ASSERTIVE COMMUNITY TREATMENT (ACT)
FIDELITY REPORT

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Introduction

Arizona Health Care Cost Containment System has contracted with Western Interstate Commission for Higher Education Behavioral Health Program to conduct Fidelity Reviews using an adapted version of the Substance Abuse and Mental Health Services Administration (SAMHSA) Assertive Community Treatment (ACT) Fidelity Scale. ACT is an evidence-based practice (EBP).

Method

On March 28 - 29, 2023, Fidelity Reviewers completed a review of the Lifewell Desert Cove 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 the Central Region of Arizona.

Lifewell Behavioral Wellness offers outpatient, supported employment, housing, and residential services. The individuals served through the agency are referred to as *clients or members*, but for the purpose of this report, and for consistency across fidelity reports, the term "member" will be used.

The SAMHSA ACT Fidelity Review tool does not accommodate delivery of telehealth services. An exception has been made for delivery by psychiatric prescribers due to the lack of availability in Arizona. This review was conducted remotely, using videoconferencing and telephone to interview staff and members.

During the fidelity review, reviewers participated in the following activities:

- Remote observation of an ACT team program meeting March 28, 2023.
- Individual video conference interview with the ACT Fidelity Coach as the Clinical Coordinator position was vacant.
- Individual interviews with the Employment, Peer Support, and Rehabilitation Specialists.

- Individual phone interviews with two members participating in ACT services with the team.
- Charts were reviewed for ten randomly selected members using the agency's electronic health records system.
- Review of documents: *Mercy Care ACT Admission Criteria, Desert Cove ACT Brochure,* and resumes and training records for Vocational staff.

The review was conducted using the SAMHSA ACT Fidelity Scale. This scale assesses how close in implementation a team is to the ACT model using specific observational criteria. It is a 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 review. A copy of the completed scale with comments is included as part of this report.

Summary & Key Recommendations

The agency demonstrated strengths in the following program areas:

- The team meets five days a week and discusses all members served. All staff attend the program meeting on the weekdays they are scheduled to work.
- The ACT team has one Psychiatric Nurse Practitioner and two Nurses that work exclusively with the members of this team.
- The team employs two Vocational staff and provides them with additional training to enhance their skills.
- Considering the low staffing rate, the team delivered a high rate of services in the community.

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

- The team has experienced a high turnover in the past two years. Identify solutions to reduce staff turnover rate to less than 20% in a two-year period.
- Agency administration determines admissions to the team. Consider identifying steps to take to support this ACT Team to have the final decision on which members are admitted to the team.
- Multiple members chose to self-admit for inpatient psychiatric care, rather than contact the ACT team for support. Identify ways to engage members prior to the need for hospitalization and determine ways the team can support members and their natural supports.
- The team struggled to document the frequency and services delivered to members. Increase delivery of services and ensure those services are documented into member records.

ACT FIDELITY SCALE

Item #	Item	Rating	Rating Rationale	Recommendations
H1	Small Caseload	1 - 5 4	The team provides ACT services to 91 members. (Excluding the ACT Psychiatric Nurse Practitioner), at the time of the review, there were five full-time equivalent (FTE) staff on the team for a member-to-staff ratio of 18:1. Full-time direct staff include the Rehabilitation Specialist (RS), Employment Specialist (ES), Peer Support Specialist (PSS), and two Nurses.	• Agency leadership should prioritize filling vacant positions on the team to make certain a 10:1 member-to-staff ratio exists. A small caseload size ensures adequate intensity and individualization of services and minimizes the potential burden on staff.
H2	Team Approach	1 – 5 3	Leadership interviewed reported 90% of members see more than one staff from the ACT team over a two-week time frame. One staff reported seeing more than thirty members in-person on a weekly basis. Other staff reported that not all service notes are entered into member records in a timely manner. Per a review of 10 randomly selected member records, 40% of members saw more than one staff member in a two-week period. Members interviewed reported seeing one staff member a week due to lack of staff coverage.	• Ideally, 90% of members have contact with more than one staff in a two-week period. Consider options to increase contact with members according to the goals identified in individual service plans.
H3	Program Meeting	1 – 5 5	Staff interviewed reported meeting five days a week and reviewing all members at each meeting. During the program meeting remotely observed, the site Clinical Director led the meeting. Staff participated in the discussion about members including stage of change, individual service plan needs, staff contact with natural supports, and outreach planning.	

