



## **Assertive Community Treatment (ACT) Fidelity Review Report**

### **West Central Behavioral Health**

On-Site Review Dates: January 9 & 10, 2023

Final Report Date: February 1, 2023

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## **BACKGROUND / AIM**

Evidence-based Practices (EBPs) like Assertive Community Treatment (ACT) help improve recovery outcomes for individuals with mental illness through the provision of quality services that are high in value and proven effective. To monitor and improve ACT services, Community Mental Health Centers (CMHCs) in NH participate in annual fidelity reviews for their ACT programs. Dartmouth Health consultants follow the evidence-based practice (EBP) fidelity protocol and process for ACT fidelity reviews. Per the protocol, only services that are provided in-person count as face-to-face toward scoring because this is the service delivery method that has been thoroughly researched. As a result of the pandemic, some programs have shifted to providing virtual (tele video / phone) services in addition to in-person (face-to-face) interventions. Starting SFY 2023, Dartmouth consultants will include data/information about the amount of virtual (telehealth/telephone) services that are being provided; however, these types of services will not count toward scoring, per the fidelity model.

## **METHODOLOGY**

Dartmouth Health consultants and CMHCs will work together to complete a fidelity review during a 2-day on-site visit, following the Dartmouth ACT (DACTS) protocol and fidelity scale. Following the fidelity review, Dartmouth consultants will provide each ACT team with a detailed fidelity report that provides observations, feedback, strengths, and recommendations, within 4 weeks of the consultation. Dartmouth consultants will continue to implement a strengths-based approach to identify strengths of programs, share successes, & facilitate CMHC peer to peer(s) consultation.

The consultants are grateful for the professional courtesies and work invested by the WCBH staff in developing and providing these activities as part of the ACT fidelity review process. The various sources of information used for this fidelity review included:

- Reviewing records of individuals receiving ACT services
- Reviewing documents regarding ACT services
- Reviewing data from the ACT team
- Observation of ACT daily team meeting
- Interviews with the following CMHC staff: ACT team leader, ACT prescriber, ACT nurses, ACT peer support specialist, agency vocational specialist, and other members of the ACT team
- Meeting with individuals receiving ACT services

## REVIEW FINDINGS AND RECOMMENDATIONS

The following table includes: Fidelity items, observations, and recommendations.

KEY
<input checked="" type="checkbox"/> = In effect <input type="checkbox"/> = Not in effect

Item	Rating	Observation(s) & Recommendation(s)
H1 Small Caseload	5	<p style="text-align: center;"><u>OBSERVATIONS</u></p> <p>ACT teams should maintain a low ACT client-to-staff ratio to ensure adequate intensity and individualization of services. The WCBH ACT team supports a small caseload, as:</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> The ACT client to ACT team member ratio is 10:1 or lower.</li> </ul> <p><i>Item formula:</i>  <u>Number of individuals currently receiving ACT services</u>                      Number of FTE staff = ACT staff : ACT client ratio</p> <p>57 / 5.9 = 9.7</p>
H2 Team Approach	4	<p style="text-align: center;"><u>OBSERVATIONS</u></p> <p>In order to maintain continuity of care, the entire ACT team should share responsibility for each individual receiving ACT services. This creates familiarity, which is helpful for ongoing treatment, as well more efficiently and effectively addresses any crises that may arise. The team approach on the WCBH ACT team is evidenced by:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 90% or more of individuals receiving ACT had face-to-face contact with at least 2 different ACT staff over 2 weeks.</li> </ul> <p>According to the data reviewed, 80% of individuals receiving WCBH ACT services had face-to-face contacts with at least 2 different ACT staff over a 2-week period.</p> <p style="text-align: center;"><u>RECOMMENDATION</u></p> <p>The ACT team leader should monitor the frequency that ACT staff rotates contact with different individuals receiving ACT services. It might be helpful for the team to be more intentional about having individuals see different types of providers on the team in the same 2 weeks.</p> <p>Some individuals receiving ACT services are not seen by multiple different ACT team members regularly and may be a result of staff members focusing too much on their “primary” caseloads. The ACT team leader should carefully monitor individuals having contact with different members of the team, and be intentional about having individuals see different providers on the team in the same 2 weeks.</p>

Item	Rating	Observation(s) & Recommendation(s)
		<p>All staff, with the exception of the prescriber, should conduct home visits and other case management duties in order to get to know ACT clients. This generalist role is important in the spirit of ACT in order to provide all individuals receiving ACT services with familiarity of all ACT staff. Additionally, having all staff know all ACT clients can be helpful in the event of a coverage, crisis management, and staffing changes.</p>
<p>H3 ACT Team Meeting</p>	<p>2</p>	<p style="text-align: center;"><u>OBSERVATIONS</u></p> <p>Daily team meetings allow ACT team members to discuss individuals receiving ACT services, solve problems, and plan treatment and rehabilitation efforts, ensuring all individuals receive optimal service. The WCBH ACT team uses the following team meeting strategies:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Meets at least 4 times per week to plan and review services for each individual receiving ACT services.</li> <li><input type="checkbox"/> Team meetings are taking place with the entire team in-person.</li> <li><input checked="" type="checkbox"/> The ACT team reviews the full caseload during each treatment team meeting.</li> <li><input checked="" type="checkbox"/> Part-time ACT staff attend at least twice weekly &amp; full-time ACT staff attend all meetings throughout the week.</li> </ul> <p>According to the information provided, the WCBH ACT team currently meets 3 times per week. Two of the meetings are being held virtually, while 1 meeting is hybrid, with some staff in-person and some attending via phone.</p> <p style="text-align: center;"><u>RECOMMENDATION</u></p> <p>While the WCBH ACT team is meeting 3 times per week, the treatment team meetings are taking place primarily virtually, rather than fully in-person. While virtual team meetings can be convenient, virtual meetings do not hold the same quality as in-person meetings. When meetings are virtual, communication is not as smooth, technical challenges interfere, staff do not get to know each other as well, there are more distractions, and people tend to multi-task, etc.</p> <p>Team meetings serve as the hub for coordination of care, consultation, team bonding, etc. The recommendation is to shift back to all in-person meetings and to review the entire caseload at each meeting. If more than half of the meetings or participation is virtual, 2 points are deducted from the item score. If less and half of the meetings or participation is virtual, only 1 point is deducted. In order for virtual to count toward team meeting frequency, participants should have their cameras on. It is understood that there are some exceptions to this rule which have been disclosed to reviewers.</p>
<p>H4 Practicing Team Leader</p>	<p>5</p>	<p style="text-align: center;"><u>OBSERVATIONS</u></p> <p>The ACT team leader should provide frontline direct services, as research shows this is related to better outcomes for individuals receiving ACT. ACT leaders who have direct clinical contact are better able to model appropriate clinical interventions and remain in touch with individuals receiving ACT. The WCBH ACT team supports supervisor direct services, as:</p>

