ASSERTIVE COMMUNITY TREATMENT (ACT)
FIDELITY REPORT

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AHCCCS Fidelity Reviewers

Method

On December 12-13th, 2017 Georgia Harris and Karen Voyer-Caravona completed a review of the Southwest Network's San Tan 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.

Southwest Network staff provides services to adults through seven outpatient clinics, five of which have ACT teams. Per the agency website, services at the clinics include: psychiatric evaluations, substance abuse evaluations, crisis intervention, help with thoughts of suicide, medication, nursing, case management, rehabilitation and support, personal care and life skills development, employment rehabilitation and training, peer and family support, housing support, transportation assistance, and language services. The San Tan ACT team has maintained consistent leadership and has become fully staffed over the past year.

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 activities:

- Observation of a daily ACT team meeting on December 12, 2017;
- Individual interview with team leader/ACT Clinical Coordinator;
- Individual interviews with the Peer Support Specialist and the Employment Specialist;
- Group interview with the two Substance Abuse Specialists;
- Charts were reviewed for ten members using the agency's electronic medical records system.
- Review of the agency's document MMIC *ACT Admission Screening Tool*.

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:

- In addition to psychiatric medication and monitoring, the Psychiatrist is heavily involved in the case management functions of the ACT Team. Staff and members alike report that the Psychiatrist regularly provides community treatment to members (upwards of 12 members a day) when she is in the field.
- The team has a strong approach to service delivery. The record review suggests that all of their members have been seen by more than one ACT staff, over the most recent two-week period. The approach to service delivery is a mix of a zone and specialty-based method; helping to improve the efficiency of the ACT staff.
- The team works diligently to engage and retain their members at a mutually satisfactory level. Over the past 12 months, the team has retained nearly all of their members, with the exception of one out-of-county transfer, when the team attended multiple meetings to accommodate the receiving agency.

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

- Though the ACT CC is an integral part of the team and provides direct services, the data and tracking reports provided suggest that less than 50% of her time is spent in these activities. The agency and team should continue to review any current practices and/or responsibilities that may affect their ability to perform and/or document direct care for ACT members.
- Staff estimated that between 65%-80% of their contacts with members were in the community; however, according to the data provided, the team provided less than 60% of their face-to-face contacts in the community. The team should review the services provided to members who come most frequently into the clinic, and explore how to deliver those services in the natural settings where members live.
- Evidence was found in the clinical records of both SASs providing targeted treatment sessions and discussing specific treatment goals and interventions for each participant. However, the duration and occurrence rate of these appointments did not mirror the level of frequency that was presented by the SASs. Continue all efforts to increase the time spent with members in individual sessions to 24 minutes or more, per member.

ACT FIDELITY SCALE

Item #	Item	Rating	Rating Rationale	Recommendations
H1	Small Caseload	1 – 5 5	The ACT team serves 99 members with eleven full-time staff. The member to staff ratio is approximately 9:1. At the time of review, the team consisted of an ACT Clinical Coordinator (ACT CC), two Registered Nurses (RNs), two Substance Abuse Specialists (SAS), a Rehabilitation Specialist (RS), an Employment Specialist (ES), an Independent Living Specialist (ILS), a Peer Support Specialist (PSS), a Housing Specialist (HS), and an ACT Specialist (AS). This count excludes the Psychiatrist.	
H2	Team Approach	1 – 5 5	The ACT team practices a team approach to service delivery. Of the ten records reviewed, it was determined that all of the members had face-to-face contact with multiple team members in a two week period. The ACT CC specified that the staff schedules are developed and rotated weekly. The staff schedules are based on a "route", which is comprised of members who live within the same zip code; then, the staff conducting the visits will engage the member(s) based on their identified needs and the particular specialty of the ACT staff present (i.e. The ES will follow up with member on their employment needs at the scheduled route visit). During the morning meeting, ACT staff were observed discussing the daily schedule and evidence of this strategy was noted in multiple clinical records.	

