ASSERTIVE COMMUNITY TREATMENT (ACT)
FIDELITY REPORT

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To: Gail Salentes, Clinical Coordinator
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AHCCCS Fidelity Reviewers

Method

On May 24 – May 25, 2022, Vanessa Gonzalez and Kerry Bastian completed a review of the Copa Health 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 the Central Region of Arizona.

The Copa MACT team provides integrated behavioral health services and medical care. The team focuses on clients with severe mental illness (SMI) as well as complex medical conditions such as Diabetes, Hypertension, and Chronic obstructive pulmonary disease (COPD). Members joining the MACT team must agree to transfer primary care physician responsibilities to the prescriber assigned to the team. The team collaborates to help members develop individual treatment plans, address medical needs, and provide community services.

The SAMHSA ACT Fidelity Review tool does not accommodate delivery of telehealth services. Delivery of telehealth services, including phone only, were calculated for this review, however those totals are not included in calculating scores for those items that measure in-person contact between the ACT team and members. In the State of Arizona, delivery of telehealth services by Psychiatrists is considered as in-person because of the shortage of providers. This review was conducted remotely, using videoconferencing or telephone to interview staff and members.

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

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

- Remote observation of a MACT team program meeting on May 24, 2022.
- Individual interview with the Clinical Coordinator (CC).

- Individual interviews with the Psychiatrist, Substance Abuse Specialist (SAS), Housing Specialist (HS), Case Specialist (CS), and Peer Support Specialist (PSS), for the team.
- Individual phone interviews with three members participating in MACT services with the team.
- Charts were reviewed for 10 randomly selected members using the agency's electronic health records system.
- Review of documents: *Mercy Care ACT Admission Criteria*; MACT member roster, Co-occurring disorder diagnosis member roster, Clinical Coordinator productivity report for April 2022, resumes and training records for Substance Abuse Specialists', IDDT group sign in sheets, IDDT Tracking Tool 1:1/Group, Natural Support tracking tool, *MACT Welcome Brochure*, *Re-engagement Transition and Closure Protocol*, *Medical ACT Screening Tool*, *IDDT Manual* and *The University of Rhode Island Change Assessment Scale* (*URICA) assessment tool*.

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 review. 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:

- The MACT CC excels at meeting with members and providing direct in-person services in the community. The CC provided several members with transportation from upon hospital discharge and among other services to members in the records reviewed.
- The Psychiatrist goes further than performing expected MACT duties by providing psychotherapy and Medicated Assisted Treatment (MAT) services. The Psychiatrist is available after hours and on the weekends, and staff reported the Psychiatrist is quick to respond in an emergency.
- The MACT team is excellent at providing member services in the community. The member records reviewed indicated an average of 100% of services being provided in the community.

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

- The Substance Abuse Specialists could benefit from more training around trauma, substance use, MAT, motivational interviewing, and harm reduction strategies to best provide members with the education and tools they need to excel toward recovery goals.
- The MACT team had no vocational staff at the time of the review. Work on hiring an employment specialist and vocational/rehabilitation specialist to better serve the members on the MACT team and to reduce the workload for current staff.
- The MACT team should try to encourage members with substance use disorder (SUD) to attend treatment group meetings. Group treatment has been shown to positively influence recovery for members with co-occurring disorders. This helps create a safe community for the members and helps them in their recovery journey.

