ASSERTIVE COMMUNITY TREATMENT (ACT)
FIDELITY REPORT

Date: September 11, 2024

To: Gene Cavallo, Vice President of Behavioral Health
Kelsey Bartholomew, Clinical Coordinator

From: Madison Chamberlain, BS
Allison Treu, BS
AHCCCS Fidelity Reviewers

Introduction

Arizona Health Care Cost Containment System has contracted with the Western Interstate Commission for Higher Education Behavioral Health Program to conduct Fidelity Reviews using an adapted version of the Substance Abuse and Mental Health Services Administration (SAMHSA) Assertive Community Treatment (ACT) Fidelity Scale. ACT is an Evidence-Based Practice (EBP).

Method

On August 5 – 7, 2024, Fidelity Reviewers completed a review of the Valleywise Health Mesa Riverview 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.

Valleywise Health was founded in 1877 and has been providing behavioral health services for over 50 years. Valleywise has three behavioral health centers and provides a wide range of inpatient and outpatient integrated health services. The individuals served through the agency are referred to as "clients" or "members", but for the purpose of this report, and for consistency across fidelity reports, the term *member* will be used.

The SAMHSA ACT Fidelity Review tool does not accommodate delivery of telehealth services. An exception has been made for delivery by psychiatric prescribers due to the lack of availability in Arizona. This review was conducted remotely, using videoconferencing and telephone to observe meetings, and to interview staff and members.

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

- Remote observation of an ACT team program meeting on August 6, 2024.
- Individual videoconference interview with the Clinical Coordinator.

- Individual videoconference interviews with two Co-Occurring Disorders Specialists, Housing Specialist, Rehabilitation Specialist, Peer Support Specialist, and ACT Specialist for the team.
- Individual phone interviews with three members participating in ACT services with the team.
- Closeout discussion with the Clinical Coordinator, Psychiatric Provider, and representative from the contractor with a Regional Behavioral Health Agreement.
- Charts were reviewed for ten randomly selected members using the agency's electronic health records system. The sample included members from the following health plans: RBHA, LTC, and Other (Medicare, Private, other source of coverage).
- Review of documents: *Mercy Care ACT Admission Criteria*; member calendars; copies of cover pages of substance use disorder treatment materials utilized; co-occurring disorders treatment group sign-in sheets; on-call contact information cards; natural support tracking spreadsheet; Clinical Coordinator productivity report; resumes and training records for Vocational and Co-Occurring Disorders Specialist staff; and *Arizona Health Care Cost Containment System Outreach, Engagement, and Re-Engagement for Behavioral Health Policy.*

The review was conducted using the SAMHSA ACT Fidelity Scale. This scale assesses how close in implementation a team is to the ACT model using specific observational criteria. It is a 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 with little room for improvement*).

The ACT Fidelity Scale was completed following the review. A copy of the completed scale with comments is included as part of this report.

Summary & Key Recommendations

The agency demonstrated strengths in the following program areas:

- Program Meeting: The team meets four days a week to review the entire ACT roster. All ACT staff including the Psychiatrist and covering staff attend this meeting. The Clinical Coordinator facilitates these meetings and ensures coverage for all members.
- Psychiatrist on Team: The team has a dedicated Psychiatrist that sees members both within the office and in the community. The Psychiatrist is easily accessible to the team and is available to support the team outside of business hours.
- Nurse on Team: The team has two dedicated Nurses that provide direct services to members in the community and office. On top of the medical services they provide to members, the Nurses are accessible to the team and provide training to staff.
- Program Size: The team is fully staffed and capable of providing necessary staffing diversity and coverage to the 91 members.
- Responsibility for Psychiatric Hospital Admissions and for Discharge Planning: Staff were involved in 90% of recent psychiatric hospital admissions, and 100% of recent psychiatric hospitalization discharges.

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

- Community-Based Services: Increase community-based services so at least 80% of service provision to members occurs in the community. Ensure documentation includes clear descriptions of locations where services occur, if not at the member's residence or in the clinic.
- Intensity of Services: Work to provide members with an average of two (2) or more hours of weekly in-person contact. Ensure all direct in-person contacts are clearly documented. Services provided should align with members' individualized goals.
- Frequency of Services: Increase contact with members averaging four (4) or more in-person contacts weekly. Avoid over-reliance on groups.
- Co-Occurring Disorders Treatment Groups: Continue engaging members to participate in groups so that at least 50% or more members with co-occurring disorders engage in groups monthly. Ensure all staff, not just the Co-Occurring Disorders Specialists, are engaging members in treatment groups.

