

**Annual Report 2021**

**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 2021**

The ACT program developed annual goals for 2021 that focused on:

1. Exploring solutions to promote digital connectivity.
2. Addressing barriers related to Black and Brown specific recovery issues to include housing, financial, familial, mental health, legal and employment issues
3. ACT will maintain a collaboration with PHMC to integrate recovery, employment and health care services into the program.
4. Supervisors will monitor the productivity of their assigned counseling staff to ensure ACT standards are met.
5. To assist the agency with identifying, mitigating and monitoring potential risks to individual programs as well as the organization as a whole.
6. Support JEVS’ program and/or department operations in order to ensure consistent and safe functioning of business objectives and continued delivery of the JEVS mission to the best of your ability, for both clients and staff, throughout the COVID-19 period of impact.

In relation to goal #1, promoting digital connectivity, ACT met most Targets for telephonic group and individual service delivery. ACT I met 88% of target for individual therapy and 94% of target for group therapy. ACT II met 97% of target for individual therapy and 122% of target for group therapy.

ACT also performed well in relation to goals #5 and #6, we were able to present a risk management job description to executive level staff as a means of receiving feedback on how to build this position within the organization. We are continuing to fine tune the position in order to potentially hire this person and take a more active risk management role within the organization.

We also ensured virtual service delivery was consistent throughout the pandemic. Our admissions process was consistent, we ensured onsite signage was posted where necessary and PPE was always in stock. We also ensured that cleaning occurred regularly, traffic flow was kept at a minimum and preventative measures were always practiced while the clinic was in operation.

The program was unable to meet the deliverables identified in goals #2, 3, and 4.

ACT hoped to host 4-6 on site or virtual informational sessions with black organizations who were able to address the specific barriers related to Black and Brown recovery issues around housing, financial, familial, mental health, legal and employment. Although we were not able to meet this goal, staff were able to participate in implicit bias training which allowed them to understand their own biases as they relate to providing services to these populations.

ACT was unable to obtain a letter of intent or collaboration with PHMC or another agency to provide external recovery supports to the people that we serve. ACT participated with PHMC to provide information about ACT programs in hopes of collaborating or acquiring the programs; however, the letter of intent was never obtained.

Lastly, counseling staff had a goal to maintain productivity of 22.5 per week at least 90% of the time.

Productivity was changed to 18 hours this year due to the decrease in IOP group durations from 3 hrs./each to 2 hrs. each. 15/18 counselors met the 18 hr./week productivity target. Of those 15, 4 were over the initial 22.5 standard. Of the remaining 3 under 18 hours/wk., 2 are PRO3's and only required to get 15 hours/week and one is on a performance plan where he is unable to have a caseload over 10, making it impossible to meet the 18/hrs. per week.

Goals that were not met during the last fiscal year, will be continued into 2022

**Updates**

ACT has the capacity to serve 600 total patients. ACT 1 struggled again this year, as they did last year, to maintain census at capacity. At the close of fiscal year 2021 ACT had a combined active census of around 460, down from 526 patients at this time last year.

ACT was able to hire a psychiatrist this year. We identified in 2020, that our patients would benefit from having additional onsite support services for the patient population, including psychiatry and physical health services. Although we obtained the psychiatrist, he delivered services most often at ACT II, while ACT I had a large need for this service as well. This service did not seem to improve the attractiveness of the program to persons seeking treatment. As mentioned previously, we still did not obtain a direct collaboration with an external provider to provide medical services. As a result, coordination of care continued to be met through referral and collaboration with other local providers.

ACT has continued to remain operational throughout the pandemic. All services occurred utilizing a combination of onsite and remote clinical, support and medical services. Staff became proficient in the use of telehealth services. Patients, however, seemed to find it difficult to remain engaged in remote group services. Dosing services remained operational. Nursing shortages were frequent.

Another challenge faced for the majority of the year was staffing shortages. It proved difficult to hire therapists, which affects our ability to admit additional patients into the program and provide the services needed for the current population.

For the upcoming fiscal year, the program will continue to work on those goals that were unmet for this year, and institute additional goals to support the expansion and improvement of patient services.