

STATE OF NEW HAMPSHIRE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

*Division for Behavioral Health Services*



***ACT Fidelity Assessment***

**for**

***Genesis Behavioral Health***

*Conducted on October 25, 2016*

*Final Report issued January 11, 2017*

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## I. ACRONYMS

ACT	Assertive Community Treatment
BMHS	Bureau of Mental Health Services
CMHA	Community Mental Health Agreement
CMHC	Community Mental Health Center
CSP	Community Support Program
DHHS	Department of Health and Human Services
EBP	Evidence Based Practice
ES	Emergency Services
FTE	Full Time Equivalency
GBH	Genesis Behavioral Health
LU	Low Service Utilization
MH	Mental Health
NH	New Hampshire
NHH	New Hampshire Hospital
PSA	Peer Support Agency
PIP	Program Improvement Plan
QA	Quality Assurance
QAI	Quality Assurance and Improvement
QSR	Quality Service Review
SAMHSA	Substance Abuse and Mental Health Services Administration
SE	Supportive Employment
SMI	Severe Mental Illness
SPMI	Severe and Persistent Mental Illness
VR	Vocational Rehabilitation

## **II. EXECUTIVE SUMMARY**

The Fidelity Team was pleased with the openness and cooperation exhibited from all levels of staff at Genesis Behavioral Health (GBH) in terms of preparation, scheduling, coordination of the assessment activities, access to records, staff, and consumers for the fidelity review.

The outcome of this review for GBH is the achievement of a “Fair Fidelity” rating with a score of 107 out of a possible 140 points. Many areas of strengths were noted, including a strong team leader as well as team staffing, structure and practices that are aligned with the Assertive Community Treatment (ACT) model. Clients are engaged in a flexible level of contact, with many clients receiving frequent and intensive services, including close monitoring and intervention to support illness management. The team included a peer specialist in addition to most other necessary clinical roles.

Areas in need of improvement include the structure of the team meeting, documenting work with natural supports, and increasing staff capacity in nursing, supported employment and co-occurring substance use disorder treatment. Several suggestions are noted under each corresponding Fidelity item below. Additionally, agency leaders noted that the agency, and the team, have recently lost all of their staff who had substance use disorder treatment expertise. Given that comorbid substance use disorders are common among clients who could benefit from ACT, and are a common reason for ongoing problems with recovery, developing this capacity anew should be a high priority for the team and the agency. Hiring some staff and also providing training to current staff on stage-wise, integrated treatment of substance use disorders and SMI will be needed in the coming year. The agency noted that they have been in the process of trying to hire these staff.

Please develop an improvement plan with goals, activities, and timelines to address ACT quality for the coming year, and submit to Michele Harlan by January 25, 2017.

## **III. BACKGROUND AND PURPOSE**

This report describes Assertive Community Treatment (ACT) services at Genesis Behavioral Health. The fidelity review is considered an integral component to complement and validate self-fidelity measures and is intended to promote and assure fidelity to the SAMHSA toolkit (and compliance with the Community Mental Health Agreement (CMHA)).

## **IV. REVIEW SCOPE AND PROCESS (METHODOLOGY)**

The ACT Fidelity Review Team conducted an on-site ACT Fidelity Review on October 25, 2016. This review consisted of:

1. Observation of an ACT team meeting (1 hour)
2. A meeting with ACT direct service staff-separate meetings with different disciplines with different Fidelity Team members (1 hour)
3. Consumer interviews with one Fidelity Team member (30 minutes each)
4. Interview with ACT Team Leader (1 hour)
5. Interview with Peer Specialist (30 minutes)
6. Meeting with CSP Director for an agency overview (45 minutes)
7. Orientation to the electronic medical record (30 minutes)
8. ACT consumer shadowing for 2 Team members of 2 different consumers (1 hour each)
9. Record reviews (2 hours)
10. Exit interview (20 minutes)

The ACT Fidelity Scale was completed following the visit independently by each member of the ACT Fidelity Review Team. A subsequent meeting was held in order to develop consensus scoring results. The scale is divided into three sections: including Human Resources: Structure and Composition, Organizational Boundaries and Nature of Services. Each item is rated on a 5-point response formation ranging from 1= no implementation to 5= full implementation with intermediate numbers representing progressively greater degrees of implementation. Agencies that fully implement ACT according to the scale criteria have shown to have better than those that do not. The following sections address the three areas based on the visit.

