

**ASSERTIVE COMMUNITY TREATMENT (ACT)
FIDELITY REPORT**

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To: Shantere Delaney, Clinical Director
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ADHS Fidelity Reviewers

Method

On July, 13-14, 2015, Georgia Harris and Karen Voyer-Caravona completed a review of the CHOICES-Enclave 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.

CHOICES is a Provider Network Organization (PNO) contracted by the Regional Behavioral Health Authority (RBHA) in Maricopa County, to provide behavioral healthcare to network members diagnosed with a Serious Mental Illness (SMI). The Enclave Clinic is located in Tempe, Arizona. The clinic is a hub for many member activities and co-located services, including an on-site pharmacy where members can fill both their medical and psychiatric prescriptions. At the time of the review, the Enclave ACT team served 99 members. In the past year, a portion of the ACT staff departed, resulting in increased coverage responsibilities for the remaining staff members. Though the team is not fully staffed, efforts are being made to ensure all critical positions are filled in the near future.

For the purpose of this report, and for consistency across fidelity reports, the term "member" will be used to refer to the individuals served through the agency.

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

- Observation of a daily ACT team meeting.
- Individual interview with the ACT Team Leader (ACT Clinical Coordinator).
- Individual interview with the identified Substance Abuse Specialist.
- Group interview with both identified Vocational Specialists (Employment Specialist and Rehabilitation Specialist).
- Group interview with five members who are served by the Enclave ACT Team.

- Charts were reviewed for 10 members using the agency's electronic medical records system, with assistance from the Team Leader.

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:

- Though there was much staff turnover, the team was diligent in filling the vacancies in a short period of time. Some vacancies were filled within two weeks of a staff leaving. This supports continuity of care by maintaining consistent, multidisciplinary services.
- The team has retained 99% of its members over the past 12 months, and does not have arbitrary time limits for service provision to members.
- The team effectively uses assertive engagement strategies to connect to members who have lost contact. The team uses an established 12-week contact strategy, monitoring the places and entities contacted in search of the member. In addition, the team uses non-traditional methods (i.e. rerouting member disbursements from a payee to the clinic) as incentives for members to reach out to the team.

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

- Though the team has filled many staffing vacancies quickly, the staffing shortfall affected their team approach, intensity of services, and frequency of contacts. As the team continues to rebuild, reduce dependence on case management-style care and establish a system that allow staff to work in areas of specialty.
- Though 62% of all members have a co-occurring disorder, only 17% participate in any ACT-based, dual disorders treatment. The team should become more insistent on making dual disorders a focal point in the design of member treatment options. Team training on stage-wise treatment approaches may be necessary for all ACT staff. As the specialist in this area, the SAS could establish methods for tracking member progress through the stages associated with a dual disorders treatment model. As members improve (or decline), SAS staff can communicate the effective interventions associated with that particular

“stage of change” to other staff with the intention of improving treatment planning outcomes and increasing member participation in substance abuse treatment.

- A critical feature of the ACT model is the role of peers as service providers on the team. As service providers, members provide an additional perspective to treatment planning, support to members from an empathetic standpoint, and to serve as an agent of change, helping to reduce stigma. The team has been without a Peer Support Specialist for more than five months. Moreover, not all staff on the team view Peer Support Specialists to be equally resilient to other staff during high-stress periods. The team will need to fill this vacancy as soon as possible. In addition, all staff would benefit from additional training on the purpose and impact of each staff role on an ACT team.

