ASSERTIVE COMMUNITY TREATMENT (ACT)
FIDELITY REPORT

Date: June 16, 2017

To: Peggy Chase, CEO
Julie Matthies, Director of ACT
Kelly Miles, ACT Clinical Coordinator

From: Georgia Harris, MAEd
Karen Voyer-Caravona, MA, LMSW
AHCCCS Fidelity Reviewers

Method

On May 16-17th, 2017 Georgia Harris and Karen Voyer-Caravona completed a review of the Terros-Dunlap 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.

Terros operates multiple adult outpatient clinics throughout Maricopa County. Terros provides a wide variety of services including: primary care, outpatient and residential drug/alcohol treatment, general counseling, crisis, recovery, and mental health treatment. As of June 2016, the Circle the City ACT team transitioned management to the Terros-Dunlap ACT team, (AKA 23rd Ave. ACT Team Two), who subsequently relocated to the Townley clinic. During the transition to a new provider, the team experienced some attrition; some of the ACT members and nearly all of the staff did not transfer to the new provider/location.

The individuals served through the agency are referred to as "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:

- Observation of a daily ACT team meeting on May 16, 2017;
- Individual interview with the ACT Clinical Coordinator;
- Group interview with both Substance Abuse Specialists and an individual interview with the Employment Specialist.
- Group interview with five members receiving ACT services.
- Charts were reviewed for ten members using the agency's electronic medical records system.

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:

- Substance Abuse Specialists: The team currently has two, highly-qualified Substance Abuse Specialists (SAS). Both SASs are trained and specialize in Co-occurring disorder treatment models and have relevant field experience in Substance Abuse treatment.
- The team successfully works to establish member discharge plans by coordinating with inpatient doctors and social workers to finalize the necessary wraparound supports and behavioral health follow up.
- The Peer Support Specialist (PSS) is an essential part of the ACT team. They PSS is a respected team member, who provides guidance and support to both staff and member who may be difficult to engage.

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

- Practicing ACT Team Leader: Though the ACT Clinical Coordinator (ACT CC) is an integral part of the team, the records and other tracking reports produced little evidence of direct care services with members. The agency and team should review any current practices and/or responsibilities bestowed upon the ACT CC which may affect their ability to perform and/or document direct care for ACT members.
- Continuity of Staffing: Though much of the staff attrition occurred during the initial ACT team transition in June 2016, the team still experienced significant staff attrition over the past 12 months. The agency should study employee satisfaction and seek to improve employee morale through feedback forums and/or other opportunities, which could help explore solutions to perceived workplace hindrances.
- Responsibility for Hospital Admissions: The team was involved in 40% of the ten most recent hospitalizations. The majority of hospitalized members were self-admissions. The team should continue to educate members on their role in crisis and hospitalization.
- Work with Support System: The ACT team reports regular involvement with member families and natural supports; however, the records did not reflect any of the team's efforts. Assist the team in developing a comprehensive system for outreach, engagement, and tracking of their interactions with member supports.

ACT FIDELITY SCALE

Item #	Item	Rating	Rating Rationale	Recommendations
H1	Small Caseload	1 – 5 5	The ACT team currently has 11 staff members. The team consists of an ACT Clinical Coordinator (ACT CC), two nurses (RNs), one Substance Abuse Specialist (SAS1), and one Substance Abuse Specialist/Counselor (SAS2), a Rehabilitation Specialist (RS), an Employment Specialist (ES), an Independent Living Specialist (ILS), a Housing Specialist (HS), a Peer Support Specialist (PSS), and an ACT Specialist (AS). This count does not include the team Psychiatrist. At the time of the review, staff served 98 members for a member/staff ratio of approximately 9:1.	
H2	Team Approach	1 – 5 4	The team mostly practices a team approach to service delivery. Of the ten records reviewed, it was determined that 80% of the members had face-to-face contact with multiple team members, in a two week period. Each day, the staff schedules are created based on their primarily assigned members and other members' needs for their ACT specialty. Reviewers observed the team's Program Assistant (PA) tracking member contacts and managing the pace of the morning meeting.	• Continue working to improve the team approach to services by ensuring sufficient rotation of staff visits to members.
H3	Program Meeting	1 – 5 5	The team meets four days a week for their morning meeting. The Wednesday meeting is extended to include the staffing of member cases and Individualized Service Plan (ISP) development. It is expected that all ACT staff attend the meeting. All members are discussed at each meeting.	
H4	Practicing ACT Leader	1 – 5 2	The ACT CC provides direct member services on rare occasions as a backup. The ACT CC estimates	• ACT supervisors should provide direct care services to members 50% of the

