ASSERTIVE COMMUNITY TREATMENT (ACT)
FIDELITY REPORT

Date: 5/19/2015

To: Steve Brown, Clinical Director

From: Georgia Harris, MAEd
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ADHS Fidelity Reviewers

Method

On April 21 -22, 2015, Georgia Harris and Karen Voyer-Caravona completed a review of the People of Color Network Comunidad Forensic Assertive Community Treatment (FACT) 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.

The POCN Comunidad FACT team is located at 1035 East Jefferson Street, near downtown Phoenix, Arizona. The FACT team follows the same admission criteria as the other Assertive Community Treatment teams in Maricopa County but is designed for members coming out of the correctional system and/or currently connected to probation and/or parole who have additional challenges in receiving support services for their SMI and/or co-occurring disorder, including reintegration into the community. The FACT team staff consists of the Psychiatrist, the Team Leader, the Nurse, a Substance Abuse Specialist, the Employment Specialist, the Rehabilitation Specialist, the Housing Specialist, the Transportation Specialist, the Peer Support Specialist, and an ACT Specialist. A second Substance Abuse Specialist position is currently vacant. The FACT team serves 89 members, 85 of whom are diagnosed with a co-occurring disorder. The Comunidad clinic also houses a traditional ACT team, a supportive team and a medical primary care provider. The center provides generous parking, and the location is situated near a light rail station and served by numerous bus routes.

The individuals served through the agency are referred to as members, and 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 FACT team meeting;
- Individual interview with team leader;

- Individual interviews with the Substance Abuse Specialist, and Vocational Specialist;
- Group interview with three members receiving FACT services; and
- Charts were reviewed for 10 members using the agency's electronic medical records system, with assistance from the Team Leader. Additional team data and documentation (i.e. encounter reports) were also presented for review from the Team Leader.

The FACT 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:

- This team benefits from having staff members with long-standing careers in ACT services. They candidly discussed their past and present experiences within ACT and readily provided well-defined solutions to any areas they identified for improvement.
- Community Based Services: Of 10 records reviewed, the Forensic FACT Team provided an average of 82% of services directly to members in community based settings.
- Assertive Engagement Strategies: FACT Case Managers demonstrated strong use of assertive engagement strategies, particularly street outreach mechanism with difficult to locate members.
- Intensity of Services: Documentation provided evidence that FACT members received an average of 2.15 hours of face-to-face contact with multiple FACT Case Managers per week.
- Unrelated to scoring but worthy of note, the FACT team staff demonstrated strength in the quality of documentation of member contact, detailing member presentation, referencing member goals and intervention, reporting member response, assessing of stage of change, and noting plan for follow up action.

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

- Full responsibility for Treatment Services: Other than case management, the FACT Team only provides primary responsibility for psychiatric services and housing support. Services such as supported employment, individualized counseling and substance abuse treatment, and substance abuse treatment groups are largely brokered to outside providers who do not

function as members of the FACT Team.

- Individualized Substance Abuse Treatment: Since 95.5% of members are diagnosed with a co-occurring disorder, the FACT Substance Abuse Specialist should provide individualized substance abuse counseling. Currently, those services are brokered to outside providers.
- Co-Occurring Disorders Treatment: The FACT Team should use the co-occurring disorders model, Integrated Duel Diagnosis Treatment (IDDT). The team currently uses a mixed method approach to substance abuse that includes traditional programs (i.e., Detox, NA/AA). Despite a very high percentage of dually diagnosed members, the team does not offer FACT exclusive co-occurring disorders treatment groups. Comunidad's clinical teams' Substance Abuse Specialists rotate facilitation of a monthly substance abuse group, using psychoeducation as the primary intervention. Lifewell clinicians, co-located at the clinic, provide twice weekly substance abuse groups, which are open to all clinic members. Neither group is well attended by FACT members. The team would benefit from technical assistance and education focused on service delivery and interventions oriented around the COD approach.
- Supported Employment/Vocational Services: Employment services are critical features of Forensic ACT Teams due to their role in reducing recidivism. FACT staff should significantly increase efforts to engage members in vocational and supported employment services. Vocational services staff should spend more of their time dedicated to doing vocational assessments, job training and education and assisting members in finding jobs rather than brokering those services to outside SE providers.

