ASSERTIVE COMMUNITY TREATMENT (ACT)
FIDELITY REPORT

Date: September 17, 2018

To: Melissa Salazar, Clinical Coordinator
Padma M. Aking, MD
Christy Dye, CEO

From: T.J. Eggsware, BSW, MA, LAC
Annette Robertson, LMSW
AHCCCS Fidelity Reviewers

Method

On August 21–22, 2018, T.J. Eggsware and Annette Robertson completed a review of the Partners in Recovery - West Valley Assertive Community Treatment (ACT) team. This review is intended to provide specific feedback in the development of your agency's ACT services, to improve the overall quality of behavioral health services in Maricopa County.

Partners in Recovery (PIR) providers integrated behavioral health and wellness programs. Services include case management, health & wellness, integrated primary care services, psychiatry, and medication services. The agency operates seven campuses, including the West Valley location. The West Valley campus moved to a new location in April 2018. Due to circumstances beyond the control of the agency or staff, the Clinical Coordinator (CC) for the team was not available to participate in the fidelity review. Another staff from the team, selected by staff at the agency, participated in the review in place of the CC.

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.

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

- Observation of a daily ACT team meeting on August 21, 2018;
- Individual interview with the Housing Specialist (HS) in place of the CC (i.e., ACT Team Leader);
- Individual interviews with the Peer Support Specialist (PSS), Rehabilitation Specialist (RS), and two Substance Abuse Specialists (SASs);
- Group interview with six members receiving ACT services;
- Charts for ten randomly selected members were reviewed using the agency's electronic medical records system; and,
- Review of documents provided, including: the *ACT Eligibility Screening Tool* and *ACT EXIT Criteria Screening Tool* developed by the Regional Behavioral Health Authority (RBHA), the team *ACT Presentation for the Doctor* and *Assessing ACT Appropriateness Tool,* an outreach tracking sheet, resumes and training records, substance use treatment group sign-in sheets, and substance use treatment

resources.

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:

- Staffing is of sufficient size to ensure an appropriate member to staff caseload ratio to provide necessary coverage and specialist staff diversity to the 81 members served.
- The team appears to function as a unit. As a result, members usually have contact with multiple staff, and the team meets at least four times a week to discuss and plan services delivered to all members. The Psychiatrist takes an active role in directing staff.
- The team provides three co-occurring treatment groups weekly. The groups support members at different levels of treatment.
- Technology is in place to support ACT services. The team utilizes a text system to coordinate care. Staff reported they recently adopted a new program to aid staff in documenting contacts. Additionally, the agency website lists PIR campus locations, the locations where ACT is available, and offers a brief description of ACT.
- Based on the team meeting, and documentation, it appears staff work to coordinate treatment with physical healthcare providers.

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

- Work with the ACT CC to identify and shift administrative duties (outside of necessary supervisory or other program leader functions) to allow for direct service delivery from this position.
- Increase staff face-to-face contacts with members, with the goal that at least 80% of ACT services occur in the community. The team demonstrated improvement in community-based services and the frequency of face-to-face contact over the prior year review. With a fully staffed team, they have the opportunity to increase the scope of support offered to members.
- Evaluate precipitating factors affecting team involvement in member psychiatric hospital admissions. The ACT team should be directly involved with member psychiatric hospital admissions, and this review reflected staff participation in seven of the last ten admissions. Work to develop plans with members and their support network in advance to discuss how the team can support members in the community to avert, or to assist, in a hospital admission, especially members that may have a history of admitting without seeking team support.

ACT FIDELITY SCALE

Item #	Item	Rating	Rating Rationale	Recommendations
H1	Small Caseload	1 – 5 5	The ACT team serves 81 members with 12 full-time staff. Excluding the Psychiatrist, the member to staff ratio is approximately 7:1.	
H2	Team Approach	1 – 5 5	Of the ten records examined, it was determined that all of the members had face-to-face contact with at least two staff, in a two-week period. Staff reported being assigned a caseload, or *care list*. Staff are tasked with making face-to-face contact with the members on their caseload/care list. Staff are paired with a staff of a similar specialty (e.g., RS and Employment Specialist); they serve as back-up and are expected to make contact with people on the paired staff's care list. Staff reported they also serve all members on the team. Most members interviewed reported they had contact with about three staff during the week prior to the interview. During the team meeting observed, staff discussed the calendar used to track member visits.	
H3	Program Meeting	1 – 5 5	Staff report that the team meeting occurs four days a week: Monday, Tuesday, Wednesday and Friday. The team Psychiatrist and Nurses work flex schedules of four ten-hour days, and attend the team meeting three days a week. Other staff attend all meetings on their scheduled weekday workdays. Staff reported that all members are discussed during the daily meeting. During the meeting observed all members were discussed, staff discussed services provided, and planned for engagement in specialty staff services.	
H4	Practicing ACT Leader	1 – 5 2	Staff reported that the ACT CC provides services to members in the office and community. Due to the CC's absence, a productivity report was requested	• The ACT team leader should provide direct member services at least 50% of the time. • The agency should work with the ACT CC to