Item #	Item	Rating	Rating Rationale	Recommendations
			spending approximately 40% of her time in direct service to members. ACT staff and members report that the ACT CC regularly provides in-home and in-office support and is always available in crisis situations. It was unclear from the CC encounter report what the actual service time was. Even with absences and PTO time considered, actual service time calculated by reviewers was approximately 3.5 hours of face-to-face contact (2%) over the identified review period. Also, the record review did not reveal any documentation attributable to the ACT CC.	time. • Review role responsibilities assigned to the ACT CC. Determine if any of the responsibilities can be distributed among other ACT and/or agency staff. • Consistently document the ACT CC's face-to-face encounters with members in the agency's documentation system.
H5	Continuity of Staffing	1 – 5 1	Terros assumed responsibility of this ACT team during the most recent 24 month period, and it was reported that none of the previous ACT staff were retained by the current provider. Additionally, in the recent 12 month period, the team lost 11 staff members. The staff provided no particular reason(s) and/or explanation for the attrition rate, though some alluded to the difficulties experienced in trying to balance contact requirements and the current agency documentation deadlines.	• Though much of this score is attributable to the transition to a new provider, the team still lost a significant portion of their staff in the recent 12 month period. The team should work diligently to prevent any further attrition. The agency should explore and continue any efforts to receive feedback on employee satisfaction.
H6	Staff Capacity	1 – 5 4	The team has operated at approximately 89% of staffing capacity in the past 12 months. The team was without an RN for two months and without a second RN for an additional three months afterwards. Also, the team was without a Substance Abuse Specialist (SAS) for one month, but without a second SAS for four months. All vacancies were filled at the time of the review.	• Thoroughly vet candidates to ensure they are the best fit for the position and the demands of an ACT level of service.
H7	Psychiatrist on Team	1 – 5 5	The team benefits from a full-time, fully-integrated Psychiatrist. In addition to psychiatric medication	

Item #	Item	Rating	Rating Rationale	Recommendations
			and monitoring, she coordinates care between PCP and specialty medical services for members. During the daily team meeting, she was observed directing team decisions for member engagement and service interventions. The team reports that she is accessible, often willing to discuss members on days when she is not scheduled in the office.	
H8	Nurse on Team	1 – 5 5	The team currently has two full-time RNs. Both RNs shoulder an equal amount of tasks and responsibilities for the members. Both the staff and members view the RNs as flexible and accessible. The RNs also conduct home visits as necessary; some of these instances were reflected in the record review.	
H9	Substance Abuse Specialist on Team	1 – 5 5	The team has two Substance Abuse Specialists.SAS1 has a Master of Science degree as a Professional Addiction Counselor and over ten years of experience in various positions related to the SMI and/or substance abuse treatment fields. SAS2 is both a Substance Abuse Specialist and the designated Counselor on the team. SAS2 is a Licensed Master Social Worker (LMSW) with over seven years of direct work experience with SMI members in Substance Abuse treatment.	
H10	Vocational Specialist on Team	1 – 5 3	The team has two Vocational Specialists: one Employment Specialist (ES) and one Rehabilitation Specialist (RS). The ES has multiple degrees in Business Management. He also has worked as an ACT Specialist and has supervisory experience in the developmental disability disorders (DDD) sector. The RS has over six years of experience as an SMI Case Manager and held positions in which some of her duties included helping members connect to meaningful community activities. Both	• Continue to provide ongoing training for both specialists on vocational topics and industry best practices.

