ASSERTIVE COMMUNITY TREATMENT (ACT)
FIDELITY REPORT

Date: May 24, 2016

To: Brandi Whisler, Clinical Director, Circle the City

From: Georgia Harris, MAEd
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ADHS Fidelity Reviewers

Method

On May 2-3, 2016, Georgia Harris and Karen Voyer-Caravona completed a review of the Circle the City 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.

According to the agency website, Circle the City is a non-profit community health organization providing holistic physical and behavioral healthcare to people experiencing homelessness in Maricopa County. Services are delivered along a continuum of care that includes a 50-bed Medical Respite Center for the sickest individuals, a mobile medical clinic for individuals who cannot access the fixed site, and a traditional outpatient health center for individuals and families at the Parsons Family Health Center. Psychiatric services are available at any of the agency's sites. The ACT team, in operation since June 2015, is located at the Parsons Family Health Center. Following the agency's mission, the ACT team was established with a focus on homeless individuals, although admission to the team was not limited to people experiencing homelessness. As will be discussed to a degree in this report, the team struggled to get off the ground in its first several months of operation. The ACT team was never fully staffed, and served a maximum of 62 members. In February 2016, agency leadership notified the Regional Behavioral Health Authority (RBHA) that it would not be renewing their contract to provide ACT services. At that point, the team stopped filling vacant staff positions and plans were made to begin transitioning members to a new ACT team at another provider agency. At the time of the review, the ACT team consisted of five staff: Psychiatrist, Clinical Coordinator, ACT Specialist, Independent Living Specialist, and one Nurse. The ACT staff currently serves 58 members; none of the remaining staff plans to transition with members to the newly created ACT team at the identified agency.

The individuals served through the agency are referred to as *members*, and that term will be used for the purpose of this report and for consistency across fidelity reports.

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

- Observation of a daily ACT team meeting;
- Individual interview with Team Leader/Clinical Coordinator (CC);
- Group interview with the ACT Specialist (AS) and the Independent Living Specialist (ILS);
- Charts were reviewed for ten members, with assistance from the CC; and
- Review of the ACT team written admission criteria, member roster, staffing data for the last 11 months of operation, and the agency website.

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:

- Program meeting: Circle the City ACT staff meet five days a week, Monday through Friday, beginning at 10 AM. Meetings last for one to 1.5 hours, and all members are discussed. All current ACT team staff attended the meeting observed by the reviewers and were actively engaged in discussion of member status, recent contacts, identified needs, and action planning.
- Practicing ACT Leader: The ACT Team Leader/CC carries a caseload equal to that of the rest of the team, approximately 15 members. The CC meets with members out in the community, as well as in the office, where she conducts two substance abuse treatment groups each week. Of the 1300 minutes of documented face-to-face contact between staff and members found in the record review, 48% of that time was provided by the CC.
- Responsibility for crisis services: ACT staff are available 24 hours a day, seven days a week to respond to members' emergency/crisis needs. The AS and the ILS rotate on-call responsibilities on a weekly basis, with the CC functioning as their back up. Members have all staff phone numbers and have been educated to call them when in crisis.
- Responsibility for hospital admissions and discharges: Based on staff interviews and data provided to the reviewers, ACT staff were involved in all of the last ten psychiatric hospital admissions and discharges. Staff attributed their ability to be directly engaged in these processes through the established relationships they have with members and their support networks, and active communication and collaboration with hospital social workers.
- Community-based services: A review of ten randomly selected member records and observation of the team morning

meeting appeared to support staff reports that the majority of services are provided to members in the community. Data showed that 93% of documented services occurred in the community, at members' homes, hospitals, shelters, their workplaces, and other locations outside the office. All staff including the Psychiatrist provided service in the community.