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			for an adjusted period of time prior to the date of the CC's leave from the team. Reviewers were informed there were no encounters for the timeframe selected. In the ten member records reviewed, there were few examples of the CC providing services. It was reported that the CC assumed additional program administrative duties; the team lacks a Program Assistant.	identify any administrative duties that may prohibit her ability to provide direct services to members. The hiring of a dedicated office-based Program Assistant may help to alleviate administrative duties and allow the CC to increase direct services. • Ensure all face-to-face contacts are recorded in member records.
H5	Continuity of Staffing	1 – 5 3	Based on available information, the team experienced about 46% turnover in the past two years. At least 11 staff left the team, including five staff that left the team since August of 2017. In addition, staff reported that up to three additional Nurses provided temporary coverage, but administrators reported one temporary Nurse provided coverage during a period when the team was without a second permanent Nurse. The current second Nurse on the team is on temporary assignment.	• If not in place, explore efforts to receive feedback on employee satisfaction. • If any staff leave the team, vet future candidates to ensure potential hires are prepared for the demands of an ACT level of service.
H6	Staff Capacity	1 – 5 4	The team has operated at approximately 93% of staffing capacity in the past 12 months. The PSS and second Nurse position remained vacant for multiple months. However, timely new-hires mitigated the impact of staff turnover.	• See recommendations for H5, Continuity of Staffing.
H7	Psychiatrist on Team	1 – 5 5	Staff reported the full-time Psychiatrist assigned to the team rarely sees members from other teams and attends team meetings at least three days a week. The Psychiatrist works four ten-hour days with the ACT team. The Psychiatrist is the lead Psychiatrist for the campus, but she confirmed her administrative responsibilities for that role are conducted outside of her full-time hours dedicated to the ACT team. Staff confirmed that the Psychiatrist is accessible to them and responds to texts promptly, including occasionally when the	

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			campus is closed or on her days not assigned to the team. During the meeting observed, the Psychiatrist provided guidance and instruction to staff regarding members' treatment and services.	
H8	Nurse on Team	1 – 5 5	The team currently has one permanent and one temporary Nurse. ACT staff reported that the team's Nurses are accessible; both work four ten-hour days with the team and attend team meetings at least three days per week. The Nurses infrequently provide services to other campus members. Staff reported that Nurses provide services in the community, including at a property affiliated with the ACT team (i.e., ACT Houses) where most members are on the ACT team, and another congregate living setting where ACT members reside.	• Fill the second Nurse position with a permanent staff person. Optimally, ACT teams have two permanent full-time Nurses for 100 member programs.
H9	Substance Abuse Specialist on Team	1 – 5 4	The team is staffed with two SASs. The first SAS joined the team in September 2016. The SAS has a Master's degree in Addiction Counseling in addition to her time on the ACT team. Based on the second SAS's resume, she recently completed a master level program in Human Services. However, the second SAS had no training or experience related to substance use treatment prior to her role as the SAS on the team starting December 2017. Staff reported SASs receive weekly clinical supervision from a Licensed Clinical Social Worker (LCSW). Staff provided documents that show supervision and training on Integrated Dual Disorders Treatment (IDDT), discussions of case presentations, treatment and engagement strategies. Staff reported that a substance use treatment group, facilitated by a West Valley SAS, is held at a congregate living setting. The group is open for other PIR ACT members to attend. There	• Continue to provide supervision to SASs so both are familiar with interventions and treatment to work with members with co-occurring diagnoses. • Evaluate the benefit of having staff from other PIR ACT teams, that are not part of the West Valley ACT team, providing substance use treatment to West Valley ACT members. In addition, vice versa, time ACT SASs spend providing services to members on other teams, may affect the assessment of whether specialists are fully available staff. The evaluation of item O3, Full Responsibility for Treatment Services, may also be impacted if services are provided by staff that are not part of the West Valley ACT team.