Item #	Item	Rating	Rating Rationale	Recommendations
			the RS and ES have received trainings in vocational topics such as DB101 over the past year through the RBHA.	
H11	Program Size	1 – 5 5	The ACT team consists of 12 full-time staff for 98 members. The team is positioned to provide adequate coverage to the members served.	
O1	Explicit Admission Criteria	1 – 5 5	The ACT team has clearly defined ACT admission criteria, as outlined by the RBHA. Potential members can be screened by any ACT staff, but the team collectively discusses ACT appropriateness with the Psychiatrist prior to program admission.	
O2	Intake Rate	1 – 5 4	The ACT team reports 33 admissions in the last six months. The ACT CC reported the team's highest intake month was March 2017 with seven admissions.	• The ACT team should maintain a low intake rate by admitting six or less members per month to the ACT team.
O3	Full Responsibility for Treatment Services	1 – 5 4	In addition to case management, the team fully provides psychiatric services, counseling, rehabilitation, employment and substance abuse treatment. The team provides psychiatric care to all of its members. The RS provides skill building opportunities to members (e.g. computer skills at the library), whereas the ES works directly with members on job development and interview preparation. The staff do not report referring externally for employment support; in fact, the ES will conduct DB101 trainings with members who have questions regarding how employment will affect their benefits. The team currently has two SASs; both provide group and individual Substance Abuse treatment to members. SAS2 is a Licensed Master Social Worker (LMSW) and is able to provide general counseling services to any of the members on the team. Staff report	• The team should continue to 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
			that members are only referred out for specialty counseling services, such as eating disorder treatment. The team's Housing Specialist (HS) and Independent Living Specialist (ILS) provide members with assistance in finding suitable housing, as well as developing the skills needed to maintain their homes. However, the team currently has over 10% of their members living in settings where they are receiving additional case management services from the residences (e.g. Residential/Flex-Care).	
O4	Responsibility for Crisis Services	1 – 5 5	The ACT team provides 24-hour coverage for members. Per the ACT CC, members call the team directly. If a member calls the county crisis line, they are forwarded to the ACT line for assistance. The staff rotates coverage with the on-call phone weekly. Staff will contact the ACT CC if a decision needs to be made regarding visits to members in crisis. Staff considers themselves to be first responders to crisis situations and coach members to rely on them for their needs instead of the county crisis/mobile team units.	
O5	Responsibility for Hospital Admissions	1 – 5 3	The ACT team was directly involved in 40% of the ten most recent hospital admissions. Of the six that were not assisted by the team, two were admitted by other programs or authorities with which the member was engaged at the time of the crisis. The remaining four were self-admissions. In all six of these instances, the hospitals contacted the ACT team to notify them of the member admissions.	• Though the team has built a working relationship with the hospital system, the team must continually educate members on their role in crisis/hospital admission.
O6	Responsibility for Hospital Discharge	1 – 5 5	The ACT team was involved in all of the ten most recent hospital discharges. The ACT CC reports that	

Item #	Item	Rating	Rating Rationale	Recommendations
	Planning		the team starts working on the discharge process upon hospital admission. The team works with the inpatient doctors to coordinate treatment, and also works with the social workers to establish a discharge plan. Once discharged, the team will transport the member safely home, and ensure they have medications and basic necessities, such as food.	
O7	Time-unlimited Services	1 – 5 5	The ACT team reported one graduation over the past year. The team expects to graduate one member over the next 12 months. The ACT team and the Psychiatrist work collaboratively to track and identify members who have lessened their dependence on psychiatric and emergency services, or may be requesting transition to a lower level of care.	
S1	Community-based Services	1 – 5 4	The ACT staff provide most of their services to members in the community. Staff estimated that around 90% of their contacts with members were in the community. According to the review of ten randomly selected records, the team provided 78% of their face-to-face contacts in the community. The majority of members interviewed echoed the results of the record review, stating that staff will visit them at home, but some reported that they come into the office for groups throughout the week.	• Ensure that all encounters with members are accurately documented within the clinical record.
S2	No Drop-out Policy	1 – 5 5	The team reports retaining all of their members over the past 12 months. The ACT CC reports that the members who have left the team were accompanied by an inter-RBHA transfer.	
S3	Assertive	1 – 5	The team uses street outreach and legal	

Item #	Item	Rating	Rating Rationale	Recommendations
	Engagement Mechanisms	5	mechanisms to ensure ongoing engagement with members. ACT staff reported the use of an 8-week contact strategy prior to closing any member. If the member makes contact in any way during the 8-week period, the strategy timeline is reset. Should the member extend beyond the eight weeks, they are sent to an internal "navigator" team for further outreach. Once located, they are transferred back to the ACT team for service.	
S4	Intensity of Services	1 – 5 4	Ten member records were reviewed to determine the amount of face-to-face service time spent with each member. The team spends an average of approximately 90 minutes per week in total service time per member. Though most of the records reviewed showed average or above average contacts, one record showed a member that had not received face-to-face contact in three weeks.	• ACT teams should average two hours or more of face-to-face services per peek. • Continue to monitor face-to-face contacts with all members weekly.
S5	Frequency of Contact	1 – 5 4	The record review indicated that the team provides an average of 3.5 face-to-face contacts per week. The ACT staff stated that the team creates their schedules daily, and visits are scheduled based on their ACT specialties and the immediate needs of their assigned members. Then, the remaining members are scheduled based on the number of visits they have had already within the week.	• The ACT team should continue to engage frequently with members, with the goal of averaging four or more contacts per week, per member.
S6	Work with Support System	1 – 5 1	Staff estimated that approximately 65% of all members have identified natural supports, and they estimate monthly contact with 100% of member supports. Staff also report that they are in contact with some supports on a weekly basis. Staff stated that they recently started a family psychoeducation group to provide direct support to families. The member record review provided little evidence of the team's involvement with	• Focus on documenting team contacts with supports to ensure they are accurately reflected in the records. • Continue every effort to build relationships with the support systems of the ACT members. • Educate support systems on the role of the ACT team in the lives of both the members and their active supports.

