



Assertive Community Treatment (ACT)



**Annual Quality Review
July 1, 2022 – June 30, 2023**

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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
- Jim Keltz
- Christy Clark
- Sal Luzzi
- Stacy Wallace
- Alcherrie Williams
- Raymond Douglass

Overview

- The Guidance Center operates under the mission of developing and providing comprehensive, quality mental health and substance use treatment, intellectual disability services, education, prevention, and community outreach services, guided by principles of least restricted care, cost effectiveness, accessibility, and responsiveness to individuals, families and communities served.
- On May 11, 2023, the federal Public Health Emergency (PHE) declaration expired, however, it did not mean the virus no longer existed. The agency continued precaution measures when necessary while still providing optimal service delivery within the Assertive Community Treatment Program. During this period of review, almost all services were delivered face-to-face.
- 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

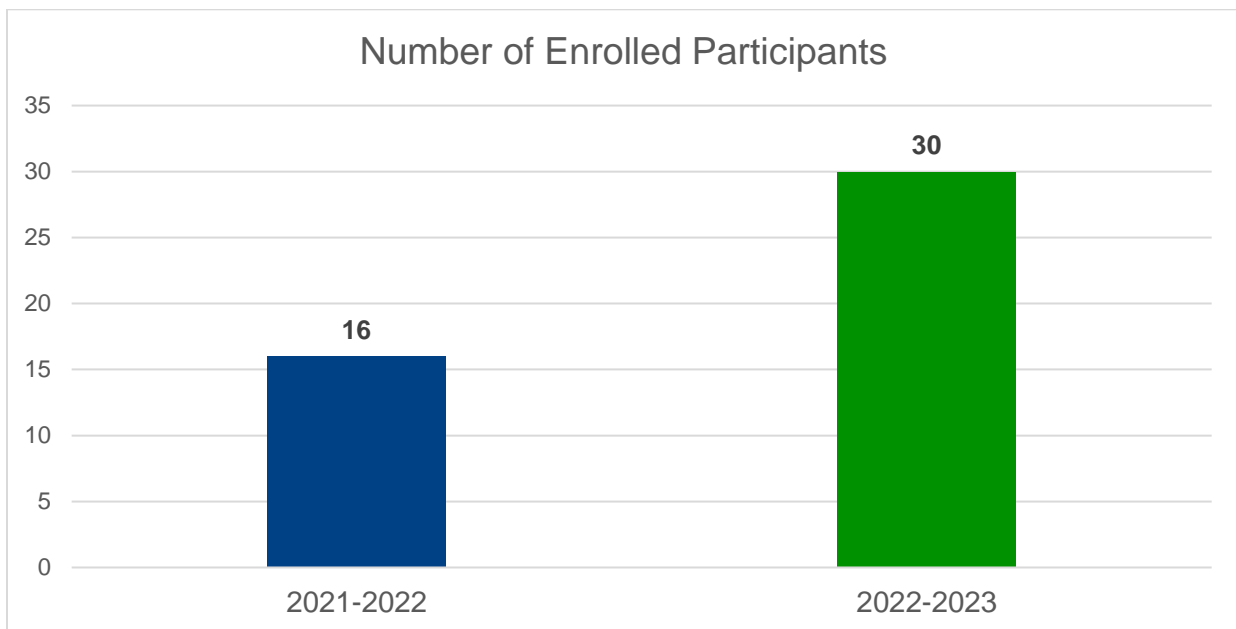
minimum to provide feedback for quality improvement. Ideas are shared within the committee and reported to Senior Management to ensure the highest quality of care is being delivered. Suggestions for improvement are reviewed to initiate new procedures when identified.

- Data for this Quality Report is from July 1, 2022, through June 30, 2023.

Demographics

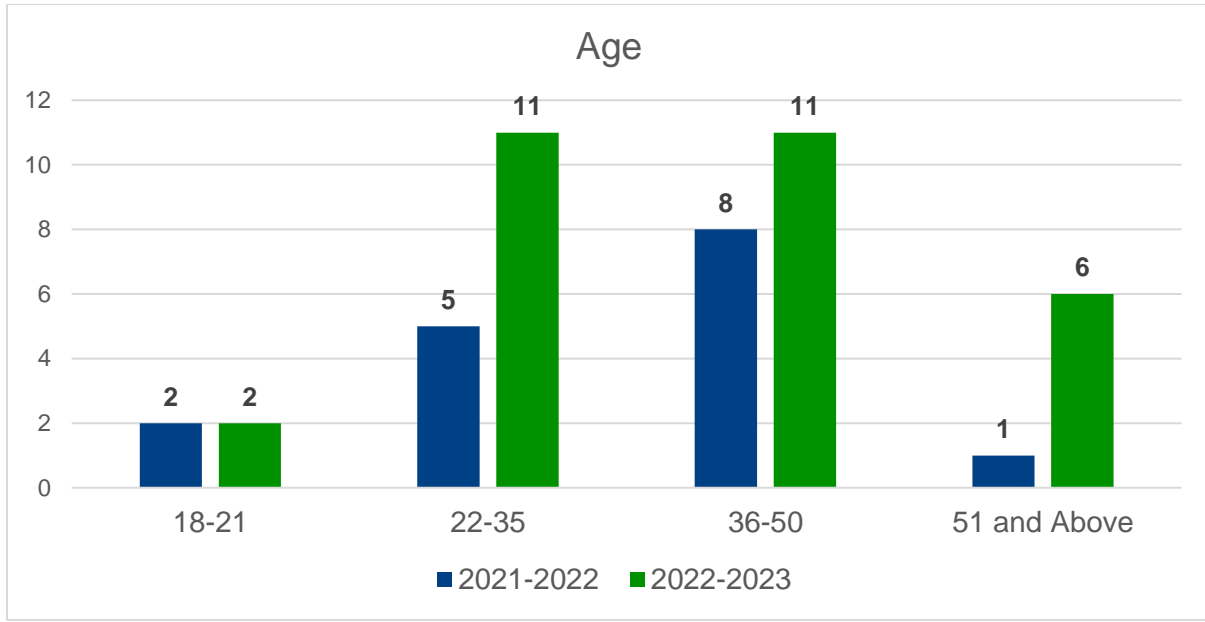
Number of Enrolled Participants

Number of enrolled participants in the ACT Program almost doubled, increasing from 16 to 30 participants.



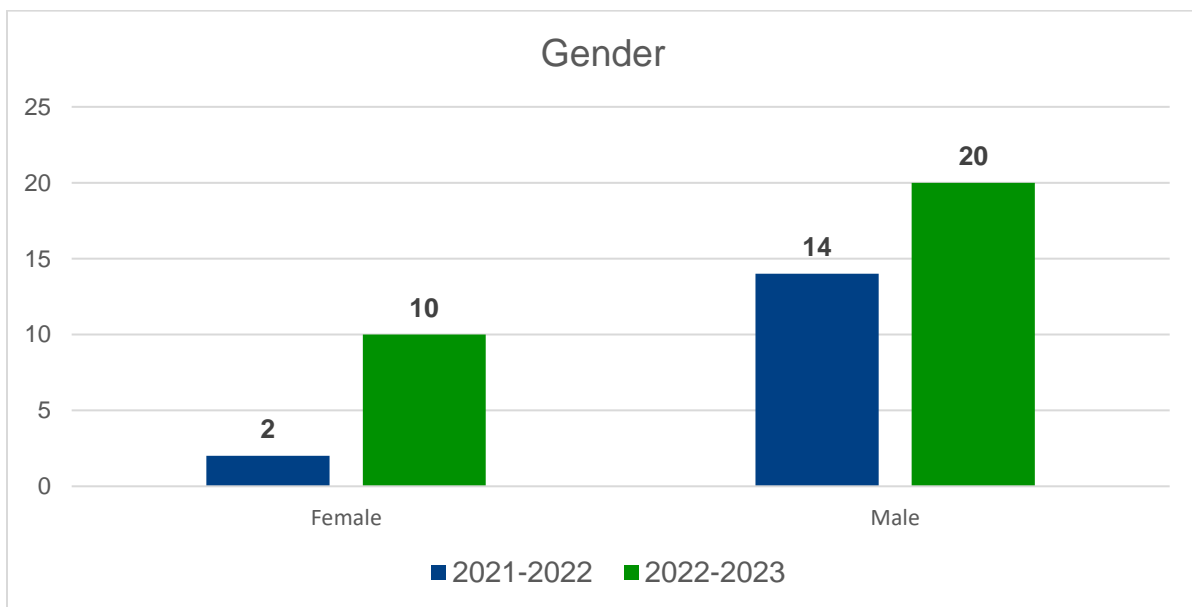
Age

During this review, individuals within the program range from 19 years to 66 years of age. Majority of individuals served were between the ages of 22 and 50. A complete breakdown of age is represented in the following table.