H4	Practicing ACT Leader	1 – 5 1	At the time of the review the ACT team did not have an ACT Clinical Coordinator who provides direct clinical services to members.	• Given the importance of the CC role on the team, ensure that this position is consistently filled by appropriately trained and experienced staff that deliver direct care services to members.
H5	Continuity of Staffing	1 – 5 2	Based on data provided, 17 staff left the team resulting in a turnover rate of 71% during a two-year period. The highest turnover occurred between January and February of 2023, with seven staff leaving the team including the Psychiatrist. Evidence in records showed occasional coverage from non-ACT staff provided services to members.	• Continue efforts to recruit and retain experienced staff. Support staff in their specialty roles by ensuring they receive training and guidance applicable to their specialty position. • Optimally, turnover should be no greater than 20% over a two-year period.
H6	Staff Capacity	1 – 5 3	The team operated at approximately 73% of staff capacity over the prior year. There was a total of 39 vacant positions in the past 12 months. The Co-Occurring Specialist and Nurse positions were vacant the longest.	• Continue efforts to retain qualified staff with the goal of operating at 95% or more of full staffing annually.
H7	Psychiatrist on Team	1 – 5 5	The ACT team has one Psychiatric Nurse Practitioner that works Tuesdays - Fridays, 40 hours each week. Members interviewed reported seeing the Psychiatric Nurse Practitioner once every four weeks in the office. Staff stated the Psychiatric Nurse Practitioner is accessible by phone, in-person at the office, and by email. Staff reported that the team has not need to contact the Psychiatric Nurse Practitioner after hours, however, if needed, is available by phone. The Psychiatric Nurse Practitioner attends the program meeting four days a week and does not hold any responsibilities outside of the ACT team.	
H8	Nurse on Team	1 – 5 5	The team has two Nurses that work exclusively with the ACT members and attend all program meetings. One Nurse is the site lead nurse; however, at the time of the review the lead Nurse's duties were being administered by the Nursing Director to meet the ACT team's needs	

			and direct 100% of their time to the ACT team. The other Nurse was hired during the time of the review. Staff reported that Nurses provide case management services, home visits, administer injections in office and in the community, appointment coordination, coordinates hospital admissions and discharges, and symptom management. Staff reports that Nurses are readily accessible by phone, email, and are available to meet with staff at the clinic and by phone after hours.	
H9	Co-Occurring Specialist on Team	1 – 5 1	At the time of review, there were no Co-Occurring Specialists on the team.	• Fill vacant positions with qualified staff as soon as possible. In an effort to support retention, ensure staff receive training and supervision for their specialty. • Provide both COS with annual training in co-occurring treatment best practices. COS may then be better equipped to cross-train other staff on the team in the adopted co-occurring model and appropriate interventions based on members' stages of treatment. Optimally, ACT teams are staffed with two COS, each with a year or more of training/experience providing substance use treatment.
H10	Vocational Specialist on Team	1 – 5 5	The team employs two Vocational staff. The ES has been with the team since September 2019 and the RS has been with the team since May 2018. Both have previous experience working closely with Vocational Rehabilitation and providing employment services to members diagnosed with a serious mental illness. Training records provided showed the ES and RS participated in a 36-hour	

			training program for supported employment and job development. Records review shows both vocational staff active in ten records reviewed, one record indicated staff assisting with utilizing a grant for Barber School through Arizona at Works.	
H11	Program Size	1 – 5 3	At the time of the review, the ACT team was comprised of six FTE staff including the Psychiatric Nurse Practitioner. Vacant positions included two COS, the Housing Specialist, ACT specialist, Clinical Coordinator, and the Independent Living Specialist. *This item does not adjust for the size of the client/member roster.*	• Seek to recruit and retain qualified staff. Ideally, ten or more staff work on an ACT team.
O1	Explicit Admission Criteria	1 – 5 2	The ACT team utilizes the *Mercy Care ACT Admission Criteria to* screen new referrals; a copy was provided to reviewers. Staff reported referrals are received from Mercy Care, hospitals, ACT to ACT transfers, and internal referrals from Supportive Teams. Staff interviewed described examples of the defined population that the ACT team serves. Staff stated that member screenings are scheduled with an ACT team specialist and when a member agrees to the intensity and level of care then the member is staffed with the team. The Psychiatric Nurse Practitioner will coordinate with the referring prescriber, then staff outcome with team. The team will then inform administration of the outcome. Staff reported that when the member declines services, does not meet admission criteria, agency administration may override the team's decision. The ACT team is informed by	• ACT teams follow operationally defined admissions criteria, in addition to having the final decision regarding admissions. System stakeholders may want to consider identifying steps to take to support the ACT Team to have the final decision on which members are admitted to the team.