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H3	Program Meeting	1 – 5 5	The ACT team conducts a morning meeting four days a week. During the meeting, staff is expected to report on the progress of every single member. In addition to the regular meeting, on Thursdays the team discusses members in length with the team Psychiatrist.	
H4	Practicing ACT Leader	1 – 5 3	The ACT CC provides routine services to ACT members. Her estimated direct service time was approximately 50%, whereas the data provided suggests that her time was closer to 24%. The ACT CC reports conducting regular home visits and a weekly healthy living group in the community. In the team meeting, the CC was observed providing updates on her individual services and home visits provided to ACT members. Her engagement with members was evident within the clinical record review, often in the form of direct case management with members.	• As a key principle of the ACT model, the ACT team leader should provide direct member services at least 50% of the time.
H5	Continuity of Staffing	1 – 5 4	The team has operated at a staff capacity of 29.16%; seven staff have left the team in the past two years. The ACT staff report that their attrition rates have improved in the past year and has credited some of this success to improved pay rates for ACT employees. The team has not lost any staff since June 2017. In the same month, the team was fully staffed and has remained so since that time.	• The team and/or agency should continue with any of the current practices that are supporting the recruitment and retention of qualified ACT staff for specialty positions.
H6	Staff Capacity	1 – 5 4	The team has operated at approximately 94% of staffing capacity in the past 12 months. The team was without an ILS for eight months, and an SAS for five months. The team has been fully staffed since July 2017. When asked about the challenges in maintaining a fully staffed team, the ACT CC	• See recommendation in H5 *Continuity of Staffing*.

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			reported that finding staff with professional licenses to fill the SAS position is always particularly challenging; however, base salary increases have helped to close that gap in recent months. The ACT CC reported that the ILS position remained vacant for an extended period of time because the previous ILS took a leave of absence and did not return afterwards.	
H7	Psychiatrist on Team	1 – 5 5	The team has one, full time Psychiatrist. She is reported to provide supervision to ACT staff, as well as coordination of care with Primary Care Physicians (PCPs) and Psychiatric facilities. In addition to providing psychiatric medication and monitoring, the Psychiatrist is heavily involved in the case management functions of the ACT Team. Both staff and members report that the Psychiatrist regularly provides community treatment to members (upwards of 12 members a day) when she is in the field. During the morning meeting, the Psychiatrist was observed providing vital feedback to ACT staff on her appointments and field visits with members.	
H8	Nurse on Team	1 – 5 5	The team currently has two full time Nurses. Both Nurses are assigned equal duties; both nurses provide medical and/or behavioral health consultation, emergency triage, home/hospital visits and medical case management. Many ACT staff reported that the team Nurses are accessible and flexible with their schedules, as they rotate their in-office and community responsibilities frequently. Evidence of their presence in the community was established in the clinical records examined.	

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H9	Substance Abuse Specialist on Team	1 – 5 5	The team currently has two, full time Substance Abuse Specialists (SASs). One of the SASs has worked on the ACT team since July 2017; however, she has worked in co-occurring drug treatment as a clinician and a program administrator since 2007. The second SAS has been on the team since June 2007. He had previously worked on the team as an SAS intern for a year. Prior to the ACT team, he had over five years of experience working in co-occurring treatment programs, both in the Maricopa and Pima counties.	
H10	Vocational Specialist on Team	1 – 5 5	The team has two, full time Vocational Specialists. The Rehabilitation Specialist (RS) has worked on the ACT team since 2006. In the past year, he has taken multiple RBHA and Southwest Network trainings related to the ACT Rehab and Employment services topics. He also has a degree in Physical Therapy and uses his knowledge to provide physical fitness programming to the ACT members. The Employment Specialist has been with the team since April 2016. In previous positions prior to ACT, she had minimal experience with employment activities; however, since joining the team, she has participated in multiple RBHA and Southwest Network trainings related to the ACT Rehab and Employment services topics. Training records were provided for both specialists to reviewers.	
H11	Program Size	1 – 5 5	The ACT team currently has 12 staff. The team is of sufficient size to consistently provide diverse and adequate services.	
O1	Explicit Admission Criteria	1 – 5 5	The ACT team has clearly defined ACT admission criteria, as outlined by the RBHA in the *ACT Admission Screening Tool*. Potential members are	