ACT FIDELITY SCALE

Item #	Item	Rating	Rating Rationale	Recommendations
H1	Small Caseload	1 – 5 5	At the time of the review, the FACT roster carried 89 members. With the staff roster at 10 members (excluding the team Psychiatrist), the member to staff ratio was calculated at 8.9:1.	
H2	Team Approach	1 – 5 5	Of the 10 randomly selected member records examined for the review, 100% of members had contact with more than one staff member in two weeks.	
H3	Program Meeting	1 – 5 5	The Comunidad FACT team meets Monday through Friday beginning at 9 a.m. for one to one and a half hours, reviewing each member. Each staff member is provided a Forensic Act Morning Meeting Notes packet, with the roster organized in a table format. The table includes information on each member's current diagnosis, next appointments with the psychiatrist and nurse, the last face-to-face contact, and recent notes and action plans. All staff members are expected to attend the morning team meeting. At the meeting the reviewers observed, only the Housing Specialist and Peer Support Specialist were absent due to attending Mental Health Court with members.	
H4	Practicing ACT Leader	1 – 5 3	Although the Team Leader reported that 50% of her time is spent providing face-to-face member services, her encounter log for the review period (with accommodation for personal time used) showed face-to-face contact at 5.8%, while the chart review indicated 1.5%. The average of the three sources of information was 19%. The score	• Review Team Leader administrative activities to determine if all are essential and required through the involved stakeholders or other oversight entities. • If all leader administrative activities are deemed essential, consider if there are other supports in the clinic that could assist

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			for this item reflects that the Team Leader carries an assigned caseload of eight members.	in completing some or all of those tasks which may allow the Team Leader to provide increased direct service to members. • If all identified administrative functions are required, Team Leader responsibilities may be an area of further review to determine if action should occur at a system level. The need for this level of intervention cannot be fully confirmed at this time. • It is recommended that the Team Leader, clinic and provider agency explore factors that may be contributing to accurate recording of documentation face-to-face encounters with members. A time study may reveal a discrepancy between actual and recorded member contact. If discrepancies exist, the Provider and the clinical team should identify solutions and plans for implementation.
H5	Continuity of Staffing	1 – 5 4	Staff turnover at the Comunidad FACT team occurred at a rate of 25% in the last two years. Some of the staff members have been working on the team since its inception. Staff identified numerous factors contributing to turnover and reported that staff resignations cause the remaining staff to be stretched too far.	• Continuity of staffing supports the member-staff relationship and is a critical ingredient in outcomes and member satisfaction. The provider should gather information, possibly through surveys with current and former staff, to identify the reasons employees cite for resigning positions from the FACT team. This may be an area of further ongoing network, clinic and system review. • The Team Leader and other administrators involved in screening and hiring potential job candidates should prioritize professional fit for each position, including

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				education, training, relevant experience and personal compatibility with the FACT model. • Consider implementing experiential hiring practices such as job shadowing for potential new FACT team staff, particularly for those job candidates new to the ACT model.
H6	Staff Capacity	1 – 5 4	For the past 12 months, the team has operated at 92.3% of staff capacity.	• See recommendation for Item H5, Continuity of Staffing.
H7	Psychiatrist on Team	1 – 5 4	Staff interviewed spoke highly of the quality of services provided by the team Psychiatrist. As observed by the reviewers and consistent with staff report, the Psychiatrist co-facilitates the daily morning meetings with the Team Leader, providing medication education, his clinical observations, and recommendations on intervention, as well as seeks staff ideas and feedback about member presentation and needs. The Team Leader and staff said that the Psychiatrist spends a lot of time in the community, visiting members at their homes and in the hospital. He collaborates on medication observations and regularly attends staffings. "He is a trainer; he educates us on everything we do. You can say you don't agree with him. People think he is fair, including members. He is very diligent." The score for this item reflects that, at the time of the review, six consumers discharged from Arizona State Hospital were transferred to the Psychiatrist's caseload, although they are not	• High fidelity ACT teams have a psychiatrist whose time is 100% dedicated to team members and do not carry caseloads from other teams or entities. The provider should explore options for reassigning non-FACT members to other psychiatric service providers, so that the Psychiatrist is able to maintain focus on FACT membership and not compromise his contributions to staff training, availability for collaboration, and commitment to home visits.

