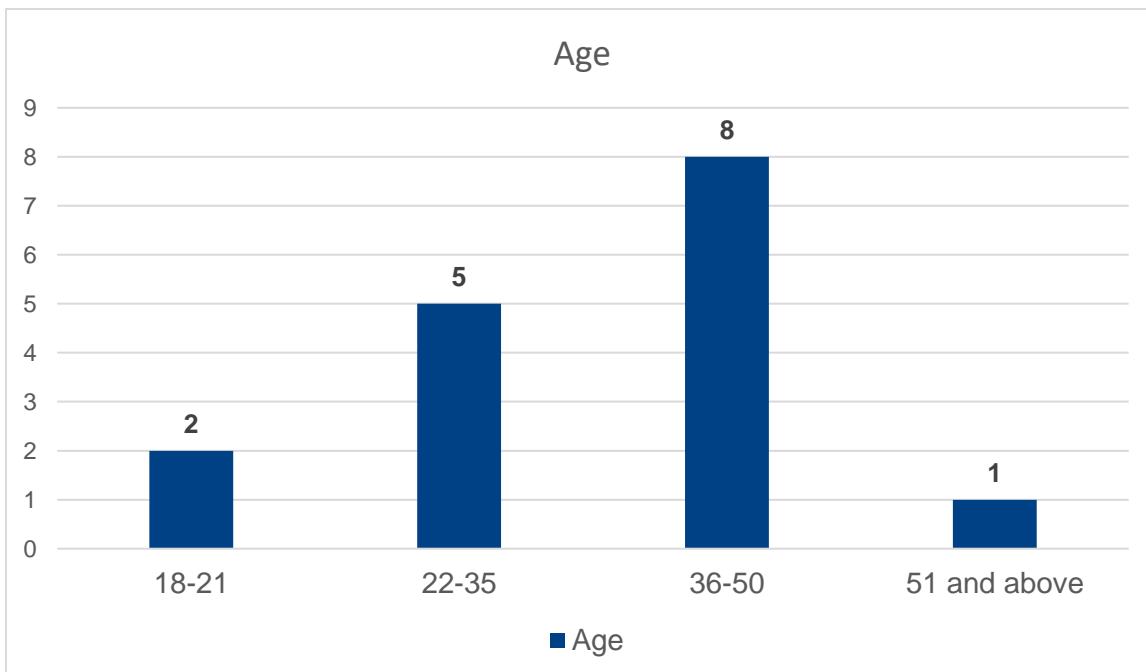
## Race

All participants race in the program are white/Caucasian.



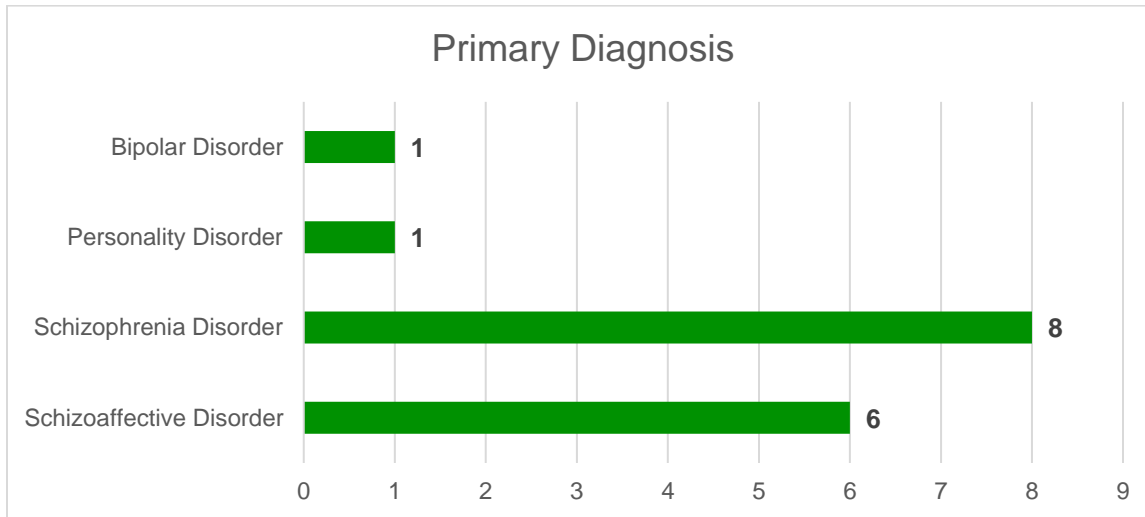
## Age

During this review, individuals within the program range from 20 years to 59 years of age. Majority of individuals served were between the ages of 36 and 50. A complete breakdown of age is represented in the table below.



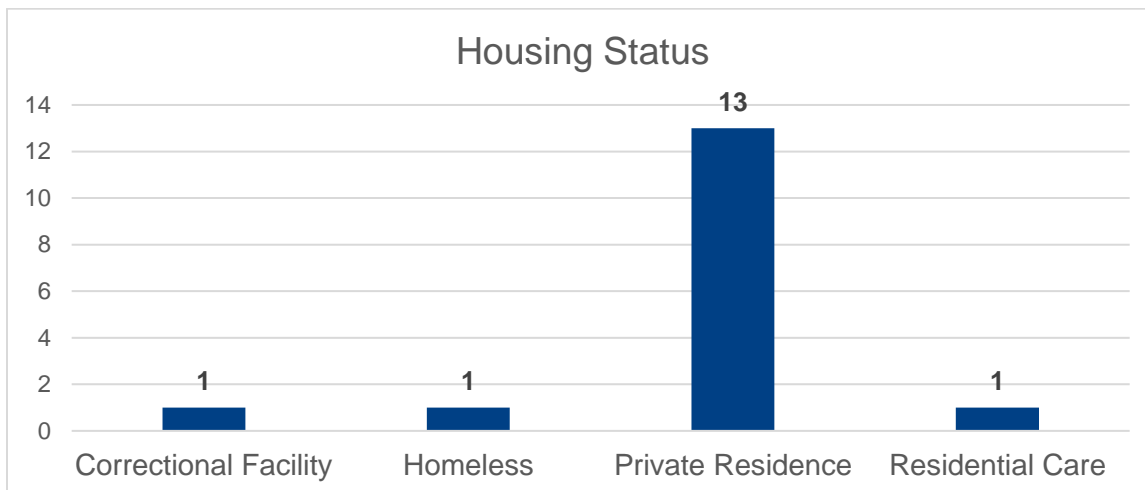
## Primary Diagnosis

Majority of participants enrolled in ACT are primarily diagnosed with Schizophrenia Disorder. A complete breakdown of the primary diagnoses is found below.



