Assertive Community Treatment (ACT)
Fidelity Review Report

Mental Health Center of Greater Manchester
CTT ACT Team

On-Site Review Dates: October 25 – 27, 2022

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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 MHCGM CTT 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 supervisor, ACT prescriber, ACT nurse, ACT peer support specialist, ACT vocational specialists, ACT substance abuse specialists, and other members of the ACT team
- Meeting with individuals receiving ACT services

KEY
☑ = In effect
☐ = Not in effect

REVIEW FINDINGS AND RECOMMENDATIONS

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

Item	Rating	Observation(s) & Recommendation(s)
H1 Small Caseload	5	OBSERVATIONS ACT teams should maintain a low ACT client-to-staff ratio to ensure adequate intensity and individualization of services. The MHCGM CTT ACT team supports a small caseload, as: ☑ The ACT client to ACT team member ratio is 10:1 or lower. *Item formula:* Number of individuals currently receiving ACT services / Number of FTE staff = ACT staff : ACT client ratio 114 / 13.2 = 8.6
H2 Team Approach	4	OBSERVATIONS 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 MHCGM CTT ACT team is evidenced by: ☐ 90% or more of individuals receiving ACT had face-to-face contact with at least 2 different ACT staff over 2 weeks. According to the data reviewed, individuals receiving CTT ACT services had face-to-face contact with at least 2 different ACT staff over a 2 week period 67%* of the time. *Per fidelity, telehealth services are not factored into the calculation. If telehealth visits were included, the rate would have been 78% of the time. RECOMMENDATION The ACT supervisor 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 in the same 2 weeks. Some individuals receiving CTT ACT services are not seen by multiple different ACT team members regularly might be partially due to staff members focusing too much on their "primary" caseloads. The ACT supervisor should carefully monitor individuals having contact with different members of the team. 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.

Item	Rating	Observation(s) & Recommendation(s)
		It is worth noting that though there are some staff listed administratively as CTT ACT team members, though according to fidelity, these staff members are not counted as ACT team members. As a result, services provided by these staff are not counted as ACT team services. In order for staff to be considered an ACT team member, the team member must meet 2 qualifications: 1. The staff must provide a "generalist" role, conducting home visits and other case management duties (except the prescriber) to the ACT caseload as a whole in order to get to know all ACT clients (rather than just seeing individuals getting the specialty service). 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. While certain staff may not count as ACT staff, it can still be beneficial for ACT teams to have supplemental staff that work with a small percentage of the caseload to provide services not offered by ACT (examples might be InShape, residential, or medication delivery services). If these staff cannot provide the generalist role, they do not need to attend teams as frequently since they don't need to meet the attendance metrics required for fidelity, as they will not be counted as ACT staff.
H3 ACT Team Meeting	3	<u>OBSERVATIONS</u> 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 MHCGM CTT ACT team uses the following team meeting strategies: ☑ Meets at least 4 times per week to plan and review services for each individual receiving ACT services. ☐ Team meetings are taking place with the entire team in-person. ☐ The ACT team reviews the full caseload during each treatment team meeting. ☑ Part-time ACT staff attend at least twice weekly. ☑ Full-time ACT staff attend all meetings throughout the week. The CTT ACT team meets 5 days per week, and the entire caseload is reviewed during 1 team meeting per week. While the team is planning on resuming meetings in person, the majority of meetings are taking place virtually via video. The team has moved to 1 in-person meeting per week. If less than half of the meetings are taking place in-person, 2 points are dropped from the item score. <u>RECOMMENDATION</u> The ACT model recommends consistently reviewing all individuals receiving ACT services at each treatment team meeting. Reviewing each individual quickly and concisely will create more focus and better continuity of care. The ACT supervisor might want to consider facilitating the team meeting in a structured manner by assisting team members to share relevant and succinct information.