## **V. AGENCY OVERVIEW**

Genesis Behavioral Health was celebrating their 50<sup>th</sup> anniversary of providing services to the community on the day of the ACT Fidelity assessment. The Community Support Program offers Individual Therapy, Group Therapy, Medical Services, Functional Support Services, Care Management, Housing, Evidenced Based Practices (Supported Employment, Illness Management and Recovery and Dialectical Behavioral Therapy) and Transportation Services. [http://www.genesisbh.org/programs\\_and\\_services.php?meta=Adult\\_Services&pid=21](http://www.genesisbh.org/programs_and_services.php?meta=Adult_Services&pid=21)

## VI. REVIEW FINDINGS AND RECOMMENDATIONS / REQUIREMENTS

### Human Resources: Structure and Composition

<b>H1 Small caseload:</b> Consumer/provider ratio = 10:1	<b>Rating = 5 out of 5</b>
Comments:	<b>The ratio is less than 10:1 with the current staffing allotment</b>
Sources of Information:	<b>Documents, team leader interview</b>
Recommendations:	<b>The team has room to enroll additional clients on the team with current staffing</b>

<b>H2 Team approach:</b> Provider group functions as team rather than as individual ACT team members; ACT team members know and work with all consumers	<b>Rating = 5 out of 5</b>
Comments:	<b>The Team was impressed that the ACT team really uses a team approach – they staff new multiple consumers and vice versa. The scheduling process seemed to ensure this approach</b>
Sources of Information:	<b>Team meeting, record reviews, interviews</b>
Recommendations:	<b>Continue to follow this practice</b>

<b>H3 Program meeting:</b> Meets often to plan and review services for each consumer	<b>Rating = 3 out of 5</b>
Comments:	<b>The ACT team meets 4 times a week. ACT team meetings are designed to review every consumer every day, but this team did not go through entire roster each day. A 3 was given as it appeared that each client was reviewed at least once a week, however there was not support for more frequent review of each ACT consumer</b>
Sources of Information:	<b>Team meeting, team leader interview</b>
Recommendations:	<b>Try to review full client roster each day. The treatment team was well organized but covered only a minority of consumers; reviewing each consumer daily, if only briefly, will increase communication and coordination. The SAMHSA toolkit contains information about how to achieve this type of treatment team meeting.</b>

<b>H4 Practicing ACT leader:</b> Supervisor of Frontline ACT team members provides direct services		<b>Rating = 4 out of 5</b>
Comments:	<b>Team coordinator is practicing team leader and provides clinical supervision. She says she provides clinical care from 25-50% of her time.</b>	
Sources of Information:	<b>Team meeting, interview with team leader.</b>	
Recommendations:	<b>Aim to allot time in the Team Coordinator's schedule to provide direct clinical care at least 50% of the time. Using a program assistant to do some of the administrative tasks could allow the ACT leader to spend more time providing clinical services.</b>	

<b>H5 Continuity of staffing:</b> Keeps same staffing over time		<b>Rating = 4 out of 5</b>
Comments:	<b>4 positions turned over in past two years per team leader and documentation with names of staff and dates provided by the ACT team 4/11=36%=rating of 4.</b>	
Sources of Information:	<b>Documents and team leader interview.</b>	
Recommendations:	<b>Continue to provide structure, supervision and support to maintain staff job satisfaction. The toolkit "Tips for Program Managers," provides information about how to hire staff that are well matched for the job and thus more likely to stay. Additionally, the team can help staff feel a sense of achievement by highlighting simple recovery successes each week and by publishing monthly success stories throughout the agency.</b>	