## Housing Status

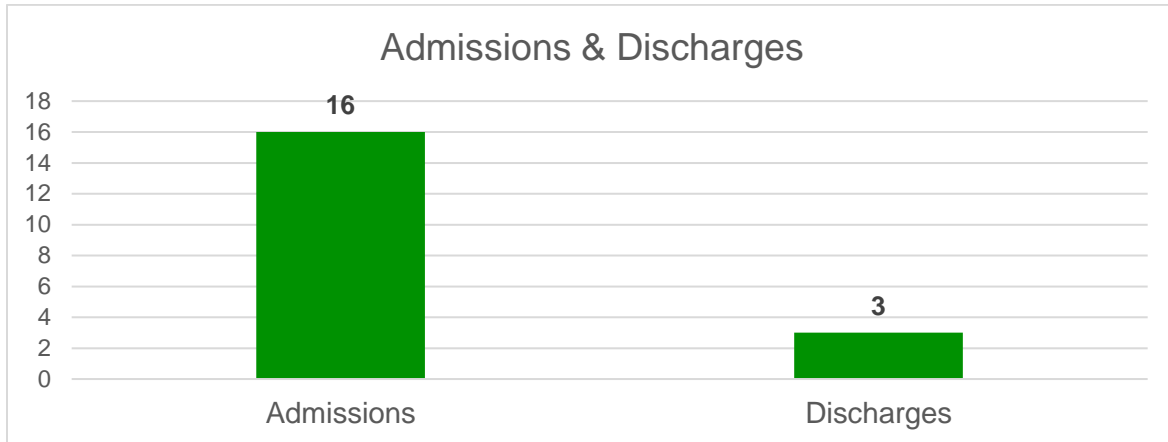
Majority of the individuals served in the program live in a private residence. The chart below indicates the housing status for each individual served.



## Service Data

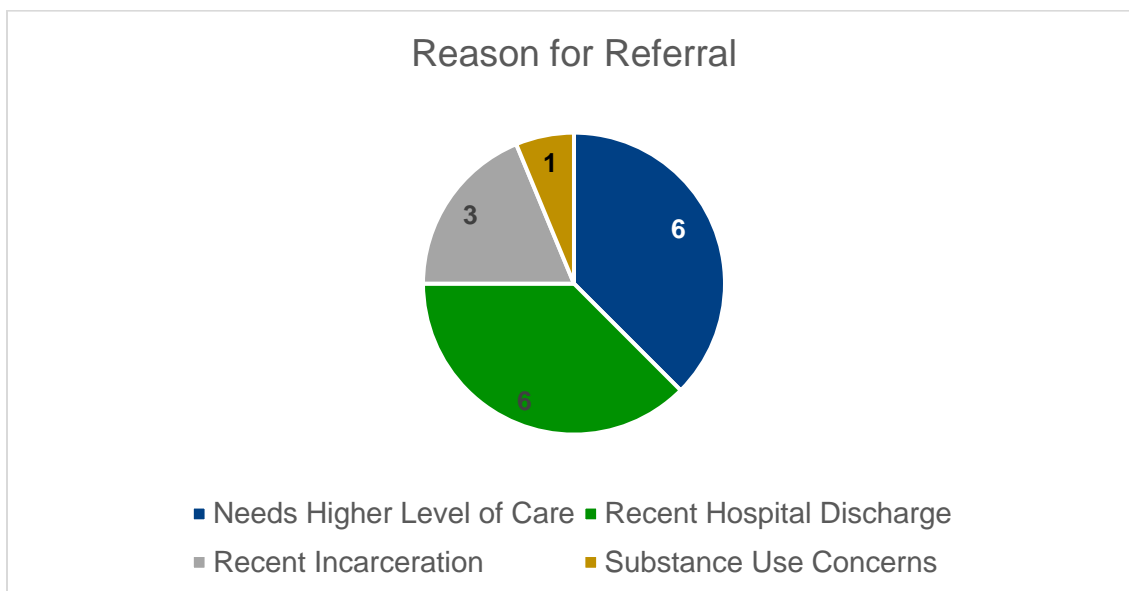
### Admissions & Discharges

During this review, there were 16 admissions and 3 discharges.



### Reason for Referral

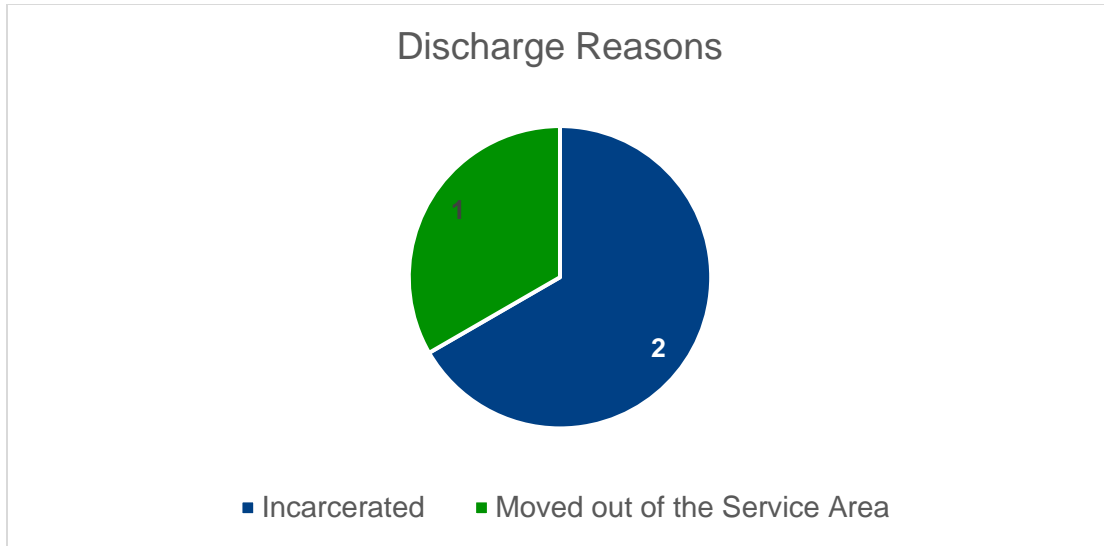
Majority of referrals made for the ACT program are primarily because of higher intensive care is recommended for the participant or because they have been recently discharged from a psychiatric hospitalization.





