ASSERTIVE COMMUNITY TREATMENT (ACT)

FIDELITY REPORT

Date: August 8, 2019

To: Maria Cholley, Clinical Coordinator
Dr. Beth Darling
Gene Cavallo

From: T.J. Eggsware, BSW, MA, LAC
Annette Robertson, LMSW
AHCCCS Fidelity Reviewers

Method

On July 22-23, 2019, TJ Eggsware and Annette Robertson completed a review of the Maricopa Integrated Health System (MIHS) Mesa Riverview 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.

MIHS offers a range of physical health and wellness programs including inpatient and outpatient services. MIHS operates multiple outpatient behavioral health programs serving adolescents and adults. The agency operates one ACT team, Mesa Riverview, the focus of this review.

The individuals served through the agency are referred to as *member*, *client* or *patient*, 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 team meeting on July 22, 2019;
- Individual interviews with the ACT Clinical Coordinator (i.e., Team Leader), the Peer Support Specialist (PSS), the Independent Living Skills Specialist (ILS), and one of the Substance Abuse Specialists (SASs);
- Individual interviews with two members receiving services from the ACT team;
- Charts were reviewed for ten randomly selected members using the agency's electronic health records system; and,
- Review of documents and resources, including: the Regional Behavioral Health Authority (RBHA) *Mercy Care RBHA Assertive Community Treatment (ACT) Operational Manual*, *ACT Admission Criteria*, *ACT EXIT Criteria Screening Tool*, Clinical Coordinator (CC) face-to-face tracking log for a recent month, sample member calendars, the team contact flier, substance use group sign-in sheets, substance use treatment resources, and resumes and training records for the SASs, Employment Specialist (ES) and Rehabilitation Specialist (RS).

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:

- The team is staffed with ten direct service staff, resulting in a member-to-staff ratio of 8:1. Over the last year positions were usually filled within a month of a vacancy. Staffing is of sufficient size to provide necessary coverage to the 80 members served.
- Staff practices a team approach to service delivery. Staff track completed and planned contacts with members using calendars during the daily team meeting.
- Over the last year, the team operated with a high level of staff capacity. Nine of the 11 staff have been with the team for more than a year. The team is staffed with a Psychiatrist and two Nurses who interviewees reported provide community-based services and are accessible.
- The team maintained a low admission rate in the past six months, and only one member dropped out of services the year prior to review.
- Based on observation of the team meeting and records, the team appears to monitor members' ability to address medical conditions and provides support and encouragement when necessary.
- The agency website offers a brief description of ACT services and a contact phone number for admission and referral information.

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

- Develop engagement plans in advance with members who are known to self-admit to inpatient settings without contacting the team. More contact with members' informal support networks might result in the identification of issues or concerns that could lead to hospitalization. Ensure all members and their supports receive the flier with team contact names and numbers. The flier could be enhanced by including brief specialist position descriptions.
- Seek to increase both the average frequency and intensity of services to members, with a continued focus on community-based support.
- Educate members on the benefits of natural supports and assist members in building and identifying those supports. Engage natural supports as partners in supporting members' recovery goals. For example, assist supports to identify community-based activities to engage in with members. Training staff on informal support engagement strategies may be helpful. Staff may be able to draw from training to give informal supports tips on how to reinforce healthy recovery behaviors or to model recovery language when interacting with members.
- Provide training to staff on stage-wise treatment, associated interventions, and strategies to engage members in individual and/or group treatment. Some agencies have purchased and disseminated to ACT teams treatment manuals and resources to ensure staff draw from the same information. Making supervision available to both SASs should help them as they cross-train other specialists in co-occurring substance use treatment.