Item	Rating	Observation(s) & Recommendation(s)
		<input checked="" type="checkbox"/> The ACT team leader provided direct services at least 50% of the time.  According to the data reviewed, the WCBH ACT team leader provided direct services 50% of the time.
H5 Continuity of Staffing	3	<p style="text-align: center;"><u>OBSERVATIONS</u></p> <p>Maintaining a consistent staff enhances team cohesion; additionally, consistent staffing enhances the therapeutic relationships between individuals receiving ACT services and providers. The WCBH ACT team maintains staffing as follows:</p> <p><input type="checkbox"/> The ACT team has had less than a 20% turnover rate over the past 2 years.</p> <p>According to the data reviewed, the WCBH ACT team had a 45% turnover rate over the past 2 years. Turnover and retention has been a challenge nationwide.</p> <p><i>Item formula:</i>  <math display="block">[(\# \text{ of staff work on team over 2 years} - \text{Total } \# \text{ positions}) / \text{Total } \# \text{ of positions}] \times (12 / \# \text{ of months}) = \text{Turnover rate}</math> <math display="block">[(21-11) / 11] \times 12/24 = 0.45 \text{ Turnover rate}</math></p> <p style="text-align: center;"><u>RECOMMENDATION</u></p> <p>There are multiple strategies to consider when exploring strategies around staff retention. Some evidence-based retention strategies include:</p> <ul style="list-style-type: none"> <li>• Positive recognition and incentives</li> <li>• Loan repayment programs</li> <li>• Individual career development plans</li> <li>• Improved technology to provide services (hot spot, laptop, cell phone, EHR, etc.)</li> <li>• Information about positive individual outcomes with high-fidelity EBPs</li> <li>• Quality regular supervision</li> <li>• Reasonable practice-adjusted productivity standards</li> <li>• Ongoing training</li> <li>• Specific job description for each role</li> <li>• Routine retention interviews (“What keeps you here?”)</li> <li>• Staff development and team building activities</li> </ul>

Item	Rating	Observation(s) & Recommendation(s)
H6 Staff Capacity	4	<p style="text-align: center;"><u>OBSERVATIONS</u></p> <p>Maintaining consistent, multidisciplinary services requires minimal position vacancies. The WCBH ACT team operates at the following staffing level:</p> <p><input type="checkbox"/> The ACT team operated at 95% of more of full staffing in the past 12 months.</p> <p>According to the data reviewed, the WCBH ACT team operated at 89% of full staffing in the past 12 months.</p> <p><i>Item formula:</i>  <math>100 \times (\text{sum of vacancies} / \text{month}) / \text{Total \# of staff positions} \times 12 = \text{Absent position \%}</math></p> <p><math>100 - (100 \times \{14 / (11 \times 12)\}) = 89.4 \%</math></p> <p style="text-align: center;"><u>RECOMMENDATION</u></p> <p>The ACT team leader should work with their Human Resources and Marketing department to develop innovative approaches to recruiting ACT staff members for the vacant positions. Maintaining consistent multidisciplinary services, continuity of care, and solid ACT team coverage requires minimal position vacancies. Focusing on staff retention is one strategy to avoid vacancies. Please see Recommendation in item H5, Continuity of Staffing.</p> <p>Evidence-based strategies to consider when exploring recruitment and hiring include:</p> <ul style="list-style-type: none"> <li>• Outline competitive benefits &amp; compensation</li> <li>• Outline loan repayment programs available</li> <li>• Outline how agency helps develop career (i.e. licensure supervision, ongoing training)</li> <li>• Provide specific job description, including what ACT is, and why it is important (improved outcomes)</li> <li>• Stress the hire will develop skills in providing evidenced-based care</li> <li>• Outline opportunity for growth</li> <li>• Sign-on bonuses</li> <li>• Referral bonuses for current employees</li> <li>• Provide realistic job previews / job shadowing</li> <li>• Multimodal advertising, job fairs &amp; social media</li> <li>• Provide internships / hire intern</li> <li>• Advertise scheduling flexibility</li> </ul>