ACT FIDELITY SCALE

Item #	Item	Rating	Rating Rationale	Recommendations
H1	Small Caseload	1 – 5 5	The team serves 91 members with 11 full-time equivalent (FTE) staff, excluding the Psychiatrist. The team has an appropriate member-to-staff ratio of approximately 9:1. The staff include two Nurses, ACT Specialist, Clinical Coordinator, Housing Specialist, Peer Support Specialist, two Co-Occurring Disorders Specialists, two Vocational Specialists, and an Independent Living Specialist.	
H2	Team Approach	1 - 5 3	Of ten randomly selected member records reviewed, over a 30-day period, a median of 60% received in-person contact from more than one staff in a two-week period. Staff develop daily engagement strategies tailored to each member's needs based on the Psychiatrist's recommendation. Weekend staff follow up with members who missed interactions during the week, and all staff use member calendars to plan future contacts. Staff hold individual caseloads for administrative purposes only.	• Ideally, 90% of ACT members have in-person contact with more than one staff in a two-week period. • Consider one strategy utilized by other teams by assigning geographic areas that rotate daily or weekly to ensure members are engaging with diverse staff from the team frequently.
H3	Program Meeting	1 - 5 5	The team meets in person four days a week to discuss all members on the roster. All staff, including the Psychiatrist attends each meeting in-person. In the observed meeting, staff reviewed each member on the roster, reporting recent contacts with members, guardians, and natural supports. The team discussed upcoming member	

			appointments, coordinated outreach for missed appointments, and discussed discharge planning for hospitalized members. The team also reviewed the current stage of change for some members. The Psychiatrist, Clinical Coordinator, and Co-Occurring Specialists provided engagement strategies and guidance tailored to each member's individual needs.	
H4	Practicing ACT Leader	1 - 5 3	The Clinical Coordinator, a licensed associate counselor, provides individual counseling to members and visits members in the community (e.g., hospital). The productivity expectation for the team is a minimum of 20 hours a week. The Clinical Coordinator reported delivering in-person direct services to members approximately 13 hours per month. The member records reviewed did not evidence documentation relating to the delivery of in-person services. In the productivity report provided for a 30-day period, the Clinical Coordinator accounted for approximately 16% of time spent delivering direct services. *This item is dependent on the Provider productivity expectation.*	• Support ACT leaders to provide direct care to members equal to or greater than 50% of the time expected of other ACT staff. Transfer responsibilities not necessary to be conducted by the ACT leaders to administrative or other ACT staff.
H5	Continuity of Staffing	1 - 5 3	Based on the information provided, and reviewed with staff, five staff left the team and five provided temporary coverage. The team experienced a turnover of 42% during the past two years. The position with the highest turnover was the Housing Specialist with two staff vacating the role in the past 24 months.	• ACT teams strive for a less than 20 % turnover rate. Maintaining consistent staffing supports team cohesion and the therapeutic relationship between members and staff. • Continue efforts to recruit and retain experienced staff. Support staff in their specialty roles by ensuring training and

				guidance applicable to the specialty position is provided.
H6	Staff Capacity	1 - 5 4	In the past 12 months, the team operated at approximately 94% of full staffing capacity. The position with the highest vacancies was the Housing Specialist, being vacant for three months.	• 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 team includes a full-time Psychiatrist who participates in all program meetings. Staff report that the Psychiatrist meets with each member monthly, or more frequently when required. Appointments are held both in the office and in the community, with video conferencing used when necessary to accommodate members' needs. The Psychiatrist is easily accessible, working in the clinic four days a week and available by phone after hours and on weekends for staff support during crises.	
H8	Nurse on Team	1 - 5 5	The team includes two full-time Nurses responsible for medication distribution, processing prior authorization applications, medication observation, administering injectable medications, checking vital signs, and performing blood draws among other duties. These services are provided both in-office and in the community, with Nurses spending 2 to 3 days a week delivering services outside the clinic. The Nurses attend all program meetings and provide health-related training to the team, such as medication administration. Staff reported that the Nurses are easily accessible by phone and within the clinic. One Nurse also serves as the agency Lead Nurse. Staff report this does not affect their time or responsibilities providing services to members of the ACT team.	

