ASSERTIVE COMMUNITY TREATMENT (ACT)
FIDELITY REPORT

Date: February 25, 2022

To: Laura Hulcher, Clinical Coordinator
John Hogeboom, CEO

From: Nicole Eastin, BS
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AHCCCS Fidelity Reviewers

Method

On January 4-5, 2022, Nicole Eastin and Annette Robertson completed a review of the Community Bridges, Inc. Mesa Heritage 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.

Community Bridges, Inc. (CBI) operates several locations throughout Arizona. Services include supportive housing, crisis stabilization, ACT, and integrated healthcare. The agency operates three F-ACT teams and three ACT teams in the Central Region of Arizona.

The SAMHSA ACT Fidelity Review tool does not accommodate delivery of telehealth services. Delivery of telehealth services, including phone only, were calculated for this review, however those totals are not included in calculating scores for those items that measure in-person contact between the ACT team and members. This review was conducted remotely, using video or telephone to interview staff and members.

The individuals served through the agency are referred to as members.

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

- Remote observation of an ACT team program meeting on January 4, 2022.
- Individual interview with the Clinical Coordinator.
- Individual interviews with Substance Abuse Specialist (SAS), Employment Specialist (ES), Rehabilitation Specialist (RS), Independent Living Specialist (ILS), and Peer Support Specialist (PSS).
- Individual phone interviews with two members participating in ACT services with the team.
- Charts were reviewed for ten randomly selected members using the agency's electronic medical records system.

- Review of documents: Clinical Coordinator (CC) productivity report, Substance Abuse, Rehabilitation and Employment Specialists' resumes and *Relias* training transcripts, roster of members with a co-occurring disorder, substance use treatment group sign-in sheets, *Mercy Care ACT Admission Criteria*, *Community Bridges Level of Care Screening Tool*, and the ACT team *24 HR CRISIS LINE*, as well as, substance use treatment resources; *DBT Skills Training Manual, Integrated Services for Substance Use and Mental Health Problems Patient Workbook*, and *Relapse Prevention Therapy Workbook*.

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 5point 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-maintained consistency and continuity of care for members with a low admission rate and drop-out rate for the period reviewed.
- The team has more than one staff with lived psychiatric experience. At least one shares their story of recovery with members.
- The team is closely involved in planning for hospital discharges.
- The team works to monitor status and develop skills in the community, rather than function as an office-based program.
- The team demonstrates well thought out strategies for outreach and engagement techniques that are carried out by multiple ACT staff.
- The team is available to provide crisis support, available by phone and community after business hours, and provides weekend coverage. Members stated that staff provided them with the ACT team on-call number and a list of ACT staff.

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

- The team is understaffed. Two Nurses, an ACT specialist, and a secondary Substance Use Specialist are vacant. Optimal member to staff ratio should not exceed 10:1. Continue efforts to hire and retain experienced staff and provide necessary support as needed. Leadership should consider solicitating feedback from current and exiting employees relating to job satisfaction, among other strategies, to improve continuity.
- Some specialist's positions have been filled by staff with little or no experience in the specialist roles. Train and empower vocational staff to function in their area of specialization. Vocational staff appear to operate primarily as case managers rather than within the vocational specialization.

- Support the ACT CC in delivering direct services to members 50% of the time. Work to transfer tasks that can be managed by other staff to allow more opportunities in the community with members and their natural supports.
- Increase the intensity of services and frequency of contact with members. Identify and resolve barriers to the frequency of in-person contacts and time spent with members in services delivered.
- Ensure treatment is encouraged and offered to members with co-occurring diagnoses by all ACT staff. Monitor the provision of individual treatment to ensure it occurs and is documented. Evaluate the substance use treatment groups to ensure the focus is ACT team members with co-occurring diagnoses.