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			screened by the ACT CC. After screening, the team collectively discusses the member's appropriateness for ACT services with the Psychiatrist prior to program admission. The team does not report any administrative pressure to admit potential members to the team.	
O2	Intake Rate	1 – 5 5	The ACT team reports nine admissions in the last six months. The ACT CC reported the team's highest intake month was May 2017 with three admissions.	
O3	Full Responsibility for Treatment Services	1 – 5 4	In addition to case management, the team fully provides psychiatric services, employment and substance abuse treatment. The team provides psychiatric care to all of its members. The RS provides skill building opportunities to members, whereas the ES works directly with members on job development and interview preparation. It was reported that between 20% to 30% of the members are actively working on employment goals. The team has two Substance Abuse Specialists who provide both group and individual treatment. It was reported that none of the members are currently attending outside drug treatment programs. The team provides ILS training and housing retention services to members. However, approximately 12% of all members live in residences where case management services are offered. The team variably provides counseling services. It was reported that two people receive general counseling from one of the SASs, but approximately three members are attending counseling from external sources.	• 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. • The agency should explore their options for expanding counseling services on the team, either with new or currently existing ACT staff.

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O4	Responsibility for Crisis Services	1 – 5 5	The ACT team provides 24-hour coverage for its members. Staff considers themselves to be first responders in times of crisis; going into the field to assess members when appropriate. Each weekday, at least one ACT staff works until 8:00pm. After 8:00 pm, members can call the team crisis phone for assistance. Staff rotates coverage of their on-call phone weekly. The ACT CC is the secondary backup and is contacted if a decision needs to be made regarding visits to members in crisis.	
O5	Responsibility for Hospital Admissions	1 – 5 5	Based on the data provided, the ACT team was directly involved in all of the ten most recent hospital admissions. Staff report that they work quickly to assess and de-escalate members who are experiencing crisis. Members are triaged by medical staff, and if deemed necessary, are transported by ACT staff to a hospital for inpatient care.	
O6	Responsibility for Hospital Discharge Planning	1 – 5 4	The ACT team was directly involved in 90% of the ten most recent hospital discharges. The one member that was discharged to the community refused to notify the team of his admission to the hospital. Staff reports that the discharge process begins upon hospital admission. Staff report that the team coordinates with the inpatient staff to establish a discharge plan. On the date of discharge, the team provides transportation to the member's residence, and begins their five-day follow up sequence.	• Continue current discharge planning efforts.
O7	Time-unlimited Services	1 – 5 5	The ACT team reported four graduations over the past year. The team is monitoring the progress of approximately five members, but does not expect to graduate over five percent of the total team load within the next 12 months. Candidates for	

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			graduation are often defined as members who have lessened their dependence on psychiatric and/or emergency services, or may be requesting transition to a lower level of care. For members who are being monitored for graduation, the ACT team gradually reduces contact with these members.	
S1	Community-based Services	1 – 5 3	The ACT staff provides many of their services to members in the community. Staff estimated that between 65%-80% of their contacts with members were in the community. According to the review of ten randomly selected records, the team provided 58% 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.	• ACT teams should perform 80% or more of their contacts in the community. • For members who are coming into the clinic multiple times a week, the team should explore how to deliver those services in the natural settings where members live.
S2	No Drop-out Policy	1 – 5 5	The team reports retaining 100% of their members over the past 12 months. The ACT CC reports that one member who left the team moved into the home of her guardian in a neighboring county. The ACT team helped to coordinate her transfer with the other county and attended multiple meetings to facilitate this member's transfer.	
S3	Assertive Engagement Mechanisms	1 – 5 5	The team demonstrates a well-thought-out engagement strategy and uses street outreach and legal mechanisms when appropriate. The ACT staff shared with reviewers their 8-week outreach strategy; this strategy includes weekly outreach to hospitals, morgues, family, probation officers, and other involved parties. The team reports that most members are located prior to the end of the eight	