H9	Co-Occurring Disorders Specialist on Team	1 - 5 5	The team has two Co-Occurring Disorders Specialists. Both specialists have at least one year of experience providing substance use treatment services. Per a review of training records, both specialists had recent substance use specific training. One specialist had 2.5 hours and the other had one hour. Co-Occurring Disorders Specialists are responsible for providing the team with co-occurring disorders training and education.	• Provide eight (8) hours of annual training to Co-Occurring Disorders Specialists in co-occurring disorders treatment best practices, including appropriate interventions, i.e., *stage-wise approach*; and the evidence-based practice of *harm reduction*.
H10	Vocational Specialist on Team	1 - 5 4	The team has two FTE Vocational Staff, the Employment Specialist and the Rehabilitation Specialist. Both have been with the team for over a year in their current roles. Staff reported attending quarterly vocational meetings with the contractor with a Regional Behavioral Health Agreement. Training records provided lacked evidence of training related to supporting individuals with a serious mental illness in obtaining and retaining jobs for both specialists.	• Ensure that both Vocational Specialist staff receive ongoing training in assisting people diagnosed with serious mental illness/co-occurring disorders diagnoses to find and retain competitive employment.
H11	Program Size	1 - 5 5	At the time of the review, the team was comprised of 12 staff including the Psychiatrist. The team is of sufficient size to adequately provide services to members.	
O1	Explicit Admission Criteria	1 - 5 5	Staff report, the team follows the *Mercy Care ACT Admission Criteria* for screening new admissions. Referrals are received primarily from the local contractor with a Regional Behavioral Health Agreement, supportive level of care clinical teams, ACT to ACT transfers, supportive level of care clinical teams, and hospitals. The initial screening is conducted by the Clinical Coordinator and reviewed with the Psychiatrist. Team specialists are also trained in the	

			screening process. The Clinical Coordinator reviews referral documents for new members and consults with the referring provider. The Clinical Coordinator will meet with members in person for screening within their community. Admission decisions for new members are made collaboratively by the Clinical Coordinator and the Psychiatrist.	
O2	Intake Rate	1 - 5 5	Per the data provided, the team has an appropriate rate of admissions. In the past six months, the team did not admit more than one member per month.	
O3	Full Responsibility for Treatment Services	1 - 5 4	In addition to case management, the ACT team provides psychiatric and medication management, counseling/psychotherapy, substance use treatment, and employment and rehabilitative services. Per data provided and staff interviews, approximately 15% of members live in residences with supportive services provided by non-ACT staff. Staff reported helping members transition out of supportive settings and moving members to independent housing. All members interviewed reported that staff provide housing support.	• Continue to monitor the number of members in staffed residences. 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, members on ACT teams receive all services and support from the team.
O4	Responsibility for Crisis Services	1 - 5 5	Per staff interviews, the ACT team provides 24-hour, daily coverage to support members after hours. Members are provided with the on-call number business cards. Two staff rotate on-call duties, as primary and backup coverage. The Clinical Coordinator and Psychiatrist are also available 24 hours, seven days a week. Typically, the team will consult with the Clinical	

			Coordinator before reaching out to the Psychiatrist. Depending on the individual needs of each member, staff will offer phone support to help de-escalate the situation. When necessary, staff will meet with members in the community to provide support during a crisis. Staff follow procedures outlined in the member's crisis plan and assist with transportation and hospital admission as needed. All members interviewed reported awareness of the on-call number and services provided by the team.	
O5	Responsibility for Hospital Admissions	1 - 5 4	Per review of data with staff relating to the ten most recent psychiatric hospital admissions, which occurred over a two-month period, the team was directly involved in 90%. Staff reported that they go into the community to assess members and call the Clinical Coordinator for confirmation to assist with hospitalization or transport the member to the office to be assessed by the Psychiatrist. After the decision to hospitalize is confirmed, staff will transport members to the hospital and stay with the member through intake. For the hospital admission that staff did not initiate and was not directly involved in, the member self-admitted without communicating with staff.	• ACT teams performing to high fidelity of the model, are directly involved in 95% or more of psychiatric admissions.
O6	Responsibility for Hospital	1 - 5	Per the review of data with staff relating to the last ten psychiatric hospital discharges, which	

