ASSERTIVE COMMUNITY TREATMENT (ACT)
FIDELITY REPORT

Date: April 17, 2018

To: Jill Robinson, Director of Integrated ACT Services
Gail Salientes, MACT Clinical Coordinator

From: Annette Robertson, LMSW
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AHCCCS Fidelity Reviewers

Method

On March 20 – 22, 2018, Annette Robertson and Karen Voyer-Caravona completed a review of the Partners in Recovery (PIR) Medical Assertive Community Treatment (MACT) team. This review is intended to provide specific feedback in the development of your agency's MACT services, in an effort to improve the overall quality of behavioral health services in Maricopa County.

The Partners in Recovery offers case management, health and wellness services, integrated primary care services, and psychiatry and medication services to the seriously mentally ill (SMI) adult population in Maricopa County. The MACT team works to integrate and coordinate medical and behavioral health services. Members on the team qualify for ACT services, but in addition must have a qualifying medical diagnosis that further puts them at risk. The MACT team has been in place for more than two years and is the only team located at 9150 West Indian School clinic in Phoenix. The team has a dedicated Nurse Practitioner (NP); however, the clinic has not yet obtained the needed licensure for the PCP to practice at the office, so members see the PCP at the Arrowhead PIR clinic.

The individuals served through the agency are referred to as clients and members, 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 a daily MACT team meeting on March 20, 2018;
- Individual interview with MACT Clinical Coordinator (ACT CC);
- Group interview with both Substance Abuse Specialists (SASs);
- Individual interviews with Vocational Specialist (RS) and Individual Living Skills (ILS) Specialist;
- Group interview with three (3) members receiving MACT services;
- Charts were reviewed for 10 members using the agency's electronic medical records system; and,
- Review of the following documents and resources: *Mercy Maricopa Integrated Care (MMIC) Medical - ACT Admission Screening Tool*; *MACT Morning Meeting Log; PIR Case Closure and Re-Engagement Activities Prior to Disenrollment*; *Illness Management and Recovery*

Workbook*; Hello Members* packet; Resumes and training records for the SASs, ES and RS; and the CC's encounter report for a 30 day period.

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:

- At the time of the review, all positions were filled. For the past 12 months, the MACT team has been able to maintain 100% staffing capacity. Though the team experienced staff turnover during the year, they quickly filled positions when staff left the team. For example, a second SAS joined the program during the month of February after the previous SAS left the team. Additionally, when one Nurse left the team, a temporary Nurse covering that vacancy was soon hired permanently.
- The MACT team is available 24 hours as first responders to members' needs and crisis. On call responsibilities are rotated daily to prevent specialist burnout, and the team leader assists as the backup when needed.
- The team has been able to provide 100% involvement with members' hospitalizations, delivering a hands-on approach to supporting members when hospitalization is required. The team initiates contact with hospital staff during the admission process, facilitating a collaborative relationship before the member is admitted.

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

- The team should strive to provide 80% or more of MACT services in the community. Interactions are more effective when occurring in a member's natural environment. Opportunities to observe members when interacting with other people in the community offers better information than self-report. This gives specialists and medical staff the chance to assess member needs, monitor progress, model appropriate interactions and engage with informal supports side by side the member rather than in the sheltered environment of the clinic. The team seems to rely heavily on clinic based groups which appear to have a social focus rather than therapeutic. Service should be delivered throughout the week rather than in one day of intense activity.
- Per ten records reviewed, the weekly median face-to-face contact per member was 2.75. To better assist members with symptom management and improve their functioning in the community, the team should increase the frequency of contact to an average of four or more face-to-face interactions with members per week, preferably by diverse staff.
- Continue efforts to engage at least 50% of members diagnosed with a substance use disorder to participate in co-occurring groups. Of the 48 members identified as having a co-occurring disorder (COD), 21% attended one of the two COD groups offered during a 30 day period. Signatures included members being identified with caffeine and/or nicotine dependence. Co-occurring groups should be specific to members with substance use disorders, i.e. alcohol, illicit and/or prescription drugs.