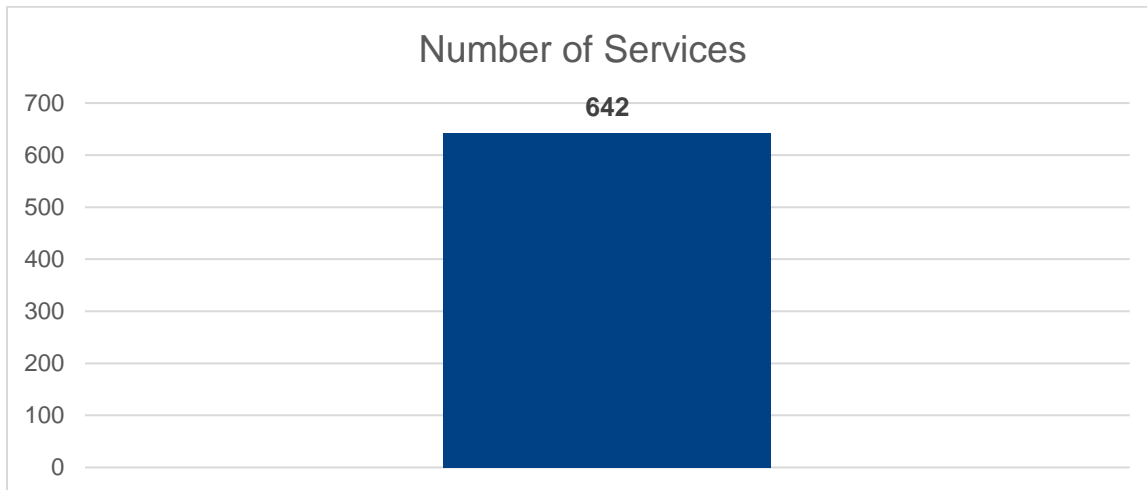
### Discharge Reasons

There have been 3 discharges from the ACT Program during this review. Two clients were discharged because they were incarcerated, and one was discharged because they moved out of the service area.



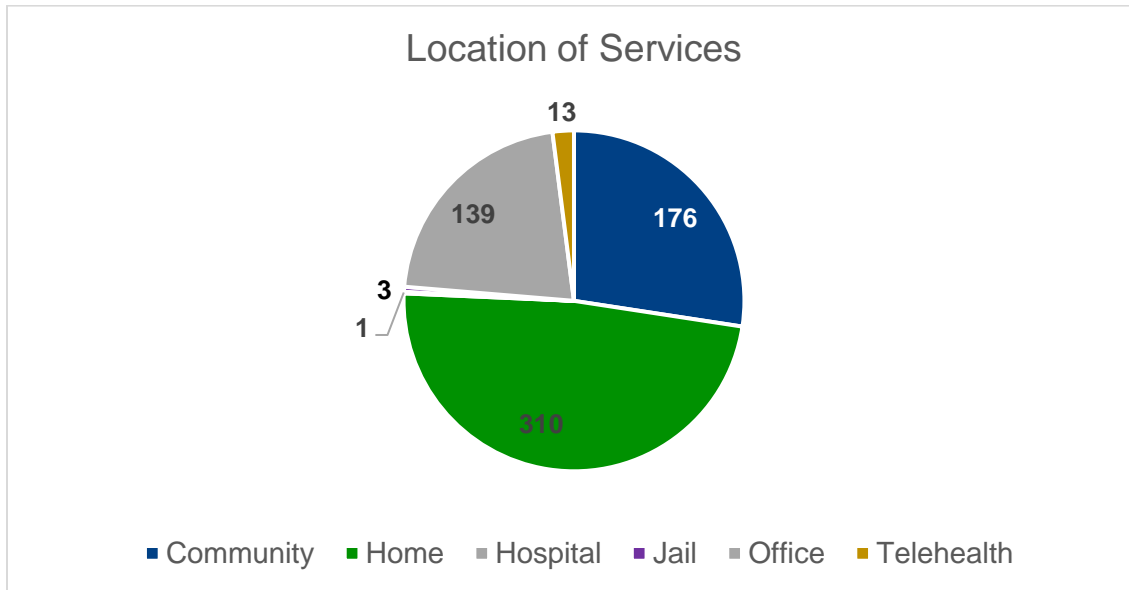
### Number of Services

There have been 642 ACT sessions held during this review.