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<p>H7 Psychiatrist / Prescriber on Staff</p>	<p>4</p>	<p style="text-align: center;"><u>OBSERVATIONS</u></p> <p>The prescriber is imperative to ensuring psychiatric assessment and medication services. The WCBH ACT team ensures there is enough prescriber time dedicated, as:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> The ACT prescriber is assigned at least 1.0 FTE for every 100 ACT clients.</li> <li><input checked="" type="checkbox"/> The prescriber functions as a fully integrated team member, participating in treatment planning &amp; rehabilitation efforts.</li> </ul> <p>The WCBH ACT team prescriber is assigned 0.44 FTE on the ACT team, serving 57 individuals receiving ACT services.</p> <p><i>Item formula:</i>  FTE value x 100 / Number of individuals receiving ACT services served = FTE per 100 individuals receiving ACT services  0.44 x 100 / 57 = 0.77 FTE per 100 individuals</p> <p style="text-align: center;"><u>RECOMMENDATION</u></p> <p>ACT is a highly integrated multi-disciplinary team of providers with distinct and defined specific roles. As such, the design, spirit and intent of high-fidelity ACT services is to ensure all individuals receiving ACT services have access to ample psychiatry services provided by the ACT team. Given the size of the WCBH ACT team, the agency should explore ways to increase psychiatry time to at least 0.57 FTE, and more if the number of individuals receiving ACT services increases.</p>
<p>H8 Nurse (RN) on Staff</p>	<p>2</p>	<p style="text-align: center;"><u>OBSERVATIONS</u></p> <p>The ACT nurse has been found to be a critical ingredient in successful ACT programs. The WCBH ACT team ensures there is enough nurse time dedicated, as:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> The ACT nurse is assigned at least 2.0 FTE for every 100 individuals receiving ACT services.</li> <li><input checked="" type="checkbox"/> The nurse functions as a fully integrated team member, participating in treatment planning and rehabilitation efforts.</li> </ul> <p>The WCBH ACT team nurses are assigned 0.3 FTE, combined, on the ACT team, serving 57 individuals receiving ACT services. One nurse is an RN and one nurse is an LPN. If there is no RN on the ACT team to support an LPN, LPNs do not count toward scoring. If there is an RN on the ACT team, as such at WCBH, the LPN counts at half of their time under the RN's support; therefore, the LPN is counted as 0.1 FTE, rather than 0.2 FTE.</p> <p><i>Item formula:</i>  FTE value x 100 / Number of individuals receiving ACT services served = FTE per 100 individuals receiving ACT services  0.2 + 0.1 = 0.3 x 100 / 57 = 0.53 FTE per 100 individuals</p>

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		<p style="text-align: center;"><u>RECOMMENDATION</u></p> <p>ACT is a highly integrated multi-disciplinary team of providers with distinct and defined specific roles. As such, the design, spirit and intent of high-fidelity ACT services is to ensure all individuals receiving ACT services have access to ample nursing services provided by the ACT team. Given the current size of the WCBH ACT team, the agency should explore ways to increase the nurse time to at least 1.14 FTE, and more if the number of individuals served increases.</p> <p>The WCBH ACT team should continue to support the partnership between the RN and LPN in order for the LPN to continue getting RN support and to coordinate services the LPN may not be able to provide.</p>
H9 Substance Abuse Specialist (SAS) on Staff	1	<p style="text-align: center;"><u>OBSERVATIONS</u></p> <p>Concurrent substance use disorders and mental health diagnoses are very common, and appropriate integrated assessment and intervention strategies are critical; therefore, it is important to have a specialist dedicated to co-occurring disorders. The WCBH ACT team ensures there is enough SAS time dedicated, as:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> The ACT SAS is assigned at least 2.0 FTE for every 100 individuals receiving ACT services.</li> <li><input type="checkbox"/> The ACT SAS functions as a fully integrated team member, participating in treatment planning and rehabilitation efforts</li> </ul> <p>The WCBH ACT team SAS position is currently vacant.</p> <p style="text-align: center;"><u>RECOMMENDATION</u></p> <p>ACT is a highly integrated multi-disciplinary team of providers with distinct and defined specific roles. As such, the design, spirit and intent of high-fidelity ACT services is to ensure all individuals receiving ACT services have access to COD treatments provided by the ACT team. Given the size of the ACT team, the agency should consider hiring at least 1.14 FTE total of substance abuse specialists.</p>
H10 Vocational Specialist on Staff	1	<p style="text-align: center;"><u>OBSERVATIONS</u></p> <p>Work can be an integral part in one's recovery. It's important to have someone who specializes in vocational services on the ACT team. The WCBH ACT team ensures there is enough vocational specialist time dedicated, as:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> The ACT vocational specialist is assigned at least 2.0 FTE for every 100 individuals receiving ACT services.</li> <li><input checked="" type="checkbox"/> The ACT vocational specialist functions as a fully integrated team member, participating in team meetings and treatment planning efforts.</li> <li><input type="checkbox"/> The ACT vocational specialist functions as a fully integrated team member, participating in rehabilitation generalist efforts.</li> </ul>