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			was no evidence found that the West Valley ACT SASs provided services to other PIR members in the month prior to review.	
H10	Vocational Specialist on Team	1 – 5 5	The team is staffed with an RS, in the position since July 2016, and an Employment Specialist (ES), in the position since October 2017. Both staff previously held the position of RS on the Supportive service level. Based on information provided, both staff have more than one year experience in vocational services. Training records provided showed evidence of training in Supported Employment (SE), Disability 101 (DB101), and rehabilitative services. During the meeting observed, staff discussed plans for the ES or RS to make contact with members to engage or assist their exploration of employment goals.	
H11	Program Size	1 – 5 5	The ACT team has 12 full-time staff and is of sufficient size to provide ACT services.	
O1	Explicit Admission Criteria	1 – 5 5	The ACT team has defined ACT admission criteria outlined by the RBHA, but also utilize team specific documents to screen members and present information to the Psychiatrist. Staff complete an *ACT Presentation for the Doctor* and refer to a guide document *Assessing ACT Appropriateness Tool*. Staff reported the team has full control over admissions to the team with no administrative mandates to accept referrals. The Psychiatrist makes the final determination on all admissions.	
O2	Intake Rate	1 – 5 5	The ACT team reports seven admissions in the last six months. The team's highest intake months were April and May 2018 with two admissions each month. There was one admission monthly for February, March and July 2018, and zero admissions during June 2018. There was limited	• Monitor the member census and engage in recruitment efforts when appropriate. Recruitment for potential referrals should extend beyond the campus, and include contact with a variety of referral sources, such as staff from hospitals, shelters, and

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			evidence that varied recruitment efforts occur in order to increase the team census. One interviewee reported that the CC informs staff at the campus from less intensive service levels about ACT openings. Staff were unsure if the team engages in other recruitment efforts.	prisons or jails.
O3	Full Responsibility for Treatment Services	1 – 5 3	The ACT team assumes primary responsibility for psychiatric medication/monitoring and the majority of substance use treatment. The SASs provide substance use treatment to members. The team offers three weekly substance use treatment groups, two at the West Valley campus and one in a congregate living setting where a sub-group of ACT members reside. Additionally, in records reviewed, there were examples of SAS staff from another PIR ACT team documenting services delivered to West Valley ACT members at the congregate setting. The team is available to assist members to explore and secure housing. Staff provides supports to members in independent settings to retain their housing. However, about 12% of members reside in settings where there are house staff that appear to provide some level of monitoring and/or meals. The team has two specialists who support members who are competitively employed or those seeking employment. Staff reported ACT staff provides supportive employment services to ACT members who are in three to six month paid *internship* roles at the campus snack bar. Based on staff report, it appears more than 10% of members who receive employment services, receive those services from external agencies. ACT staff reported they also assist those members to explore options	• Continue to monitor the number of members in staffed residences. Optimally, no more than 10% of ACT members are in settings where other social service staff provides support. Work with members in staffed settings to explore other housing options based on their preference, optimally including integrated settings as a choice. • ACT teams should include comprehensive services to support members with the process of finding and maintaining employment in integrated settings. Agency administrators and/or stakeholders should provide training to staff on the benefits of directly supporting members to obtain competitive employment in comparison to other services (e.g., WAT). With an ES and RS, the team appears positioned to support ACT members. • The agency should explore options to support ACT staff to provide counseling services through the team, either with new or existing ACT staff. If there are certain specialized areas commonly referred to other providers, review options to train or support staff to develop the skills to provide those services. On some teams, SASs with licensure and training, provide individual

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			in the community. Although, one staff reported it would be beneficial to have a Work Adjustment Training (WAT) directly affiliated with the clinic. There was no evidence that individual counseling is available. The team offers individual substance use counseling; however, staff refers members that would benefit from other types of counseling to external providers.	counseling.
O4	Responsibility for Crisis Services	1 – 5 5	The ACT team provides 24-hour coverage. Additionally, one staff schedule includes Saturday shifts, and another has Sunday shifts. Staff provides to members a list of staff names, contact numbers, and the team on-call number. On-call phone coverage rotates weekly and the CC is the backup and contacted if needed to discuss interventions for members experiencing a crisis.	
O5	Responsibility for Hospital Admissions	1 – 5 4	The reviewers requested information on the last ten members who experienced a psychiatric inpatient admission. Data for those members extended from February 2018 through late July 2018, including no admissions during the month of May 2018, and one admission during the month of April 2018. Based on data provided, the ACT team was directly involved in seven of the ten most recent hospital admissions. The team was informed of some admissions after members were already at the inpatient settings. When they are aware of or informed of an admission, staff reportedly visit members within 24 hours, make contact with the inpatient staff, facilitate doctor-to-doctor contact between the inpatient and ACT Psychiatrist, and visit members every Monday, Wednesday and Friday.	• System partners should consider evaluating what interventions or strategies this team utilized to support members for the months with zero or few members who experienced psychiatric hospital admissions. • Work with each member and their support network to discuss how the team can assist members in the event of a psychiatric hospital admission. Proactively develop plans with members on how the team can aid them during the admission, especially if they have a history of hospitalization without seeking team support prior to going to the hospital.
O6	Responsibility for	1 – 5	Based on review of the ten most recent psychiatric	• Continue to build relationships with the

