ASSERTIVE COMMUNITY TREATMENT (ACT)
FIDELITY REPORT

Date: September 20, 2016

To: Elizabeth daCosta, F-ACT Clinical Coordinator

From: T.J. Eggsware, BSW, MA, LAC
Jeni Serrano, BS
AHCCCS Fidelity Reviewers

Method

On August 23-24, 2016, T.J. Eggsware and Jeni Serrano completed a review of the Community Bridges, Inc. (CBI) Assertive Community Treatment (ACT), Forensic ACT Team One. This review is intended to provide specific feedback in the development of your agency's ACT services, in an effort to improve the overall quality of behavioral health services in Maricopa County.

According to the agency website, Community Bridges, Inc. has a 31-year history of providing comprehensive, medically-integrated behavioral health programs which include prevention, education and treatment services. The CBI Forensic ACT (F-ACT) team began providing services August 1, 2014, and since then the agency added two more F-ACT teams, as well as a traditional ACT team. The agency website describes ACT services provided through the agency, and notes there are "mutual expectations between the team and its patients that are met collaboratively" which include "face to face engagements at least 4 times per week, creating and developing support systems, maintaining home visits, all in an effort to help identify and work towards patient goals."

The individuals served through the agency are referred to as "patients" or "clients," but for the purpose of this report, and for consistency across fidelity reports, the term "member" will be used.

During the site visit, reviewers participated in the following activities:

- Observation of the F-ACT team meeting on August 23, 2016;
- Individual interview with Clinical Coordinator (i.e., Team Leader);
- Individual interviews with a Substance Abuse Specialist (SAS), ACT Specialist (AS), and Housing Specialist (HS);
- Two group interviews with a total of seven members served by the team;
- Review of ten member records using the agency's electronic health records system;
- Review of *F-ACT Admission Screening* form, and *ACT Exit Screening Tool* developed by the Regional Behavioral Health Authority (RBHA); and
- Review of agency documents including group descriptions and the agency (Forensic) Assertive Community Treatment Team (F/ACT) policy.

The review was conducted using the Substance Abuse and Mental Health Services Administration (SAMHSA) ACT Fidelity Scale. This scale assesses how close in implementation a team is to the Assertive Community Treatment (ACT) model using specific observational criteria. It is a 28-item scale that assesses the degree of fidelity to the ACT model along 3 dimensions: Human Resources, Organizational Boundaries and the Nature of Services. The ACT Fidelity Scale has 28 program-specific items. Each item is rated on a 5-point scale, ranging from 1 (meaning *not implemented*) to 5 (meaning *fully implemented*).

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

Summary & Key Recommendations

The agency demonstrated strengths in the following program areas:

- Members interviewed reported staff work to create partnerships to support them, are there for them during transitions (such as release from incarceration or moving residences) and assist them to explore treatment options based primarily on member preference. During the morning meeting observed, the team discussed each member, celebrated successes and discussed next steps members plan to take towards their recovery. Staff hold each other, and system partners, accountable, with the expectation of improving the services they provide, and the system can offer.
- The F-ACT team has two Nurses, who are reported by staff and members to play a vital role to services delivered by the team. The Nurses are active in the team meeting discussion, as well as in the community, providing medication-related services and other services to members (e.g., assisting members to search for new residences, coordinating medical treatments). The Nurses encourage members with co-occurring challenges to participate in treatment through the team, and work with those members to increase their awareness of the impact of substances on their health.
- The program offers individual counseling, individual substance abuse counseling, group substance abuse treatment, and uses a harm reduction approach when addressing substance abuse issues. Groups are based on an integrated dual diagnosis treatment model, facilitated by a trained SAS who receives ongoing clinical supervision. The team reports they work to build rapport with correctional system staff to increase their awareness of the F-ACT team and services offered, resulting in more members being referred to substance abuse services through the F-ACT team rather than mandated to outside providers.
- The F-ACT team works to build relationships with formal supports, such as Probation or Parole Officers and Mental Health Professionals (MHP) in the correctional system, by participating in court proceedings and educating correctional system representatives about services available through the F-ACT team, which has reduced reliance on most outside providers over the last year. The team has established relationships with police departments, citing examples of officers contacting the team to inform them of the location of members whom the team is outreaching.
- The agency makes resources available to the team (e.g., smartphones, company vehicles, laptops) to support working remotely in the community. There is evidence the team communicates very effectively, using smartphones, texts, email, and verbal communication.