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

- Continuity of staffing: Staff turnover on the ACT team was calculated at 91% for 11 months of operation at the time of the review, significantly higher than the 20% or less recommended for two years. As a new team, the agency filled staff positions on the Circle the City ACT team as the census grew. In March 2016, the agency alerted the RBHA that it would not be renewing the contract for ACT services. As staff left positions, the agency did not fill those slots. At the time of the review, only five staff remained to service 58 members.
- Inadequate documentation of services: The record review showed that documentation of member services, including direct member contacts, was often missing from member records. Staff interviewed said that, due to technology problems with the agency's electronic health record earlier in the year, the agency began using paper charts. According to staff, lack of sufficiently experienced administrative support staff resulted in contact notes not being filed in a timely manner. Staff also said that because of limited staff available to service high-service utilizing members, they prioritized meeting members' immediate needs over completing documentation. Lack of documentation may compromise continuity of care of members as they transition to new service providers. The agency and the RBHA should work with the remaining ACT staff to ensure successful transition of member services and documentation to the new agency.
- Team approach: Staff reported that about half of 58 ACT members see more than one staff during a typical two-week period. Due to lack of documentation, this could not be verified in the review of ten randomly selected member charts, which showed that only 20% of members saw more than one ACT staff during a two week period. The ACT team should ensure that at least 90% of members have contact with more than one staff member in a two week period.
- Frequency and intensity of service contact: Available data indicated that the five ACT staff provide an average of less than one contact per week and less than 30 minutes of contact per week for each member. The ACT team should work to provide more, longer contacts to members, with the goal of four or more face-to-face contacts for an average of two hours per member per week.

ACT FIDELITY SCALE

Item #	Item	Rating	Rating Rationale	Recommendations
H1	Small Caseload	1 – 5 4	With 58 members and four direct service staff (excluding the Psychiatrist), the ACT team member to staff ratio is 15:1. In order to keep caseloads within a manageable level for the remaining ACT staff, both the CC and the Nurse carry caseloads. The Nurse's caseload consists primarily of members with more complicated medical needs.	• As ACT members transition to a new ACT team, the RBHA and the receiving agency(ies) should ensure that member/staff ratio does not exceed 10:1.
H2	Team Approach	1 – 5 2	Although staff reported that about 50% of 58 ACT members see more than one staff during a typical two-week period, due to lack of documentation, this could not be verified. The review of ten randomly selected members charts showed that only 10% of members saw more than one ACT staff during a two week period.	• The ACT team should ensure that at least 90% of members have contact with more than one staff member in a two week period. • The agency and the ACT team should collaborate to identify and implement solutions to ensure that documentation of face-to-face contact is recorded and documented in member records.
H3	Program Meeting	1 – 5 5	The ACT team meets five days a week, Monday through Friday, beginning at 10 AM. Meetings last for one to 1.5 hours, and all members are discussed. All current ACT team staff attended the meeting observed by the reviewers; all were actively engaged in discussion of member status, recent contacts, identified needs, and action planning.	
H4	Practicing ACT Leader	1 – 5 4	The ACT CC carries a caseload of approximately 15 members. The CC meets with members in the community, as well as in the office, where she conducts two substance abuse treatment groups each week. Of the 1300 minutes of documented face-to-face contact between staff and members found in the record review, 48% of that time was provided by the CC.	• The CC should continue present efforts to spend 50% of the time in direct face-to-face member services. This may include shadowing and mentoring of ACT staff in their member interactions. • Document all member face-to-face services in the clinical record to ensure an accurate history of assessment, intervention, and response to facilitate transition to a new

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				ACT team.
H5	Continuity of Staffing	1 – 5 1	For the first four months of operation, the team filled five out of 12 ACT staff positions. Ten individuals worked in 12 positions in 11 months for a turnover rate of 91%. Staff report that factors such as employee morale and lack of sufficiently experienced ACT staff at the team's founding may contributed to staff turnover. Some staff said that the team did not receive sufficient training from any of the entities responsible for team oversight. Other staff cited the focus on units over outcomes as challenging to their values regarding member care.	• ACT staff turnover should be no more than 20% in two years. In the future, agencies with ACT teams should consider using staff exit interviews to determine factors contributing to high staff turnover. Also, staff satisfaction surveys may help to gather feedback on factors that contribute to staff retention.
H6	Staff Capacity	1 – 5 3	For the 11 month period under review, the ACT team has operated at 66% capacity.	• See Item H5, Continuity of staffing, for recommendations.
H7	Psychiatrist on Team	1 – 5 5	One Psychiatrist is assigned for the team's 58 ACT members. The Psychiatrist attends most morning meetings and goes into the community to see members. The Psychiatrist is viewed as a valuable source of education and mentoring. Staff described her as readily accessible to them and to members, reachable by phone, email, and text, and that she allows walk-in visits from members. Although the Psychiatrist has begun to transition to a new role as the Psychiatrist for the Parsons Family Health Center, where she see patients two half days per week, staff said that she is always available to see members or consult with staff during those times in an emergency.	
H8	Nurse on Team	1 – 5 4	The Nurse monitors the psychiatric and physical health needs of 58 members. The Nurse carries a caseload consisting primarily of members with more urgent or complicated medical needs. The Nurse is highly regarded by the rest of the team	• As the ACT team transitions and grows, the team should have two full-time Nurses for every 100 members, or provide additional nursing availability in keeping with the appropriate ACT Nurse to member ratios.

