ASSERTIVE COMMUNITY TREATMENT (ACT)
FIDELITY REPORT

Date: April 18, 2022

To: Doris Vaught, Chief Executive Officer
Breck Vanderhoof, ACT Manager
Jesse Costales, Psychiatrist

From: Nicole Eastin, BS
Kerry Bastian, RN, BSN
AHCCCS Fidelity Reviewers

Method

On February 15-16, 2022, Nicole Eastin and Kerry Bastian completed a review of the Lifewell Desert Cove Assertive Community Treatment (ACT) team formerly Lifewell Royal Palms. 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.

Lifewell Behavioral Wellness offers outpatient, supported employment, housing, and residential services. The agency operates two ACT teams, and this review focuses on the Desert Cove team. In July 2020, two Lifewell clinics, Royal Palms and Beryl, transitioned to the Desert Cove clinic. The Lifewell Desert Cove ACT team was formerly located at the Lifewell Royal Palms clinic.

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. In the State of Arizona, delivery of telehealth services by Psychiatrists is considered as in-person because of the shortage of providers. This review was conducted remotely, using video or telephone to interview staff and members.

Due to the Clinical Coordinator of the Desert Cove ACT team being new to the position, and little experience with the assigned members, the ACT Manager interviewed for the team lead position.

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

- Remote observation of an ACT team program meeting on February 15, 2022.
- Individual interview with the ACT Manager.
- Individual interviews with the Substance Abuse (SAS), Housing (HS), Employment (ES), Peer Support (PSS) and ACT (AS) Specialists.

- Individual phone interviews with five members participating in ACT services with the team.
- Charts were reviewed for ten randomly selected members using the agency's electronic health records system.
- Review of documents*:* Team Group Calendar, *Desert Cove ACT Team Brochure, Mercy Care ACT Admission and Exit Criteria Screening Tool,* ACT team member roster, Co-occurring Disorder member roster, January, and February Sign-in Sheets for Substance Use Treatment Groups, resumes and training records for SASs, ES and Rehabilitation Specialist (RS), copies of SAS treatment resources, ACT Manager face-to-face service tracking report for the month of January, and copy of member calendars for the month of January.

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 review. 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 has a clear admission policy and a slow new member admission rate.
- The ACT team has full responsibility for 24-hour crisis services, seven days a week. Staff rotate coverage of on-call crisis duties weekly, have an assigned on-call back up, and will meet the member where they are at in the community. Members interviewed had knowledge of the on-call services.
- The ACT team provides time-unlimited services and expects to graduate few members in the next 12 months.
- The ACT team meets frequently to discuss all members served. During the meeting observed, multiple staff contributed to discussions relating to member needs and plans to meet those needs. All staff attend the program meeting on the weekdays they are scheduled to work.
- The team operates with 11 staff, sufficient to provide the necessary coverage of services to the 99 members.

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

- The team has a low rate of frequency and intensity with members. Work with staff to identify and resolve barriers to increase the frequency of contact and intensity of services to members. Services should be individualized to meet members' needs.
- The team experienced a high rate of turnover during the past two years. Identify solutions to reduce staff turnover to less than 20% in a two-year period.
- Few members with a co-occurring disorder attend the substance use treatment group provided by the team. Ideally, 50% or more of members with a co-occurring disorder diagnosis participate in a co-occurring group offered by the ACT team.

- Continue ongoing training and clinical oversight to all staff to improve implementation of the co-occurring disorders treatment model. Ensure co-occurring disorders treatment is clearly referenced in service plans and in documentation of services delivered to members with the co-occurring disorders diagnosis.