ACT FIDELITY SCALE

Item #	Item	Rating	Rating Rationale	Recommendations
H1	Small Caseload	1 – 5 4	The team provides MACT services to 97 members. Excluding the Psychiatrist, at the time of the review, there were nine full-time equivalent (FTE) staff on the team for a member to staff ratio of nearly 11:1.	• Optimally, the member to staff ratio does not exceed 10:1. Continue efforts to hire and retain experienced staff.
H2	Team Approach	1 – 5 4	Leadership interviewed reported that 85 - 90% of members see more than one staff from the MACT team over a two-week time frame. Staff reported using a tracking sheet to monitor which members have been seen. Per review of 10 randomly selected member records, 80% of members saw more than one staff member in a two-week period.	• Ideally, 90% of ACT members have contact with more than one staff in a two-week period. Consider options to increase contact member's contact with multiple staff. • Increase contact of diverse staff with members. Diversity of staff interaction with members allows the members access to unique perspectives and expertise of staff, as well as the potential to reduce burden of responsibility of member care on staff.
H3	Program Meeting	1 – 5 5	The MACT team staff reported meeting five days a week for one hour to discuss member needs. During the program meeting remotely observed, all members were reviewed and nearly all staff attended in person. The Psychiatrist attends meetings four days a week. Staff members were knowledgeable about member's current medical status and the stage of change for members with Dual Disorders (DD) was identified each time.	
H4	Practicing ACT Leader	1 – 5 5	The CC estimated delivering in-person services to members 50% of the time. Based on records reviewed, CC minutes provided, and staff interviews, the CC spends 50% of the time providing direct services to members. This was shown in seven of the ten records reviewed. The	

			CC carries a caseload of 12 members and helps lead Integrated Dual Disorders Treatment (IDDT) groups each week. Multiple members interviewed indicated that the CC provided them services at least once during the week leading up to the review.	
H5	Continuity of Staffing	1 – 5 4	Based on information provided, the team experienced 33% turnover during the past two years. At least eight staff left the team during this period. The position with the most turnover was the role of the SAS with 3 vacancies.	• ACT teams should strive for a turnover rate of less than 20%. Maintaining consistent staffing supports team cohesion and the supportive relationship between members and staff.
H6	Staff Capacity	1 – 5 4	The team operated at approximately 91% of staff capacity over the prior year. There was a total of 13 vacant positions in the past year. The Substance Abuse Specialist (SAS) position was vacant eight out of twelve months.	• Continue efforts to retain qualified staff with the goal of operating at 95% or more of full staffing annually. Timely filling of vacant positions also helps to reduce potential burden on staff.
H7	Psychiatrist on Team	1 – 5 5	The MACT team has an FTE Psychiatrist that works four 10-hour days on Mondays, Tuesdays, Thursdays, and Fridays. The Psychiatrist attends the program meeting on those days and in the meeting observed offered valuable member information and insight. Staff interviewed stated the Psychiatrist is easily accessible by phone including after hours and on weekends. The Psychiatrist only sees members that are on the MACT team and has no other responsibilities outside of the MACT team. Members interviewed indicated they all use the team Psychiatrist for medications and is easily accessible when needed. In addition to the role as the medical director for team, the Psychiatrist provides individual psychotherapy to members and is MAT certified.	
H8	Nurse on Team	1 – 5 5	The MACT team has two Nurses to support 97 members. Both Nurses are only responsible for MACT members and attend all program meetings.	

			In addition to regularly attending the program meeting, the Nurses are responsible for delivering injections, medication education, home visits with members, health education, and closely monitoring members with Hypertension, COPD, Diabetes, and other chronic health issues. The Nurses are easily accessible through telehealth and one Nurse is accessible if needed on the weekends. Members interviewed reported seeing at least one of the Nurses either once a month or multiple times a month. In member records reviewed at least one Nurse documented providing services in 3 out of 10 records.	
H9	Substance Abuse Specialist on Team	1 – 5 2	The MACT team has two FTE Substance Abuse Specialists (SAS) assigned to work with 44 members on the team with co-occurring diagnoses. One SAS started in the position six months prior to the review and the other started with the team the month before the review. Although the SASs have previous MACT team experience, neither have a year or more of delivering substance use treatment services. Both SASs receive four hours per month of individual supervision from a clinically licensed agency staff. Although SAS staff had several hours of medical MACT training in the past two years, there were no co-occurring disorder specific trainings listed on the training records provided. Both did complete trauma informed care and motivational interviewing trainings. One SAS completed relapse prevention training.	• Provide annual training, at a minimum, to SAS staff in co-occurring treatment best practices, including appropriate interventions, i.e., stage wise approach, based on members' stage of change. When SAS staff are new to the position, training in treating individuals with a co-occurring disorder should be prioritized. Providing training to specialists in the specialty role assigned lends to improved outcomes and staff retention. • Continue to provide supervision to both SASs in the agency's co-occurring treatment model, Integrated Dual Disorders Treatment (IDDT).
H10	Vocational Specialist on Team	1 – 5 1	The MACT team's two vacant positions are currently the Employment Specialist (ES) and Rehabilitation Specialist (RS). Staff reported the HS	• Fill the vacant Vocational Specialist positions. The team should have two FTE Vocational Specialists assigned. When screening potential candidates for the

