ASSERTIVE COMMUNITY TREATMENT (ACT)
FIDELITY REPORT

Date: April 11, 2022

To: Tamera Farrow, ACT Clinical Coordinator
Crystal Domblisky-Klein, Sr. Director of ACT Services
Amy Henning, Chief Executive Officer

From: Vanessa Gonzalez, BA
Nicole Eastin, BS
AHCCCS Fidelity Reviewers

Method

On February 1 – 2, 2022, Vanessa Gonzalez and Nicole Eastin completed a review of the Southwest Network 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 the Central Region of Arizona.

Southwest Network provides services to children, adolescents, and adults. Adult services are delivered at four outpatient clinics. Per the agency website, services are available to support members to identify and accomplish goals in the areas of employment and education pursuits; independent living; and building and maintaining connections with friends, family, and members' communities. The agency operates three ACT teams in the Central Region of Arizona. This review focuses on the San Tan ACT team.

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 "clients", but for the purpose of this report, and for consistency across fidelity reports, the term "member" will be used.

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

- Remote observation of an ACT team program meeting on February 1, 2022.
- Individual interview with the Clinical Coordinator (CC).
- Individual interviews with Substance Abuse, Rehabilitation, Team, and Peer Support Specialists.

- Individual phone interviews with four 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: *Mercy Care ACT Admission Criteria*; *Group Treatment for Substance Abuse 2nd Edition; Lack of Contact Checklist; SWN Inpatient Discharge Transition Plan; Mercy Care ACT Exit Criteria Screening Tool;* Employment Specialist (ES) resume and training; Rehabilitation Specialist resume and training; SAS resumes and training*; ACT Contact Flyer; and* a copy of the SA group sign in sheets for 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 ACT team excelled at meeting members in the community, specifically in member's homes.
- The Psychiatrist and Nurse provides a high rate of community services providing psychotherapy, frequent home visits as well as telemedicine appointments to members, in addition to providing training to the team.
- All Vocational and Substance Abuse Specialists are experienced in their field and have participated in trainings related to their specialty practices.
- With having two SASs on the team, members with a co-occurring diagnosis were engaged in and provided individual substance use treatment.
- The ACT team demonstrates a very thorough process of handling psychiatric hospital discharges and provides excellent communication and follow-up with members.

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

- Attempt to identify factors that contributed to staff turnover and that support retention. The team experienced a staff turnover rate of about 42% in the past two years.
- Lack of staff in the Housing and Nurse positions increases the workload for the rest of the team. Work to fill those positions to prevent potential staff burnout, allowing staff to increase the intensity of services delivered to members.
- Increase the frequency and intensity of services delivered to members. ACT services should be responsive to member needs, adjusting in intensity and frequency as it relates to member's individual needs and preferences. Higher frequency of contact correlates to improved outcomes for ACT members.

- Evaluate what prevented staff from directly supporting members during hospital admissions. Maintain regular contact with members and their support networks, which might result in the identification of issues or concerns that could lead to hospitalization.
- Few members with a co-occurring disorder attend the substance use treatment groups 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.

ACT FIDELITY SCALE

Item #	Item	Rating	Rating Rationale	Recommendations
H1	Small Caseload	1 – 5 5	At the time of the review, there were nine full-time equivalent (FTE) staff on the team, excluding the Psychiatrist. The team serves 91 members resulting in a 10:1 member to staff ratio.	
H2	Team Approach	1 – 5 4	Staff interviewed reported that 100% of members are seen by more than one staff from the team in a two-week period. The team implements a coverage system where each staff are assigned a different route each week to ensure members are being seen by diverse staff. The team tracks member contacts during the program meeting on member calendars. Staff are assigned a core caseload for administrative purposes only. However, of the ten randomly selected member records reviewed, 70% of members received in-person contact from more than one staff over a two-week period.	• Under ideal circumstances, 90% of ACT members would have contact with more than one staff in a two-week period. Consider options to increase contact while following public health guidelines. • ACT team staff should be equally responsible for ensuring each client receives the services needed to support recovery. Diversity of staff interaction with members allows members access to unique perspectives and expertise of staff, as well as reducing the potential of burden of responsibility for member care on staff.
H3	Program Meeting	1 – 5 5	At the meeting remotely observed, all members were discussed. Staff reported on contacts that were made with members and natural supports, members' stages of change were discussed, and planned contact for the week was mentioned. The Psychiatrist attends program meetings Monday-Thursday. The team meets at least four times a week.	
H4	Practicing ACT Leader	1 – 5 3	The CC estimates spending 25 - 30% of their time providing direct services. The CC holds a Healthy Eating Discussion Group on Tuesdays via video conference. One member interviewed reported attending the group lead by the CC weekly and speaking with the CC daily by phone. Based on	• Optimally, the CC should provide in-person services to members 50% or more of the time. • The CC and agency may consider identifying administrative functions not essential to the CC's time that could be performed by the