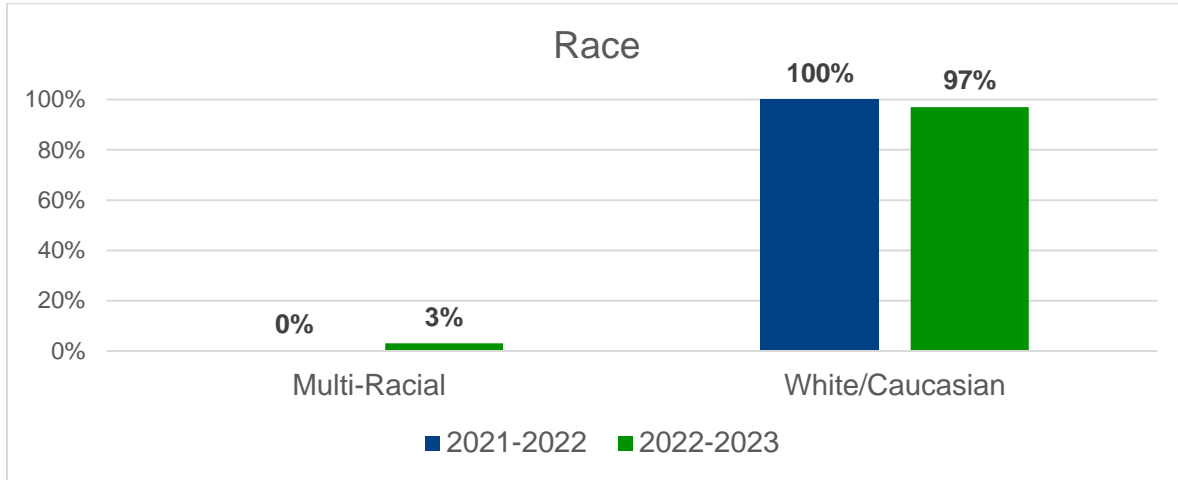
Gender

Consistent with the last review, a greater number of males have been served in the program. The following table indicates the number of females and males served in the program.



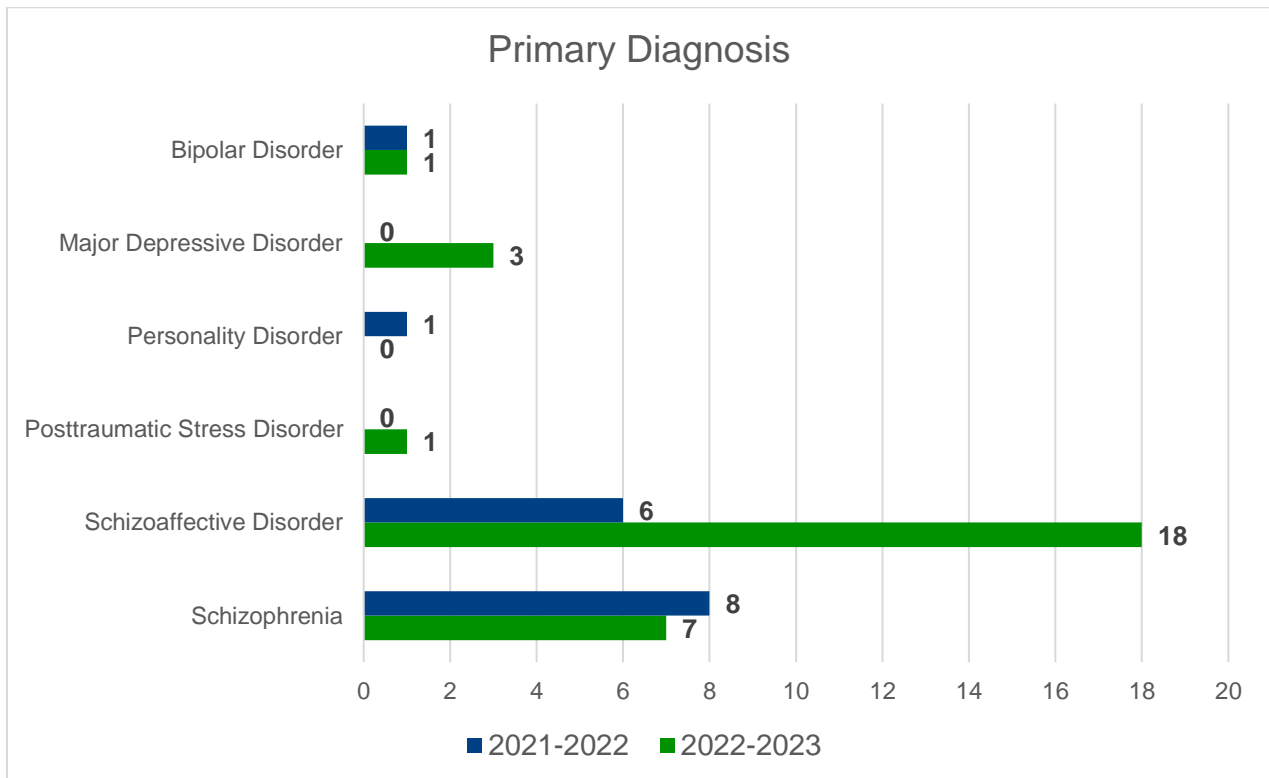
Race

Last review, all participants in the program were White/Caucasian. This year, one individual enrolled in the ACT Program was multi-racial. A complete breakdown of individuals' race is captured in the following chart.



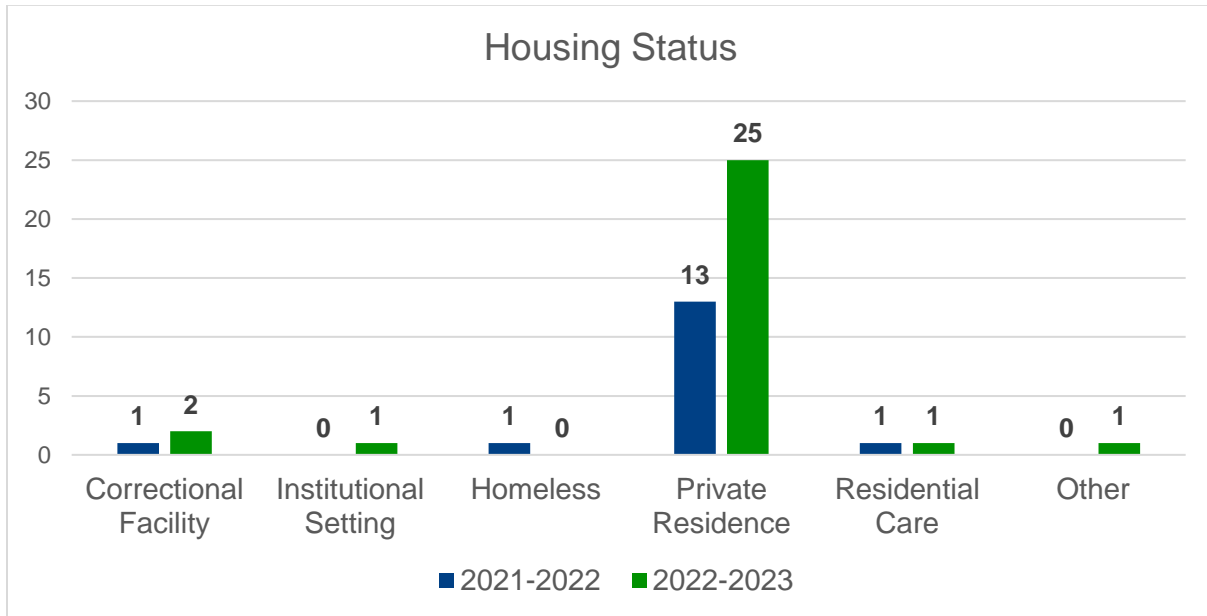
Primary Diagnosis

Consistent with the last review, majority of participants enrolled in ACT are primarily diagnosed with Schizophrenia or Schizoaffective Disorder. A complete breakdown of the primary diagnoses is found in the following chart.



Housing Status

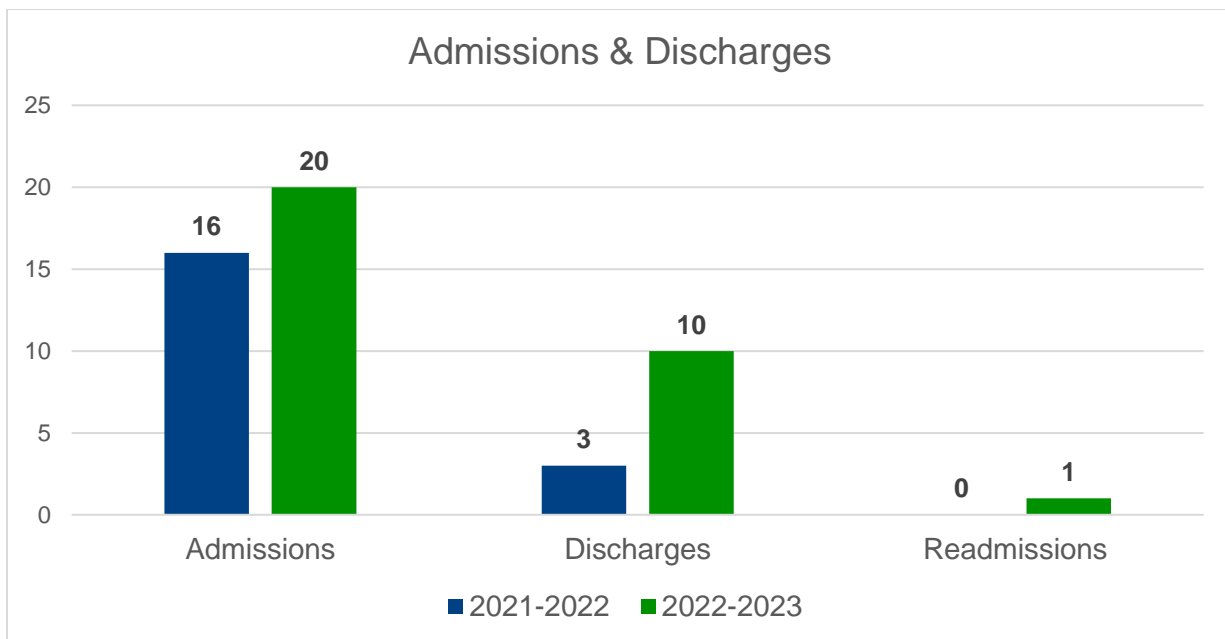
Consistent with the last review, most of the individuals served in the program live in a private residence. The following chart indicates the housing status for each individual served.