ACT FIDELITY SCALE

Item #	Item	Rating	Rating Rationale	Recommendations
H1	Small Caseload	1 – 5 5	The team provides ACT services to 99 members. Excluding the Psychiatrist, at the time of the review, there were 10 full-time equivalent (FTE) staff on the team for a member to staff ratio of 10:1. One Nurse position was unfilled at the time of the review.	
H2	Team Approach	1 – 5 4	Leadership interviewed reported that 95% of members see more than one staff from the ACT team over a two-week time frame. Staff reported being assigned a weekly rotating list based on the region where members live. One staff reported seeing over twenty members in-person on a weekly basis. Per review of 10 randomly selected member records, 70% of members saw more than one staff member in a two-week period.	• Continue efforts to ensure all members on the ACT roster have in-person contact with more than one staff in two weeks; a diversity of staff allows members access to unique perspectives and the expertise of staff. Ideally, 90% or more members have contact with more than one staff over a two-week period.
H3	Program Meeting	1 – 5 5	The ACT team staff reported meeting five days a week for one hour. During the program meeting remotely observed, the ACT Manager lead the meeting and team input and planned contact was discussed for all members. The Psychiatrist attends meetings four days weekly.	
H4	Practicing ACT Leader	1 – 5 2	The ACT Manager reported delivering in-person services nearly 20% of the time for this ACT team. In ten member records reviewed, there was no contact documented by the ACT Manager over a recent month. Based on review of the ACT Managers productivity report for the month of January, less than 1% of in person services was completed.	• Given the importance of the CC and their role on the team, ensure that this position is consistently filled. • Optimally, the CC's delivery of direct services to members should account for at least 50% of the time. Ensure the new CC is supported in providing in-person services to members of the team.

			The ACT team filled the vacant Clinical Coordinator (CC) position less than a month before the review. The ACT Manager has been covering for the team in the interim.	
H5	Continuity of Staffing	1 – 5 2	Based on data provided, 16 staff left the team during the past two years, a turnover rate of 67%. Evidence in records showed occasional coverage from non-ACT staff provided to members. The highest turnover occurred in the Nurse position; six Nurses left the team in the past two years.	● Continue efforts to recruit and retain experienced staff. If not done so already, attempt to identify causes for employee turnover. Optimally, turnover should be no greater than 20% over a two-year period. Ensure staff receives training and guidance applicable to their specialty position. Research shows staff remain in positions longer when supported in their roles by being provided supervision and training in their specialty practice.
H6	Staff Capacity	1 – 5 4	The team operated at approximately 85% of staff capacity over the prior year. There was a total of 22 vacant positions in the past 12 months. Included among vacant positions was a specialist that was on leave for more than a month, but less than three, during the review. The Clinical Coordinator position was vacant eleven out of twelve months in the past year.	● To ensure diversity of staff, adequate coverage, and continuity of care for members, fill vacant positions as soon as possible. Timely filling of vacant positions also helps to reduce potential burden on staff. ● Continue efforts to retain qualified staff with the goal of operating at 95% or more of full staffing annually.
H7	Psychiatrist on Team	1 – 5 5	The ACT team has an FTE Psychiatrist that works Tuesdays - Fridays, 40 hours each week. On Tuesdays the Psychiatrist works remotely and provides telehealth services to the members. It was reported that the agency has a policy limiting community-based services delivered by prescribers due to the public health emergency. The policy has been in place for at least a year and a half. Members interviewed reported seeing the Psychiatrist once a month either in-person, at the clinic, or by telehealth. Staff stated the Psychiatrist	

			is easily accessible by phone, in office, and by email. One staff reported the Psychiatrist is available to the team after hours and on the weekends when needed, yet another staff was unsure if the team officially has access to the Psychiatrist after hours.	
H8	Nurse on Team	1 – 5 3	The team has one FTE Nurse that works 40 hours a week Mondays - Thursdays. Staff reported the Nurse has an assigned caseload of approximately six members and is involved in the assessment process and development of service plans for all members. The Nurse is also assigned a rotating region list weekly to provide services to members of the ACT team in the community. Additionally, the Nurse facilitates a weekly health, wellness, and a coping group at the clinic for members of the ACT team. Staff reported the Nurse is readily accessible by phone, email, and is available to meet with staff at the clinic.	● Ensure appropriate ACT team coverage of two 100% dedicated, full-time nurses per 100 members. ● Identify and find solutions to factors that may contribute to staff retention in the nursing role. ● Consider allowing the Nurse to focus on members' medical needs, rather than case management, while the second position is vacant to reduce potential burden on the soul Nurse providing services to 99 members.
H9	Substance Abuse Specialist on Team	1 – 5 5	The team is staffed with two SASs. One classified as a Licensed Independent Substance Abuse Counselor (LISAC) that joined the team in December 2018. This SAS has several years of experience providing co-occurring substance use treatment services with this team and in prior positions, however, was on leave at the time of the review. The second SAS joined the team in November 2021, has over one year of experience working with adults that have been diagnosed with an addiction disorder or dual diagnoses. Per staff interview, the SASs receive one hour of supervision weekly from the Desert Cove Clinical Director. Training records for the SASs showed participation in substance use treatment specific	