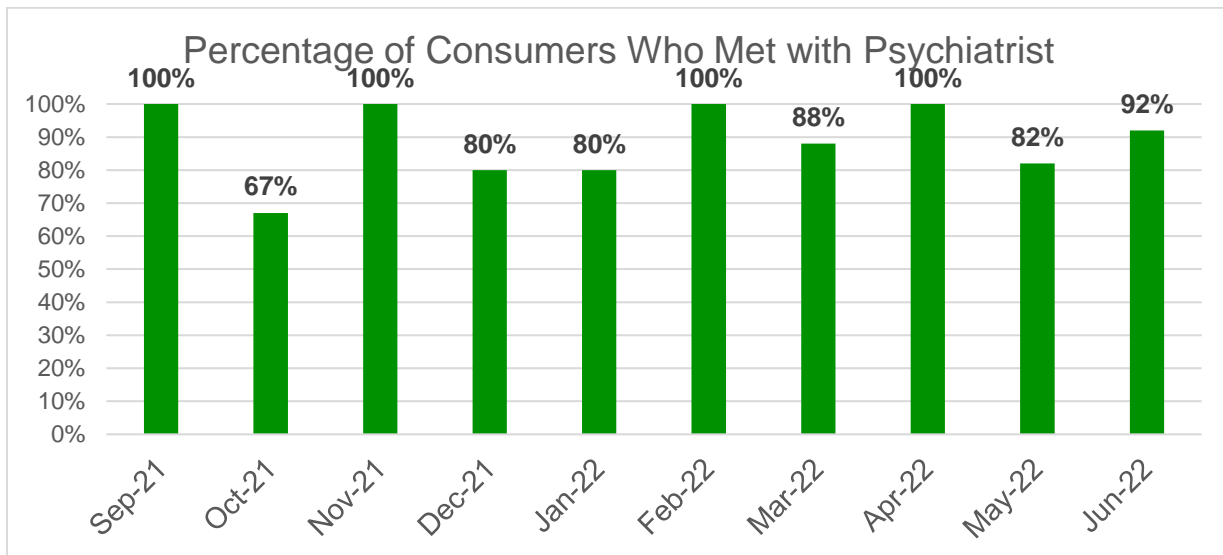
### Location of Services

The table below represents the location of services during this review. Majority of services were delivered in the home.



### Sessions with Psychiatrist

The program monitors how often consumers meet with the psychiatrist on a monthly basis. The table below indicates the percentage of consumers who met with the psychiatrist broken down by month. Since services began in September 2021, there was no data to report for July and August 2021.

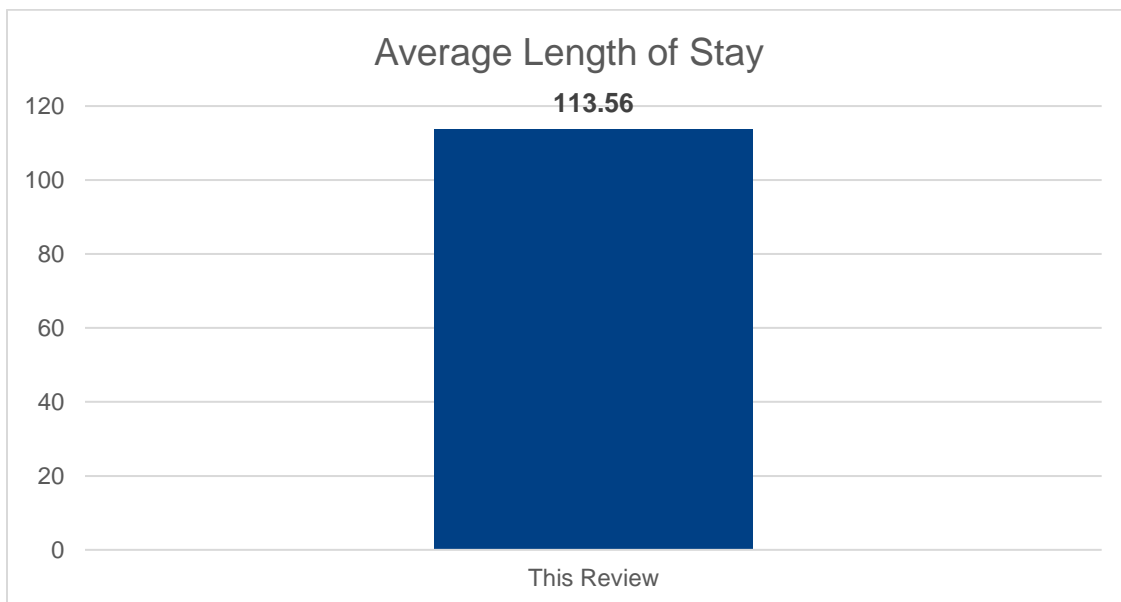


As the program continued to grow throughout the fiscal year, we saw an increase of consumers who met with the psychiatrist monthly. However, it has been noted that some clients have not met with the psychiatrist monthly and our quality team has identified this area for quality monitoring.

A Plan Do Check Act has been enacted to track this indicator and the Compliance Coordinator has made this an internal quality indicator for compliance audits. Internal compliance audit results are shared and discussed with the Quality Director, Senior Management, and the Executive Director to brainstorm ideas for quality improvement processes.

### **Length of Stay**

The average length of stay in the program was 113.56 days.



### **ACT Assessments**

ACT Assessments are completed with the consumer to gather information related to demographics, biopsychosocial history, current presentation and circumstances, resources and supports, and consumer strengths.

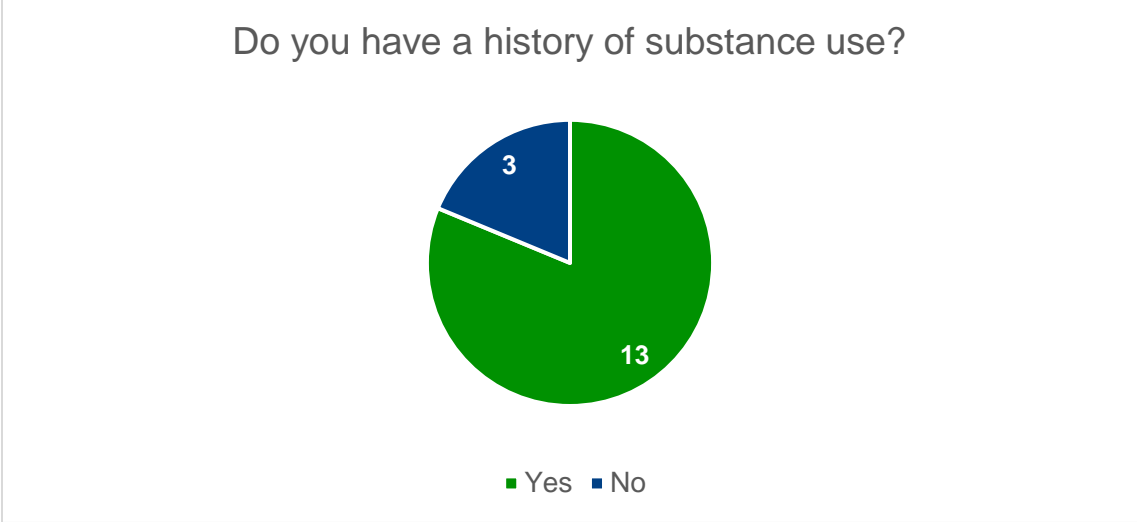
There were 16 Initial & Comprehensive ACT assessments completed during this review. Components of the assessments were pulled from the initial assessment in the following areas:

