Assertive Community Treatment (ACT)

Annual Quality Review

July 1, 2024 – June 30, 2025

Contents

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
- Registered Nurse
- Licensed Practical Nurse
- Program Coordinator
- Mental Health Professional
- D/A Therapist
- Caseworker
- Peer Support Specialist
- Rehabilitation Vocationalist Counselor

The Guidance Center Board Members providing oversight include:

- Shane Oschman, Interim Board President

- Pastor Robert Klouw, Board Vice President
- Christy Clark Ruffner, Board Secretary
- Sal Luzzi, Board Treasurer
- Sam Johnson
- Jim Keltz
- Jeannine Kloss
- Judge Stacy Wallace
- Matthew Woodhouse
- Rhonda Race
- Captain Raymond Douglass
- Brett Lawton

Overview

- The Guidance Center operates under the mission of, *"Our mission is to connect, support and provide guidance to people along life's path. We are committed to fostering growth and resilience by offering accessible programs and services."* In addition to the new mission statement, the agency also introduced a new tag line, "**T**ogether **G**uiding **C**hange" that was approved in 2024.

- The Guidance Center has the distinction of being a Certified Community Behavioral Health Clinic (CCBHC). The goal of CCBHC is to improve access to care, enhance service coordination, and improve service quality to reduce hospitalizations and inpatient facility use and to reduce suicide and suicide attempts.

  CCBHC's are required to provide the following nine core services:

  1. Crisis Services – available 24 hours a day, 7 days a week
  2. Treatment Planning
  3. Screening, Assessment, Diagnosis, & Risk Assessment
  4. Outpatient Mental Health & Substance Use Services
  5. Targeted Case Management
  6. Outpatient Primary Care Screening and Monitoring
  7. Community-Based Mental Health Care for Veterans
  8. Peer, Family Support & Counselor Services
  9. Psychiatric Rehabilitation Services

- In addition to its designation as a CCBHC, The Guidance Center also operates as an Integrated Community Wellness Center (ICWC), delivering the highest standards of integrated, person-centered care.

- The Guidance Center is a designated North Central Trauma Informed Care Center through the Behavioral Health Alliance of Rural Pennsylvania (BHARP) for expertise in trauma informed care practices, specific treatment modalities, supervision, and program management.

- The ACT Program maintains a robust system for collecting and utilizing client satisfaction data. The Quality Department manages the administration of client surveys throughout the program year. All survey data collected is compiled, aggregated, and thoroughly analyzed by the Quality Director. These critical findings are then disseminated to the entire ACT Team to facilitate evidence-based decision-making regarding service delivery, operational effectiveness, and the integration of quality improvement actions. Although optional, clients are formally asked to complete a feedback survey on an annual basis and are continuously encouraged to provide input at any time. A statistical summary of these feedback results is presented in the subsequent sections of this report.

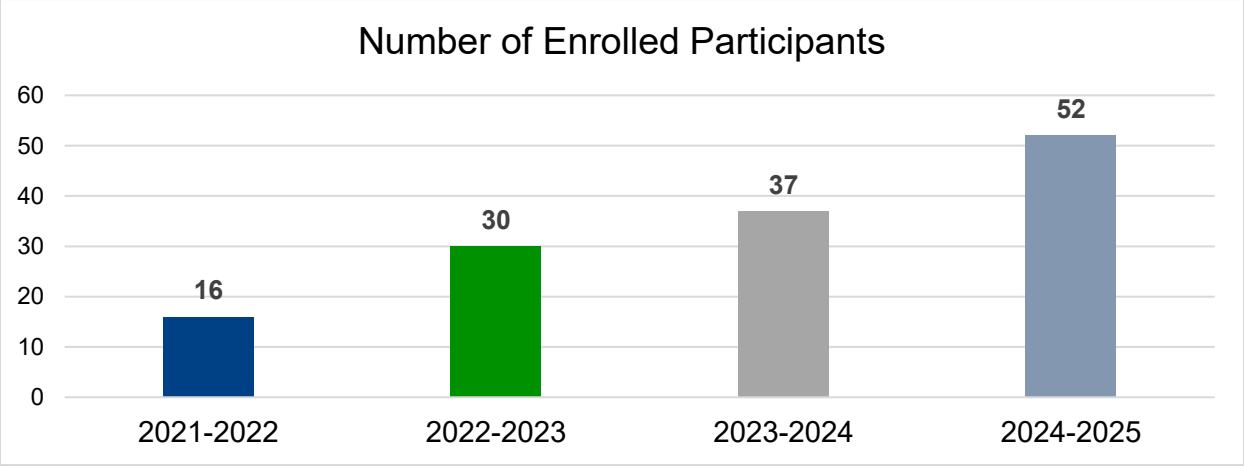
- The agency developed a Client Advisory Committee in 2020. The ACT Program Director and an ACT consumer are members of the committee. The committee meets quarterly at minimum to provide feedback on quality improvement initiatives. Ideas are shared within the committee and reported to Senior Management 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, 2024, through June 30, 2025.

Demographics

Number of Enrolled Participants

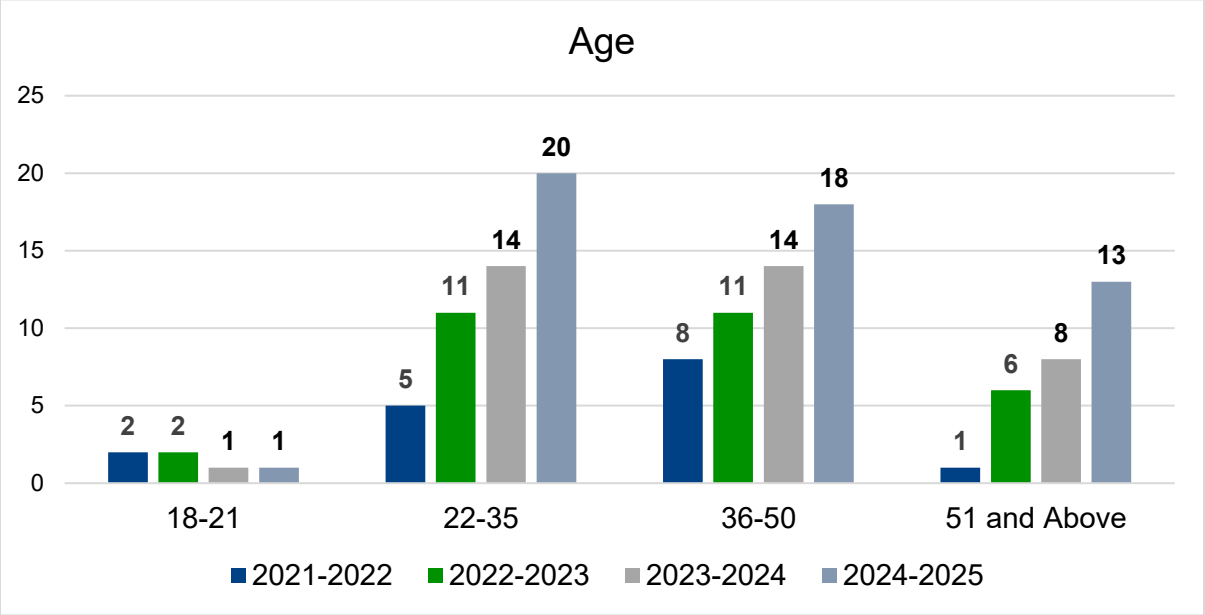
The graph below indicates the number of participants enrolled in the ACT Program during this time of review.



As the ACT Program continues to expand, we have been able to support a greater number of individuals while remaining within our modified-team capacity. The program is authorized to serve up to 50 individuals at any given time. Over the course of the fiscal year, the team provided services to 52 unique individuals, without exceeding the maximum capacity at any one point. This represents an increase of 15 individuals, approximately a 40% growth, from the previous fiscal year.

Age

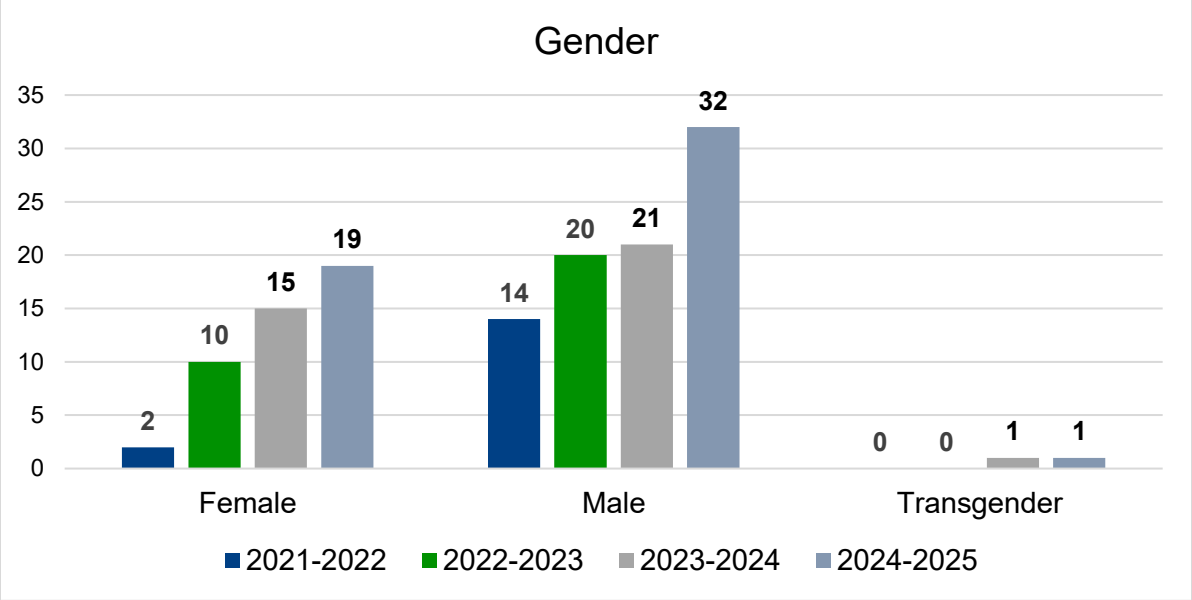
The graph below indicates the ages of the individuals served in the program.



Similar to the last review, most individuals served in the program are between the ages of 22 and 50, with an age range from 21 to 63 years.

Gender

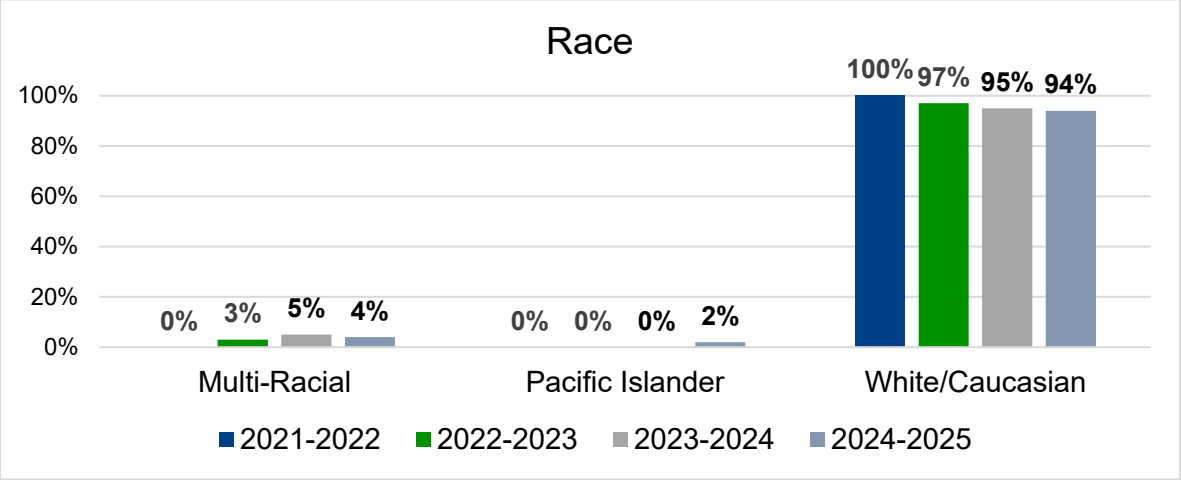
The graph below represents the genders of the individuals served in the program.



Most of the individuals served in the program are male.

