Contra Costa County Assisted Outpatient Treatment (AOT) Evaluation

MHS' ACTiOn Team 2017 Fidelity Assessment

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Introduction

As an evidence-based psychiatric rehabilitation practice, Assertive Community Treatment (ACT) provides a comprehensive approach to service delivery to consumers with severe mental illness (SMI). ACT uses a multidisciplinary team, which typically includes a psychiatrist, a nurse, substance abuse and vocational specialists, and a peer counselor. ACT is characterized by 1) low client to staff ratios; 2) providing services in the community rather than in the office; 3) shared caseloads among team members; 4) 24-hour staff availability, 5) direct provision of all services by the team (rather than referring consumers to other agencies); and 6) time-unlimited services. When done to fidelity, the ACT model consistently shows positive outcomes for individuals with psychiatric disabilities. This flexible, client-driven comprehensive treatment has been shown to reduce risk and improve mental health outcomes.

The ACT service-delivery model relies on a multidisciplinary team of professionals who work closely together to serve consumers with the most challenging and persistent mental health needs. The ACT team works as a unit rather than having individual caseloads in order ensure that consumers receive the services and support necessary to live successfully in the community. The ACT team provides direct services to consumers *in vivo,* which means the ACT team must have a flexible service delivery model, providing consumers the services they need in the places and contexts they need them, as opposed to primarily in an office setting.

ACT is a nationally recognized evidence based practice with evidence dating back to the 1970s. According to outcomes from 25 randomized controlled trials, compared to usual community care, ACT more successfully engages clients into treatment, substantially reduces psychiatric hospital use, increases housing stability, and moderately improves symptoms and subjective quality of life.[1] Perhaps more importantly, research also suggests there are no negative outcomes associated with the ACT service delivery model. Recent research seeking to identify which client populations ACT is most effective for demonstrates that ACT is strongly effective and cost-effective for clients with a high frequency of psychiatric hospitalizations and less effective and not cost-effective for clients with a low frequency of psychiatric hospitalizations.

In Contra Costa County, Mental Health Systems (MHS) administers ACT. It is funded by the Mental Health Services Act (MHSA) Community Services and Supports as a Full Service Partnership program, and serves as the service component of Contra Costa's Assisted Outpatient Treatment (AOT) program. ACT offers adults with serious mental illness a full service partnership program that addresses mental health, housing needs, and community reintegration. Clients in the program have access to any team member, small caseloads for more individualized attention, nursing services and psychiatry, housing supports, and 24-hour availability.

[1] Bond, G.R., Drake, R.E., Mueser, K.T., and Latimer, E. (2001). Assertive Community Treatment for people with severe mental illness. *Disease Management and Health Outcomes, 9*(3), 141-159.

Fidelity Assessment Process

Contra Costa County, as part of a larger evaluation of the newly implemented AOT program, was interested in learning about ACT implementation. The intention of the fidelity assessment process is to measure the extent to which MHS' ACT team is in alignment with the ACT model and to identify opportunities to strengthen ACT/AOT services. For this component of the evaluation, RDA applied the ACT Fidelity Scale, developed at Dartmouth University[2] and codified in a SAMHSA toolkit.[3] This established assessment process sets forth a set of data collection activities and scoring process in order to determine a fidelity rating as well as qualifications of assessors.

Roberta Chambers, PsyD, and John Cervetto, MSW, conducted the ACT Fidelity Assessment. Both raters have extensive experience in community mental health programs as well as quality improvement and evaluation.

The fidelity assessment began with a series of project launch activities. This included:

1. Project launch call with CCBHS and MHS to introduce the fidelity assessment and desired outcomes, describe the assessment process, and confirm logistics for the assessment site visit.
2. Data request to CCBHS and MHS in advance of the site visit to obtain descriptive data about consumers enrolled in ACT since program inception.

The assessors conducted a full-day site visit at MHS' ACT team office in Concord, CA on July 13, 2017. During the site visit, the assessors engaged in the following activities:

- ACT team meeting observation
- Interviews with seven (7) ACT team members
- Review of available documentation
- Consumer focus group
- Family member focus group
- Debrief with the Team Leader

Concurrently, RDA obtained data from CCBHS and MHS and conducted descriptive analyses of the demographics and service utilization patterns of consumers enrolled in ACT.