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

- The ACT team should increase the intensity and frequency of services to members; ensure all direct services to members and outreach efforts are documented.

- Seek to increase community-based services to members versus services delivered in F-ACT offices or other CBI facilities. Most staff reportedly spend the majority of their time outside of the office setting, but it is not clear if all services provided are captured in documentation, and in some cases, services are delivered to members who reside temporarily in other CBI treatment facilities. Before creating any new groups carefully consider the benefits of that format to provide information versus the proven benefits of one-on-one staff interactions with members in their communities.
- Seek to increase engagement of informal support networks of members; build and expand current engagement efforts such as the natural supports group.
- Ensure both vocational support staff receive supervision and training related to vocational services that enable members to find and keep jobs in integrated work settings. Review research related to the benefits of assisting members to find competitive employment rather than referring members to work adjustment training programs or outside supported employment providers.

Item #	Item	Rating	Rating Rationale	Recommendations
H1	Small Caseload	1 – 5 (4)	The team serves 97 members with nine staff who provide direct services (excluding the Psychiatrist), resulting in a member to staff ratio of approximately 11:1.	• Continue efforts to hire and retain qualified staff.
H2	Team Approach	1 – 5 (3)	The team appears to primarily function with a shared caseload, with members served by the full team, though members are assigned to a primary staff for certain functions. The Nurses and specialist positions carry caseloads, but work with all members on the team. Members interviewed confirmed there are multiple staff on the team they can contact for support. The CC estimates 75% of members see more than one staff over a two-week period. However, based on ten records reviewed, 60% of members met with more than one staff over a two-week period. Some members were in other CBI facilities for a period of the timeframe reviewed, and for those members there tended to be weekly contact with only certain F-ACT staff.	• Ensure the majority of members have contact with more than one staff over a two-week period, and that all services are documented. Ensure a team approach to member contact is applied when members are incarcerated, in other CBI facilities, etc.
H3	Program Meeting	1 – 5 (5)	A program meeting is held four days a week. The team Psychiatrist attends one meeting a week in person, but is available by phone if needed for consult when not in attendance. Other team members attend most meetings, unless not scheduled to work (the team has a coverage schedule over the weekends), if a member has an appointment, if a member is in court, etc. The team discusses all members at each meeting. The meeting observed lasted about an hour and twenty minutes, and administrative support staff was actively engaged and worked in conjunction with the CC in guiding the meeting.	• RBHA staff that provide guidance to other ACT teams may benefit from observing a full meeting with the CBI Fact One team and implementing similar processes.

Item #	Item	Rating	Rating Rationale	Recommendations
			The team members bring their computers to the program meeting and complete some tasks (e.g., preparing a release of information form for member signature) as the meeting occurs. During the meeting, staff sought consultation; celebrated member successes, discussed challenges faced by members, and collaboratively developed specific plans to support members. The brisk pace of discussion was grounded in a strength-based recovery-oriented approach to supporting members.	
H4	Practicing ACT Leader	1 – 5 (4)	Per report and documentation, the CC routinely provides services, and also provides backup to other staff. The CC estimates her time providing direct services at around 80%. Documentation of CC services indicates approximately 25% of her documented time is spent providing direct services to members. In one record reviewed there was documentation that the CC conducted a home visit with a member whose air conditioner was not functioning, so the CC advocated with the member to address the issue and made follow up visits to confirm the issue was resolved.	• CC should provide direct services 50% of the time; ensure all direct service contacts are documented.
H5	Continuity of Staffing	1 – 5 (4)	Nine staff left the team in the last two years, including three who were promoted to the role of CC on the other CBI ACT teams, resulting in the turnover rate of 38%. Staff reports the CC strives to provide a clear picture of the responsibilities and expectations of being a staff on the CBI F-ACT team during the interviewing process with job candidates, including gauging the interviewee's perspective on recovery.	• Continue efforts to hire and retain qualified staff.
H6	Staff Capacity	1 – 5 (5)	F-ACT team operated at 96% staff capacity during the review timeframe. Staff report the agency Human Resources department works closely with	• RBHA staff that provide guidance to other agencies that offer ACT services should evaluate the approach the CBI F-ACT team