Race

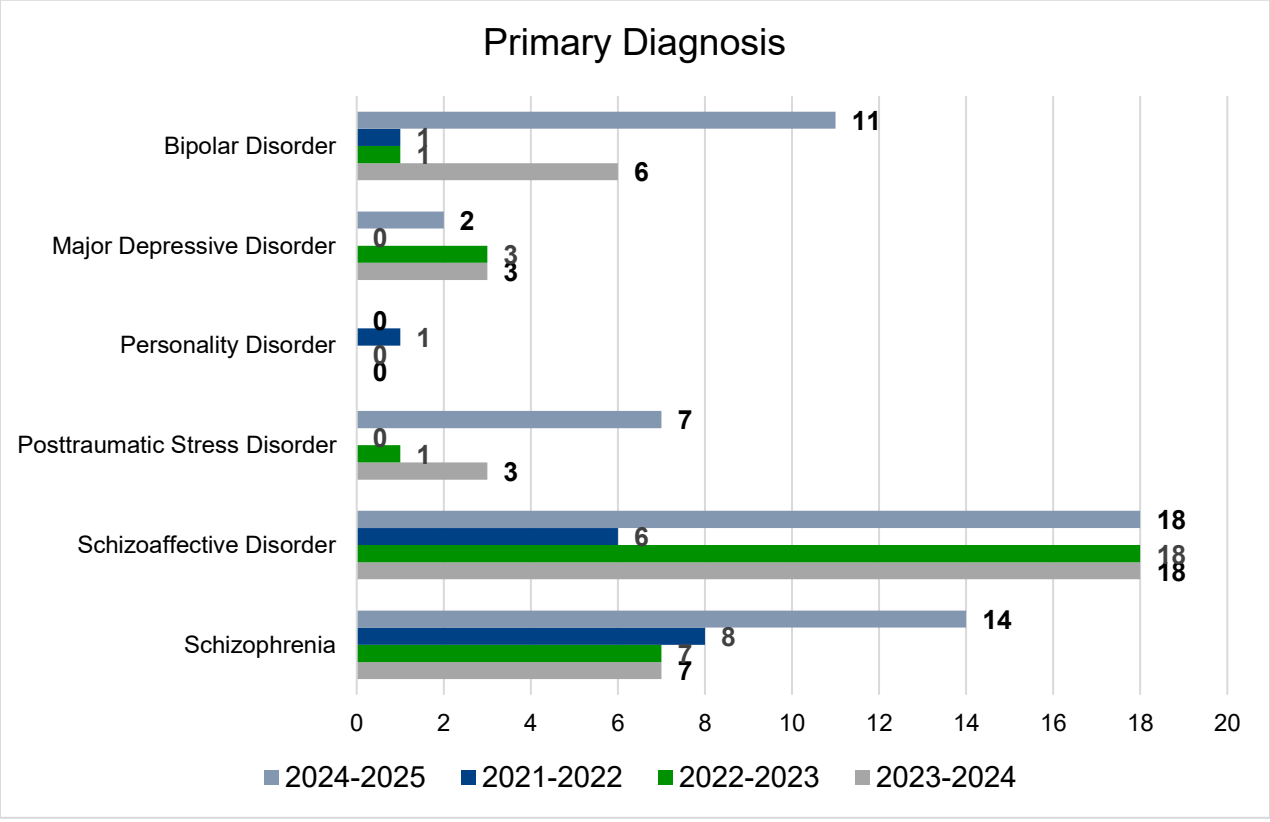
The graph below indicates the race among individuals served.



Consistent with the previous reviews, most of the participants in the ACT program are white/Caucasian.

Primary Diagnosis

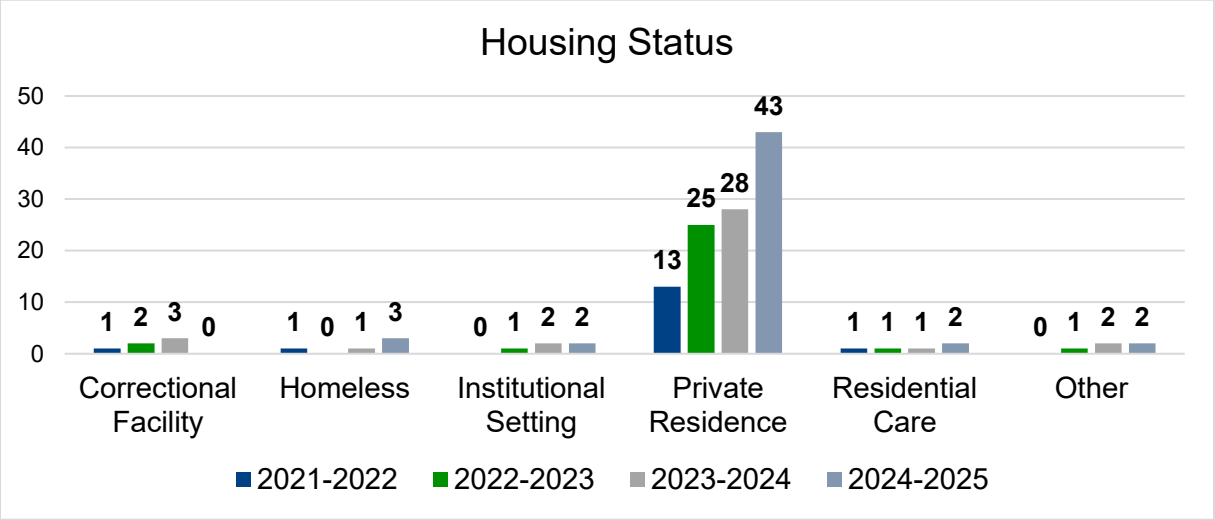
The graph below represents the primary diagnosis individuals are diagnosed with.



Consistent with the previous reviews, most participants enrolled in ACT are primarily diagnosed with Schizophrenia or Schizoaffective Disorder. We did see an increase in enrolled participants' primary diagnosis as Bipolar Disorder.

Housing Status

The graph below represents the housing status among the individuals served in the program.

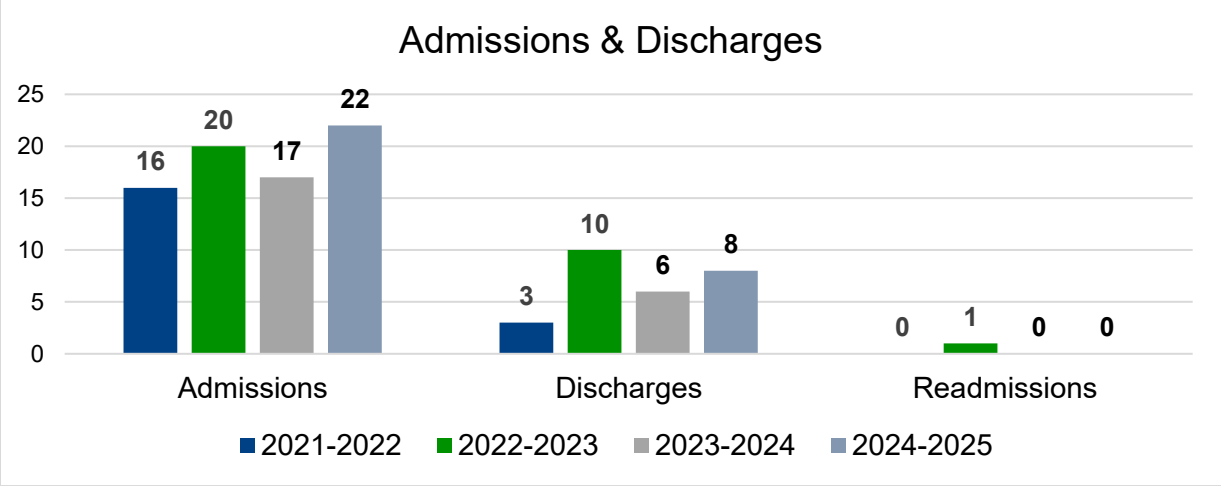


Consistent with previous reviews, most of the individuals served in the program live in a private residence.

Service Data

Admissions & Discharges

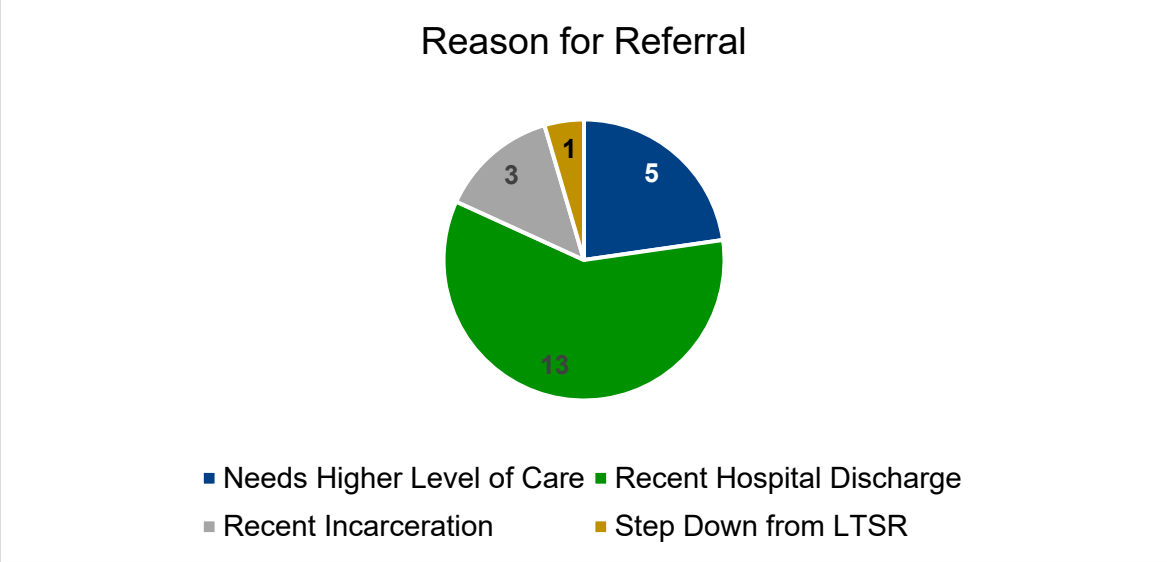
The graph below represents the number of individuals who were admitted, discharged, and readmitted in the program within the same year.



There were 22 admissions and 8 discharges during this period of review. Admissions increased by 5 or 29% and discharges increased by 2 or 33%. Similar to last year, there were no individuals who were readmitted into the program during the same year.

Reason for Referral

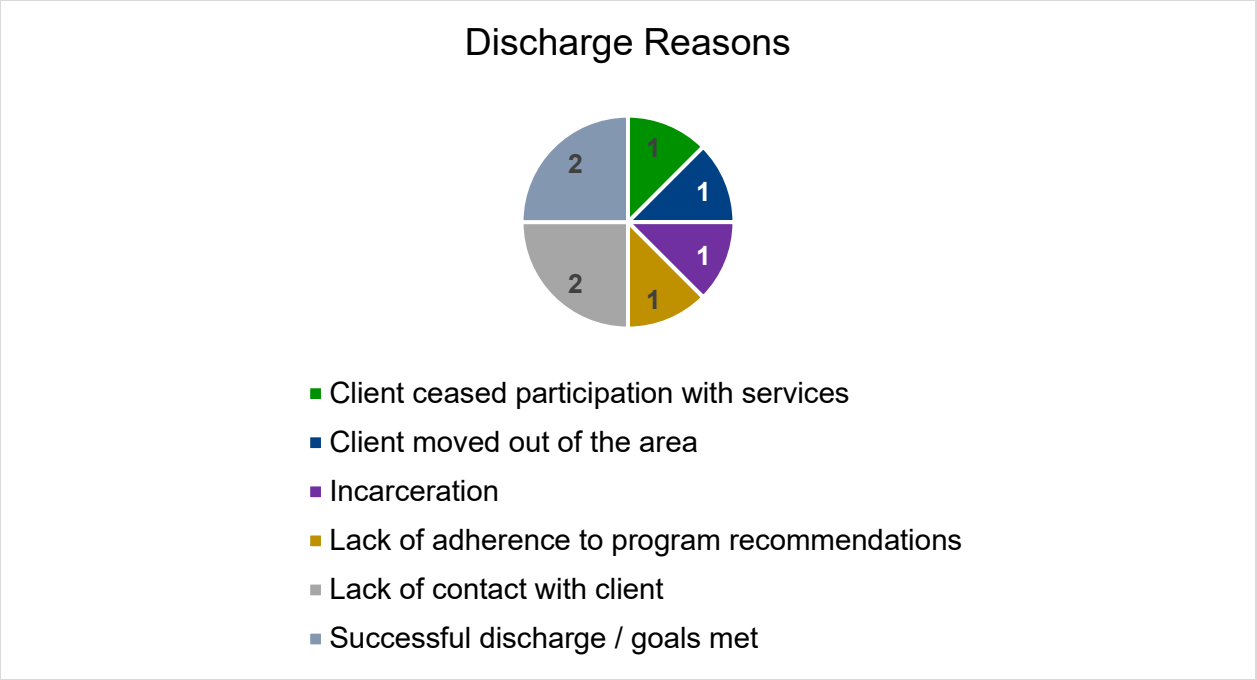
Referral information is crucial when receiving referrals into the ACT Program. To ensure appropriate and effective care, referral information is collected and documented within the Electronic Health Record (EHR). The chart below breaks down the number of individuals and their referral reason.



Individuals are referred to Assertive Community Treatment for several intensive reasons. Most individuals were referred to ACT because they experienced one or several recent hospital admissions. Some individuals were referred to ACT because they had recently been incarcerated, were transitioned from a Long-Term Structured Residence, or required higher level of care.