			review of the CC's productivity report over a recent month time frame, the CC provided direct services about 22% of the time. *The fidelity tool does not accommodate delivery of telehealth services*	program assistant or other administrative staff.
H5	Continuity of Staffing	1 – 5 3	Based on information provided, the team experienced 42% turnover during the past two years. At least 10 staff left the team during this period which does not include a staff currently on leave.	• ACT teams should strive for a turnover rate of less than 20%. Maintaining consistent staffing supports team cohesion and the supportive relationship between members and staff. Sharing the entire caseload across the team promotes collaboration and unity as the team works together to provide member services. • Ensure staff receive training and guidance applicable to their specialty position. Research shows staff remain in positions longer when supported in their roles.
H6	Staff Capacity	1 – 5 1	In the past 12 months, the ACT team has had 32 vacant positions. The ACT team has been operating at 22% of full staffing capacity in the past 12 months and having a minimum of two positions vacant at any given time. One staff was on leave for more than 30 days at the time of the review and was counted as a vacancy for the month of January. The second ACT Nurse position has been vacant the longest, nine months, followed by the Housing Specialist at eight months.	• To ensure diversity of staff, adequate coverage, and continuity of care for members, fill vacant positions with qualified staff as soon as possible with a goal of 95% full staffing annually. Timely filling of vacant positions also helps to reduce potential burden on staff.
H7	Psychiatrist on Team	1 – 5 5	The Psychiatrist works four days a week and assigned only to the ACT team. The Psychiatrist is available 24 hours, seven days a week, attends all program meetings and is easily accessible. Records reviewed showed the Psychiatrist was active with nine out of ten members which included two telehealth visits, ten community visits and three	

			office visits in the month period reviewed. The Psychiatrist provided services beyond medication management and prescribing such as independent living skills (ILS), education pertaining to substance use, encouraging engagement with the SAS, medication observation, and engagement with natural supports. In addition, staff reported the Psychiatrist provides psychotherapy to a couple members on the team, and ongoing education and training to the team. Member interviews indicated they all use the ACT Psychiatrist to acquire their medications and most reported meeting with the Psychiatrist every three weeks, rather than 30 days, and at their home.	
H8	Nurse on Team	1 – 5 3	The ACT team has one Nurse to support the 91 members. The Nurse is only responsible for ACT members and attends all program meetings. Aside from regularly attending program meetings, other responsibilities include providing administration of medications, educates members and staff, helps with tasks around employment and ILS, conducts labs, and meets members in the community frequently. The Nurse is easily accessible by phone or email and often adjusts their schedule when needed in the clinic or community. Members interviewed indicated seeing the nurse multiple times a month, often at their home. Records reviewed showed the Nurse provided 12 community visits and two office visits in the month reviewed, services included medication observation, substance use education, vitals, labs, administering injections, independent living skills, engaging with natural supports, healthy eating education, and medication delivery.	• Fill the vacant Nurse position. The team should have 2 FTE ACT Nurses. When screening potential candidates for the position, consider experience working with members with a co-occurring disorder.