Service Data

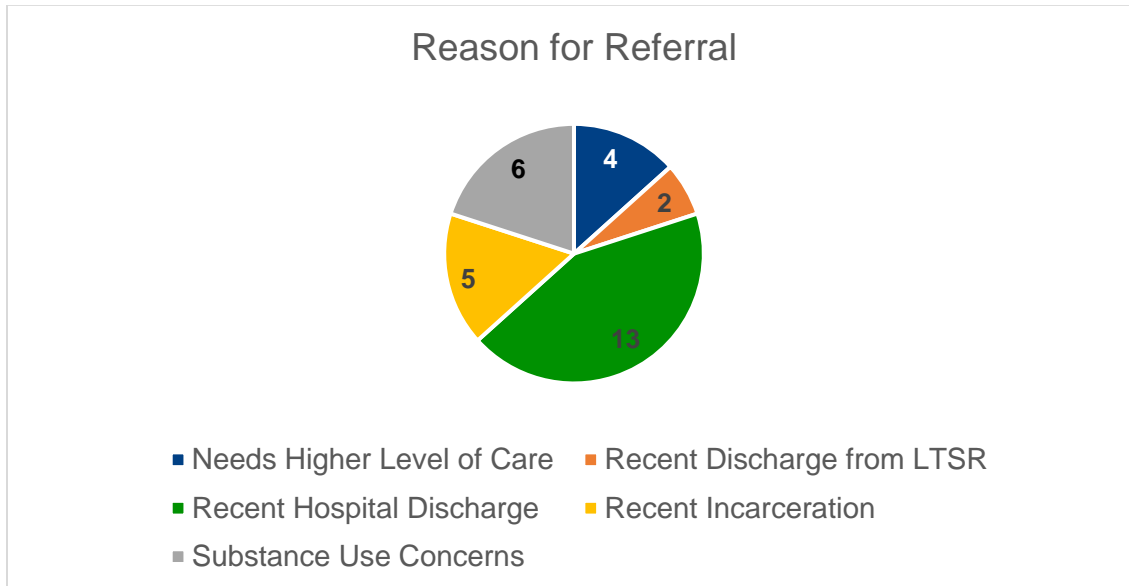
Admissions & Discharges

During this review, there were 20 admissions, 10 discharges, and one participant readmitted within the program year.



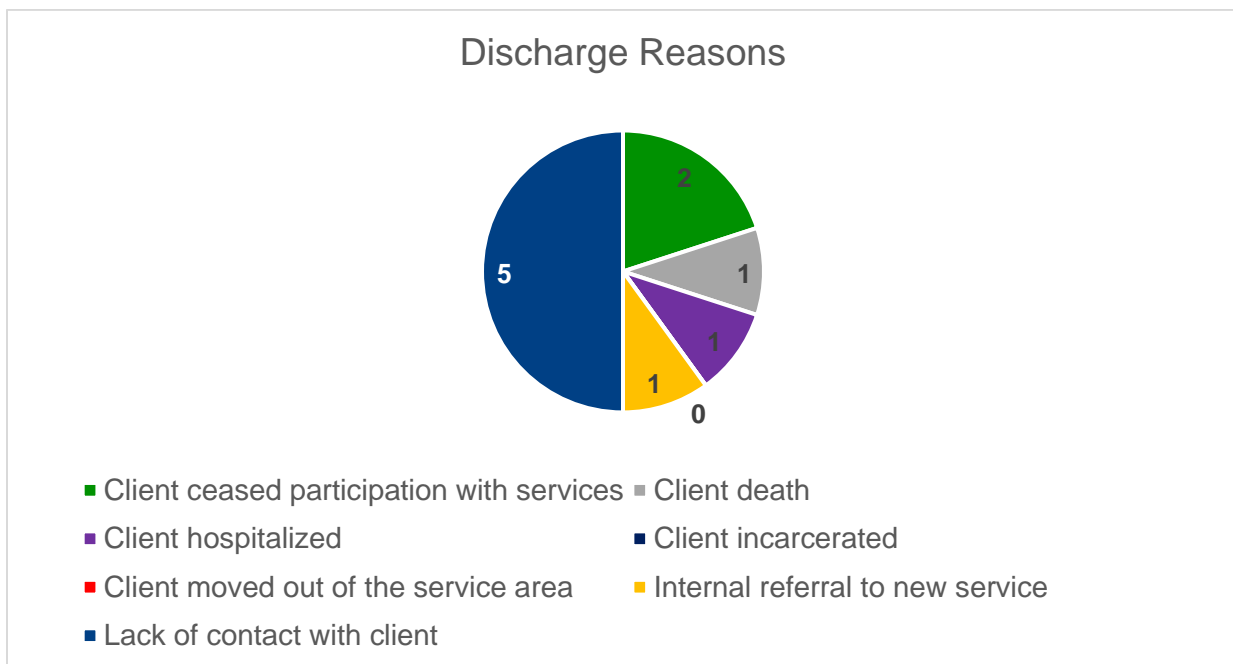
Reason for Referral

Majority of referrals made for the ACT program are primarily because they have been recently discharged from a psychiatric hospitalization.



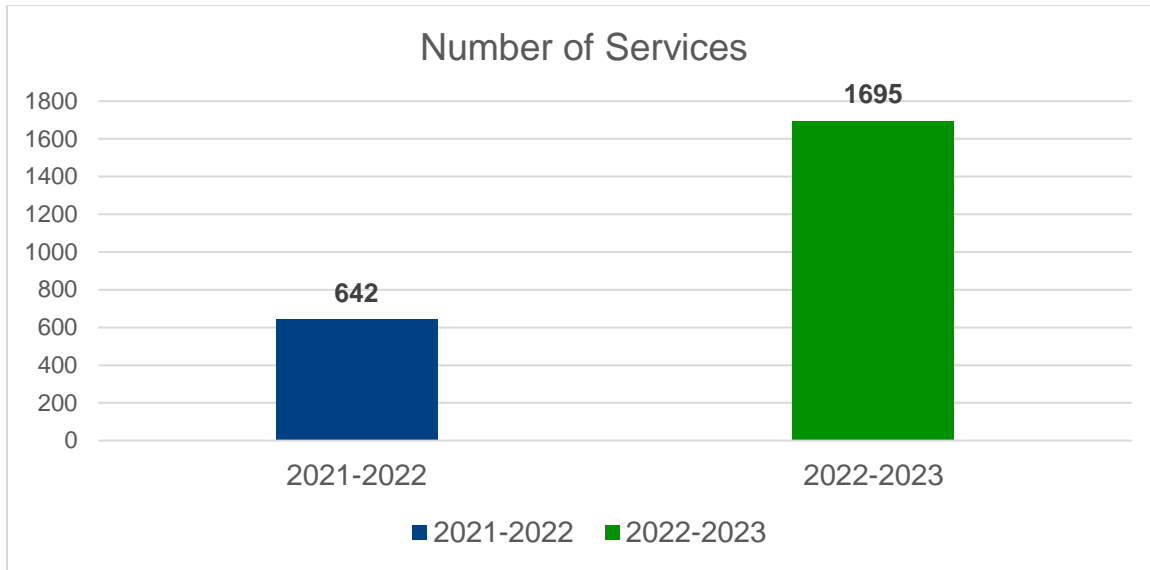
Discharge Reasons

There have been 10 discharges from the ACT Program during this review. The majority of clients were discharged from the program due to lack of contact. The following chart depicts all discharge reasons.



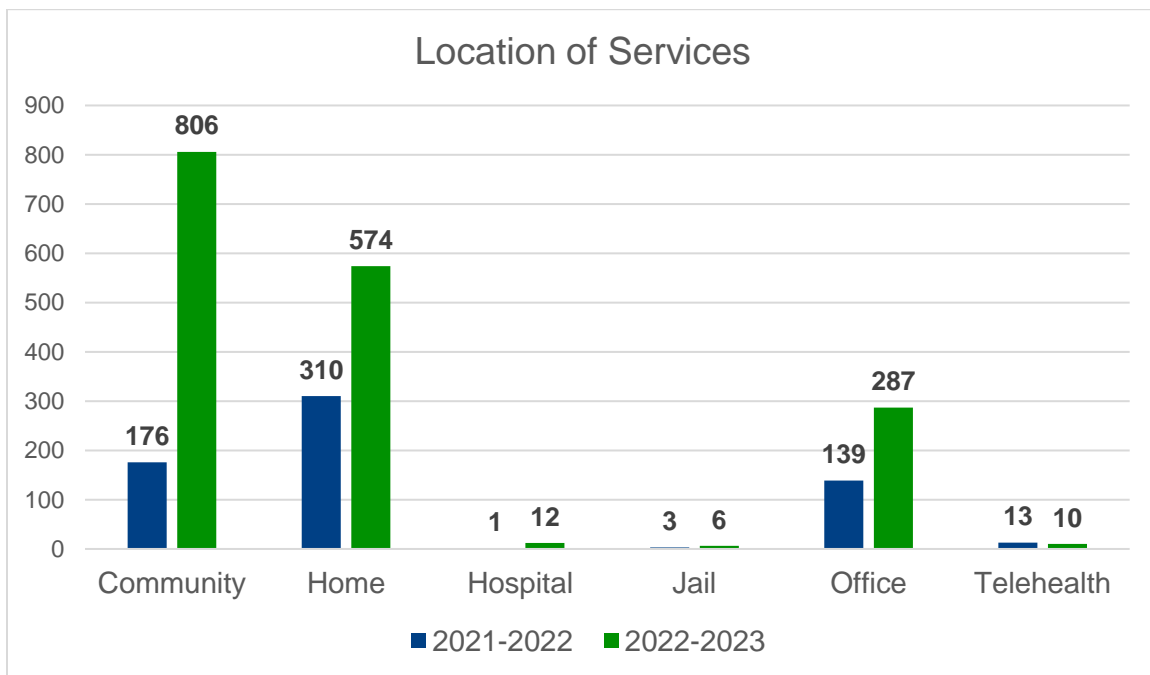
Number of Services

There was a major increase in services delivered in the ACT Program, more than doubling since the last review.