Discharge Reasons

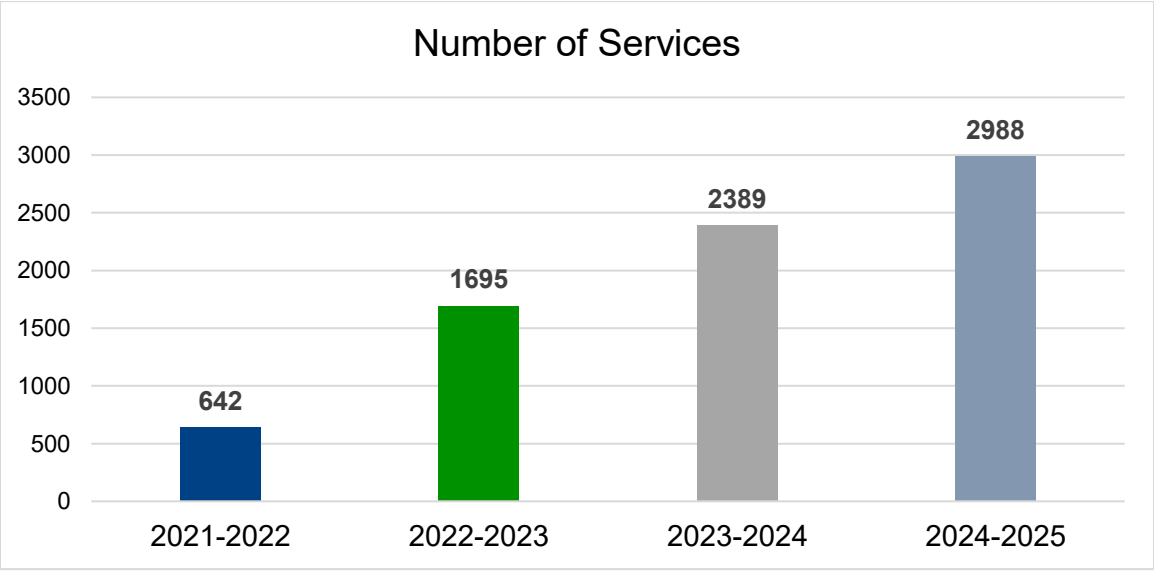
Discharge information is collected to monitor the quality of care transitions and to ensure each client receives appropriate support in their ongoing recovery journey. The graph below outlines the discharge reasons.



During this review, individuals were discharged from the program for multiple reasons. There were two individuals who were successfully discharged because they had met their goals.

Number of Services

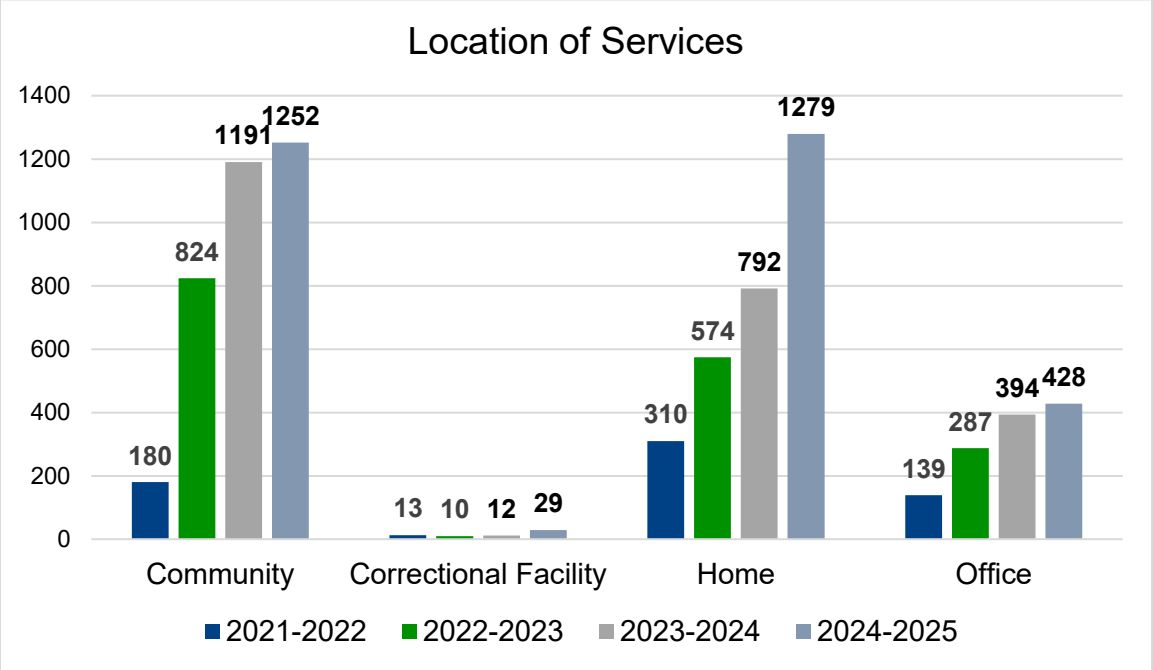
The ACT Program is structured for the team to deliver a high number of face-to-face services and service delivery varies for each individual case. The graph below represents the number of services completed.



Consistent with previous years, the number of services continues to increase. During this review, the number of services increased by 599 services or by 25% since the last review.

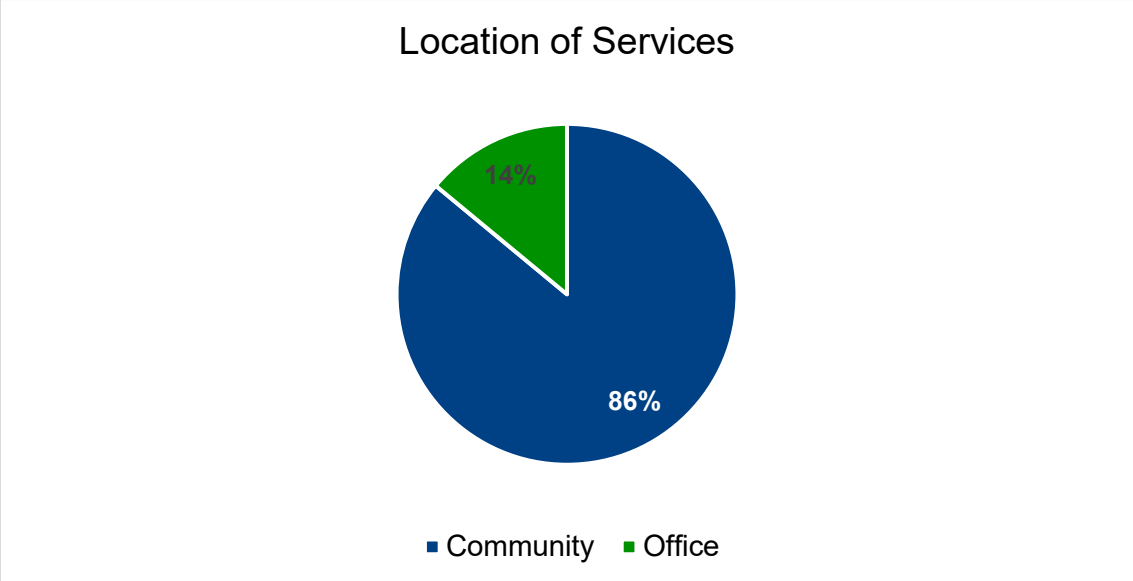
Location of Services

The table below represents the location of services held.



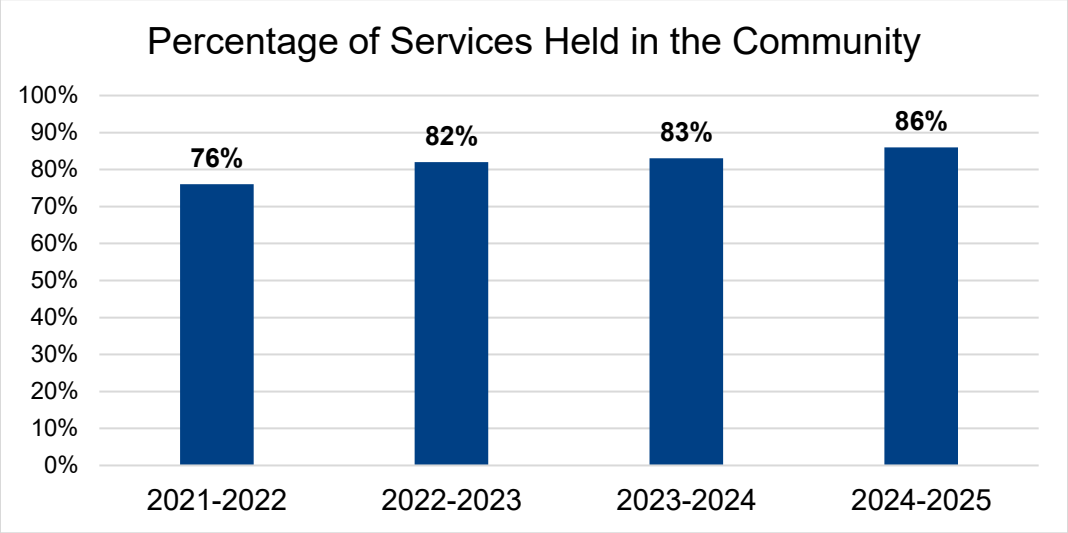
Most of the services were held in the community and in the home.

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



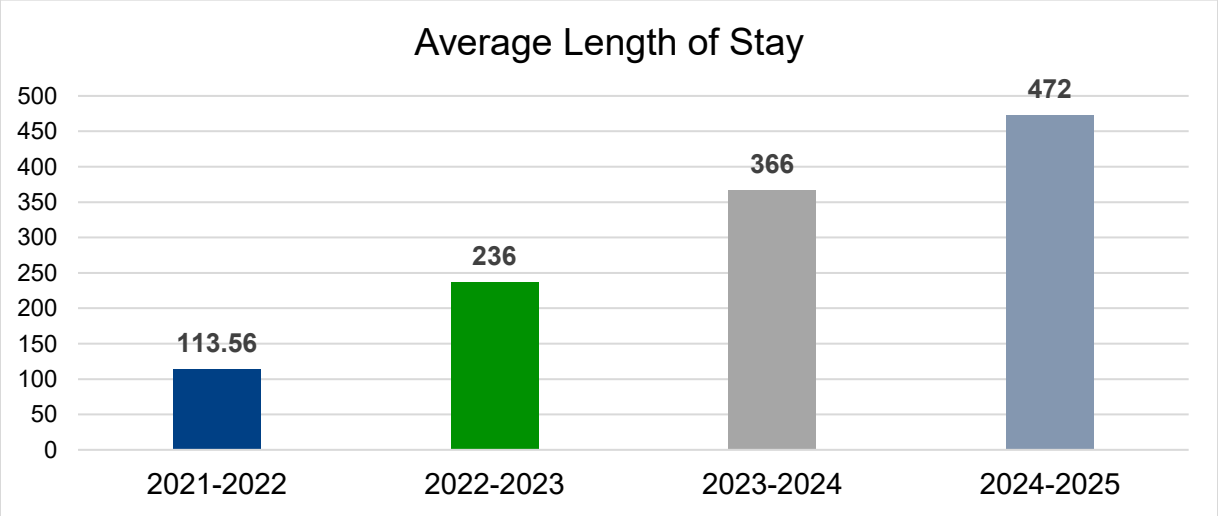
The chart indicates 86% of ACT services were delivered within the community, which exceeds the goal by 1%. This is the first time since monitoring this area, that the ACT Program exceeded the goal during an entire fiscal year.

The chart below displays our progress in conducting the majority of services in the community. This metric was actively managed as a corrective action using the Plan Do Check Act (PDCA) model. Since initiating the corrective plan, performance in this area has improved by 10%. Because it now surpasses our target, this PDCA cycle will be officially retired. However, we will continue to monitor this indicator internally for compliance audits and through our quality department to ensure ongoing performance and sustainability.



Length of Stay

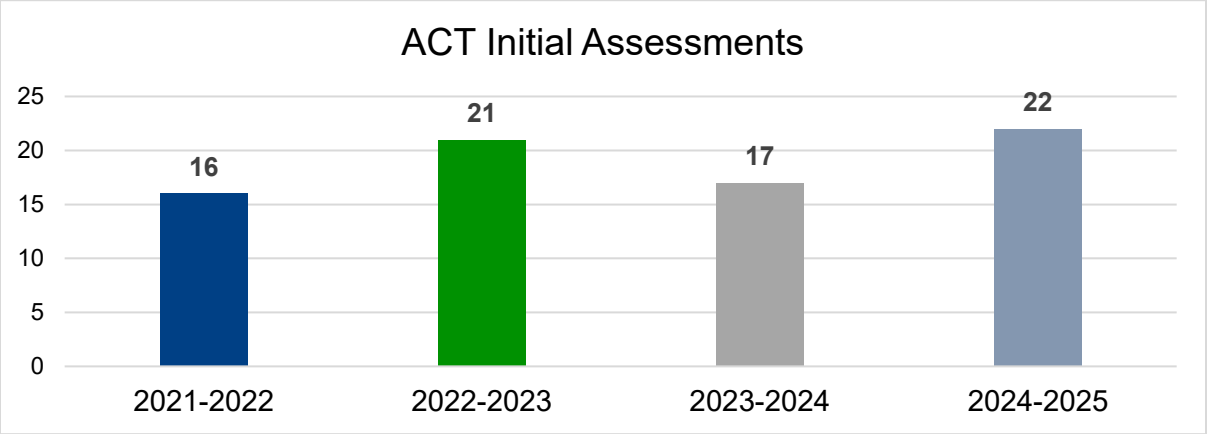
The graph below represents the average length of stay individuals are in the program.