	Discharge Planning	5	occurred over a two-month period, the team was directly involved in 100% of discharges. Staff reported that discharge planning begins as soon as a member is hospitalized. Staff provide necessary documentation, such as medication lists to the inpatient staff, conduct weekly staffings, visit the member within 24 hours of admission, and continue to visit every 72 hours while the member is hospitalized. Upon discharge, staff meet the member at the hospital for a warm handoff and transport them to either the clinic or their residence. The team follows a five-day discharge plan, during which a specialist from the team sees the member in person each day for the next five days, and the Psychiatrist sees the member within 72 hours post-discharge.	
O7	Time-unlimited Services	1 - 5 5	According to the data provided and reviewed with staff, four members graduated from the ACT team with significant improvement.	
S1	Community-based Services	1 - 5 2	Staff interviewed reported approximately 50 - 90% of in-person contacts with members occur in the community. Results of ten randomly selected member records reviewed show staff provided services a median of 29% of the time in the community. Per the records reviewed, community-based direct services were zero percent, in two records. The maximum of community-based direct services was 100% in one record. Examples of community-based services documented in records included home visits, accompanying	• Increase the delivery of services to members in their communities. Optimally, 80% or more of services occur in members' communities. For members that come into the clinic multiple times a week, explore how to deliver those services in community settings.

			members to doctor's appointments, and going to the movies. All members interviewed reported seeing staff primarily in the clinic.	
S2	No Drop-out Policy	1 - 5 5	According to data provided and reviewed with staff, the team had six members that dropped out of the program in the past year. The team retained approximately 95% of the total number of members served in the past 12 months.	
S3	Assertive Engagement Mechanisms	1 - 5 4	Staff reported following the *Arizona Health Care Cost Containment System Outreach, Engagement, and Re-Engagement for Behavioral Health* Policy when planning engagement attempts. The team utilizes several different methods to engage members such as the following: having diverse specialists develop rapport, offering resources that are individualized to the member's needs like food boxes, engaging in the community by sharing a meal or coffee, and meeting the members at their preferred location. For members that are difficult to locate, staff conduct two physical and two electronic attempts every week. Staff will check members' last known location, call hospitals or jails, and contact natural supports, guardians, or probation offices. Staff report having successfully been able to locate members who left the state and were able to re-engage or coordinate their care. Per the review of records, seven records evidenced over seven days of no contact between the member and staff.	• Increase assertive engagement efforts with members. Ideally, outreach is carried out by multiple ACT staff, drawing from motivational interviewing skills, allowing members a diverse group with whom to connect and then documented in member records. • When members miss scheduled appointments or are not seen at the frequency of ACT services, ensure a team discussion occurs during the program meeting to plan follow-up care. Make certain those outreach activities are documented in member records.

S4	Intensity of Services	1 - 5 2	Per a 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 43 minutes. The highest weekly average for direct in-person services was 131.25 minutes. The lowest weekly average was eight minutes of direct service. The median time of contact via phone was approximately one minute. *The fidelity tool does not accommodate delivery of telehealth services.*	• ACT teams provide members with an average of two (2) or more hours of in-person contact weekly. Work with staff to identify and resolve barriers to increasing the average service time delivered. Ensure services are accurately documented. • Evaluate how the team can engage or enhance support to members that receive a lower intensity of service. Documented service time is significantly higher for some members than for others.
S5	Frequency of Contact	1 – 5 2	Of the ten records randomly sampled, ACT staff provided a median frequency of 1.63 in-person contacts with members per week. The highest frequency was 2.25 in-person contacts per week and the lowest record averaged .25 in-person contacts a week. The median frequency of alternative contacts with members via phone or videoconference was less than one contact a week.	• Increase the frequency of contact with members, ideally averaging four (4) or more in-person contacts a week. Work with staff to identify and resolve barriers to increasing the frequency of contact. Avoid over-reliance on groups to achieve contact. On ACT teams, services are individualized to meet the needs of each member.
S6	Work with Support System	1 - 5 3	Staff reported that approximately 91% of members have identified natural supports. Staff reported regular communication with natural supports during home visits, by phone, and during clinic appointments. Staff encourage natural supports to attend the monthly family support group that is facilitated by alternating ACT specialists each month. Staff reported that the team hosts an ACT barbeque in which members are encouraged to attend with their natural support. During the observed program meeting, staff reported communicating recently	• Increase contacts with natural supports to an average of four (4) per month for each member with a support system. As much as possible, contact natural supports during the natural course of delivery of services provided to members. • Ensure consistent documentation of contacts with Natural Supports occurs, which includes contact by phone, email, and text messages, as well as in-person.