Item #	Item	Rating	Rating Rationale	Recommendations
			support systems; out of the ten records reviewed, the team provided zero documented contacts to supports during the record review period. Reviewers observed few instances of direct contact with members' natural supports were mentioned in the Morning Meeting.	
S7	Individualized Substance Abuse Treatment	1 – 5 4	The team currently offers individualized substance abuse treatment to all of their members diagnosed with a co-occurring disorder (COD). The team currently has 62 members diagnosed with a COD; these are equally split between the two SAS staff. Both SASs report seeing each member weekly, with most sessions averaging about 30 minutes each. The SASs each have their own method for tracking scheduled treatment sessions. Both provided evidence to reviewers of how they tracked their hand-written session notes prior to inputting them into the members' clinical records; however, the content of most of the notes in the actual clinical records were documented in the same fashion as the general home visits. In some instances, it was unclear (per the content of the clinical notes) if the session was a treatment session, or simply a home visit which was conducted by an SAS.	• Though SA treatment sessions are noted, make extra efforts to ensure that the SA treatment notes in the clinical records are clearly identifiable by their stated goals and the members' progress towards goal achievement in each session.
S8	Co-occurring Disorder Treatment Groups	1 – 5 3	The team offers three COD treatment groups to members on a weekly basis. SAS1 conducts a Wednesday group and SAS2 conducts a Monday and a Friday group. Approximately 15 unique attendees have participated in the Monday and Friday groups over the past month. About 12 unique attendees have participated in a Wednesday group in the past month. Both instructors use Hazelden materials as group curriculum. The Friday group is focused on members who are in the preparation to	• Continue to explore methods to encourage enrollment in SA treatment groups for COD members. The ACT team should have 50% or more of these members engaged in DD groups.

Item #	Item	Rating	Rating Rationale	Recommendations
			maintenance Stages of Change. The group is geared towards members who desire relapse prevention-type strategies. Both SASs spoke about the need to improve attendance numbers and provided reviewers with a verbal overview of the incentive they plan to implement to improve member participation.	
S9	Co-occurring Disorders (Dual Disorders) Model	1 – 5 3	The team uses a mixed model for COD treatment, which is often rooted in the Dual Disorders model, but occasionally relies on traditional treatment options. The SASs on the team seemed well-versed in the COD model; however, it appeared that some of the staff were unfamiliar with language and principles of a COD treatment approach. Most staff were able to comfortably discuss the role of harm reduction and how it is implemented on the team; still, many staff were vague in their views on the appropriateness of detox solutions and the role of 12-step programs in recovery. Moreover, staff interviews indicated that some staff would initially approach the member(s) confrontationally, but would then respond to their confession(s) with harm reduction-based solutions.	• Train all staff in a stage-wise approach to treatment. This may include using the SASs to provide ongoing cross-training to other staff members. • Train staff on the activities that align with a member's stage of treatment and how to reflect that treatment language when documenting the service.
S10	Role of Consumers on Treatment Team	1 – 5 5	The team has a fully-integrated Peer Support Specialist (PSS). The PSS is a full-time staff and is assigned responsibilities equal to those of all the other team members. Staff and members view the role of the PSS as one of engagement, focused on improving therapeutic rapport and clinical outcomes with members who are resisting treatment. The PSS had a very active role in the morning meeting observed, and clearly has a strong impact and presence on the team.	
Total Score:		**4.03**		

ACT FIDELITY SCALE SCORE SHEET

Human Resources	Rating Range	Score (1-5)
1. Small Caseload	1-5	5
2. Team Approach	1-5	4
3. Program Meeting	1-5	5
4. Practicing ACT Leader	1-5	2
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	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	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	5
4. Intensity of Service	1-5	4
5. Frequency of Contact	1-5	4
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	**4.03**	
Highest Possible Score	**5**	