Following the site visit and data analysis, the assessors each completed the fidelity rating scale independently and then met to seek consensus on each individual rating and to identify recommendations to strengthen MHS' ACT program fidelity rating. The results of that discussion and the fidelity assessment are presented in the proceeding Results and Discussion sections.

[2] http://www.dartmouth.edu/~implementation/page15/page4/files/dacts_protocol_1-16-03.pdf

[3] Substance Abuse and Mental Health Services Administration. *Assertive Community Treatment: Evaluating Your Program.* DHHS Pub. No. SMA-08-4344, Rockville, MD: Center for Mental Health Services Administration, U.S Department of Health and Human Services, 2008.

Fidelity Assessment Results

The ACT program was rated on the following three domains set forth in the ACT Fidelity Scale:

- Human Resources: Structure and Composition
- Organizational Boundaries
- Nature of Services

Each domain has specific criterion rated on a 5-point Likert scale with clearly defined descriptions for each rating. The following chart provides an overview of the domains, criterion, and ACTiOn Team's 2016 and 2017 program ratings. As shown in the table below, **the ACTiOn Team received an overall fidelity score of 4.42 indicating a high level of fidelity to the ACT Model.** The following section provides descriptions, justifications, and data sources for each criterion and rating.

Domain	Criterion	2016 Rating	2017 Rating
Human Resources: Structure and Composition	Small caseload	5	5
	Team approach	5	4
	Program meeting	5	5
	Practicing ACT leader	4	4
	Continuity of staffing	4	3
	Staff capacity	5	4
	Psychiatrist on team	5	5
	Nurse on team	5	5
	Substance abuse specialist on team	5	5
	Vocational specialist on team	5	5
	Program size	5	5
Organizational Boundaries	Explicit admission criteria	3	2
	Intake rate	5	5
	Full responsibility for treatment services	5	5
	Responsibility for crisis services	5	5
	Responsibility for hospital admissions	N/A	5
	Responsibility for hospital discharge planning	N/A	5
	Time-unlimited services	5	5
Nature of Services	In vivo services	3	3
	No drop-out policy	5	3
	Assertive engagement mechanisms	5	2
	Intensity of services	5	5
	Frequency of contact	4	4

Domain	Criterion	2016 Rating	2017 Rating
	Work with support system	5	5
	Individualized substance abuse treatment	5	5
	Co-occurring disorder treatment groups	5	5
	Co-occurring disorders model	5	5
	Role of consumers on treatment team	5	5
ACT Fidelity Score		**4.73**	**4.42**

Human Resources: Structure and Composition

Small caseload: 5

Small caseload refers to the consumer-to-provider ratio, which is 10:1 for ACT programs. MHS' ACTiOn Team received a rating of 5 for this criterion as they have 12.5 FTEs who provide direct services, as well as two administrative staff, for 32 active consumers and clearly exceeds the 10:1 ratio. This was assessed through personnel records and staff interviews.

Team Approach: 4

Team approach refers to the provider group functioning as a team rather than as individual team members with all ACT team members knowing and working with all consumers. MHS' ACTiOn Team received a rating of 4 for this criterion as 70% of consumers had face-to-face interactions with more than one team member in a two-week period. This was assessed through consumer records and further supported through the morning meeting observation, staff interviews, and consumer and family focus groups. *This is a slight decrease from the 2016 rating of 5 when 90% of consumers had face-to-face interactions with more than one team member in a two (2) week period.*

Program Meeting: 5

The program meeting item measures the frequency with which the ACTiOn team meets to plan and review services for each consumer. MHS' ACTiOn Team received a rating of 5 for this criterion as they team meets at least four times per week and reviews every consumer in each meeting. Assessors observed the program meeting during the site visit and observed the team discussion for every consumer as well as confirmed the frequency of program meeting through available documentation and staff interviews.

Practicing ACT Leader: 4

Practicing ACT leader refers to the supervisor of frontline staff providing direct service to consumers. Full fidelity requires that the supervisor provide direct service at least 50% of the time. MHS' ACTiOn Team received a rating of 4 because the Team Leader provides direct services about 30% of the time. These direct services include both formal and informal interactions and may or may not include formal progress notes.