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			who describe him as "hardcore" about ACT. Staff reports the Nurse is very accessible, valued for his ability to explain PCP recommendations and to interpret results of medical tests to members as well as staff. The Nurse regularly sees members in the community, and does not have any responsibilities outside of the ACT team.	Some ACT teams schedule Nurses so that one is available for community based services, while one is available in the office to address the medical and medication needs of members seeking walk-in care, as well as those calling in with a concern.
H9	Substance Abuse Specialist on Team	1 – 5 1	Although the CC is experienced and knowledgeable in the area of substance abuse treatment, the ACT team does not have a designated SAS for the 45 members (77%) diagnosed with a co-occurring disorder (COD). The absence of any SAS staff is reflected in the score.	• ACT teams should have two SASs to provide substance abuse treatment for 100 members. SASs also provided consultation and cross-training in COD to staff in other specialties. • At least one SAS on the ACT team should have experience and training to provide individual substance abuse counseling rather than brokering the service to outside providers. The agency should provide clinical oversight to less experienced SASs delivering those services.
H10	Vocational Specialist on Team	1 – 5 1	The ACT team does not have either an Employment Specialist or a Rehabilitation Specialist. Staff interviewed reported that they believe they are sufficiently crossed trained in supporting members' vocational needs, and have assisted members with resumes, job applications, job searches, and mock interviews. Staff said they also work collaboratively with Vocational Rehabilitation (VR) to address member employment and educational goals. Staff said that two members are currently employed, and that due to the chronically homeless condition of many of the members, finding and maintaining housing is the primary focus of the team. The lack of any vocational specialists is reflected in the score.	• ACT team should hire two trained and experienced vocational specialists to assist members in working toward employment goals. Vocational specialists should have the knowledge and skills to cross-train other staff in providing vocational support, and possess a strengths based belief and commitment to the role of employment in recovery.
H11	Program Size	1 – 5	The ACT team has five full-time staff, including the	• The ACT team should be of sufficient size

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		3	Psychiatrist, to serve 58 members. Staffing does not provide a diverse range of specialties, due to the absence of an SAS, any vocational staff, a housing specialist and a Peer Support Specialist (PSS). Since the team is moving to another agency, Circle the City has opted not to fill those positions.	and diversity to provide for member coverage and the range of member identified recovery goals. Staff should have the experience and education to represent the range of specialty areas and provide guidance and cross-training to each other.
O1	Explicit Admission Criteria	1 – 5 5	The Circle the City ACT team has written admission criteria. While the criteria is included in the agency's policy and procedures manual, Circle the City's mission places a focus on the needs of individuals and families experiencing chronic homelessness; however, people who qualify for ACT services and are not homeless are not turned away for service.	
O2	Intake Rate	1 – 5 5	The average monthly intake on the Circle the City ACT team for the past six months was 2.5. January had the highest number of intakes (five) followed by four in February. The team stopped accepting new members in April, which had zero intakes.	
O3	Full Responsibility for Treatment Services	1 – 5 4	The ACT team provides most behavioral health services. Other than case management, the ACT team provides psychiatric services and medication management, counseling psychotherapy, substance abuse services, and most housing support. Six members live in staffed settings: developmental disability group home (1), supervisory care home (1), transitional living program (1), 24-hour co-occurring (2), and 16-hour Flexcare (1). Staff said they meet with care providers at those settings at least biweekly. Staff said they are primarily focused on helping members find and keep housing. The CC is licensed to provide individual counseling psychotherapy. She leads two substance abuse	• While the team is in operation, the agency should provide members with access to staff with the training and experience to provide substance abuse treatment, counseling psychotherapy, and vocational services directly on the team.