			and CS were stepping in to help cover the duties of the ES and RS when needed.	positions, consider experience working with members interested in obtaining competitive work positions. ● Ensure the vocational staff receive training in assisting people diagnosed with SMI/co-occurring diagnoses to find and retain competitive employment.
H11	Program Size	1 – 5 5	The MACT team is of sufficient size to provide necessary coverage and range of services to the 97 members. At the time of the review, the team was staffed with 10 staff. The vacant positions during the time of the review were the ES and RS.	
O1	Explicit Admission Criteria	1 – 5 5	Interviews with staff indicated the team follows the *Mercy Care ACT Admission Criteria Tool* developed by the Regional Behavioral Health Authority to screen potential admissions. In addition, a member must also have diabetes, COPD, cardiovascular disease, or other chronic health conditions that require medical monitoring. Members interested in the MACT team must be willing to use the MACT team Primary Care Physician (PCP). The MACT team will offer a prospective member a three-month trial period to see if they like the services. Ultimately, the member has the final say about joining the team, but the CC, Psychiatrist and PCP have the final decision.	
O2	Intake Rate	1 – 5 5	In the six months prior to the review, between November 2021 and April 2022, the MACT team admitted seven members to the team. The highest intake in one month was January with four new members. The team has had an appropriate intake rate.	

O3	Full Responsibility for Treatment Services	1 – 5 4	During the time of the review, the team did not have an ES or RS on staff, however the CS and HS were stepping in to provide vocational services. In addition to case management, the team provides substance use treatment services, counseling, and psychiatric services. Although, staff interviewed mentioned a few members receive case management services specific to Human Immunodeficiency Virus (HIV) and Veteran Administration outside of the MACT team. One member interviewed indicated they received additional medical services outside of the MACT team. Housing support services are provided by the team, however, currently more than ten members are residing in settings where MACT team services are duplicated. Staff interviews indicated multiple members residing in settings with staff on-site.	● It is beneficial for ACT teams to be cross trained in specialty areas, so that all staff can provide individualized services to assist members in reaching their recovery goal. Continue efforts to provide cross coverage when positions are vacant. ● The team should assist members to find housing in the least restrictive environments, which can reduce the possibility for overlapping services with other housing providers. To the extent possible, assist members to explore low-income housing options to increase their housing choices.
O4	Responsibility for Crisis Services	1 – 5 5	Staff reported the MACT team is available to provide crisis services 24-hours a day, seven days a week. Although most teams rotate the on-call phone, this team chooses to keep one specialist assigned to on-call responsibilities since they are the most centrally located among the team. The CC is available as back-up for the on-call number and if needed, can call the Psychiatrist for a consultation. Members interviewed indicated being aware of the ability to call MACT staff directly or the on-call number if needed. The team provided the reviewers with the *MACT Welcome Brochure* that lists all the staff, staff contact information, and the on-call phone number.	
O5	Responsibility for Hospital Admissions	1 – 5	According to the data provided and staff interviews, the MACT team was involved in all ten	• System stakeholders may want to consider working with this team to identify practices