Item	Rating	Observation(s) & Recommendation(s)
		<p>The WCBH ACT team has a staff identified as the vocational specialist serving the team, but given the limited time this staff has to work with ACT clients (0.2 FTE) assigned for a 57 client caseload, and the inability for the staff to provide home visits and other “generalists” roles that would allow him to meet all ACT clients, this position does not meet the requirements to count as an ACT staff.</p> <p style="text-align: center;"><u>RECOMMENDATION</u></p> <p>ACT is a highly integrated multi-disciplinary team of providers with distinct and defined specific roles. As such, the design, spirit and intent of high-fidelity ACT services is to ensure all individuals receiving ACT services have access to employment services provided by ACT. Given the current size of the ACT team, the agency should explore ways to dedicate 1.14 FTE vocational specialist time. This will allow all clients that are interested in employment will have access to this specialty service.</p> <p>The current staff that is providing vocational services does not meet the full criteria to be considered an ACT team member which include the following:</p> <ol style="list-style-type: none"> <li>1. The staff must conduct home visits and other case management duties (except the prescriber) in order to get to know ACT clients.</li> <li>2. The staff member must also attend treatment team meetings at least twice per week if part-time and at least 4 times per week if full-time.</li> <li>3. The ACT supervisor / team leader considers the person an ACT staff.</li> </ol> <p>The generalist role is important in the spirit of ACT in order to provide all individuals receiving ACT services with familiarity of all ACT staff, as well as so all ACT staff can be of assistance to any individual.</p> <p>Given the number of individuals receiving ACT services, and the limited number of individuals receiving IPS services, there are individuals who would benefit from IPS services that are not accessing the service. Research estimates about 60% of individuals with SPMI would be interested and benefit from work when given the opportunity to explore that option with support. The design, spirit and intent of high-fidelity ACT is to ensure all individuals receiving ACT services have access to all offered services, including IPS.</p>
H11 ACT Team Size	3	<p style="text-align: center;"><u>OBSERVATIONS</u></p> <p>It is imperative to have an integrated approach to mental health services where a range of treatment issues are addressed from a variety of perspectives. In order for this to be successful, it is critical to maintain adequate staff size and disciplinary background to provide comprehensive, individualized service to each individual receiving ACT services. The WCBH ACT team ensures they have the capacity for these services, as:</p> <p><input type="checkbox"/> The ACT team has at least 10.0 FTE staff assigned.</p>

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		<p>The WCBH ACT team currently has 6.34 FTE staff assigned to the ACT team.</p> <p style="text-align: center;"><u>RECOMMENDATION</u></p> <p>The ACT team leader and the agency should increase the Program Size by increasing the FTEs for the SAS, vocational specialist, psychiatrist, and nurse positions (Please see Recommendations for items H7 through H10). Maintaining an adequate staff size with specialty disciplinary backgrounds ensures individuals receiving ACT services are receiving comprehensive, individualized services, as well as ensures other individuals who might benefit from ACT services have access to ACT services.</p>
O1 Explicit Admission Criteria	5	<p style="text-align: center;"><u>OBSERVATIONS</u></p> <p>ACT is best suited for individuals who do not benefit from less intensive mental health services. The WCBH ACT team has a well-defined system for ACT admissions, as follows:</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> The ACT team has and uses measurable and operationally defined criteria to screen out inappropriate referrals.</li> <li><input checked="" type="checkbox"/> The ACT team actively recruits a defined population and all cases comply with explicit admission criteria.</li> <li><input checked="" type="checkbox"/> The ACT team does NOT bow to organizational pressure.</li> </ul>
O2 Intake Rate	5	<p style="text-align: center;"><u>OBSERVATIONS</u></p> <p>To provide consistent, individualized, and comprehensive services to individuals receiving ACT services, a low growth rate individuals starting the ACT team is necessary. The WCBH ACT team maintains a stable service environment, as:</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> The highest monthly intake rate in the last 6 months for the ACT team was no greater than 6 individual receiving ACT services per month.</li> </ul>
O3 Full Responsibility for Treatment Services	3	<p style="text-align: center;"><u>OBSERVATIONS</u></p> <p>People benefit when services are integrated into a single team, rather than when they are referred out to different service providers. Furthermore, an integrated approach allows services to be tailored to each individual receiving ACT services. The WCBH ACT team provides the following services, in addition to case management:</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Psychiatry; medication, administration, monitoring, and documentation</li> <li><input type="checkbox"/> Counseling / individual supportive therapy</li> <li><input checked="" type="checkbox"/> Housing support</li> <li><input type="checkbox"/> Substance use disorder treatment</li> <li><input type="checkbox"/> Employment or other rehabilitative counseling / support</li> </ul>

Item	Rating	Observation(s) & Recommendation(s)
		<p style="text-align: center;"><u>RECOMMENDATION</u></p> <p>It is imperative that all individuals receiving ACT services have access to all comprehensive services, including SAS, vocational, and counseling services. Individuals benefit when services are integrated into a single team, rather than when they are referred to other non-ACT service providers.</p> <p><u>Counseling services:</u> Individuals benefiting from therapy services should receive those services from ACT staff. The ACT team might consider using a stepwise transition for individuals who might be receiving therapy services from non-ACT staff to ACT clinicians. Additionally, the ACT team should carefully review each individual regularly to monitor whether or not therapy services might be beneficial.</p> <p><u>Substance Use Disorder treatment:</u> It is important for ACT clients to have access to staff specifically trained to provide substance use disorder treatment. Please see Recommendations for items H9, S7, S8, and S9 regarding the importance of individuals receiving ACT services having access to substance use disorder treatment.</p> <p><u>Vocational services:</u> It is imperative that all individuals receiving ACT services have access to comprehensive services, including employment services. The ACT team should have 1.14 FTEs of vocational specialists in order for this service to be available to all individuals. Please see recommendation in item H10.</p>
O4 Responsibility for Crisis Services	1	<p style="text-align: center;"><u>OBSERVATIONS</u></p> <p>An immediate response can help minimize distress when individuals are faced with crisis. When the ACT team provides crisis intervention, continuity of care is maintained. The WCBH ACT team is responsible for crisis services in the following ways:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> ACT is the first line of crisis intervention for individuals receiving ACT services is 24 hours a day, 7 days per week.</li> <li><input type="checkbox"/> If the ACT team is not the first line of crisis, the covering entity(s) consistently calls the ACT team.</li> <li><input type="checkbox"/> If the ACT team is not the first line of crisis, the covering entity(s) has a protocol with how to work with individuals receiving ACT services.</li> </ul> <p style="text-align: center;"><u>RECOMMENDATION</u></p> <p>The ACT team leader and agency should work together to develop a written protocol for the ACT team to directly cover crises 24/7 in order to maintain continuity of care. An immediate response can help minimize distress when individuals receiving ACT services are faced with crises. Direct 24/7 coverage (score of a 5) would mean individuals receiving ACT services can directly call ACT staff 24/7, whether that be direct phone number they can call, or via an on-call system that connects individuals to ACT staff at the time of the incident.</p>