			email when administration adds new members to the roster.	
O2	Intake Rate	1 – 5 4	The data received indicated that in the six months prior to the review, September 2022 through February 2023, the ACT team admitted five members to the team. Reviewers were provided with two different sets of intake numbers. Interview results were congruent with the higher intake rates initially provided.	• Ideally, new intakes should not exceed six each month for a fully staffed team. Consider staffing capacity when admitting new members to the team to alleviate potential burden on staff.
O3	Full Responsibility for Treatment Services	1 - 5 4	In addition to case management services, the ACT team directly provides psychiatric services and medication management, housing support, and employment and rehabilitation services. Based on interviews with staff, several members are referred off the team for co-occurring groups, and counseling. During the team meeting observed, staff discussed independent living needs and explored residence options and housing applications to be submitted for members. Based on staff interviews at least three members reside in staffed locations for members with developmental disabilities. Per observations, records reviewed, and interviews with staff, the team has a few members that reside in supervised group home settings. Staff interviewed stated that the team helps members with employment goals by assisting with creating resumes, job development activities, locating clothing and resources for employment. Staff will meet members at their place of employment for job coaching, speak with employers on members' behalf, take members to	• ACT services are fully integrated into a single team, with referrals to external providers for only specialty case, such as court ordered services. Maximize the opportunity to provide all employment and housing supports to members from within the team. • Consider exploring options to provide counseling services to members of the ACT team, either through new or currently existing ACT staff. • Ensure future staffing includes a person with qualification to provide counseling/psychotherapy to members on the team.

			interviews, and provide travel training so that members are aware how to use public transportation to get to work. Staff reported few members on the team are engaged with work adjustment programs or other supported employment providers. Based on the team meeting observed, staff and members interviewed, the team discusses with members the opportunity to engage in employment services and Vocational-Rehabilitation for further skills and to support goals.	
O4	Responsibility for Crisis Services	1 – 5 5	Based on interviews, the ACT team is available to provide crisis services 24 hours a day, seven days a week. The on-call phone rotates between the three specialist positions weekly. One is the on call for the week and the other staff is the back-up for the week. Staff reported the on-call staff will assess the situation with the member, attempting to de-escalate, and if there is a need to meet the member in the community, staff will contact an agency Clinical Coordinator to advise for safety purposes. Staff reported members are provided with the *Desert Cove ACT Brochure* that consists of the ACT on-call number along with all ACT team staff contact information. Members interviewed reported knowing how to contact the team after hours or on the weekend, most reported using the on-call service in the past.	
O5	Responsibility for Hospital Admissions	1 - 5 3	Staff reported being directly involved in member hospital admissions. The team will meet with members and assess for de-escalation and stabilization. When possible, the team will transport members to the clinic to be assessed by the Nurse or Psychiatric Nurse Practitioner to determine next steps. Staff will transport members	• Seek solutions to barriers of direct team involvement in member inpatient admissions. Assess the quality of the therapeutic alliance; maintain stance of acceptance with member's readiness to accept recommended resources, services