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			appropriate for the FACT team and will not be members on the team. The Psychiatrist will spend 180 minutes each month (six members x 30) with these non-FACT consumers added to his caseload. Ninety-eight percent of the Psychiatrist time is now devoted to the FACT team.	
H8	Nurse on Team	1 – 5 3	Staff described the nurse in very positive terms. The nurse provides injections, makes home visits for medication observations, calls in prior medication authorizations, triages cases with the Psychiatrist and team staff, coordinates with Primary Care Providers and specialists, and helps with over the phone assessments. Staff also described the nurse's involvement in street outreach interventions used to locate evasive or missing members, to ensure the receipt of their injections. Staff said that the Nurse often conducts home visits unaccompanied by other staff; one staff expressed concern for the Nurse's safety since she is carrying medication. The score for this item reflects that the Comunidad FACT team only has one nurse.	• High fidelity ACT teams have two nurses, ensuring flexibility and availability of medical services such as injections and labs in the community and at the clinic. It is recommended that the clinic and provider explore options for obtaining two full-time permanent nurses dedicated to the FACT team. A second nurse may allow the nurse to conduct home visits with other staff, resolving safety issues identified by on staff member, and providing opportunities for cross-training.
H9	Substance Abuse Specialist on Team	1 – 5 3	The Comunidad FACT team has one SAS, who has been in the position for seven months. He previously served as the SA Case Manager on a supportive team at another clinic. The SAS has a Master of Science in Addiction Counseling and is currently studying for a Doctorate in Behavioral Health. While the SAS provided a substance abuse perspective in the team morning meeting observed by the reviewers, it appears his contributions to the team are primarily case	• The Team Leader and other administrators involved in screening and hiring potential job candidates should prioritize professional fit for the open SAS position, including education, training, relevant substance abuse experience, especially in the context of Integrated Dual Disorders Treatment model. • The provider should consider options for

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			management driven. Despite his education and career goals, the SAS does not provide direct substance abuse treatment services to the FACT members. The Team Leader said that the Substance Abuse Specialist position has been the most difficult to fill, with the team being short one SAS for seven months during the last 12 months. The Team Leader is currently seeking to fill a second SAS position and said she is recruiting someone with substance abuse training and work experience.	attracting candidates who possess or can obtain certification or licensure in substance abuse counseling so that these individualized services can be provided within the FACT team. • Because of the high percentage of team members diagnosed with a co-occurring disorder, the provider should explore opportunities to support and assist FACT team staff, especially the Substance Abuse Specialist and the Team Leader, in obtaining certification and licensure in this area.
H10	Vocational Specialist on Team	1 – 5 5	The FACT team has two vocational specialists – an Employment Specialist (ES) and a Rehabilitation Specialist (RS). The ES has been in the position since 2007, when she was assigned the role, and said that both she and the RS receive regular training in vocational rehabilitation from the RBHA. However, despite having two vocational services staff, it does not appear that they function within their areas of specialization and that their duties are largely case management driven.	
H11	Program Size	1 – 5 5	While short an SAS, the team has 11 staff members, including the Psychiatrist and Nurse, and is of sufficient size and diversity to serve the needs of the team.	
O1	Explicit Admission Criteria	1 – 5 4	The FACT Team Leader provided the reviewers with a written copy of admission criteria. As with ACT admissions, FACT membership is designed for behavioral health recipients who have “severe and persistent mental illnesses, demonstrate severe	• Ensure that new admissions to the FACT team adhere to FACT admission criteria specifically regarding accepting only those members who meet the incarceration history requirement.

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			functional impairment, present with three . . . indicators of continuous high service needs", and agree to receive the services. Members are referred to the forensic team when they: a) have been in jail three or more times in the past 12 months and have been incarcerated at least six months, either consecutively or nonconsecutively, in the last 12 months (documented evidence is required) and b) are being released from prison after being incarcerated for a period of two years or more. Staff reported that the FACT team has occasionally been pressured to accept members who do not fit the criteria, in that they are individuals who would be more appropriate for a supportive team. For example, in the recent past, the FACT team accepted members who were referred due to their participation in a Justice and Bureau of Justice Assistance Mental Health Collaboration Grant. On other occasions, the team has been pressured to accept members who are on conditional release from prison.	
O2	Intake Rate	1 – 5 5	The Comunidad FACT Team accepted a total of eight referrals in the past 6 months.	
O3	Full Responsibility for Treatment Services	1 – 5 3	In addition to case management, the FACT Team provides primary responsibility for two services: psychiatric services and housing support. Services such as supported employment, individualized counseling and substance abuse treatment, and substance abuse treatment groups are largely brokered to outside providers who do not function as members of the FACT Team. Staff interviewed said that case management duties and numerous	• Provide both individual and group co-occurring substance abuse treatment by FACT staff. • Provide individual vocational services based on the supported employment model by FACT staff. • At the clinic and provider level, continue to review training and supervision options to