ACT FIDELITY SCALE

Item #	Item	Rating	Rating Rationale	Recommendations
H1	Small Caseload	1 – 5 5	The team serves 80 members with ten staff that provide direct services (excluding the Psychiatrist), resulting in a member to staff ratio of 8:1.	
H2	Team Approach	1 – 5 5	Staff practices a team approach to service delivery. Contacts with members are tracked during the team meeting. Staff reported that all members receive contact by more than one staff in a two week period, which was supported in records reviewed. Staff said they have caseloads, but for those members, their tasks include weekly contact and primary responsibility for paperwork.	
H3	Program Meeting	1 – 5 5	Staff said that the program meeting is scheduled for one hour five days a week. One weekday meeting is extended to discuss more complex issues, coordinate on paperwork or related tasks, or to staff treatment plans with members. Staff attends meetings on the weekdays they are scheduled to work. The Psychiatrist and Nurses work four ten-hour days. During the meeting observed, the team discussed all members; the Psychiatrist was not scheduled on that day. Each member has a calendar where team completed contacts and planned future contacts are tracked.	
H4	Practicing ACT Leader	1 – 5 3	The CC reported their goal is to spend 50% of the time in direct services but the actual time can vary month-to-month. Examples of direct services by the CC were found in member records and included office and community-based contacts. Other CC notes documented coordination with staff, informal and/or formal supports. Based on review of the CC's productivity report over a month, direct services were provided to members just over 10% of the time.	• Optimally, CC's delivery of direct services to members should account for at least 50% of the time and be documented in the members' records. If new staff joins the team, supervision might include the CC mentoring them as they deliver services.

Item #	Item	Rating	Rating Rationale	Recommendations
H5	Continuity of Staffing	1 – 5 4	The team experienced a relatively low rate of staff turnover during the past two years. Nine of the 11 staff have been with the team for more than a year. Data showed that seven staff left the team and one staff provided coverage during the recent two-year timeframe, resulting in turnover rate of about 33%. Turnover was highest for the Housing Specialist and SAS positions. One previous SAS was promoted at the agency.	• When possible, identify and seek to resolve causes for employee turnover. Ideally, turnover should be less than 20% over a two-year period. Consistent staffing is a key ingredient in successful ACT teams.
H6	Staff Capacity	1 – 5 5	The team operated at nearly 99% of staff capacity over the past year. Positions were usually filled within a month of a vacancy. One Nurse position was vacant for two months. Another staff was on leave for three months, but coverage was provided by another agency employee.	
H7	Psychiatrist on Team	1 – 5 5	Staff said that the full-time Psychiatrist is an active team member, is available and accessible, including over the weekend under certain circumstances, which is usually coordinated through the CC. Staff said that the Psychiatrist provides community-based services to members two half days weekly; visiting members while inpatient, in their homes, and in the community. Staff reported that the Psychiatrist works four ten hour days and attends meetings on those days. Members said that the Psychiatrist talks with them about their experiences and medications. One member reported trust in the Psychiatrist, describing her as a good communicator, interested in the member's feelings.	
H8	Nurse on Team	1 – 5 5	Two full-time Nurses are assigned to the team. Both work four ten-hour days and attend the team meeting on the weekdays they are scheduled to work. Staff said that the Nurses are accessible and that neither has administrative responsibilities	