Item	Rating	Observation(s) & Recommendation(s)
		While the CTT ACT team meets regularly, the majority of treatment team meetings are taking place virtually, rather than in-person. Once all team meetings are happening in-person, full credit will be given for this item, if other criteria is also met. 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, people tend to multi-task, etc. In order for a score of at least a 4 to be considered, one element that needs to be met is at least half of the meetings need to be in-person. In order for full credit to be considered, one element that needs to be met is all treatment team meetings shall be conducted in-person.
H4 Practicing Supervisor	2	<u>OBSERVATIONS</u> The ACT supervisor should provide frontline direct services, as research has shown this is related to better outcomes for individuals receiving ACT services. ACT leaders who also have direct clinical contact are better able to model appropriate clinical interventions and remain in touch with individuals receiving ACT services. The MHCGM CTT ACT team supports supervisor direct services, as: ☐ The ACT supervisor provided direct services at least 50% of the time. According to the data reviewed, the CTT ACT supervisor (staff who supervises the team) provides direct services approximately 2% of the time. <u>RECOMMENDATION</u> ACT supervisors who have direct clinical contact are better able to model effective interventions and remain in touch with individuals receiving ACT services. The CTT ACT supervisor might want to consider tracking all of direct service activities on a regular basis and work toward providing direct services at least 50% of the time, based on ACT staff productivity expectations. MHCGM should consider evaluating the structure of the "coordinator" and "tem leader" positions on the CTT ACT team. The ACT model indicates, "*The supervisor of front-line clinicians provides direct services*." Research demonstrates that this factor is strongly correlated with improved client outcomes. In the current structure, the team "coordinator" who directly supervises clinical staff on the CTT ACT team does not routinely provide direct care to clients at least 50% of the time.
H5 Continuity of Staffing	5	<u>OBSERVATIONS</u> Maintaining a consistent staff enhances team cohesion; additionally, consistent staffing enhances the therapeutic relationships between individuals receiving ACT services and providers. The MHCGM CTT ACT team maintains staffing as follows: ☑ The ACT team has had less than a 20% turnover rate over the past 2 years.

Item	Rating	Observation(s) & Recommendation(s)
		According to the information reviewed, the CTT ACT team had a 12% turnover rate in the past 2 years. Given the current staffing challenges across the nation, the team has done a fantastic job retaining staff. *Item formula*: [(# of staff work on team over 2 years – Total # positions) / Total # of positions] X (12 / # of months) = Turnover rate [(26-21) / 21] x 12 / 24 = 0.12 Turnover rate
H6 Staff Capacity	4	<u>OBSERVATIONS</u> Maintaining consistent, multidisciplinary services requires minimal position vacancies. The MHCGM CTT ACT team operates at the following staffing level: ☐ The ACT team operated at 95% of more of full staffing in the past 12 months. According to the information reviewed, the CTT ACT team operated at 91% staffing in the past 12 months. Given the current staffing challenges across the nation, the team has done a great done retaining staff. *Item formula:* 100 – [100 x (sum of vacancies / month) / Total # of staff positions x 12] = Absent position % 100 – [100 x {24 / (21 x 12)}] = 90.5 <u>RECOMMENDATION</u> The CTT ACT supervisor should work with their Human Resources and Marketing departments 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. Evidence-based strategies to consider when exploring recruitment and hiring include: • Outline competitive benefits & compensation • Outline loan repayment programs available • Outline how agency helps develop career (i.e. licensure supervision, ongoing training • Provide specific job description, including what ACT is, and why it is important (improved outcomes) • Stress the hire will develop skills in providing evidenced-based care • Outline opportunity for growth • Sign-on bonuses

Item	Rating	Observation(s) & Recommendation(s)
		• Referral bonuses for current employees • Provide realistic job previews / job shadowing • Multimodal advertising, job fairs & social media • Provide internships / hire intern • Advertise scheduling flexibility
H7 Psychiatrist / Prescriber on Staff	4	<u>OBSERVATIONS</u> The prescriber is imperative to ensuring psychiatric assessment and medication services. The MHCGM CTT ACT team ensures there is enough prescriber time dedicated, as: ☐ The ACT prescriber is assigned at least 1.0 FTE for every 100 ACT clients. ☑ The prescriber functions as a fully integrated team member, participating in treatment planning and rehabilitation efforts. The CTT ACT team prescribers are assigned 0.92 FTE on the ACT team combined on the ACT team, serving 114 individuals. *Item formula*: FTE value x 100 / Number of individuals receiving ACT services served = FTE per 100 individuals receiving ACT services 100 x (.36 + .38 + .18) / 114 = 0.81 FTE per 100 individuals. <u>RECOMMENDATION</u> 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 CTT ACT team, the agency should explore ways to increase psychiatry time to at least 1.2 FTE, and more if the number of individuals receiving ACT services increases.
H8 Nurse (RN) on Staff	3	<u>OBSERVATIONS</u> The ACT nurse has been found to be a critical ingredient in successful ACT programs. The MHCGM CTT ACT team ensures there is enough nurse time dedicated, as: ☐ The ACT nurse is assigned at least 2.0 FTE for every 100 individuals receiving ACT services. ☑ The nurse functions as a fully integrated team member, participating in treatment planning and rehabilitation efforts. The CTT ACT team nurse is assigned 1.0 FTE on the ACT team, serving 114 individuals.