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			other factors overwhelm their abilities to effectively function in their respective areas of specialization. When asked how to remedy their concerns, staff readily offered a list of potential solutions.	ensure that staff designated with a specialty receive monitoring, support and education in their role. • At the network and RBHA level, explore training and educational opportunities for staff that lead to certification or licensure to facilitate the provision of individualized counseling and substance abuse treatment. • The agency should solicit input from FACT staff as to factors contributing to specialists' inability to function within their assigned roles. The agency and FACT staff should collaborate to develop solutions that reduce staff's reliance on brokered services.
O4	Responsibility for Crisis Services	1 – 5 5	The FACT team provides 24/7 crisis support. When in crisis, the FACT members are asked to call the cell phone number for the on-call Case Manager. FACT staff carry the on-call phone for seven days, from Tuesday to the following Tuesday. The Team Leader is always the backup. If members who are experiencing a crisis do not call the on-call FACT staff, they often call the Crisis Line, who will then contact the on-call FACT staff. If there is a concern, the FACT staff will call the Team Leader to discuss the situation. The Team Leader makes the final determination if the FACT staff needs to go the scene of the crisis. In some situations, where there are safety or transportation issues, the Team Leader will go out with the FACT staff. If there is a significant safety concern, the mobile unit will be called as well, but this is rare.	

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			The Team Leader stated that she prefers to avoid using mobile teams to respond to members in crisis. The Team Leader said that her expectation is for the team to respond to crisis calls "any hour of the night". Describing a past incident in which a SWAT team had been called due to a member's in-home crisis, the Team Leader said, "We should be there to meet them for safety reasons and to de-escalate situations from getting out of control. ACT teams are more likely to be able to de-escalate than a stranger."	
O5	Responsibility for Hospital Admissions	1 – 5 3	Information provided to the reviewers showed that the FACT team is involved in 50% of the last 10 psychiatric hospital admissions. The staff state that the members will often self-admit to the hospital. In many of these instances, the team does not receive any admission information from the hospital team until they are almost ready to discharge the member from their care. In one instance, the team has been searching for the member, only to receive a call from the hospital team after the member had been there for 10 days.	• It is recommended that the FACT team continue efforts to collaborate with hospitals, clinics, area human service programs, law enforcement, and probation and parole officers to develop channels to quickly share information about potential crises leading to a hospital admission. • Continue efforts to engage members' social support networks including family, landlords and faith-based support in order to further enhance proactive engagement when members are experience crisis or an increase in psychiatric symptoms.
O6	Responsibility for Hospital Discharge Planning	1 – 5 4	Information provided to the reviewers showed that the FACT team was involved in 90% of the last 10 psychiatric hospital discharges. Though the FACT team recounts little coordination with hospital teams for hospital admissions, they are often able to perform discharge coordination effectively. Whenever possible, the FACT team will	• See recommendations for Item O5, Responsibility for Hospital Admission Planning. • At the Provider and RBHA level, consider strategies for ensuring hospitals and detox programs make every effort to obtain release of information and that ACT teams

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			transport members from the hospital, help with the filling of medications, and conduct five-day follow-up appointments with the member. Staff state that there have been instances when the hospital has discharged members to the street, before FACT staff could make arrangements for them. In these instances, the FACT team will outreach to all of the community contacts identified for the member, in order to locate them for follow-up treatment.	are identified, so that members are not released on to the street without a plan for medication management, safe and sanitary housing or other shelter, and social supports to reduce the need for hospital readmission or possible violations of probation and parole.
O7	Time-unlimited Services	1 – 5 5	In the last 12 months, only one person graduated from the FACT team. The Team Leader expects no more than four members to graduate in the next 12 months for rate of 4.5%. Most of those graduation will be members who have been on the team for a long time, probably did not need the intensity of services when they were originally admitted to the team and are currently not using the services offered.	
S1	Community-based Services	1 – 5 5	A review of 10 member records showed that staff delivered direct member services in the community 82% of the time for the period under review. Progress notes documented staff, including the Nurse, Psychiatrist and Team Leader, meeting with members in their homes assisting them with independent living skills and problem solving to avoid eviction, delivering medication, doing medication observations, taking them shopping for groceries and clothes, accompanying them to medical appointments and visiting them during hospitalizations.	
S2	No Drop-out Policy	1 – 5	A review with the Team Leader of the member	• The FACT team should continue assertive

