

CLINICAL SERVICES BOARD REPORT ~ May 2021

Submitted by Geniene Gersh, PhD, Director of Clinical Services

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**MENTAL
HEALTH
AWARENESS
MONTH**

May is National Mental Health Awareness Month. Recognizing National Mental Health Awareness Month is particularly important this year as the impact on mental health due to the COVID-19 pandemic has raised a greater sense of awareness of mental health and its effect on the well-being of individuals, families, and communities more than ever.

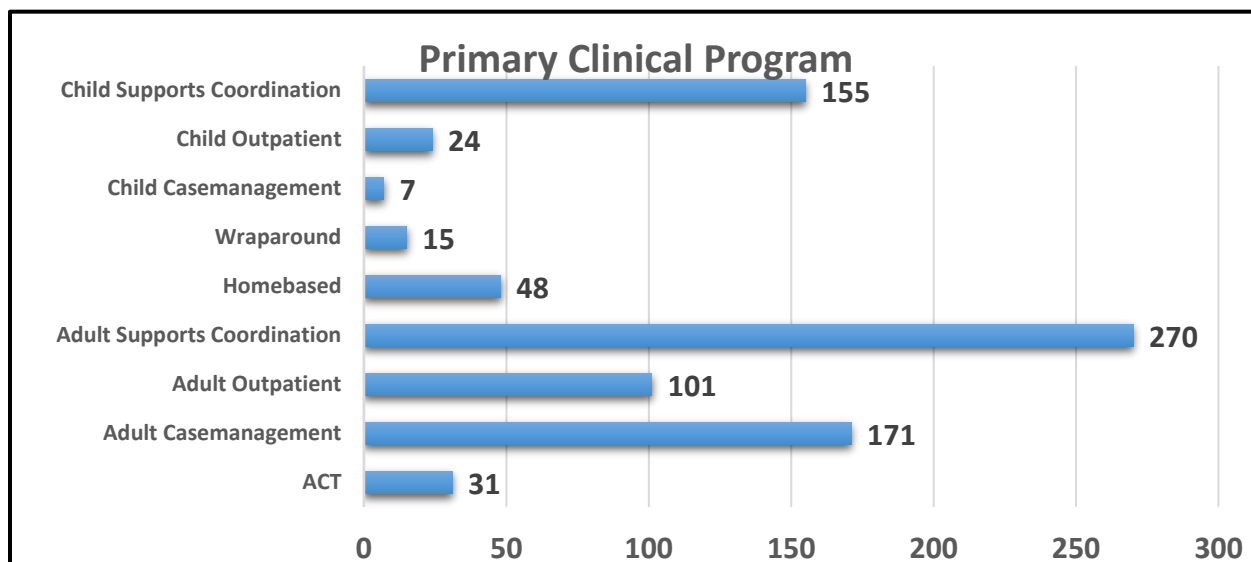
The impact of the pandemic on mental health has been significant. In an April 2021 report from the Centers for Disease Control (CDC), during August of 2020 through February 2021, the percentage of adults experiencing anxiety and depression increased from 36.4% to 41.5%. The CDC found that the percentage of children ages 5-11 seeking mental health care in 2020 increased by 24% from 2019. For children ages 12-17, mental health-related emergency room visits increased 31% over the previous year.

Providing Treatment and Support During the COVID-19 Pandemic

ACCMHS and the Clinical Services teams continue to provide treatment primarily utilizing telehealth video and telephonic platforms. For those clients requesting in person visits, staff continue to work with the agency's Health and Safety Committee to review these requests to ensure the safety of both the individual and/or family receiving treatment as well as our staff members by adhering to all COVID-19 safety precautionary measures. Despite the challenges with the on-going pandemic, the rate of client engagement continues to remain high.

Clinical Services Program Data

The graph and table below illustrate the number of clients who are receiving services within each of the Clinical Services programs for the month of April. Overall, there was a slight decrease in the number of individuals receiving services during the month of April as compared to March. Those children receiving supports coordination, counseling and home based treatment remained consistent in April compared to the previous month. There was a slight increase in the number of children receiving case management during the month of April. With regard to Adult Services, there was a small decrease in the number of individuals receiving supports coordination and case management services. While those receiving counseling and ACT services remained consistent during the month of April.



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Primary Clinical Program	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	Six-Month Average
Child Support Coordination	144	148	148	155	156	155	151
Child Outpatient	34	35	34	26	25	24	30
Child Case Management	4	4	4	6	5	7	5
Wraparound	15	14	12	13	15	15	14
Homebased	53	46	46	49	47	48	48
Adult Supports Coordination	290	289	286	274	272	270	280
Adult Outpatient	113	109	104	101	102	101	105
Adult Case Management	170	173	174	173	175	171	173
ACT	28	29	30	30	31	31	30
Total	851	847	838	827	828	822	836

Intakes Conducted During the Month of April

The table illustrates the number of intakes conducted by the Access Team during the month of April. There was an increase the number of intakes conducted during the month of April. There were a total of the 29 intakes performed as compared to 20 during in March. During the month of April, there were 22 individuals that were determined to be eligible and admitted to services which reflects an increase from 14 during the previous month. In addition, there were 7 individuals that were considered to be ineligible and referred to other community resources.

