



# Achievement through Counseling and Treatment

**Annual Report 2020**

## **About Achievement Through Counseling and Treatment**

ACT is a nonprofit, multi-service program providing specialized medication assisted treatment services to adults experiencing opiate and opiate-related drug abuse through our outpatient and intensive outpatient services.

ACT is fully licensed by two separate entities authorized by the Pennsylvania Department of Health to issue same. One license authorizes the prescribing and distribution of methadone. Another license authorizes and provides oversight for all other aspects of our treatment programs. Additionally, ACT is authorized by the Drug Enforcement Administration (DEA) and the Substance Abuse and mental Health Services Administration (SAMHSA) for the distribution of methadone. At the Philadelphia level, ACT is credentialed by the local Single County Authority, The Department of Drug and Alcohol Program (DDAP) and the county entity for behavioral health managed care, Community Behavioral Health (CBH). Finally, ACT proudly holds a three-year credential from the Commission on Accreditation of Rehabilitation Facilities (CARF).

The philosophy of treatment at ACT is holistic in nature, i.e., patients' problems are approached in a comprehensive manner that acknowledges the complexity of each person's life context across the biopsychosocial spectrum. Upon entering ACT, a client undergoes an in depth diagnostic evaluation which consists of clinical blood and urine analysis, a medical examination, and a psychosocial history/evaluation. Depending upon the results of the above process, a client may also undergo additional testing and evaluation.

ACT regards addiction as a fatal disease if untreated; degenerative and chronic in nature. This disease involves the whole person: physically, psychologically, emotionally and spiritually. Victims of this disease do not seek treatment out of spontaneous insight. In our experience, they come to their recognition through a buildup of crises that crash through their almost

impenetrable defense systems with negative consequences for not only the individual, but also for families, communities and society as a whole.

We believe that by treating the addicted individual, we impact positively on the political, economic and social structure of our society and that our efforts are vital to improving the quality of life for all segments of society while understanding that the importance of our contribution is not generally recognized.

ACT's management team is comprised of an Executive Director with the overall leadership responsibility for ACT's performance and planning for the future. The day-to-day operational leadership is provided by The Director of Quality Assurance and Operational Processes. The management team further includes four Clinical Supervisors, A Medical Director, a Physician, and an Executive Assistant. All other ACT staff is included under the JEVS' collective bargaining unit agreement with AFSCME, AFL-CIO local NO. 1739, District Council 47.

## **ACTs goals for the Fiscal Year 2020**

The ACT program developed annual goals for 2020 that focused on expanding services and improving overall operations. In relation to program expansion, the program hired a Clinical Director. The role of this position was to assist in implementing programming and clinical services, such as adding additional medications to treat opiate use disorder. Such medications included, buprenorphine, and Vivitrol. Although the program design was developed, the program was unable to implement due to the pandemic. Additionally, the programs goal of expanding partnerships, was initiated by having discussion around implementing a "fast track" between the medical and psychiatric units at Einstein Hospital. Although conversation and collaboration were productive, the discussions were few following the onset of the pandemic.

ACT was successful at reorganizing and improving the efficiency of the medical department, a new medical director started in January, which works across both programs and ensures that the programs are operating similarly, which proved to be difficult prior to this transition. The medical director focuses on the goals, as a program, including managing medical services, staffing and ensuring the delivery of stellar quality care to our consumers.

Goals that were not met during the last fiscal year, were continued into 2021.

## **Updates**

ACT has a capacity to serve 600 total patients. ACT 1 has struggled in recent years to maintain census at capacity. At the close of fiscal year 2020, ACT had a combined active census of 526 patients. ACT would benefit from having additional onsite support services for the patient population, including psychiatry and physical health services. At present, coordination of care is met by referral and collaboration to local providers utilizing mutual letters of agreement.

In April 2020, ACT began an alternative payment arrangement with the primary funder, Community Behavioral Health. The payment arrangement was determined by the average amount of billings that ACT submitted in the fiscal year 2019. ACT continues to submit billing data to CBH in order to comply and show evidence that services are being provided at a level in line with the approved APA monthly amounts.

ACT has remained operational throughout the pandemic. Admissions occurred utilizing a combination of onsite and remote clinical and medical services. The program was also able to adopt and transition into remote service delivery seamlessly at the onset and as of current, to ensure that services were delivered to our consumers during the pandemic. The medical team and select essential team members worked on site while most of the staff delivered services through telehealth. At the onset of the pandemic, some employees, who had extensive tenure with the program, decided to retire due to their inability to transition to full remote services. The transition to remote services had a positive impact on most staff, as staff challenged themselves to master this new way of providing services, while also becoming creative in providing services that would engage the participants. The participants also had to transition to remote services, and did so with little difficulty. Most participants had working phones and were able to engage fully. For those who had difficulty participating remotely, “zoom rooms” were set up to at both sites so that the services were received.

The program also worked to minimize the traffic in the programs, by providing members who were doing well with take home privileges which ranged from 3-28 days, depending upon progress.

2020 was a year of learning and transition for both patients and staff, and while unprepared, all were able to rise to the occasion to ensure that services were able to continue without disruption.