ASSERTIVE COMMUNITY TREATMENT (ACT)
FIDELITY REPORT

Date: August 8, 2023

To: Amy Henning, Chief Executive Officer
Thomas Bohanske, Clinical Coordinator

From: Nicole Eastin, BS
Allison Treu, AS
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 July 17 – 20, 2023, Fidelity Reviewers completed a review of the Southwest Network Northern Star 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 the Central Region of Arizona.

Southwest Network provides services to children, adolescents, and adults. The agency operates three ACT teams in the Central Region of Arizona. This review focuses on the Northern Star ACT team. The individuals served through the agency are referred to as "members" or "clients", 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:

- Phone conference of the ACT team's program meeting on July 18, 2023.
- Individual video conference interview with the Clinical Coordinator.
- Individual video conference interviews with the Independent Living, and Peer Support Specialists, and one Co-Occurring Specialist.

- Group video conference interview with the Employment and Rehabilitation Specialists.
- Individual phone interviews with three members participating in ACT services with the team.
- Charts were reviewed for ten randomly selected members using the agency's electronic health records system.
- Review of documents: *Mercy Care ACT Admission Criteria*; resumes and training records for Vocational and Co-Occurring Specialist staff, co-occurring disorder treatment materials, Co-Occurring Specialists' calendars, Clinical Coordinator productivity report, co-occurring disorder treatment group sign-in sheets, and *Welcome to Assertive Community Treatment* handout.

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 team is of sufficient size to provide coverage to the 94 members, with only one vacant position, the ACT Specialist. The team has an appropriate member to staff ratio of 9:1.
- This ACT team directly provides psychiatric services and medication management, counseling/psychotherapy, housing support, co-occurring disorder treatment, and employment/rehabilitative services, in addition to case management services. Members benefit when services are integrated into a single team, rather than referring to different service providers.
- The team was involved in 100% of the ten most recent psychiatric hospital discharges.
- The team is available to provide crisis support coverage by phone, in the community, and after business hours and weekends. Members interviewed reported the team is readily accessible and are aware of the team's after-hours number.
- The ACT team has at least one staff member with lived psychiatric experience on the team that shares their lived experience.

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

- Increase in-person contact of diverse staff with members supporting a team approach. Diversity of staff interaction with members allows the members access to unique perspectives and the expertise of staff.
- Identify and resolve barriers to the frequency and intensity of services delivered. ACT services are responsive to members' needs, adjusting the frequency of in-person contacts and time spent with members as it relates to individual needs and preferences. Higher frequency of contact correlates to improved outcomes for ACT members. Provide members with an average of two hours of in-person service delivery and an average of four or more in-person contacts weekly.

- Increase in-person contacts in the community directly supporting members. ACT services are best provided in the community where challenges are more likely to occur and where staff can directly assess needs, monitor progress, model behaviors, and assist members in using resources in a natural non-clinical setting.
- Consider evaluating effective methods of tracking or monitoring the documentation of the delivery of services to members by the team.

ACT FIDELITY SCALE

Item #	Item	Rating	Rating Rationale	Recommendations
H1	Small Caseload	1 – 5 5	The ACT team serves 94 members with ten 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, and Housing Specialist.	
H2	Team Approach	1 - 5 3	Staff interviewed estimated 80 - 100% of members are seen by more than one staff in a two-week period. The team utilizes a quadrant approach, where staff are assigned a new quadrant of the valley each day to ensure members have contact with every specialist on the team. Staff indicated each specialist carries a caseload for administrative purposes and are responsible for seeing those members weekly in addition to the members in their assigned quadrant zones. It is unclear to reviewers how the team tracks when members are seen or by which staff from the team. Staff interviewed reported member contacts are tracked during the program meeting. Some reported the CC tracks the information, while others reported tracking is done by documenting in the electronic health record. Of ten randomly selected member records reviewed for a month period, a median of 60%	• Ideally, 90% of ACT members have contact with more than one staff in a two-week period. Continue efforts to ensure all members on the ACT roster have in-person contact with more than one staff in two weeks; a diversity of staff allows members access to unique perspectives and expertise of staff. • Consider evaluating effective methods of tracking or monitoring the documentation of the delivery of services to members by the team.

