ASSERTIVE COMMUNITY TREATMENT (ACT)
FIDELITY REPORT

Date: January 2, 2019

To: Thomas McKelvey, CEO
Christopher Gibson, ACT Clinical Coordinator
Carlos Diaz, MD

From: Annette Robertson, LMSW
TJ Eggsware, BSW, MA, LAC
AHCCCS Fidelity Reviewers

Method

On November 19 - 20, 2018 Annette Robertson and TJ Eggsware completed a review of the Lifewell Behavioral Wellness South Mountain Assertive Community Treatment (ACT) team. This review is intended to provide specific feedback in the development of your agency's ACT services, in an effort to improve the overall quality of behavioral health services in Maricopa County.

Lifewell Behavioral Wellness offers residential, outpatient and community living programs to persons diagnosed with a serious mental illness, general mental health issues, and/or substance use disorders. Lifewell's services include outpatient counseling, vocational rehabilitation, residential care, transportation, multiple housing options and clinics serving persons diagnosed with a serious mental illness.

The individuals served through the agency are referred to as *consumers* or *clients*, but for the purpose of this report, and for consistency across fidelity reports, the term "member" will be used.

During the site visit, reviewers participated in the following activities:

- Observation of a daily ACT team meeting on November 20, 2018;
- Individual interview with Team Leader/Clinical Coordinator (CC);
- Individual interviews with Substance Abuse Specialist (SAS), Peer Support Specialist (PSS), and the Housing Specialist (HS);
- Group interview with two members receiving ACT services;
- Charts were reviewed for 10 members using the agency's electronic medical records system; and
- Review of documents and resources: Team Group Calendar for November; *Mercy Maricopa Integrated Care ACT Eligibility Screening Tool*; *Regional Behavioral Health Authority (RBHA) ACT Manual*; SAS Individual Assignment List; ACT Member Roster; October and November Sign-In Sheets for Substance Use Treatment Groups; Resumes for SASs and ES, as well as training records.

The review was conducted using the Substance Abuse and Mental Health Services Administration (SAMHSA) ACT Fidelity Scale. This scale assesses how close in implementation a team is to the Assertive Community Treatment (ACT) model using specific observational criteria. It is a 28-item

scale that assesses the degree of fidelity to the ACT model along 3 dimensions: Human Resources, Organizational Boundaries and the Nature of Services. The ACT Fidelity Scale has 28 program-specific items. Each item is rated on a 5-point scale, ranging from 1 (meaning *not implemented*) to 5 (meaning *fully implemented*).

The ACT Fidelity Scale was completed following the visit. A copy of the completed scale with comments is attached as part of this report.

Summary & Key Recommendations

The agency demonstrated strengths in the following program areas:

- Psychiatrist on team: The ACT team has a full-time psychiatrist that is described as being fully accessible to the team after hours and weekends. The psychiatrist schedules visits in the community one day a week which can include visits to jails and members' homes.
- Substance abuse specialist on team: There are two SASs assigned to the team to assist members with a substance use diagnosis and treatment. The SASs each have more than one year experience working with members with co-occurring diagnosis.
- Drop-out rate: The ACT team experienced a low drop-out rate with less than 5% of members transitioning off the team over a year.
- Community Based Approach: The team delivered nearly 80% of services in the community.
- Program Meeting: The team meets five days a week to review all members. Staff gave updates on members progress and barriers to treatment success during the meeting observed be reviewers.

The following are some areas that will benefit from focused quality improvement:

- Team Approach: Review of ten randomly selected records revealed only 30% of members on the ACT team had a face-to-face contact with more than one staff in a two week period. The team approach allows continuity of care for members. When used consistently, it encourages shared responsibility for each member, allowing staff to contribute their expertise as well as creating a supportive environment.
- Continuity of Staffing: The team experienced an 83% turnover of staff in the past two years, with 20 staff leaving the team during that period. Maintaining consistent staffing enhances team cohesion and strengthens the therapeutic relationship between members and staff.
- Intensity of Services: The median amount of time the team spends with members in a face-to-face interaction, per week, is just under 15 minutes. ACT teams should provide an average of two hours or more of face-to-face services per week to help members with serious symptoms maintain and improve their functioning in the community.
- Frequency of Contact: The median weekly face-to-face contact for ten member records reviewed was 0.88, less than one contact a week. Contact with members by ACT staff, should preferably average four or more face-to-face contacts a week per member, with an emphasis on community-based services to support member goals.
- Informal Supports: The ACT team had few contacts with members' informal supports. Include members' supports as part of the treatment team, with member permission, and use those times as opportunities to provide education and support to supports as well.