Item #	Item	Rating	Rating Rationale	Recommendations
			the team to address vacancies, filling positions in a timely manner, including positions of staff on extended leave, while ensuring upon their return they have a comparable position within the agency. The team does not rely on temporary workers to fill vacant positions.	takes to hiring and staff retention; there may be practices other teams can adopt.
H7	Psychiatrist on Team	1 – 5 (5)	There is one full-time Psychiatrist assigned directly to the 97-member program. The Psychiatrist has no other administrative duties outside of the team, and does not regularly see members of other CBI programs. Staff and members report the Psychiatrist is accessible and available to members, with a flexible, collaborative approach. Psychiatrist documentation included detailed information about member status, needs, with a focus on educating members and working with them to increase their awareness of supports available. Some members report they primarily meet with the Psychiatrist in the office, but others interviewed reported the Psychiatrist has come to their home or met with them in the community.	
H8	Nurse on Team	1 – 5 (5)	The team has two full-time Nurses for the 97-member program. Based on observation, as well as staff and member report, the Nurses on the team provide services that are flexible and adapted to meet the needs of the members served. In addition to traditional nursing services (e.g., medication education, providing injections) the Nurses carry primary caseloads and share case management duties with other team specialists, including assisting with housing searches, setting up transportation, and a variety of other community-based member supports.	• The RBHA should engage the Nurses on the F-ACT team to provide education and guidance to ACT Nurses on other teams if they are struggling with adjusting to the role of ACT Nurse.
H9	Substance Abuse Specialist on Team	1 – 5 (3)	The team had two SASs through July 2016; the second SAS left the team on August 1, 2016, which	• Fill the vacant SAS position as soon as possible.

Item #	Item	Rating	Rating Rationale	Recommendations
			is accounted for in this item. The one team SAS is a Licensed Associate Counselor (LAC) and has been with the team since March, 2015. Although the staff member's licensure is not specific to substance abuse treatment, she has more than a year of experience working in the role of SAS with the F-ACT team and receives clinical supervision from an independently licensed professional.	
H10	Vocational Specialist on Team	1 – 5 (2)	The team has two vocational service staff: a Rehabilitation Specialist (RS) and Employment Specialist (ES) who joined the team in July 2016 and May 2016, respectively. However, it does not appear that both staff have training or experience in vocational services that enable members to find and keep jobs in integrated work settings, or assist members with all phases of the employment search. Both have limited experience in their current positions, and their prior experience in this area was ancillary to other functions. The team seems to rely on referrals to an outside provider for work adjustment training (WAT), with examples cited in interviews and observation. One member interviewed reported that WAT was offered but not pursued since the member felt the piece work type activity was not challenging, the pay was too low, and he wanted a real job with higher pay.	• Ensure both vocational support staff receive supervision and training related to vocational services that enable members to find and keep jobs in integrated work settings. Examples of training focus areas include: engagement, job development and placement supports, benefits education, and follow-along supports. If the positions are open in the future, recruit for individuals with prior experience in vocational support. • Address barriers to the F-ACT team directly proving vocational support services, such as job development, follow along supports to employed members, etc. • Review research regarding the benefit of work adjustment training or sheltered workshop type activities versus vocational supports that assist members to obtain competitive employment.
H11	Program Size	1 – 5 (5)	There are ten staff on the team excluding administrative support staff.	
O1	Explicit Admission Criteria	1 – 5 (5)	Staff report the team actively seeks out those members who face the most significant challenges, and celebrates the successes of those members when they achieve their goals. There are multiple referral avenues, streamed through the RBHA.	