ACT FIDELITY SCALE

Item #	Item	Rating	Rating Rationale	Recommendations
H1	Small Caseload	1 – 5 5	The MACT team has 87 members on their roster. At the time of the review there was 11 staff (excluding the Psychiatrist and Primary Care Physician) serving those members, resulting in a member to staff ratio of 8:1.	
H2	Team Approach	1 – 5 5	Per review of ten randomly selected provider records, 90% of members had face-to-face contact with multiple staff over a two week period. The CC tracks weekly contact of all members at the morning meeting and shared the document, which tracks where the member was seen as well as the staff providing the direct service. During the morning meeting observed, the team reported their last contact as well as coordination among staff to see members. Members interviewed report typically seeing multiple staff during the week, including the CC. The team added a Primary Care Physician, a Nurse Practitioner (NP), position this past year. That staff person is located at the Arrowhead PIR Clinic until the MACT location can obtain the license to practice out of the MACT office. The NP comes to the MACT clinic once weekly to attend a team meeting and to conduct member home visits.	
H3	Program Meeting	1 – 5 5	As reported in MACT staff interviews, the team meets and reviews all members five days a week utilizing a *MACT Morning Meeting* Log to track the latest updates on members. There are several staff that work four, ten hour days each week, including the Psychiatrist, and those staff attend the program meeting on the days they are scheduled to work. The PCP attends the meetings on	

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			Thursdays, in addition to a meeting with the Nurses and CC on Tuesday and Wednesday. At the morning meeting reviewers observed, the CC ran the meeting and all members on the MACT roster were reviewed. For the vast majority of members, at least one staff gave an update and several times the Psychiatrist offered input and recommendations as well. Staff commented on medical specialist appointments scheduled for members, as well as issues related to medications, symptoms, staffings, substance abuse appointments and stage of change, housing, informal support contacts, and when they were last seen, among other issues.	
H4	Practicing ACT Leader	1 – 5 4	The CC estimated delivering direct care services to members 60-70% of the time to provide medication observations, home visits, groups and occasionally Integrated Dual Disorder Treatment (IDDT). Records reviewed confirmed the varied scenarios in which direct services are delivered by the CC. An encounter report for a 30-day period was made available to reviewers and, taking into account one day of personal time off, the CC spends 42% of her time providing direct service.	• Continue efforts of CC to deliver direct care services 50% of the time. ACT leaders who have direct clinical contact are better able to model appropriate clinical interventions with staff and remain in touch with the members served by the team.
H5	Continuity of Staffing	1 – 5 3	Multiple versions of the data collection relating to staff turnover were sent to reviewers by the agency. Based on the combined data, which was confirmed by the CC, during the past two years, 10 staff left the MACT team, resulting in a turnover rate of 42%. At one period of time, four different Psychiatrists covered the team. However, for the past twelve months, the continuity has improved significantly.	• MACT teams should have a turnover rate no higher than 20% in a two-year period to ensure a therapeutic relationship between members and staff. • Ensure persons interviewing for positions on the MACT team are fully aware of the demands of the job.
H6	Staff Capacity	1 – 5	At the time of the review all positions were filled.	

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		5	For the past 12 months, the MACT team has been able to maintain 100% staffing capacity. An RN that was originally brought on as a temporary position was moved to permanent in the past year.	
H7	Psychiatrist on Team	1 – 5 5	The team has one full time Psychiatrist who began with the team in October of 2016. The Psychiatrist does not see members other than those on the MACT roster and does not have any responsibilities other than providing services to the MACT team members. The Psychiatrist works four, ten-hour days and staff report they are easily able to contact him on his days off, weekends, and after hours. It was reported members are seen in the community. However, when one member was having difficulty leaving his home due to an increase in symptoms and requested a home visit by the Psychiatrist, staff documented in the record that it was difficult to schedule the Psychiatrist for home visits. The member was not seen by any medical staff during a one month period of the record reviewed.	
H8	Nurse on Team	1 – 5 5	There are two full time Nurses on the MACT team. Having been on the team nearly two years, the Lead Nurse is the main contact for after hours and weekends and does most of the home visits for members. The second, more recently hired Nurse focuses on members' physical health needs, attending appointments with members and coordinating with medical specialists. Both Nurses do medication education relating to both psychiatric and medical conditions (e.g., blood pressure and diabetes), give injections, assist with medication sets, coordinate with the PCP, and keep an open block in their schedule each afternoon to consult with staff. Both Nurses attend morning meetings on days they are	