The average length of stay in the ACT Program increased by 106 days or by 29% since the last review.

ACT Assessments

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



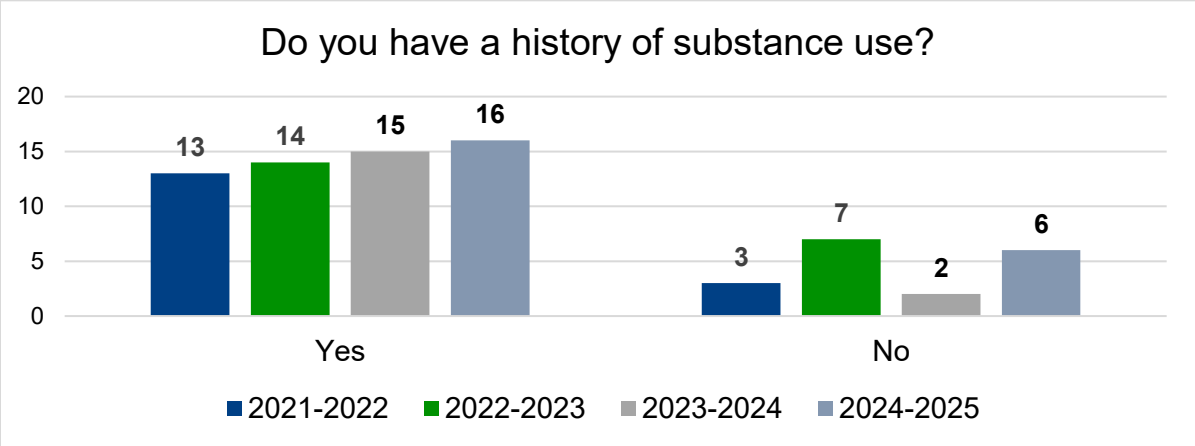
There were 22 ACT Assessments completed during this review, one for each individual enrolling into the program. Components of the assessments were pulled from the initial assessment in the following areas:

- Substance Use
- Social Activities
- Employment
- Legal System

The following sections indicate ACT participants involvement with substance use, social activities, employment, and the legal system.

Substance Use

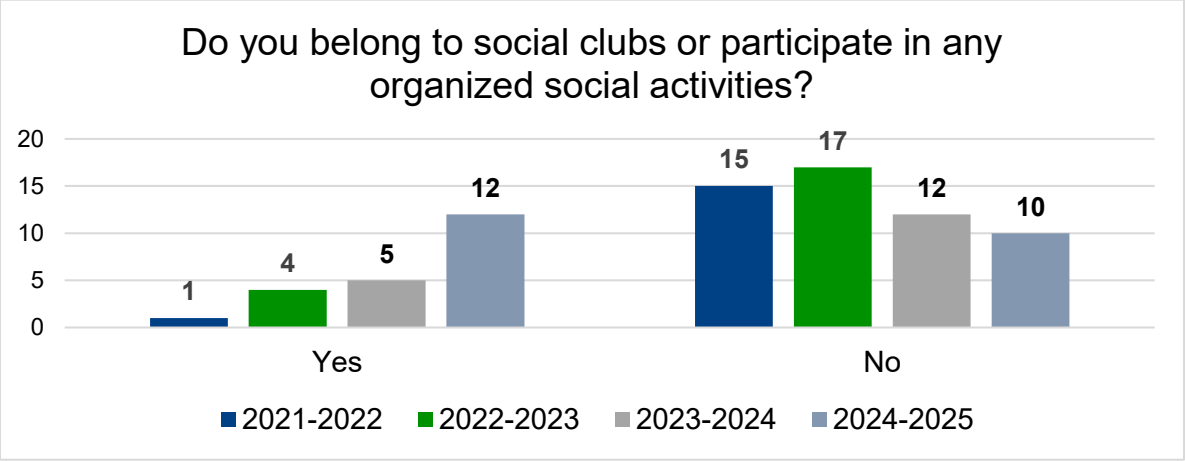
The chart below indicates how many individuals reported they have a history with substance use.



During this review, 16 individuals reported they have a history of substance use, which is 73% of the individuals assessed.

Social Activities

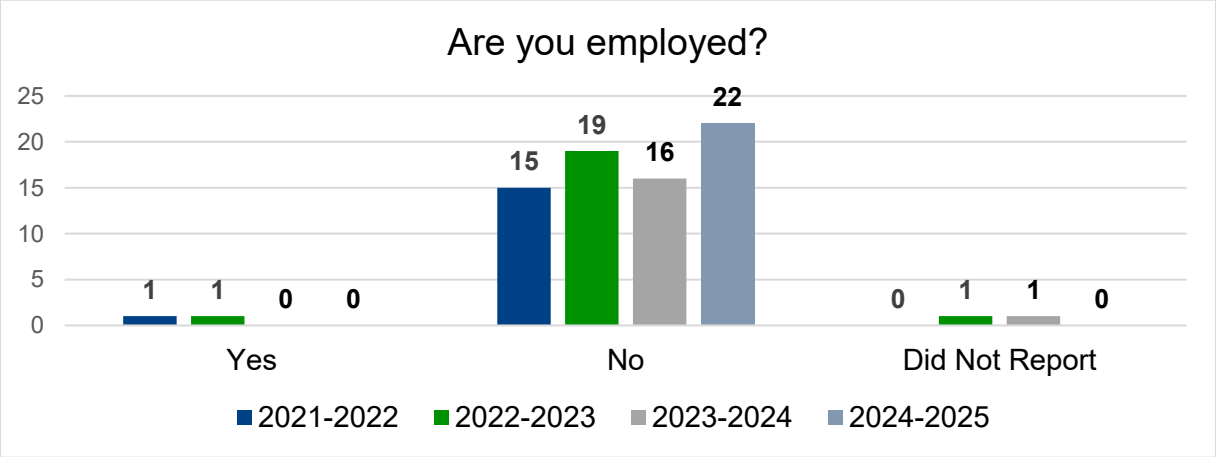
The graph below indicates the number of people served who belong to a social club or participate in an organized social activity.



During this review period, there was a significant increase in community involvement among participants. A total of 12 individuals reported belonging to a social club or participating in an organized social activity, an increase of 7 individuals, representing a 140% improvement compared to the previous review period. Some of the social activities people are involved with include sports organizations, STEPS Drop-In Center, faith-based organizations, and the Friendship Table.

Employment

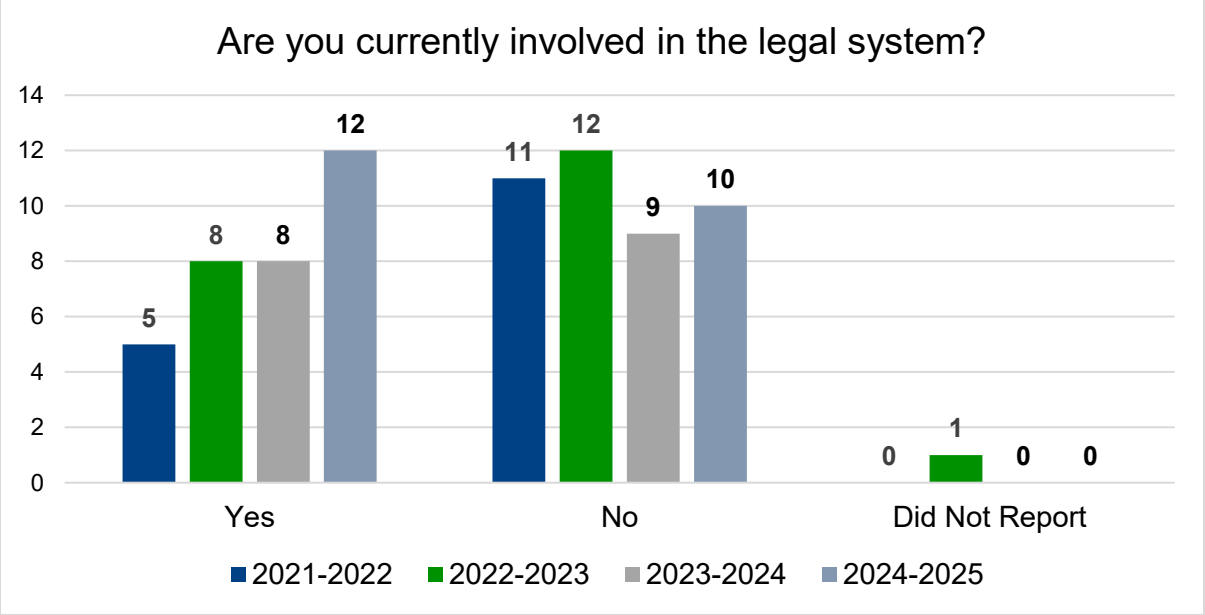
The graph below represents the number of individuals served and their employment status.



All participants completed the employment assessment question, and none reported current employment. This trend is consistent with data from the previous review period. In response, the program has implemented the Employment Readiness Tool for individuals expressing interest in pursuing work. This tool helps staff assess participants' prior work experience, strengths and skills, potential barriers, and the supports needed to prepare them for future employment opportunities.

Legal System

The graph below indicates the number of individuals served and their legal status.



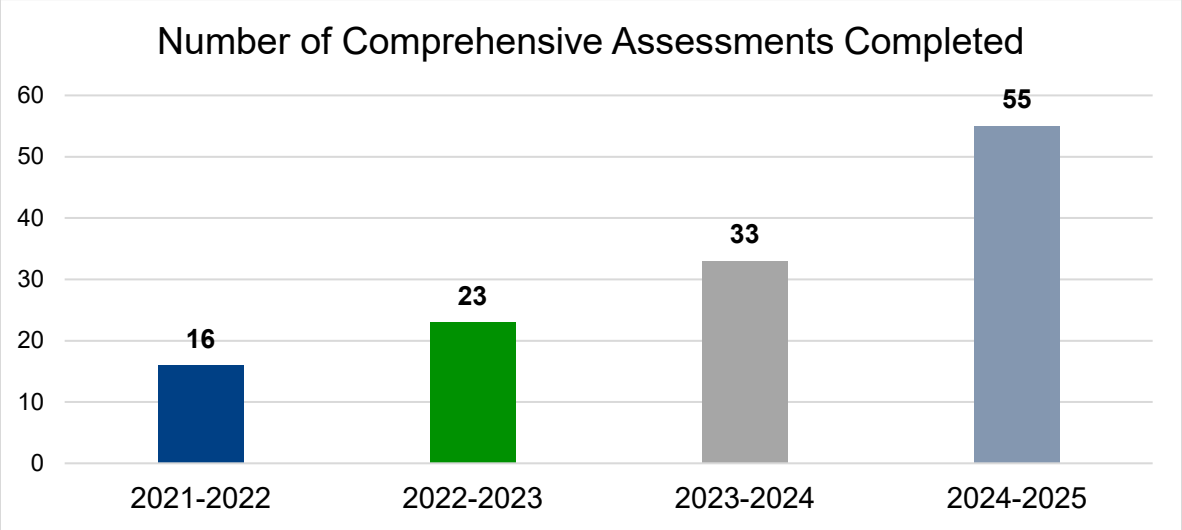
During this review period, there was an increase in the number of individuals reporting current involvement with the legal system. A total of 12 participants indicated they are on probation, parole, or actively engaged in court proceedings related to a criminal offense.

Comprehensive Assessments

In addition to the initial assessments conducted at intake, comprehensive assessments are completed within the first eight weeks of program enrollment. These assessments build upon the information gathered during the initial assessment and provide a more in-depth understanding of each individual's needs, strengths, and goals.

The comprehensive assessment integrates additional information obtained with the informed consent of the consumer, as well as input from the consumer's family, other care providers, community agencies, and, when relevant, legal systems. This multi-source approach ensures a holistic and accurate evaluation, supporting the development of personalized care plans, targeted interventions, and coordinated services to promote optimal outcomes for each participant.

The following graph indicates the number of comprehensive assessments completed during this time of review.