Item	Rating	Observation(s) & Recommendation(s)
		<p>If direct 24/7 coverage is not possible, the ACT team and any crisis covering entity should work together to develop a written protocol with clear instructions for all individuals receiving ACT services, which also includes notifying the ACT team of the incident (score of a 2). Ideally, this protocol should also include a process by which emergency services staff consistently consult with ACT staff at the time of each crisis, if possible (score of 3). Lastly, the crisis covering entity should be able to reliably call the ACT team staff at the time of the crisis, and the ACT team can decide if they want to be directly involved with the client (score of 4).</p>
<p>O5 Responsibility for Hospital Admissions</p>	<p>2</p>	<p style="text-align: center;"><u>OBSERVATIONS</u></p> <p>More appropriate use of psychiatric hospitalization occurs and continuity of care is maintained when the ACT team is involved with psychiatric hospitalizations. The WCBH ACT team is involved in hospital admission planning, as:</p> <p><input type="checkbox"/> The ACT team was involved in 95% or more of hospital admissions.</p> <p>According to the recent data reviewed, the WCBH ACT team was involved in 30% of recent hospital admissions.</p> <p style="text-align: center;"><u>RECOMMENDATION</u></p> <p>The ACT team should closely monitor all individuals receiving ACT services regularly so the ACT team might either divert a crisis or be involved in hospital admissions. When the ACT team is involved with psychiatric hospitalizations, more appropriate use of psychiatric hospitalization occurs and continuity of care is maintained.</p> <p>The ACT team might consider meeting with local law enforcement and hospitals to develop a protocol where individuals receiving ACT services can be identified promptly and ACT staff can assist during hospital admissions.</p>
<p>O6 Responsibility for Hospital Discharge Planning</p>	<p>3</p>	<p style="text-align: center;"><u>OBSERVATIONS</u></p> <p>Ongoing participation of the ACT team during an individual's hospitalization and discharge planning allows the team to help maintain community supports (e.g., housing) and continuity of service. The WCBH ACT team is involved in hospital discharge planning, as:</p> <p><input type="checkbox"/> The ACT team was involved in 95% or more of hospital discharges.</p> <p>According to the data reviewed, the ACT team was involved with 60% of recent hospital discharges.</p>

Item	Rating	Observation(s) & Recommendation(s)
		<p style="text-align: center;"><u>RECOMMENDATION</u></p> <p>The ACT team should work closely and directly with hospital staff and the individual receiving ACT services throughout an individual's psychiatric hospitalization in order to maintain continuity of care and play an active role in discharge planning.</p> <p>The ACT team might consider meeting with all local hospitals to develop a protocol where individuals receiving ACT services can be identified promptly and ACT staff can assist during hospital discharges.</p>
<p style="text-align: center;">O7 Time-Unlimited Services (Graduation Rate)</p>	5	<p style="text-align: center;"><u>OBSERVATIONS</u></p> <p>Individuals often regress when they are terminated from short-term programs. Time-unlimited services encourage the development of stable, ongoing therapeutic relationships. The WCBH ACT team practices time unlimited services as follows:</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Program does not have arbitrary time limits for individuals receiving ACT services admitted to the program cases but remains the point of contact for all individual indefinitely as needed.</li> <li><input checked="" type="checkbox"/> Fewer than 5% of individuals receiving ACT services graduated annually.</li> </ul>
<p style="text-align: center;">S1 Community- based Services</p>	5	<p style="text-align: center;"><u>OBSERVATIONS</u></p> <p>Contacts in natural settings are thought to be more effective than when they occur in hospital or office settings because skills acquired in office-based settings may not transfer well to natural settings. Furthermore, more accurate assessments of individuals can occur in their community setting because the team member can directly observe rather than relying on self-report. The WCBH ACT team practices services in the nature setting, as:</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 80% of more of the total face-to-face contacts were in the community.</li> </ul> <p>According to the records reviewed, the WCBH ACT team provided services in the natural setting 100% of the time!</p>
<p style="text-align: center;">S2 No Drop-out Policy</p>	5	<p style="text-align: center;"><u>OBSERVATIONS</u></p> <p>Outreach efforts, both initially and after individuals are enrolled on an ACT team, help build relationships and ensure individuals receive ongoing services. The WCBH ACT team is able to retain a high percentage of the individuals it serves, as:</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 95% or more of the ACT team caseload was retained over a 12-month period.</li> </ul> <p>According to the data reviewed, 99% of the WCBH ACT team caseload was retained over a 12-month period.</p>