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		4	roster for the last 12 months indicated that the FACT team retained 93% of membership for that period. Six members who dropped out were no longer on parole or probation to mandate treatment, demonstrated little internal motivation to engage with staff, and were unresponsive to outreach efforts. Two of the six relocated to other states where they had past unresolved legal issues and did not accept offers to set up services. As reported earlier, staff said some FACT members are required to participate as a condition of their probation or parole, have no other motivation for membership, do not meet the full criteria for ACT, and actively avoid contact with staff. Staff report that that they make considerable and time consuming efforts in the community trying to locate members who deliberately seek to evade them.	outreach efforts to engage members in treatment using person-centered strategies (including stages of change, motivational techniques, and trauma informed approaches), to build member investment in their relationship with the FACT team staff, to connect with support networks and to engage in activities that support recovery and community integration. • The FACT team should review member records to ensure inclusion of up-to-date releases of information (ROIs), and use those ROIs to help locate members with whom they have lost contact. In this way, members who have left the service area can be offered assistance with setting up services in their new location. • The system (clinic, provider, RBHA and Department of Corrections) should examine the compatibility of the person-centered ACT model, which prioritizes choice and self-determination as key criteria for admission, with admitting individuals who are required to participate as a condition of probation and parole.
S3	Assertive Engagement Mechanisms	1 – 5 5	The FACT team makes good use of assertive engagement activities such as maintaining regular communication with probation and parole officers; checking in with hospitals, shelters, and the morgue; contacting support systems; and practicing street outreach such as going to locations where the member is likely to be. Staff report that known member “hang outs” include	

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			convenience store parking lots, bus shelters and parks. The Nurse is reported to drive by a specific bus stop in search of a member in order to deliver a scheduled injection. Additionally, probation officers come to the morning meetings every Thursday to discuss caseloads, and also attend the ACT Clinical Coordinators meetings. Said the Team Leader, "Our collaboration with probation differentiates us from ACT."	
S4	Intensity of Services	1 – 5 5	The 10 member records reviewed showed that members receive an average of 2.15 hours staff contact per week.	
S5	Frequency of Contact	1 – 5 4	The 10 member records reviewed showed that members had an average of 3.25 contacts with staff members per week. The daily morning meeting notes indicates the date of the last face-to-face member contact with staff. Staff report frequency of contact is challenged by members who appear to actively seek to evade staff, some of whom do not need the intensity of FACT services but were required to participate as a condition of probation or parole.	• Continue to outreach members and conduct weekly services activities with members as needed.
S6	Work with Support System	1 – 5 3	According to the Team Leader, almost all members have some sort of support network, usually family or a church community. The Team Leader estimates that staff have contact with 85% of someone from a member's support systems at least once a month. During the daily team meeting observed by the reviewers, staff discussed interacting with support systems of 15 of the 89 members, or 11.23% of membership. The record review found only one documented support system contact.	• Continue to ensure that FACT staff review the potential benefits of engagement with informal supports, and attempt to secure an ROI allowing staff to contact potential supports. • If a member has an identified support system but declines to sign an ROI allowing the team to initiate contact, this should be documented in the member record. • Ensure that staff understand that if a support contacts the team, it would be