Item	Rating	Observation(s) & Recommendation(s)
		Item formula: FTE value x 100 / Number of individuals receiving ACT services served = FTE per 100 individuals. 1.0 x 100 / 114 = 0.88 FTE per 100 individuals <u>RECOMMENDATION</u> 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 CTT ACT team, the agency should explore ways to increase the nurse time to at least 2.3 FTE, and more if the number of individuals served increases.
H9 Substance Abuse Specialist (SAS) on Staff	5	<u>OBSERVATIONS</u> 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 MHCGM CTT ACT team ensures there is enough SAS time dedicated, as: ☑ The ACT SAS is assigned at least 2.0 FTE for every 100 individuals receiving ACT services. ☑ The ACT SAS functions as a fully integrated team member, participating in treatment planning and rehabilitation efforts There are 9 CTT ACT team master's level staff trained in COD, functioning and performing tasks consistent with the SAS role.
H10 Vocational Specialist on Staff	2	<u>OBSERVATIONS</u> 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 MHCGM CTT ACT team ensures there is enough vocational specialist time dedicated, as: ☐ The ACT vocational specialist is assigned at least 2.0 FTE for every 100 individuals receiving ACT services. ☑ The ACT vocational specialist functions as a fully integrated team member, participating in team meetings, treatment planning and rehabilitation efforts. The CTT ACT team vocational specialists are assigned 0.7 FTE on the ACT team combined, serving 114 individuals. *Item formula*: FTE value x 100 / Number of individuals receiving ACT services served = FTE per 100 individuals receiving ACT services 100 x (.4 + .3) / 114 = 0.61 FTE per 100 individuals

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		RECOMMENDATION 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 the ACT team. Given the current size of the CTT ACT team, the agency should explore ways to increase the vocational specialist time to at least 2.3 FTE, and more if the number of individuals served increases.
H11 ACT Team Size	5	OBSERVATIONS 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 services. The CTT ACT team ensures they have the capacity for these services, as: ☑ The ACT team has at least 10.0 FTE staff assigned.
O1 Explicit Admission Criteria	5	OBSERVATIONS ACT is best suited for individuals who do benefit from less intensive mental health services. The MHCGM CTT ACT team has a well-defined system for ACT admissions, as follows: ☑ The ACT team has and uses measurable and operationally defined criteria to screen out inappropriate referrals. ☑ The ACT team actively recruits a defined population and all cases comply with explicit admission criteria. ☑ The ACT team does NOT bow to organizational pressure.
O2 Intake Rate	5	OBSERVATIONS To provide consistent, individualized, and comprehensive services to individuals receiving ACT services, a low growth rate individuals starting the ACT team is necessary. The MHCGM CTT ACT team maintains a stable service environment, as: ☑ The highest monthly intake rate in the last 6 months for the ACT team was no greater than 6 individuals per month. The highest admission rate in the last 6 months to the CTT team was 6 new admissions.
O3 Full Responsibility for Treatment Services	5	OBSERVATIONS Individual 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 MHCGM CTT ACT team provides the following services, in addition to case management:

Item	Rating	Observation(s) & Recommendation(s)
		☑ Psychiatry; medication, administration, monitoring, and documentation ☑ Counseling / individual supportive therapy ☑ Housing support ☑ Substance abuse treatment ☑ Employment or other rehabilitative counseling / support
O4 Responsibility for Crisis Services	4	<u>OBSERVATIONS</u> 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 MHCGM CTT ACT team is responsible for crisis services in the following ways: ☐ ACT is the first line of crisis intervention for individuals receiving ACT services is 24 hours a day, 7 days per week. ☑ If the ACT team is not the first line of crisis Rapid Response team consistently calls the ACT team. ☐ If the ACT team is not the first line of crisis, Emergency Services (or other entity) has a protocol with how to work with individuals receiving ACT services. When individuals need support during the day, they can connect with CTT ACT staff directly, via staff's work cell phone or through reception. After hours, individuals are directed to use the Rapid Response team, and the ACT team has coordinated a protocol with the Rapid Response team. The Rapid Response team can identify whether or not an individual is on the ACT team; if the individual is on CTT, they will connect with the individual with the on-call ACT staff. Individuals can also get support via the state-wide access line, though this service does not always lead back to ACT staff support. <u>RECOMMENDATION</u> The CTT ACT supervisor and agency should explore options that would allow the CTT ACT team to directly cover crises 24/7 in order to maintain continuity of care. An immediate response from a familiar provider can help minimize distress when individuals receiving ACT services are faced with crises. One way is to use the ACT cellphone as the direct line for individuals to call.
O5 Responsibility for Hospital Admissions	4	<u>OBSERVATIONS</u> More appropriate use of psychiatric hospitalization occurs and continuity of care is maintained when the ACT team is involved with psychiatric hospitalizations. The MHCGM CTT ACT team is involved in hospital admission planning, as: ☐ The ACT team was involved in 95% or more of hospital admissions. According to the data reviewed, the CTT ACT team was involved with 80% of recent admissions.

Item	Rating	Observation(s) & Recommendation(s)
		RECOMMENDATION The CTT 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. The CTT 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.
O6 Responsibility for Hospital Discharge Planning	4	OBSERVATIONS 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 MHCGM CTT ACT team is involved in hospital discharge planning, as: ☐ The ACT team was involved in 95% or more of hospital discharges. According to the data reviewed, the CTT ACT team was involved with 90% of recent hospital discharges. RECOMMENDATION The CTT 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. The CTT 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.
O7 Time-Unlimited Services (Graduation Rate)	5	OBSERVATIONS Individuals often regress when they are terminated from short-term programs. Time-unlimited services encourage the development of stable, ongoing therapeutic relationships. The MHCGM CTT ACT team practices time unlimited services as follows: ☑ 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. ☑ Fewer than 5% of individuals receiving ACT services graduated annually. According to the data reviewed, approximately 4% of individuals receiving CTT ACT services graduated over the past year.

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S1 Community-based Services	5	OBSERVATIONS 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. The MHCGM CTT ACT team practices services in the nature setting, as: ☑ 80% of more of the total face-to-face contacts were in the community. According to the data provided, 100% of the services reviewed were provided in the community by the CTT ACT team.
S2 No Drop-out Policy	4	OBSERVATIONS Outreach efforts, both initially and after individuals are enrolled on an ACT team, help build relationships and ensure individuals receive ongoing services. The MHCGM CTT ACT team is able to retain a high percentage of the individuals it serves, as: ☐ 95% or more of the ACT team caseload was retained over a 12-month period. According to the data reviewed, approximately 91% of the CTT ACT team caseload was retained over the last year. *Item formula*: # discharged, dropped, moved w/out referral / Total number of individuals receiving ACT services = Drop-out rate 12 / 140 = 0.09 RECOMMENDATION The CTT ACT team should closely monitor the rate and reasons that individuals receiving ACT services drop out of services to ensure that multiple active engagement strategies are used with individuals who are challenging to engage. Using a written assertive engagement and outreach protocol would likely assist in preventing individuals from dropping out of services. Please see Recommendation for item S3, Assertive Engagement Mechanisms, regarding utilizing multiple strategies via a consistently used protocol to engage, outreach, and seek individuals receiving ACT services.
S3 Assertive Engagement Mechanisms	4	OBSERVATIONS 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