Continuity of Staffing: 3

Continuity of staffing measures the program's level of staff retention. Full fidelity requires less than 20% turnover within a two-year period. During the evaluation period, seven staff discontinued employment with MHS' ACTiOn Team, which is a 47% turnover rate. This results in a rating of 3 based on the scoring rubric and was assessed through a review of personnel records and staff interviews. *This is a slight decrease from the 2016 rating of 4 where there was a 20% turnover rate.*

Staff Capacity: 4

Staff capacity refers to the ACT program operating at full staff capacity. According to personnel records, the MHS ACTiOn Team has operated at or above full staffing capacity 94% of the time. *This is a slight reduction from the 2016 rating of 4 where they operated at 100% staffing during the evaluation period.*

Psychiatrist on Team: 5

Fidelity to the ACT model requires 1.0 FTE psychiatrist per 100 consumers. Currently, MHS' ACTiOn Team provides 0.5 FTE psychiatrist for 32 active consumers, as reported by staff and personnel records. This results in a rating of 5. Once the program is at full capacity of 75 enrolled consumers, the team will require a .75 FTE psychiatrist to meet full fidelity to the ACT model.

Nurse on Team: 5

The ACT model requires a 1.0 FTE nurse per 100 consumers. Currently, MHS' ACTiOn Team employs two full-time nurses, including a registered nurse and licensed vocational nurse, as observed by personnel records and staff interviews. This exceeds the required ratio and results in a rating of 5.

Substance Abuse Specialist on Team: 5

The ACT model includes two staff with at least one year of training or clinical experience in substance abuse for 100 consumers. Currently, MHS' ACTiOn Team employs 2.0 FTE who meet criteria for a substance abuse specialist, as observed by personnel records and staff interviews. This exceeds the required ratio given 32 enrolled consumers and results in a rating of 5.

Vocational Specialist on Team: 5

The ACT model includes two staff with at least one year of training or experience in vocational rehabilitation and support for 100 consumers. Currently, MHS' ACTiOn Team employs a 1.0 FTE vocational rehabilitation specialist, as observed by personnel records and staff interviews. This exceeds the required ratio for 32 enrolled consumers and results in a rating of 5. When at full capacity of 75 consumers, the program will need to ensure that there are 1.5 FTE with the requisite experience in vocational rehabilitation.

Program Size: 5

Program size refers to the size of the staffing to provide necessary staffing diversity and coverage. MHS' ACTiOn Team exceeds the staffing ratio, as observed by personnel records and staff interview. This results in a rating of 5.

Organizational Boundaries

Explicit Admission Criteria: 2

Explicit admission criteria refers to 1) measureable and operationally defined criteria to determine referral eligibility, and 2) ability to make independent admission decisions based on explicitly defined criteria. MHS' ACTiOn Team, in partnership with CCBHS, has explicit admission criteria for enrollment into ACT. However, the responsibility for actively identifying and engaging potential ACT consumers lies primarily with CCBHS as a part of the larger Assisted Outpatient Treatment program, and MHS takes all consumers referred, regardless of independent review. For this reason, MHS' ACTiOn Team received a score of 2. *This represents a slight decrease from the 2016 rating of 3 because the MHS' ACTiOn Team has accepted consumers that they do not believe meet ACT criteria, including consumers who they believe have a primary substance use diagnosis as well as individuals with developmental disabilities. It is important to note that this does not suggest that MHS and CCBHS should change the process for ACT admission, but that there may be to strengthen collaboration between the two agencies during the admission process.*

Intake Rate: 5

Intake rate refers to the rate at which consumers are accepted into the program to maintain a stable service environment. In order to implement ACT with fidelity, a provider should have a monthly intake rate of six or lower. In the past six months, there have been no more than six consumers admitted in any given month resulting in a rating of 5.

Full Responsibility for Treatment Services: 5

Fidelity to the ACT model requires that ACT programs not only provide case management services but also provide psychiatric services, counseling/psychotherapy, housing support, substance abuse treatment, and employment and rehabilitative services. Currently, MHS' ACTiOn Team provides the full range of services, including psychiatric services, counseling/psychotherapy, housing support, substance abuse treatment, and employment and rehabilitative services. This was observed through program meeting observation, staff interview, a review of consumer personnel records, and input from a consumer focus group and results in a rating of 5.