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				appropriate for FACT staff to receive and document information from the supporter. • The FACT team and the provider should identify solutions to timely documentation of contacts with support systems
S7	Individualized Substance Abuse Treatment	1 – 5 2	Neither the FACT team nor the SAS provide direct individual treatment or substance abuse counseling to members. The team does not have staff who are certified or licensed to provide substance abuse counseling. Currently, individual counseling and substance abuse treatment are referred to a co-located clinician from Lifewell, as well as Terros. The SAS, who has specific educational training and professional experience in substance abuse treatment, is seeking a License in Substance Abuse Counseling in order to provide this service. The record review provided no evidence of individual substance abuse counseling, although progress notes show discussions between members and staff as regularly occurring during home visits.	• The FACT team should provide individualized substance abuse counseling and treatment services with structured plans for members based on their progress though the stages of their recovery. • Ensure that staff facilitating individualized co-occurring disorder treatment summarize and document member progress in the record on a monthly basis at minimum. Tracking member progress (or lack thereof) will help staff target the nature of the individual sessions with the SAS. • The provider and RBHA should make efforts to support and provide opportunities to staff to obtain the credentials necessary to provide individualized substance abuse treatment on the FACT team as opposed to brokered services.
S8	Co-occurring Disorder Treatment Groups	1 – 5 1	Substance abuse groups are open to members of all teams (supportive, ACT and FACT) housed at the Comunidad clinic. The Substance Abuse Specialists from the various teams rotate responsibility for facilitating a monthly substance abuse group that is largely oriented around psychoeducation on triggers, coping skills and relapse prevention. The agenda is often driven by "seasonal" issues such as the mass dislocation of members when a shelter closes, stressors such as	• Given the high percentage of dually diagnosed members on the FACT team, provisions should be made for the SAS to provide a weekly substance abuse treatment group exclusive to the FACT cohort, using a curriculum developed around the co-occurring disorders treatment model. Several good manuals contain curriculum and strategies to engage clients in co-occurring stage-wise

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			intense high summer temperatures, or important topics identified in the SAMHSA monthly newsletter. Members are offered an incentive to attend this group, a food box from the Waste Not program. Approximately four FACT members (<5%) attend this group. Lifewell clinicians provide two substance abuse groups per week, open to all clinic members. Approximately seven of the FACT team's 89 members attend the Lifewell substance abuse group. Although, the Lifewell substance abuse group was described by staff as non-punitive, recognizing stages of change, and is not a 12-step group, it is not clear whether or not if follows a Co-Occurring Disorders approach or uses a specific curriculum.	treatment groups. • Ensure that staff facilitating co-occurring disorder treatment groups document and/or summarize member progress and level of participation in the member record at least on a monthly basis. Tracking member progress (or lack thereof) will help staff target their groups to members' specific needs.
S9	Co-occurring Disorders (Dual Disorders) Model	1 – 5 2	The FACT team does not appear to use the Co-Occurring Disorders Model or the stage-wise treatment approach. While staff are familiar the language and principles of harm reduction and motivational interviewing, it was not clear that they know how to use them to engage and move members forward in recovery, beyond pre-contemplative and contemplative stages of change. Staff reported that abstinence is the desired outcome of substance abuse treatment within the FACT team. However, harm reduction strategies are considered by staff as more realistic approaches for engaging FACT members who may use potentially lethal drugs that compromise their physical health. Said one member, "Our clients are adults with their own agendas; telling them not to do drugs is not helpful." The team uses other mechanisms such as detox facilities, for	• The provider and RBHA should provide the FACT staff with education and training on Integrated Treatment for Co-Occurring Disorder as a stage-wise treatment approach. Standardizing basic tenants of treatment may help ensure consistent interventions across the system. SAMHSA has numerous resources available for free, including Treatment Improvement Protocol (TIP) manuals on Motivational Interviewing, Trauma Informed Care, Integrating Substance Abuse Treatment and Vocational Services, and Substance Abuse Treatment for Person with Co-Occurring Disorders.

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			members whose health is at immediate risk, and 24 hour residential placements. Staff said that members sometimes self-admit to detox but staff will also have them admitted involuntarily.	
S10	Role of Consumers on Treatment Team	1 – 5 5	The Peer Support Specialist (PSS) has been with the team for about two months. The team views the PSS as a fully functioning member of the team with equal responsibilities and expectations. In addition to the PSS, the SAS is a peer based on a close family relationship with a person with lived experience and previously served on a supportive team as a family mentor.	
Total Score:		**3.96**		

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	3
5. Continuity of Staffing	1-5	4
6. Staff Capacity	1-5	4
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	3
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	5
2. No Drop-out Policy	1-5	4
3. Assertive Engagement Mechanisms	1-5	5
4. Intensity of Service	1-5	5
5. Frequency of Contact	1-5	4
6. Work with Support System	1-5	3
7. Individualized Substance Abuse Treatment	1-5	2
8. Co-occurring Disorders Treatment Groups	1-5	1
9. Co-occurring Disorders (Dual Disorders) Model	1-5	2
10. Role of Consumers on Treatment Team	1-5	5
Total Score	**111/28 = 3.96**	
Highest Possible Score	**5**	