			received in-person contact with more than one staff in a two-week period. Members interviewed reported seeing at least one to five different staff members each week in the community or at the clinic.	
H3	Program Meeting	1 – 5 5	Based on staff interviews, all members are discussed in the program meeting that is held four days a week, including Monday, Tuesday, Thursday, and Friday. All staff are expected to attend on days they are scheduled to work. The Psychiatrist attends three days a week. During the meeting listened to by reviewers, the CC led the discussion by reviewing all members on the ACT roster. Staff provided input on recent member and natural support interactions, including attempts and planned contact for the week, missed appointments with the Psychiatrist and Nurses, and identified members that attended or were scheduled to attend groups at the clinic.	
H4	Practicing ACT Leader	1 – 5 4	The CC estimated delivering in-person services to members 50% of the time expected of other ACT staff. Reported activities include home visits, engaging with members at the clinic, hospital visits, and new member screenings in the community. Other services include coordination of care with inpatient teams, guardians, and natural supports, backup to the on- call staff, completing petitions and amendments, and conducting outreach. Based on review of the CC's productivity report for a four-week period, the CC provided direct services 41% of the time expected of other ACT staff. Of the ten records reviewed, there were	• Continue efforts to provide in-person services to members 50% or more of the expected productivity of other ACT staff.

			examples of the CC delivering in-person services in the community and the clinic in three member records over a recent month. Services documented included home visits, providing transportation, and street outreach.	
H5	Continuity of Staffing	1 – 5 5	Based on the data provided, three staff left the team in the past two years resulting in a turnover rate of 13%. One staff interviewed indicated that agency administration contacts each employee roughly every three months to solicit feedback on potential areas for improvement or training.	• Stakeholders and other providers may want to further examine steps taken by the agency or consider similar staff feedback activities to improve retention of experienced and trained staff.
H6	Staff Capacity	1 – 5 4	The team operated at approximately 93% of staff capacity during the past 12 months. There was a total of 10 vacant positions in the past 12 months. The ACT Specialist position has been vacant the longest.	• 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 team has one FTE Psychiatrist that works four 10-hour days a week, Monday through Thursday. The Psychiatrist attends program meetings at least three times a week and delivers services to members via teleconference, in-person at the clinic, and sees members in the community at least one day each week. In addition, the Psychiatrist facilitates a health and wellness group one day a week at the clinic for members of this ACT team. Staff reported the Psychiatrist only sees members of this ACT team and is accessible to the team in person, by phone, and email, including after hours and weekends.	
H8	Nurse on Team	1 – 5 5	The ACT team has two Nurses to support the care of the 94 members. Each work four 10-hour staggered workdays providing coverage to members on the team. Staff reported that the	

			Nurses provide services at the clinic and in the community, administering injections, street outreach, coordinating medical appointments, and providing medication delivery, observation, and education. The Nurses are accessible to the team in-person, by phone, email, and are available by phone after hours when needed.	
H9	Co-Occurring Disorder Specialist on Team	1 – 5 5	The team is staffed with two full-time COS. One COS has been in the role since 2021. The second COS has been on the team since 2016 as the ACT Specialist and in that role co-facilitated co-occurring disorder treatment groups transitioning into the COS role in October 2022. Training records provided showed both COS completed two courses each relating to co-occurring disorders for new practitioners. In addition, one COS completed training related to dual diagnosis and family engagement.	
H10	Vocational Specialist on Team	1 – 5 5	The team has two Vocational staff. The Rehabilitation Specialist has been in the role since 2017 and the Employment Specialist joined the team in November 2022 with more than one year of previous experience supporting individuals finding employment. Training records provided showed both Vocational Staff receiving recent training related to assisting members in finding employment in an integrated setting. Staff reported both Vocational Staff attend employment related Mercy Care and Vocational Rehabilitation quarterly meetings, and bi-annual Mercy Care employment related meetings.	
H11	Program Size	1 – 5 5	At the time of the review, the team was composed of 11 staff, an adequate size to provide necessary staffing diversity and coverage. The ACT specialist position was vacant.	