ACT FIDELITY SCALE

Item #	Item	Rating	Rating Rationale	Recommendations
H1	Small Caseload	1 – 5 4	The team serves 99 members. The team consists of nine staff members: a Nurse, an ACT Team Leader, a Substance Abuse Specialist, a Transportation Specialist, an Employment Specialist, a Housing Specialist, a Rehabilitation Specialist, an Independent Living Skills Specialist, and an ACT Specialist. This item excludes the Psychiatrist in the staff count. The ACT Team Leader stated that the agency is actively recruiting for an additional Substance Abuse Specialist and Peer Support Specialist at this time.	<ul style="list-style-type: none"> To meet the optimal member-to-staff ratio of 10:1, continue to recruit qualified staff for vacant positions, and retain qualified staff in current positions.
H2	Team Approach	1 – 5 3	<p>To determine the level of team responsibility for each member, 10 member records were sampled for review. Sixty percent of members reviewed had face-to-face contact with multiple staff, over a two-week period.</p> <p>When asked about the factors contributing to the decline in shared responsibility for members, ACT staff stated that the shortage of staff on the team necessitated a shift from a team approach, to a traditional, case management model.</p>	<ul style="list-style-type: none"> As with H1, the team could benefit from an adequate staff-to-member ratio of 10:1. Adequate staffing helps to ensure that there is enough human capital to effectively implement all the components of the ACT model. Consider implementing a scheduling system/planning technique that can aid the team in allocating their time and arranging their schedules in ways that will allow members to be supported by multiple staff members (i.e. zone coverage, etc.)
H3	Program Meeting	1 – 5 5	The ACT team meets five days a week. On Monday, Tuesday, Thursday, and Friday, the team meets from 10:00am to 11:30am. All members assigned to the team are discussed during these meetings. The ACT team also meets on Wednesdays at 1pm. This clinical staffing session is an opportunity to have an in-depth discussion with the Psychiatrist regarding member needs and potential interventions.	

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H4	Practicing ACT Leader	1 – 5 3	<p>Based on the data provided, the ACT Team Leader provides direct care to members less than 25% of the time. The mean of all the data sources was used to establish a score for this domain.</p> <p>The Team Leader estimated 50% of her time was allocated to direct care. Though encounter reports were received, it was unclear the percentage of encounters that were face-to-face with members. The member record review showed 10% of contacts to members were made by the ACT Team Leader.</p> <p>Though the documentation was ambiguous, the Team Leader exhibited knowledge of each member's condition, as well as direct involvement in their treatment. The Team Leader facilitates a substance abuse group for members once weekly.</p>	<ul style="list-style-type: none"> Ensure that all contact with members is clearly documented in the record. Clearly establish modifiers in reporting that identify face-to-face contacts with members.
H5	Continuity of Staffing	1 – 5 3	<p>The team has had 45.8 % of their staff leave over the past two years. Proportionately, 5 of the 11 staff left in 2015. When asked about the reasons for staff turnover, staff stated that many employees (including the team Psychiatrist) have left for other employment opportunities. One staff retired from her position. One staff stated that employees "leave for positions where they will be valued".</p>	<ul style="list-style-type: none"> Examine employees' motives for leaving the team. Employee exit interviews can help to determine trends in employee turnover. This may be an area of further ongoing network, clinic and system review. As new candidates are being reviewed, consider implementing experiential hiring practices such as job shadowing for potential new ACT team staff, particularly for those job candidates new to the ACT model.
H6	Staff Capacity	1 – 5 5	<p>The team has operated at a staff capacity of 95.14%, with seven vacancies in the past 12 months. The team is currently without a second</p>	

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			<p>Substance Abuse Specialist and a Peer Support Specialist.</p> <p>The ACT Team Leader stated that though they have experienced significant staff turnover in the past year, the agency was diligent in filling those positions as the vacancies arose.</p>	
H7	Psychiatrist on Team	1 – 5 4	The ACT team currently has one assigned, full-time Psychiatrist. The Psychiatrist is the lead doctor at the clinic. As a result, staff and members report that the Psychiatrist has occasional coverage duties for other clinical teams and supervision responsibilities for other doctors and college interns. Most staff and members interviewed did not feel her additional responsibilities affected her ability to provide quality care to the members, However, members reported a heightened awareness of themselves while interns participated in their sessions.	<ul style="list-style-type: none"> Though no difficulties were reported, full fidelity in this item is tied to the complete dedication of the ACT Psychiatrist to the services of ACT members.
H8	Nurse on Team	1 – 5 3	The team currently has one full time nurse. ACT staff stated that the team nurse is accessible, flexible with his schedule, provides health education to members, and is willing to administer medications to members in off-site locations. The team nurse is also in the rotation of three classroom instructors for the weekly substance abuse classes administered at the clinic.	<ul style="list-style-type: none"> Explore all options for obtaining an additional nurse. An additional nurse could provide additional flexibility for scheduling and improve opportunities to provide health education and care in and outside of the clinic.
H9	Substance Abuse Specialist on Team	1 – 5 3	The team currently has one identified, full time Substance Abuse Specialist (SAS). The SAS received a substance abuse certification in Albany, New York; however, reciprocity was not granted in Arizona.	<ul style="list-style-type: none"> Explore all options to obtain an additional Substance Abuse Specialist on the team. With 68% of the team diagnosed with a co-occurring disorder, it is important to have enough specialists to provide services.
H10	Vocational Specialist	1 – 5	The team currently has two identified Vocational	