<b>H6 Staff capacity:</b> Operates at full staffing		<b>Rating = 4 out of 5</b>
Comments:	<b>Just below 95% capacity in past year - there was only 1 vacancy for 2 months (peer position), 2 other staff took a month or two to fill</b>	
Sources of Information:	<b>Documents and team leader interview.</b>	
Recommendations:	<b>Comments under H5 are also relevant here.</b>	

<b>H7 Psychiatrist on team:</b> At least 1 full-time psychiatrist for 100 consumers works with program		<b>Rating = 4 out of 5</b>
Comments:	<b>Half time psychiatrist for 61 consumers</b>	
Sources of Information:	<b>Documents and team leader interview</b>	
Recommendations:	<b>Capacity for frequent psychiatric intervention is one of the key components to help ACT consumers achieve recovery in the community. The current staffing assignment is reasonable.</b>	

<b>H8 Nurse on team:</b> At least 2 full-time nurses assigned for a 100-consumer program		<b>Rating = 3 out of 5</b>
Comments:	<b>1.0 FTE for team of 60 consumers</b>	
Sources of Information:	<b>Documents, nurse interview</b>	
Recommendations:	<b>Consider hiring an additional nurse to provide mental health-related services.</b>	

<b>H9 Substance abuse specialist on team:</b> A 100-consumer program with at least 2 staff members with 1 year of training or clinical experience in substance abuse treatment		<b>Rating = 1 out of 5</b>
Comments:	<b>Team says they do not have a substance abuse specialist on the team or in the agency. ACT consumers with serious substance abuse issues were not receiving stage-wise substance abuse interventions. The CMHC has been actively recruiting for staff with expertise in treating substance use disorders.</b>	
Sources of Information:	<b>Documents, team leader interview</b>	
Recommendations:	<b>Hire substance abuse specialist, continue to utilize training and supervision opportunities</b>	

<b>H10 Vocational specialist on team:</b> At least 2 team members with 1 year training/experience in vocational rehabilitation and support	<b>Rating = 2 out of 5</b>
Comments:	<b>0.8-1.39 FTE/100 consumers. We did not see indication of supported employment per the EBSE model occurring.</b>
Sources of Information:	<b>Team leader interview, chart review</b>
Recommendations:	<b>Aim to have 2 FTEs or more with 1 year vocational rehab training or supervised VR experience per 100 clients. The ACT team could consider creating more structure to the position held by staff person who was designated to provide SE to enable increased provision of SE services</b>

<b>H11 Program size:</b> Of sufficient absolute size to consistently provide necessary staffing diversity and coverage	<b>Rating = 4 out of 5</b>
Comments:	<b>While the team is large, it has only 1 Master's level clinician and no substance use staff, and lower than suggested SE and nursing.</b>
Sources of Information:	<b>Document, team leader interview</b>
Recommendations:	<b>Explore mechanisms to develop and enhance the necessary staff expertise.</b>

**Organizational Boundaries**

<b>O1 Explicit admission criteria:</b> Has clearly identified mission to serve a particular population. Has and uses measurable and operationally defined criteria to screen out inappropriate referrals.	<b>Rating = 5 out of 5</b>
Comments:	<b>Criteria align with toolkit recommendations and BMHS guidance</b>
Sources of Information:	<b>Document from GBH, clinician, team leader and client interview</b>
Recommendations:	<b>Continue with current practice</b>

<b>O2 Intake rate:</b> Takes consumers in at a low rate to maintain a stable service environment.	<b>Rating = 4 out of 5</b>
Comments:	<b>Took in 1-5 consumers per month in past 6 months. The document and the listing of client on the team do not exactly match up. It appears that they had to have admitted more than 6 clients in October, 2016</b>
Sources of Information:	<b>Document from GBH, clinician, team leader interview</b>
Recommendations:	<b>Aim for monthly Intake of 3-6 consumers per month.</b>