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			groups per week and provides individual substance abuse counseling. Staff said they do not use outside agencies to provide services.	
O4	Responsibility for Crisis Services	1 – 5 5	ACT staff are available 24 hours a day, seven days a week to respond to members' emergency/crisis needs. Staff uses the member's At Risk Crisis Plan (ARCP) as a guide for crisis situations. The AS and the ILS rotate on-call responsibilities on a weekly basis, with the CC functioning as their back up, and providing "breaks" when needed. Said the CC, "Members have our numbers; they will call us." Depending on the situation, staff will call the CC for support and staff the case. Some cases can be managed over the phone, while others require an on-site response, including at night. Members may be brought into the clinic after hours, with next day follow up. Staff also said that when the Crisis Line is contacted by the police when they are the first responder, they may call the team to see if that individual is on the ACT roster. Staff said that the ACT team has ongoing relationships with Central Arizona Shelter Services (CASS) and members' support networks, who notify the team when members are in crisis.	
O5	Responsibility for Hospital Admissions	1 – 5 5	The reviewers discussed the last ten hospital admissions with the ACT CC. ACT staff were involved in all admissions. Staff said that hospital admissions are viewed as a last resort option in keeping with the goal of helping the member maintain independence; staff will petition members for admission when the Psychiatrist determines that it is in the members' best interest.	
O6	Responsibility for Hospital Discharge	1 – 5	ACT staff said that discharge planning begins upon hospital admission. Staff begin coordinating with	

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	Planning	5	the hospital social workers within the first 72 hours of admission. A formal staffing is scheduled, as well as a conference between the ACT and the hospital Psychiatrist. A discharge staffing is set up, sometimes the day of the discharge. Staff assists the member with transportation from the hospital back to their home or wherever they want to go after leaving the hospital. Staff implements a 30-day follow-up plan that involves monitoring and engagement to prevent relapse and readmission and to ensure medication compliance. Follow up is daily for the first five days and then weekly with regular check-ins about medication and referrals.	
O7	Time-unlimited Services	1 – 5 5	The team rarely graduates members; graduation occurs in the context of discussions with the member and the rest of the team, and in phases, after the member has demonstrated success with decreasing levels of support, akin to what would be provided at the supportive level, from the ACT team. Staff anticipate stepping down one member before the team's transition to a new agency.	
S1	Community-based Services	1 – 5 5	Per the record review, 93% of ACT face-to-face services occurred in the community. Many contacts were between the CC or Nurse and members. Records of five members showed that all contacts occurred in the community, although two records showed no contacts between members and staff.	
S2	No Drop-out Policy	1 – 5 5	Staff anticipate stepping down one member before the team's transition to receiving new agency. In the last 11 months, only one member left the team without notice and could not be located.	
S3	Assertive Engagement	1 – 5	Staff said that regular, honest discussions that communicate caring and a genuine interest in how	

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	Mechanisms	5	the member is functioning are critical to keeping members engaged. ACT staff must also follow through on what they say they are going to do. ACT staff use an eight-week outreach strategy with members who cannot be located or appear to be disengaging from staff. The strategy includes street outreach mechanisms such as visiting preferred shelters, last known address, preferred locations, and contacts at the emergency room, jail and morgue. Staff use relationships with member's guardians, probation officers, Mental Health Court, other members, and their informal support network. Staff said that most members make contact with staff when they have a need, usually by the eighth week. At the time of the review, two members were on outreach.	
S4	Intensity of Services	1 – 5 2	Available data indicated that five ACT staff provided an average of 24 minutes of services per week to 58 members. Due to lack of available staff and high member needs, staff said that they prioritize member needs over documentation of services.	• ACT team staff should provide an average of two hours of direct service per week to each member. • The agency and the ACT team should collaborate to ensure timely delivery and documentation of member face-to-face services.
S5	Frequency of Contact	1 – 5 1	Available data indicated that the five ACT staff provided an average of .50 contacts per week for each member. Due to lack of available staff and high member needs, staff said that they prioritize member needs over documentation of services.	• ACT team staff should provide an average of four or more face-to-face contacts per member per week. • The agency and the ACT team should collaborate to ensure timely delivery and documentation of member face-to-face services.
S6	Work with Support System	1 – 5 2	The CC said that approximately 40% (24) of the 58 members have informal supports in their lives such as family, a landlord, or shelter staff. Staff interviewed estimated that they have contact with at least one informal support of each of the 40% at	• ACT staff should strive to have an average of at least four contacts with each member's community support system per month. • The agency and ACT staff should

