

Department of Health and Human Services

Assertive Community Treatment (ACT) Self-Fidelity Response

CMHC:	The Mental Health Center of Greater Manchester Mobile Crisis Support Team (MCST, RU-5220)
DHHS Response Date:	December 1, 2016, 2nd response 1/24/17

Executive Summary:

Thank you for this ACT Fidelity Report and your ongoing efforts to provide high quality services to consumers with psychiatric disabilities.

Please provide additional information to the comments sections and “Areas of Focus” section of your report as follows:

- 1) Under H4, please substantiate your rating by providing the percentage of time the leader spends in clinical practice, and provide a goal, action steps, and timeline for this area.
- 2) Under item O6, S10, please provide timeline for this goal.
- 3) Under items S4 and S5 S6 please provide more information and/or formulas that support the ratings.
- 4) Any other items scoring 3 or lower should be addressed in your Areas of Focus.

We commend you for providing an ACT service that aligns with Good Implementation. We are delighted that you have co-occurring disorders expertise on your team that has the capacity for Integrated Dual Disorders Treatment. We are also delighted that you have had the opportunity for a peer on your team and look forward to when you are able to replace that vacancy. Please ensure that he or she can maintain a peer support role, and encourage him/her to attend the peer specialist support group sponsored by the Office of Consumer and Family Affairs.

Please submit an updated Fidelity Review to Michele Harlan by December 16, 2016.

Thank you for your 2nd response to the MHCGM ACT Fidelity Report originally dated “October, 2016 – First Submitted” and updated, corrected and “December 2016 -Amended.” Upon review we have determined that MHCGM MCST is substantially in compliance with the purpose and intent of the self-fidelity process. We have updated the DHHS response herein accordingly.

Additionally the Areas of Focus section in your December 2016 – Amended report are responsive and acceptable with details, action steps, and timelines linked back to the scale items and prioritized the elements that MHCGM MCST will focus on for improvement. And congratulations on hiring the Peer Specialist! These prioritized Areas of Focus will be the basis for any technical assistance and follow-up activities with BMHS.

This CMHC self-review resulted in an Implementation rating of:	Good Implementation Agree
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Out of a possible 140 points the CMHC reported a score of:	116 Agree
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Improvement Plan Required: Yes	X	No further action needed:	Resubmit: X Address items: as mentioned above

Score Range	Implementation Rating
113 - 140	Good Implementation
85 - 112	Fair Implementation
84 and below	Not Assertive Community Treatment

Human Resources: Structure and Composition

H1 Small caseload: Consumer/provider ratio = 10:1	Rating = 5 out of 5
DHHS Response:	Acceptable recommendations

H2 Team approach: Provider group functions as team rather than as individual ACT team members; ACT team members know and work with all consumers	Rating = 4 out of 5
DHHS Response:	Acceptable recommendations

H3 Program meeting: Meets often to plan and review services for each consumer	Rating = 4 out of 5
DHHS Response:	Acceptable recommendations

H4 Practicing ACT leader: Supervisor of Frontline ACT team members provides direct services	Rating = 3 out of 5
DHHS Response:	A goal with timeline is needed in this area Acceptable recommendations

H5 Continuity of staffing: Keeps same staffing over time	Rating = 4 out of 5
DHHS Response:	Acceptable recommendations

H6 Staff capacity: Operates at full staffing	Rating = 3 out of 5
DHHS Response:	Acceptable recommendations The updated report notes that salary adjustments and on call stipend has been implemented to enhance staff retention.

H7 Psychiatrist on team: At least 1 full-time psychiatrist for 100 consumers works with program	Rating = 3 out of 5
DHHS Response:	Acceptable recommendations

H8 Nurse on team: At least 2 full-time nurses assigned for a 100-consumer program	Rating = 2 out of 5
DHHS Response:	Acceptable recommendations The updated report indicates that a nurse has been hired.

