ASSERTIVE COMMUNITY TREATMENT (ACT)
FIDELITY REPORT

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To: Lisa Walker

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ADHS Fidelity Reviewers

Method

On September 3 and 4, 2014, T.J. Eggsware and Jeni Serrano completed a fidelity review of the Partners In Recovery West Valley Adult Clinic, 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 Maricopa County, Arizona. The Partners In Recovery Network Organization (PNO) serves individuals with Serious Mental Illness (SMI) through have five locations in Maricopa County: Metro, West Valley, Hassayampa (Wickenburg), East Valley, and Arrowhead. Each of these locations provides services such as Psychiatric, Case Management, Transportation, Interpreter Services, and Health & Wellness Groups.

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

- Interview with the ACT team leader.
- Observation of a daily ACT team meeting.
- Interviews with five members served by the ACT team.
- Interviews with two identified Substance Abuse Specialists and an interview with the Peer Support Specialist on the team.
- Charts were reviewed for ten members being served by the ACT team.

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 West Valley Adult Clinic ACT Team works diligently to provide timely services to its assigned members. Members are carefully screened for eligibility, which allows the program to maintain an appropriate size. The team benefits from having an exceedingly engaged Psychiatrist, an established Clinical Coordinator, two Vocational Specialists who have several years of experience, two Substance Abuse Specialists who encourage ACT team members to attend weekly co-occurring disorder groups, as well as an integrated Peer Support Specialist who utilizes his lived experience to educate and motivate staff and members of the team. Over the past two years, the West Valley ACT team maintained continuity of staffing. Despite a recent episode of staff turnover, the team has remained consistent with managing on-call crisis situations, involvement in member hospital admissions, and coordinating member hospital discharges. Additionally, there were frequent team references to contacts with members' informal supports, which highlighted the value the team places on the involvement of those informal supports. The agency also demonstrated strengths in the following program areas:

- The member to staff ratio is below 10:1.
- Staff regularly attends the daily team meeting to provide status updates and reviews each member each time.
- The team uses a structured, detailed and assertive eight week contact strategy for member engagement and retention.
- All members are served on a time-unlimited basis, with fewer than 5% expected to graduate annually.

Also, the Fidelity Review team appreciated that the ACT team leader allowed the reviewers to randomly select the member records from the ACT team's entire caseload for this review. This total random selection lends itself to more accurate and useful findings for the agency, the system and members served.

The team would benefit if they focus quality improvement in the following areas:

Team Services and Contacts

- Each staff member has a dedicated caseload, which is limiting the ability of team specialists to function in their area of expertise. To improve continuity of care, it is recommended that the team review fidelity item H2 *Team Approach* for the benefits of offering a shared caseload. More information can be found in the SAMHSA Evidence-Based Practices Kit for ACT under *Building Your Program.*
- The team appears to rely on external and co-located services (i.e. brokered services), referring members to other agencies for services that may be delivered through the team (e.g., individualized counseling, individualized substance abuse treatment, co-occurring disorder treatment groups, supported employment). Rather than referring members to various providers for services, the ACT team should explore options to provide the services to the members directly (i.e. through

identified ACT specialists).

Practicing ACT Team Leader

- While the ACT Team Leader is committed to supporting the staff and providing members with a choice in treatment, the majority of the leader's responsibilities appear to be administrative. It is recommended that the ACT Team Leader spend at least 50% of the time providing direct services.
- If all identified administrative functions are required of the Team Leader, consider looking for other agency supports that could assist to address the activities. Otherwise, the role and relative responsibilities of the supervisor may be an area of further review at the system level.
- To ensure that the time and services provided directly by supervisors is accurately reported; review agency and network options for improved reporting and tracking methods.

Substance Abuse Treatment

- Nearly 41% of members served through the team were identified as having a co-occurring disorder, reinforcing the vital need for an evidence-based, stage-wise approach to substance abuse treatment. All staff members would benefit from implementing a structured treatment approach that includes stages, interventions, and activities for intervening staff (i.e. Integrated Dual Diagnosis Treatment). The team should also incorporate individualized substance abuse treatment for members, as well as treatment groups based on a proven and structured model.
- At the system, network and clinic level, review training and supervision options to ensure staff designated with a substance abuse specialty receive monitoring, support and education in their role and proven treatment models.