ACT FIDELITY SCALE

Item #	Item	Rating	Rating Rationale	Recommendations
H1	Small Caseload	1 – 5 5	The team provides ACT services to 90 members. Excluding the psychiatrist, at the time of the review, there was 10 full-time staff on the team for a member to staff ratio of 9:1. One position, Rehabilitation Specialist (RS), was unfilled at the time of review.	
H2	Team Approach	1 – 5 2	Staff report using a team approach to delivering services to members. Staff report they are assigned a caseload, but for paperwork purposes only. The team tracks contact with members during the morning meeting and this activity was observed by reviewers. The team employs a daily rotating schedule to ensure members are seen by multiple staff a week. The service delivery area is divided into zones with members identified residing near one another to improve staff efficiency. Review of ten randomly selected records revealed only 30% of members on the ACT team had a face-to-face contact with more than one staff in a two week period.	• Ideally, 90% of members will have a meaningful face-to-face interaction with more than one staff person in a two-week period. • Evaluate the team's method of ensuring members are seen by a variety of staff weekly. The *team approach* allows continuity of care for members. When used effectively, it encourages shared responsibility for each member, allowing staff to contribute their expertise as well as creating a supportive organizational environment. • Monitor staff documentation to ensure all efforts and contacts are documented in a timely manner.
H3	Program Meeting	1 – 5 5	The team meets regularly to discuss all members of the ACT team. Staff reported that the team meets five days a week, Monday through Friday. When more in-depth discussion is required regarding a member, the team extends the meeting to accommodate the needs. Though some staff work weekends, all are expected to attend the meeting on their scheduled days. During the meeting observed, staff provided updates relating	

Item #	Item	Rating	Rating Rationale	Recommendations
			to their specialties such as member housing desires, substance abuse treatment participation, and efforts to increase independent living skills.	
H4	Practicing ACT Leader	3	The CC estimated delivering services to members 25-30% of his time. During the morning meeting observed, the CC planned to conduct a visit with a member at a short term inpatient care facility at the end of the day. Review of ten randomly selected member records showed few examples of direct services being delivered by the CC to ACT members. Services that were documented in the record occurred in the office. Reviewers were given two different data for delivered services by the CC; however, both fell in the same range at less than 25% of CC time spent providing direct services.	• The CC should provide face-to-face services to members 50% or more of his time. ACT leaders who have direct clinical contact with members are better able to model appropriate clinical interventions and remain in touch with the members served by the team. • Explore potential barriers to the CC providing direct services to members of the team. Consider shifting administrative responsibilities to allow increased direct service to members.
H5	Continuity of Staffing	1 – 5 1	The team experienced an 83% turnover of staff in the past two years, with 20 staff leaving the team in that period. Of those staff that left, it appears the positions of nurse and SAS were the most difficult to retain. During the past 12 months, only eight staff left, showing an upward trend from the prior review for the team. Staff interviewed were unable to explain the improved staffing or the high turnover rate, as the majority of them had only been hired in the past six months.	• ACT teams should strive for less than 20% turnover of staff in a two year period. Maintaining consistent staffing enhances team cohesion and strengthens the therapeutic relationship between members and staff. • Ensure candidates being considered to fill vacant positions are prepared to deliver ACT level services, particularly for those candidates without prior experience working in the ACT model. • Agency leadership should solicit feedback from current and exiting employees relating to job satisfaction.
H6	Staff Capacity	1 – 5 4	In the past 12 months the ACT team functioned at a 91% staffing capacity. The team was without a second SAS for eight months of the period reviewed. Other positions were vacant for one to	• Maintaining consistent multidisciplinary services requires minimal position vacancies. ACT teams should strive for operating at a 95% or