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	on Team	5	Specialists: an Employment Specialist (ES) and a Rehabilitation Specialist (RS). The ES has worked on the ACT team for six years, and the RS has worked in her position for one year. Staff interviews indicate that the RS and ES work together to provide members with the support they need to find employment and/or meaningful community activities of their choice.	
H11	Program Size	1 – 5 5	The ACT team consists of 10 full time staff for 99 members. The program is sufficient size to provide necessary staffing coverage.	
O1	Explicit Admission Criteria	1 – 5 4	The review team was provided with the ACT admission criteria, used to screen potential members for appropriateness for ACT services. Though the ACT population is clearly defined, staff report that members are administratively transferred onto the team from other teams on occasion. When asked how appropriate the members on the team are for ACT services, some staff members felt that the majority of members were ACT-appropriate, however, some members “are not appropriate, they just difficult to serve”.	<ul style="list-style-type: none"> Continue to carefully screen members for ACT appropriateness prior to admission. If members are not appropriate for ACT services, work with referral sources to identify and facilitate admission to a more appropriate level of care whenever possible.
O2	Intake Rate	1 – 5 5	The program maintains a low growth rate to maintain stability of service delivery. The team had six admissions in January, two in February, one in March, one in April, and one in June.	
O3	Full Responsibility for Treatment Services	1 – 5 4	The ACT team currently assumes full responsibility for three of the five ACT services that are in addition to case management. The ACT team has full responsibility for psychiatric care and housing services. The team also provides employment services, only referring members to outside providers when a resource is needed that the team is unable to fund (i.e. vocational rehabilitation). The	<ul style="list-style-type: none"> The PNO should explore any options for obtaining dedicated counseling and individualized substance abuse treatment for the ACT team members. The agency should also work with the RBHA and PNO to facilitate the appropriate state credentialing for substance abuse counseling within the

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			staff estimated less than 10% of all members in employment services have been referred to an external agency. The team refers to external agencies for general counseling and individualized substance abuse treatment support.	ACT team.
O4	Responsibility for Crisis Services	1 – 5 5	The ACT team provides 24-hour coverage for members. Per the ACT Team Leader, members may call the team directly or call the crisis line. The team has been coaching members to call the team directly. The staff rotates coverage with the on-call phone. Staff will contact the Team Leader if a decision needs to be made regarding visits to members in crisis. Staff are available to meet the county crisis/mobile team units at any time.	
O5	Responsibility for Hospital Admissions	1 – 5 3	The record review indicates the team was involved in four of the last seven hospital admissions of ACT team members. Staff report that members will often “self-admit” to the hospital of their choice without calling the team first. When a member contacts the team prior to admission, the team will schedule them for an emergency evaluation, with the hope of de-escalating them or coordinating the admission on their behalf.	<ul style="list-style-type: none"> • Continue to educate members on the benefits of using emergency appointments at the clinic, prior to hospital admission. Educate them on the role of the team in the admission process. • As the team becomes fully staffed with all critical positions (H5) and intensity of services improves (S4), continually educate ACT staff on the signs of psychiatric decline, with the goal of implementing early intervention/ de-escalating strategies.
O6	Responsibility for Hospital Discharge Planning	1 – 5 4	The record review indicates the team was involved in five of the last six discharges; one member left the hospital with family members. All ACT staff interviewed stated that discharge planning begins once the member becomes hospitalized. ACT staff coordinate with hospital social workers, and attend treatment and discharge staffings until the	<ul style="list-style-type: none"> • Continue to participate in hospital discharge planning meetings as often as possible.

