

ASSERTIVE COMMUNITY TREATMENT (ACT) FIDELITY REPORT

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To: Gail Salentes, Clinical Coordinator
Shar Najafi-Piper, Chief Executive Officer

From: Nicole Eastin, BS
Jasmine Davis, MS
AHCCCS Fidelity Reviewers

Introduction

Arizona Health Care Cost Containment System has contracted with Western Interstate Commission for Higher Education Behavioral Health Program to conduct Fidelity Reviews using an adapted version of the Substance Abuse and Mental Health Services Administration (SAMHSA) Assertive Community Treatment (ACT) Fidelity Scale. ACT is an evidence-based practice (EBP).

Method

On October 16 – 18, 2023, Fidelity Reviewers 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 ACT 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. Members joining the MACT team must agree to transfer primary care physician responsibilities to a physical health prescriber assigned to the team. The team collaborates to help members develop individual treatment plans, address medical needs, and provide community services. 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.

The SAMHSA ACT Fidelity Review tool does not accommodate delivery of telehealth services. An exception has been made for delivery by psychiatric prescribers due to the lack of availability in Arizona. This review was conducted remotely, using videoconferencing and telephone to observe meetings and to interview staff and members.

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

- Remote observation of an ACT team program meeting on October 17, 2023.
- Individual video conference interview with the Clinical Coordinator.
- Individual video conference interviews with Employment, Housing, and Peer Support Specialists for the team, and an agency staff providing counseling services to ACT members.
- Group video conference interview with the Co-Occurring Specialists for the team.
- Individual phone interviews with three (3) members participating in MACT services with the team.
- Closeout discussion with the Clinical Coordinator and representative from the contractor with a Regional Behavioral Health Agreement.
- Charts were reviewed for ten randomly selected members using the agency's electronic health records system.
- Review of documents: *Mercy Care MACT Admission Criteria*; *MACT Hello Members* team brochure; *MACT Natural Support Template*; *MACT COS Calendar*; co-occurring disorder treatment group sign in sheets; copies of cover pages of co-occurring disorder treatment material; resumes and training records for Vocational and Co-Occurring Specialists' staff; and the Clinical Coordinator's productivity report.

The review was conducted using the SAMHSA ACT Fidelity Scale. This scale assesses how close in implementation a team is to the ACT model using specific observational criteria. It is a 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 with little room for improvement*).

The ACT Fidelity Scale was completed following the review. A copy of the completed scale with comments is included as part of this report.

Summary & Key Recommendations

The agency demonstrated strengths in the following program areas:

- The MACT Clinical Coordinator is highly engaged in providing direct services to MACT members.
- The team is fully staffed and capable of providing necessary staffing diversity and coverage to the 97 members.
- The team excels at providing services to members in the community, rather than functioning as an office-based program.
- The team is available to provide crisis support coverage by phone and in the community, after business hours and weekends.
- The team was involved in 100% of the ten most recent psychiatric hospital admissions and discharges.
- The team's Co-Occurring Specialists provide structured individual co-occurring disorder treatment, averaging 24 minutes per week or more, to members with a co-occurring disorder.

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

- Ensure Co-Occurring Specialists and Vocational staff receive annual training in evidence-based practices related to their specialty. Co-Occurring Specialists and Vocational staff on ACT teams are the subject matter experts of the team and provide cross training to other specialists.

- More than 10% of members reside in settings where MACT team services are duplicated. To the extent possible, seek to move members to independent housing units in integrated settings so that all housing support and case management responsibilities are provided by the MACT team.
- Increase the duration of service delivery to members. ACT teams provide an average of two (2) or more hours of in-person services per week to help members with serious symptoms maintain and improve their functioning in the community.