			with approximately 19% of known natural supports. Staff reported and provided natural support communication tracking that approximately 52% of natural supports were contacted at least once in the past 30 days. Members reported staff have occasional contact with natural supports. One member reported their natural support being invited to an ACT barbeque.	• Evaluate methods of tracking or monitoring staff documentation of contacts with Natural Supports.
S7	Individualized Co-Occurring Disorders Treatment	1 - 5 4	Per the data provided and reviewed with staff, there are 59 members on the team with co-occurring disorders. Staff reported that all members are offered individual counseling, which can vary in duration from 5 to 60 minutes per week, based on individual goals. Staff follow a stage-wise approach, using a strengths-based therapeutic approach and use techniques such as motivational interviewing to deliver formal Integrated Co-Occurring Disorders Treatment. Per the member calendars provided, approximately 22% of members with co-occurring disorders were provided individualized substance use treatment within the 30-day period. The average session length was 35 minutes and an average frequency of two (2) sessions a month. In the records reviewed, there were five individual counseling sessions documented with sessions ranging in duration from 5 to 65 minutes in length.	• Continue efforts to provide an average of 24 minutes, or more, per week of structured individualized substance use treatment services for all members with co-occurring disorders.
S8	Co-Occurring Disorders	1 - 5	The staff reported offering two co-occurring disorders treatment groups weekly: one for	• Continue to engage members with co-occurring disorders to participate in group

	Treatment Groups	2	members in the earlier stages of change, and the other for later stages of change. Per the group sign-in sheets provided, there was a 12% attendance rate of unique members out of the total members with co-occurring disorders attending the group in a 30-day period. Of the member records reviewed with co-occurring disorders, one record evidenced the member attending four groups in a 30-day period. The group topics documented in the records included: recovery and identity, preventing relapse, and recovery goals. Staff provided the *Integrated Dual Disorders Treatment (IDDT) Recovery Life Skills Program* manual utilized for co-occurring disorders treatment.	substance use treatment, as appropriate, based on their stage of change. Ideally, 50% or more of applicable members participate in co-occurring disorders groups monthly. • On ACT teams, all staff participate in engaging members with co-occurring disorders diagnoses to participate in treatment groups. Ensure specialists, not only the Co-Occurring Disorders Specialists, engage members to consider group treatment.
S9	Co-Occurring Disorders Model	1 - 5 4	Staff reported using a non-judgmental approach to build rapport with members and focus on harm reduction and reduced use, rather than advocating for abstinence in the treatment of co-occurring disorders. They employ motivational interviewing and a stage-wise approach to engage members based on their individual goals. Staff do not refer members to peer-run substance use programs but will support members that request to attend. The team Psychiatrist provides Medication for Opioid Use Disorder for detoxification rather than referring to external providers. Staff reported attending training for co-occurring disorders treatment and the Co-Occurring	• Continue to provide all specialists with annual training and ongoing mentoring in a co-occurring disorders treatment model, such as *Integrated Co-Occurring Disorders Treatment*, in the principles of a *stage-wise approach* to interventions, the EBP of *harm reduction,* and *motivational interviewing.* • Use a client-centered approach to ensure members' expressed goals are documented in service plans. Model positive recovery-focused language for those members citing expectations of abstinence and sobriety.

			Disorders Specialists cross-train the team on stages of change. In the records reviewed, four out of the five service plans included client-centered substance use treatment goals. Substance use treatment goals identified traditional language (e.g., maintaining sobriety) in three out of five of the goals.	
S10	Role of Consumers on Treatment Team	1 - 5 5	The ACT team has at least one staff member on the team with lived psychiatric experience that shares the same responsibilities as the rest of the team. The staff shares their experiences with members and advocates from the peer perspective to the team. Two of the members interviewed reported awareness of having staff on the team with lived psychiatric experience and reported that having staff with personal experience on the team has made them feel more comfortable and trustful when sharing their own stories.	
Total Score:		**113**		

ACT FIDELITY SCALE SCORE SHEET

Human Resources	Rating Range	Score (1-5)
1. Small Caseload	1-5	5
2. Team Approach	1-5	3
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	4
7. Psychiatrist on Team	1-5	5
8. Nurse on Team	1-5	5
9. Co-Occurring Disorders Specialist on Team	1-5	5
10. Vocational Specialist on Team	1-5	4
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	4

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	2
2. No Drop-out Policy	1-5	5
3. Assertive Engagement Mechanisms	1-5	4
4. Intensity of Service	1-5	2
5. Frequency of Contact	1-5	2
6. Work with Support System	1-5	3
7. Individualized Co-Occurring Disorders Treatment	1-5	4
8. Co-occurring Disorders Treatment Groups	1-5	2
9. Co-occurring Disorders Model	1-5	4
10. Role of Consumers on Treatment Team	1-5	5
Total Score	**4.04**	
Highest Possible Score	**5**	