Intake Disposition	Count
Admit/Refer to Funded Services	22
Denied/Ineligible	7
Grand Total	29

Discharges During the Month of April

The table illustrates the number discharges in the month of April. There were a total of 26 discharges across clinical programs for the month of April as compared to 19 in March. There was an increase in planned discharges during April with 17 as compared to 7 during the previous month. There was a decrease in the number of unplanned discharges with 9 in the month of April as a compared to 12 during the month of March.

Discharges	Count
Planned	17
Unplanned	9
Grand Total	26

The following reports summarize the key points of what is occurring in each of the programs within Clinical Services.

Respectfully,

Geniene Gersh, Ph.D.

Director of Clinical Services

Assertive Community Treatment (ACT)

Bryan Day, LLMSW, Program Supervisor; 269-673-6617, ext. 4881

In the month of April, the team has continued with its efforts to help coordinate the Covid-19 vaccine with clients. The results, as of 5/5/2021, have 2 clients with the first vaccine, 5 clients are fully vaccinated, 3 registered, 2 interested, and 16 who refused a vaccine.

The team celebrated with a client who has worked hard in her recovery to gain, and maintain employment and has recently bought a car. The client plans to continue to save money for independent housing.

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The team has maintained the reduction of F2F contact as much as possible for the safety of ACT clients and ACT staff. The team has managed to reduced F2F with clients and will be making exceptions to make F2F contact when deemed necessary.

The month started off with 30 clients on the team. We had 0 client discharges, 1 client transferred from case management to ACT and 2 clients were added through intake. The month ended with a caseload of 33 clients.

There was 1 psychiatric hospitalization this month. The team helped coordinate care with the hospital during the stay and at discharge.

The team will continue to provide the best quality services while maintaining safe precaution's from COVID19.

Access/Crisis/Children's Mobile Crisis Response/MH Tx Court/Prisoner Re-entry

Melissa Potvin, LPC, CAADC, CCS, Program Manager; 269-673-6617, ext. 4850

ACCESS

- Out of 11 scheduled adult assessments for April: 11 intake appointments were kept with 10 consumers determined to be eligible for services and 1 referred to a community provider. There is 1 case currently on the wait list.
- Out of 20 scheduled minor assessments for April: 19 intake appointments were kept with 14 consumers determined to be eligible for services and 5 deemed ineligible and referred to community providers.

MENTAL HEALTH TREATMENT COURT

- There are 10 active cases currently in the mental health treatment court system. There was 1 referral for the program in April and 1 graduation.

CRISIS

- For the month of April, Crisis Department had a total of 41 prescreens evaluations in emergency rooms. Out of the 41 prescreen evaluations, 9 were for minors and 32 were adult evaluations.
- For the month of April, Crisis Department placed 25 consumers in hospital or crisis residential placements and diverted 16 from any placement. 22 of these placements were for adults and 3 were for minors. More placements would have been obtained for minors, but there has been a bed shortage across the state for many weeks at a time resulting in us being unable to find placements.

Adult Outpatient Clinical, Community Based & SUD Services

Submitted by: Elizabeth Totten, MA LLP CAADC, CCS-DP & John Eagle, BSW, MA, LLMSW

Supports Coordination (SC)/Case Management (CM):

- The SC/CM continue to provide support to individuals via telehealth and face to face contact. Face to face contacts are being approved by the Health and Safety Committee to ensure the safety of the individual and ACCMHS employees. Staff are provided the appropriate PPE and ensure that the environment is as safe as possible for contact. Although we are anxious to get back to a more normal work environment, we are excited about how telehealth can work along with face to face contact to offer people more choice in service delivery. The ability to choose different service delivery options will allow us to improve the quality of services and reach more people in need.
- Supports Coordination has hired a new employee who will start in the beginning of June and we continues to interview for our last open position.

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OBRA:

- The OBRA coordinator and those contracted to complete OBRA assessments continue to work closely with the State of Michigan to ensure that individuals with an IDD or SMI diagnoses are only using nursing facilities when medically necessary and as a placement of last resort. COVID-19 has added some additional challenges to assessing and making contact with vulnerable people in Nursing homes and other facilities. The OBRA Coordinator and nursing homes are working with telehealth technology to come up with an effective way to get the work done during this time.
- MDHHS is rolling out a new electronic OBRA process that they hope will be in place by August of 2021