ACT FIDELITY SCALE

Item #	Item	Rating	Rating Rationale	Recommendations
H1	Small Caseload	1 - 5 5	The MACT team serves 97 members with eleven full-time equivalent (FTE) direct service staff, excluding the Psychiatrist. The team has an appropriate member to staff ratio of approximately 9:1. Staff on the team include the Clinical Coordinator (CC), two Nurses, two Co-Occurring Specialists (COS), Employment Specialist, Independent Living Specialist, Rehabilitation Specialist, Peer Support Specialist, Case Specialist, and Housing Specialist. In addition, the team has a dedicated Primary Care Physician (PCP).	
H2	Team Approach	1 - 5 4	<p>Staff reported 90% of members have contact with at least two MACT staff each week. The team utilizes a region approach that rotates among all staff with the exception of the COS. Some staff reported the regions rotate weekly, while some staff reported regions rotate daily. The team tracks the provision of direct services provided to members during the program meeting.</p> <p>Per a review of ten member records, 80% of members saw more than one MACT staff in a two-week period.</p>	<ul style="list-style-type: none"> • Ensure all members are seen by diverse staff as this is a crucial ingredient of the evidence-based practice. Ideally, 90% of ACT members have in-person contact with more than one staff in a two-week period.
H3	Program Meeting	1 - 5 5	The team meets to review all members on the MACT roster four days a week. The team holds an additional modified meeting once weekly to discuss additional needs and review outreach needed.	

			<p>The Psychiatrist and Nurses attend the meetings on the days they are scheduled to work. The MACT team's PCP attends the program meeting once a week for team collaboration.</p> <p>During the program meeting observed, all MACT staff were in attendance. The discussion was led by the CC and all staff participated in the collaboration of member services. The team discussed members' appointments and medical needs, planned member contact for the week, and recent member and natural support interactions.</p>	
H4	Practicing ACT Leader	1 - 5 5	<p>The CC estimated delivering in-person services to members more than 50% of the time. The CC reported participating in the region approach providing services to members in the community. Reported activities include home visits, engaging with members at the clinic, facilitating groups, attending medical appointments, and completing medication observation and education.</p> <p>Based on a review of the productivity report for a four-week period, the CC provided direct services 67% of the time. There were 11 examples of the CC delivering direct services to six of the ten member records reviewed. Documented activities included home visits, facilitating groups at the clinic, meeting with members before, during, and after their appointments, outreach attempts in the community, and engaging members to attend MACT groups. All members interviewed reported meeting with the CC recently.</p>	
H5	Continuity of Staffing	1 - 5	Based on the data provided, five staff left the team in the past two years resulting in a turnover rate of 21%.	<ul style="list-style-type: none"> ACT teams strive for a less than 20% turnover rate. Maintaining consistent staffing supports team cohesion and the

		4		therapeutic relationship between members and staff.
H6	Staff Capacity	1 - 5 4	During the prior year, the team operated at approximately 88% of staff capacity. There was a total of 18 vacant positions in the past 12 months. The MACT Employment Specialist position was vacant for nine months.	<ul style="list-style-type: none"> Continue efforts to retain qualified staff with the goal of operating at 95%, or more, of full staffing annually.
H7	Psychiatrist on Team	1 - 5 5	The Psychiatrist works four 10-hour days a week, is fully dedicated to the MACT team, and is readily available to MACT staff which includes after hours and weekends. Members are seen in-person by the Psychiatrist on Tuesdays, and the other days services are provided via teleconference. The Psychiatrist attends the program meeting on the days they are scheduled to work. In addition, the Psychiatrist is Medication Assisted Treatment certified. Per review of ten records, the Psychiatrist provided direct service to eight members in the month period reviewed via teleconference. Members are brought to the clinic for the teleconference psychiatric appointments or MACT staff will facilitate the appointment from members' homes.	
H8	Nurse on Team	1 - 5 5	The MACT team has two Nurses that work four 10-hour staggered days to support the 97 members. The Nurses attend the program meetings on the days scheduled to work. Member services are delivered in the community and at the clinic which include administering injections, symptom management, medication delivery and education, and closely monitoring chronic health challenges such as diabetes management. The Nurses educate members on hemoglobin A1C levels, nutrition plans, blood glucose logs, and how to administer insulin.	