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			scheduled to work. Both Nurses gave input in the morning meeting observed by the reviewers.	
H9	Substance Abuse Specialist on Team	1 – 5 5	The team has two full time SASs and both are licensed with the Arizona Board of Behavioral Health Examiners. The lead SAS has been with the team since April 2016, is a Licensed Associate Counselor (LAC), and had Dual Diagnosis (DD) experience prior to working on the team. The second SAS, a Licensed Master Social Worker (LMSW), recently joined the team in February 2018, transferring from another PIR clinic where she was an ACT SAS for more than three years.	
H10	Vocational Specialist on Team	1 – 5 5	The MACT team has two Vocational Staff (VS); one is identified as the Employment Specialist (ES) and the other as a Rehabilitation Specialist (RS). The ES has been in this role nearly two years and prior to that worked for more than a decade with the adult SMI population in case management. The RS has been with the team in this role for more than two years and has nearly seven years' experience as an ACT case manager. Both VSs reportedly engage members in employment services individually and through two employment groups offered weekly; they assist with creating resumes, online job searches, mock interviews, attend job fairs, address hygiene concerns and discuss proper work and interview attire.	• The ES would benefit from targeted job development training in an effort to support members' interest in seeking competitive employment. Members who desire employment will benefit from face-to-face interaction with potential employers, rather than solely through on line job searches or attending job fairs.
H11	Program Size	1 – 5 5	All 12 positions on the MACT team are filled and staffed sufficiently to provide services to 100 members.	
O1	Explicit Admission Criteria	1 – 5 4	The reviewers were provided with the *MMIC Medical-ACT Admission Screening* tool and told by staff that all members are screened per the tool by MACT staff. The CC reported that she will screen all members referred from outside agencies while	• Ensure all admissions follow explicit admission criteria.

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			other staff on the team will screen those referred from other PIR clinics. In an effort to build rapport and begin assessing the member's needs, staff reported new members are contacted more than once, including a home visit by the CC, prior to transferring to the MACT team. Reviewers were unable to get a clear indication whether or not a member would be denied admission if he or she was referred for high medical needs but did not meet the ACT criteria. Reviewers were told that a Connective Level member was referred and was accepted; however, upon learning of the intensive case management style of the MACT team, the member declined the referral.	
O2	Intake Rate	1 – 5 5	The program admits members at a slow rate allowing for a stable service environment. The MACT team reports admitting 13 new members in the six months prior to the review with the most in October 2018 and February 2018 with four each month. The team is reportedly planning to admit one member per week for the next five weeks.	
O3	Full Responsibility for Treatment Services	1 – 5 4	In addition to case management, the team directly provides substance use treatment, psychiatric care/medication monitoring, and counseling services to members on the team. Per interviews with staff and members, records reviewed, and observation of the team program meeting, the team assists members who have expressed a desire to work; however, there is evidence of members being referred to an outside provider for employment services. At least three members began their work experience doing "piece work" in a sheltered work environment and later graduated within the program to alternate positions. It is reported seven to ten members	• Employment services should be provided to members by the MACT team. Ensure vocational staff receives training on job development and employment support services. Vocational staff should cross train other specialists in this area with an emphasis on further supporting members to find and maintain competitive employment. • Members' service goals should be supported at an integrated team level. All staff should regularly review member services plans to ensure

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			have an employment goal and the vocational staff assist in both one-to-one and in group settings, one at a local park and the other based at the clinic. It is unclear how the group format addresses individual employment goals or how members benefit from the group being held at a public park. Approximately eight to nine members are currently employed. Reviewers were informed between 9% and 12% of members are currently being housed with supports. In addition, one homeless member has a Central Arizona Shelter Services (CASS) case manager assisting with securing safe and affordable housing, and notes reflecting this were found in one record reviewed. Housing goals related to securing or maintaining housing were listed in some members' service plans viewed.	adequate support is offered to members. • MACT staff should make efforts to assist members in locating safe and affordable housing where there is no overlap in services. Suggestions include applying for resources in the community, such as scattered site housing vouchers, homeless housing resources, and utilizing natural supports as a resource for housing needs.
O4	Responsibility for Crisis Services	1 – 5 5	The MACT team staff report they are the first responders when members are in crisis and provide 24-hour coverage. Specialists are assigned daily to be on call, and after hours all calls are forwarded to an on call phone. It was reported the on call position was moved from weekly rotation to daily and reportedly is less stressful on staff. When crises arise, the on call staff person will contact the CC and determine a plan. If staff is not comfortable seeing the member in the community alone, the CC will go along for back up. Members are given a *Hello Members* packet when they transfer to the team with all specialists' names, clinic number, and the on call number.	
O5	Responsibility for Hospital Admissions	1 – 5 5	The MACT team reported being involved in all ten of the last psychiatric hospital admissions and attributed their success to engaging with members prior to their admission to the MACT team and	