Item #	Item	Rating	Rating Rationale	Recommendations
			two months.	more staffing capacity rate.
H7	Psychiatrist on Team	1 – 5 5	The team has one full-time Psychiatrist that works Tuesday – Friday for 10 hours each day. The Psychiatrist attends morning meetings daily, and one day a week will see members in the community, at their homes, jails, and hospitals. Staff reported the Psychiatrist recently visited a member in jail in order to complete an evaluation for the renewal of court ordered treatment. The Psychiatrist will see members on a walk-in basis when he has openings and is described as being flexible to the team and members' needs. Staff report the Psychiatrist is accessible by phone, text and email after hours and weekends, but generally the CC is contacted before the team involves the Psychiatrist. The Psychiatrist is solely assigned to the ACT team.	
8	Nurse on Team	1 – 5 5	At the time of the review, the team had two full-time nurses assigned. Staff described the Nurses as being easily accessible at the office, by phone, text, or email. Responsibilities include taking vitals, addressing medical concerns, coordinating with primary care physicians and hospitals, injections, setting up medication logs, and home visits. Members interviewed reported having home visits by nursing staff.	
H9	Substance Abuse Specialist on Team	1 – 5 5	The team currently has two full-time SASs to provide services to 62 members identified as having a co-occurring diagnosis. Staff report they have assigned caseloads with whom they engage in substance use services and treatment. One SAS is a Licensed Master of Social Work with the Arizona Board of Behavioral Health Examiners working on obtaining her Licensed Clinical Social Worker credential and has more than a year	

Item #	Item	Rating	Rating Rationale	Recommendations
			experience delivering substance use services. Licensed Lifewell staff from another site provides weekly clinical supervision. The second SAS has more than a year experience providing substance use treatment to SMI members and several years serving members with co-occurring disorders. This SAS receives supervision from the CC who has past experience as a SAS on prior ACT teams.	
H10	Vocational Specialist on Team	1 – 5 3	The ACT team has one Vocational Services staff and is seeking to fill the vacant second position. The Employment Specialist on the team has been in this role since 2015 and prior to that had several years' experience on an ACT team plus many years of prior experience working in the behavioral health system. Despite the ESs numerous years of experience, the most recent supported employment training, according to documents provided to reviewers, was in February of 2016.	• VS staff should attend regular trainings and events provided by the agency, RBHA and other entities in order to stay up to date on changes in the system and to be informed of new resources available to both VSs and members. • The agency should recruit and hire a second VS with training and experience in vocational services related to assisting people identified with a SMI prepare for and attain competitive employment.
H11	Program Size	1 – 5 5	The ACT team has 11 full-time staff. The program is of sufficient size to consistently provide necessary ACT services. At the time of review, the team consisted of a Clinical Coordinator (CC), a Psychiatrist, two Nurses, a Team Specialist, an Independent Living Specialist (ILS), an Employment Specialist (ES), a Peer Support Specialist (PSS), a Housing Specialist (HS), and two Substance Abuse Specialists (SAS).	
O1	Explicit Admission Criteria	1 – 5 5	Based on interviews with staff, the team follows the ACT admission criteria developed by the RBHA. When referrals are received, the CC of the referred member's team is contacted and the needs of the member are discussed, the ACT psychiatrist will review the member's record if it is an interagency	• Ensure member service plans are updated upon admission to the ACT team.

Item #	Item	Rating	Rating Rationale	Recommendations
			referral, and a screening will be scheduled. All staff on the team have been trained to screen referrals except for the newest staff person. Staff reported no external pressure to take members that are not appropriate and described utilizing a complex case review process within the system. Of ten randomly selected member records, one member service plan did not reference ACT services, rather supportive level services.	
O2	Intake Rate	1 – 5 5	Per the data given and the interview with the CC, ten members were admitted to the team in the six months prior to the review. This rate of admissions is appropriate, as there were never more than six members admitted in a one month period. Admissions for the past six months were as follows: 6 (May); 4 (June); 0 (July); 1 (August); 0 (September); 0 (October).	
O3	Full Responsibility for Treatment Services	1 – 5 4	In addition to case management, the team fully provides psychiatric services and substance abuse treatment. The team offers opportunities for both group and individual substance abuse treatment to ACT members. The team does not refer members to outside sources for treatment. In addition, the team has staff that provides counseling services and is currently working with 2-3 members. The ACT team provides some employment and rehabilitative services. The ES has been with the team for several years and has many resources and connections in the community to support members in their job search. Staff did report in the past that referrals have been made to an outside vocational resource, i.e. Work Adjustment Training; however, at the time of the review there were no members enrolled. The team provides ILS services to the members	• The ACT team should be responsible for 90% or more of each type of service for its members. ACT teams should be providing integrated services to members to ensure a wraparound care team effect. • The team should assist members to find housing in the least restricted environments which can reduce the possibility for overlapping services with other housing providers.