O1	Explicit Admission Criteria	1 – 5 5	The team utilizes the *Mercy Care ACT Admission Criteria* to assess potential admissions. New referrals are received from the local contractor with a Regional Behavioral Health Agreement (RBHA), hospitals, other teams within the agency, and other provider network organizations. The CC is primarily responsible for screening potential members and meets members in the community, at hospitals, or member homes to conduct the initial screening, then staffs with the ACT team. The Psychiatrist coordinates with the referring doctor and completes a review of the potential member's chart having the final determination for new admissions to the team. Staff described one exception in which the team felt under pressure by a guardian and the RHBA to ultimately admit one member that did not meet the criteria for ACT services. Staff reported this was a rare occurrence.	
O2	Intake Rate	1 – 5 5	Per data provided, and reviewed with staff, the team has an appropriate admissions rate. The month with the highest admission rate during the past six months was March with three new members added to the team roster.	
O3	Full Responsibility for Treatment Services	1 – 5 5	In addition to case management, the ACT team provides psychiatric and medication management services, psychotherapy/counseling, co-occurring disorders treatment, housing support, and employment and rehabilitation services. All members interviewed reported services they receive are only provided by the ACT team. At the time of the review, it was reported no members were engaged in	

			psychotherapy/counseling from the ACT team, and no members were receiving counseling services from brokered providers. Co-occurring disorders treatment is provided by the COS staff. Staff reported that no members reside in settings where ACT team services are duplicated. Several members reside in peer run housing; however, support is provided by the ACT team and members are not required to attend groups or engage in activities such as day labor to reside at those locations. In records reviewed, evidence of housing support provided by the ACT team was documented. One member interviewed reported the team has assisted them in obtaining housing twice. Staff reported 26 members are working and the team is providing employment support for all. During the program meeting, employment support provided by the team was discussed for at least nine members. The team is assisting 5 – 6 members with job search efforts, including resume writing, job searching, and interviewing techniques such as determining suitable wardrobe, appropriate eye contact, and effective communication. Staff reported transporting members to interviews when requested and provide continuous assistance to members to maintain employment in the community. Two members interviewed reported being encouraged by the team to seek employment. Records reviewed showed evidence of staff engaging members in conversation related to meaningful activities, and employment. The team offers	

			employment related groups at the clinic and three member records indicated attendance for those groups.	
O4	Responsibility for Crisis Services	1 – 5 5	The team provides 24-hour coverage directly to members of the team. Staff report that the on-call phone rotates weekly between the specialist positions and that the CC serves as the back-up. When calls are received staff will assess the situation and help members with coping skills. When needed, staff will meet members in the community. Staff will contact the CC and/or the Psychiatrist to assess the need for inpatient treatment and transport the member to the nearest hospital when advised. All members interviewed reported receiving the *Welcome to Assertive Community Treatment* handout explaining ACT team services, a description of staff roles, staff contact information, and the on-call number. Members interviewed reported the team is readily accessible and are aware of the team's after-hours number.	
O5	Responsibility for Hospital Admissions	1 – 5 4	Based on data provided, and staff interviews, the ACT team was involved in 90% of the last ten psychiatric hospital admissions. These admissions occurred over a four-month period. One member self-admitted without reaching out to the team. Seven members were either petitioned for court ordered treatment, or court ordered treatment was amended by the team. Pick up by law enforcement was coordinated by the team for those members. The other two members were assisted by the team by meeting one at the hospital for admission and transporting the other. Hospital admissions and coordination with	• Continue to develop plans with members on how the team can aid them during admission, especially when members have a history of seeking hospitalization without team support.

			inpatient teams was discussed during the program meeting.	
O6	Responsibility for Hospital Discharge Planning	1 – 5 5	Staff stated discharge planning begins the moment a member is admitted into the hospital. The team coordinates with the inpatient team through staffing's, provides medical records, and doctor-to-doctor consult is completed. Staff will transport members when discharged to the clinic or to their home ensuring the member has the medications prescribed at discharge. Staff identified following a five-day protocol with members upon psychiatric hospital discharge that includes in-person contact daily for five days. Members are scheduled with the Psychiatrist within 72 hours of discharge and weekly for four weeks after that. Based on data provided, and staff interviews, the ACT team was involved in 100% of the last ten psychiatric hospital discharges. These discharges occurred over a four-month period.	
O7	Time-unlimited Services	1 – 5 5	Data provided shows that the team graduated one member in the past 12 months. Staff interviewed stated that there are potentially one to two members on target for graduating in the next year.	
S1	Community-based Services	1 – 5 2	Staff interviewed reported 80% or more of in-person contacts with members occur in the community. Members interviewed reported staff visiting them at their residence an average of once per week. Records reviewed include documentation of services in the community such as staff assisting with grocery shopping, leading community groups, hosting luncheons, providing individual co-occurring disorders treatment sessions, transportation, Nurses providing medication delivery and administering injections,	• Increase the delivery of services to members in their communities. Evaluate what clinic-based activities can transition to occur in members' communities. Optimally, 80% or more of services occur in the communities. • Avoid over-reliance on clinic contacts with members as a replacement for community-based contacts.