			trainings including Integrated Dual Disorders Treatment modules, motivational interviewing, connecting substance use and interpersonal violence, Cognitive Behavioral Therapy, harm reduction, and the use of Narcan.	
H10	Vocational Specialist on Team	1 – 5 5	The team employs two full-time vocational staff. The ES has been with the team since September 2019 and the RS has been with the team since May 2018. Both the ES and RS have previous experience working closely with vocational rehabilitation and providing employment services to members diagnosed with a serious mental illness. Training records provided showed in the past two years both the ES and RS participated in employment related topics including motivational interviewing. Staff reported attending Vocational Rehabilitation quarterly meetings.	
H11	Program Size	1 – 5 5	The ACT team is of sufficient size to provide necessary coverage and range of services to the 99 members. At the time of the review, the team was staffed with 11 staff.	
O1	Explicit Admission Criteria	1 – 5 5	The ACT team utilizes the Regional Behavioral Health Authority (RBHA) developed *ACT Admission Criteria Tool* to screen new referrals; a copy was provided to reviewers. Staff reported referrals are received from Mercy Care, Solari Crisis and Human Services, ACT to ACT transfers, and internal transfers from Supportive Teams. Staff stated that member screenings are scheduled with an ACT team specialist and can include current case managers or other clinical staff, department of corrections staff, probation officers, guardians, and natural supports. Once the screening has been completed, the ACT Manager reviews all records, completes a comprehensive staffing with the ACT	

			team Psychiatrist, and if the member is deemed appropriate, a transfer date and a doctor-to-doctor consult is scheduled. The ACT Manager reported having a collaborative relationship with the RBHA and other ACT teams' leadership, and at times there are circumstances, when census rates allow, an ACT-to-ACT transfer is facilitated for complex cases. The ACT team Psychiatrist has the final say regarding members joining the team.	
O2	Intake Rate	1 – 5 5	In the six months prior to the review, between August 2021 and January 2022, the ACT team admitted seven members to the team. Two members were admitted in September, three in October, and one each admitted in December and January. At the time of the review, it was reported the ACT team has a waitlist of 11 members to be admitted to the team and nine pending referrals.	
O3	Full Responsibility for Treatment Services	1 – 5 3	In addition to case management services, the ACT team directly provides psychiatric services, and most substance abuse treatment services. Based on interviews with staff, members (3 -5) are referred out for counseling/psychotherapy to a brokered provider outside the ACT. One member interviewed reported receiving individual counseling with an outside agency. Two charts reviewed showed evidence of the members receiving therapy services off the ACT team. During the team meeting observed, staff discussed independent living needs and explored residence options and housing applications to be submitted for members. Based on staff interviews at least 19% of members reside in staffed locations.	● Evaluate members' circumstances and housing options before they are referred to staffed residences over independent living with ACT staff providing housing support. Educate representatives of partner systems on how ACT staff can provide supported housing services in order to minimize the number of members in staffed settings. ● Employment services should be provided to members by staff on the ACT team rather than engaging them in brokered temporary WAT programs or referring to employment supports off the team. Ensure that both vocational staff receive training in assisting members diagnosed with SMI/co-occurring diagnoses, to find and retain competitive employment. Trained vocational staff can then cross train team specialists.

			Of the records reviewed, one member resides at a 16-hour residential placement with staff support. Per observations, records reviewed, and interviews with staff, the team has several members residing in housing that has non-ACT staff on-site providing duplicative services of ACT teams. Staff interviewed stated the team helps with resumes, job development activities, and ongoing support to help members obtain and maintain employment. The team will educate members on the pros and cons of working when members are fearful of losing their benefits and complete a Disability Benefits 101 session. The ES stated they spend about 20% of time providing employment services to members, will meet members at their employment for job coaching, speak with employers on members behalf and take members to interviews. Records reviewed showed the ES encouraging employment opportunities with members. However, staff reported approximately five members on the team are engaged with work adjustment programs (WAT) and there are others working with supported employment providers. Based on the team meeting observed, staff and members interviewed, the team discusses with members the opportunity to engage in employment services through a brokered provider. Two members interviewed reporting attending employment services through a provider outside the team, and of the ten records reviewed, three members are participating in employment services with a brokered provider.	• Counseling/psychotherapy should be available on ACT teams. Consider options to include staff on the team that can provide individual counseling to members.