Item #	Item	Rating	Rating Rationale	Recommendations
			and has a Housing Specialist to assist with housing services and needs; however, members continue to reside in staffed residences. Record review revealed one treatment plan that identified a step to refer to an outside agency for housing.	
O4	Responsibility for Crisis Services	1 – 5 5	The ACT team is the primary crisis responder for members on the team. Staff rotates on-call and back-up phone responsibilities weekly. The team will go out into the community when needed to support members. Members are given a sheet with all staff and on-call numbers. Staff report infrequent calls after hours to the on-call staff, once every 7-8 weeks. Members interviewed confirmed they were aware the team was available over the weekend and after hours, but one did not have the current on-call phone number.	
O5	Responsibility for Hospital Admissions	1 – 5 4	The ACT team assisted with 90% of the last ten psychiatric hospital admissions. Staff report if a member is having an increase in symptoms, they will transport the member to the clinic to have the doctor evaluate, and if needed, staff will transport member to the hospital of their choice, sit with them through the admission process, and will offer to update their informal supports. Staff report following the RBHA provider manual policy for hospital admissions and see members within 24 hours of a psychiatric admission, visit members every Tuesday, Friday and Sunday, complete coordination of care protocol, and meet with the inpatient social worker and doctor to coordinate and discuss discharge plans.	• The team should educate members (and their natural supports) on the benefit of the team's involvement in crisis and/or hospital admission. As the therapeutic relationship is strengthened, members may increase their communication with the team in times of crisis.
O6	Responsibility for Hospital Discharge Planning	1 – 5 4	A review of the last ten psychiatric hospitalizations with staff indicated that the ACT team was directly involved in all ten discharges. Staff informed that	• ACT staff should initiate contact with inpatient treatment team and member upon their admission to begin

Item #	Item	Rating	Rating Rationale	Recommendations
			they begin discharge planning as soon as members are first seen inpatient. Staff said that they coordinate with the hospital social worker and psychiatrist and attend discharge staffings. The ACT Psychiatrist will coordinate with the inpatient doctor. The ACT staff will transport the member upon discharge and assist with getting medications and bring them to their residence. Staff also ensures that the member is seen by the team Psychiatrist within 72 hours as well as a nurse within a week of discharge. The team provides five-day face to face contact protocol, as well as a five week tracking. One record review indicated the team was not involved in the discharge of a member. The team was aware of the member hospitalization. It did not appear the team coordinated with the inpatient team, nor were they notified upon discharge. The team did attempt one contact with the member in the community days after discharge. The team received notification days later that the member had been incarcerated.	discussions for discharge planning and ensure adequate documentation in member record. Participation during the member's hospitalization supports continuity of care.
O7	Time-unlimited Services	1 – 5 4	The ACT team expects to graduate five members in the next 12 months. Staff report there are two members identified for graduation and the team is working with them to understand the process by informing the members how the supportive team will be able to assist them. Members must agree to reduce their level of care. During the past 12 months, the team graduated five members.	• Seek to support member recovery and progress while maintaining appropriate services based on the needs and preferences of the members. Generally, ACT teams provide time-unlimited services with no more than 5% of members graduating per year.
S1	Community-based Services	1 – 5 4	Staff report striving to reach members in the community 80% or more of the time, rather than in the clinic, meeting at coffee shops and member homes. Review of ten records revealed the team provides 78% of services to members of the ACT team in the community. Staff report they have	• ACT teams should deliver 80% or more of direct services in the community rather than in the clinic. Members benefit from contact in their natural settings where staff can directly