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			weeks. If the member is not located within the eight weeks, they are changed to *navigator* status and transferred to a *navigator team* for further outreach. The team reports that they have not had to use the navigator status because they often find their members before the outreach deadline has expired. A copy of the outreach checklist was provided to reviewers. Instances reflecting the use of the outreach protocol were also noted in multiple member charts.	
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 88 minutes per week in total service time per member. Though most of the records reviewed showed average or above average contacts, there was much variation in the duration of services providef; duration of services ranged from 23 to 301 minutes per week per person.	• 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 and ensure they are accurately documented.
S5	Frequency of Contact	1 – 5 4	The record review indicated that the team provides an average of 3.25 face-to-face contacts per week. The ACT staff stated that the team schedules are based on their assigned weekly routes. During each visit, members are provided the services they need and are offered the specialty service(s) connected to visiting staff (i.e. ILS services from the ACT ILS). Members who do not attend their weekly home visit are then scheduled to be seen by the Psychiatrist or other ACT staff.	• 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 4	Staff estimated that approximately 30% of all members have identified natural supports, and they estimate monthly contact with 100% of those member supports. Staff also report that they are in contact with some supports on a weekly basis. The	• Continue every effort to build relationships with the support systems of the ACT members with a goal of 4 or more contacts per month for each member.

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			ACT CC reports that she reviews the visitation routes with her staff and discusses their contact with family and other informal supports. The informal supports in the member records reviewed showed an average of 2.4 contacts per month.	
S7	Individualized Substance Abuse Treatment	1 – 5 4	The ACT team serves 48 members who are diagnosed with a substance use disorder. Both SASs appear to provide individual Substance Abuse (SA) treatment to members. Each SAS is assigned approximately 24 members for individual SA counseling services. Both SASs provided copies of their calendars that show recently scheduled appointments with members. Sessions are scheduled to last 30 mins, but actual participation was said to vary greatly from member to member. Evidence was found in the clinical records of both SASs providing targeted treatment sessions and discussing specific treatment goals and interventions for each participant. However, the duration and occurrence rate of these appointments did not mirror the level of frequency that was presented by the SASs.	• Continue all efforts to increase the time spent with members in individual sessions to 24 minutes or more, per member.
S8	Co-occurring Disorder Treatment Groups	1 – 5 4	The SASs offer two treatment groups for COD members. Staff reported that they tailor their curriculum based on the Stages of Change represented within the group. One SAS has a group tailored to pre-contemplation /contemplation members, whereas the other group is focused on action/maintenance members. The SASs do not make these groups stage-exclusive because they believe that "everyone can learn from one another". The data provided	• The ACT team should strive to have 50% or more of their dually-diagnosed members engaged in COD groups on a regular basis. Solicit member enrollment in COD treatment groups; consider involving current participating members with this effort.

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			suggests that approximately 39.5% of COD members have attend at least one treatment group on a monthly basis.	
S9	Co-occurring Disorders (Dual Disorders) Model	1 – 5 4	The ACT team primarily uses a COD approach to SA treatment; however, there remain a few practices that are more traditional in nature. The current SASs are well-informed of a COD approach, and they provided many examples of how harm reduction is their priority when providing SA services. Motivational Interviewing (MI) and Cognitive Behavioral Therapy (CBT) are viewed as the standard of care for SA treatment for the members they serve and the team was observed speaking of their interventions with members in a non-confrontational way. Still, there were instances occasionally noted in the record where an ACT staff would present sobriety as the gateway to government entitlement benefits and other opportunities. Additionally, some of the Individualized Service Plans (ISPs) for COD members had goals that were clearly focused on sobriety and generic treatment goals, rather than goals identified by the member.	• Continue to 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, so they will be able to identify stage-appropriate language and interventions. • 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 employs a full-time, fully-integrated Peer Support Specialist. Staff interviewed view the PSS as an authority in community engagement and as a role model of recovery to members. In the team meeting, reviewers observed the PSS as she provided relevant updates on member conditions and offered strategies for improving staff/member relations within the behavioral health system.	
Total Score:		**4.5**		

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	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	5
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	5

6. Responsibility for Hospital Discharge Planning	1-5	4
7. Time-unlimited Services	1-5	5
Nature of Services	Rating Range	Score (1-5)
1. Community-Based Services	1-5	3
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	4
7. Individualized Substance Abuse Treatment	1-5	4
8. Co-occurring Disorders Treatment Groups	1-5	4
9. Co-occurring Disorders (Dual Disorders) Model	1-5	4
10. Role of Consumers on Treatment Team	1-5	5
Total Score	**4.5**	
Highest Possible Score	**5**	