Item	Rating	Observation(s) & Recommendation(s)
		<p><i>Item formula:</i>  # discharged, dropped, moved w/out referral / Total number of individuals receiving ACT services = Drop-out rate</p> <p>2 / 62 = 0.03 % drop out rate</p>
<p>S3  Assertive Engagement Mechanisms</p>	<p>3</p>	<p style="text-align: center;"><u>OBSERVATIONS</u></p> <p>Retention of individuals receiving ACT services is a high priority for ACT teams. Persistent, caring attempts to engage individuals in treatment helps foster a trusting relationship between the individual and the ACT team, and individuals are not immediately discharged from the program due to failure to keep appointments. The WCBH ACT team practices assertive engagement and outreach, as:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> The ACT team demonstrates consistently well thought out strategies and uses street outreach and legal mechanisms whenever appropriate for assertive engagement.</li> <li><input type="checkbox"/> The ACT team has a written assertive engagement strategy protocol.</li> </ul> <p style="text-align: center;"><u>RECOMMENDATION</u></p> <p>It would be useful for the ACT team leader to develop a written “Assertive Engagement Strategies” protocol that includes a list of outreach and engagement strategies that should be used by team members to engage individuals that are either unengaged, tentatively engaged, missing or unable to be located, or not responding to attempts to contact. The protocol should address specific engagement and motivational strategies, use of street outreach, and use of legal mechanisms (as appropriate). The protocol should also delineate when and how strategies are considered and implemented. It would be useful to review individuals who need outreach strategies on a regular basis during ACT team meetings.</p> <p>Clients’ informal support networks can be an important connections to establish. Please see Recommendation for item S6, Work with Informal Support System, regarding the importance of and strategies you might use for including family as engagement resources.</p>
<p>S4  Intensity of Service</p>	<p>3</p>	<p style="text-align: center;"><u>OBSERVATIONS</u></p> <p>To help individuals with serious symptoms maintain and improve their function within the community, high service intensity is often required. The WCBH ACT team provides intense services, as:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Individuals served by the ACT team receive, on average, 2 or more hours per week of face to face service from ACT.</li> </ul> <p>According to the data reviewed, individuals on the ACT team receive, on average, 64 minutes per week of service from ACT team members.</p>

Item	Rating	Observation(s) & Recommendation(s)
		<p style="text-align: center;"><u>RECOMMENDATION</u></p> <p>It may be useful for the ACT team leader to provide specific feedback to ACT team staff on the amount of service hours per week provided to specific individuals receiving ACT services. High service intensity is often required to help individuals maintain and improve their functioning in the community.</p> <p>It is worth noting that staffing challenges, vacancies, and low FTEs (SAS, vocational specialist, nursing) are likely significantly impacting this item and the team's ability to provide intense services.</p>
S5 Frequency of Contact	3	<p style="text-align: center;"><u>OBSERVATIONS</u></p> <p>ACT teams maintain frequent contact to provide ongoing, responsive support as needed. Frequent contacts are associated with improved outcomes. The WCBH ACT team provides frequent services, as:</p> <p><input type="checkbox"/> Individuals served by the ACT team receive, on average, 4 or more visits from ACT staff weekly.</p> <p>According to the data reviewed, individuals on the ACT team receive, on average, of 2 visits per week from ACT staff.</p> <p style="text-align: center;"><u>RECOMMENDATION</u></p> <p>It may be useful for the ACT team leader to provide specific feedback to ACT team members on the frequency of service contacts provided on a weekly basis to individuals receiving ACT services. Frequent contact provides ongoing, responsive support, as well as is associated with improved individual outcomes.</p> <p>It is worth noting that staffing challenges, vacancies, and low FTEs (SAS, vocational specialist, nursing) are likely significantly impacting this item and the team's ability to provide frequent services.</p>
S6 Work with Informal Support System	1	<p style="text-align: center;"><u>OBSERVATIONS</u></p> <p>Research has shown that developing and maintaining community support further enhances individuals' integration and functioning. The WCBH ACT team provides support and skills for individuals' informal support networks, as:</p> <p><input type="checkbox"/> The ACT team averaged 4 or more contacts per month with the individuals' informal support system.</p> <p>According to the data reviewed, the ACT team averaged 0.3 or more contacts per month with the individuals' informal support system in the community</p>

Item	Rating	Observation(s) & Recommendation(s)
		<p><i>Item formula:</i>  (Average contact # / month X individual receiving ACT services w/networks) / Total # of individuals receiving ACT services on team = average number of contacts / month with ISNs</p> <p><math>(1.3 \times 13) / 57 = 0.3</math></p> <p style="text-align: center;"><u>RECOMMENDATION</u></p> <p>Sometimes ACT team members assume that individuals have very limited support networks or that individuals will deny permission to work with support systems. While it's true that some individuals might have limited family contacts, most still have contacts with a broadly defined informal support network in their community.</p> <p>It is useful to train ACT staff on multiple ways to ask about who is in a person's support network and to also train ACT staff to ask multiple times about engaging with their natural support network. Outcomes can often be improved with involvement of natural support networks. For example, feedback from natural supports could be useful to identify an individual's strengths for employment or high-risk situations for substance use triggers.</p> <p>In addition to educating staff about the importance of including support networks (ISNs), it is also helpful to implement a way to consistently track these contacts. Tracking ISNs serves as a reminder of how important and effective involving ISNs is, as well as is a way for the leader to track how the team is doing with this. One way to ensure regular tracking is to do so during every ACT treatment team meeting. This can be done using an ACT treatment team document that includes ISN tracking, among other important items to be documented daily; many teams complete this document by rotating among team members each treatment team meeting.</p>
<p>S7  Individualized  Substance use  disorder  treatment</p>	<p>2</p>	<p style="text-align: center;"><u>OBSERVATIONS</u></p> <p>Substance use disorders often occur concurrently in individuals with serious mental illnesses; these co-occurring disorders require treatment that directly addresses them. One or more members of the WCBH ACT team provide direct substance use disorder treatment for individuals, as follows:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Individuals with CODs receiving ACT services receive, on average, 24 minutes per week or more in formal substance abuse counseling, primarily in the office setting.</li> <li><input type="checkbox"/> The above counseling services have a formal structure, rather than just embedded during home visits.</li> </ul> <p>The WCBH ACT team is currently not providing any formal substance abuse counseling, and the SAS position is currently vacant.</p>