			Members interviewed reported meeting with the Nurses weekly to once a month at the clinic and at home. Records reviewed showed the Nurses providing services as reported, in three of ten records.	
H9	Co-Occurring Disorder Specialist on Team	1 - 5 4	The MACT team has two COS assigned to work with 39 members identified as having a co-occurring disorder. Both staff have been in the role for more than one year providing services to members of this team. Group clinical supervision is provided by a licensed agency staff to the COS staff four hours per month. Based on training records provided, there were no co-occurring disorder related trainings completed since the last review (May 2022).	<ul style="list-style-type: none"> • Provide annual training to Co-Occurring Specialists on co-occurring disorder treatment best practices, including appropriate interventions, i.e., stage-wise approach; the evidence-based practice of harm reduction; and motivational interviewing. On ACT teams, COS have the capability to cross-train other staff, providing guidance on appropriate interventions, based on members' stage of treatment, and in the adopted co-occurring disorder model utilized by the team.
H10	Vocational Specialist on Team	1 - 5 3	<p>The MACT team has two Vocational staff. The Rehabilitation Specialist has been with the team since January 2023, and the Employment Specialist has been with the team since July 2023. Based on interviews and resumes provided, neither has previous experience supporting individuals finding competitive employment in integrated settings.</p> <p>The training records provided indicate Vocational staff have completed a total of two trainings; Disability Benefits 101, and Motivational Interviewing, since being onboarded with the MACT team. No other training related to assisting members in finding competitive employment in an integrated setting was located in the training records provided.</p>	<ul style="list-style-type: none"> • Ensure that both Vocational staff receive ongoing training in assisting people diagnosed with serious mental illness/co-occurring disorder diagnoses to find and retain competitive employment. Training should include techniques to engage members to consider employment; job development strategies; the importance of supporting in-person employer contact soon after members express an employment goal; and the provision of follow-along supports to employed members. • Supervision by qualified staff should be provided to support skill development during the first year in the role when there is no prior experience.

H11	Program Size	1 - 5 5	At the time of the review, the team was composed of 12 staff, an adequate size to provide necessary staffing diversity and coverage.	
O1	Explicit Admission Criteria	1 - 5 5	<p>Staff reported members are referred by the local contractor with a Regional Behavioral Health Agreement, hospitals, and internal and external providers.</p> <p>The team utilizes the <i>Mercy Care MACT Admission Criteria</i> to assess potential admissions. To meet criteria for the MACT team, a member must also have complex chronic health conditions that require medical monitoring. Members interested in the MACT team must be willing to transfer care to the MACT team PCP.</p> <p>The CC conducts the majority of the screenings, and the Housing Specialist assists as needed. The potential member is staffed by the CC with the Psychiatrist and PCP. The Psychiatrist and PCP then coordinate with the referring doctor and complete a review of the potential member's chart. Members have the final say whether they join the MACT team, but the CC, Psychiatrist and PCP have the final decision about eligibility, and that decision is based on whether the member meets explicit admission criteria. Once a member is slotted to transfer to the MACT team, a transfer staffing occurs with the entire MACT team and any other community partners, including the members natural supports. The team reported no pressure to admit members to the team.</p>	

O2	Intake Rate	1 - 5 5	Per data provided, and reviewed with staff, the team has an appropriate admission rate. The month with the highest admission rate during the past six months was September with five (5) members added to the team roster.	
O3	Full Responsibility for Treatment Services	1 - 5 4	<p>In addition to case management, the ACT team provides psychiatric and medication management services, co-occurring disorders treatment, and employment and rehabilitative services.</p> <p>The team has two COS to provide both individual and group substance use treatment services to members with a co-occurring disorder.</p> <p>Staff indicated eight members are working, and two members are engaged in job search activities. Staff support members with employment and rehabilitation by assisting with resume building, mock interviews, Disability Benefits 101 education, assisting with applications, and providing ongoing follow along support to employed members. During the program meeting observed, staff discussed ongoing and scheduled employment support for members. Staff reported one member participates in Work Adjustment Training (WAT) with a brokered provider.</p> <p>Counseling/psychotherapy for MACT team members is provided by an agency Licensed Associate Counselor that works with members assigned to the team one day a week. This staff is not considered a generalist staff among the team. Staff estimated seven to ten members meet regularly with the provider.</p>	<ul style="list-style-type: none"> • Ensure vocational service staff receive supervision and training to support directly assisting members to find and keep jobs in integrated work settings rather than relying on vendors. Educate all staff on the benefits of competitive employment versus other services (e.g., WAT). • Consider options to bring qualified staff onto the team with the ability to provide counseling/psychotherapy to MACT members. Staff on ACT teams have specialty practices, but are also still generalists, meeting members in the community, providing case management services, etc. • Monitor the number of members in staffed residences. As the designated Permanent Supportive Housing services provider, the MACT team, to the extent possible, should seek to move members to independent housing units in integrated settings where all housing support and case management responsibilities are provided by the MACT team. Optimally, members on ACT teams receive all services and support from the team.