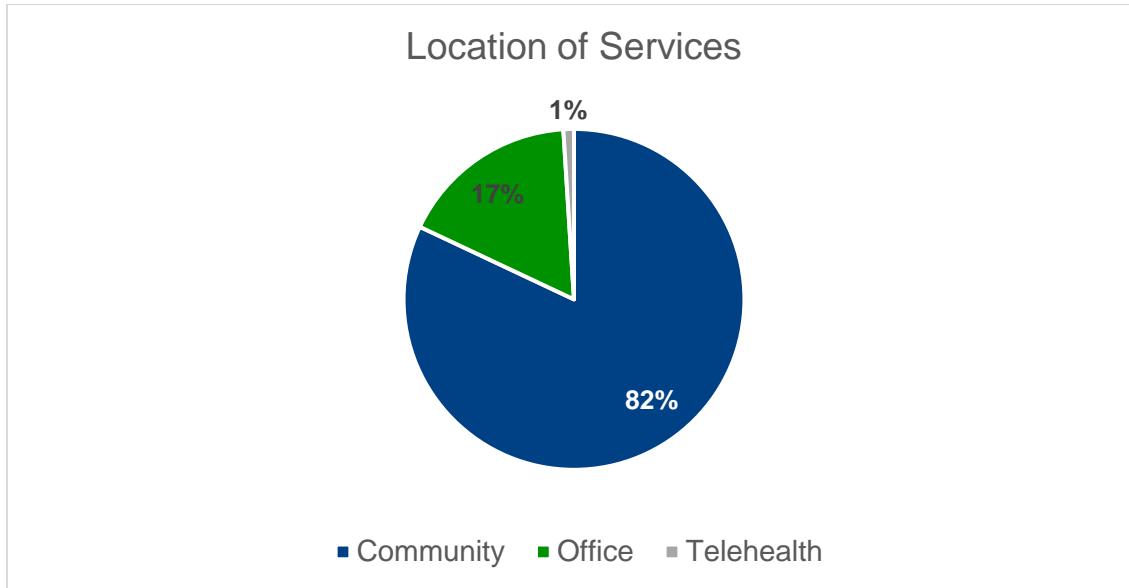


Location of Services

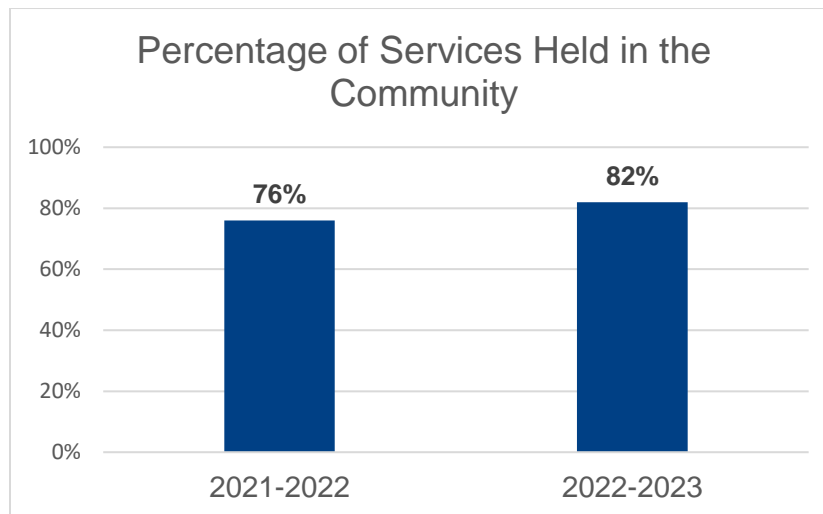
The table below represents the location of services during this review. The majority of services were delivered in the community.



It is a program requirement for 85% of the ACT services be delivered in the community. The chart below depicts the number of services delivered in the program.



The chart indicates 82% of ACT services were delivered within the community, which is 3% less than the program requirement. This area was added as a quality measure to be monitored for improvement. This area has increased since the last review and will continue to be monitored. In addition, this area was added as a quality indicator for internal compliance audits. Internal compliance audits occur quarterly, and results will be closely monitored for improvement. This area is being monitored using the Plan Do Check Act (PDCA) Model. The PDCA is captured below.

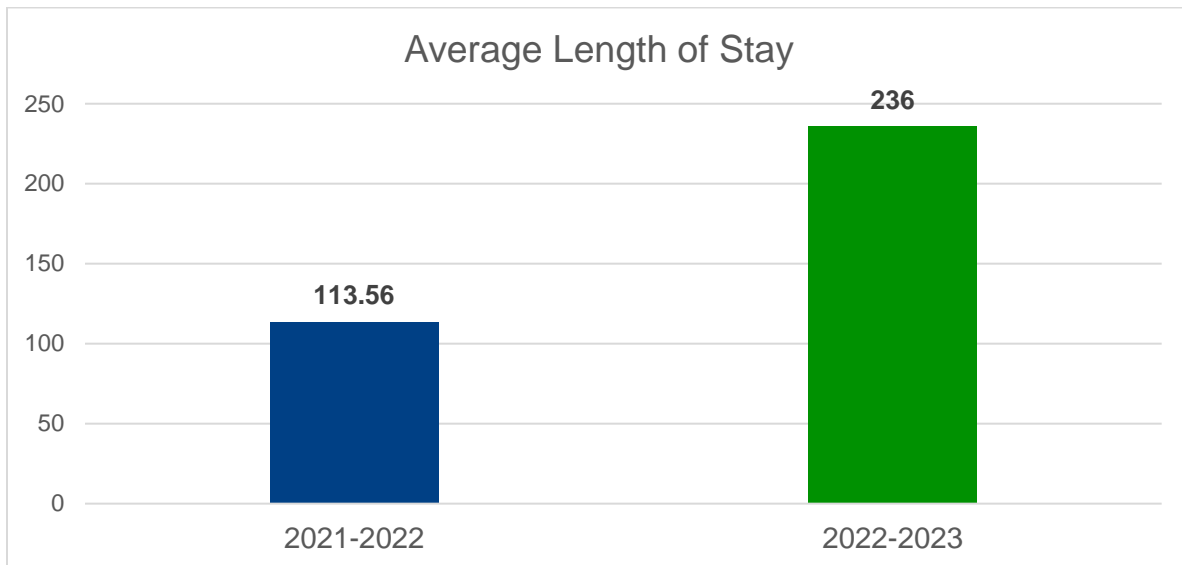


August 2022: It is a program requirement that 85% of ACT services are delivered within the community. During this fiscal year review, it was discovered 76% of the services were delivered in the community. This area will be monitored for quality improvement.

November 2023: This indicator increased by 6% to 82%, however, it is still slightly below the 85% threshold. This PDCA will remain in place until this indicator reaches or exceeds 85% of services being delivered in the community. The Quality Director met with the Program Director and Compliance Coordinator to add this area as an indicator for internal compliance audits. Internal compliance audits occur quarterly. Results will be closely monitored, and the plan will be updated in accordance. In addition, the Quality Director will run regular reports for service location by each staff member. The Program Director will review the reports with ACT staff.