<b>O3 Full responsibility for treatment services:</b> In addition to case management, directly provides psychiatric services, counseling/psychotherapy, housing support, substance abuse treatment, employment and rehabilitative services.	<b>Rating = 4 out of 5</b>
Comments:	<b>Substance abuse treatment not available from team</b>
Sources of Information:	<b>Document, team leader and team member interviews, team observation, client shadowing,</b>
Recommendations:	<b>Enhanced capacity for treatment of co-occurring addiction and SMI will enable provision of the full array of services</b>

<b>O4 Responsibility for crisis services:</b> Has 24-hour responsibility for covering psychiatric crises.	<b>Rating = 4 out of 5</b>
Comments:	<b>Team is available by phone but chart reviews and discussion indicated that ES dealt with after-hours crises without necessarily calling team</b>
Sources of Information:	<b>Team leader and staff interviews, team meeting observation,</b>
Recommendations:	<b>Work with Emergency Services to enhance communication on all after hours services to ACT clients by creating a clear, written protocol that is communicated and discussed regularly among ES and ACT staff; consider having ACT team provide all after hours services.</b>

<b>O5 Responsibility for hospital admissions:</b> Is involved in hospital admissions.	<b>Rating = 5 out of 5</b>
Comments:	<b>If before 8 pm, it appears that the team deals with admissions, but after hours not clear that ACT team does admissions.</b>
Sources of Information:	<b>Team leader and staff interviews, chart reviews</b>
Recommendations:	<b>Continue with current practice</b>

<b>O6 Responsibility for hospital discharge planning:</b> Is involved in planning for hospital discharges.	<b>Rating = 5 out of 5</b>
Comments:	<b>Team attempts to be involved in all discharges.</b>
Sources of Information:	<b>Team leader and staff interviews, chart reviews.</b>
Recommendations:	<b>Continue with this practice</b>

<b>O7 Time-unlimited services (graduation rate):</b> Rarely closes cases but remains the point of contact for all consumers as needed.	<b>Rating = 5 out of 5</b>
Comments:	<b>When asked, the ACT Team could not think of any consumers that would “graduate” from the program.</b>
Sources of Information:	<b>Team interviews, team observation, client interviews, documents</b>
Recommendations:	<b>Continue with this practice</b>

**Nature of Services**

<b>S1 Community-based services:</b> Works to monitor status, develop community living skills in community rather than in office.	<b>Rating = 5 out of 5</b>
Comments:	<b>We reviewed 9 charts. The ratios of community to office visits ranged from .5 to 1. The median was .92.</b>
Sources of Information:	<b>Chart review, interviews</b>
Recommendations:	<b>Continue with this practice</b>

<b>S2 No dropout policy:</b> Retains high percentage of consumers.	<b>Rating = 5 out of 5</b>
Comments:	<b>The ACT Team, when asked, could not identify any consumers who have dropped out.</b>
Sources of Information:	<b>Chart review, interviews</b>
Recommendations:	<b>Continue with this practice</b>

<b>S3 Assertive engagement mechanisms:</b> As part of ensuring engagement, uses street outreach and legal mechanisms (probation/parole, OP commitment) as indicated and as available.	<b>Rating = 4 out of 5</b>
Comments:	<b>The Team saw phone calls, street outreach, some legal strategies in the records and heard this discussed in the treatment team and during individual interviews with staff.</b>
Sources of Information:	<b>Team member interviews, team observation, chart reviews.</b>
Recommendations:	<b>Continue and expand use of assertive engagement mechanisms whenever appropriate to maintain engagement with ACT consumers</b>