Item	Rating	Observation(s) & Recommendation(s)
		<p style="text-align: center;"><u>RECOMMENDATION</u></p> <p>The ACT team should hire at least 1.14 FTE SAS, as this would be a critical step to meeting the needs of individuals with CODs receiving ACT services, including delivery of individualized substance use disorder treatment, COD groups, and education and consultation to the team regarding the COD treatment model.</p> <p>ACT fidelity indicates this service yields better outcomes when it is structured in a formal way. While SAS services are one important element of the ACT model, it is essential for individuals with a COD to also have access to more formal therapy and interventions provided by clinicians trained to deliver this service. In order for a contact to count toward these services; below are the requirements:</p> <ul style="list-style-type: none"> <li>• Provided by an ACT staff that has a Master’s degree w/counseling component (MSW, CMHC, PsyD, etc.). If the SAS meets this criterion, they may be the staff providing this service. Any ACT staff that meet this criterion (this could be multiple ACT staff), including a master-level ACT intern supervised by a master’s level clinician, can provide this service.</li> <li>• A direct face-to-face contact</li> <li>• At least 20 minutes in duration</li> <li>• Displays evidence of deliberate, empirically supported psychotherapy techniques for SUD and MH diagnoses (i.e., Motivational interviewing, E-IMR, IDDT, etc.)</li> <li>• The meeting is structured and according to clients’ goals, rather than just generic counseling</li> <li>• Needs to be provided in a quiet, confidential setting free from other distractions; given environmental factors, this is often done in an office setting</li> <li>• Approach follows IDDT or ITCOD dual disorder principles</li> <li>• Note reflects a focus on substances/recovery, or describes how the clinician is engaging a client in the pre-contemplation / contemplation stage(s) (i.e., may be engaging via practical needs, learning goals, etc.)</li> <li>• Staff providing the service needs to count as a qualified ACT staff</li> </ul> <p>Although ACT services are primarily meant to be provided in the community setting, ACT fidelity sets aside 20% of services for office-based clinical services, which can be used for individualized formal COD counseling and prescribing services. Formal counseling typically requires a private quiet and disruption-free environment due to the many distractions that may occur in community settings / homes (other people, noise, confidentiality, space, etc.) that could interfere with this important counseling service.</p>
S8 Dual Disorder Treatment Groups	1	<p style="text-align: center;"><u>OBSERVATIONS</u></p> <p>Group treatment has been shown to positively influence recovery for individuals with dual disorders. The WCBH ACT team uses group modalities as a treatment strategy for people with COD, as:</p>

Item	Rating	Observation(s) & Recommendation(s)
		<p data-bbox="531 185 1856 326"> <input type="checkbox"/> 50% or more of the individuals receiving ACT services who have a co-occurring disorder attended co-occurring disorder treatment groups on at least a monthly basis.  <input type="checkbox"/> These above groups are facilitated or co-facilitated by ACT staff.  <input type="checkbox"/> Individuals receiving ACT services are the primary participants of the above groups. </p> <p data-bbox="480 367 1325 399">The WCBH is currently not providing any dual disorder treatment groups.</p> <p data-bbox="1094 440 1346 472" style="text-align: center;"><u>RECOMMENDATION</u></p> <p data-bbox="480 493 1940 634">Research demonstrates that structured CODs groups are one of the most effective treatment strategies to reduce impairments and challenges related to substance use. The ACT team leader might want to provide additional training and supervision around individual engagement and retention in groups. Some COD engagement and individual retention group strategies that might be explored include:</p> <ul data-bbox="537 643 1520 1073" style="list-style-type: none"> <li>• Community-based groups</li> <li>• Changing the name of the group</li> <li>• Providing refreshments</li> <li>• Providing incentives for attending</li> <li>• Having all ACT staff help with engagement</li> <li>• Consider transportation challenges</li> <li>• Consider logistics of group venue- privacy, noise, size of room, time of group, etc.</li> <li>• Co-facilitate groups</li> <li>• Offer group field trips if possible</li> <li>• Advertise the group via flyers, email, other ACT staff, etc.</li> <li>• Do not require acknowledgement of COD for individuals to join</li> <li>• Debrief with each individual after his or her first group</li> </ul> <p data-bbox="480 1114 1950 1255">The ACT team should hire at least 1.14 FTE SAS, as this would be a critical step to meeting the needs of ACT individuals with CODs receiving ACT services, including delivery of COD groups. Please see Recommendation for item H9, SAS on Staff. COD groups do not have to be facilitated by the ACT SAS, and can be facilitated or co-facilitated by any ACT staff qualified to run groups. There are many options for modalities to use to run groups; some examples include E-IMR, IDDT, ITCOD, etc.</p>
S9 Dual Disorders (DD / COD) Model	2	<p data-bbox="1115 1305 1325 1338" style="text-align: center;"><u>OBSERVATIONS</u></p> <p data-bbox="480 1357 1950 1463">The co-occurring disorders model attends to the concerns of both mental health symptoms and substance use challenges in an integrated manner for maximum opportunity for recovery and symptom management. The WCBH ACT team understands and uses an integrated dual disorder approach as follows:</p>