			Housing support services are provided by the team, however, per review of data and interviews, approximately 37% of members are residing in settings where MACT team services are duplicated.	
O4	Responsibility for Crisis Services	1 - 5 5	<p>Staff reported the MACT team is available to provide crisis services 24 hours a day, seven days a week. The on-call responsibilities rotate between the specialist positions weekly, and the CC provides backup support. Staff reported the members are provided with the <i>MACT Hello Members</i> team brochure that consists of the MACT on-call number, along with staff names and roles, description of staff roles, benefits of the MACT team, and groups offered.</p> <p>When an after-hours call occurs, the MACT on-call staff will assess the situation with the member, attempt to de-escalate, and if there is a need to meet in the community, staff will contact the CC. When a member is presenting as a danger to self or others and staff is unable to de-escalate, the team will contact the Psychiatrist to advise of a potential amendment or petition. Staff reported when members utilize the on-call line the team increases contact with that member for continued support.</p> <p>Members interviewed indicated being aware of the ability to call MACT staff directly or the on-call number when needed.</p>	
O5	Responsibility for Hospital Admissions	1 - 5	Staff reported being directly involved in member hospital admissions. When a member is experiencing an increase in symptoms, or in a crisis, the team will meet with the member in the	

		5	<p>community to assess the situation. The member is offered a telehealth appointment with the Psychiatrist while MACT staff are present to support the appropriate course of action. If it is decided that inpatient care is necessary, MACT staff will transport the member and will remain with them until admitted. MACT staff provide the inpatient team with the last MACT Psychiatrist and Nurse contact note, member demographics, medical conditions, current medications, and contact information for the MACT team. Some members have families that transport members to inpatient units, the team will follow or meet at the psychiatric unit for admission.</p> <p>Based on data provided and reviewed with staff, the MACT team was involved in all ten (10) of the most recent psychiatric hospital admissions occurring over a four-month period. Members were amended, petitioned, or transported by the MACT team.</p>	
O6	Responsibility for Hospital Discharge Planning	1 - 5 5	<p>Staff stated discharge planning begins the moment a member is admitted into the psychiatric unit. The team completes a staffing with the inpatient team typically 24 hours after admission and one to two times weekly after that. In addition, a doctor-to-doctor consultation is completed upon admission. Members are seen at the inpatient unit every 72 hours by the MACT team. Staff reported inpatient units are included in the team's region rotation, staff assigned to that region are responsible to see the member while inpatient.</p> <p>Upon discharge the team meets the member at the inpatient unit and transports them to their</p>	

			<p>desired location. When natural supports transport the members home, the team is still directly involved with the discharge at the inpatient unit. The team completes home visits as part of a five-day follow-up routine, one of which involves one of the team's Nurses, and another includes a visit from the Rehabilitation Specialist to engage in activities. The member sees the MACT PCP within one week, the Psychiatrist within 72 hours, and a Nurse within three days.</p> <p>Based on data provided and reviewed with staff, the MACT team was involved in all ten (10) psychiatric hospital discharges that occurred over a five-month period. Members were transported by the MACT team to their desired location or the clinic.</p>	
O7	Time-unlimited Services	1 - 5 5	Data provided shows that the team graduated one (1) member in the past 12 months. Staff interviewed stated that there are potentially two to three members on target for graduating in the next year.	
S1	Community-based Services	1 - 5 5	<p>Staff reported at least 80% of in-person contacts occur in the community. Members interviewed reported staff visiting them at their residence daily to once a week. Records reviewed included documentation of services in the community such as staff attending medical appointments, hosting a group at a local restaurant, attending inpatient staffing's, providing individual co-occurring disorder treatment sessions, and assisting with independent living skills.</p> <p>The results of ten randomly selected member records reviewed showed staff provided a median</p>	

