

St. Clair County Community Mental Health

Assertive Community Treatment (ACT)

III.

Program Evaluation Executive Summary - October 1, 2018 - September 30, 2020

PURPOSE OF EVALUATION: to collect data and capture results to ensure that the expected outcomes are being met from the five areas listed below for FY 2018 through FY 2020.

1. Psychiatric or substance use hospitalization
2. Housing stability/Independent living
3. Incarceration/Court Ordered Treatment
4. Employment
5. Substance use treatment

PROGRAM STAFFING: 1.0 FTE Supervisor, 1.0 FTE R.N., 4.0 FTE Primary Practitioners, 1.0 RPT Peer Support, 1.0 RPT Program Admin.

PROGRAM FACTS:

112 unique individuals were served from FY18 through FY20.

- 39 more individuals served. A growth of 62% from 63 individuals to 102.
- 46 individuals were new to ACT program over the three years.
- 25 individuals left the program during the three years.
- 19 individuals left the program during the three years, then returned in the same three years.
- 12 individuals already in the program prior to FY18 remained during the three years.

EMERGENCY ROOM AND HOSPITALIZATIONS:

There was a 48% increase in ER visits (162 vs 338) from FY18 through FY20 with only a 1% increase in individuals going to the ER. There was a 50% increase in hospital admissions (8 vs 12) with a 50% increase in individuals needing hospitalization.

EMPLOYMENT:

Over the three Fiscal Years evaluated, the ACT program has served 112 unique individuals, 44 have utilized the IPS program to assist with employment, which is 39% of individuals served. Less than 1% (three individuals) were employed part-time during that time.

SUBSTANCE DISORDER TREATMENT:

Individuals served in the ACT program have a primary diagnosis related to mental illness. However, the data shows that when looking at the second and third diagnosis of individuals there is evidence of co-occurring illness that may need to be treated. During the three Fiscal Years, 55 of the 112 unique individuals (49%) had a secondary diagnosis related to alcohol use and 43 for Cannabis (38%). When looking at the data for individual's third diagnosis, 29 individuals showed complications related to alcohol abuse (26%).

HOUSING STABILITY:

Based on the data from the 3 fiscal years, individuals served by ACT changed their address or moved an average of 4.5 times per year. Although there was a 47% decrease in changed addresses (32 to 15), the number of times individuals moved decreased by less than 1%.

INCARCERATIONS:

The data available for individuals incarcerated is available for FY18 and FY19 only as the contract between SCCCMH and St. Clair County Jail to have a clinician on site full time was terminated and served by an outside company called Corizon Correctional Healthcare. St. Clair County Jail reinstated the contract for FY 2021.

MENTAL HEALTH COURT:

During the three Fiscal Years, there were 44 individuals served by the ACT Team in collaboration with Mental Health Court (MHC), which was established in Michigan in the late 2000's. MHC provides specific services and treatment to defendants dealing with mental illness.

PROGRAM STRENGTHS

- Served 112 unique individuals from FY18 through FY20
- 62% increase in individuals served over last 3 fiscal year
- 42% served with unsecure housing, secured stable housing
- Incarceration over two years decreased by 50%
- End of FY20 only 4 remained as Mental Health Court participants
~Down from 21 in FY18
- Named SCCCMH July 2021 Team of the Month

AREAS IDENTIFIED FOR IMPROVEMENT

Recidivism continues to be prevalent throughout the data. With ER visits and hospitalizations, the data clearly shows that the same individuals are the repeat offenders. 279 address changes took place during the three Fiscal Years by only 68 individuals. Mental Health Court shows the same issue. If these numbers were monitored closer and more often, there would be a greater chance of improvement. Data shows no growth with individuals in the ACT program achieving employment, even though 44 individuals received services in IPS. Often times an ACT team has a dedicated employment specialist familiar working with individuals who have serious and persistent mental illness or co-occurring disorder. A part-time position to achieve growth in this area would be advantageous.

THOSE IMPACTED BY THE ASSERTIVE COMMUNITY TREATMENT (ACT) PROGRAM

"In November, 2019 I relapsed, I began to pull away from the recovery community and my CMH Treatment Team. I was ashamed and the activities that once brought me joy became more of a hassle. However, CMH did not give up on me. My Personal Recovery Coach and clinician called me regularly to reach out and check in with me, they scheduled appointments with me and when I did not come for the appointment, my PRC began doing home visits. I returned to the 12 step meetings with my PRC by my side. The unconditional support I received at CMH showed me how much they care and the impact they have in my life and many others" ~ Individual served by ACT Program~

During the evaluation process for the ACT program SCCCMH Project Evaluator, Lynnette Kraklan requested to ride along with an ACT team member to observe firsthand what takes place during home visits. On July 7, 2021 with the ACT Program Supervisor, Michelle Walkowski, they called on three individuals at two separate locations. Before entering the individual's place of residence, the evaluator was introduced, then asked permission to enter and observe. Below describes the experience.

"Although I met with the ACT team as well as received data from SCCCMH data team, I needed to experience firsthand what the ACT program was really did. I was astonished by what I experienced. Some of what was identified while observing; opened ended questions to encourage feedback, insight to individuals well being, there was compassion shown and empathy shared, and mental health first aid utilized, all while being assertive enough to encourage recovery.

During the ride along permission was granted for the project evaluator to ask the individuals served that day the following questions

- 1. If they were satisfied with their services?*
- 2. How has the services received from CMH affected their quality of life?*
- 3. Are the services they receive helping to achieve their recovery goals?*

All three individuals were very satisfied with their service and all felt their quality of life was affected in a good way and described the reasons why as..... "Having meds brought to me helps me feel better and/or achieve recovery", "the visits help control my anxiety" Two individuals shared that they were glad they are able to contact the ACT team when needed, "because sometimes things get really difficult, having someone that understands and can help is reassuring". All three individuals felt that because of the ACT program, they are better able to reach their recovery goals, "were glad that if something happened I can still count on ACT and other services to help me, no matter how long it may take."

~SCCCMH Project Evaluator~

One individual visited that day shared this, "Ya, I like it when you (ACT team member) come and visit. You make us feel better about ourselves."