Item	Rating	Observation(s) & Recommendation(s)
		discharged from the program due to failure to keep appointments. The MHCGM CTT ACT team practices assertive engagement and outreach, as: ☑ The ACT team demonstrates consistently well thought out strategies and uses street outreach and legal mechanisms whenever appropriate for assertive engagement. ☐ The ACT team has a written assertive engagement strategy protocol that is consistently applied. While the CTT ACT team understands and uses multiple engagement and outreach mechanisms, the team is not currently using the written engagement and outreach protocol consistently, as several staff that had not heard of this tool. <u>RECOMMENDATION</u> It is a significant step that the program has developed a written engagement tool. The next step will be to integrate this tool consistently into practice with the CTT ACT team. The protocol addresses many specific engagement and motivational strategies, use of street outreach, and use of legal mechanisms. The protocol also delineates when and how strategies are considered and implemented and designed to review with the team together. It would be useful to review individuals with this protocol who need outreach strategies on a regular basis during ACT team meetings together, rather than individually. By referring to this written protocol consistently during team meetings when clients have disengaged, it ensures that a variety of strategies are carefully considered each time a client is lost to contact.
S4 Intensity of Service	3	<u>OBSERVATIONS</u> To help individuals with serious symptoms maintain and improve their function within the community, high service intensity is often required. The MHCGM CTT ACT team provides intense services, as: ☐ Individuals served by the ACT team receive, on average, 2 or more hours per week of face-to-face service from ACT staff. According to the data reviewed, the CTT ACT team clients received, on average, 62 minutes* per week of face to face service from ACT staff. *Per fidelity, telehealth services are not factored into the calculation. If telehealth visits were included, the average would have been 69 minutes per week. <u>RECOMMENDATION</u> It may be useful for the CTT ACT supervisor 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.

Item	Rating	Observation(s) & Recommendation(s)
S5 Frequency of Contact	2	<u>OBSERVATIONS</u> ACT teams maintain frequent contact to provide ongoing, responsive support as needed. Frequent contacts are associated with improved outcomes. The MHCGM CTT ACT team provides frequent services, as: ☐ Individuals served by the ACT team receive, on average, 4 or more visits from ACT staff weekly. According to the data reviewed, individuals on the CTT ACT team received an average of 1.75 visits* per week. *Per fidelity, telehealth services are not factored into the calculation. If telehealth visits were included, the average would have been 1.9 visits per week. <u>RECOMMENDATION</u> It may be useful for the CTT ACT supervisor 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.
S6 Work with Informal Support System	2	<u>OBSERVATIONS</u> Research has shown that developing and maintaining community support further enhances individuals' integration and functioning. The MHCGM CTT ACT team provides support and skills for individuals' informal support network, as: ☐ The ACT team averaged 4 or more contacts per month with the individuals' informal support system in the community. According to the data provided, the CTT ACT team averaged 0.2 contacts per month with individuals' informal support system. It was evident that tracking informal supports has been a challenge, and this data likely did not reflect all contacts with natural supports that CTT ACT staff are having. *Item formula:* 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 1.3 x 20 / 114 = 0.23

Item	Rating	Observation(s) & Recommendation(s)
		RECOMMENDATION 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. 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. In addition to educating staff about the importance of including support networks (ISNs), it is also important to implement a way to consistently track these contacts. Tracking ISNs serves as reminder to how important and effective involving ISNs is, as well as is a way for the leader to track how to 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.
S7 Individualized Substance Abuse Treatment	5	OBSERVATIONS 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 MHCGM CTT ACT team provide direct treatment and substance abuse treatment for individuals with substance-use disorders, as follows: ☑ 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. ☑ The above counseling services have a formal structure, rather than just embedded during home visits. According to the data reviewed, the CTT ACT team provided 48 minutes of individual substance use disorder counseling services per week. *Item formula*: [(# individual receiving ACT services who receive SA Tx X Total # mins SA Tx per month) / Total # individual receiving ACT services with COD] / 4 weeks = Weekly COD services in mins mean 114 x (21819 / 114 = 191) / 114 / 4 = 47.8 minutes per week

Item	Rating	Observation(s) & Recommendation(s)
S8 Dual Disorder Treatment Groups	1	<u>OBSERVATIONS</u> Group treatment has been shown to positively influence recovery for individuals with dual disorders. The MHCGM CTT ACT team uses group modalities as a treatment strategy for people with COD, as: ☐ 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. ☐ These above groups are facilitated or co-facilitated by ACT staff. ☐ Individuals receiving ACT services are the primary participants of the above groups. The CTT ACT team is not currently providing COD group treatment; groups are anticipated to begin again in the coming month. <u>RECOMMENDATION</u> Research demonstrates that structured CODs groups are one of the most effective treatment strategies to reduce impairments and challenges related to substance use. The CTT ACT supervisor 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: • Community-based groups • Changing the name of the group • Proving refreshments • Providing incentives for attending • Having all ACT staff help with engagement • Consider transportation challenges • Consider logistics of group venue- privacy, noise, size of room, time of group, etc. • Co-facilitate groups • Offer group field trips if possible • Advertise the group via flyers, email, other ACT staff, etc. • Do not require acknowledgement of COD for individuals to join • Debrief with each individual after his or her first group
S9 Dual Disorders (DD / COD) Model	3	<u>OBSERVATIONS</u> 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 MHCGM CTT ACT team understands and uses an integrated dual disorder approach as follows:

Item	Rating	Observation(s) & Recommendation(s)
		☑ The ACT team is fully based in dual disorders treatment principles. ☑ COD treatment is provided by ACT staff members. ☐ The ACT team offers COD group services. ☑ The ACT team consistently offers COD individual services. There are no current COD group services being provided by the CTT ACT team; therefore, the score is no higher than a 3, according to fidelity. <u>RECOMMENDATION</u> The CTT ACT team is very well-steeped in the dual-disorder model. The team must offer dual disorder groups within the team in order to score a 4 or 5 on this item. If no dual groups are offered, the maximum score is a 3. Please see Recommendation for item S8, Dual Disorder Treatment Groups.
S10 Role of Consumers on Treatment Team	5	<u>OBSERVATIONS</u> 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 MHCGM CTT ACT team endorses the important role of peer support specialist, as: ☑ The ACT team has an individual with lived experience on the team that has full professional status. ☑ The individual is employed full-time on the ACT team.

SUMMARY & CONCLUSIONS

Christine Powers, LICSW, MLADC and Katie McDonnell, MSW from Dartmouth Health conducted an ACT fidelity review with MHCGM CTT team on October 25-27, 2022.

MHCGM CTT ACT services demonstrated strengths in the following areas:

- The CTT ACT team has been successful in hiring and retaining staff on their team. Given the challenges with staffing that are being experienced, this is a significant accomplishment and is of great benefit to the individuals receiving ACT services.
- The CTT ACT team has a very knowledgeable group of clinicians who are very well-steeped in co-occurring disorders. This is a huge benefit to the individuals receiving ACT services.
- The CTT ACT team understands the importance of providing care in the community, and the team provides the majority of their services in the natural environment.
- The CTT ACT team has a PSS who is an active team member who is successfully integrated into the team, offering supports to a number of individuals being served.
- The CTT ACT team has a strong understanding, knowledge and collaboration with the communities they serve and the available community resources to help individuals with their recovery process.

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

- Resuming group COD treatment for individuals served on the CTT ACT team will be of benefit to the program, as group treatment is a key aspect of dual-disorders work. It is exciting that the plans to resume COD groups for the CTT team are underway.
- The CTT ACT team data indicates very limited contact with identified supports in the community. The team should carefully track and monitor the frequency of contacts with individuals' support systems as well as emphasize the importance of connecting with individuals' natural supports.
- The CTT ACT team should develop a process for consistently utilizing the assertive engagement protocol.
- The CTT team should focus on increasing FTEs for specialty positions, including the nurse and vocational specialist. Increasing these FTEs may help also improve frequency and intensity of services provided.
- The agency should consider evaluating the structure of the "coordinator" and "team leader" positions on the CTT ACT team in order for the supervisor to routinely provide direct care to individuals receiving ACT services.

MHCGM CTT ACT Score Sheet	Rating 1 -5
H1 Small Caseload	5
H2 Team Approach	4
H3 Program Meeting	3
H4 Practicing ACT Leader	2
H5 Continuity of Staffing	5
H6 Staff Capacity	4
H7 Psychiatrist on Team	4
H8 Nurse on Team	3
H9 SAS on Team	5
H10 Vocational Specialist on Team	2
H11 Program Size	5
O1 Explicit Admission Criteria	5
O2 Intake Rate	5
O3 Full Responsibility for Services	5
O4 Responsibility for Crisis services	4
O5 Responsibility for Hospital Admissions	4
O6 Responsibility for Hospital Discharge Planning	4
O7 Time-unlimited Graduation Rate	5
S1 Community-based Services	5
S2 No Dropout Policy	4
S3 Assertive Engagement Mechanisms	4
S4 Intensity of Service	3
S5 Frequency of Contact	2
S6 Work w/Informal Support System	2
S7 Individualized Substance Abuse Treatment	5
S8 Co-occurring Disorder Treatment Groups	1
S9 Dual Disorders Model	3
S10 Role of Consumers on Team	5
Total	108

113 - 140 = Full Implementation

85 - 112 = Fair Implementation

84 and below = Not ACT

MHCGM CTT ACT Team Fidelity Scoring SFY23