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			least once a week. In the morning meeting observed by the reviewers, staff referred to two contacts with informal supports that occurred over the weekend. Three (.30) informal support contacts were found in the review of ten randomly selected member records. Using the CC as the primary data source, the rate of staff contact with member supports is approximately 1.65 contacts per member each month; this was reflected in the score.	collaborate to resolve barriers to completion and filing of documentation of contact with members and their community supports.
S7	Individualized Substance Abuse Treatment	1 – 5 4	As reported previously, the ACT team does not have an SAS on staff. The CC provides individualized substance abuse counseling to three members weekly. Sessions may be in the community or at the office and last for approximately 50 – 60 minutes. A review of member records found evidence of the CC providing this service. For this team of 45 members diagnosed with a COD, the CC provides an average of 3.7 minutes of individual substance abuse counseling to members weekly.	• Increase average substance abuse treatment time spent per member with a COD to 24-minutes or more per week. • See recommendation H9, Substance Abuse Specialist on the team. At least one SAS on the ACT team should have training and experience to provide individual substance abuse counseling.
S8	Co-occurring Disorder Treatment Groups	1 – 5 3	The CC provides two co-occurring disorder treatment groups each week. Approximately ten members (22%) attend at least one of these groups per month, with seven to eight members attending at least one group weekly. Groups last for approximately an hour and use an Integrated Dual Disorders Treatment curriculum the CC found online and another curriculum available on the Substance Abuse Mental Health Services Administration (SAMHSA) website. Progress notes for COD treatment groups were found by the reviewers in records examined.	• The ACT team should encourage as many members diagnosed with a COD as possible to attend at least one substance abuse group per month.
S9	Co-occurring Disorders (Dual	1 – 5	While staff described abstinence as a desirable goal, they also acknowledged that substance use	• The ACT team should continue efforts to avoid hospitalizations and detox through

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	Disorders) Model	4	occurs on a continuum, and readiness for treatment is based on their stage of change. Staff use a range of harm reduction techniques to assist members in managing their symptoms if they choose to continue using substances, including motivational interviewing and cognitive behavioral techniques. The team celebrates successes that have included a member engaging in discussion of the pros and cons of using spice, another member identifying a situation when it is not safe for her to drink, and still another who has concluded that he cannot ever use alcohol safely. Staff use the American Society of Addiction Medicine criteria to assess for detox which is used on a case-by-case basis. One member attended detox, while another member refused it despite staff concerns about the risk of not participating.	the use of the co-occurring disorders model, which emphasizes a non-punitive, non-confrontational, stage-wise treatment approach and recognizes the interactions between serious mental illness and substance abuse. • ACT teams should receive necessary and on-going training in the COD treatment approach, including motivational interviewing, stages of change, and cognitive behavioral techniques. On-going training helps support consistent use of evidence-based interventions through transitions in personnel, and decreases reliance of comfortable and traditional approaches that offer lesser outcomes.
S10	Role of Consumers on Treatment Team	1 – 5 1	The CC described the previous Peer Support Specialist, who left the team the month prior to the review, as very effective at engaging members and their support systems. The PSS had equal responsibilities to other ACT staff, including conducting ACT admission screenings. Due to the transition to a new ACT team, the agency is not filling the position. The lack of a PSS is reflected in the score.	• ACT teams should have a full-time PSS, with full professional status to provide direct service to members and ensure a member perspective in service design and delivery.
Total Score:		**3.53**		

ACT FIDELITY SCALE SCORE SHEET

Human Resources	Rating Range	Score (1-5)
1. Small Caseload	1-5	4
2. Team Approach	1-5	2
3. Program Meeting	1-5	5
4. Practicing ACT Leader	1-5	4
5. Continuity of Staffing	1-5	1
6. Staff Capacity	1-5	3
7. Psychiatrist on Team	1-5	5
8. Nurse on Team	1-5	4
9. Substance Abuse Specialist on Team	1-5	1
10. Vocational Specialist on Team	1-5	1
11. Program Size	1-5	3
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. R5esponsibility for Hospital Admissions	1-5	5

6. Responsibility for Hospital Discharge Planning	1-5	5
7. Time-unlimited Services	1-5	5
Nature of Services	Rating Range	Score (1-5)
1. Community-Based Services	1-5	5
2. No Drop-out Policy	1-5	5
3. Assertive Engagement Mechanisms	1-5	5
4. Intensity of Service	1-5	2
5. Frequency of Contact	1-5	1
6. Work with Support System	1-5	2
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	4
10. Role of Consumers on Treatment Team	1-5	1
Total Score	**3.53**	
Highest Possible Score	**5**	