		5	of the most recent hospital admissions. The team will assess members requesting hospitalization and may transport the member themselves to the hospital or follow the member that is being transported by taxi, law enforcement, or family to the hospital. Most members are admitted to the same hospital nearest the team location. The MACT team provides necessary paperwork and medical information to the hospitals as well as team contact information to facilitate coordination of care by staffing with the inpatient team. Even in the case of a member self-admitting to the hospital, the MACT Psychiatrist was consulted, and the team mobilized to coordinate care, informing the hospital that the member was in transport. Staff stay with the member until they are admitted, provide a list of the member's medications to the hospital staff, and begin coordination with hospital staff to get updates about members throughout their hospitalization.	that lead to this high rate of being directly involved in member psychiatric admissions. Lessons learned could be used to identify best practices that could be replicated by other ACT teams.
O6	Responsibility for Hospital Discharge Planning	1 – 5 5	Based on data provided and staff interviews, the MACT team was involved in 100% of the last ten psychiatric hospital discharges. Staff interviewed reported a discharge requires flexibility by the team, attending regular staffings with the hospital staff, doctor to doctor coordination, and MACT staff are present for member pick up when discharged. In the ten most recent hospital discharges, members were met by MACT staff and transported to their desired location. The same day of discharge, the member will have a telehealth visit with the MACT Psychiatrist, follow up with a MACT nurse within the next three days, and visits from staff for the next five days to check on the member.	

O7	Time-unlimited Services	1 – 5 5	Staff report no members graduated from the team in the last 12 months and are expecting two members (2%) to graduate this next year. For members no longer requiring the intensive services from the MACT team, they are referred to a supportive team. To step down to a supportive team, the MACT team reviews members' crises in the last year, hospitalizations, attendance to appointments, and if they have a safe place to live. Members are also allowed to step down voluntarily since it is the individual's choice to participate in MACT, and the team will inform about options with supportive teams.	
S1	Community-based Services	1 – 5 5	Staff interviewed reported 70 - 80% of in-person contacts with members occur in the community. However, the results of ten randomly selected member records reviewed showed staff provided services a median of 100% of the time in the community. Members interviewed also indicated seeing staff from the MACT team primarily in the community or their homes.	
S2	No Drop-out Policy	1 – 5 5	Staff reported closing zero members during the last twelve months. Two members left the geographic area with a referral and coordination from the team. Overall, the team retained over 99% of the members.	
S3	Assertive Engagement Mechanisms	1 – 5 5	The MACT team has several personalized techniques for outreach and engagement with members. Usually, the team will complete five days of outreach and engagement at the member's home, phone calls to the members, and when available, will call members' natural supports. When a member becomes part of the MACT team, staff ask where they typically hang out, and then, when a member cannot be located,	

			the team will also check these locations. If a member misses an appointment with the MACT team, the team will outreach the member with a home visit.	
S4	Intensity of Services	1 – 5 3	Per review of ten randomly selected member records for a month period before the fidelity review, the median amount of time the team spends in-person with members per week is 66.5 minutes. The highest rate of intensity averaged 327.5 minutes a week. All member records reviewed had in-person contact. *The fidelity tool does not accommodate delivery of telehealth services.*	● Increase the duration of service delivery to members. ACT teams should provide an average of two hours or more of in-person services per week to help members with serious symptoms maintain and improve their functioning in the community. This is based on all members across the team; some may require more time and some less, week to week, based on their individual needs, recovery goals, and symptoms.
S5	Frequency of Contact	1 – 5 4	Of the ten records randomly sampled, MACT staff provided an average frequency of 3.25 contacts to members per week. Members interviewed responses varied regarding how often MACT staff provided services throughout the week. One member saw multiple staff in one day and others had only been in contact with one staff member during a week period. Only four member records had documentation of phone contact by the team. All but two members had a telemedicine contact documented in the record and one member had five telemedicine appointments.	● Optimally, ACT members receive an average of four or more in-person contacts a week. The number of contacts may vary, with some members receiving fewer and others receiving more contact depending on immediate and emerging needs.
S6	Work with Support System	1 – 5 4	Interviews with MACT staff indicated aiming for contact with members' natural supports one to two times a week. The team contacts natural supports by phone, email, or in person. The team has a weekly tracking guide that the program assistant monitors. According to the record review, the team averaged 3.4 contacts with members' natural supports per month. Member	● Continue efforts to engage and build members' natural supports. ACT teams should have four or more contacts per month for each member with a support system in the community. Developing and maintaining community support further enhances members' integration and functioning. As much as possible, contacts