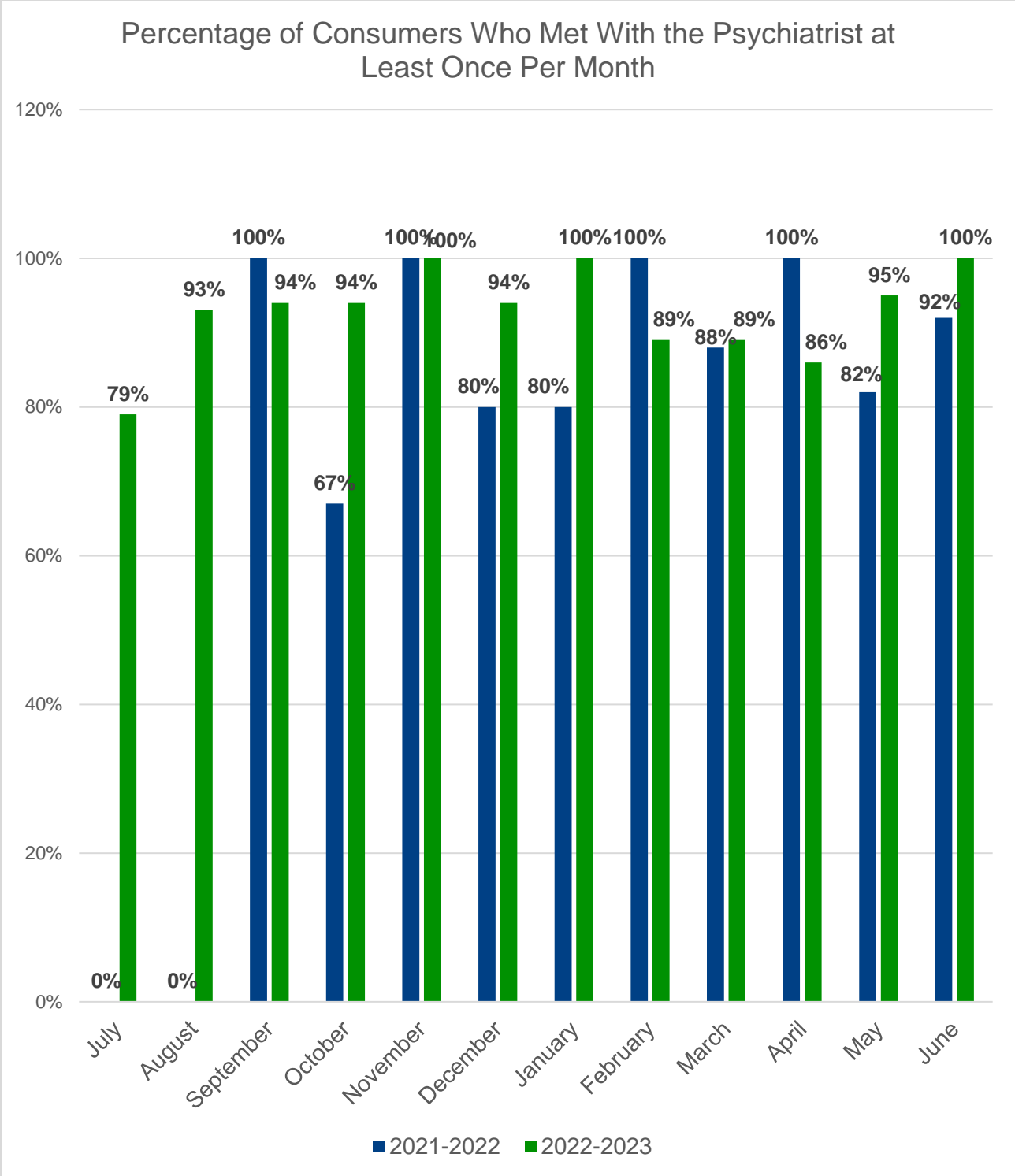
Length of Stay

The average length of stay in the program increased drastically from 113.56 to 236 days during this review.



Sessions with Psychiatrist

The program monitors how often consumers meet with the psychiatrist monthly. The following table 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.

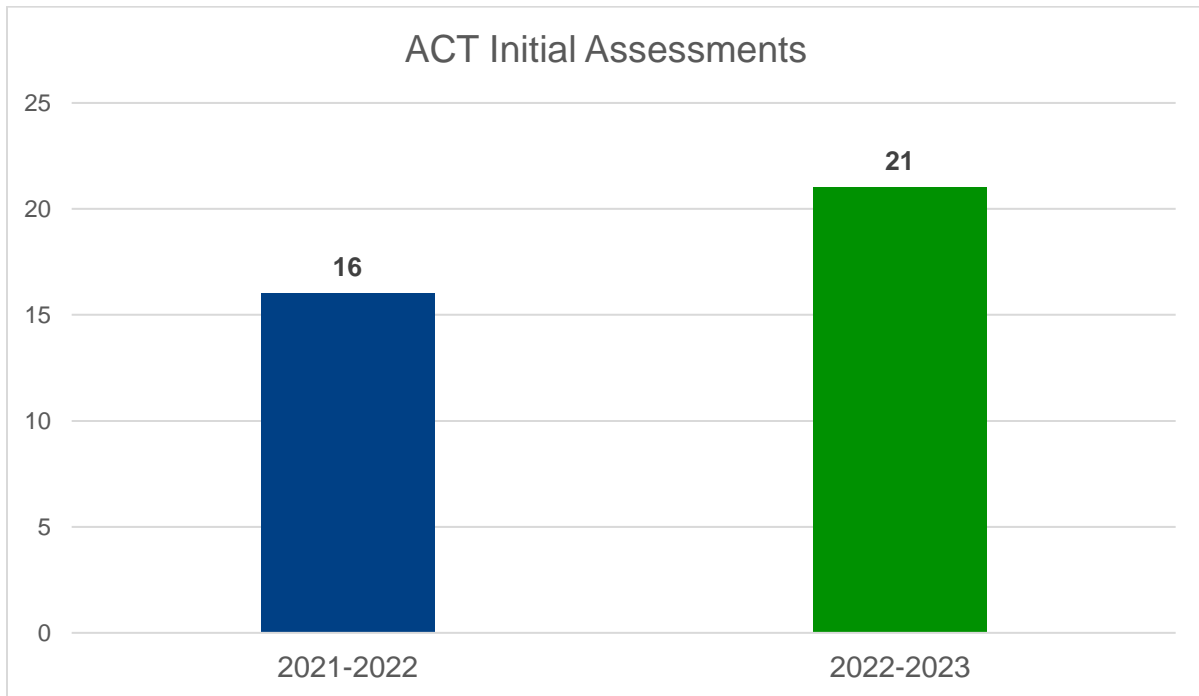


We continue to see an increase of consumers meeting with the psychiatrist monthly. Some consumers who did not meet with the psychiatrist monthly, resulted in a discharge in the program.

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 21 ACT Assessments completed during this review.

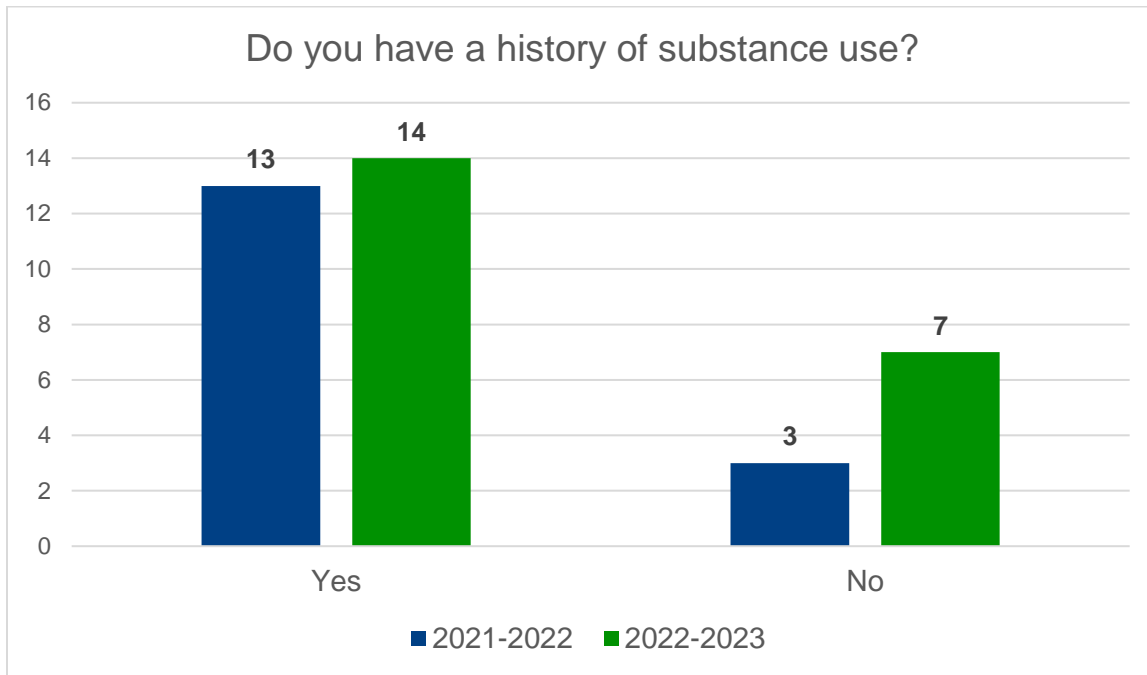


Components of the assessments were pulled from the initial assessment in the following areas:

- Substance Use
- Social Activities
- Employment
- Legal System

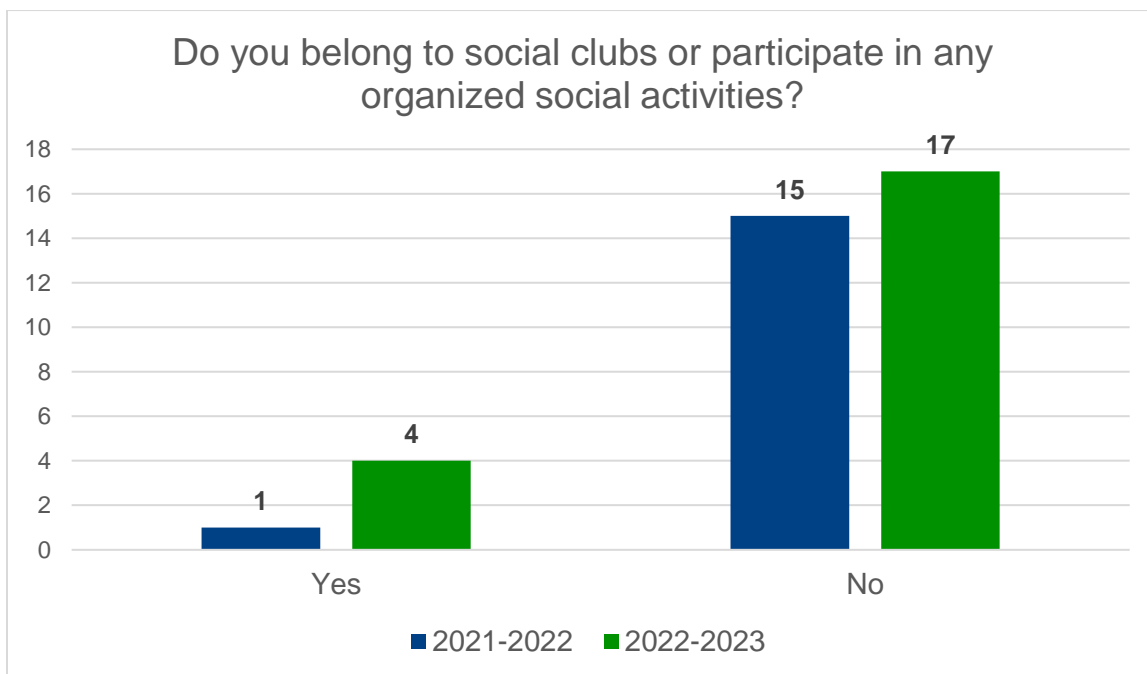
Substance Use

During this review, fourteen individuals reported they have a history of substance use.