<b>S4 Intensity of service:</b> High total amount of service time, as needed.	<b>Rating = 5 out of 5</b>
Comments:	<b>We reviewed 9 charts. The mean hours of face-to-face time per week ranged from .62 to 2.4. The median amount of face-to-face hours per week was 1.5 hours per week, the mean was 2 hours. Please note that the most recent Phoenix encounter data report showed that people whose data were reported in the ACT cost center were seen on average 118 minutes, or almost 2 hours, per week.</b>
Sources of Information:	<b>Chart review.</b>
Recommendations:	<b>Continue to employ well-thought-out assertive engagement strategies consistently, which would include street outreach and the use of legal mechanisms whenever appropriate.</b>

<b>S5 Frequency of contact:</b> High number of service contacts, as needed.	<b>Rating = 4 out of 5</b>
Comments:	<b>The Team reviewed 9 charts. The mean number of contacts per week ranged from 1.25 to 6.25. The median number of contacts per week was 3, the average was 3.2. Please note that the most recent ACT Phoenix data report showed that people reported in the ACT cost center had an average of 3.4 encounters per week.</b>
Sources of Information:	<b>Chart review</b>
Recommendations:	<b>ACT is a service designed to help consumers who have been having the most trouble managing their illnesses, thus it is expected that they will require an intensive amount of services, particularly as they stabilize after an illness exacerbation or crisis. As people stabilize, they will need a lower amount of services. Please continue to provide individually tailored services that match the level of need to help people live in recovery in the community.</b>

<b>S6 Work with informal support system:</b> With or without consumer present, provides support and skills for consumer’s support network: family, landlords, and employers.	<b>Rating = 3 out of 5</b>
Comments:	<b>According to document provided by QI dept., ACT team interfaced with 60% of ACT consumers, but chart review only showed 3/10 consumers. Among those 3, ACT was very frequently involved with landlord for 1 consumer, and ACT was infrequently involved with family members.</b>
Sources of Information:	<b>Document from GBH, clinician, team leader interview</b>
Recommendations:	<b>Continue and increase involvement with natural supports and document this so the team can get full credit for the work.</b>

<b>S7 Individualized substance abuse treatment:</b> 1 or more team members provide direct treatment and substance abuse treatment for consumers with substance-use disorders.	<b>Rating = 2 out of 5</b>
Comments:	<b>The Team observed discussion about getting abstinent and AA, but the team does not have SUD (Substance Use Disorder) treatment expertise and does not provide counseling for SUD. Staff were not familiar with stage-wise treatment or IDDT (Integrated Dual Disorder Treatment).</b>
Sources of Information:	<b>Document from GBH, clinician and team leader interviews, team meeting, chart reviews,</b>
Recommendations:	<b>Aim to hire staff trained in SUD treatment, or identify a team member who can become trained and therefore be the team expert. The ACT team can utilize the SAMHSA Integrated Dual Disorder Treatment toolkit for training within the team, and access outside experts for consultation and supervision, if needed.</b>

<b>S8 Co-Occurring disorder treatment groups:</b> Uses group modalities as treatment strategy for consumers with substance-use disorders.	<b>Rating = 1 out of 5</b>
Comments:	<b>Team leader indicated no integrated dual disorder treatment group offered.</b>
Sources of Information:	<b>Team leader interview</b>
Recommendations:	<b>Once a clinician with expertise is on the team, initiate treatment group. One helpful manual for groups is <i>The Integrated Dual Disorders Treatment (IDDT) Recovery Life Skills Program Revised, A Group Approach to Relapse Prevention and Healthy Living</i> by Melinda B. Fox., MA., LADC</b>

<b>S9 Dual Disorders (DD) Model:</b> Uses a non-confrontational, stage-wise treatment model, follows behavioral principles, considers interactions of mental illness and substance abuse, and has gradual expectations of abstinence.	<b>Rating = 2 out of 5</b>
Comments:	<b>The Team observed references indicating a more traditional, confrontational approach rather than a stage-wise strategy for addressing substance use in ACT members. The treatment team does refer to AA and seems familiar with treatment for people in the action stage who are ready quit, but not with strategies to increase motivation and reduce harm.</b>
Sources of Information:	<b>Record review, team and leader interview, chart reviews, team observation</b>
Recommendations:	<b>Same as for S7 and S8.</b>