- Substance Use
- Social Activities
- Employment
- Legal System

A complete breakdown of each category is represented in a graph.

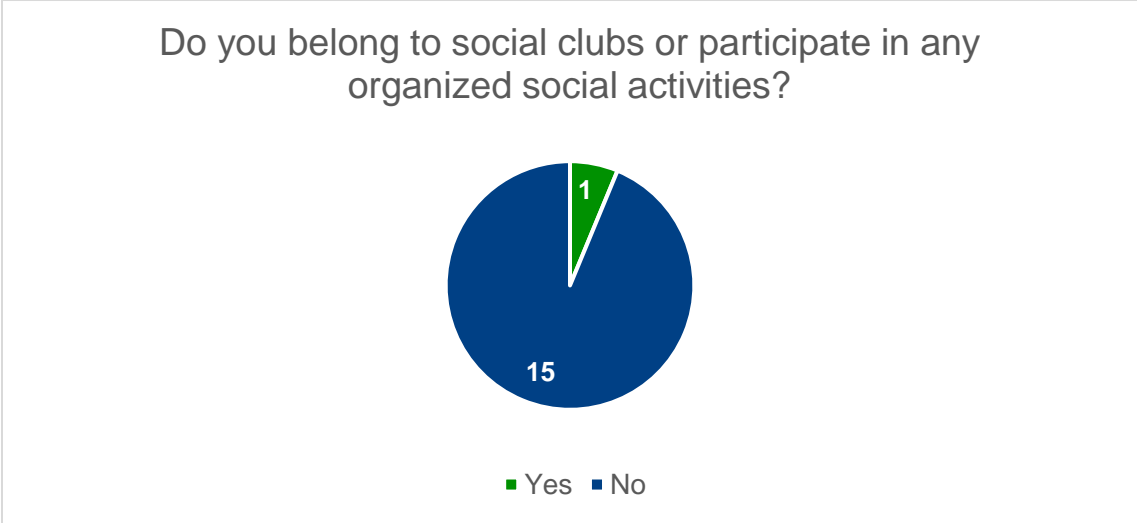
**Substance Use**

Thirteen individuals reported they have a history of substance use.



**Social Activities**

Majority of participants served do not belong to a social club or participate in any organized social activities.



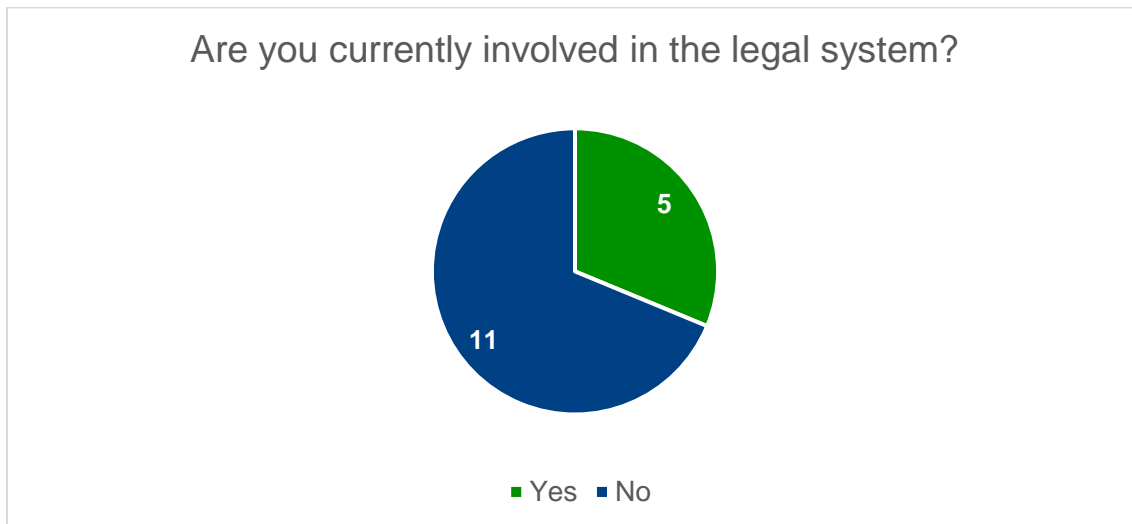
## Employment

Majority of participants are unemployed.



## Legal System

Majority of participants are not currently involved in the legal system.