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	Hospital Discharge Planning	5	hospital discharges, staff reported the team was involved in all ten. One staff estimated the team is involved in the majority (90%) of member psychiatric inpatient discharges; however, another staff stated there was a recent discharge in which the team was not involved due to inpatient staff not informing of the member's discharge. Staff reported that in that case, a meeting occurred with inpatient staff discussing the importance of coordinating member discharges with the ACT team.	hospitals/inpatient facilities frequented by members, so discharge coordination may occur.
O7	Time-unlimited Services	1 – 5 5	The ACT team graduated nine members to the Supportive service level in the past 12 months. Staff interviewed tentatively projected two to three members may transition off ACT to the Supportive service level. Staff follow exit criteria outlined by the RBHA. One staff was unclear if the member's service plan is reviewed by ACT staff to outline the transition plan, or if the receiving Supportive team revises the plan. Some members interviewed reported that the team discussed transitioning from ACT to a lower level of care; however, the members elected to remain with ACT and reported that staff supported their choice.	• Ensure staff have a shared understanding of when the service plan is revised for members transitioning from ACT.
S1	Community-based Services	1 – 5 3	Staff estimated approximately 70-80% of their face-to-face contacts with members occur in the community. However, the results of the chart review show staff making contact with members in community settings about 57% of the time. Some members interviewed reported they usually meet with staff at their homes, but others reported contacts with staff occurred evenly between the office and community. Based on the data provided, the team frequently provides office-based services,	• ACT teams should perform 80% or more of their contacts in the community. • The agency should evaluate if office-based groups inhibit staff time to conduct services in members' natural community settings. Consider options to work with members to explore socialization or events in their communities based on their individual interests. • Monitor staff documentation to ensure

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			including various groups. Groups are facilitated by ACT staff and other campus staff. In records, it was documented that certain staff often engaged members to attend groups. Some groups occur in the campus, and some in the community. The team offers an outing group and one of the three substance use treatment groups is held at a congregate living setting. Based on records reviewed, when members visit the campus, they tend to have contact with multiple staff. The content of documentation was limited in several instances, reflecting brief check-ins with multiple staff at the campus, though more comprehensive services were documented by other staff (e.g., by Nurse or Psychiatrist).	documented contacts with members are purposeful.
S2	No Drop-out Policy	1 – 5 5	The team has retained 95% of their members in the past 12 months. It appears four members transitioned off the team and dropped-out of ACT services. Staff reported three members could not be located and moved from ACT to Navigator status. A fourth member declined ACT services. A fifth member unexpectedly left the geographic service area without initially receiving a referral from ACT for services in their new area. However, staff reported once the member arrived, the team coordinated care with staff from an inpatient setting where the member was located.	
S3	Assertive Engagement Mechanisms	1 – 5 4	Staff reported the team follows an eight-week outreach process. A copy of a checklist was provided. Per staff report, it appears it is the same process utilized by less intensive service levels. Community-based outreach is not listed for each week. Outreach primarily focuses on phone calls or contacts with staff at various locations. However, staff reported they try to do community-	• Consider revising the outreach checklist for ACT teams to include the expectation of weekly community-based outreach.

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			based outreach such as visiting last known addresses or locations members visit.	
S4	Intensity of Services	1 – 5 3	The median intensity of face-to-face service time per member was under 77 minutes weekly, based on review of ten member records. One of the ten members received more than 120 minutes on average of weekly service time. Average weekly service time ranged from 18 to 206 minutes. The member who received the most documented service time participated in multiple groups, some more than two hours duration. For example, a movie outing where staff documented the member interacted during the group. Staff was present, but it was not clear if there was actual engagement or skill building during the movie.	• The ACT team should provide members an average of two hours of face-to-face contact weekly. Work with staff to identify and resolve barriers to increasing the average intensity of services to members.
S5	Frequency of Contact	1 – 5 4	The record review indicated that the team provides an average of three face-to-face contacts per week, per member. Most members interviewed reported they had contact with about three staff during the week prior to the interview. Some members received services (e.g., substance use treatment group) from other agency employees who were not West Valley ACT staff. Those contacts were not included when determining contact frequency, as they are not provided by the team.	• Increase the frequency of contact with members by ACT staff, preferably averaging four or more face-to-face contacts a week per member. Work with staff to identify and resolve barriers to increasing the frequency of contact with members.
S6	Work with Support System	1 – 5 3	Staff reported that most members have informal/natural supports, and ideally, staff have contact with supports four times a month. One day a week is targeted for staff to engage natural supports. During the morning meeting observed, staff occasionally referenced recent or planned contacts with informal supports (for about 16% of members). In ten member records reviewed, documented contacts with informal supports resulted in 1.6 contacts on average per member	• Continue efforts to engage natural supports. Optimally, ACT staff have contact with informal supports on an average of four times monthly as partners in supporting members' recovery goals. Seek training and guidance, whether at the agency or through system partners, to enhance strategies for engaging informal supports. • Monitor staff documentation of contacts