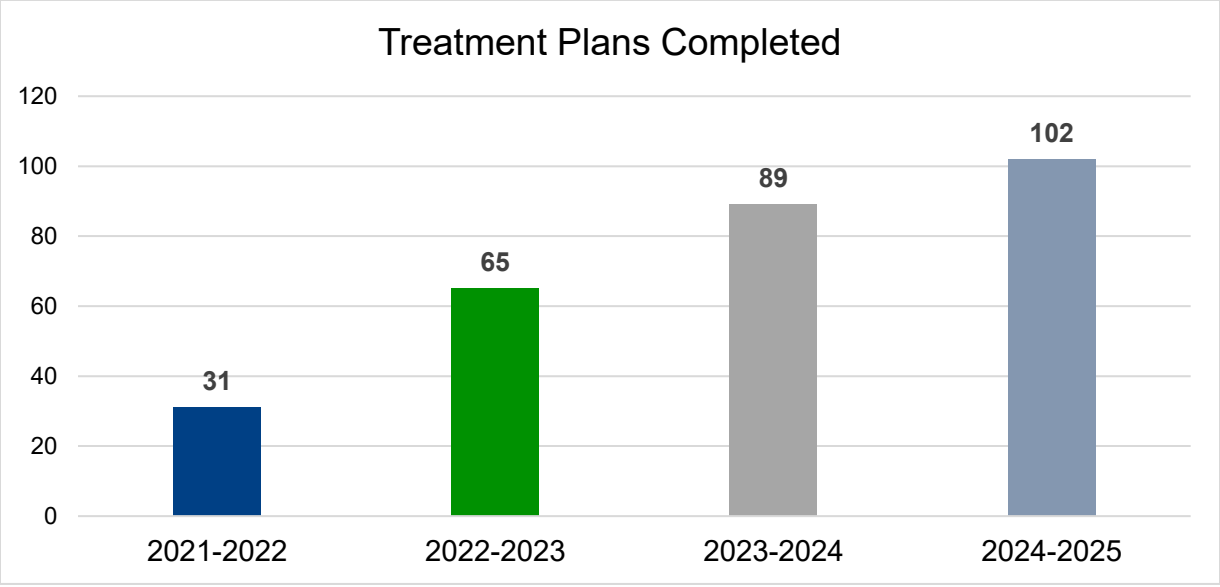


There were 55 comprehensive assessments completed during this time of review.

Treatment Plans

Treatment plans include comprehensive participant information, such as demographic details, identified problems or areas of need, and short-term goals with corresponding objectives. They also document progress toward these goals and provide a record of the participant's engagement and involvement in treatment activities.

The table below depicts the number of Treatment Plans completed by each fiscal year.



During this review, there were 102 treatment plans completed.

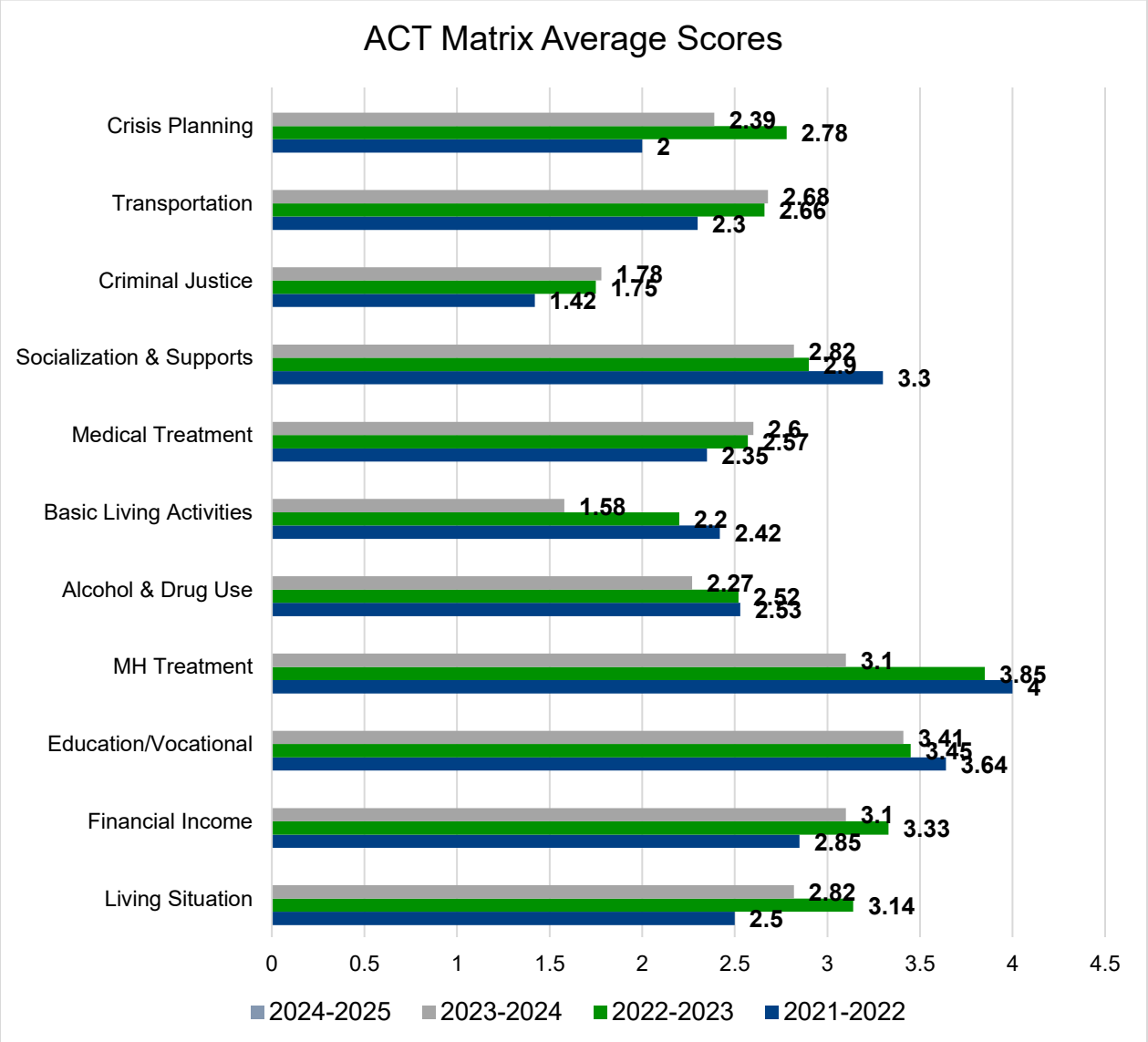
ACT Matrix / Needs Assessment

In addition to standard assessments and treatment plans, the ACT Program utilizes the ACT Matrix, also referred to as the Needs Assessment, to evaluate participant needs across multiple domains. The ACT Matrix assigns scores on a scale of 0–5 to indicate the level of assistance required for each area:

0: No assistance needed
1: Minimal assistance needed
3: Moderate assistance needed
5: Significant assistance needed

This tool provides a structured, standardized approach to identifying the level of support participants require, informing individualized care planning and resource allocation.

The graph below highlights the average scores of each category.



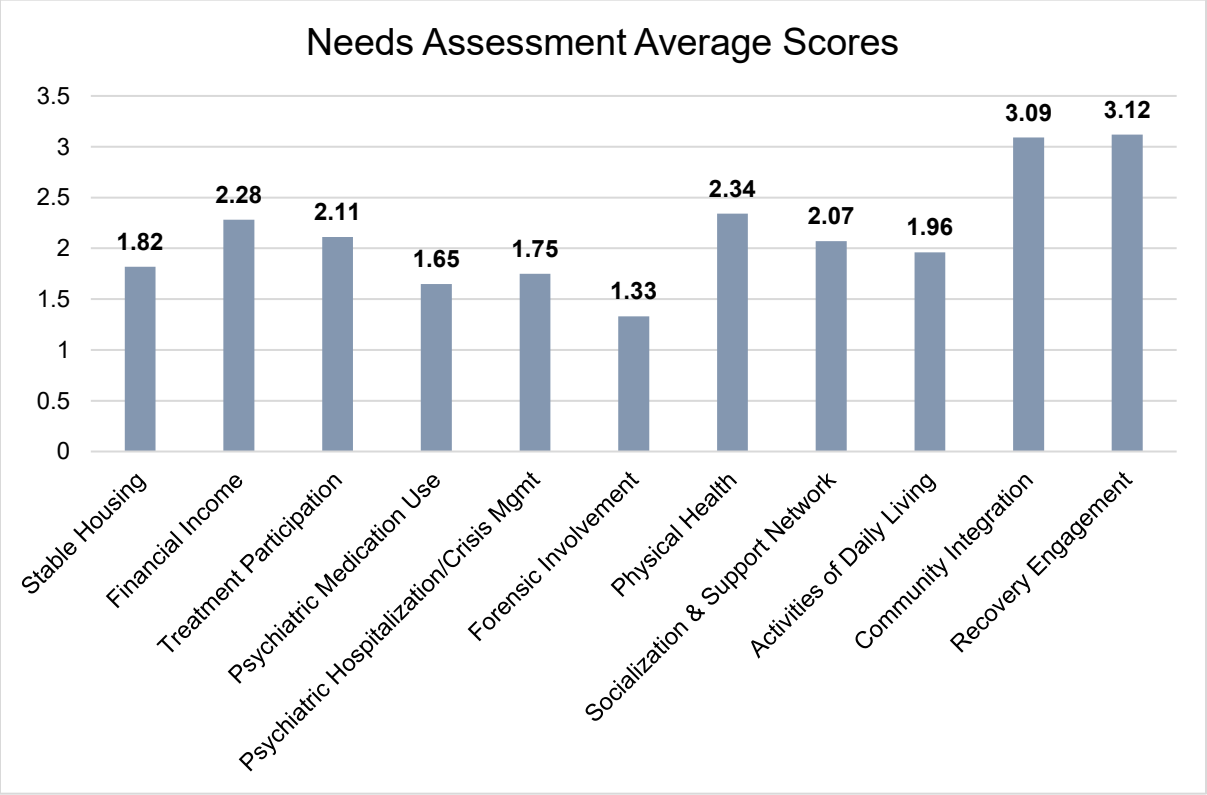
In the spring of 2024, the Quality Team conducted a thorough review of the Needs Assessment and implemented revisions to align the assessment categories with service frequency and level-of-need considerations. These updates have enabled the ACT Team to more accurately determine the appropriate level of care for each participant and ensure that the frequency of visits corresponds to the individual needs of clients.

Additionally, the Needs Assessment incorporates the Social Determinants of Health (SDOH) Screening Tool, providing a comprehensive view of factors that may impact a client's well-being and treatment outcomes. The assessment also includes a dedicated section for transition planning, allowing the team to proactively prepare participants for changes in care or service settings when appropriate. These enhancements support more targeted, data-driven care planning and help ensure each participant receives services tailored to their unique needs.

Within the Needs Assessment, the determinants of health are measured using the scale below.

0: No need
1: Minimal need
3: Moderate need
5: Significant need

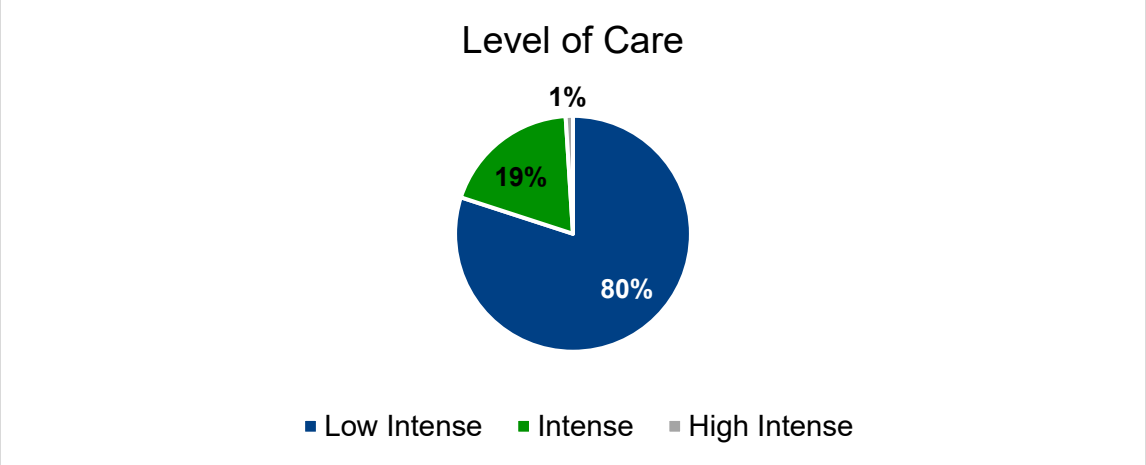
The graph below indicates the average score for each category on the Needs Assessment.



The results of the Needs Assessment, including the Social Determinants of Health, indicate that, on average, recovery/engagement and community integration represent the areas of highest need among participants. The average score for all categories was 2.12.

Level of Care

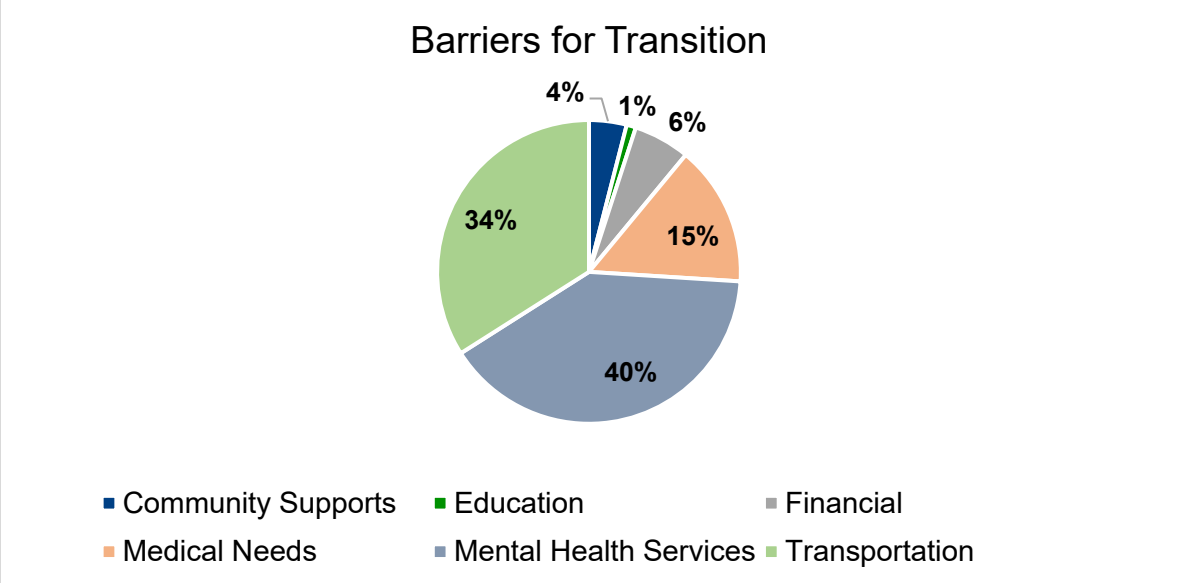
Once the Needs Assessment scores are calculated, the average scores are used to determine each participant's level of care. The graph below illustrates the distribution of participant levels of care during the review period.