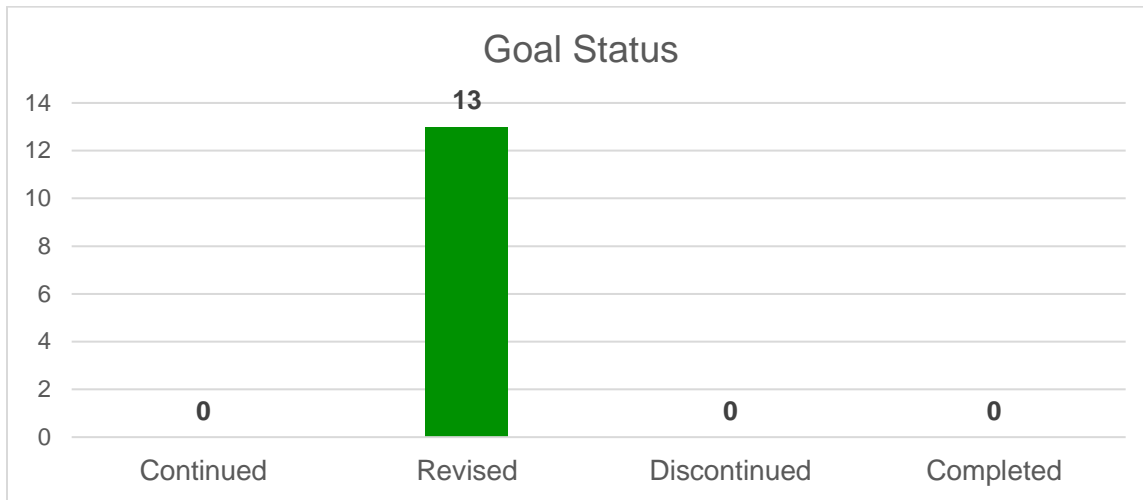


In addition to the initial assessments, comprehensive assessments are completed within six weeks of the initial assessment. This assessment incorporates all information obtained during the initial assessment, as well as supplementary material obtained with consent from the consumer, the consumer's family, and any other relevant providers, agencies, legal systems, etc.

## Treatment Plans

Treatment Plans contain demographic information, short-term goals and objectives, problems to be addressed, and details of the participant's involvement in treatment.

There were 31 Treatment Plans completed during this review. Within the Treatment Plans, goals are discussed and reviewed. The table below depicts the goal status.

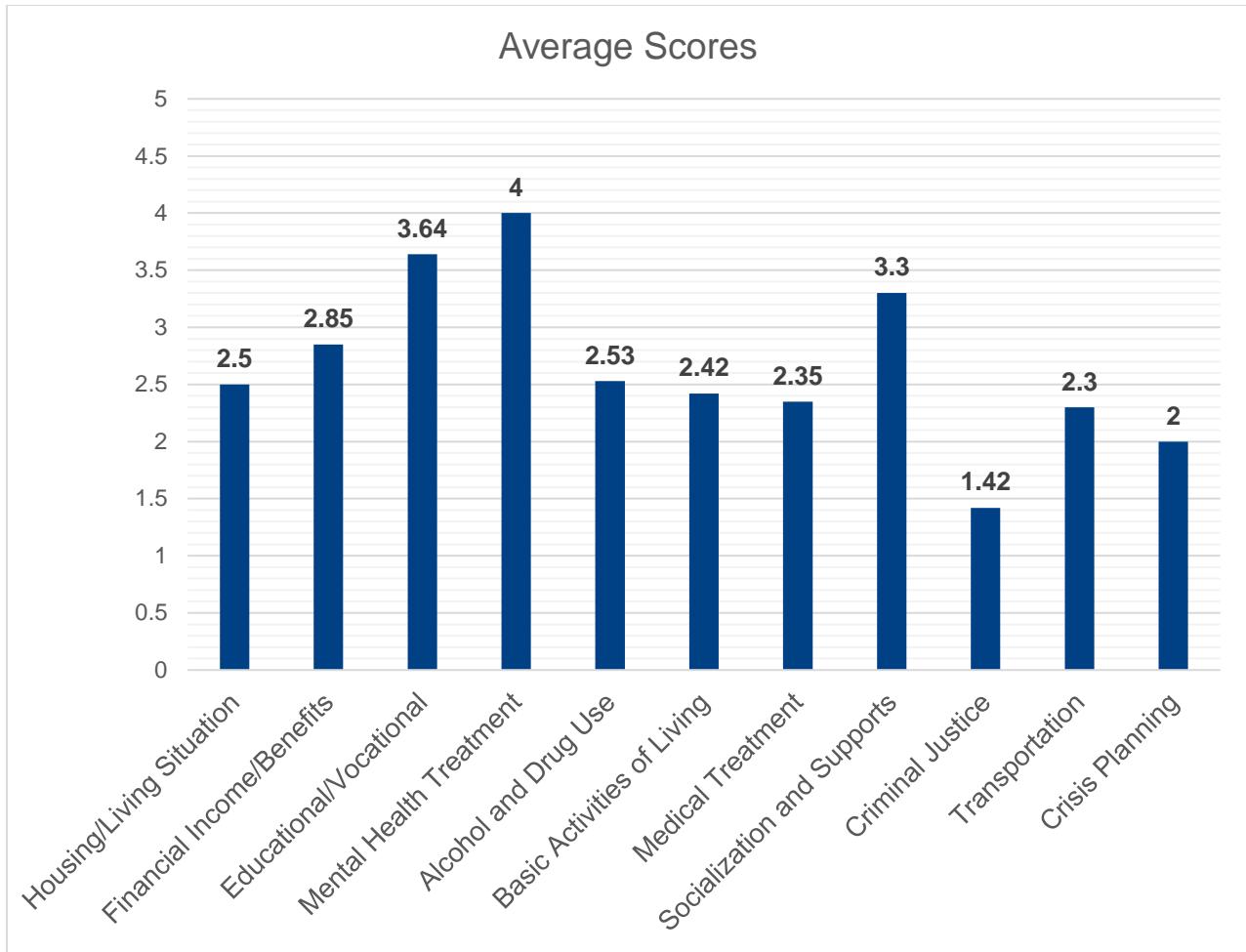


## ACT Matrix

In addition to Assessments and Treatment Plans, ACT uses another tool called the ACT Matrix. The ACT Matrix scores the consumer's needs in several areas. The scoring scale has a range from 0-5 with the following values for each activity:

- 0 = No assistance needed
- 1 = Minimum of assistance needed
- 3 = Needs moderate assistance
- 5 = Needs significant assistance

There were 14 Matrix's completed in the ACT Program during this review. Averages were pulled from the areas measured and are displayed in the table below.