H9 Substance abuse specialist on team: A 100-consumer program with at least 2 staff members with 1 year of training or clinical experience in substance abuse treatment	Rating = 5 out of 5
DHHS Response:	Acceptable

H10 Vocational specialist on team: At least 2 team members with 1 year training/experience in vocational rehabilitation and support	Rating = 3 out of 5
DHHS Response:	Acceptable recommendations The updated report notes that an additional vocational specialist has been hired, and it was implied that this specialist will be assigned to the MCST team. Acceptable response

H11 Program size: Of sufficient absolute size to consistently provide necessary staffing diversity and coverage	Rating = 5 out of 5
DHHS Response:	Acceptable

Organizational Boundaries

01 Explicit admission criteria: Has clearly identified mission to serve a particular population. Has and uses measurable and operationally defined criteria to screen out inappropriate referrals.	Rating = 5 out of 5
DHHS Response:	Acceptable

02 Intake rate: Takes consumers in at a low rate to maintain a stable service environment.	Rating = 5 out of 5
DHHS Response:	Acceptable

03 Full responsibility for treatment services: In addition to case management, directly provides psychiatric services, counseling/ psychotherapy, housing support, substance abuse treatment, employment and rehabilitative services.	Rating = 5 out of 5
DHHS Response:	Acceptable

04 Responsibility for crisis services: Has 24-hour responsibility for covering psychiatric crises.	Rating = 5 out of 5
DHHS Response:	Acceptable

05 Responsibility for hospital admissions: Is involved in hospital admissions.	Rating = 5 out of 5
DHHS Response:	Acceptable

06 Responsibility for hospital discharge planning: Is involved in planning for hospital discharges.	Rating = 4 out of 5
DHHS Response:	Acceptable recommendation. Please provide timeline for this goal

07 Time-unlimited services (graduation rate): Rarely closes cases but remains the point of contact for all consumers as needed.	Rating = 4 out of 5
DHHS Response:	Acceptable

Nature of Services

S1 Community-based services: Works to monitor status, develop community living skills in community rather than in office.	Rating = 5 out of 5
DHHS Response:	Acceptable

S2 No dropout policy: Retains high percentage of consumers.	Rating = 5 out of 5
DHHS Response:	Acceptable

S3 Assertive engagement mechanisms: As part of ensuring engagement, uses street outreach and legal mechanisms (probation/parole, OP commitment) as indicated and as available.	Rating = 5 out of 5
DHHS Response:	Acceptable

S4 Intensity of service: High total amount of service time, as needed.	Rating = 5 out of 5
DHHS Response:	Please provide formula that supports the rating Acceptable

S5 Frequency of contact: High number of service contacts, as needed.	Rating = 5 out of 5
DHHS Response:	Please provide formula that supports the rating Acceptable

S6 Work with informal support system: With or without consumer present, provides support and skills for consumer's support network: family, landlords, employers.	Rating = 5 out of 5
DHHS Response:	Acceptable

S7 Individualized substance abuse treatment: 1 or more team members provides direct treatment and substance abuse treatment for consumers with substance-use disorders.	Rating = 4 out of 5
DHHS Response:	Acceptable

<p>S8 Co-Occurring disorder treatment groups: Uses group modalities as treatment strategy for consumers with substance-use disorders.</p>	<p>Rating = 1 out of 5</p>
<p>DHHS Response:</p>	<p>To achieve high fidelity on this item the center would need to provide an integrated co-occurring treatment group at the agency.</p> <p>The organization would transfer clients with significant substance use disorder onto the team that specializes in co-occurring disorder treatment, but a group is not available via that team either. Supporting use of self- help or groups outside of the organization may be beneficial, but tailored, co-occurring groups may be fully tailored to this group, which can be quite helpful.</p>

<p>S9 Dual Disorders (DD) Model: 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.</p>	<p>Rating = 5 out of 5</p>
<p>DHHS Response:</p>	<p>Acceptable</p>

<p>S10 Role of consumers on team: Consumers involved as team members providing direct services.</p>	<p>Rating = 1out of 5</p>
<p>DHHS Response:</p>	<p>Acceptable recommendations. Please provide timeline for this goal.</p> <p>The team has hired a person into this role. Plan is Acceptable.</p>