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			member's hospital release. ACT staff transport members home from the hospital, fill medications, and schedule subsequent follow up appointments with the team Psychiatrist.	
O7	Time-unlimited Services	1 – 5 5	The ACT team reported one graduation over the past year. The team expects to graduate two members over the next 12 months. The ACT team and the Psychiatrist work collaboratively to track and identify members who have lessened their dependence on psychiatric and emergency services, or may be requesting transition to a lower level of care.	
S1	Community-based Services	1 – 5 4	Based on the records reviewed, the team had performed 65% of all face-to-face contacts in the community. Staff stated that their priority is to see members in their home and the community. Most staff stated that they only see members in the clinic if they have a scheduled appointment with the Psychiatrist or a clinic-based group. Staff also mentioned that having larger caseloads behooves them to meet members wherever it is most convenient.	<ul style="list-style-type: none"> Ensure efforts are made to provide services, through the ACT team in the community, rather than in the clinic setting.
S2	No Drop-out Policy	1 – 5 5	The team has retained 99% of their members in the past 12 months. The ACT Team Leader reported that one member who terminated services wanted to return to the care of a previous psychiatrist.	
S3	Assertive Engagement Mechanisms	1 – 5 5	ACT staff and members reported that the ACT team uses multiple techniques to engage members who have lost contact with the team. ACT staff reported the use of a 12-week contact strategy prior to closing any member. If the member makes contact in any way during the 12-week period, the strategy timeline is reset. During the daily morning meeting, it was noted that the team had contacted a payee	

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			to have a missing member's disbursement check sent to the clinic, so the team could have contact with the member upon retrieval.	
S4	Intensity of Services	1 – 5 2	Based on the available data, staff spends under 50 minutes per week providing services face-to-face. The record review showed that members were being seen by "primary" case managers weekly, but for small increments of time, with an average of 27.8 minutes per week. ACT Staff stated they have little time to increase service intensity because the shortage of staff increased their primary caseloads to between 15 and 17 members each. Many staff report difficulty "keeping up" with the number of assigned members to each caseload.	<ul style="list-style-type: none"> For detailed discussion on the benefits of a fully-staffed team, see recommendation for Team Approach (H2). As the team becomes fully-staffed, refrain from providing services in traditional case management form. The ACT model promotes psychiatric stability by providing relevant services to members in an intense manner.
S5	Frequency of Contact	1 – 5 2	Based on the records reviewed, the team delivers an average of 1.5 contacts, per member, per week. Members confirm that they see their "primary" case manager once or twice weekly. Staff and members interviewed confirmed that the shortage of staff on the team has directly impacted the frequency of contact with members. The Team Leader stated that they previously used a zone-style coverage schedule to ensure that members are seen by more than one ACT staff weekly. Once the team became short-staffed, they were unable to maintain the zone-style coverage schedule.	<ul style="list-style-type: none"> For detailed discussion on the benefits of a fully-staffed team, see recommendation for Team Approach (H2). In addition, re-establish a coverage schedule that strategically organizes staff in a rotation that maximizes member contacts, working toward the goal of at least 4 contacts per week, per member.
S6	Work with Support System	1 – 5 2	Based on the data provided, the ACT staff provides occasional support to members' informal network. The mean of all the data sources was used to establish a score for this domain. Staff reported approximately 78% of family supports were contacted on a monthly basis. Of the 10 member records reviewed, 40% of members' informal supports were contacted at least once	<ul style="list-style-type: none"> Focus on documenting team contacts with member support system(s) to ensure this measure is being accurately captured.