ACT FIDELITY SCALE

Item #	Item	Rating	Rating Rationale	Recommendations
H1	Small Caseload	1 – 5 4	The team serves 91 members with six and a half full time equivalent staff, excluding the Psychiatrist, that provide direct services; resulting in a member to staff ratio of 14:1. The Housing Specialist is assigned to this ACT team 50%.	• Agency leadership should prioritize filling open positions on the team to make certain a 10:1 member to staff ratio exists. Small caseload size ensures adequate intensity and individualization of services and minimizes the potential burden on staff.
H2	Team Approach	1 – 5 3	Leadership interviewed reported that nearly 80 members see more than one staff from the ACT team over a two-week time frame. Another staff reported a tendency to see their assigned caseload more so than those not directly assigned. Staff report being assigned a rotating weekly home visit list. Lists include members living in the same general area. Per review of 10 randomly selected member records, 50% of members saw more than one staff member in a two-week period.	• Under ideal circumstances, 90% of ACT members should have contact with more than one staff in a two-week period. Increase contact of diverse staff with members. Team staff are jointly responsible for making sure each client receives the services needed to support recovery from mental illness. Diversity of staff interaction with members allows the members access to unique perspectives and expertise of staff, as well as the potential to reduce burden of responsibility of member care on staff.
H3	Program Meeting	1 – 5 4	At the meeting remotely observed, all members were discussed. The CC lead the meeting, providing direction and assigned responsibilities, in addition, the teams Program Assistant had integral part of the meeting. Staff said the meeting is held five days a week; specialists attend on the weekdays they are scheduled to work. Some staff schedules cover the weekends. Covering Psychiatrist and RNs were not present and do not attend the team meeting.	• An ACT Psychiatrist should attend at least one program meeting weekly where all members are discussed.
H4	Practicing ACT Leader	1 – 5	The CC reported providing direct services about 30% of the time. Per report, services are provided	• Support the ACT CC in delivering direct services to members 50% of the time. Work

		2	to members in the community, the office, over the phone, and by telehealth. Reported activities include health promotion, home visits, guardian and natural support contact, independent living skills, case management, medication training, and ongoing employment support. In ten member records reviewed there was one example of in-person service delivered by the CC over a recent month. Based on review of the CC's productivity report over a month timeframe, the CC provided direct services 6% of the time. *The fidelity tool does not accommodate delivery of telehealth services.*	to transfer tasks that can be managed by other staff to allow more opportunities in the community with members and their natural supports.
H5	Continuity of Staffing	1 – 5 2	Based on information provided, the team experienced turnover of 79% during the past two years. Including temporary staff, at least 19 staff left the team during this period. Evidence in records showed occasional coverage from non-ACT staff. The Rehabilitation Specialist and Nurse positions had the highest turnover.	• Continue efforts to recruit and retain experienced staff. Attempt to identify causes for employee turnover. The agency may want to consider anonymous employee satisfaction surveys and exit interviews to gather and analyze feedback regarding why staff leave, as well as factors that promote retention. Optimally, turnover should be no greater than 20% over a two-year period. • Ensure staff receive training and guidance applicable to their specialty position. Research shows staff remain in positions longer when supported in their roles. • Ensure all services delivered to members are by ACT staff in order to provide continuity of care to members.
H6	Staff Capacity	1 – 5 2	In the past 12 months, the ACT team operated at approximately 57% of full staffing capacity. The team has had several positions vacant for multiple months, including an ACT Specialist for eleven months, a second Substance Abuse Specialist for	• To ensure diversity of staff, adequate coverage, and continuity of care for members, fill vacant positions with qualified staff as soon as possible. Timely filling of