			of 80% of services in the community. Three members received 100% of services in the community weekly.	
S2	No Drop-out Policy	1 - 5 5	According to data provided and reviewed with staff, the team had one member drop out of the program in the past year for a retention rate of nearly 100%. The member left the MACT team without a referral.	
S3	Assertive Engagement Mechanisms	1 - 5 5	<p>The team reports that when unable to locate members, the team conducts outreach four times per week for eight weeks. Outreach attempts include last known address, checking areas known to the member at different times of the day, calling last known phone number, checking the health information exchange portal, and reaching out to guardians, probation officers, hospitals, pharmacies, medical specialists, jails, Medical Examiner’s Office, shelters, payees, and natural supports.</p> <p>Records showed that all members were engaged with the MACT team, and no members went more than seven days without contact from the team.</p> <p>The team holds daily groups at the clinic and off site, celebrates members successes, and holds an annual talent show as ways to keep members engaged with the team.</p>	
S4	Intensity of Services	1 - 5 3	Per a review of ten randomly selected member records, during a month period before the fidelity review, the median amount of time the team spent in-person with members per week was 71.50 minutes. Four of the ten records reviewed had phone contact documented by the team for a total of 18 contacts.	<ul style="list-style-type: none"> Evaluate how the team can engage or enhance support to members that receive a lower intensity of service. ACT teams provide members with an average of two (2) or more hours of in-person contact weekly.

			<i>The fidelity tool does not accommodate delivery of telehealth services.</i>	<ul style="list-style-type: none"> Providing individualized services can be difficult to accomplish on a team with a high number of groups. Fine tuning new behaviors, coping with symptoms, and managing social interactions in unique, real-life situations where challenges typically occur may be best achieved when provided on an individual level.
S5	Frequency of Contact	1 - 5 4	Per review of ten randomly selected member records, during a month period before the fidelity review, the median in-person contact with members was 3.25 times per week.	<ul style="list-style-type: none"> Seek to balance services delivered to more frequently contacted members and those that staff meet with less often. Optimally, members receive an average of four (4) or more in-person contacts a week.
S6	Work with Support System	1 - 5 4	<p>Per data provided and staff interviewed, 60 (62%) members of the MACT team have a natural support. Staff estimated having regular contact with 80 – 90% of members’ natural supports at least once a week by phone, email, or in-person. During the program meeting observed, multiple staff contacts with the members’ natural supports were included in the discussion. The team has a weekly tracking log for natural support contact. Reviewers were provided a recent copy of the <i>MACT Natural Support Template</i> for the week of the review that showed 31 members natural support contact was completed in four days.</p> <p>All staff interviewed reported family and natural support involvement is a critical piece of members’ treatment and the team values the input and support provided by natural supports. The team utilizes natural supports to better serve members by gathering and sharing information about progress and challenges, an outreach mechanism for members, appointment reminders, include in</p>	<ul style="list-style-type: none"> Continue efforts to involve natural supports in member care. Increase contacts with supports to an average of four (4) per month for each member with a support system.

			<p>treatment staffing's, and using attendance of psychiatric and medical appointments as an opportunity to improve understanding of the member's needs and how the team will support. Services provided by the MACT team to natural supports was described as problem solving, providing resources, and educating on psychiatric and medical diagnosis.</p> <p>Two members interviewed reported the MACT team has regular contact with their natural support during home visits and via phone. One member reported not having natural supports involved in their treatment.</p> <p>Per record review, seven members were identified as having natural support. Five of those members had 1 – 5 documented natural support contacts, resulting in an average of 1.40 contacts in the month period reviewed.</p>	
S7	Individualized Co-Occurring Disorder Treatment	1 - 5 5	<p>Per interviews and data provided, 39 members were identified with a co-occurring disorder. Staff reported 100% of these members are receiving structured individual co-occurring disorder treatment from a COS. Materials used to provide treatment are <i>Integrated Dual Diagnosis Treatment</i> model, and <i>Recovery Life Skills Program</i> manual. The COS staff utilize the University of Rhode Island Change Assessment (URICA) at a minimum of every six months to identify stage of change for members. Staff reported the tool conflicts with COS assessment of members' stage of change. The COS staff provide treatment based on current lived stage of change versus the score indicated by the URICA.</p>	