Item #	Item	Rating	Rating Rationale	Recommendations
			Referrals are screened by the team for F-ACT using written criteria developed by the RBHA, and the team makes the final determination regarding admissions to the team.	
O2	Intake Rate	1 – 5 (5)	The team maintains a low intake rate. The peak intake rate in the six months prior to review was three members in May 2016, with two intakes in April 2016, and zero intakes for February, March, June, and July 2016.	
O3	Full Responsibility for Treatment Services	1 – 5 (4)	Although staff are assigned primary caseloads, members confirm they are aware of specialty position, and a spectrum of services available through the team. During the morning meeting there was evidence of specialist staff providing specific supports to members, tasks assigned by specialty position (e.g., HS follow up with a housing agency), and cross-training between staff. For example, the SAS provided input regarding the potential benefit of counseling based on a member's symptomatic presentation, and the HS provided guidance on whom staff could contact to resolve a housing issue. In addition to case management, the F-ACT team directly provides psychiatric services and medication management, substance abuse treatment, and most counseling services unless members are court mandated to receive specialized treatment (e.g., sexual offender treatment). The team SAS was observed offering counseling services, providing feedback to the team during the morning meeting regarding the potential efficacy of counseling to treat certain conditions, and offering to accompany members to a group in the community that works with survivors of sex trafficking.	• The agency should review training and supervision options to ensure staff designated with a specialty area receive monitoring, support, and supervision specific to their role. See recommendation for H10 regarding training of vocational staff. • The agency and RBHA should discuss the pros and cons of developing alternative short term housing for F-ACT members in the community, where the F-ACT team is the primary service provider.

Item #	Item	Rating	Rating Rationale	Recommendations
			The team primarily refers out for employment related services, often to a specific program for work adjustment training. Although the team strives to work with members to locate safe, affordable, and independent housing, more than 10% of members are in residences with staff support, though some of those are mandated to treatment settings through the criminal justice system. Additionally, some members reside in transitional facilities managed by CBI (e.g., Access and Transition Points), with stays lasting for days or weeks. Three of ten random member records reviewed included documentation from CBI staff who were not on the F-ACT team, though some F-ACT supports continued (e.g., assisting with locating other housing options, substance abuse treatment).	
O4	Responsibility for Crisis Services	1 – 5 (5)	The F-ACT team provides 24-hour coverage; on-call duties are rotated between staff. The F-ACT team has scheduled overlapping coverage that allows the team to offer services outside of standard business hours, on the weekends, and includes nursing coverage. Staff confirm that the Psychiatrist and Nurses are available for support outside of standard business hours. On-call contacts were documented in some member records reviewed, including staff going into the community to support members rather than only serving in a consultative role. Members confirm F-ACT staff are available to assist when needed, and most are aware of the team's on-call number for support.	
O5	Responsibility for Hospital Admissions	1 – 5 (4)	The team works with members, their formal and informal supports, in an effort to divert hospital	• Ensure consistent contact is maintained

Item #	Item	Rating	Rating Rationale	Recommendations
			admissions when possible. The F-ACT team can refer members to CBI Access and Transition Point facilities for temporary services to assist with monitoring medications, or to help members get through a crisis, but admissions to those facilities is not considered inpatient treatment. The F-ACT team will file petitions for court-ordered evaluation (COE), and staff reports the team is now capable of filing petitions for persistently or acutely disabled (PAD) without needing to coordinate with a separate agency for the function, if they feel a member would benefit from COE. Staff estimate they are involved in all or nearly all admissions, and this was substantiated through review of recent admissions. However, there was an instance documented in one of the ten records reviewed where a member self-admitted; team involvement was not located.	with all members served, which may result in the identification of issues or concerns that could lead to hospitalization.
O6	Responsibility for Hospital Discharge Planning	1 – 5 (5)	Staff report they are involved in all hospital discharges, including visiting with members every 72 hours, coordinating with inpatient Social Workers, staffings with inpatient team and supports (which the team Psychiatrist may attend), planning for safe living arrangements and follow-up treatment, picking up members at discharge, and scheduling face-to-face contact for five days. Based on review of recent admissions, it is evident that the team is actively involved in discharge planning.	
O7	Time-unlimited Services	1 – 5 (5)	All members are served on a time-unlimited basis; one member graduated in the past 12 months, and about 3% are expected to graduate in the next 12 months.	