			six months, and has been without a dedicated ACT team Nurse for five months.	vacant positions helps to reduce potential burden on staff.
H7	Psychiatrist on Team	1 – 5 2	The assigned Psychiatrist has been out of the office since November 2021. Two prescribers are providing coverage to the team. One provider covers the team Thursdays from 8-4:30pm. Another covering provider serves the team's members Wednesdays from 9-12pm. Staff reports varied on access after-hours to the covering prescribers as well as the attendance of covering prescribers at the team meetings. It was reported staff typically reach out to the CC to prompt coordination of care with the Psychiatrist. Members interviewed reported seeing the assigned Psychiatrist once a month. Of the ten random sample of member charts reviewed, there was one member that was seen by a covering prescriber in the period reviewed.	• Consider options for providing full-time Psychiatric coverage. ACT teams with a census around the number of the Mesa Heritage team should have a full-time Psychiatrist even in coverage situations. Ideally, the ACT Psychiatrist is available to provide community-based services. • Consider all ACT staff having the opportunity to coordinate care with the Psychiatrist rather than having to go through the CC.
H8	Nurse on Team	1 – 5 2	The team has two vacant Nurse positions. There is a Nurse from another team providing coverage on Mondays and Wednesdays and as needed. One staff reported the Nurse attends meetings with the team, another staff reported the Nurse does not attend meetings. It was reported staff typically reach out to the CC to prompt coordination of care with the Nurse for members. Staff reported the covering Nurse does see members of the ACT team in the community. One member interviewed reported seeing the Nurse once a week and said the Nurse will come to their home if needed. Another member reported seeing the Nurse in the office every two weeks. Of the ten sampled member charts, two members were seen	• Ensure appropriate ACT team coverage by having two 100% dedicated, full-time equivalent (FTE) Nurses per 100 members. • Identify and find solutions to factors that may contribute to staff retention in the nursing role. • Consider evaluating responsibilities of the position in an effort to gain understanding of barriers to retaining trained and qualified staff. Consider technical assistance in this area. • Consider all ACT staff having the opportunity to coordinate care with the Nurse rather than having to go through the CC.

			in the office by the covering Nurse in the period reviewed.	
H9	Substance Abuse Specialist on Team	1 – 5 3	At the time of the fidelity review, the team had one staff, the SAS, providing substance use treatment services to members of the team with a co-occurring diagnosis. The SAS is a Licensed Associate Counselor with more than two years' experience providing substance use treatment on the ACT team. Training records provided showed the SAS has participated in approximately five treatment related trainings in the past two years. Individual supervision is provided by a Licensed Professional Counselor weekly.	• Fill the vacant SAS position. The team should have 2 FTE SASs. When screening potential candidates for the position, consider experience working with members with a co-occurring disorder and integrated care. The SAS should have the capability to cross train other ACT specialists in this area. • Provide annual training to SASs in co-occurring treatment best practices, including appropriate interventions, i.e., stage wise approach, based on members' stage of change. • Continue to provide SAS staff with supervision by a qualified professional.
H10	Vocational Specialist on Team	1 – 5 2	The team has two Vocational staff. The RS and ES both joined the team in October 2021. Both have less than one year of experience and training. Records provided showed little relevant training in supporting individuals in rehabilitation or employment services.	• Ensure that both vocational staff receive training in assisting people diagnosed with an SMI/co-occurring diagnosis to find and retain competitive employment. Training should include techniques to engage members to consider employment; job development strategies; the importance of supporting face-to-face employer contacts soon after members express an employment goal; and the provision of follow-along supports to employed members.
H11	Program Size	1 – 5 3	At the time of the review, with seven full-time direct service staff, and a part-time housing specialist, the team is less than optimal size to deliver services to members of the ACT team.	• Hire and maintain adequate staffing. A fully staffed team allows the team to consistently provide diverse coverage; allows staff to practice their specialties which can improve job satisfaction; and accommodates the delivery of comprehensive, individualized