## Program Adherence

### Audits

ACT Director completes internal chart reviews on a regular basis. Compliance Coordinator conducts internal audits on a quarterly basis. There have been two internal compliance audits since the agency inherited the program.

### Methodology

Quality of services is monitored through quality reviews and compliance audits. The ACT Program will be audited internally quarterly by the agency Compliance Coordinator and results will be reviewed with the Quality Committee and ACT Director. All charts will be audited until the program reaches 20 clients. Then, 10 charts will be randomly selected to be audited. Compliance Coordinator audits the ACT program using program identified indicators quarterly and the TMACT annually. Internal audits include both process measures and outcome measures.

There were 2 internal audits conducted during this review. The results of the internal audits are as follows:

**Internal Quality Review**  
**Assertive Community Treatment**

On March 21, 2022, 5 Assertive Community Treatment charts were reviewed for 52 of The Guidance Center Indicators.

**Results for 5 Charts:**

<b>Category</b>	<b>Score</b>	<b>Goal</b>
Consumer Centered Assessment	91%	80%
Treatment Planning	89%	80%
Comprehensive Assessment	96%	80%
Individualized Community Support/ Treatment Planning	86%	80%

**Internal Quality Review**  
**Assertive Community Treatment**

On June 13, 2022, 10 Assertive Community Treatment charts were reviewed for 6 Assertive Community Treatment Subscales.

**Results for 6 Subscales:**

<b>Category</b>	<b>Score</b>
Operations & Structure	4.08
Core Team	3.00
Specialist Team	3.75
Core Practices	4.25
Evidence-Based Practice	4.00
Person-Centered Planning & Practices	5.00



The TMACT was used to conduct this internal audit. Results will be shared with Program Director and quality committee where quality initiatives will be innovated.

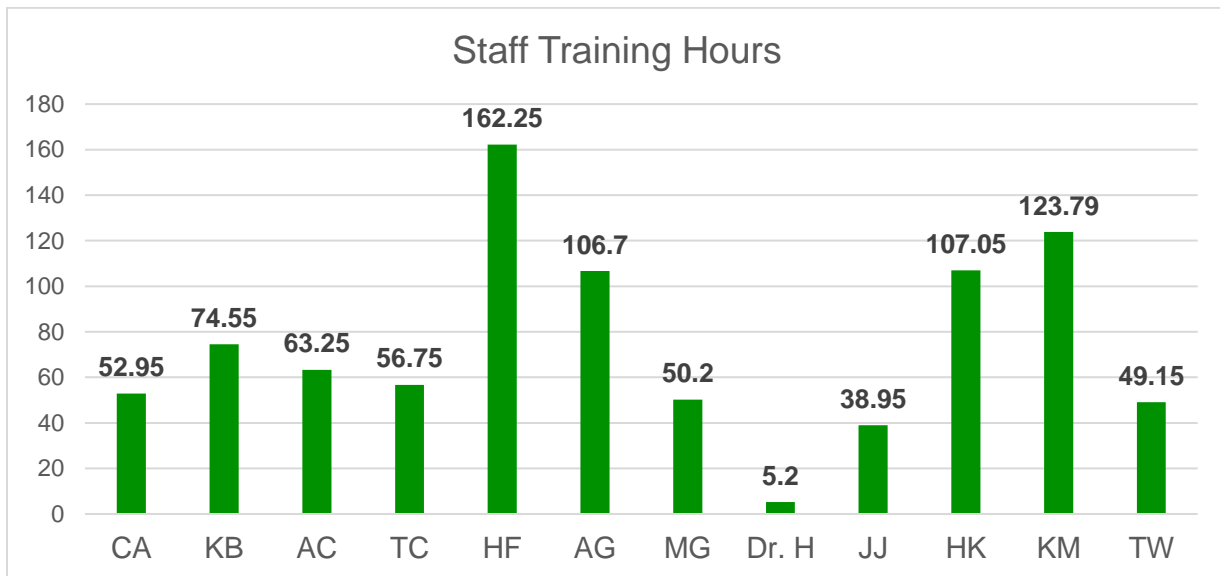
### Staff Supervision

Formal group supervision and formal individual supervision are scheduled twice per month at minimum. Informal supervision occurs during the normal course of treatment and collaboration. Clinical supervision is always documented and clearly outlined in the team policies and procedures for staff.

### Staff Training

All ACT team staff will be trained in ACT philosophy, organizational structure and roles, standards and practices, management, leadership, and evidence-based practices embedded in ACT through an organization certified to provide training and consultation. Individual team members will have additional, specialized training in their areas of expertise. Every member of the ACT team is cross trained to step into any other team member's functional (not clinical) role if needed. Staff members are required to maintain and increase skills through ongoing continuing education with an expectation that all staff will complete at minimum, 20 hours of CE per year that specifically focuses on ACT competency standards and practices. Each individual collaborates with their supervisor on the creation and revision of an annual training plan to outline continuing education expectations and requirements.

The number of training hours for ACT staff are captured in the graph below.