Most participants required low-intensity level of care.

Barriers for Transition

Barriers are identified for each individual when transition is assessed. The graph below indicates the top barriers identified for individuals served.



The most common barrier identified for transition is mental health services followed by transportation.

Outcomes

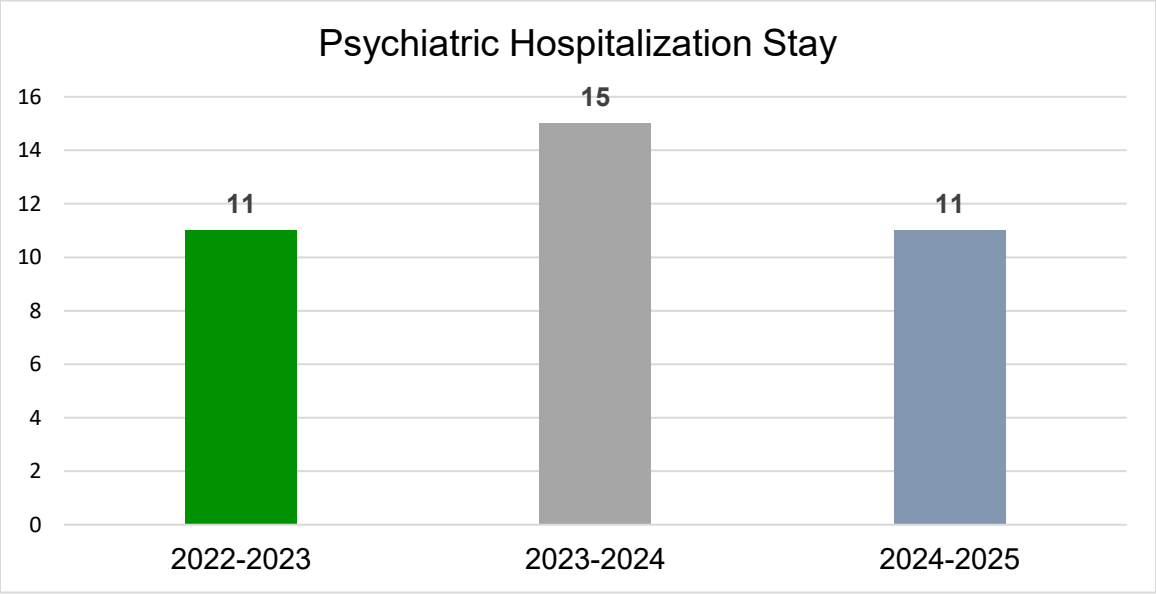
Services are delivered to protect the confidentiality of the person, however, striving to meet the needs, desires, and outcomes defined by the client.

The ACT Team aims to effectively meet the identified outcomes to ensure that the overall well-being of the individuals involved is properly addressed. One important area that is closely monitored within the ACT program is the tracking of psychiatric hospitalization admissions and discharges, with the ultimate goal of achieving a significant reduction in psychiatric hospitalization stays.

Additionally, the ACT Program monitors crisis involvement to prioritize client health and safety. We aim to effectively address crisis contacts and maximize client utilization of ACT team resources.

Psychiatric Hospitalizations

Recognizing the importance of coordinating care, the program monitors supporting those who have been hospitalized. The graph below represents the number of individuals who had a psychiatric hospital stay while enrolled in the program.

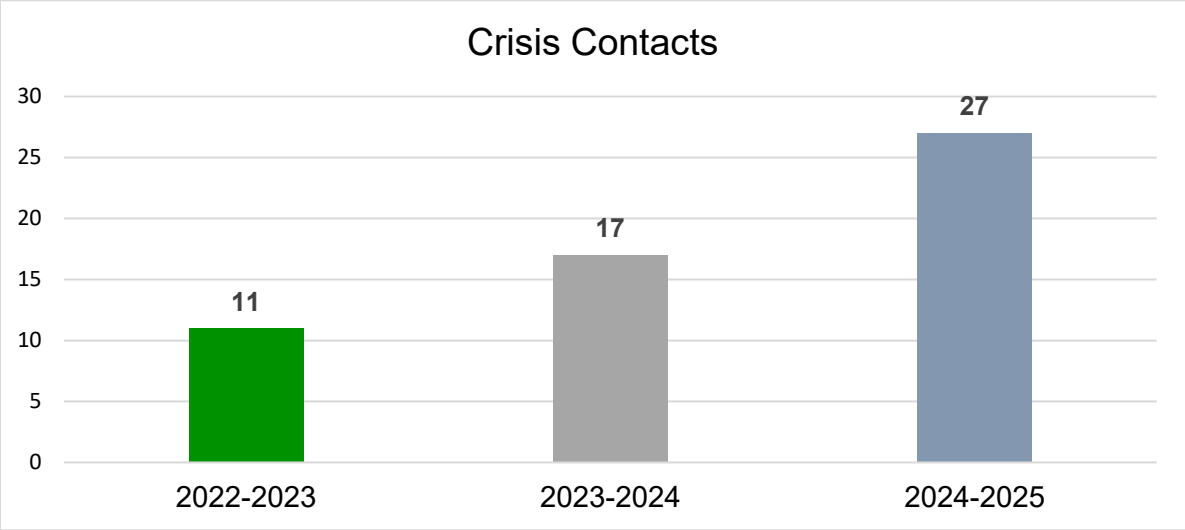


A total of 11 ACT Program participants required psychiatric hospitalization during this review period. This reflects a reduction of four individuals from the previous review, representing a 26% decrease in hospitalizations.

Follow-up care is required to occur within 24 hours of the client being discharged from a psychiatric hospital stay.

Crisis Contacts

he ACT Program tracks all crisis contacts to monitor participant needs and service utilization. The following graph displays the number of individuals who required crisis intervention during their enrollment period.



Crisis service utilization among ACT participants increased from 17 individuals in the previous review to 27 in the current period, representing a 58% rise in crisis involvement.

Program Adherence

Audits

The ACT Director conducts regular internal chart reviews to ensure program fidelity and quality of care. The Compliance Coordinator completes quarterly internal audits using the ACT Compliance Audit Tool, which evaluates 32-37 key indicators. In addition, the Quality Director performs an annual comprehensive quality review of the ACT Program.

Methodology

Quality of services within the ACT Program is monitored through ongoing quality reviews and internal compliance audits. The agency's Compliance Coordinator conducts quarterly audits, and the results are reviewed with the Quality Committee and ACT Director. All new charts are audited for initial indicators, and at least two discharged charts are reviewed each quarter to ensure adherence to discharge procedures. Additional charts are selected at random for review. Each audit evaluates both process and outcome measures, using established indicators to assess program performance and fidelity.

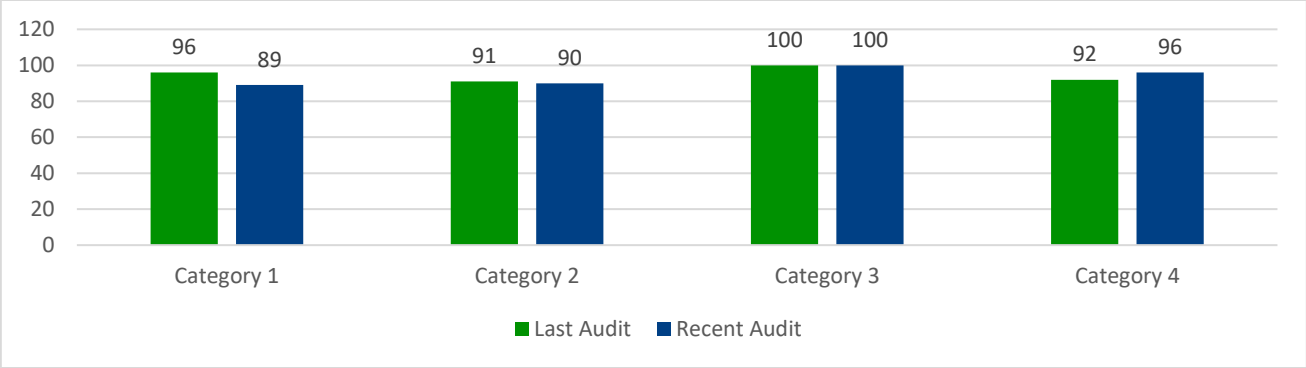
Internal Audit Results

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

Internal Quality Review			
Program:	ACT	Date of Audit:	9/3/24 – 9/6/24
Number of Charts Reviewed:	10 Client Charts	Audit Schedule:	Quarterly – Q1
Total Number of Indicators:	32 Quality Indicators		

Chart Review Category	Score	Goal
Intake & Assessment	89%	80%
Treatment Planning	90%	80%
Coordination of Care	100%	80%
Physical Health	96%	80%

Comparison from the last Internal Audit:

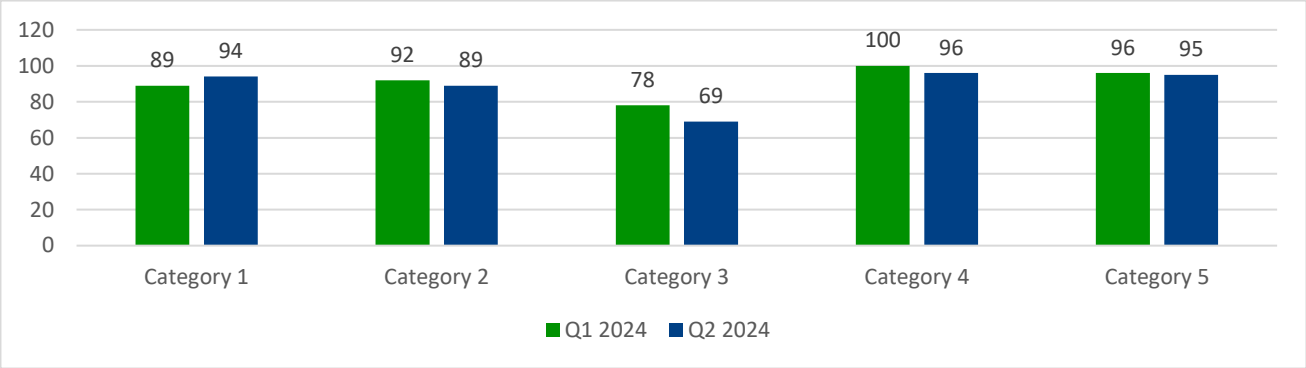


Internal Quality Review			
Program:	ACT	Date of Audit:	12/2/24-12/5/24
Number of Charts Reviewed:	10 Client Charts	Audit Schedule:	Quarterly – Q2
Total Number of Indicators:	36 Quality Indicators		

Chart Review Category	Score	Goal
Intake & Assessment	94%	80%
Treatment Planning	89%	80%

Documentation	69%	80%
Coordination of Care	96%	80%
Physical Health	95%	80%

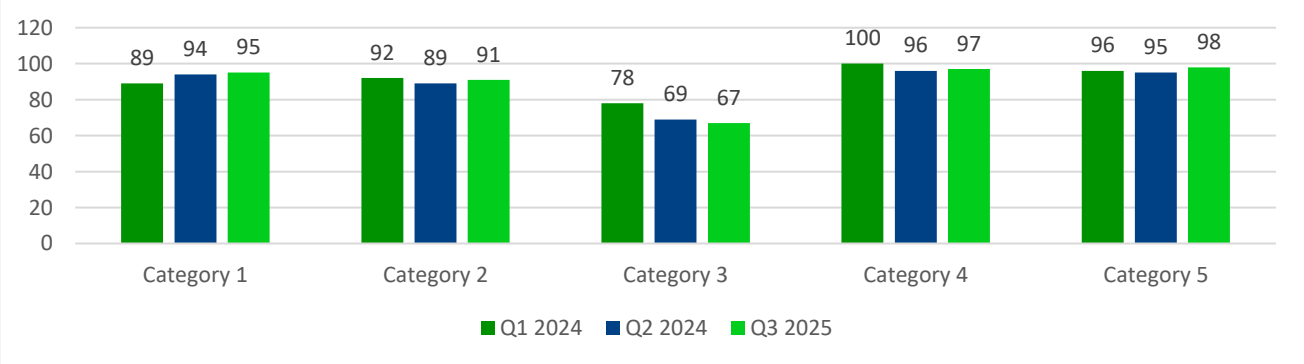
Comparison from the last Internal Audit:



Internal Quality Review			
Program:	ACT	Date of Audit:	2/24/25 – 2/27/25
Number of Charts Reviewed:	12 Client Charts	Audit Schedule:	Quarterly – Q3
Total Number of Indicators:	37 Quality Indicators		

Chart Review Category	Score	Goal
Intake & Assessment	95%	80%
Treatment Planning	91%	80%
Documentation	67%	80%
Coordination of Care	97%	80%
Physical Health	98%	80%

Comparison from the last Internal Audit:

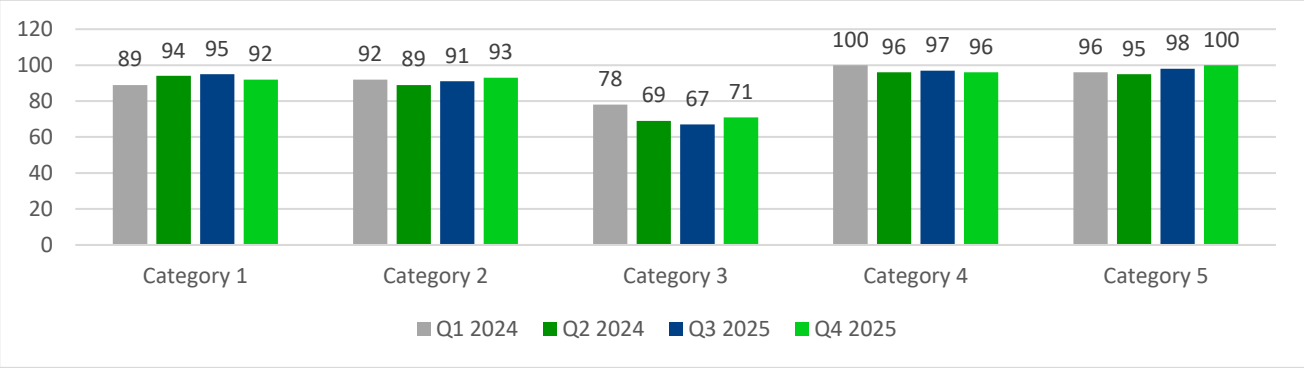


Internal Quality Review

Program:	ACT	Date of Audit:	6/2/25 - 6/6/25
Number of Charts Reviewed:	12 Client Charts	Audit Schedule:	Quarterly – Q4
Total Number of Indicators:	37 Quality Indicators		

Chart Review Category	Score	Goal
Intake & Assessment	92%	80%
Treatment Planning	93%	80%
Documentation	71%	80%
Coordination of Care	96%	80%
Physical Health	100%	80%

Comparison from the last Internal Audit:



The ACT Program leverages the Continuous Quality Improvement (CQI) framework, specifically the Plan Do Check Act (PDCA) model, to manage operational compliance. When internal audits identify performance deficiencies or areas of non-adherence, these findings are immediately converted into a formal Corrective Action Plan (CAP). This structured process dictates rigorous review and strategic workflow redesign to enhance the area and surpass the quality threshold. The CAP is deemed closed following verification of goal achievement; however, the resulting process improvements are continuously and systematically monitored during subsequent audits to guarantee the sustainment of high adherence and operational consistency.

Staff Supervision

Staff supervision within the ACT Program is structured, consistent, and aligned with established team policies and procedures. Formal individual and group supervisions are scheduled at least twice per month, ensuring ongoing clinical guidance and performance oversight. In addition to these formal sessions, informal supervision occurs routinely through daily collaboration and case discussions during the normal course of service delivery. All clinical supervision activities are documented according to program policy.

Supervision includes individual, side-by-side sessions in which the Program Director observes staff during consumer interactions, either during scheduled appointments or crisis interventions, to assess performance, clinical skills, and quality of service delivery. The Program Director also

participates in daily staff meetings and treatment planning sessions to monitor team functioning, provide feedback, and support ongoing professional development.

Regular one-on-one meetings are held with each staff member to review caseloads, evaluate performance, and address training or support needs. Client charts and documentation are also reviewed as part of the supervision process to ensure compliance, accuracy, and quality of care. The Program Director meets with the nursing staff weekly for supervision and meets with them individually as needed. Supervision notes are maintained by the Program Director and shared with the ACT Team to promote transparency, consistency, and continuous improvement in service delivery.

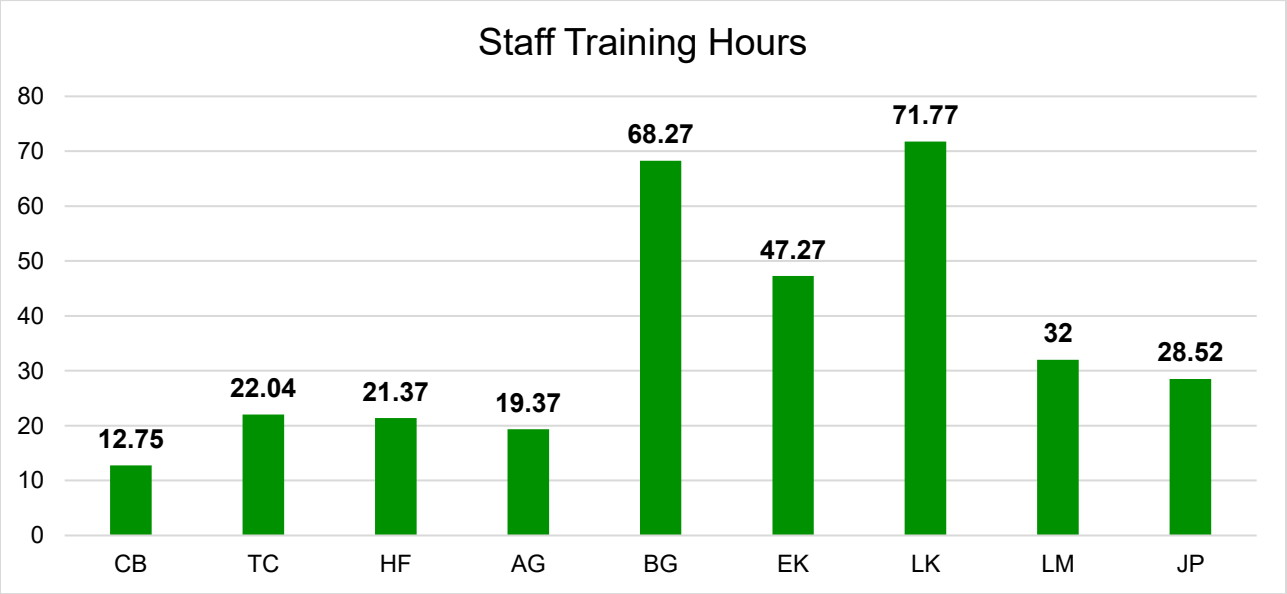
Staff Training

All ACT team members receive comprehensive training in the ACT model, including its philosophy, organizational structure, staff roles, standards of practice, and evidence-based interventions. In addition to core ACT training, individual team members receive specialized instruction aligned with their professional areas of expertise.

To ensure team flexibility and continuity of care, all staff are cross trained to perform other members' functional (non-clinical) responsibilities as needed. Ongoing professional development is emphasized, with all staff required to complete a minimum of 20 hours of continuing education annually focused on ACT competency standards and evidence-based practices.

Each staff member collaborates with their supervisor to develop and annually update an individualized training plan that outlines continuing education goals, competencies, and professional development objectives. This structured approach to training ensures staff maintain the skills, knowledge, and fidelity necessary to deliver high-quality, recovery-oriented services consistent with the ACT model.

The number of training hours for ACT staff is shown in the following graph.

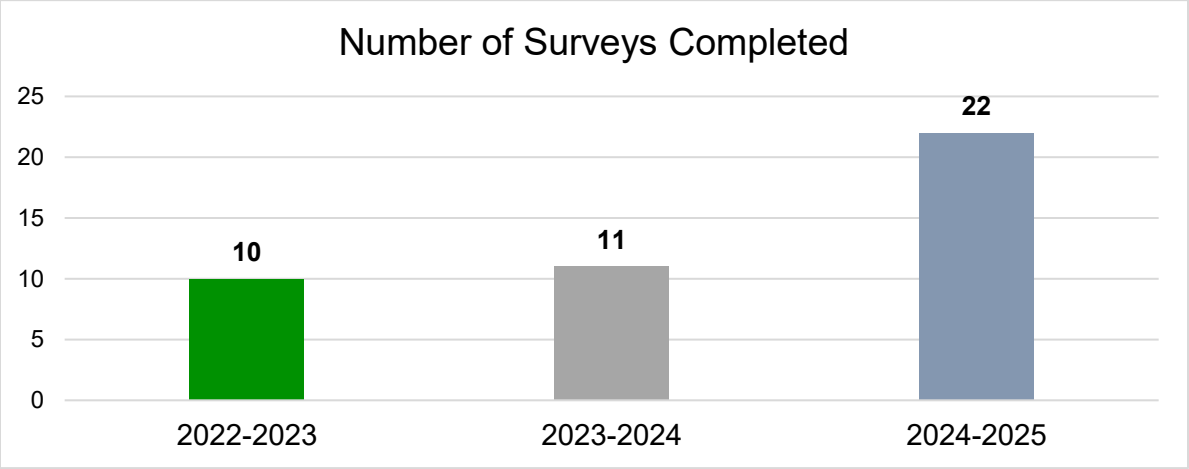


There were over 323 training hours completed among ACT staff during this time of review. All staff in the ACT program exceeded the number of required training hours.

Client Quality Feedback Surveys

Survey Results

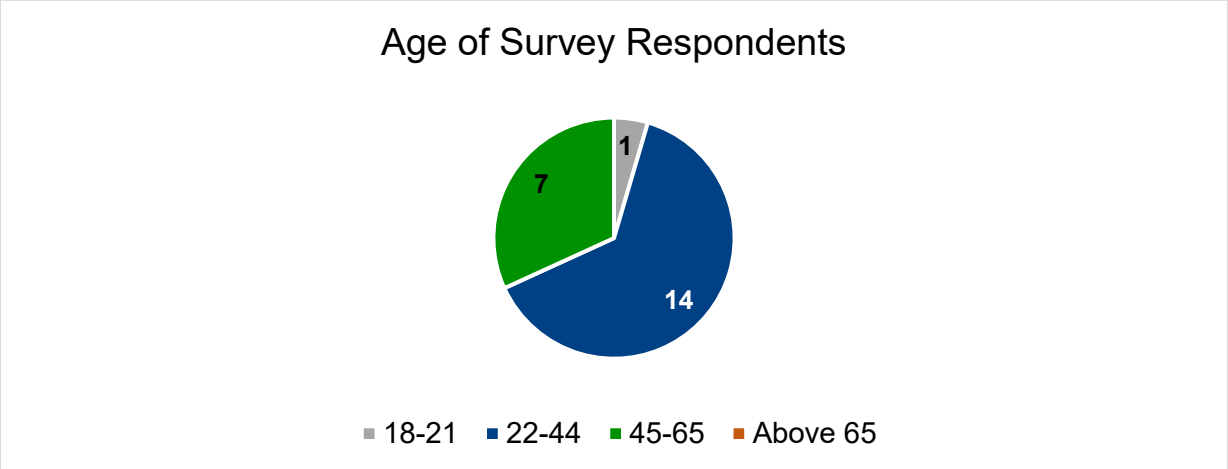
Individuals who received ACT services were offered the opportunity to complete a client feedback survey. Participation in the survey was voluntary, and all clients were invited to take part if they chose. During this review period, 22 surveys were completed, representing an increase of 11 responses, or a 100% improvement, compared to the previous review.



In addition to satisfaction questions, individuals were asked to report their demographics as well. The following areas represents the demographic information collected from the survey respondents.

Survey Respondents' Age

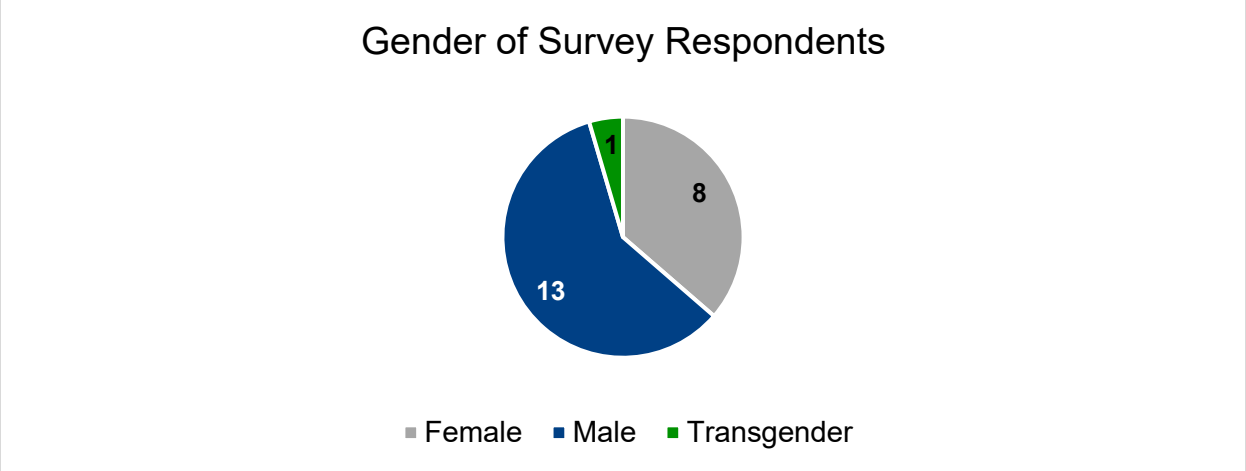
The graph below indicates the number of participants and their age range.