				service to each member. Ideally, ten or more staff work on an ACT team.
O1	Explicit Admission Criteria	1 – 5 5	Per documents provided and interview with the ACT CC, the team refers to the RHBA's *ACT Admission Criteria Tool w*hen assessing new referrals. The ACT CC and the SAS meet with potential members to complete the screening. These meetings can include family, guardians, advocates, and coordination between the treating Psychiatrist and the ACT Psychiatrist. Staff stated admission screenings are a team effort. Staff reported no administrative pressure to accept inappropriate referrals.	
O2	Intake Rate	1 – 5 5	Per data provided, the team has an appropriate rate of admissions. The team was understaffed for several months, including the months of August and September 2021 with nine positions vacant. The team halted admissions as they rebuilt the team. During the six months leading up to the review, there was one new member admitted to the team in July 2021.	
O3	Full Responsibility for Treatment Services	1 – 5 4	The ACT team provides case management, substance use treatment, and psychiatric and medication management services. Reviewers assessed data provided, information gathered through staff interviews, and reviewed member records. The SAS on the team provides individual and group substance use treatment, in addition to general counseling services to four members on the team Based on staff interviews at least 14% of members reside in staffed locations, including residential placements, community living placements with staff, sober living residence where staff are on site,	• As the designated Permanent Supportive Housing services provider, the ACT team, to the extent possible, should seek to move members to independent housing units in integrated settings where all housing support and case management responsibilities are provided by the ACT team. Optimally, no more than 10% of ACT members are in settings where other social service staff provides support. • Educate the team on the benefits of ACT staff engaging and directly supporting members with rehabilitation and competitive employment goals rather than engaging them to participate in temporary

			and congregate settings where services are provided by those staff. Of the ten member records reviewed, two members were residing where staff are present. Staff report there are approximately seven ACT team members in a work adjustment training program (WAT). Member records reviewed did not show efforts to engage members to explore employment or meaningful activities in the period reviewed. One member record did indicate participation in a meaningful activity at a peer run organization.	WAT activities or employment services with brokered providers.
O4	Responsibility for Crisis Services	1 – 5 5	The team provides 24 hours seven days a week on-call services to members. Six specialists rotate on-call responsibilities daily, in addition to a backup on-call staff, including the CC. Members interviewed reported knowing there was a number to call to reach an ACT team staff after hours and weekends. One member stated having used the ACT on-call in the past and another reported having a list of all ACT staff and phone numbers. Reviewers were provided the *ACT Team 24-HOUR CRISIS LINE* document which included the ACT on-call number, ACT staff names, positions, phone numbers, email addresses and working hours.	
O5	Responsibility for Hospital Admissions	1 – 5 4	Of the ten most recent psychiatric hospitalizations, the team was directly involved in 90% of admissions. Staff report completing a risk assessment with the member to determine need for psychiatric hospitalization. It is unclear if members are offered an appointment with the prescriber to assess need for medication adjustment or offered other interventions to support the member to stay in their community.	• Maintain regular contact with all members and their support networks (both natural and formal). This may result in identification of issues or concerns relating to members, allowing the team to offer additional supports, which may reduce the need for hospitalization. Focus on building trust and rapport with both members and their

			Staff offered to have the Psychiatrist meet with a member experiencing an increase in symptoms in one record reviewed, but no appointments were scheduled. The member ultimately was determined a danger to self and admitted voluntarily. Coordination with the hospitals and staffing's were reported to occur once or twice a week after members have been admitted.	natural supports to increase team involvement in hospital admissions.
O6	Responsibility for Hospital Discharge Planning	1 – 5 5	ACT staff stated being involved in all psychiatric discharges. Review of data with the CC showed that they were involved in 100% of the ten most recent psychiatric hospital discharges. Staff reported coordinating with the inpatient team and attend staffing's via videoconference as most hospitals are not allowing staff visits. The team typically transports members upon discharge, but on some occasions a family member may transport the member. The ACT team reports following a five day follow up protocol with each member, either in-person or telephonically. The member is typically scheduled to see the team Psychiatrist the day following discharge.	
O7	Time-unlimited Services	1 – 5 4	Staff reported that during the prior year, seven members graduated from the team. It was projected ten probable graduates in the upcoming year. Staff utilize a *Community Bridges Level of Screening Tool* to determine the appropriate level of care for members.	• The team should work toward maintaining an annual graduation rate of fewer than five percent of the total caseload.
S1	Community-based Services	1 – 5 5	In ten member records reviewed for a month period, a median of 94% of services occurred in the community. One member record had zero community-based contacts, however seven other records had 90 -100% services delivered. It was reported staff are given a list of members to be seen in their home weekly and each staff is	