			to an inpatient facility and remain at the facility with the member until the member has been admitted. ACT staff will provide the inpatient team with a current medication sheet, demographic information, and a doctor-to-doctor staffing is scheduled within 24 hours. Staff will contact natural supports and guardians to coordinate member care. Based on data provided, and reviewed with ACT staff, of the ten most recent psychiatric hospitalizations that occurred over a three-month time frame, the ACT team was directly involved in 60%. Of those admissions, four self-admitted to inpatient facilities without the team's knowledge.	and supports, including housing and shelter. Focus on building trust and rapport with both members and their natural supports to increase team responsibility for hospital admissions to 100%.
O6	Responsibility for Hospital Discharge Planning	1 – 5 3	Staff reported the team is directly involved in all psychiatric discharges. Staff interviewed reported meeting members at the hospital to transport home, and at times taking members to pick up medications, collect food boxes, and cash checks. Staff will engage and offer members services such as therapy, peer-run programs, and provide the member with information regarding their upcoming appointments. The team follows a five-day follow-up protocol which includes in-person contacts with the Psychiatric Nurse Practitioner within 24 hours, Nurse within 72 hours, and contact with team staff occurs daily by home visits or phone calls. During the program meeting observed, discharge planning was discussed amongst the team. Based on data provided and reviewed with staff, the team was directly involved in 70% of the last ten psychiatric hospital discharges occurring December through March.	• The ACT team and system partners should collaborate to resolve barriers to the ACT team being directly involved in 95% or more of psychiatric discharges. • Ensure the team delivers post psychiatric hospital follow up services and supports as outlined in policies and procedures

O7	Time-unlimited Services	1 – 5 5	Staff report zero members graduated from the team in the last 12 months.	
S1	Community-based Services	1 – 5 4	Staff reported delivering services to members in the community 80% of the time. Members interviewed reported that they meet with staff at the office and in their home. A review of ten randomly selected member records showed a median of 67% of contacts occurred in the community. Per record review, community services took place in member homes, hospitals, various apartments for application drop-offs, and a laundry mat.	• Increase the delivery of services to members in their communities. Optimally, 80% or more of services occur in members' communities.
S2	No Drop-out Policy	1 – 5 4	According to data provided, the team retained 87% of the members in the last 12 months. The ACT team identified three members that were moved to navigator status due to declining the intensity of services offered, the team determined three members could no longer be served, and one member left the geographical area without a referral.	• ACT teams should ideally retain 95% of the entire caseload year to year. Work to retain membership in ACT. Several factors can impact this number positively including clear admission policies, consistency in staffing, and taking a recovery perspective with member care.
S3	Assertive Engagement Mechanisms	1 – 5 5	The team reports that when unable to locate members, the team conducts outreach four times per week for eight weeks before staffing with administration to transfer members' level of care to Navigator status. Outreach attempts include last known address, areas known to the member, and reaching out to guardians, probation officers, hospitals, jails, Medical Examiner's Office, shelters, payees, and natural supports. Based on records reviewed engagement efforts conducted by the team included actions listed above and home visits, and contact by phone.	

S4	Intensity of Services	1 – 5 2	Per review of ten randomly selected member records, during a month period before the fidelity review, the median amount of time the team spent in-person with members per week was 26.50 minutes. The highest rate of intensity was 60 minutes a week. Two members were incarcerated during the period reviewed. and records showed one member had three videoconference contacts and the other had none documented. Median phone contact was 5.50 minutes. *The fidelity tool does not accommodate delivery of telehealth services.*	• Evaluate how the team can engage or enhance support to members that receive a lower intensity of service. ACT teams provide members an average of 2 or more hours of in-person contact weekly. • Ensure staff are trained in appropriate documentation standards so that services and service time are accurately reflected in members' medical records.
S5	Frequency of Contact	1 – 5 2	Of the ten records reviewed, there was a median of 1.13 weekly in-person contacts with members. Documented contacts with members in records averaged less than one to three contacts weekly. One member interviewed reported typically meeting with ACT staff once to twice a week.	• Increase the frequency of contact with members by ACT staff, to the extent possible, preferably averaging 4 or more in-person contacts a week per member across all members, with an emphasis on community-based services to support member goals. Members may have different needs/goals and frequency of contact should be determined by those needs and immediacy.
S6	Work with Support System	1 – 5 3	Staff reported that 30 - 40% of members have natural supports and staff have contact weekly by email, phone, or in-person at the office or during home visits. During the program meeting observed, multiple staff contacts with the members' natural supports were included in the discussion. Of the ten charts reviewed, there was an average of 1.20 contacts with natural supports documented within the month period reviewed. Of the members interviewed, their natural supports do not engage with the team.	• Continue efforts to engage members' natural support systems as key contributors to the member's recovery team. Staff should model recovery language and provide tips for family members and other natural supports can support member care. • Ensure consistent documentation of contacts with natural supports, which include contact by phone, email, and text. ACT teams have four or more contacts per month for each member with a community support system.