Item #	Item	Rating	Rating Rationale	Recommendations
			outside of the team. A member reported receiving home visits from a Nurse. Two examples of a Nurse meeting members in the community were found in the ten records reviewed.	
H9	Substance Abuse Specialist on Team	1 – 5 4	Two SASs work on the team. One SAS joined the team August 2016 and receives monthly individual supervision by the CC, who is a Licensed Professional Counselor (LPC) as of July 1, 2019. The second SAS joined the team in May 2019 and is titled Licensed Substance Abuse Specialist. The staff was not found on the Arizona State Board of Behavioral Health Examiners website as a licensed professional. Staff said that this staff is in the process of obtaining licensure. The second SAS's resume showed no specific substance abuse experience but rather experience in group and individual treatment; couples counseling; therapy with trauma survivors; oversight of behavioral health services to youth and adolescents; and, services to individuals seeking employment.	• Provide both SASs with supervision and training in co-occurring treatment best practices so each are able to cross train team staff in appropriate interventions based on members' stages of treatment. • Evaluate whether the second SAS should assume an alternate title (e.g., Lead) until licensure in Arizona is confirmed.
H10	Vocational Specialist on Team	1 – 5 4	The team employs an ES that joined the team December 2017 and RS that joined the team in July 2017. The ES attained prior experience of more than a year providing employment services to youths and adults. During the team meeting and in records there was evidence that the ES directly assists members with employment, including offering on-the-job support. It was reported that the ES and RS attend quarterly RBHA rehabilitation services meetings and complete on line trainings; however, little recent evidence was found in records provided to reviewers.	• Ensure both Vocational Specialists receive ongoing training and guidance so they can engage and support members to obtain competitive positions in integrated work settings. Ideally training should include how to support members with job development, supporting individualized job searches, and follow-along support.
H11	Program Size	1 – 5 5	At the time of review, with 11 direct service staff, the team is of sufficient size to provide coverage.	

Item #	Item	Rating	Rating Rationale	Recommendations
O1	Explicit Admission Criteria	1 – 5 5	Staff reported referrals originate from other providers, or through the RBHA. An ACT staff conducts an in-person screening with the potential new member using the Mercy Care (i.e., the RBHA) ACT Admission Criteria and then meets with the Psychiatrist to discuss the results. The team makes the final decision if members join the team, with no external mandates to accept admissions. Staff said that the need to recruit can vary based on the team member census. Staff said the team does not want to accept referrals that do not meet the admission criteria just to increase the census. Data showed three to four members joined the team during most recent months.	• Monitor the member census and engage in recruitment as appropriate, such as periods with few new referrals. Recruitment should include ACT staff contacts with a variety of potential referral sources, such as staff from hospitals, shelters, and prisons or jails.
O2	Intake Rate	1 – 5 5	The monthly member admission rate to the team in the last six months peaked at four during April 2019. There were three admissions each month for January, March, May and June 2019, but zero admissions during February 2019.	
O3	Full Responsibility for Treatment Services	1 – 5 4	The team directly provides case management psychiatric services, individual and group substance use treatment, most employment support, and psychotherapy/counseling is available through the CC. One staff said no members receive counseling from other providers. Another staff reported that one member declines to go to the office and receives counseling through another agency. One staff was uncertain how many members receive counseling through the team and said that none receive the service from another provider. During the team meeting, staff discussed the ES providing supportive employment or related	• Evaluate members' circumstances and housing options before they are referred to staffed residences over independent living with ACT staff support. Ideally, no more than 10% of ACT members reside in settings where other social service staff provides support. • Ensure staff are familiar with the types of independent, staffed or treatment settings where members reside. There was variation in staff estimates of members who are in staffed residences. • Ensure staff are aware of members who receive brokered services (e.g., for employment support services) so they can effectively collaborate or offer services

Item #	Item	Rating	Rating Rationale	Recommendations
			services. Staff estimates of members who receive those supports varied from a low of 13%, a mid-range of 31%, and a high of 50% of all members. Based on records and interviews, at least two members receive brokered employment services. The team provides in-home services and assists members to explore housing options but some members reside in staffed residences. These residences include formal treatment settings (e.g., residential) and less formal residences in the community. One staff estimated 15-20% of members reside in a staffed residence. Another staff estimated the number to be about 14% and a third estimated 4-5% of members are in staffed residences.	available through the team if a member's circumstances change.
O4	Responsibility for Crisis Services	1 – 5 5	Staff said that the ACT team is available to provide crisis services, including responding to members in the community. Some staff work weekend shifts. One member confirmed that their primary staff works a weekend shift. One member interviewed was unsure if on-call staff from the team is available after hours and identified the county warm-line or another program as options if needed.	• Ensure all members and their supports are informed of the team on-call information. In addition to updating the staff contact flier as new staff join the team, consider enhancing the document by adding staff hours of availability and brief position descriptions.
O5	Responsibility for Hospital Admissions	1 – 5 4	The ACT team was directly involved in seven of the ten most recent hospital admissions based on data provided. Three members self-admitted. Staff said that if a member requests inpatient services, staff will arrange for members to meet with a Psychiatrist and/or Nurse during business hours to assess needs. On-call staff is available after hours or on the weekend to assist members. To support members at admission, staff transport	• When members do not involve the team prior to an admission, seek to identify the reasons or their circumstances. To the extent possible, develop plans with the members and their support systems so the team can inform them how staff can offer support.