Responsibility for Crisis Services: 5

The ACT model includes a 24-hour responsibility for covering psychiatric crises. MHS' ACTiOn Team provides 24-hour coverage through a rotating on-call system shared by all program staff, with the exception of administrative staff. The Team Leader provides back-up coverage and support. This was observed through program meeting observation and staff interviews as well as a review of personnel records and results in a rating of 5.

Responsibility for Hospital Admissions: 5

The ACT model includes the ACT program participating in decision-making for psychiatric hospitalization. Currently, MHS' ACTiOn Team collaborated with Psychiatric Emergency Services and Unit 4C on all decisions to hospitalize ACT consumers, resulting in a rating of 5.

Responsibility for Hospital Discharge Planning: 5

The ACT model includes the ACT program participating in hospital discharge planning. Currently, MHS' ACTiOn Team collaborated with Unit 4C and other inpatient units on all hospital discharge plans, resulting in a rating of 5.

Time-unlimited Services: 5

The ACT model is designed to be time-unlimited with the expectation that less than 5% of consumers graduate annually. MHS' ACTiOn Team graduated one consumer during the evaluation period, resulting in a rating of 5. This was determined through consumer records and staff interview. There were two consumers who moved out of the area during the evaluation period who were removed from this scoring criteria.

Nature of Services

In Vivo Services: 3

ACT services are designed to be provided in the community, rather than in an office environment. The community-based services item measures the number of MHS' ACTiOn Team contacts in a client's natural settings which refers to location where clients live, work, and interact with other people. For the period of evaluation, 59% of all encounters between the Action Team and Clients occurred in the community-based settings, which is a slight increase from last year's result of 53%. As this percentage falls between the range of 40% to 59%, the score for this measure is 3.

No Drop Out Policy: 3

This criterion refers to the retention rate of consumers in the ACT program. According to consumer records and staff report, nine consumers dropped out of the program, resulting in a 22% drop out rate and a rating of 3. Any consumer who moved out of the area was removed from the analysis for this criterion. *This represents a decrease from last year's rating of 5.*

Assertive Engagement Mechanisms: 2

As part of ensuring engagement, the ACT model includes using street outreach and legal mechanisms as indicated and available to the ACT team. While MHS' ACTiOn Team applies street outreach and other assertive engagement mechanisms, they do not appear to be using legal mechanisms specifically available to them, including the civil court petition for AOT, and instead appear to focus on building motivation for consumers to accept treatment voluntarily. This rating is informed by a small subset of consumers who initially accepted services on a voluntary basis but either 1) refused to participate once enrolled or 2) requested discharge despite continuing to meet criteria for ACT services. *It is important to note that the decision to use legal mechanisms is a collaborative effort between CCBHS and MHS, and the actual implementation of a legal mechanism, (i.e. AOT voluntary settlement agreement or court order) is shared between all AOT partners.*

Intensity of Services: 5

Intensity of services is defined by the face-to-face time service time MHS' ACTiOn Team staff spend with clients. Fidelity to the ACT model requires that consumers receive an average of two hours per week of face-to-face contact. During the evaluation period, ACT consumers received an average of 2.67 hours per week, resulting in a score of 5.

Frequency of Contact: 4

Fidelity to the ACT model requires that ACT consumers have an average of at least four face-to-face contacts per week. During the evaluation period, ACT consumers received an average of 3.15 contacts per week, resulting in a score of 4.

Work with Informal Support Systems: 5

The ACT model includes support and skill-building for the consumer's support network, including family, landlords, and employers. This criterion measures the extent to which MHS' ACTiOn Team provides support and skill-building for the client's informal support network as a way to further enhance the client's integration and functioning. According to staff, consumer, and family member discussions, MHS' ACTiOn Team is exceeding the expectation of 4 contacts per month with informal support systems, resulting in a rating of 5.

Individualized Substance Abuse Services: 5

The ACT model is based on an interdisciplinary team that provides all of the services a consumer may need to support their recovery and address their psychosocial needs, including individualized substance abuse treatment. MHS' ACTiOn Team provides individualized substance abuse services via the dual recovery specialist, family partner, and other clinical staff. This was observed through a review of personnel and consumer records, staff interview, and consumer focus groups and results in a rating of 5.