Item #	Item	Rating	Rating Rationale	Recommendations
S1	Community-based Services	1 – 5 (3)	ACT team staff are mobile and have access to technology and resources to support their provision of community-based services to members, including laptops, smart phones, as well as a team culture that supports the effort. Staff reportedly spend most time in the field (i.e., about 90%), with their cars serving as their offices. Based on observations, staff take every opportunity to maximize time when not providing direct services in the field, for example using laptops to complete some tasks as they are discussed during the program meeting. The Psychiatrist usually provides office-based services, going into the community about 20% of the time. The Nurses and SAS offer some office-based services, but often provide services in the community. The CC reports not all activities can be captured in documentation; based on review of ten member records, approximately 57% of direct services to members are community-based. Three of the ten member records reviewed included multiple F-ACT staff notes while visiting members at other CBI facilities where they were temporarily placed. Those contacts were considered office-based for the purposes of this review.	• Staff should utilize the tools provided by the agency to work remotely, with the goal of providing 80% of community-based services directly to members; ensure all services are documented. • Work to reduce the average length of stay for members in other CBI facilities.
S2	No Drop-out Policy	1 – 5 (5)	Based on data provided, one member could not be located and was closed, and one member left the geographic area without referral. Some members closed for other reasons not factored in this area (e.g., graduation, death, long term incarceration). Based on report, 98% of the F-ACT team caseload was retained over the 12-month period.	
S3	Assertive	1 – 5	The F-ACT team uses a variety of outreach and	

Item #	Item	Rating	Rating Rationale	Recommendations
	Engagement Mechanisms	(5)	engagement mechanisms, including coordination with Probation or Parole Officers (PO), coordination with payee services, coordination with guardians, etc. Outreach efforts were documented. For example, one staff made multiple visits to a park to look for a member, made contact with individuals there familiar with the member, and on one occasion waited for the member to return to the location, all in an effort to establish contact to engage the member in treatment. In the program meeting, staff discussed recent contacts with supports, including specific plans to outreach formal (e.g., housing agency) and informal supports. Members interviewed confirmed staff are accessible, and engage them in services based on their preferences.	
S4	Intensity of Services	1 – 5 (3)	The median intensity of service per member was 52 minutes a week based on review of ten member records. Staff report not all staff responsibilities are reflected in documentation. For example, waiting in court without the member present is not billable, and is not captured in documentation.	• Increase the intensity of services to members, with a goal of averaging two hours a week or more of face-to-face contact for each member. • Ensure all members are primarily served through the F-ACT team rather than staff at other CBI programs such as Transition Point.
S5	Frequency of Contact	1 – 5 (2)	The median weekly face-to-face contact for ten members was 1.75 based on review of ten member records. Three of those ten members temporarily received services from other CBI treatment facilities during the month timeframe reviewed, and F-ACT staff contact with those members fell below the preferred average of four or more face-to-face contacts with the team per week. For some members this level of contact was less than the contact maintained before they entered the other facilities.	• Increase the frequency of face-to-face contact with members, preferably averaging four or more face-to-face contacts a week per member. • Ensure all members are primarily served through the F-ACT team rather than staff at other CBI programs.

Item #	Item	Rating	Rating Rationale	Recommendations
S6	Work with Support System	1 – 5 (2)	CBI offers a Natural Supports Group with elements that seek to educate informal supports (e.g., substance use and psychiatric disorders), build on strengths, and help members progress toward meaningful goals. The team discussed recent contact, or plans to outreach various informal supports for about 18 members during the morning meeting, including family, significant others, and landlords. Staff attempt to intervene to assist family members to assess if members could benefit from inpatient treatment (e.g., completing petitions for COE). During interviews, staff estimates of those members with informal supports ranged from 30-50%, with average contact ranging from one to two times a week, to about two times a month. There was an average of .5 contacts documented in the ten member records reviewed. It is estimated the team averages about one contact per month with informal supports across all members on the team.	• Ensure F-ACT staff review with members the potential benefits of engagement with informal supports, and work to engage the supports in treatment, not only when people face challenges, but to celebrate successes. • Make sure all contacts are accurately documented.
S7	Individualized Substance Abuse Treatment	1 – 5 (4)	All staff seek to engage members in formal individualized substance abuse treatment through the team. The program ensures staff are trained and receive supervision to provide substance abuse treatment. Two SASs provided individual substance abuse treatment for most of the last year. The frequency and duration of those services includes those members who received individual counseling in the month prior to the review; one SAS position was vacated about mid-way during that month. The team reports 69 of the 97 members served by the team face co-occurring challenges. Members generally received hour long individual substance abuse treatment weekly, and multiple notes for those services from both SASs was found in member records reviewed. However,	• Hire a second SAS so the team can continue to adequately provide substance abuse treatment to existing members who receive the support, and seek to increase the number of engaged members.