			and the Psychiatrist meeting with members at their residence. The results of ten randomly selected member records reviewed showed staff provided a median of 32% of services in the community. Three of the ten records reviewed showed no contacts in the community in the month period reviewed. The team was making outreach efforts for two of those members, the other member was seen only at the clinic. One member received 100% of services in the community. The team offers at least six groups per week at the clinic or in the community, not including co-occurring treatment groups in an effort to keep members engaged.	• Ensure all staff engage members in the community at a similar level to what was reported by staff interviewed.
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%.	
S3	Assertive Engagement Mechanisms	1 – 5 5	Staff interviewed reported engagement and outreach efforts to members are conducted at least three to four times per week. When team staff are unable to engage with members, the team's approach to outreach and engagement includes going to the member's last known address, where the member is known to hang out in the community, shelters, parks, and payee offices. In addition, the team contacts several entities such as hospitals, jails, medical examiner's office, probation officers, guardians, advocates, and natural supports.	

			Staff identified members on outreach and presented updates on outreach efforts during the program meeting. A review of member records revealed that staff routinely contacted members by phone, email, and in person, which was consistent with staff accounts of outreach activities. The community outreach efforts were documented with specific locations, and occasionally more than one staff conducted outreach on the same day but at various points throughout the day.	
S4	Intensity of Services	1 – 5 2	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 33.38 minutes. The highest weekly average was 186.50 minutes.	• Increase the duration of service delivery to members. ACT teams provide an average of 2 or more hours of in-person services per week to help members with serious symptoms maintain and improve their functioning in the community. This is based on all members across the team; some may require more time and some less, week to week, based on individual needs, recovery goals, and symptoms.
S5	Frequency of Contact	1 – 5 3	Staff interviewed reported members are seen three to four times a week and sometimes more often. The median weekly in-person contacts documented for ten members was 2.25 times per week. The member record with the highest number of contacts documented for the record review period had a total of 5.25. The Psychiatrist provided videoconference meetings with separate members. Six of the ten member records reviewed had phone contact documented by the team. *The fidelity tool does not accommodate delivery of telehealth services.*	• Increase the frequency of contact with members by ACT staff, optimally averaging four or more in-person contacts a week per member across all members, with an emphasis on community-based services to support member goals. Members may have different needs/goals and frequency of contact should be determined by those needs and immediacy.

S6	Work with Support System	1 – 5 3	Per staff report and data provided, 32 members have natural support. The team may use natural supports in a variety of ways, such as gathering and sharing information about progress and challenges, educating about symptoms and medications, and outreach for members who are disengaged and when members are located. During the program meeting contact with natural supports was identified for at least 24 members. Per members interviewed, two reported the team has contact with their natural supports. Per natural support data provided by the team, four out of ten member records reviewed were identified as having natural support. There was a total of eight natural support contacts documented in three charts. No copies of Natural Support contact tracking were provided to reviewers.	• Continue efforts to involve natural supports in member care. Ensure consistent documentation of contacts with natural supports occurs, which includes contact by phone, email, and text, as well as in-person. ACT teams have four or more contacts per month for each member with a community support system.
S7	Individualized Co-Occurring Disorder Treatment	1 – 5 4	Per data provided, there are 71 members on the team identified with a co-occurring disorder. Staff reported splitting the caseload between the two COS staff. One COS schedules 25 - 30 members per week and typically sees 15 - 17 for individual co-occurring disorder treatment sessions. The other COS schedules approximately 25 members per week and typically sees 10 – 14 for individual co-occurring disorder treatment sessions. Staff reported the sessions are scheduled for 30 minutes. Staff reported sessions are structured around SAMHSA materials, utilizing the Integrated Co-Occurring Disorders Treatment (ICDT) model, harm reduction, and motivational interviewing	• Continue efforts to provide an average of 24 minutes, or more, per week of structured individualized substance use treatment services for all members with a co-occurring disorder diagnosis. Monitor and track member engagement and participation in individual substance use treatment. • Ensure COS staff receive supervision by qualified staff, annual training, and guidance in co-occurring treatment best practices. Optimally, consistent evidence-based co-occurring treatment information is provided and then disseminated, through cross training, to other ACT staff.