O4	Responsibility for Crisis Services	1 – 5 5	Staff reported the ACT team is available to provide crisis services 24 hours a day, seven days a week. The CC and ACT Manager serve as back-up to the on-call staff. Staff reported the on-call staff will assess the situation with the member, attempting to deescalate, and if there is a need to meet the member in the community, staff will contact the back-up to advise for safety purposes. Staff reported the members are provided with the *Desert Cove ACT Brochure* that consists of the ACT on-call number along with all ACT team staff contact information. Staff will also provide the information to natural supports, guardians, and text the information to the member's phones as well as program the number into members' phones. Members interviewed reported knowing how to contact the team after hours or on the weekend, most reported using the on-call service in the past.	
O5	Responsibility for Hospital Admissions	1 – 5 3	Staff reported being directly involved in member hospital admissions. When the member is at the clinic the member will be assessed by the Nurse or Psychiatrist to determine next steps. When the member is in the community, staff will meet with the member and transport them to the clinic to meet with the Psychiatrist or will facilitate a telehealth visit to determine the next steps. If it is determined the member needs to go to an inpatient facility, staff will transport and remain at the facility with the member until the member has been admitted. The ACT staff will provide the inpatient team with a current medication sheet and demographic information, and a doctor-to-doctor is scheduled within 24 hours. Staff will contact natural supports and guardians to	• Maintain regular contact with all members and their support networks. This may result in early identification of issues or concerns that could lead to hospitalization allowing the team to offer additional supports which may result in a reduced need for hospitalization. • Educate members and their support systems about team availability to support members in their communities or, if necessary, to assist with hospital admissions.

			coordinate member care. For members that are admitted without team knowledge, a staffing is scheduled within 24 hours of the team being notified with the inpatient team. In one record reviewed the member was inpatient and there was documentation of coordination and staffing's held with the inpatient team, including the ACT Psychiatrist attempting to contact the inpatient Psychiatrist for updates and to coordinate care. Based on data provided, and reviewed with ACT staff, the ACT team was directly involved in 50% of the most recent psychiatric hospital admissions. Four members self-admitted to inpatient facilities, and one member was referred by a shelter.	
O6	Responsibility for Hospital Discharge Planning	1 – 5 4	Staff reported the team is directly involved in all psychiatric discharges. Staff interviewed reported picking up members to transport home, and at times taking members to pick up medications, collect food boxes, and cash checks. Staff will engage and offer members services such as therapy, peer run programs, and provide the member information about upcoming appointments. The team follows a five-day follow-up protocol which includes home visits, in-person visits at the clinic, and phone calls. The member is scheduled with the team's Psychiatrist within 24 - 96 hours of discharge and the Nurse within seven days. Based on data provided and reviewed with staff, the team was directly involved in 100% of the last ten psychiatric hospital discharges. During the program meeting observed, discharge planning was discussed amongst the team. However, one	• Continue to track member discharge services to prevent lapses with follow-up contact for earlier identification of issues or concerns relating to members and allowing the team to offer additional supports, which may reduce the need for subsequent hospitalizations. • Ensure all attempts and contacts are documented in the members' records.

			member record reviewed showed the team did not have any contact or documented attempts with a member for three days that was discharged from a psychiatric inpatient setting.	
O7	Time-unlimited Services	1 – 5 5	Staff report three members graduated from the team in the last 12 months, and plan to graduate only one member in the next year. The ACT Manager reports ACT services are time unlimited and that the *Mercy Care Exit Criteria Screening tool* is used when members move to a lower level of care. The team starts conversations with the member before active efforts are made to move members off the team.	
S1	Community-based Services	1 – 5 4	Staff reported seeing members in the community 80% of the time. Members interviewed reported that they see staff at the office and in their home. A review of ten randomly selected member records showed a median of 67% of contacts staff had with members occurred in the community including home visits, laundromat, pharmacies, grocery, and general stores. Of the member records reviewed, five had 80% or more contacts in the community, while one record showed no contacts in the community.	● Increase the delivery of services to members in their communities. Evaluate what clinic-based activities can transition to occur in members' communities. Optimally, 80% or more of services occur in members' communities. ● Assist members to explore and access resources, services, and activities in their community. In person contact should promote skill building, in areas such as interpersonal communication, problem-solving, budgeting, and navigating public transportation.
S2	No Drop-out Policy	1 – 5 5	Staff reported closing only two members over the last twelve months. One member could not be located and was placed on Navigator status, while another left the state. Staff had attempted to coordinate services but were unable to get confirmation that the member arrived at the new location. Overall, the team retained 97% of the members over the past twelve months.	