Item #	Item	Rating	Rating Rationale	Recommendations
			laptops with internet access to support them in delivering services in the community. Of ten member records reviewed, contacts varied: four members received all contacts in the community, but one member record did not have any contact with the team in the community.	observe rather than rely on self-report. • As the team works to increase the frequency of contact with members, ensure the majority of services continue to be delivered in the community.
S2	No Drop-out Policy	1 – 5 5	In the past year, two members moved out of the area without a referral and one member was unable to be located after the team completed eight weeks of outreach. That member was transferred to Navigator status.	
S3	Assertive Engagement Mechanisms	1 – 5 3	Staff informed the Reviewers of an eight week outreach protocol when members are missing which includes at least two community attempts each week. Observation of the team morning meeting showed the team tracking outreach for members that were out of contact with the team. Staff stated which week they were on in their outreach and updated the team on efforts and progress made, or actions planning to complete, that week, i.e., called a specific hospital, verified the member was not incarcerated, etc. Records revealed inconsistency in following protocol as several members had missed appointments with the Psychiatrist and/or Nurse and there were no follow up efforts to reschedule the members. One member was incarcerated shortly after being released from a hospital and there was no action documented by the team for more than a week upon notice to the team. Some members experienced a week or more with no documented outreach or contact.	• Track outreach attempts to ensure community-based efforts occur and are documented. Identify specific staff and follow up activities so staff can coordinate outreach.
S4	Intensity of Services	1 – 5 1	Per a random review of 10 records over a month timeframe, the median amount of time the team spends with members in a face-to-face interaction,	• ACT teams should provide an average of two hours or more of face-to-face services per week to help members

Item #	Item	Rating	Rating Rationale	Recommendations
			per week, is just under 15 minutes (14.5). Of ten randomly selected member records, four members had two or fewer face-to-face contacts with ACT team staff in a month period. Two, of those members were incarcerated during the review period. However, there was one documented contact for one of those members and two contacts for the second over a month timeframe. Two members received one documented contact over a month period. Each of those members received two documented outreach attempts. Another member had 38 direct service contacts in the same period and was receiving medication observation services from the team.	with serious symptoms maintain and improve their functioning in the community. This is based on all members across the team; some may require more time and some less, week to week, based on their individual needs, goals and symptoms. • Train staff on appropriate documentation standards so their services are accurately reflected in the members' medical records.
S5	Frequency of Contact	1 – 5 1	Members interviewed stated seeing 4 - 5 different staff from the ACT team a week. However, both reported they resided in residences affiliated with the ACT team where staff frequently visits. During the observed morning meeting, staff reported on attempts and plans to see members. Staff reported that frequency of contact with members is tracked at the morning meeting. The median weekly face-to-face contact for ten member records reviewed was 0.88, less than one contact a week. Over a month timeframe, three of ten members received an average of four or more contacts per week, and seven members received an average of three or fewer contacts per week.	• Increase the frequency of contact with members by ACT staff, preferably averaging four or more face-to-face contacts a week per member, with an emphasis on community-based services to support member goals. Members may have different needs and frequency of contact should be determined by those needs and member goals. • Work with staff to identify and resolve barriers to increasing the frequency of contact with members.
S6	Work with Support System	1 – 5 1	Staff estimated anywhere from 20 – 40 members have informal supports and said that contacts are made with those supports weekly. One staff reported tracking those contacts on member calendars, making sure to connect with those supports weekly. Of the ten randomly selected member records, staff had contact with members' informal supports on an average of 0.30 times a	• Educate members on the benefits of natural supports and support members in identifying and building those supports. Developing and maintaining community support enhances members' integration and functioning. • Staff should regularly take

Item #	Item	Rating	Rating Rationale	Recommendations
			month. Staff infrequently referenced recent contact with informal supports during the morning meeting observed.	opportunities to encourage and facilitate the formation of natural supports. • Include members' supports as part of the treatment team, with member permission, and use those times as opportunities to provide education and support to supports as well.
S7	Individualized Substance Abuse Treatment	1 – 5 4	At the time of the review, there were 62 members with a substance use diagnosis. It was reported that individualized treatment is provided by the two SASs on the team, and that all members with a substance use diagnosis are seen individually weekly. Individual sessions may be as brief as 6 minutes or up to 30 minutes. Staff reported that if members are on "outreach", SASs will conduct their own outreach in an effort to engage with the member. Reviewers requested a copy of SASs' calendars which they use to track individual sessions with members, but the documentation was not received. Examples of individual treatment for members with a COD were found in member records reviewed. However, not all records supported weekly for individual substance abuse treatment was provided. Additionally, two records of members with a COD did not have any contact from SASs during the month review period.	• Work to increase the number of members with a substance use disorder participating in formal structured individual substance use treatment. Members with substance use disorders should receive 24 minutes or more of formal substance abuse treatment weekly.
S8	Co-occurring Disorder Treatment Groups	1 – 5 3	The ACT team offers three substance use treatment groups weekly: two on Tuesdays, and one on Thursday which last approximately an hour each. Based on sign in sheets for a one month review period, 13% (8) of members with a substance use diagnosis attended at least one group. Two members that attended were not	• ACT teams should work to engage 50% or more of members with a substance use diagnosis to participate in co-occurring treatment groups. Consider getting feedback from members regarding what they find helpful in order to increase group attendance.