Item #	Item	Rating	Rating Rationale	Recommendations
			to the inpatient facility and stay until they are admitted. Staff said that they visit with members that are inpatient on Mondays, Wednesdays and Fridays. Staff coordinate with the inpatient treatment team and member supports (e.g., guardians) to establish a discharge plan. The Psychiatrist conducts weekly doctor-to-doctor consultations with the inpatient provider, or attempts to do so.	
O6	Responsibility for Hospital Discharge Planning	1 – 5 5	Staff said that the ACT team is involved when members discharge from an inpatient setting. A staff typically meets members at discharge to provide transportation. After members discharge, staff said that they have face-to-face contact for five days. The team arranges for members to meet with the Psychiatrist within 24 to 72 hours of discharge. The ACT team was directly involved in 90% of the most recent hospital discharges. One member declined team pick-up and used a bus pass provided by the discharging facility to come to the office to meet with team staff. Staff said a specialist planned to meet the member at discharge.	
O7	Time-unlimited Services	1 – 5 5	Staff reported that 19 members graduated from ACT over the past year. Staff said they worked with those members to determine when graduation was appropriate. When asked, staff said that two members that graduated were not appropriate for ACT when they joined the team and that 11 of the 19 members elected to graduate when the agency opened a new location providing Supportive level of case management. At the time of interview, staff identified one member poised to graduate over the next year, but added	• ACT teams should graduate no more than 5% of members per year. ACT is not meant to be a short-term program. Though, it is a worthy goal for ACT members to increase their independence and eventually transition to less intensive services.

Item #	Item	Rating	Rating Rationale	Recommendations
			that if other members' statuses dramatically improved, the number of potential graduates might increase. Staff said there were no external pressures to transition members off ACT.	
S1	Community-based Services	1 – 5 4	Staff reported they spend 80% of their time in the community. In ten member records reviewed, a median of 61% of services occurred in the community. In some instances staff documented contact to plan community-based visits with members. Certain staff on the team facilitate community-based groups or activities. One member reported visiting the office multiple times a week to attend groups and for counseling.	• Engage members in the community at a similar level as what was reported by staff interviewed. Ideally 80% or more of contacts with members occur in their communities. • For members that visit the clinic multiple times a week, the team should explore how to deliver those services in the members' communities.
S2	No Drop-out Policy	1 – 5 5	Based on data provided for the prior year, one member closed from the team after an extended period of staff outreach with no contact. There were no other members that declined services, moved without a referral, or who the team determined could not be served.	
S3	Assertive Engagement Mechanisms	1 – 5 4	Staff said that when members are not in contact with the team, outreach occurs in accordance to the *Mercy Care RBHA Assertive Community Treatment (ACT) Operational Manual*. The manual directs ACT teams to conduct four outreach attempts weekly for a minimum of eight weeks. The manual prompts that at least two community-based attempts occur. At the conclusion of the outreach process, the manual directs that members be transitioned off the team to the *Navigator* level of care. During the program meeting, staff discussed outreach and engagement efforts directed to members, as well as certain formal and informal supports. Visiting a member's payee or at locations a member is known to visit were examples of staff outreach. In the records	• Monitor contacts with members to ensure staff document in records attempted and completed member contacts. It may be helpful to assign one staff (e.g., Program Specialist) to review documentation in member records during the team meeting to confirm recent contacts occurred so that the team can proactively assign staff to outreach in the event of lapses.