ACT FIDELITY SCALE

Item #	Item	Rating	Rating Rationale	Recommendations
H1	Small Caseload	1 – 5 5	The team currently has 10 staff line positions filled. Staffing included (1) ACT Team Leader, (1) Nurse, (1) ACT Employment Specialist, (1) Rehabilitation Specialist, (2) Substance Abuse Specialist, (1) Peer Support Specialist, (1) Act Specialist, and (2) Temporary ACT Specialists. This count excludes the Psychiatrist and the administrative support staff. The member staff ratio for the team was below 10:1.	• The agency and the ACT team leader should continue to monitor and manage the team's caseload at a ratio below 10:1.
H2	Team Approach	1 – 5 3	ACT members are being served by multiple staff members, in-person, and 60% of the time. Each staff member assumes primary responsibility for an assigned caseload, rather than team ownership of caseload responsibility. Staff members enjoy working in their areas of specialization; however, assigned caseloads are impacting the team's ability to cross-specialize and provide more robust treatment.	• Review Team approach, which is fully-realized when the entire team shares responsibility for each member. This will allow each staff member to contribute based on their area of expertise, as appropriate. • If primary caseloads are assigned for specific paperwork-related tasks, ensure the roles of specialty staff is their primary function on the team. This may foster the cross- specialization of staff members needed for improved continuity of care.
H3	Program Meeting	1 – 5 5	The ACT team has the expectation that all team members are to attend the daily morning meeting five days per week, Monday through Friday. The meeting is scheduled for 9:30 am. The morning meeting caseload list is distributed among team members, which includes status of each member, as well as info to direct related discussions. Due to the recent staff turnover of the team, the Psychiatrist and the Team Leader appear to be the primary contributors, and most staff take responsibility for the members who are a part of	

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			their assigned caseload. However, team members make efforts to collaborate on the sharing of home visits and medication observation responsibilities.	
H4	Practicing ACT Leader	1 – 5 2	The Act Team Leader is required to not only provide the coordination and supervision of the staff and their activities with the members, but also to provide direct services at least 50% of time. Per productivity report and record reviews, the Team Leader is providing services in rare occasions as back up. None of the 10 records reviewed indicated the ACT Team Leader had face-to-face contact with the members during the selected period.	• Review team leader administrative activities to determine if all are essential and required through the involved stakeholders or other oversight entities. • If all leader administrative activities are deemed essential, consider if there are other supports at the clinic that could assist in completing some or all of those tasks which may allow the team leader to provide increased direct service to members. • If all identified administrative functions are required, team leader responsibilities may be an area of further review to determine if action should occur at a system level. The need for this level of intervention cannot be fully confirmed at this time. • Ensure all Team Leader service activities are documented in the clinical records for the members served.
H5	Continuity of Staffing	1 – 5 5	The team has maintained relatively stable staffing over time, with less than 20% turnover in the past two years, but the ACT team has experienced a recent staff turnover. They have two temporary staff members and are in process of permanently filling their staff vacancies and restructuring the team.	
H6	Staff Capacity	1 – 5 5	Despite the ACT team's recent staff turnover, the team has operated at 95% or more of full staffing	

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			in the past twelve months. The team has filled open positions in a timely manner with temporary assigned staff from outside agencies to cover the caseloads and to assure members maintain a stable service environment.	
H7	Psychiatrist on Team	1 – 5 4	One full-time Psychiatrist is assigned to the team. The Psychiatrist is the lead doctor, and a portion of the Psychiatrist's time is spent providing monthly supervisions and seeing members from other teams.	• Ensure that at least one full-time psychiatrist is assigned directly to a 100-member program. • Establish ongoing clinic monitoring of psychiatrist coverage to minimize the additional responsibilities and the number of non-ACT members that are served by the ACT psychiatrist.
H8	Nurse on Team	1 – 5 3	The team currently has one full-time nurse. The nurse assists members with their needs (e.g., Medi-sets, Injections, etc.). The nurse also serves as lead nurse for the clinic. As a result, some of her time is spent fulfilling duties of that role.	• Review clinic nursing coverage options to allow the ACT team nurse additional flexibility to engage individuals. • At the clinic or network level, review options to add another nurse to ensure that two full-time nurses are available for a 100-member program. This would allow the nurse additional flexibility to provide services (e.g., one nurse remaining in the clinic, and one in the field, or increased nurse involvement in medication observation activities in the community).
H9	Substance Abuse Specialist on Team	1 – 5 3	There are two staff members with the designation of Substance Abuse Specialist on the team. It was reported that one substance abuse specialist has more than one year of experience, and the other has less than one year experience working with individuals who may have experienced substance use challenges. However, neither have specialized training working with members with co-occurring substance use and mental illness. There is no	• Review training and supervision options to ensure staff designated with a substance abuse specialty receive monitoring, support and education in their role, for the population served. Assure that the designated Substance Abuse Specialists are providing individual and group counseling sessions specifically for co-occurring