Item #	Item	Rating	Rating Rationale	Recommendations
			identified with a co-occurring diagnosis. Out of the ten member records, six had a co-occurring diagnosis. Of those members, review of records showed only one attendance of a substance use group over a month timeframe. SASs draw from several resources including *Get out of Your Mind and Into Your Life: The Addiction Workbook, Managing Suicidal Risk, Ten Days to Self-Esteem, The Acceptance and Commitment Therapy, Mind Over Mood, First Step Substance Abuse Curriculum*, and mindfulness resources.	• As an integrated team, all staff should be engaging members with substance use disorders to consider participation in treatment. Staff should engage members to participate in substance use treatment groups that align with their stage of treatment.
S9	Co-occurring Disorders (Dual Disorders) Model	1 – 5 3	The team primarily uses a co-occurring treatment model as observed in the morning meeting. Members' stages of change were identified during the meeting as well as recent engagement attempts. SASs are used as resource and offer cross-trainings on subjects such as specific drugs use patterns of members and their risks and effects, as well as other current trends in substance use. Staff reported that the team understands and uses harm reduction tactics. An example was given of encouraging use of a less harmful drug and if member cannot commit, to encourage maintaining level, rather than increase. Although staff interviewed were well versed in the co-occurring model, few notes were found in member records reviewed to support the full team embracing the model. Treatment plans reviewed referenced members seeking sobriety and some plans for members with a substance use disorder did not reference any treatment options.	• Offer regular training to team to improve basic understanding of the co-occurring model to include specific stages-wise treatment interventions. Members may be more willing, and less threatened, to discuss substance use if harm reduction is a regular conversation with ACT team staff. • Ensure member treatment plans are in member's words and that members themselves understand that abstinence does not necessarily need to be their goal when addressing substance use.
S10	Role of Consumers on Treatment Team	1 – 5 5	There is at least one staff member on the team that is identified as having lived experience, the PSS. When appropriate, it was stated, this staff person will disclose to members. Staff reported there is at least one other staff on the team that	

Item #	Item	Rating	Rating Rationale	Recommendations
			has lived experience. Members interviewed were not aware that there was staff on the team with psychiatric lived experience.	
Total Score:		**104**		

ACT FIDELITY SCALE SCORE SHEET

Human Resources	Rating Range	Score (1-5)
1. Small Caseload	1-5	5
2. Team Approach	1-5	2
3. Program Meeting	1-5	5
4. Practicing ACT Leader	1-5	3
5. Continuity of Staffing	1-5	1
6. Staff Capacity	1-5	4
7. Psychiatrist on Team	1-5	5
8. Nurse on Team	1-5	5
9. Substance Abuse Specialist on Team	1-5	5
10. Vocational Specialist on Team	1-5	3
11. Program Size	1-5	5
Organizational Boundaries	Rating Range	Score (1-5)
1. Explicit Admission Criteria	1-5	5
2. Intake Rate	1-5	5
3. Full Responsibility for Treatment Services	1-5	4
4. Responsibility for Crisis Services	1-5	5
5. Responsibility for Hospital Admissions	1-5	4

6. Responsibility for Hospital Discharge Planning	1-5	4
7. Time-unlimited Services	1-5	4
Nature of Services	Rating Range	Score (1-5)
1. Community-Based Services	1-5	4
2. No Drop-out Policy	1-5	5
3. Assertive Engagement Mechanisms	1-5	3
4. Intensity of Service	1-5	1
5. Frequency of Contact	1-5	1
6. Work with Support System	1-5	1
7. Individualized Substance Abuse Treatment	1-5	4
8. Co-occurring Disorders Treatment Groups	1-5	3
9. Co-occurring Disorders (Dual Disorders) Model	1-5	3
10. Role of Consumers on Treatment Team	1-5	5
Total Score	**3.71**	
Highest Possible Score	**5**	