			<p>According to the <i>MACT COS Calendar</i>, 35 of the 39 members identified with a co-occurring disorder received structured individual counseling ranging from 24 – 55 minutes per week in a month period, attempts to engage are also tracked on these calendars. When the session does not run for a minimum of 24 minutes, the COS will meet with the member again that week to make sure that the member receives at least 24 minutes per the calendars viewed.</p> <p>Per record review, two members were identified with a co-occurring disorder and were provided individual sessions from the COS staff four times in the month period reviewed ranging from 25 - 28 minutes. One member record was not identified with a co-occurring disorder, however, had a documented substance use disorder diagnosis and received individual sessions three times ranging from 24 – 41 minutes.</p>	
S8	Co-Occurring Disorder Treatment Groups	1 - 5 3	<p>Staff reported two co-occurring disorder treatment groups are available to members each week from the team. According to the sign-in sheets for the month prior, eight (21%) unique MACT members with a co-occurring disorder participated. Also included on the sign in sheets were nine (9) additional members that attended at least one co-occurring disorder treatment group that were not identified by the team as having a co-occurring disorder. Staff reported the groups are open for all MACT members to attend and are not based on a specific stage of change.</p> <p>Evidence of staff encouraging members to join the co-occurring disorder group as well as other clinic</p>	<ul style="list-style-type: none"> • Optimally, 50% or more of members with a substance use disorder diagnosis attend at least one co-occurring disorder treatment group each month. • Evaluate the benefit of offering groups specifically for members with co-occurring disorder diagnoses. There may be overlapping areas discussed in similar groups for members without co-occurring disorder diagnoses, but ideally co-occurring treatment groups should be attended by members with co-occurring disorder diagnoses.

			and community groups was in records. According to the records, during the month period reviewed, no members with co-occurring disorder attended either group. Documentation reflected one member with a history of extensive recovery attended the groups twice in the month period, the team did not identify this person as having a co-occurring disorder.	
S9	Co-Occurring Disorders Model	1 - 5 4	<p>Most staff interviewed were familiar with the principles of the <i>stage-wise treatment approach</i> to interventions when working with members with a co-occurring disorder, and most staff indicated supporting members in reducing the use of harmful substances and were able to provide examples of tactics used. During the program meeting observed, the team discussed engagement and interventions for members with a co-occurring disorder. Members' URICA scores were identified by the COS staff for several members with a co-occurring disorder, yet staff indicated these scores are incorrect. Staff reported that members are discouraged with the results of the URICA assessment.</p> <p>Staff reported members are not referred by the team to peer-run substance use programs but will support members that request to attend. A bonus for the team is the ability to provide Medication Assisted Treatment, and when members request detoxification services, the team will refer them to local resources when medically necessary.</p> <p>Staff reported receiving training through Relias and that the Co-Occurring Specialist staff provide guidance and instruction on how to effectively</p>	<ul style="list-style-type: none"> • Provide all specialists with annual training and ongoing mentoring in a co-occurring disorders treatment model, such as <i>Integrated Co-Occurring Disorders Treatment</i>, in the principles of a <i>stage-wise approach</i> to interventions, the EBP of <i>harm reduction</i>, and <i>motivational interviewing</i>. • Consider evaluating the agency policy of utilizing the URICA for members participating in Assertive Community Treatment teams.

			<p>serve members with a co-occurring disorder. The team is educated on the use of Narcan, and the Nurses and onsite pharmacy carry Narcan.</p> <p>Treatment plans reviewed for members with a co-occurring disorder identified interventions outlining how the team would support the members in moving toward their recovery goal.</p>	
S10	Role of Consumers on Treatment Team	1 – 5 5	<p>There are at least two staff with personal lived psychiatric experience on the MACT team. Staff reported these individuals share their stories of lived experience with the team and members. To improve services for members, these staff educate the MACT team and provide support assistance from a peer perspective. Only one of the three members interviewed reported knowledge of staff on the MACT team with personal lived psychiatric experience.</p>	
Total Score:		126		

ACT FIDELITY SCALE SCORE SHEET

Human Resources		Rating Range	Score (1-5)
1.	Small Caseload	1-5	5
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.	Co-Occurring Specialist on Team	1-5	4
10.	Vocational Specialist on Team	1-5	3
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 Co-Occurring Disorder Treatment	1-5	5
8.	Co-occurring Disorders Treatment Groups	1-5	3
9.	Co-occurring Disorders (Dual Disorders) Model	1-5	4
10.	Role of Consumers on Treatment Team	1-5	5
Total Score		4.50	
Highest Possible Score		5	