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			working intensely with them upon the transfer. Review of the past ten psychiatric admissions confirm the team was involved in 100%. When staff believes a member would benefit from stabilization, staff will meet with them and then offer to arrange for them to be seen by the Nurse and Psychiatrist. If appropriate for hospitalization, the member will be asked which hospital they prefer. Specialists will transport and remain with members at hospitals until they are fully admitted, spending the wait time discussing reasons for admission and tactics to prevent it in the future. Staff reportedly gives hospital staff a card with the on call number and a request for a doctor to doctor phone consultation to be scheduled. The CC reported contacting the social worker to coordinate the day following the admission. Specialists visit hospitalized members every 72 hours, attend staffings and coordinate with the inpatient social worker as needed. The Psychiatrist will conduct doctor to doctor phone consults weekly or more often if needed.	
O6	Responsibility for Hospital Discharge Planning	1 – 5 5	Staff report they begin discussing discharge plans as a team when they first learn of a member's psychiatric hospital admission. Review of the most ten recent hospital discharges indicated the team was involved in 100%.	
O7	Time-unlimited Services	1 – 5 5	During the past twelve months, two members graduated from the team and three transferred to a higher level of medical care. The team is planning to graduate three members in the next year. The team encourages members preparing for graduation to consider a clinic near their residence and slowly begin to reduce their contact with members. Staff reported they ensure graduating	

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			members have supports in the community and slowly reduce their contact when a transfer date is scheduled. It was reported one member preparing for graduation expressed a sudden concern and requested additional supports; the team resumed phone calls to prompt medication adherence and increased their contact with the member, supporting time-unlimited services for members.	
S1	Community-based Services	1 – 5 3	The staff interviewed estimated delivering services in the community 80% of the time. Upon review of ten randomly selected member records, the team provided face-to-face community based services to members 51% of the time. Members interviewed reported seeing staff both at their home and the clinic. Members also reported that they come to the clinic for clinic based groups, and evidence of staff engaging members to attend groups was noted in multiple records reviewed. Groups, such as those focused on employment, better serve members when held in an environment where they can use their newly gained knowledge and skills. The team does arrange larger community events occasionally, including an outing to a Spring training baseball game in March. Prior to the start of the baseball game, mini group sessions were offered relating to subjects including: healthy eating, employment, and the value of budgeting as it relates to socialization.	• The team should strive to provide 80% or more of MACT services in the community. Interventions are more effective when delivered in a member's natural environment. Observing members' interpersonal behavior and communication in the community offers better information than self-report, giving specialists and medical staff the chance to assess needs, monitor progress, model appropriate interactions and engage with informal supports side by side the member rather than in the sheltered environment of the clinic. • The MACT team should deliver services in the community without relying too heavily on clinic based group attendance. The ACT model seeks to promote social integration, but groups delivered in the community should align with stated goals on members' service plans.
S2	No Drop-out Policy	1 – 5 5	The team did not lose contact with any members; none closed due to the determination of being unable to serve, nor transferred any members to	

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			Navigator status this past twelve months. The team reports one member moved out of state to be closer to family with the team assisting in coordination.	
S3	Assertive Engagement Mechanisms	1 – 5 5	The team has a re-engagement strategy, and the reviewers were provided a copy of the approach which includes contacting guardians by phone or face to face, sending letters to the most current address, and attempting to contact the member when most likely to be home. The MACT team uses street outreach and contacts emergency supports when members are out of touch. Evidence of such activities was located in several member records reviewed. The team reported they did not have any members close due to lack of contact in the past twelve months.	• Consider aligning the team's engagement and outreach policy with MMIC ACT protocol which specifies four outreach attempts each week minimally for eight weeks.
S4	Intensity of Services	1 – 5 4	The median intensity of service time staff spends with each member is 105 minutes per week, per the ten randomly selected records reviewed. Members interviewed reported they see staff both at the clinic when they are present for appointments or there to attend a group, and less frequently at home. Several records reviewed showed a pattern of members attending a clinic-based group and then being seen by several staff, sometimes with multiple notes being entered by the same staff.	• The MACT team should provide two hours of direct service per week per member without relying too heavily on clinic based group attendance and preferably delivered in the community. Service should be delivered throughout the week to support a variety of changing needs, rather than in one day of intense activity.
S5	Frequency of Contact	1 – 5 3	Records reviewed showed the MACT team delivers a higher frequency of contact when a member first transfers to the team. The weekly median face-to-face contact per ten records reviewed was 2.75. Members had as many as 17 direct contacts in a 30 day period to as low as 3. One record revealed that one member only saw one specialist from the team in the 30 day period reviewed and was not	• To better assist members with symptom management and improve their functioning in the community, increase the frequency of contact to an average of four or more face-to-face interactions with staff per week, preferably by diverse staff. • Should a member require a change in