S7	Individualized Co-Occurring Disorder Treatment	1 – 5 1	At the time of the review, the ACT team was not providing structured individual substance use treatment for the 36 members identified with a co-occurring disorder. A review of records shows members not identified on the co-occurring roster. The team refers members to a non-ACT agency staff at their request. Staff interviewed were unaware of any members that were referred off the team for individualized co-occurring disorder counseling.	• After COS staff have been hired, work to provide an average of 24 minutes, or more, per week of formal individualized substance use treatment services for all members with a co-occurring disorder diagnosis. • When ACT teams cannot provide services needed by members, service referrals should be made to outside providers. Members' service needs are prioritized regardless of availability of service on the team.
S8	Co-Occurring Disorder Treatment Groups	1 – 5 1	At the time of the review, the ACT team was not providing groups as a treatment strategy for members with a co-occurring disorder. The team refers members to non-ACT agency staff, at member request. Staff estimated that three members are attending COD groups facilitated by agency staff.	• Provide co-occurring disorder treatment groups for members of the ACT team. Groups should reflect an evidence-based approach appropriately suited for the population served. • All ACT staff should be trained in engaging members with a co-occurring disorder to participate in the available substance use treatment group, as appropriate, based on the stage of treatment. Ideally, 50% or more of applicable members participate in a co-occurring disorder group.
S9	Co-Occurring Disorders Model	1 – 5 3	During the program meeting observed the team reviewed members' stages of change and used a stage wise approach to plan for member needs/referrals. In addition, staff described harm-reduction tactics used by some members. Staff interviewed reported being supportive of members' individual recovery goals, and a non-confrontational method is used. Staff reported supporting members in recovery, promoting harm reduction rather than abstinence. Staff provided recent examples of harm reduction tactics and	• All ACT staff should be trained in engaging members with a co-occurring disorder to participate in the available substance use treatment group, as appropriate, based on the stage of treatment. Ideally, 50% or more of applicable members participate in a co-occurring disorder group. • Continue efforts to follow an integrated co-occurring disorder treatment model. Provide all ACT team staff with annual training and ongoing mentoring in a co-occurring disorders model, such as

			how harm reduction enhances therapeutic alliance with members. The team supports members' choice of attending peer-run programs and will refer to detox when medically necessary. Records review showed the COD roster provided and treatment planning are incongruent. Some treatment plans for members with COD do not address any harm reductions or substance use goals. Language used in treatment plans of members identified with a co-occurring diagnosis included statements such as the desire to "become sober." No records had goals related to reduction of use. Interventions to support the members in moving toward recovery goals were identified such as attending substance use groups, one to one counseling, and referrals to consumer operated programs.	Integrated Treatment for Co-Occurring Disorders, the principles of stage-wise treatment, and motivational interviewing. With turnover of staff, knowledge and lessons learned are lost. Ongoing training can accommodate new or less experienced staff.
S10	Role of Consumers on Treatment Team	1 – 5 5	Staff interviewed reported that at least one staff member on the team has lived psychiatric experience. The staff share stories of lived experiences depending on the situation and relevance. Based on staff interviews, this staff educates the team from the peer perspective to improve services for the members of the team. One member interviewed reported knowledge of staff on the team with lived experience and indicated staff can relate to the member's situations.	
Total Score:		**93**		

ACT FIDELITY SCALE SCORE SHEET

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

5. Responsibility for Hospital Admissions	1-5	3
6. Responsibility for Hospital Discharge Planning	1-5	3
7. Time-unlimited Services	1-5	5
Nature of Services	Rating Range	Score (1-5)
1. Community-Based Services	1-5	4
2. No Drop-out Policy	1-5	4
3. Assertive Engagement Mechanisms	1-5	5
4. Intensity of Service	1-5	2
5. Frequency of Contact	1-5	2
6. Work with Support System	1-5	3
7. Individualized Substance Abuse Treatment	1-5	1
8. Co-occurring Disorders Treatment Groups	1-5	1
9. Co-occurring Disorders (Dual Disorders) Model	1-5	3
10. Role of Consumers on Treatment Team	1-5	5
Total Score	**3.32**	
Highest Possible Score	**5**	