S3	Assertive Engagement Mechanisms	1 – 5 5	The team reports that when unable to locate members, the team conducts outreach four times per week for eight weeks before moving them to Navigator status. Outreach attempts include last known address, areas known to the member, and reaching out to guardians, probation officers, hospitals, jails, medical examiner's office, shelters, payees, and natural supports. Once the member is located, the team attempts to re-engage, offering support and services. If the member does not have a phone, the team will assist the member in applying for one to improve contact with the team and other supports. All records reviewed showed evidence of active engagement by the team.	
S4	Intensity of Services	1 – 5 2	Per review of ten randomly selected member records, during a month period before the fidelity review, the median amount of time the team spends in-person with members per week is 19.63 minutes. The highest amount of time spent in-person was 64.75 minutes. One member was hospitalized during the period reviewed and had no in-person contacts, however the team did coordinate care with the inpatient team by phone. It was reported some hospitals are not allowing staff to visit in person with members while inpatient due to the public health emergency.	• Evaluate how the team can engage or enhance support to members who receive a lower intensity of service. The ACT team should provide members an average of two hours of in-person contact weekly.
S5	Frequency of Contact	1 – 5 2	One member interviewed reported seeing ACT staff twice a week. Of the records reviewed, there was a median of 1.75 weekly in-person contacts with members. Documented contacts with members in ten records range from less than one to 7.50, six members received less than two contacts weekly. Median phone contact by the team to members was three contacts in a month period, one member had eight phone contacts by	• Increase the frequency of contact with members, preferably averaging four or more in-person contacts a week. Work with staff to identify and resolve barriers to increasing the frequency of contact. Seek to balance services delivered to more frequently visited members with members that staff meet with less often.

			the team in a month period. Seven of the ten records reviewed had contact by phone from the team documented. The Psychiatrist provided telehealth services four times in the month period reviewed. *The fidelity tool does not accommodate delivery of telehealth services, except those services delivered by the Psychiatrist.*	• Members of ACT teams are not successful with traditional case management services and often require more frequent contact to assess current needs and to provide ongoing support. Improved outcomes are associated with frequent contact. All staff of the ACT team should be invested in delivering a high frequency of contacts to members.
S6	Work with Support System	1 – 5 3	Staff reported between 15 - 28% of members have natural supports and staff have contact weekly by email, phone, or in person. During the program meeting observed, natural supports were included in the discussion, the team reported tracking natural support contacts at the program meeting. Of the ten charts reviewed, there was an average of 1.70 contacts with natural supports documented within the month period reviewed. In records reviewed, examples of where coordination of care with natural supports could have assisted the team with supporting the member's needs were documented. Of the members interviewed, one reported the ACT team having contact with family, two members reported they wouldn't mind if the team had contact with family, however at this time does not, and two others preferred keeping their services private.	• Increase contacts with natural supports to an average of four per month for each member with a support system. As much as possible, contacts with informal supports should occur during the natural course of delivery of services provided to members. • Continue efforts to engage members' natural support systems as key contributors to the member's recovery team. Staff should consider modeling recovery language and provide tips to family members and other natural supports how they can support member care.
S7	Individualized Substance Abuse Treatment	1 – 5 3	Based on staff interviews and data collection, there are 49 members with a co-occurring diagnosis. At the time of the review, the second SAS was on leave. Staff reported approximately 20 - 25 members received two to three individual sessions each in a recent month timeframe. Sessions averaged 30 minutes.	• Work to increase the time spent in individual sessions so that the average time is 24 minutes or more a week across the group of members with co-occurring diagnoses. • Evaluate if SAS participation in other duties, such as medication observation, limits their ability to engage or provide individual