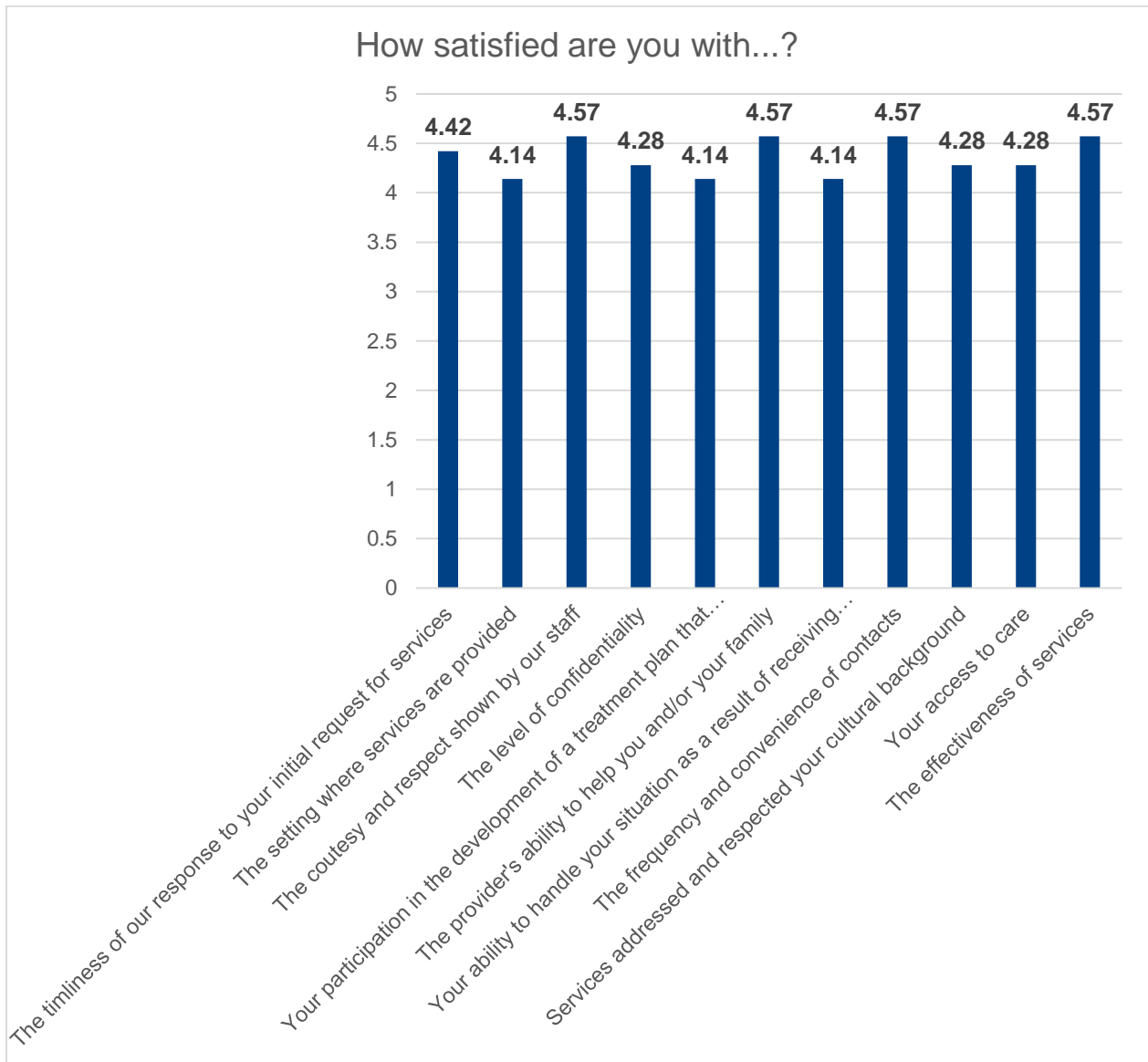
# Client Quality Feedback Surveys

## Survey Results

Individuals who have received ACT were offered a client feedback survey. During this review, there were seven of surveys completed.

In addition to satisfaction questions, individuals were asked to report their demographics as well. There were 5 individuals who identified as a male, one as a female, and one unknown. Six individuals' race is White/Caucasian and one individual is African American.

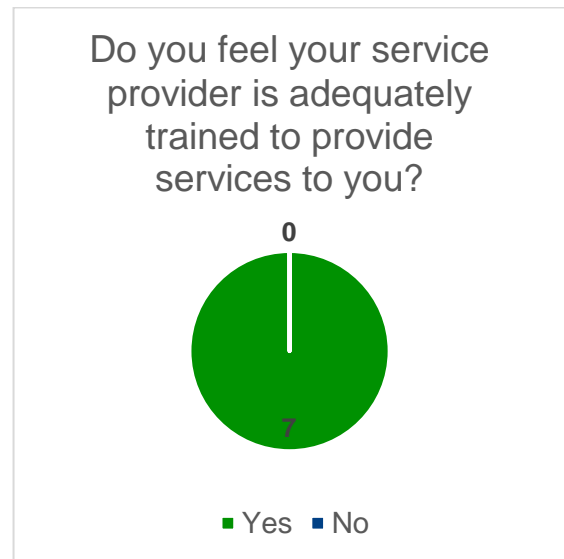
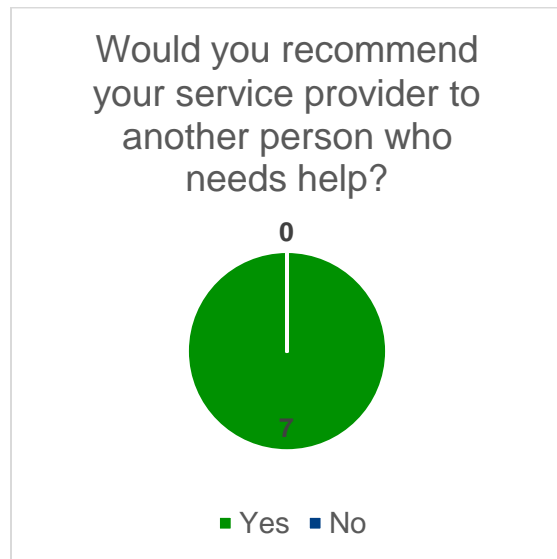
Individuals were asked to rate their level of satisfaction using a 1 to 5 scale with 1 being very unsatisfied and 5 being very satisfied. Survey results are below.



## Additional Questions

What has been the most helpful thing about services in the last 6 months?

- *“Having someone to depend on and someone I can call.”*
- *“Working with the ACT Team.”*
- *“Help me feel like I have meaning.”*
- *“Keeping me alive and healthy and levelheaded.”*
- *“Been a tremendous help with straightening out my medication. Feeling a lot better now!”*
- *Everyone in the ACT Program are very respectful and helpful to me and my situation. I’d like to thank them for their kindness and everything they do for me.”*



## Comments

The last section of the survey allows participants to share their comments regarding improvement for quality, suggestions, or feedback on the ACT Program. The following word cloud depicts the comments that were offered.