			responsible for seeing those members assigned. The team tracks all member contacts daily during the program meeting with assistance from the program assistant.	
S2	No Drop-out Policy	1 – 5 5	Based on data provided, the team retained more than 96% of members. Staff reported closing one member, that declined services, during the last 12 months.	
S3	Assertive Engagement Mechanisms	1 – 5 5	During the observed ACT program meeting, outreach and engagement was discussed for a few members. Staff report outreach mechanisms include searching for the member at favorite hang outs and last known addresses, reaching out to natural supports and advocates, and checking with local hospitals, jails, and the morgue. The team has been successful at locating members at mental health court. Member records showed evidence of outreach and engagement. Staff communicated with member's guardians by phone, emails, and in-person, as well as checking with a member's landlord. In one record, staff attended a scheduled court hearing and was able to re-engage with the member and obtained a new contact information.	
S4	Intensity of Services	1 – 5 2	The ten member records randomly sampled showed the median weekly intensity of in-person service time spent per member was 34 minutes. The average weekly service per member ranged from less than three minutes to 110 minutes. *The fidelity tool does not accommodate delivery of telehealth services.*	• ACT teams should provide an average of two hours or more of face-to-face services per week to help members with serious symptoms maintain and improve their functioning in the community. This is based on all members across the team; some may require more time and some less, week to week, based on their individual needs, recovery goals and symptoms.
S5	Frequency of Contact	1 – 5 2	The median weekly in-person contact for ten members was 1.25 based of records reviewed. Three of those members received four or more	• Increase the frequency of contact with members by ACT staff, to the extent possible, preferably averaging four or more

			weekly contacts. Members interviewed reported seeing ACT staff in-person once a week to once every other week. Staff reported utilizing telehealth (telephonic) services regularly with members. In five member records reviewed, there was documentation of home safety assessments completed by phone. Staff referenced this service as a "home visit" during the meeting observed and in documentation in member records. These visits were not considered a community-based service, nor an in-person contact for this review.	in-person contacts a week per member across all members, with an emphasis on community-based services to support member goals. Members may have different needs/goals and frequency of contact should be determined by those needs and immediacy.
S6	Work with Support System	1 – 5 4	Staff estimated around 80% of members have a natural support. Staff stated they connect with natural supports weekly. The team tracks natural support contacts during their morning meeting. At least nineteen members' natural supports were discussed during the program meeting observed. Of the ten randomly selected member records, staff had contact with members natural supports an average of 3.80 times a month. One member interviewed reported the team having contact with their family.	• Continue efforts to involve natural supports in member care. Increase contacts with supports to an average of four per month for each member with a support system.
S7	Individualized Substance Abuse Treatment	1 – 5 4	The team provides individual substance use treatment services to members with a Co-Occurring Diagnosis (COD). Data was provided, and staff confirmed, that 71 members of the ACT team have a substance use diagnosis. Of the 71 members, the SAS reported attempting to meet weekly with 30 for individual substance use treatment. Staff said session times range from 30-60 minutes depending on the members' stage of change. Data showed three of the ten members in the record sample have a substance use diagnoses, of those	• An average of 24 minutes or more of formal structured individual substance use treatment should be provided weekly across all members with a COD. Ensure other specialists on the team are engaging members with a COD to engage in their recovery through participation in individual substance use treatment. • Continue efforts to recruit and hire an additional SAS for the ACT program. Consider utilizing other specialists on the team that are qualified to provide individual substance use treatment to supplement SAS burnout.