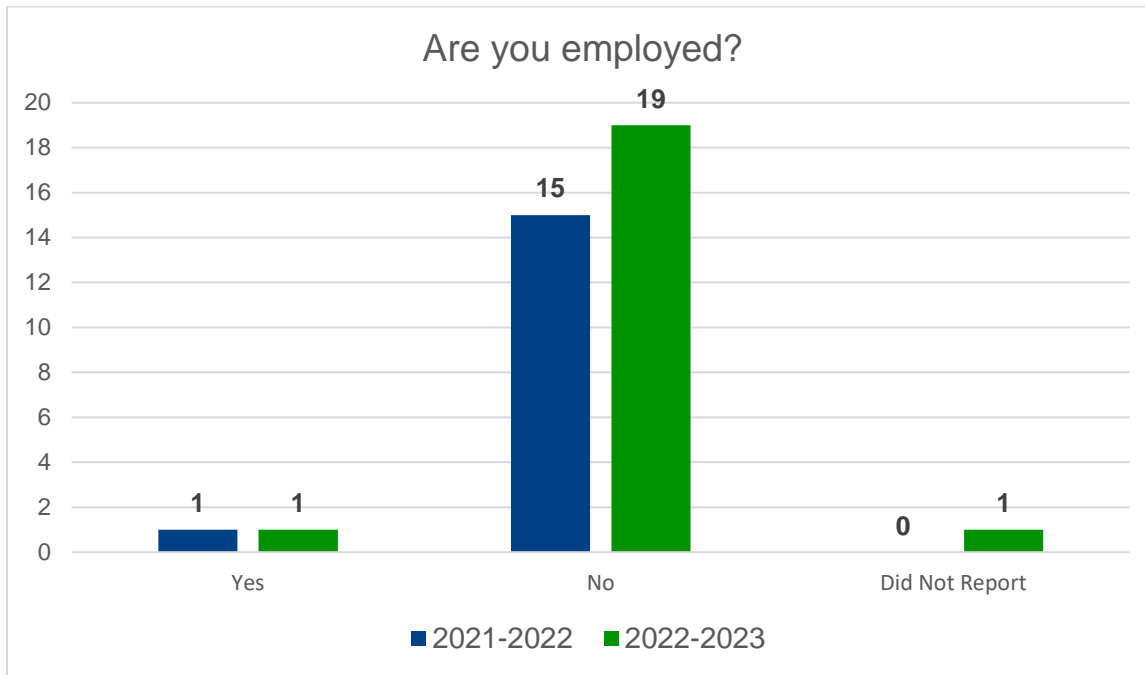
Social Activities

More program participants belong to a social club or participate in an organized social activity than the last review.



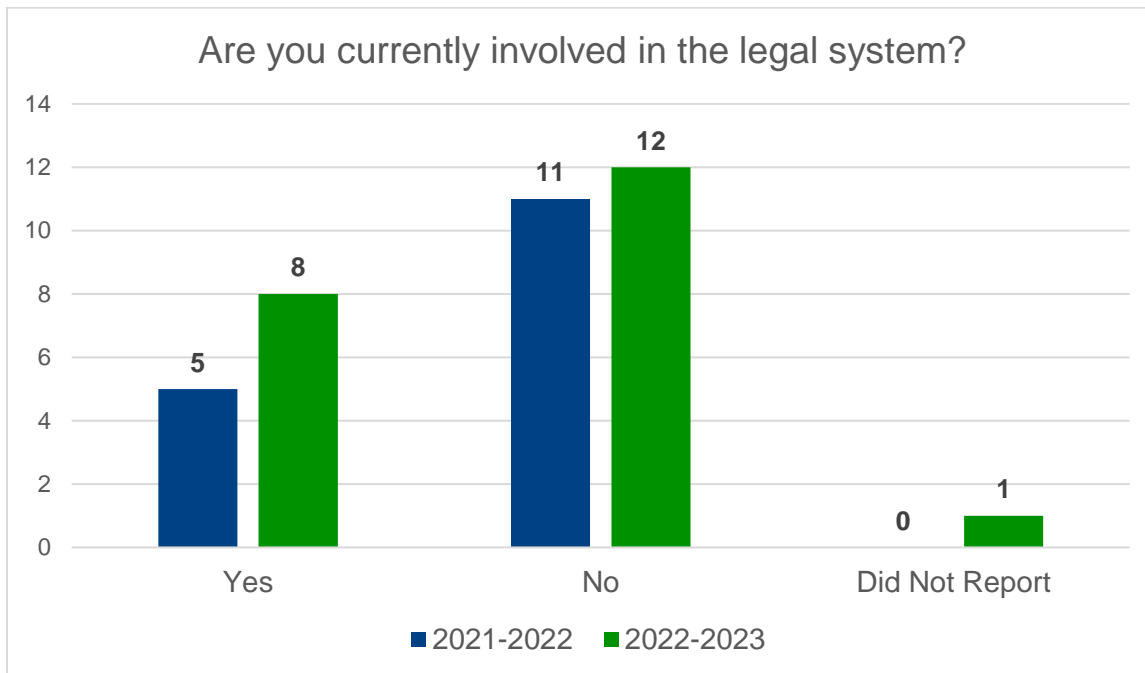
Employment

Consistent with the last review, most participants are unemployed.



Legal System

Consistent with the last review, many participants are not currently involved in the legal system.

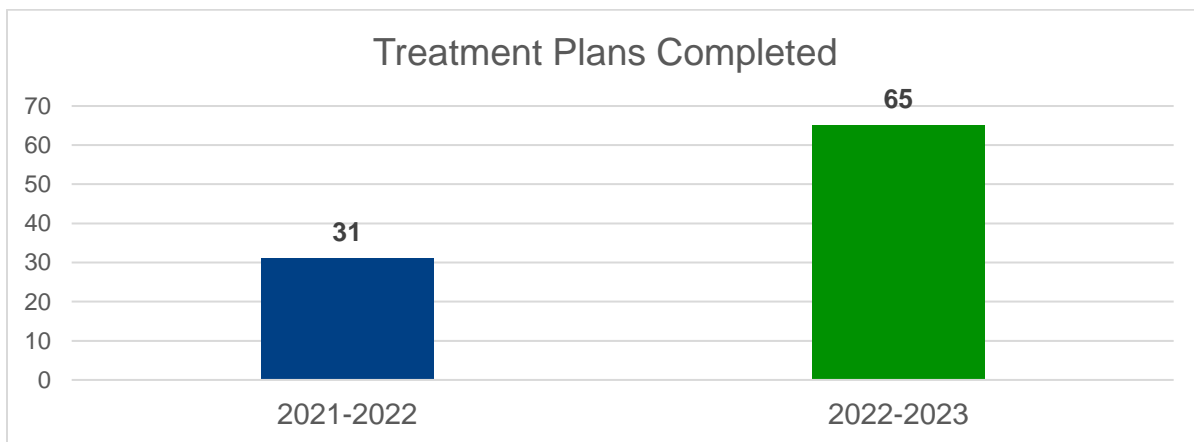


In addition to the initial assessments, comprehensive assessments are completed within six weeks of the initial assessment. This assessment incorporates all information obtained during the initial assessment, as well as supplementary material obtained with consent from the consumer, the consumer's family, 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, goal documentation, and details of the participant's involvement in treatment.

There were 65 Treatment Plans completed during this review. The table below depicts the number of Treatment Plans completed by each fiscal year.