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			monthly. During the morning meeting, it was noted that 17% of supports were contacted by ACT staff. The mean of all data sources was 45%.	
S7	Individualized Substance Abuse Treatment	1 – 5 2	No direct, individualized substance abuse treatment is being provided to members from the ACT team. The team serves 62 members who are identified with a co-occurring disorder. Currently, members are referred to external treatment programs for individualized substance abuse treatment services. The SAS informally provides Motivational Interviewing as an engagement strategy for members who are not participating in any form of treatment.	<ul style="list-style-type: none"> Review team, provider, and system options related to securing or training staff to provide individual substance abuse treatment in a structured, measurable manner. When considering candidates for an additional SAS position, it may be beneficial to hire a staff that is able to fulfill the need for individualized substance abuse treatment on the team.
S8	Co-occurring Disorder Treatment Groups	1 – 5 3	The ACT team currently conducts two co-occurring treatment groups weekly. The duration of each group is one hour. The SAS facilitates the Tuesday group, while the ACT Team Leader and the ACT Nurse rotate instruction for the Friday session. Neither group is exclusively for ACT members. Twenty-seven percent of ACT members with a co-occurring disorder attend one of the groups on a weekly basis. The ACT Substance Abuse Specialist (SAS) uses a curriculum guide named <i>ACT Team Substance Abuse Group Curriculum</i> . This guide was created by the RBHA. Staff report that the group provides general activities that can be used to facilitate discussion on topics that are related to relapse prevention.	<ul style="list-style-type: none"> Work towards developing co-occurring treatment groups that are exclusive to ACT members. Continue to explore engagement strategies that will increase member attendance. (i.e. Open house, Motivational Interviewing, etc.) If not already, the RBHA should ensure appropriate training and education is provided to ensure the ACT teams are specifically following an established, stage-wise curriculum, such as IDDT.
S9	Co-occurring Disorders (Dual Disorders) Model	1 – 5 2	Though the team expressed elements of a mixed-model for dual disorders treatment, interventions are largely based in a traditional model. Team members report attempting to use stage-wise	<ul style="list-style-type: none"> Establish methods for tracking member progress through the stages associated with a dual disorders treatment model. As members improve (or decline), SAS

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			approaches; however, there is no documented evidence that the stage-wise approaches are being applied in any formal way. The SAS reports that he is aware that the model they use is partly confrontational; however, they support harm reduction with the intention of working towards complete sobriety.	<p>staff can communicate the effective interventions associated with that particular “stage of change” to other team staff with the intention of improving treatment planning outcomes and increasing member participation in substance abuse treatment.</p> <ul style="list-style-type: none"> • If not already, the RBHA should ensure appropriate training and education is provided to ensure the ACT teams are specifically following an established, stage-wise curriculum, such as IDDT.
S10	Role of Consumers on Treatment Team	1 – 5 1	Members do not provide services on the team. Currently, the team does not have an identified Peer Support Specialist (PSS). The PSS role has been vacant since February, 2015. Staff verified the importance of the PSS role, stating that a PSS helps with engaging difficult members, as well as all other case management duties. When discussing the reasons for increased staff turnover on the team, certain staff stated that PSSs have left the team for “burnout or emotional reasons” and not for the pursuit of greater employment opportunities. One staff stated, “They are given all team responsibilities, but this may be more overwhelming.”	<ul style="list-style-type: none"> • Agency should fill the PSS vacancy on the team. • Educate staff on the importance of the PSS role in the ACT model. Member involvement on the team not only provides direct care support to members, but helps to decrease stigma among service providers, namely during the identification of appropriate services and interventions for members.
Total Score:		3.6		

ACT FIDELITY SCALE SCORE SHEET

Human Resources	Rating Range	Score (1-5)
1. Small Caseload	1-5	4
2. Team Approach	1-5	3
3. Program Meeting	1-5	5
4. Practicing ACT Leader	1-5	3
5. Continuity of Staffing	1-5	3
6. Staff Capacity	1-5	5
7. Psychiatrist on Team	1-5	4
8. Nurse on Team	1-5	3
9. Substance Abuse Specialist on Team	1-5	3
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	3
6. Responsibility for Hospital Discharge Planning	1-5	4
7. Time-unlimited Services	1-5	5
Nature of Services	Rating Range	Score (1-5)
1. Community-Based Services	1-5	4
2. No Drop-out Policy	1-5	5
3. Assertive Engagement Mechanisms	1-5	5
4. Intensity of Service	1-5	2
5. Frequency of Contact	1-5	2
6. Work with Support System	1-5	2
7. Individualized Substance Abuse Treatment	1-5	2
8. Co-occurring Disorders Treatment Groups	1-5	3
9. Co-occurring Disorders (Dual Disorders) Model	1-5	2
10. Role of Consumers on Treatment Team	1-5	1
Total Score	3.6	
Highest Possible Score	5	