<b>S10 Role of consumers on team:</b> Consumers involved as team members providing direct services.	<b>Rating = 5 out of 5</b>
Comments:	<b>Team has full time member who is a peer; the team indicates recognition of the importance of her role. This member has been on the team for only a few weeks.</b>
Sources of Information:	<b>Team observation, team leader interview, staff interview, record review.</b>
Recommendations:	<b>Ensure that the consumer on the team is able to access and maintain training and supervision for peer support role. The Office of Consumer and Family Affairs offers a monthly peer specialist support group that would be helpful along these lines. Ensure the team recognizes the unique benefits of peer support for consumers.</b>

## VII. CONCLUSIONS AND NEXT STEPS

Genesis Behavioral Health's score of 107 and "Fair Fidelity" result is admirable given the relative newness of the program and lack of full staffing. More complete documentation and the hiring of specific staff with area expertise will augment the service and facilitate higher fidelity ratings.

Several important areas of focus will be followed by BMHS going forward. We recommend that GBH develop and submit an action plan that addresses the specific goals and measurable objectives that can be implemented toward better fidelity overall, prioritizing the fidelity items where ratings are 3 or below. We look forward to your response within two weeks of receipt of this final report.

## Genesis Behavioral Health

### ACT COMPLIANCE/QUALITY IMPROVEMENT PLAN UPDATE NOVEMBER 2016

Compliance/Quality Indicator	Data Source	Frequency of Review	Expected Outcome	Steps
<b>Increase ACT Penetration Rate</b>	IT, DHHS, ACT Team	Weekly	Increase and maintain ACT census in alignment with 11% penetration rate	<ol style="list-style-type: none"> <li>1. Review of Level 3 clients for ACT as GBH transitions to new teams.</li> <li>2. Identification of ACT clients at intake</li> <li>3. Transition work with staff who resist transfer of client from their care</li> <li>4. Goal of 4-6 clients per month, admitted to ACT</li> </ol>
<b>Service Intensity and Frequency (Reduction in client contacts per week)</b>	IT, QI, Medical Director, ACT Team	Weekly	Full implementation in the EHR, in clinical teams, staff training and monitoring, Goal: 100% by 9/2016	<ol style="list-style-type: none"> <li>1. Protocol to be developed for Medication prompts – phone, face to face or independent needs and review of clients for injections</li> <li>2. Re-work staff /client calendar to provide efficient weekly services per client</li> </ol>
<b>Supported Employment</b>	DHHS, IT, QI, ACT Team	Weekly	Procedures, fidelity audits	<ol style="list-style-type: none"> <li>1. Review of ACT clients for SE</li> <li>2. Two identified staff currently building SE contacts based on ISP and/or ISP revision</li> <li>3. IT to review transmission of Phoenix data for all SE contacts (billable and non-billable)(<b>Completed 6/6/16</b>)</li> <li>4. Fidelity audits to occur quarterly</li> </ol>
<b>Provision of Psychiatric Prescriber Services</b>	DHHS, IT, QI, Medical Director	Ongoing until Resolution	Resolve inaccurate number of contacts appearing in reports	<b>Data has been tested and re-submitted. Errors have been corrected and appear in Phoenix data.</b>

## Genesis Behavioral Health

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- 1. Increase ACT Penetration Rate:** For August, September and October, 6 clients were admitted to ACT. Since October 30, 4 clients have been admitted to ACT.
- 2. Service Intensity and Frequency:** Protocols for medication prompts are in use. The staff/client calendar for daily meetings has been streamlined to provide services as medically necessary for each client. Outcome met.
- 3. Supported Employment:** The SE questions are incorporated in the intake assessment. ACT, SE staff are at .4 FTE for the team. Intake staff are currently being trained to complete non-billable notes to provide coding for submission of SE data.
- 4. Provision of Psychiatric Prescriber Services:** Resolved. Outcome met