			records, one member received individual substance use treatment with the SAS twice during the month period reviewed and ranged from 18-20 minutes. Staff report meeting members in their home, at the office, by phone as well as offering telehealth with video on Microsoft Teams. Staff report supporting harm reduction, uses IDDT approach, motivational interviewing, stagewise approach, CBT and DBT. Examples of materials used by the SAS provided to reviewers are *DBT Skills Training Manual, Integrated Services for Substance Use and Mental Health Problems Patient Workbook*, and *Relapse Prevention Therapy Workbook*.	
S8	Co-occurring Disorder Treatment Groups	1 – 5 1	Staff report there are two co-occurring treatment groups offered twice a week to ACT team members. Sign in sheets were provided for *Defense Mechanism* and *Recovery Life Skills* groups for the month of November 2021, two of those members in attendance were assigned to the ACT team. Staff report groups are a mixture of ACT and Supportive team members. It was reported ACT team members can attend other ACT team substance use treatment groups offered at the agency.	• All ACT staff should encourage members with a co-occurring diagnosis to participate in group substance use treatment, as appropriate, based on their stage of treatment. Ideally, 50% or more of applicable members participate in a co-occurring group. • Consider modifying a group to serve members in earlier stages and a group to serve members in later stages. It should allow staff to adjust their interventions to members in different stages of treatment. • ACT substance use treatment groups should be closed to ACT members only. Furthermore, to support continuity of care, members should be attending groups provided by staff of the team assigned, not groups provided by other ACT teams.
S9	Co-occurring Disorders (Dual Disorders) Model	1 – 5 4	The SAS reported providing the team education on a different aspect of the Integrated Dual Disorders Treatment (IDDT) approach weekly during the team staffing. The team has resources available on	• Provide all specialists with annual training and ongoing mentoring in a co-occurring disorders model, such as Integrated Dual Disorders Treatment, in the principles of a

			the stage-wise approach to support appropriate interventions depending on members' stage of change. Staff reported harm reduction is the treatment modality used by the team. Staff discussed members' stages of change during the meeting observed and during interviews gave examples of recent harm reduction efforts. Of the three member records reviewed with a co-occurring diagnosis, treatment plans addressed substance use, but only in one listed provision of SAS services. Staff stated that the team will not directly refer to community-based peer run groups but will assist and support the member if requested. Members will request, and the team will occasionally offer and refer to detoxification services based on need.	stage-wise approach to interventions, and motivational interviewing. With turnover of staff, knowledge and lessons learned are lost. Ongoing training can accommodate for new or less experienced staff. Identifying a co-occurring disorder model that the team adheres to can promote continuity in the approach that ACT specialists use when supporting members in their recovery. • Ensure member treatment plans identify member goals and individualized needs. Ensure members have the ability to identify reduction of use when creating recovery goals.
S10	Role of Consumers on Treatment Team	1 – 5 5	The team is staffed with at least three individuals that have lived experience of psychiatric recovery. At least one of those staff share their story of recovery with members. Staff reported the team responds well to the peer perspective input and that the agency embraces the peer role. Staff with lived experience stated they share the same responsibilities as other staff and have equal status on the team.	
Total Score:		**98**		

ACT FIDELITY SCALE SCORE SHEET

Human Resources	Rating Range	Score (1-5)
1. Small Caseload	1-5	4
2. Team Approach	1-5	3
3. Program Meeting	1-5	4
4. Practicing ACT Leader	1-5	2
5. Continuity of Staffing	1-5	2
6. Staff Capacity	1-5	2
7. Psychiatrist on Team	1-5	2
8. Nurse on Team	1-5	2
9. Substance Abuse Specialist on Team	1-5	3
10. Vocational Specialist on Team	1-5	2
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. Responsibility for Hospital Admissions	1-5	4
6. Responsibility for Hospital Discharge Planning	1-5	5
7. Time-unlimited Services	1-5	4
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	2
6. Work with Support System	1-5	4
7. Individualized Substance Abuse Treatment	1-5	4
8. Co-occurring Disorders Treatment Groups	1-5	1
9. Co-occurring Disorders (Dual Disorders) Model	1-5	4
10. Role of Consumers on Treatment Team	1-5	5
Total Score	**3.5**	
Highest Possible Score	**5**	