Most of the survey respondents were between the ages of 22 and 44 years.

Survey Respondents' Gender

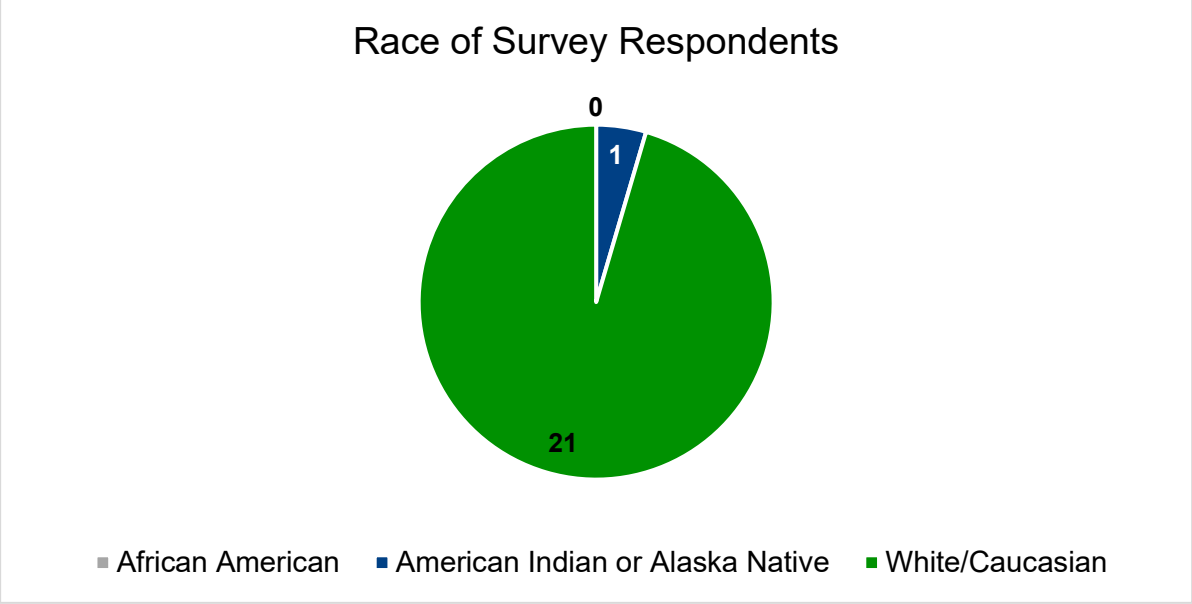
The graph below indicates the gender for the survey respondents.



Most of the survey participants are male.

Survey Respondents' Race

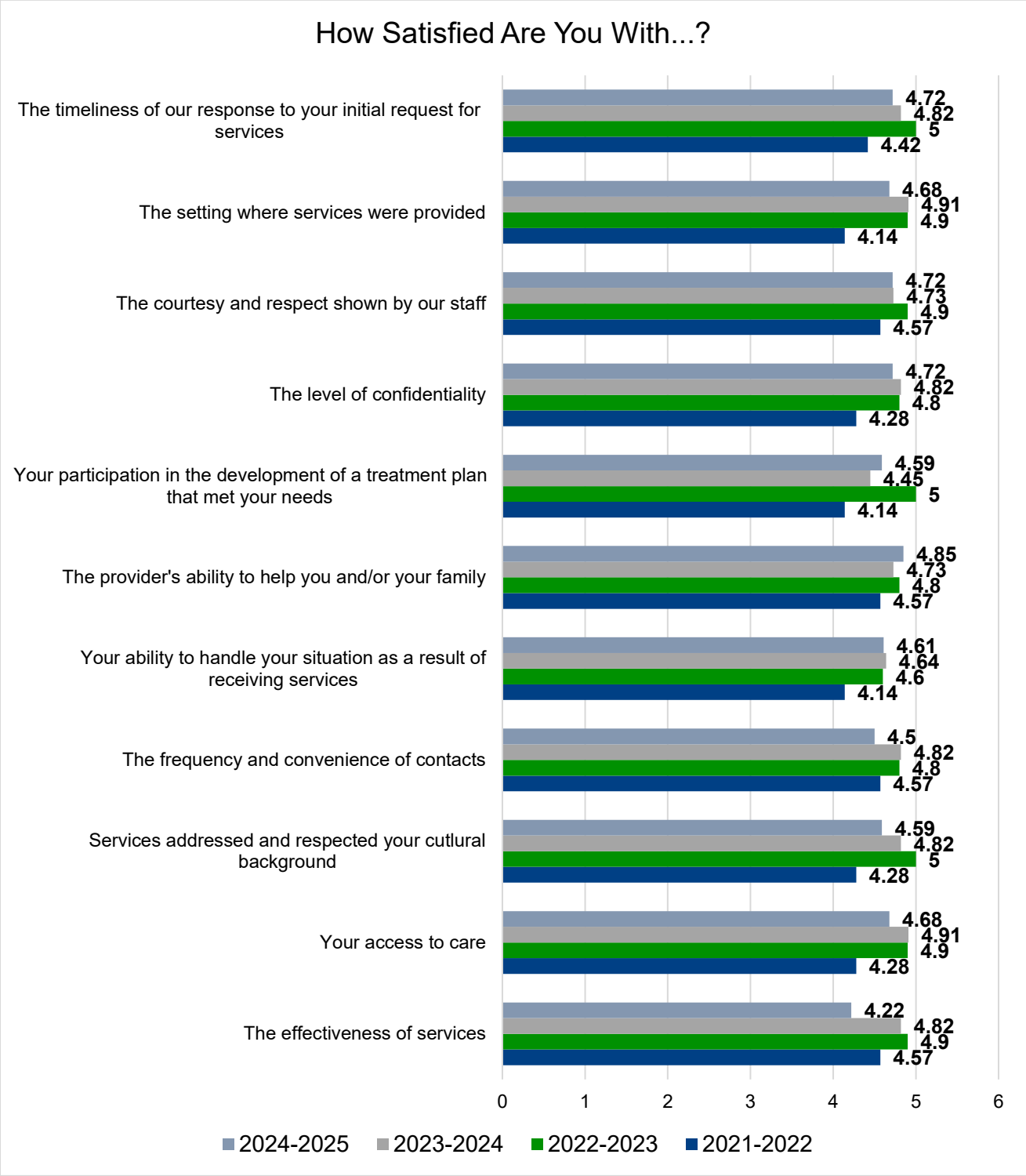
The graph below indicates the race among survey respondents.

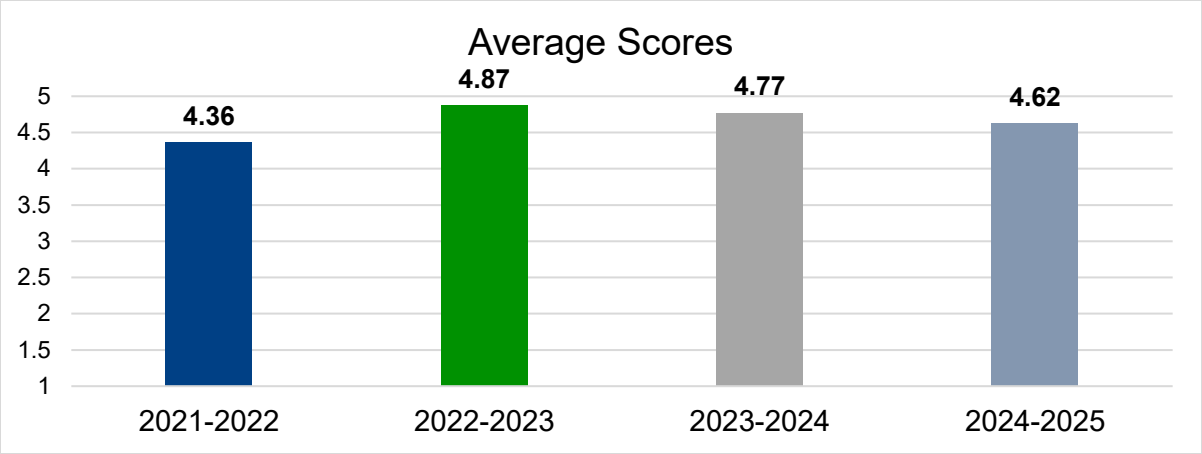


Most of the survey participants are white/Caucasian.

Satisfaction Statements

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. The survey results are captured in the following graph.





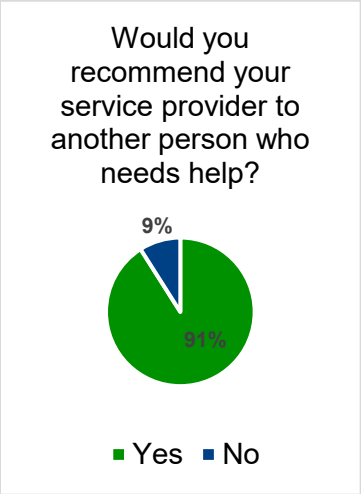
While the average score from last year slightly decreased from the last review, it still represents an average 92.4% satisfaction rate.

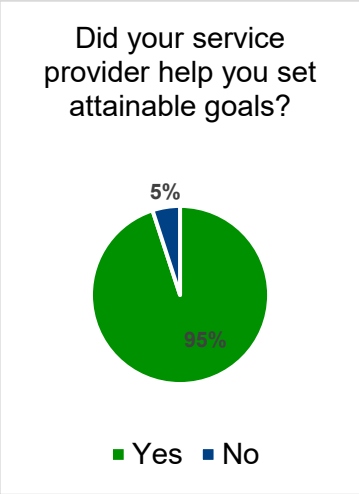
Additional Questions

The survey asked participants to identify what has been the most helpful thing about services in the last 6 months while being enrolled in ACT. Below are their responses.

All participants had positive comments regarding their service delivery in the ACT Program.

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.

ACT Program Trend Analysis and Findings

This analysis synthesizes the key performance indicators (KPIs) and operational trends identified during the review period, offering valuable insight into the Assertive Community Treatment (ACT) Program's effectiveness, expansion, and areas prioritized for continuous quality improvement (CQI).

The ACT Program experienced substantial growth and increased utilization during this period. The number of individuals served increased by a notable 40%. Concurrently, there was a 25% increase in overall services provided, with most of these services delivered in the community setting, reflecting a deepened commitment to community integration. Analysis of the participant population indicates that the predominant diagnoses remain Schizophrenia/Schizoaffective Disorder, followed by Bipolar Disorder.

A vital component of the program focuses on identifying and addressing client needs to assist individuals in attaining or enhancing the skills necessary to support them throughout their recovery journey. During this review period, clinical outcomes demonstrated enhanced stability in high-acuity needs. Psychiatric hospitalizations from ACT participants saw a significant reduction of 26%, decreasing from 15 to 11 participants since the previous review. This positive trend suggests effective community-based support and crisis intervention. Furthermore, the protocol requiring follow-up care within 24 hours of psychiatric discharge remains a key factor in preventing readmission.

Conversely, Crisis service utilization among ACT participants increased by 58%, rising from 17 to 27 individuals. This rise indicates that participants are increasingly utilizing preventative crisis supports in the community rather than escalating directly to inpatient care.

To proactively address client needs, the program utilizes the Matrix Tool to efficiently identify and prioritize areas of concern, which helps connect clients with appropriate resources. Recent analysis highlights several emerging challenges requiring focused intervention: a rise in individuals experiencing substance use issues, and a 50% increase in the number of individuals involved in legal matters since the last review. The most significant needs among individuals served are in the categories of recovery engagement and community integration. Many individuals enrolling in ACT are admitted as a discharge from a psychiatric hospital or a step-down program. The most common barriers participants face during this transition are obtaining access to mental health services, followed by transportation.

Client feedback surveys remain an essential source for gathering consumer input regarding the services they receive. During this review, 22 surveys were collected, yielding an average overall satisfaction rate of 92.4% across multiple categories. Although the scores from these surveys remain relatively consistent compared to the previous review, consumers continue to express their appreciation for the services offered and indicate that they feel they receive high-quality care through the program.

Conclusion

The trend analysis captured within this comprehensive report offers valuable insight into the Assertive Community Treatment Program. Key trends include substantial program growth, a positive reduction in hospitalizations, and clear identification of high priority needs such as substance use and community integration barriers. The Guidance Center is committed to continuously monitoring these trends and will adapt its strategies accordingly to ensure the highest standard of care and support for the individuals served within the program.