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			over the course of a month. It is not clear if staff documented all contacts with informal supports.	with informal supports.
S7	Individualized Substance Abuse Treatment	1 – 5 4	Individualized treatment is provided, but averages less than 24 minutes weekly for members with an identified substance use diagnosis. It was reported 30 members have a substance use diagnosis. Of those, SASs reported that over a month timeframe, 16 members received at least 24 minutes of individual treatment per week, 11 received an average of 15 minutes weekly, and the remaining three received less than 15 minutes of individual treatment per week. Examples of individual treatment were found in member records reviewed. Some documented contacts were more detailed than others. Notes included member's stages of change and summaries of interventions, including educating members about concerns related to substance use, high-risk situations, coping skills, and stressors. During the meeting observed, the SASs discussed contact with members and referenced individual treatment.	• Continue efforts to engage members in individualized treatment. • As part of supervision, consider randomly selecting documentation of individual treatment contacts to review with staff in order to provide feedback and ensure consistency.
S8	Co-occurring Disorder Treatment Groups	1 – 5 5	Three weekly substance use treatment groups occur; two at the campus and one at a property in the community where members of the West Valley ACT team and other PIR campuses reside. Based on review of sign-in sheets over the course of four weeks, 73% of members of the West Valley ACT team with a co-occurring diagnosis attended at least one substance use treatment group. Some members attended multiple meetings.	
S9	Co-occurring Disorders (Dual Disorders) Model	1 – 5 4	Per interviews, and documents provided, the team follows a co-occurring treatment model, drawing from Dartmouth Psychiatric Research Center (PRC) Hazelden manuals: *IDDT Integrated Dual Disorders Treatment*, *Integrated Dual Disorders Treatment*	• Continue to provide support and guidance to staff to incorporate integrated treatment language into member service plans.

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			(IDDT) Recovery Life Skills Program, and *IMR Illness Management and Recovery*. Staff stated harm reduction is reportedly the focus versus abstinence. SASs work to incorporate recovery language into practice and rephrase team language when not consistent with that approach. Based on training records provided, the SASs and other staff on the team received training in IDDT. The SAS staff interviewed appeared to be informed of the stage of change model, and stage-wise treatment. Though the team has implemented a co-occurring model in most aspects of treatment, it was not clear if service plan recovery goals were in the words of the members. For example, in one record, the goal referenced abstinence for a member identified in the pre-contemplation stage of change. Service plan content identified IDDT, but inconsistently listed planned interventions or areas of focus. However, some individualized plans emphasized working with a member to identify triggers, cravings and coping skills as elements of the IDDT treatment.	
S10	Role of Consumers on Treatment Team	1 – 5 5	The team employs a PSS who joined the team in March 2018 after the positon was vacant for six months. Based on staff interviews, the PSS is an equal member of the team and shares her lived experience with others if applicable to the member's situation. Some members interviewed were aware of the PSS position on the team, but others were not. Additionally, another staff person revealed she was in recovery, and divulges to members when appropriate to support them in their recovery.	• Continue efforts to educate members on staff positions, titles, and scope of experience.
Total Score:		**4.29**		

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	2
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. Substance Abuse Specialist on Team	1-5	4
10. Vocational Specialist on Team	1-5	5
11. Program Size	1-5	5
Organizational Boundaries	Rating Range	Score (1-5)
1. Explicit Admission Criteria	1-5	5
2. Intake Rate	1-5	5
3. Full Responsibility for Treatment Services	1-5	3
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	4
4. Intensity of Service	1-5	3
5. Frequency of Contact	1-5	4
6. Work with Support System	1-5	3
7. Individualized Substance Abuse Treatment	1-5	4
8. Co-occurring Disorders Treatment Groups	1-5	5
9. Co-occurring Disorders (Dual Disorders) Model	1-5	4
10. Role of Consumers on Treatment Team	1-5	5
Total Score	**4.29**	
Highest Possible Score	**5**	