H9	Substance Abuse Specialist on Team	1 – 5 5	The team has two FTE Substance Abuse Specialists (SAS) assigned to work with 52 members of the team with a co-occurring diagnosis. One SAS has a master's degree in Professional Counseling with more than one year experience providing substance use treatment services to members with a serious mental illness (SMI) diagnosis. The second SAS has been with the team since August 2021 and has approximately seven years of experience providing outpatient substance abuse treatment. *Relias* online training records provided showed one SAS participated in one co-occurring disorder course, and the other SAS participated in four courses related to co-occurring disorders and motivational interviewing in the past year. Both SAS receive individual supervision for two hours per month from the ACT Psychiatrist.	
H10	Vocational Specialist on Team	1 – 5 5	At the time of the review, the team had one FTE Rehabilitation Specialist (RS) that has been with the team since 2008. The Employment Specialist (ES) has been with the team for one year, starting as the ACT Specialist and transitioned to the ES position in August 2021. The ES has previous experience working on ACT teams. The ES is currently on leave and is counted for this item. Based on training records and resumes provided, both Vocational Specialists have more than one year experience working with individuals with an SMI diagnosis, and both have documented trainings pertaining to delivering vocational services that enable members to find and keep jobs in integrated work settings. Staff reported VS staff also attend quarterly Rehabilitation and Employment trainings with Mercy Care, and	

			Vocational Rehabilitation Services trainings twice a year.	
H11	Program Size	1 – 5 5	The ACT team has ten staff which is of adequate size to provide coverage. Two positions were vacant at the time of the review, the second Nurse and the ACT Housing Specialist.	
O1	Explicit Admission Criteria	1 – 5 5	Based on the interviews with staff, the team uses the *Mercy Care ACT Admission Criteria Tool* developed by the Regional Behavioral Health Authority to screen potential admissions. The CC completes most admission screenings. A review of the member's packet is completed by the ACT CC and then by the Psychiatrist. The Psychiatrist has the final determination for new admissions. When members agree to join the ACT team, a meeting is scheduled with the team and the member for introductions and explain team roles. The ACT team has a clearly defined target population.	
O2	Intake Rate	1 – 5 5	Per the data provided, the ACT team has admitted four members to the team in the last six months prior to the review. This rate of admission is appropriate, as there were never more than six new members admitted in a one-month period.	
O3	Full Responsibility for Treatment Services	1 – 5 4	In addition to case management, the ACT team provides psychiatric and medication management services, some psychotherapy/counseling, employment and rehabilitation, and substance use treatment services. The ACT team provides counseling to a couple clients. One record reviewed indicated a member was receiving counseling outside the ACT team. Additionally, staff stated four to five members may be receiving counseling outside the ACT team.	• Work on hiring a HS to further evaluate housing options before members are referred to staffed residences over independent living with ACT staff support. Monitor the number of members in staffed residences so that, optimally, no more than 10% reside in settings with other social service staff provide support.

			The RS discussed providing employment supports to members during the program meeting observed. The RS frequently completes vocational profiles with members, provides job coaching, and assists members to apply for jobs and updating resumes. One record showed a member volunteering at a local store and vocational staff supported the member. Housing services were not being provided during the time of review and some members are receiving case management services from their residences.	
O4	Responsibility for Crisis Services	1 – 5 5	The ACT team provides 24 - hour crisis coverage for its members. Staff rotate an on-call phone weekly to respond to afterhours calls. The ACT team provides an *ACT Flyer* to all members that lists contact information for each staff member as well as a description of each specialist's role, an explanation of services the ACT team provides, and the ACT team on-call number. Members interviewed reported knowing the on-call number and reported using the service in the past. One member reported having all ACT team members' contact information programmed into their phone. If a member is in crisis after hours, the team's on-call staff will first attempt to de-escalate the situation over the phone, and if unable, will coordinate next steps with the CC, such as meeting the member in the community.	
O5	Responsibility for Hospital Admissions	1 – 5 3	Staff reported that when a member needs inpatient psychiatric care during business hours, the team will assess the member first, confer with the CC and Psychiatrist, and depending on the situation, the Psychiatrist may assess the member in the community or the clinic. Staff will transport	• Frequent contact with members and their support networks may result in earlier identification of issues or concerns relating to member's symptoms. This would allow the team to offer additional supports, which may reduce the need for hospitalization.