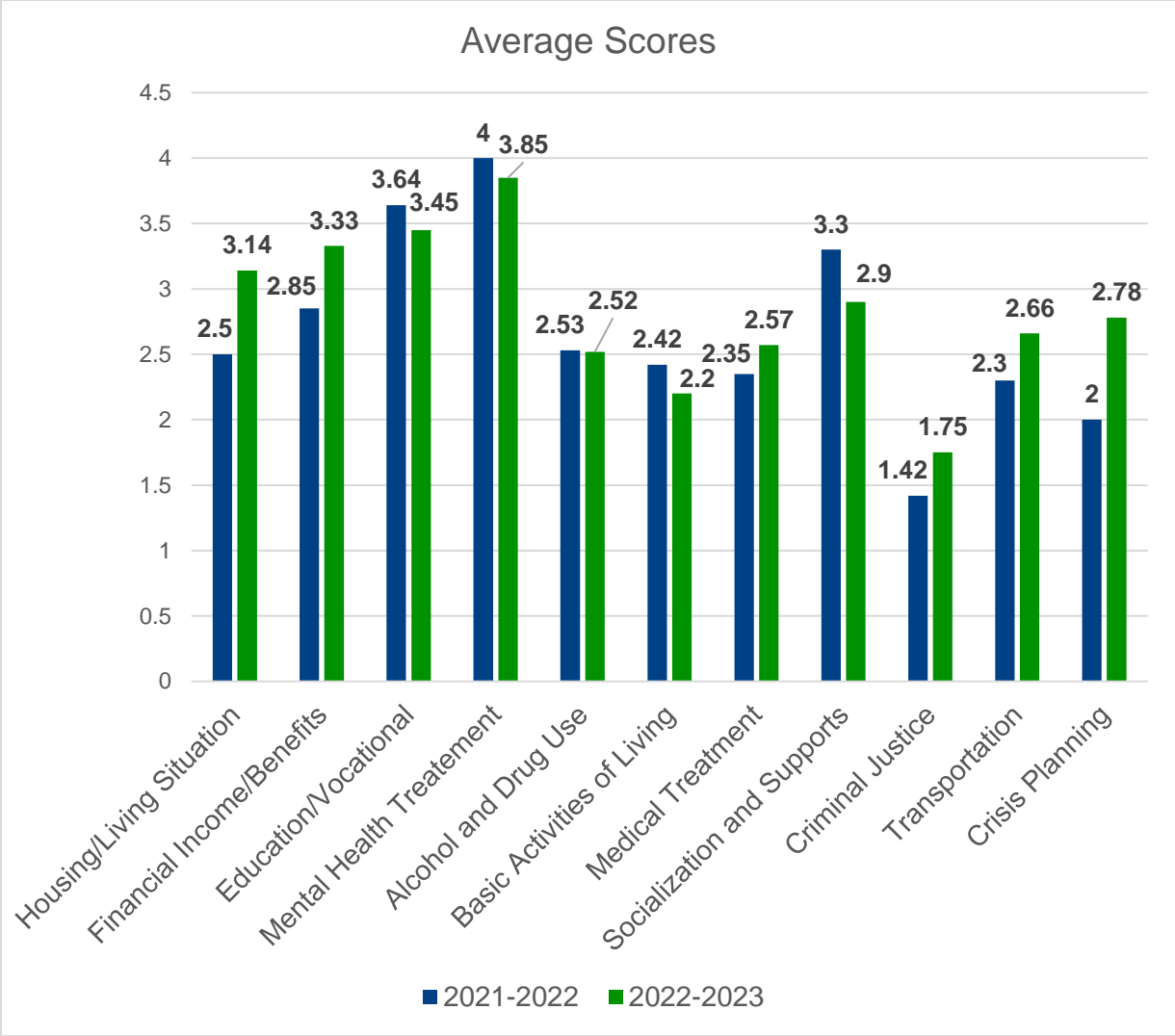


ACT Matrix

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 22 Matrix's completed in the ACT Program during this review. Averages were pulled from the areas measured and are displayed in the table below. The average increased from 2.66 to 2.83 during this period of review.



Program Adherence

Audits

ACT Director completes internal chart reviews on a regular basis. Compliance Coordinator conducts internal audits on a quarterly basis.

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 new charts are audited for initial indicators and at minimum two discharged charts are audited for discharge processes being followed. Additionally, other charts are audited by random selection. The Compliance Coordinator audits the ACT program using identified indicators quarterly. Internal audits results include both process measures and outcome measures.

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

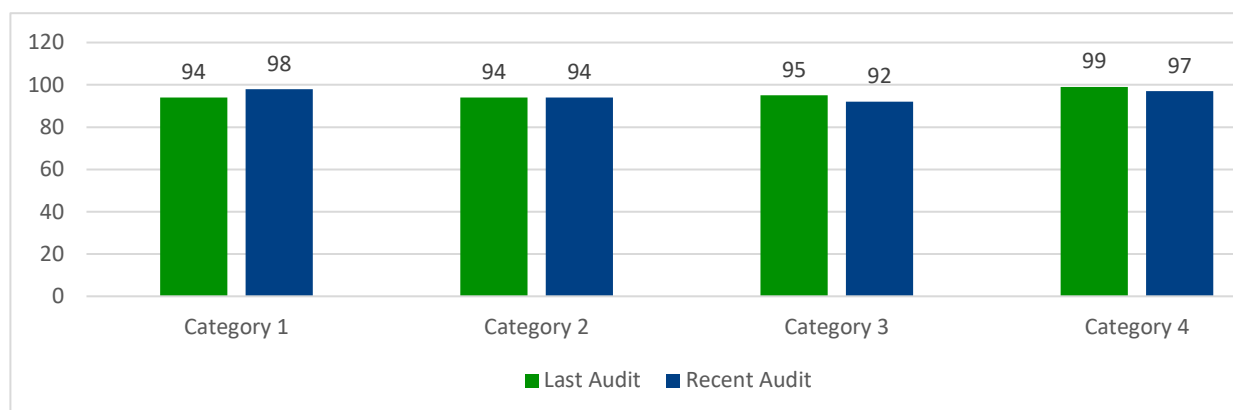
Internal Quality Review			
Program	ACT	Date of Audit	9/7/2022
Number of Charts Reviewed	13 Randomized Charts	Audit Schedule	Quarterly – Q1
Total Number of Indicators	52 Quality Indicators		

Category	Score	Goal
1. Consumer-Centered Assessment	94%	80%
2. Treatment Planning	94%	80%
3. Comprehensive Assessment	95%	80%
4. Individualized Community Support (ICS)	99%	80%

Internal Quality Review			
Program	ACT	Date of Audit	3/13/2023 – 3/14/2023
Number of Charts Reviewed	6 new & 4 reviewed	Audit Schedule	Quarterly – Q3
Total Number of Indicators	49 Quality Indicators		

Category	Score	Goal
5. Consumer-Centered Assessment	98%	80%
6. Treatment Planning	94%	80%
7. Comprehensive Assessment	92%	80%
8. Individualized Community Support (ICS)	97%	80%

Comparison from the last Internal Audit:



TMACT

In addition to internal compliance audits, the Compliance Coordinator uses the TMACT (Tool for Measurement of Assertive Community Treatment) annually. The TMACT was used in June of 2023 using 49 indicators. The TMACT includes both process measures and outcome measures. The results are posted in the table below.

Internal Quality Review			
Program:	ACT	Date of Audit:	6/26/2023-6/30/2023
Number of Charts Reviewed:	10 Client Charts	Audit Schedule:	Quarterly – Q4
Total Number of Indicators:	49 Quality Indicators		
TMACT	June 2022	June 2023	
1. Operations & Structure (OS) Subscale	4.08	4.17	
2. Core Team (CT) Subscale	3	4.14	
3. Specialist Team (ST) Subscale	3.75	4.87	
4. Core Practices (CP) Subscale	4.25	4.37	
5. Evidence-Based Practices (EP) Subscale	4	4.37	
6. Person-Centered Planning & Practices (PP) Subscale	5	5	
TMACT OVERALL RATING:	4.01	4.48	
Summary of TMACT:			

The ACT program has increased in overall score from 4.01 in June 2022 to 4.48 in June 2023 using a 1-5 rating tool. The breakdown for each subscale is located under “TMACT Summary Scale” tab in the Audit Tool. All six subscales increased since June 2022. Clients selected for this review are listed in the “Client Data Summary” tab in the Audit Tool.

Comparison from the Last TMACT Review

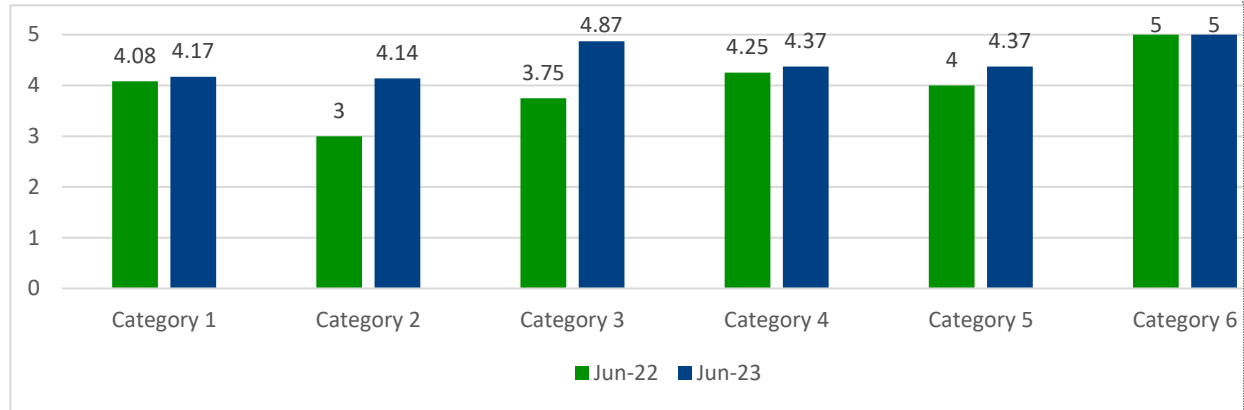
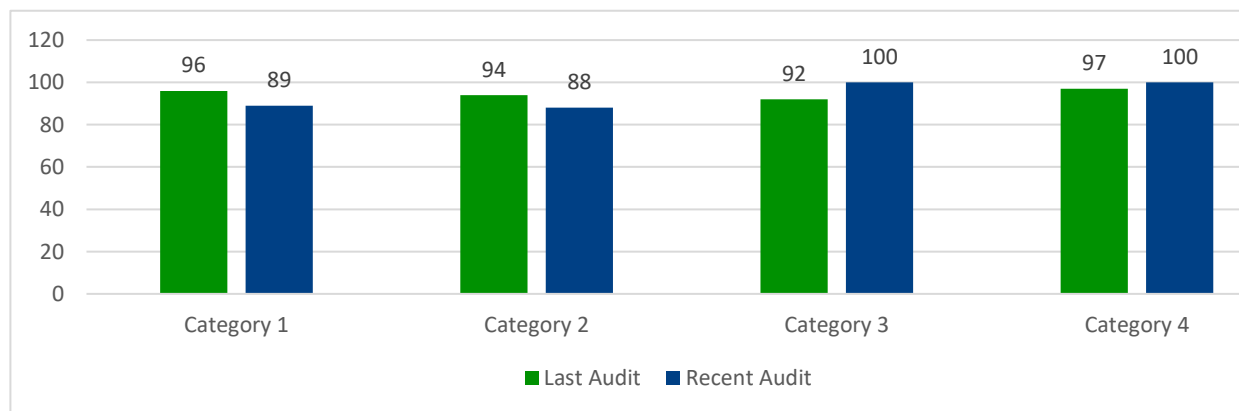