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			evidence that both Substance Abuse Specialists have received substance abuse training or supervised substance abuse treatment experience to achieve a level of expertise in the area.	disorders.
H10	Vocational Specialist on Team	1 – 5 5	There are two staff members with the designation of Vocational Specialist on the team. Through staff interviews and the member chart review, it is evident that these Vocational Specialist staff have several years of training and experience in vocational rehabilitation and support. The two staff work closely together to directly engage members, assist with skill development, support exploration of employment opportunities and vocational services that enable members to find and keep jobs in competitive employment positions.	• Continue to ensure vocational supports on the ACT team assist members with rapid access to employment rather than relying on referrals to outside providers. • Continue to ensure staff designated with a vocational specialty receives monitoring, support and education in their role.
H11	Program Size	1 – 5 5	The team consists of at least 10 full-time equivalent staff.	
O1	Explicit Admission Criteria	1 – 5 5	The team actively recruits a defined population and all cases comply with the explicit admission criteria.	
O2	Intake Rate	1 – 5 4	The team takes members in at a low rate to maintain a stable service environment; however, the highest monthly intake rate in the last six months was greater than six members/month.	• Review what may have occurred in the month of July, 2014 that resulted in the intakes rising above six, and explore solutions to ensure the intake rate falls within the reported range of two to three per month until the member caseload reaches preferred capacity.
O3	Full Responsibility for Treatment Services	1 – 5 4	In addition to case management, the ACT team primarily provides three services and refers externally for others. The team directly provides psychiatric services, housing support and	• Consider options that will broaden the scope of service in the ACT additional service areas (e.g., individualized substance abuse counseling).

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			rehabilitative support. Psychiatry is being provided by the team Psychiatrist. The ACT specialists on the team have helped members with ACT housing and applications for additional government voucher/grant programs. The Employment Specialist and Rehabilitation Specialist on the team help members identify their employment goals and engage in daily activities, but full employment services are referred to outside agencies.	• Consider options that will minimize the need for the team to refer-out to agencies for services that are to be provided by the ACT team (e.g., vocational services). Prior to referring out to an external service agency, comprehensively discuss and document the specific issue and intervention the provider may utilize that the ACT team is unable to replicate. On an ACT team, circumstances requiring referrals to external service providers should be rare. • At the network and clinic level, review training and supervision options to ensure staff designated with a specialty receive monitoring, support and education in their role.
O4	Responsibility for Crisis Services	1 – 5 5	The ACT team provides crisis services coverage 24 hours- a-day, and 7 days a week. The ACT Team Leader reported the staff members rotate as the primary on-call staff. The backup on-call staff is always the ACT Team Leader.	
O5	Responsibility for Hospital Admissions	1 – 5 5	Of the last ten hospital admissions provided, the ACT team was involved in 95% or more of those admissions.	
O6	Responsibility for Hospital Discharge Planning	1 – 5 5	Of the last ten hospital discharges provided, the ACT team was involved in planning for 95% or more of those discharges.	
O7	Time-unlimited Services	1 – 5 5	All members are served on a time-unlimited basis, with fewer than 5% expected to graduate annually.	• It is recommended that the ACT team establish a written statement of clear examples of progress milestones that

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				support graduation, and that those are explicitly documented in member records.
S1	Community-based Services	1 – 5 2	Ten member records were reviewed to determine the ratio of services delivered in the community versus those delivered in the office. Of the ten member records reviewed, the median percent of services delivered in the community was 26%.	• There is some indication the team relies more on external and co-located services (i.e. brokered services). Review referrals to determine if other providers may be involved in service activities that should be delivered through the ACT team. • The Team Leader should routinely review member charts and staff schedules/time to help ensure that 80% of total face-to-face contacts are in the community.
S2	No Drop-out Policy	1 – 5 4	The team has retained between 80%-94% of their caseload over the most recent 12-month period. The team did indicate plans to transition members to a lower level of case management service (e.g., in some cases related to referral to residential treatment).	• If the team determines they can no longer serve a member, ensure discussion and documentation supports that decision, with a clear transition plan in place. • If a member leaves the geographic area, ensure efforts are made to transition care through a referral to another treatment entity.
S3	Assertive Engagement Mechanisms	1 – 5 5	The team has a defined outreach protocol and engagement strategy. As a part of the strategy, staff must document the type of outreach completed (e.g., attempted home visit, community outreach, shelter contact, payee, etc.). Legal mechanisms (e.g., Court-ordered treatment) are used whenever appropriate.	
S4	Intensity of Services	1 – 5 2	Ten member charts were reviewed to determine the amount of face-to-face service time spent with each member. The sum of the face-to-face service	• Consider what actions the team might take that could result in higher service intensity per member (e.g., increase in