			the member to the inpatient facility. Staff reported when transporting members to inpatient facilities, they wait with the member until they are admitted, when allowed due to the public health emergency, ensuring the inpatient team has the ACT team contact information. The team will provide the inpatient team with the most recent progress notes, medication sheet, a doctor-to-doctor call is scheduled and completed, and staffing's are held at least once a week. Due to the public health emergency, most staffing's and coordination are conducted by phone with the member and inpatient team. When members self-admit the team coordinates as soon as they are notified. The ACT team was directly involved in 60% of the ten most recent member psychiatric hospital admissions per the data the ACT team provided and reviewed with staff. A few members were taken by family members, and few were taken by law enforcement.	• Develop plans with members and their natural supports in advance, especially if they have a history of hospitalization without seeking support, to inform how the team can assist when seeking psychiatric hospitalization.
O6	Responsibility for Hospital Discharge Planning	1 – 5 5	Based on data provided, staff interviews, and record reviews, the ACT team was involved in 100% of the last ten psychiatric hospital discharges. Staff interviewed reported that when members are ready for discharge, ACT staff will transport the member to pick up medications, groceries, and provide any other service the member may need before taking them to their residence. There have been instances when natural supports request to transport. The team then coordinates with natural supports to ensure a smooth discharge process.	

			The team follows a five day follow up protocol with members, connecting with them by phone, at the clinic, or at the member's home. Members are scheduled with the Psychiatrist typically 24 - 48 hours after discharge and scheduled with the Nurse within the first week for a health risk assessment, as well as coordination with the member's primary care physician. The ACT team also utilizes an *Inpatient Discharge Transition Plan* to assist members transition from the hospital to the community. This includes an additional four week follow up with the member in their home and at the clinic and on week three, the member's treatment plan is reviewed for changes. One record reviewed showed the team provided five days of follow up with the member after hospital discharge in their home and at the clinic, including the Psychiatrist seeing the member the day of discharge. The team also provided twice daily medication prompting.	
O7	Time-unlimited Services	1 – 5 5	Members are served on a time-unlimited basis. The ACT CC predicts fewer than 5% of members will graduate in the next year. Three members graduated to a lower level of care in the last year. The ACT team provided an *ACT Exit Criteria Screening Tool* that is used to assess a member's readiness to graduate from the team.	
S1	Community-based Services	1 – 5 5	Staff reported 80 - 100% of contacts are in the community. The median of community contacts was 100% from the records reviewed. Member interviews indicated meeting with ACT staff at members' homes, parks, and the mall.	
S2	No Drop-out Policy	1 – 5	According to data provided, the ACT team had no members that were closed because of refusing	

		5	services, could not be located, closed because the team determined they were unable to be served, or moved out of the area without a referral from the team. The team had a few members that were moved to a lower level of service. Staff interviewed stated that the team understands members may disengage from the team at times but continues efforts to be a consistent support in members' lives.	
S3	Assertive Engagement Mechanisms	1 – 5 5	The ACT team demonstrates consistently well-thought-out strategies, using street outreach and legal mechanisms when appropriate. Outreach efforts were heavily documented in member records reviewed. Staff followed a detailed *Lack of Contact Checklist* to locate disengaged members. In one record reviewed, staff were successful at locating an incarcerated member.	
S4	Intensity of Services	1 – 5 3	Per a review of ten randomly selected member records for a month period before the fidelity review, the median amount of time the team spends in-person with members per week is about 54 minutes. The highest average rate of intensity was 113 minutes a week. One record reviewed showed that the member had no in-person contact by the team.	• ACT teams should provide an average of two hours or more of in-person 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	Of the ten records randomly sampled, ACT staff provided an average frequency of 1.25 contacts to members per week. The record with the highest averaged 7.5 hours, also logging the highest intensity of all records reviewed. One member was incarcerated during the time of the review. Median phone contact by the team to members was one contact in a month period. Six of the ten records reviewed had contact by phone from the	• The team should continue efforts to contact members in as safe a manner as possible, as community health conditions allow. Optimally, ACT members receive an average of four or more in-person contacts a week. The number of contacts may vary, with some members receiving fewer and others receiving more contact depending on immediate and emerging needs.