Chart Review Category	Score	Goal
1. Consumer-Centered Assessment	89%	80%
2. Treatment Planning	88%	80%
3. Comprehensive Assessment	100%	80%
4. Individualized Community Support (ICS)	100%	80%

Comparison from the last Internal Audit:



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.

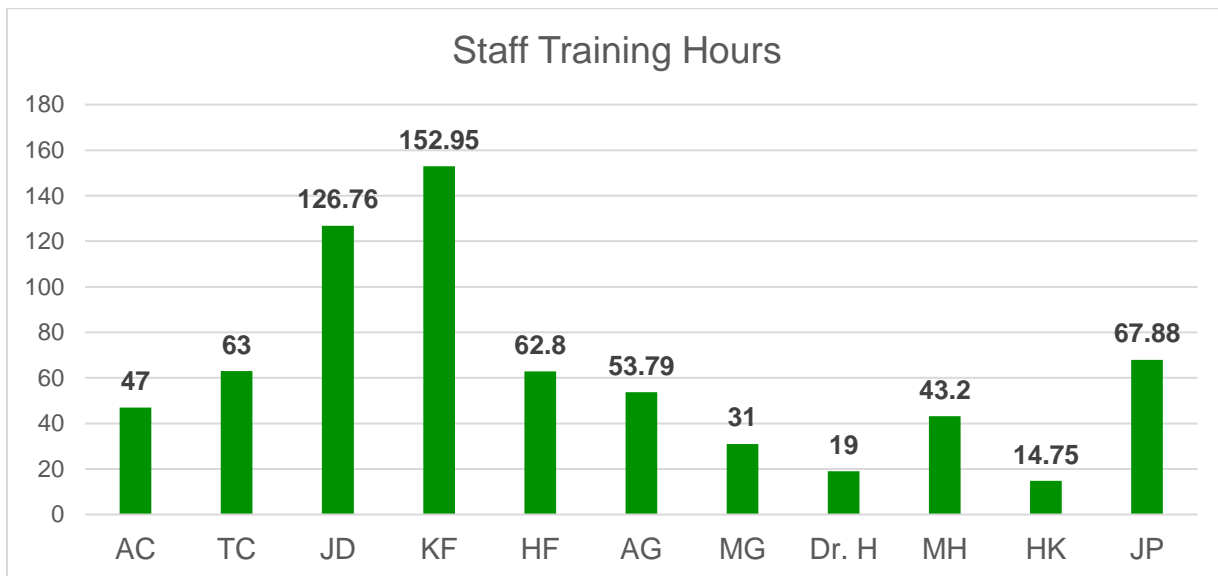
Supervision consists of individual, side-by-side, sessions where the Program Director attends a consumer’s session with a staff member in either a scheduled session or a crisis meeting to assess staff performance and service delivery. Additionally, the Program Director attends daily staff meetings and treatment planning meetings with ACT team members to monitor and evaluate staff performance and provide feedback on individual cases. Meetings are held regularly with each individual staff to review their caseload, assess their performance, and provide input.

There are regular reviews of client charts and staff documentation during supervision. The Program Director documents supervision notes and provides a copy of the notes to the entire ACT Team.

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 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. Everyone 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.



All staff in the ACT program exceeded the number of required training hours.

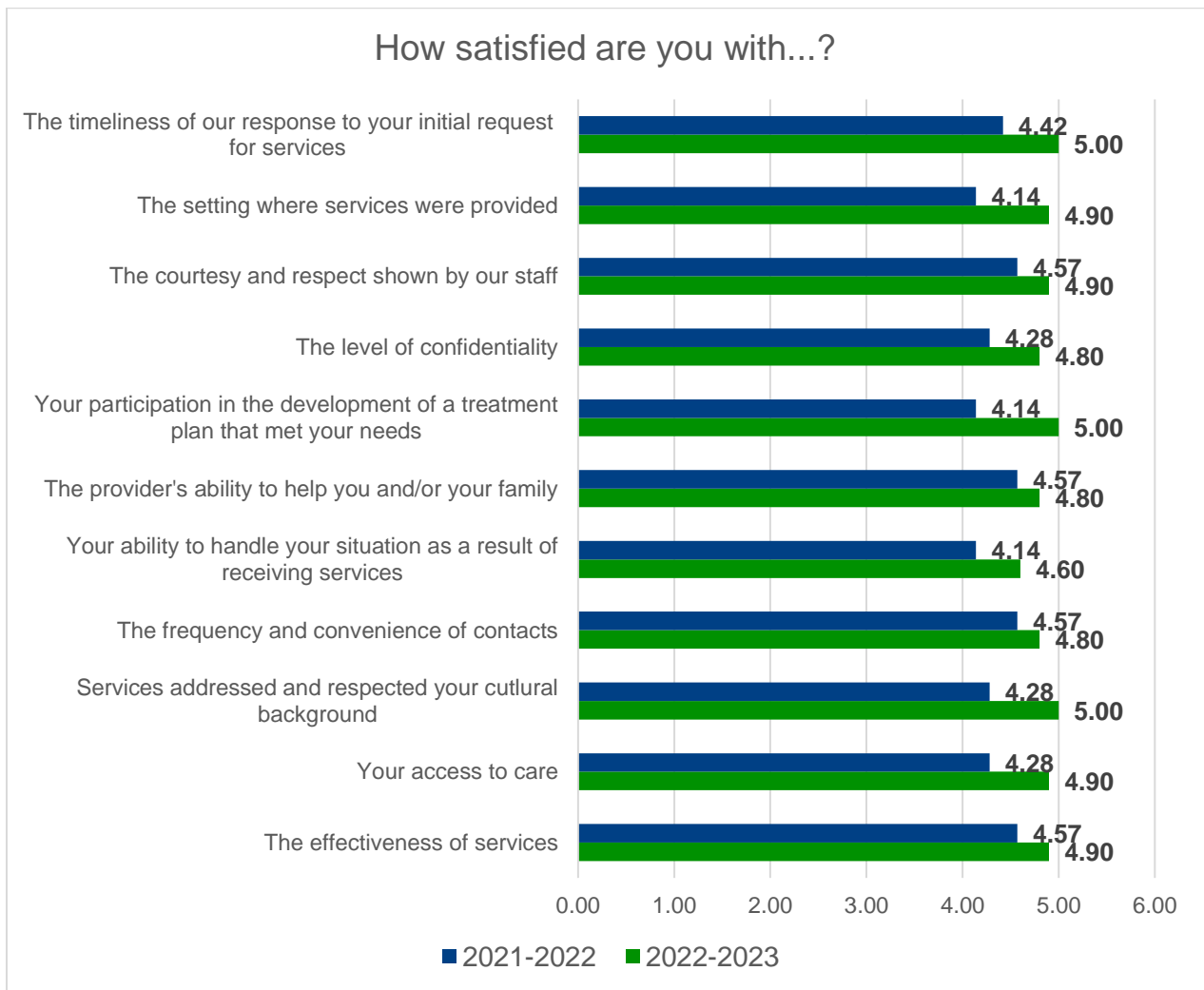
Client Quality Feedback Surveys

Survey Results

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

In addition to satisfaction questions, individuals were asked to report their demographics as well. There were eight individuals who identified as a male and two as a female. All individuals' races are White/Caucasian.

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.



The average score increased during this fiscal year from 4.36 to 4.87.

Additional Questions

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

- *“Immediate responses. They are there when nobody else could be. Above and beyond company expectations. Go ACT Team!”*
- *The most helpful thing about my ACT Team is they are always available whenever I need them. Also because of this great program, I am clean and sober, and I feel amazing. I love the care I received, and the entire team is awesome. Thank you so very much for helping me with not just my mental health needs, but everything. I love them!”*
- *“Getting all of my medications straightened out and meeting all the people in ACT.”*
- *“I learned how bad my drug problem was. My anger has decreased.”*
- *“Working with the ACT Team.”*
- *“Getting to my appointments on time and managing my medications.”*

The following graphs represent the three final questions on the surveys.



Comments

Lastly, the survey provided a space for 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.

*I'm very impressed with the effectiveness of the ACT Team!
They help me so much everyday!*

*I think every individual in the ACT Team are great.
I am clean, happy, my mind is clearer.
Thank you to everyone involved in my case.*