Item #	Item	Rating	Rating Rationale	Recommendations
			since the departure of one SAS, sessions occur about every two weeks. Approximately 48% of members received individual treatment over a month period. The team attempts to coordinate with correctional system representatives to inform them of the availability of services through the F-ACT team. Staff build working relationships with correctional system representatives in order to demonstrate that the F-ACT team is capable of providing substance abuse treatment, reducing the reliance on court mandated brokered services in this area over the last year.	
S8	Co-occurring Disorder Treatment Groups	1 – 5 (4)	The program offers three groups facilitated by the SAS that staff reports are based on a co-occurring treatment approach, which include: a co-occurring disorder group, a mood group, and an expressive art group. Approximately 42% of members with substance abuse challenges attended the co-occurring disorder group treatment through the F-ACT team at least once over a month period. Additionally, about 7% of members with a co-occurring disorder attended the mood or expressive art group over a month period.	• See recommendations for S7, Individualized Substance Abuse Treatment.
S9	Co-occurring Disorders (Dual Disorders) Model	1 – 5 (5)	Based on documentation, interview, and observation of the morning meeting there is evidence the team primarily uses an integrated dual diagnosis model when working with members who have active substance use challenges, and those who are in recovery. The team works with members to build alliances, and seeks to reinforce honest communication about substance use without judging members if they experience a recurrence of use. The team Psychiatrist, SAS and other staff notes support that the team seeks to	• See recommendations for S7, Individualized Substance Abuse Treatment.

Item #	Item	Rating	Rating Rationale	Recommendations
			educate members about substance use and its impact on mental health conditions, to set goals, and to work with members to build awareness of problems. In addition to individual and group treatment, the agency offers a natural support group to educate family or other supports. The F-ACT team may refer members for detox when medically-necessary (e.g., alcohol, benzodiazepines, and opiates). Harm reduction efforts were discussed during staff interviews. Staff were able to cite recent examples of the team using harm reduction tactics, such as engaging a member to work with the team Psychiatrist for pharmacological intervention, and reducing the member's propensity to seek substances illegally. The team is aware of a stage-wise approach to treatment, using stages of change language in records and conversation, and identified examples of interventions that align with identified stages of change. The team SAS and Psychiatrist collaborate, and members with current substance use issues are differentiated from those in early or sustained remission.	
S10	Role of Consumers on Treatment Team	1 – 5 (5)	The team has an identified Peer Support Specialist who was on leave at the time of review. Additionally, other F-ACT staff include those with a history of substance use, personal experience with the correctional justice system, and lived experience of mental illness. Staff share their personal experiences with members when it may be of benefit to members; members confirm that staff are supportive, and relatable.	
Total Score:		**4.14**		

ACT FIDELITY SCALE SCORE SHEET

Human Resources	Rating Range	Score (1-5)
1. Small Caseload	1-5	4
2. Team Approach	1-5	3
3. Program Meeting	1-5	5
4. Practicing ACT Leader	1-5	4
5. Continuity of Staffing	1-5	4
6. Staff Capacity	1-5	5
7. Psychiatrist on Team	1-5	5
8. Nurse on Team	1-5	5
9. Substance Abuse Specialist on Team	1-5	3
10. Vocational Specialist on Team	1-5	2
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	3
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	2
7. Individualized Substance Abuse Treatment	1-5	4
8. Co-occurring Disorders Treatment Groups	1-5	4
9. Co-occurring Disorders (Dual Disorders) Model	1-5	5
10. Role of Consumers on Treatment Team	1-5	5
Total Score	**4.14**	
Highest Possible Score	**5**	