			interviews ranged in response. One member stated staff are in contact with their natural supports every time the team does a home visit while another said the MACT team will talk to their natural supports every other day. Another member interviewed reported not having any natural supports.	with natural supports should occur during the natural course of providing services to members.
S7	Individualized Substance Abuse Treatment	1 – 5 4	According to staff interviews, and review of data provided, members are provided formal individualized substance use treatment services. Staff interviewed said they follow the *Integrated Dual Diagnosis Treatment* (IDDT) model, stages of change, and use the Recovery Life Skills Program manual. According to the MACT tracking tool and record reviews, not all members with a co-occurring disorder are receiving 24 minutes or more of individualized substance use treatment services a week. Eleven of the 44 members with a co-occurring disorder (COD) had 25 or more minutes the week before the review. Records reviewed did not indicate SAS providing IDDT during sessions with members. Of the 44 members with a COD, the team provided an average of 8.3 minutes a week of formal substance use treatment.	● Work to increase the time spent in individual sessions and increase the number of members engaged so that the average time is 24 minutes or more per week across the group of members with co-occurring diagnoses. ● Continue to have the SASs complete trainings related to COD treatment best practices, including motivational interviewing, the stage wise approach, and harm reduction tactics to best support members with their individualized recovery goals.
S8	Co-occurring Disorder Treatment Groups	1 – 5 2	Each SAS leads one substance use treatment group weekly for members on the MACT team. One group is held in the office and the other is held at a community park. Although, during the program meeting observed, 18 members on the team in which attendance of IDDT group was discussed, sign in sheets did not reflect the same. Group sign in sheets provided showed there were eight (18%) unique members that attended IDDT groups for the month of May.	● Ideally, 50% or more of members with a substance use disorder attend at least one co-occurring disorder group a month. Continue to encourage members with COD to attend group.

S9	Co-occurring Disorders (Dual Disorders) Model	1 – 5 4	The MACT team uses a harm reduction approach utilizing motivational interviewing, the *IDDT model, stages of change,* and the *URICA.* Staff interviewed emphasized the importance of meeting members where they are at. MACT staff do not see the goal as abstinence, but rather harm reduction and creating realistic goals for members to achieve. Staff do not refer members to peer run 12-step groups unless a member specifically requests it. Members may be referred to residential or detox programs if they are at that stage in recovery or when medically necessary. According to the records reviewed, not all treatment plans were up to date, and the goals were not always written in the members' perspective. In addition, some key staff interviewed were not familiar with the stage-wise approach to substance use treatment services.	● Provide all specialists with annual training and ongoing mentoring in a co-occurring disorders model, such as Integrated Dual Disorders Treatment, in the principles of a stage-wise approach to interventions, stages of change, and motivational interviewing. With turnover of staff, knowledge and lessons learned are lost. Ongoing training can accommodate for new or less experienced staff. ● Ensure treatment plans are up to date with individualized goals including how the team will address and support the members' steps toward recovery and document those efforts in member records.
S10	Role of Consumers on Treatment Team	1 – 5 5	The team has one staff with personal lived experience of psychiatric recovery. Staff interviewed reported that this staff person does share their story of recovery depending on the situation and relevance. This staff educates the team and natural supports from the peer perspective to improve services for the members on the team.	
Total Score:		**119**		

ACT FIDELITY SCALE SCORE SHEET

Human Resources	Rating Range	Score (1-5)
1. Small Caseload	1-5	4
2. Team Approach	1-5	4
3. Program Meeting	1-5	5
4. Practicing ACT Leader	1-5	5
5. Continuity of Staffing	1-5	4
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	2
10. Vocational Specialist on Team	1-5	1
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	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	5
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	4
6. Work with Support System	1-5	4
7. Individualized Substance Abuse Treatment	1-5	4
8. Co-occurring Disorders Treatment Groups	1-5	2
9. Co-occurring Disorders (Dual Disorders) Model	1-5	4
10. Role of Consumers on Treatment Team	1-5	5
Total Score	**4.25**	
Highest Possible Score	**5**	