Item #	Item	Rating	Rating Rationale	Recommendations
			reviewed, staff often documented outreach and attempts to schedule community visits with members. However, two of those members experienced a lapse of more than a week in team contact or outreach attempt.	
S4	Intensity of Services	1 – 5 3	Based on ten member records reviewed, the median intensity of face-to-face service time per member was around 50 minutes weekly. Average weekly service time per member ranged from a low of less than 20 minutes to another member receiving nearly 130 minutes.	• Work with staff to identify and resolve barriers to increasing the average intensity of services to members. The ACT team should provide members an average of two hours of face-to-face contact weekly.
S5	Frequency of Contact	1 – 5 3	Staff said they maintain weekly contact with members on their primary caseloads in addition to annual and other paperwork requirements. Staff said they have contact with a variety of members weekly. Based on records, most members received a similar frequency of contact. A median weekly face-to-face contact of nearly 2.4 was found in ten records. Nine of the ten members received at least two contacts on average per week; none received four or more. One staff said maintaining contact with members is challenge due to the large service area.	• Increase the frequency of contact with members by ACT staff, preferably averaging four or more face-to-face contacts a week per member. Work with staff to identify and resolve barriers to increasing the frequency of contact with members.
S6	Work with Support System	1 – 5 2	Staff estimated between 50%-60% of members with natural supports. The team maintains a tracking document of informal supports that showed about 82% of members have natural supports and other members with formal supports (e.g., advocate or guardian). Staff said the team averages at least weekly contact with informal supports. Members interviewed reported on the team's contact with their supports. During the program meeting, staff discussed recent contact with informal supports, or planned contact, for about 28% of members. There were few contacts	• Increase engagement of natural supports as partners in supporting members' recovery goals. The team may benefit from further training on strategies to assist members in building and engaging natural supports. Discuss with members the benefits of involving their supports in their treatment and assist in identifying and building those supports. • Educate informal supports about how they can support members' recovery. For example, assist them in identifying

Item #	Item	Rating	Rating Rationale	Recommendations
			with natural supports documented in records reviewed, an average of .5 contacts a month per member.	community-based activities they can engage in with members. Staff may be able to draw from their training to give informal supports tips on how they can reinforce healthy recovery behaviors or model use of recovery language. • Monitor documentation of contacts with informal/natural supports in the member records.
S7	Individualized Substance Abuse Treatment	1 – 5 4	Based on interviews and observation of the team meeting it appears individualized substance use treatment is available through SASs on the team. Staff identified 44 members with a substance use diagnosis. Each SAS primarily works with half of those members. Staff reported that about 35 of the members with a substance use diagnosis receive weekly individual treatment. It does not appear the average session is 24 minutes or more per applicable member. Ten records were reviewed and four of those members have a substance use diagnosis. None of those members received individual treatment weekly. Over a month timeframe, one member met with an SAS for two 30 minute individual sessions. A second member met with an SAS for one 30 minute individual session, and an SAS met with the member and extended an invitation to group. A third member met with an SAS twice and substance use was discussed in the course of other activities. The fourth member met once with an SAS to develop the member's treatment plan.	• Offer individual treatment to members with a co-occurring diagnosis. Train staff on strategies to engage members in substance use treatment. Individualized treatment may be more appropriate for members in earlier stages of treatment. • Continue all efforts to increase the time spent with members in individual sessions to 24 minutes or more, per applicable member. • Ensure that both SASs receive the necessary training, mentoring, and ongoing guidance to provide structured, individual substance use counseling. Ensure other specialists, in addition to the SASs, inform members of individual treatment available with the SASs.
S8	Co-occurring Disorder Treatment Groups	1 – 5 3	The SASs offer one weekly Co-Occurring Disorder (COD) treatment group. Staff said that the first three groups of the month are structured for	• Engage members to participate in group substance use treatment, as appropriate, based on their stage of treatment.