			Of the random sample of ten records reviewed, five members had a substance use diagnosis. Documentation lacked evidence of formal structured individual substance use treatment services. Of those five member records, only one note documented SAS engagement for an individual counseling session for five minutes at the members home and encouraged participation in co-occurring treatment groups. Per member tracking calendars shared with reviewers, 19 members were seen in person by the SAS in the month of January, although it is unclear if substance use treatment was provided or the length of sessions. There were three members that met in-person with the SAS more than one time in January.	substance use treatment. Consider shifting those duties to other staff. • Ensure substance use engagement documentation includes topics discussed, interventions, and recovery goals members are working on to improve team cohesiveness and communication. Consider providing training to staff to improve documentation of services delivered.
S8	Co-occurring Disorder Treatment Groups	1 – 5 2	The ACT team provides one group for members with a co-occurring disorder, on Wednesdays for one hour. Staff reported due to the public health emergency the number of members that can participate in groups was limited but was recently increased from six to eight members. Staff stated four to six members attend the weekly group. Sign in sheets were provided for the month of January and two members with a co-occurring disorder attended. Staff reported the groups include processing, psychoeducation, relapse prevention, and co-occurring disorder integrated care. However, only one of the manual references provided align with the co-occurring disorders treatment model. Staff reported typically both SASs facilitate, splitting the groups to serve members in earlier stages of change and a group to serve members in later stages of change.	• Staff should continue to engage dually diagnosed members 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. • Co-occurring treatment groups work best when based in an evidence-based practice (EBP) treatment model for individuals with an SMI and a substance use disorder. Consider structuring groups around proven curriculum for optimal impact.

S9	Co-occurring Disorders (Dual Disorders) Model	1 – 5 4	It was reported all staff on the ACT team complete annual training modules on Integrated Dual Disorders Treatment and motivational interviewing in Relias and this was seen in training records provided. During the program meeting observed, members' stage of change was identified by staff. The team reports the Integrated Dual Diagnosis Treatment model is used to treat members with a substance use diagnosis, and a non-confrontational method is used. One staff reported when a member requests to attend Alcoholics Anonymous meetings, staff will provide information and has accompanied a member to a meeting in the past for support. When a member requests detox, staff will provide support, assess for safety, and transport the member if needed. Staff were able to provide examples of harm reduction tactics used. Individual clinical supervision is provided by the Clinical Director to the SAS's once a week, along with group supervision twice a month. The SAS provides ongoing training and education related to substance use to the ACT team during program meetings. In records reviewed, evidenced showed staff encouraged members with a co-occurring diagnosis to attend substance use treatment groups and individual sessions with the SAS. Of the five member records reviewed with a co-occurring diagnosis, two members have a substance use related goal identified in their treatment plan.	• 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 stage-wise approach to interventions, harm reduction, 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. • Continue efforts to ensure member treatment plans identify member goals and individualized needs. Seek compromise through motivational interviewing with members to address substance use planning on their service plans. Ensure members have current service plans that reflect their status and goals.
S10	Role of Consumers on Treatment Team	1 – 5	The team has at least one staff with personal lived experience of psychiatric recovery. Staff	

		5	interviewed reported that this staff person does share their story of recovery depending on the situation and relevance and educates the team from the peer perspective to improve services for the members on the team. Additionally, the Peer Support Specialist facilitates a group every Tuesday for one hour to provide support to members to work toward recovery and living with a mental illness. However, members interviewed did not know if there was a staff on the team with lived psychiatric recovery.	
Total Score:		**110**		

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	2
6.	Staff Capacity	1-5	4
7.	Psychiatrist on Team	1-5	5
8.	Nurse on Team	1-5	3
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 5(1-5)
1.	Explicit Admission Criteria	1-5	5
2.	Intake Rate	1-5	5
3.	Full Responsibility for Treatment Services	1-5	3
4.	Responsibility for Crisis Services	1-5	5

5. Responsibility for Hospital Admissions	1-5	3
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	4
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	3
7. Individualized Substance Abuse Treatment	1-5	3
8. Co-occurring Disorders Treatment Groups	1-5	2
9. Co-occurring Disorders (Dual Disorders) Model	1-5	4
10. Role of Consumers on Treatment Team	1-5	5
Total Score	**3.93**	
Highest Possible Score	**5**	