Item	Rating	Observation(s) & Recommendation(s)
		<p data-bbox="531 185 1346 326"> <input checked="" type="checkbox"/> The ACT team is fully based in dual disorders treatment principles.  <input type="checkbox"/> COD treatment is provided by ACT staff members.  <input type="checkbox"/> The ACT team offers COD group services.  <input type="checkbox"/> The ACT team offers COD individual services. </p> <p data-bbox="1094 370 1346 399" style="text-align: center;"><u>RECOMMENDATION</u></p> <p data-bbox="478 418 1944 634"> The ACT team leader and the SAS, once hired, should take a leadership role in ensuring the ACT team has a good understanding of the Dual Disorder model. The team leader and SAS should provide ongoing education and training to all ACT staff on a COD model philosophy, such as Integrated Treatment for COD (ITCOD), also known as Integrated dual Disorder Treatment (IDDT), which includes stage wise treatment approaches and motivational interviewing techniques. Standardizing a fundamental modality of treatment, such as ITCOD / IDDT, may help ensure consistent interventions across the system. The ACT team should also focus on training for new or less experienced staff. </p> <p data-bbox="478 675 1850 743"> Hiring an SAS would be a critical step to meeting the needs of individuals with CODs receiving ACT services, including providing group services. Please see Recommendation for item H9, SAS on Staff. </p> <p data-bbox="478 784 1944 889"> The team must provide individual substance abuse counseling and substance use disorder treatment groups within the team in order to score a 3 on this item. If these services are not offered, the maximum score is a 2. Please see Recommendations for items S7, Individualized Substance use disorder treatment and S8, Dual Disorder Treatment Groups. </p>
S10 Role of Consumers on Treatment Team	5	<p data-bbox="1115 943 1325 972" style="text-align: center;"><u>OBSERVATIONS</u></p> <p data-bbox="478 992 1944 1097"> Research has shown that including individuals with lived experiences as team members on ACT teams improves the practice culture, making it more attuned to individuals' perspectives. The WCBH ACT team endorses the important role of peer support specialist, as: </p> <p data-bbox="531 1122 1713 1187"> <input checked="" type="checkbox"/> The ACT team has an individual with lived experience on the team that has full professional status.  <input checked="" type="checkbox"/> The individual is employed full-time on the ACT team. </p>

## SUMMARY & CONCLUSIONS

Christine Powers, LICSW, MLADC and Katie McDonnell, MSW from Dartmouth Health conducted an ACT fidelity review with WCBH on DATES.

WCBH ACT services demonstrated strengths in the following areas:

- The WCBH ACT team has a knowledgeable and dedicated team leader that provides direct service 50% of the time.
- The WCBH ACT team provides a frequent amount of direct services and in a variety of settings for individuals in the natural environment, which is shown to be more successful for client outcomes.
- The WCBH ACT team has hired and provided effective structures and supports for the peer support specialist, who is well respected and embraced by ACT staff and individuals receiving services.
- Time-unlimited services and carefully thought out graduation from ACT encourage the development and continuity of stable, ongoing therapeutic relationships; the WCBH ACT team practices these strategies and this philosophy with success.
- Given the nationwide staffing challenges, the WCBH ACT team and agency has done a great job of maintaining ACT staff on the team with a manageable caseload, which provides stability and continuity for the individuals served.

WCBH ACT services would benefit from focused quality improvement in the following areas:

- The WCBH ACT team should explore ways to resume in-person team meetings.
- Some WCBH ACT staff identify as “ACT Lebanon” or “ACT Claremont,” which creates a separation of the team, as well as staff not keeping abreast of ACT client updates and maintaining relationships with all participants. The WCBH ACT team should explore ways to implement the “zoning” approach to care, which would allow staff to rotate to different geographical locations on different days. This approach can help improve the team approach, provide ACT clients with a larger pool of staff, and help with staff potentially reducing the experience of burnout, as there is more shared-responsibility for client care.
- The WCBH ACT team would benefit from targeted efforts to increase the level of contact with natural supports, including implementing ways to consistently track these contacts.
- The WCBH ACT team should work to increase the FTEs in the critical specialty role positions (SAS, vocational specialist and nursing). Increasing these FTEs will likely improve scoring on a number of domains including:
  - H8 Nursing
  - H9 SAS on Team
  - H10 Vocational Specialist on Team
  - S4 Intensity of Services
  - S5 Frequency of Services

- S7 Individual SU Treatment
- S8 COD Groups
- S9 Dual Disorders Model

ACT Score Sheet	Rating 1 -5
H1 Small Caseload	5
H2 Team Approach	4
H3 Program Meeting	2
H4 Practicing ACT Leader	5
H5 Continuity of Staffing	3
H6 Staff Capacity	4
H7 Psychiatrist on Team	4
H8 Nurse on Team	2
H9 SAS on Team	1
H10 Vocational Specialist on Team	1
H11 Program Size	3
O1 Explicit Admission Criteria	5
O2 Intake Rate	5
O3 Full Responsibility for Services	3
O4 Responsibility for Crisis services	1
O5 Responsibility for Hospital Admissions	2
O6 Responsibility for Hospital Discharge Planning	3
O7 Time-unlimited Graduation Rate	5
S1 Community-based Services	5
S2 No Dropout Policy	5
S3 Assertive Engagement Mechanisms	3
S4 Intensity of Service	3
S5 Frequency of Contact	3
S6 Work w/Informal Support System	1
S7 Individualized Substance use disorder treatment	2
S8 Co-occurring Disorder Treatment Groups	1
S9 Dual Disorders Model	2
S10 Role of Consumers on Team	5
<b>Total</b>	<b>88</b>

113 - 140 = Full Implementation

**85 - 112 = Fair Implementation**

84 and below = Not ACT

## WCBH ACT Team SFY23 Scoring