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			times was determined for each member. From these totals, their mean values were calculated. The median value of the mean values was then determined. The median face-to-face service minutes across the ten member records fell within a range of 15-49 minutes per week.	services through ACT staff, decrease in brokered services through outside agencies/teams. • Ensure staffs are averaging two hours per week or more of face-to-face contacts for each member. • Review staff documentation expectations to ensure all activities are documented in a timely manner, consistent with applicable agency and regulatory expectations.
S5	Frequency of Contact	1 – 5 2	Ten member charts were reviewed to determine the amount of times per week each member is receiving contact from the ACT staff. The mean number of face-to-face contacts per week for each chart reviewed was used to determine the median value for this sample. The calculated team median value was 1.5 contacts per week for each member.	• Team Leader should periodically review member records and staff schedules to ensure that the average staff face-to-face contacts are four or more per week for each member.
S6	Work with Support System	1 – 5 4	Through interviews and record reviews it appears that the team works with informal support systems, with or without members present. Discussion of family and support involvement in services was frequently referenced during the ACT team morning meeting. The team provides support and skills for members' informal network at an average of 2-3 contacts per month.	• Consider options for tracking team contacts with member support system(s) to ensure this measure is being accurately captured.
S7	Individualized Substance Abuse Treatment	1 – 5 1	The ACT team does not provide individualized substance abuse treatment due to the lack of licensed counselors. The Substance Abuse Specialists are "available for encouragement" to members and provide support groups at the clinic. Members who are in need of formal, individualized treatment are often assessed by the ACT Substance Abuse Specialists, and then referred to community providers.	• At the system, network and clinical level, ensure all staff involved in substance use treatment activities has received training, education, support and ongoing supervision related to substance use treatment models. • At the ACT team level, consider implementing a structured stage-wise treatment approach that includes

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				treatment stages, interventions, and activities for intervening staff, such as IDDT.
S8	Co-occurring Disorder Treatment Groups	1 – 5 4	The team reports that approximately 38 - 41 of their 90 members are diagnosed with a co-occurring disorder. The agency offers a treatment group once a week, and although the curriculum is not based on a particular treatment model (i.e. stage-wise treatment), staff were recently trained on a standard curriculum that is being used. The team reported that they begin with harm reduction, and they try to help members move a step at a time. It was reported that approximately ten members attend the group on a regular basis, and that about 17 attended at least once in the month prior to the review.	• Staff may benefit from further training to enhance understanding and improve implementation of a stage-wise treatment approach model. • The ultimate goal is that 50% or more of members with substance-use disorders attend at least one substance abuse treatment group meeting per month. In order to work toward that goal, consider working to minimize referrals to outside service agencies (e.g., 24 hour co-occurring residential, day programs that may address substance use challenges as a portion of their services, or other providers outside of the team). By furthering enhancing and standardizing the treatment approach, higher retention and participation of members in the group offered through the ACT team may occur.
S9	Co-occurring Disorders (Dual Disorders) Model	1 – 5 2	The team is in the early phases of embracing a stage-wise approach to co-occurring disorders. ACT staff is familiar with the basic concepts of a stage-wise approach to co-occurring disorders treatment but does not appear to be using the language in day to day interactions. Multiple staff members stated that the team views abstinence as the eventual goal but that this may not be within reach for all members. Team members are familiar with the term “harm-reduction;” however, some substance abuse interventions appeared to be	• Review options to provide training and information to the ACT team to implement a stage-wise treatment approach, at the team, clinic, network and system levels. Standardizing basic tenants of the treatment may help to ensure consistent interventions across the system.

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			confrontational in nature. During the ACT team morning meeting there were several mentions of forced urinalysis, as well as evidence of referrals to inpatient/outpatient providers for substance use treatment and alcoholics anonymous.	
S10	Role of Consumers on Treatment Team	1 – 5 5	The Peer Support Specialist was identified as a full-time team member and is an integral part of the team with equal responsibility to other staff.	
Total Score:		**3.89**		

ACT FIDELITY SCALE SCORE SHEET

Human Resources	Score (1-5)
1. Small Caseload	5
2. Team Approach	3
3. Program Meeting	5
4. Practicing ACT Leader	2
5. Continuity of Staffing	5
6. Staff Capacity	5
7. Psychiatrist on Team	4
8. Nurse on Team	3
9. Substance Abuse Specialist on Team	3
10. Vocational Specialist on Team	5
11. Program Size	5
Organizational Boundaries	
1. Explicit Admission Criteria	5
2. Intake Rate	4
3. Full Responsibility for Treatment Services	4
4. Responsibility for Crisis Services	5

5. Responsibility for Hospital Admissions	5
6. Responsibility for Hospital Discharge Planning	5
7. Time-unlimited Services	5
Nature of Services	
1. Community-Based Services	2
2. No Drop-out Policy	4
3. Assertive Engagement Mechanisms	5
4. Intensity of Service	2
5. Frequency of Contact	2
6. Work with Support System	4
7. Individualized Substance Abuse Treatment	1
8. Co-occurring Disorders Treatment Groups	4
9. Co-occurring Disorders (Dual Disorders) Model	2
10. Role of Consumers on Treatment Team	5
Total Score	**3.89**