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			seen by the Psychiatrist, or RN. Some members interviewed reported attending multiple groups throughout the week, thereby seeing multiple staff, but having few direct contacts at their home or in the community. Another member interviewed indicated having medication observation services daily, therefore seeing a staff person every day of the week when at home.	intensity of services due to increased or decreased stability, the MACT team should document member needs in the most current individual service plan.
S6	Work with Support System	1 – 5 4	Staff reported 50-80% of members have a natural support involved in their life, stating that they are in regular contact with them by texting and phone calls for such things as appointment reminders and hospital discharge planning. It is reported, due to members addressing multiple health issues, natural supports often accompany members to clinic appointments. Records confirmed that, since most members live with family, they interact with supports during home visits at the rate of just under three contacts per member per month.	• Continue to involve natural and community based supports in an effort to enhance members' community integration and functioning. • Ensure all natural and community based support contacts are documented in the member record with a goal of four per month per member.
S7	Individualized Substance Abuse Treatment	1 – 5 4	The MACT team identified 19 -20 members as receiving an average of 30 minutes per week of individual substance use treatment, which is approximately 44% of all members on the team with a COD diagnosis (44). Staff reported each COD member is scheduled for an individual appointment weekly with an SAS; although, due to the nature of the MACT team, unanticipated issues prevent staff or the member from making the scheduled appointment. Staff stated that the members who are not actively involved in treatment are engaged to attend one-on-one sessions or an Illness Management and Recovery (IMR) group offered at the clinic. Of the ten records reviewed, all members with a co-occurring disorder (6) averaged two individual sessions per month during the review period. Reviewers noted	• Increase the number of COD members receiving structured individual substance use treatment, with the goal of 24 minutes or more weekly. Consider streamlining specialists' duties in an effort to provide a greater number of members with the benefit of individual treatment.

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			that SASs do spend a significant amount of their time addressing medical health issues with members.	
S8	Co-occurring Disorder Treatment Groups	1 – 5 3	There are 48 members diagnosed with a co-occurring disorder as it relates to alcohol or illicit drug use. (Three additional members are diagnosed with Nicotine Dependence.) Two groups are offered weekly to members relating to co-occurring disorders: Weekly Reflections and A New Day. Each SAS facilitates one group and indicates following the *Illness Management and Recovery* workbook, consecutively following the lesson plans as written. Of the group sign in sheets given to reviewers over a one month period, ten unique members, identified as having a COD, attended at least one group, equating to 21% of COD members. Several signatures were from members without a dual diagnosis, which may have included those diagnosed with Nicotine Dependence.	• Co-occurring groups should be offered to members with substance use disorders only, i.e. alcohol, illicit and/or prescription drugs. • Continue efforts to engage at least 50% of members diagnosed with a substance use disorder to participate in co-occurring groups, as group treatment has been shown to positively influence recovery.
S9	Co-occurring Disorders (Dual Disorders) Model	1 – 5 4	The MACT team appears to have a clear understanding of the co-occurring model. During the morning meeting observed, members' stage of change was discussed and involved notification of their last IMR group attended or individual session with SAS specialists. SASs reflected on assisting members improving their quality of life by helping them see how their use impacts their ability to reach their goals and their recovery. The University of Rhode Island Change Assessment Scale (URICA) is used by the SASs and CC to assess stage of change, and staff report using stage wise treatment approaches; however, it is unclear if the entire team practices this approach. ES and RS staff training records viewed indicate minimal IDDT training. SAS staff reported on the use of motivational interviewing, as well as harm	• Steps to support members with co-occurring disorders should be identified in service plans. Coordination with the SASs should occur to ensure alignment with co-occurring theory and stage wise interventions. • Ensure MACT staff is receiving regular training on the IDDT model in order to fully support members with COD.

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			reduction tactics. SAS staff support members interested in 12-Step programs and offer resources if requested and several attend. SASs recognize the conflict between the COD model and 12-Step community based programming. Of the ten member records reviewed, six had a co-occurring diagnosis, yet only two service plans addressed their substance use.	
S10	Role of Consumers on Treatment Team	1 – 5 5	The team has a full time Peer Support Specialist (PSS) that has been with the team since April 2016. During the member interviews, one reported that he felt he had someone at the clinic that he could relate to and that the PSS could relate to him; another stated she felt she had someone fighting for her. Additionally, a member reported staff other than the PSS had informed him of past lived experience.	
Total Score:		**4.46**		

ACT FIDELITY SCALE SCORE SHEET

Human Resources	Rating Range	Score (1-5)
1. Small Caseload	1-5	5
2. Team Approach	1-5	5
3. Program Meeting	1-5	5
4. Practicing ACT Leader	1-5	4
5. Continuity of Staffing	1-5	3
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	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	4
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	5

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	4
5. Frequency of Contact	1-5	3
6. Work with Support System	1-5	4
7. Individualized Substance Abuse Treatment	1-5	4
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	**4.46**	
Highest Possible Score	**5**	