Item #	Item	Rating	Rating Rationale	Recommendations
			members in early stages of treatment. The fourth group of the month is held off-site and is structured for members in later stages of recovery. One staff reported an average of about ten applicable members participate in group substance use treatment monthly. Another staff estimated a higher level of participation, about 35 (80%) of members with a substance use diagnosis. Sign-in sheets provided showed that over a recent month timeframe, nine members with a substance use diagnosis participated in group treatment.	Optimally, 50% or more of applicable members participate in a co-occurring group. • Ensure that the SASs receive the necessary training, mentoring, and ongoing guidance to provide structured group treatment to members with substance use diagnosis.
S9	Co-occurring Disorders (Dual Disorders) Model	1 – 5 4	Staff reported the team follows the Integrated Dual Disorder Treatment (IDDT) model. One staff was uncertain if the team received formal training in IDDT, but confirmed co-occurring treatment trainings availability through an online learning platform. Staff gave examples of recent harm reduction efforts supporting members to eliminate harmful substances in favor of less harmful substances, such as lower alcohol content drinks. Staff discussed the availability and distribution of Naloxone kits. Staff provided co-occurring treatment materials from SAMHSA and a RBHA group manual. The team also draws from group curriculum targeted toward users of cocaine that encourages ongoing involvement in Alcoholics Anonymous (AA) or similar groups. However, staff reported they do not refer members to AA or similar groups. Staff reported that they will arrange for withdrawal management (i.e., detoxification) if medically indicated. Staff gave examples where medical	• Provide training to all staff on an integrated approach to substance use treatment. Having a common treatment approach should benefit the members served and help staff to align their activities appropriately. Utilizing various substance use treatment materials does not equate to a comprehensive integrated co-occurring model. • As an element of the broader co-occurring training, staff might benefit from guidance on recovery language in conversation with members, their supports and documentation.

Item #	Item	Rating	Rating Rationale	Recommendations
			withdrawal management may be indicated based on the substance used. It appears staff are familiar with stage-wise treatment and the importance of matching interventions to the member's stage of treatment but staff use stage of change language. Staff discussed members' stages during the team meeting observed and in documentation. Though, in a record reviewed one staff documented different stages for a member with no identified change in status. In another record staff documented a member's *clean* time. In one treatment plan, the member's focus on reducing use was documented and addressed. On another plan substance use was identified for a member who participated in substance use treatment through the team.	
S10	Role of Consumers on Treatment Team	1 – 5 5	Most interviewees confirmed there is a staff on the team with direct lived experience of mental health recovery. One member identified a staff that self-disclosed aspects of lived experience. One member interviewed was uncertain if there was a staff on the team with lived experience.	• Ensure member voice is represented. Not all interviewees were aware if there is staff on the team with direct personal lived experience of psychiatric recovery.
Total Score:		**4.29**		

ACT FIDELITY SCALE SCORE SHEET

Human Resources	Rating Range	Score (1-5)
1. Small Caseload	1-5	5
2. Team Approach	1-5	5
3. Program Meeting	1-5	5
4. Practicing ACT Leader	1-5	3
5. Continuity of Staffing	1-5	4
6. Staff Capacity	1-5	5
7. Psychiatrist on Team	1-5	5
8. Nurse on Team	1-5	5
9. Substance Abuse Specialist on Team	1-5	4
10. Vocational Specialist on Team	1-5	4
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	5
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	5
3. Assertive Engagement Mechanisms	1-5	4
4. Intensity of Service	1-5	3
5. Frequency of Contact	1-5	3
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	5
Total Score	**4.29**	
Highest Possible Score	**5**	