			strategies. Both COS staff receive group supervision with other agency COS's twice a month from an unlicensed agency staff. COS are also provided training and direction during the program meeting as needed by the Psychiatrist. *COS member calendars* provided to reviewers lacked detail regarding actual service delivery to members by COS. Eight member records reviewed were identified with a co-occurring disorder. Only one member had documentation of two individual treatment sessions ranging from 29 – 30 minutes in the month period reviewed.	
S8	Co-Occurring Disorder Treatment Groups	1 – 5 3	Three co-occurring disorder treatment groups are available to members each week from the team. When weather allows, one group meets at a nearby park, another is conducted at a halfway home and is available to all members on this ACT team with co-occurring disorders, and the final group meets in-person at the clinic. According to the sign-in sheets for the month prior to the review, 20 (28%) unique ACT members with a co-occurring disorder participated. Evidence of group attendance in member records showed that two of the eight members identified with a co-occurring disorder attended at least one co-occurring disorder treatment group during the period reviewed. The reviewers were told that the groups are structured around DiClemente's *Group Treatment for Substance Abuse: A Stages of Change Therapy Manual*, and the Integrated Co-Occurring Disorders treatment model focusing on harm	• Continue to engage members with a co-occurring disorder to participate in group substance use treatment, as appropriate, based on their stage of change. Ideally, 50% or more of applicable members participate in a co-occurring disorder group monthly. • Consider offering groups so that at least one is structured for members in earlier stages, and at least one is available for members in later stages of recovery.

			reduction and relapse prevention, as well as incorporating creative art therapy.	
S9	Co-Occurring Disorders Model	1 – 5 4	Staff interviewed were familiar with the principles of a stage-wise treatment approach to interventions when working with members with a co-occurring disorder. Stages of change were identified for some members with a co-occurring disorder during the program meeting. Staff indicated supporting members in reducing the use of harmful substances and were able to provide examples of tactics used. Staff reported members are not referred by the team to peer-run substance use programs but will support members that request to attend. When members request detoxification services, the team will refer them to local resources as medically necessary. Staff interviewed reported receiving training through Relias and that additional trainings are provided by the Psychiatrist. One COS has provided cross-training to staff on an integrated approach to co-occurring disorders, including stage-wise approach, harm reduction, or when it is appropriate to utilize motivational interviewing. Based on the eight records reviewed of members with a co-occurring diagnosis, four treatment plans reflected a goal related to substance use treatment and one indicated a recommendation by the team for substance use treatment. Four treatment plans identified interventions outlining how the team would support the members in moving toward their recovery goal.	• Provide all ACT team staff with annual training and ongoing mentoring in a co-occurring disorders model, such as Integrated Treatment for Co-Occurring Disorders, the principles of stage-wise treatment, and motivational interviewing. • Review with staff to ensure accurate documentation of services on treatment plans. For example, referencing substance use treatment by a Co-Occurring Specialist, and staff activities based on a member's stage of treatment. Consider discussion of example service plans during group COS supervision and training with the team.
S10	Role of Consumers on Treatment Team	1 – 5 5	There are at least two staff on the team with personal lived psychiatric experience. At least one staff shares their story of lived experience with	

			members and the team staff, as well as advocates on members behalf to the team centering on recovery focused language. All members interviewed were aware of staff with lived psychiatric experience on the team and expressed valuing team members that can relate to their journey.	
Total Score:		**121**		

ACT FIDELITY SCALE SCORE SHEET

Human Resources	Rating Range	Score (1-5)
1. Small Caseload	1-5	5
2. Team Approach	1-5	3
3. Program Meeting	1-5	5
4. Practicing ACT Leader	1-5	4
5. Continuity of Staffing	1-5	5
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	5
10. Vocational Specialist on Team	1-5	5
11. Program Size	1-5	5
Organizational Boundaries	Rating Range	Score (1-5)
1. Explicit Admission Criteria	1-5	5
2. Intake Rate	1-5	5
3. Full Responsibility for Treatment Services	1-5	5
4. Responsibility for Crisis Services	1-5	5
5. Responsibility for Hospital Admissions	1-5	4
6. Responsibility for Hospital Discharge Planning	1-5	5

7. Time-unlimited Services	1-5	5
Nature of Services	Rating Range	Score (1-5)
1. Community-Based Services	1-5	2
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	3
6. Work with Support System	1-5	3
7. Individualized Co-Occurring Disorder Treatment	1-5	4
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	**4.32**	
Highest Possible Score	**5**	