			team documented. One member interviewed reported speaking to an ACT staff daily while the other members indicated meeting ACT staff in person once a week. *The fidelity tool does not accommodate delivery of telehealth services.*	
S6	Work with Support System	1 – 5 3	Per interviews, the ACT team strives to have weekly contact with member's natural supports. The average contact per month calculated from the record reviews was 1.2 contacts per month. Staff gave varied reports of the number of members with natural supports ranging from 20 - 65%. At least eight members were discussed as having coordination from the team with the members' "guardian" during the team meeting observed. Upon clarification, "guardian", for this team's purposes, is a related family member. Of the ten records reviewed, the team coordinated with six members' natural supports in the period reviewed. Members interviewed indicated a range of contact with their natural support systems. Two members reported the ACT team talks with their family, one member prefers no contact at all, and another prefers contact only in the event of an emergency.	• ACT teams should have four or more contacts per month for each member with a support system in the community. Developing and maintain community support further enhances members' integration and functioning. As much as possible, contacts with natural supports should occur during the natural course of providing services to members. • Educate natural supports about how they can support members' recovery. For example, assist them to identify community-based activities they can engage in with members. Staff may be able to draw from their training to give natural supports tips on how they can reinforce healthy recovery behaviors or model use of recovery language.
S7	Individualized Substance Abuse Treatment	1 – 5 5	There are 52 members on the team with a co-occurring disorder and of those, it was reported that of the two SAS, each engage 26 members in substance use treatment services. The SAS reported seeing each of their assigned 26 members once a week anywhere from 45 minutes to 90 minutes. Records reviewed showed sessions occurred between 49 to 113 minutes. All meetings took place in the community or at the member's home. In the records, SASs provided very detailed	

			notes regarding members' substance use diagnosis, stage of change, and stage of treatment. Harm reduction plan discussions were documented. Of the records reviewed, all members with a co-occurring diagnosis were seen by an ACT SAS during the month period reviewed.	
S8	Co-occurring Disorder Treatment Groups	1 – 5 3	Each SAS leads one substance use treatment group for members of the ACT team weekly. A calendar and sign-in sheets were provided to the reviewers for one treatment group meeting. Eight members from the ACT team attended an SAS group in the month period reviewed. Staff reported recommending substance use treatment groups to all members with a co-occurring diagnosis, however no records reviewed showed documentation of engagement in treatment groups. Data reviewed indicated about 31% of members with substance-use disorders attended at least one substance abuse treatment group meeting a month.	• Engage 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.
S9	Co-occurring Disorders (Dual Disorders) Model	1 – 5 4	The team comes from a harm reduction approach when addressing members' substance use. One SAS indicated a need for members to start slowly in the recovery process and the importance to meet members where they are at in recovery. Staff do not refer members to 12-Step programs and do not have expectations of abstinence. Members may be referred to residential or detox programs if they are at that stage in recovery. One staff interviewed discussed utilizing evidence-based practices, such as harm reduction and motivational interviewing when addressing members with a co-occurring disorder. However,	• 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, 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.

			of the records reviewed, three out of six members with a co-occurring diagnosis had correlating goals identified in service plans. One member had recently been admitted to the team and did not have a treatment plan at the time of the review. One member's goal was identified as maintaining abstinence and had not been written in the member voice. Some staff were not familiar with the stage-wise approach to interventions.	• Consider SAS staff to provide training to the team and share ideas about harm reduction strategies and stage-wise approach interventions.
S10	Role of Consumers on Treatment Team	1 – 5 5	Staff interviewed stated there is at least one staff with lived psychiatric recovery on the team and when appropriate, share their story of recovery with members. Members interviewed indicated staff do share recovery stories and members enjoy hearing those stories, feeling as though they are better able to relate.	
Total Score:		**116**		

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	3
5. Continuity of Staffing	1-5	3
6. Staff Capacity	1-5	1
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 (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	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	5
2. No Drop-out Policy	1-5	5
3. Assertive Engagement Mechanisms	1-5	5
4. Intensity of Service	1-5	3
5. Frequency of Contact	1-5	2
6. Work with Support System	1-5	3
7. Individualized Substance Abuse Treatment	1-5	5
8. Co-occurring Disorders Treatment Groups	1-5	3
9. Co-occurring Disorders (Dual Disorders) Model	1-5	4
10. Role of Consumers on Treatment Team	1-5	5
Total Score	**4.14**	
Highest Possible Score	**5**	