Co-Occurring Treatment Groups: 5

The ACT model is based on an interdisciplinary team that provides all of the services a consumer may need to support their recovery and address their psychosocial needs, including co-occurring disorder treatment groups. MHS' ACTiOn Team provides co-occurring disorder groups led by the dual recovery specialist, family partner, and other clinical staff. This was observed through a review of personnel and consumer records, staff interview, and consumer focus groups and results in a rating of 5.

Dual Disorders Model: 5

The ACT model is based on a non-confrontational, stage-wise treatment model that considers the interactions between mental illness and substance use and has gradual expectations of abstinence. The assessors were impressed with the implementation of motivational interviewing and stages of change principles throughout the program meeting and staff interviews and found that MHS' ACTiOn Team clearly meets and exceeds the treatment philosophy set forth in the ACT model. This results in a rating of 5.

Role of Consumers on Team: 5

The ACT model includes the integration of consumers as full-fledged ACT team members, usually in the provision of peer support and/or peer counseling. MHS' ACTiOn Team does include consumer membership as a part of the ACT team staffing. This was observed through a review of personnel records, team meeting observation, and staff interview and results in a rating of 5.

Other Feedback

ACT consumers and family members were generally appreciative of the ACT program and believed that participating in ACT had been beneficial. In addition to the strengths noted last year of **professional staff**, **partnership and responsivity**, and an **inclusive approach to services**, program strengths noted are:

- **Caring Staff:** Consumers and family members discussed feeling like MHS' ACTiOn Team staff are truly invested in consumers' lives and recovery processes. This was a clear differentiating factor for consumers and family when discussing if this program was different from other treatment experiences and how.
- **Outreach:** Both family members and consumers discussed how helpful the outreach process is with MHS' ACTiOn Team. Specifically, consumers and family discussed that staff come out to their homes or wherever they are and listen to their experiences and needs. Consumers described feeling cared about during the process and family discussed the relief they felt in knowing that someone was committed to help and willing to take the time to work with them and explain the process.
- **Consumer Outcomes:** It is notable that many consumers have made significant progress while in the program. Every consumer and family member interviewed was easily able to acknowledge an accomplishment as a result of participating. The assessors were also impressed with the consumers who have obtained and maintained housing, reduced crisis and hospitalization, and are either working or volunteering.

Discussion participants also provided suggestions for improving the program, including:

- **Meaningful Activities:** Consumers and family members shared that despite the frequent contact with members of MHS' ACTiOn Team, people still have a fair amount of free time. Both consumers and family members suggested that activity-based groups may be helpful to support consumers with their recovery goals. Suggestions included more game nights, art groups, barbeques, trips to the library or other community locales, and volunteering at the local animal shelter. This was a recommendation from last year, and appears to still be an area for continued growth.
- **Enrollment Process and Use of Petition:** Family members expressed concern at how long the enrollment process took to get their loved one through the process. Some family members discussed being denied services initially and then re-referring their family member after an additional crisis or jail experience in order to get them approved for the program. Additionally, family members expressed concern at the limited use of the petition and the length of time to decide to use a petition, if at all.

Discussion

Strengths

The assessors were impressed with a variety of elements of MHS' ACTiOn Team and observed that many of the program elements were present and met or exceeded fidelity measures. The program was robustly staffed with more team members than required with staff who are clearly committed to the success of the program and consumers. Staff demonstrated their familiarity with motivational interviewing and the recovery model in conversations with assessors and are working as a cohesive team. The program is structured to provide adequate staffing that can do "whatever it takes" to support consumers and meet them "wherever they're at," literally and figuratively. Team members appeared to work together throughout the day to ensure that all consumers receive individualized support to achieve their goals. Both consumers and family members expressed gratitude to MHS' ACTiOn Team and staff for the accomplishments that ACT consumers have achieved during program participation. Throughout the focus groups, assessors heard consumer and family member accounts of increasing stability and finding hope, as well as a number of tangible successes, including:

- Obtaining housing and income
- Reducing hospitalizations
- Feeling safe
- Improving and repairing family relationships
- Believing that recovery is possible

Opportunities

While the fidelity assessment revealed a high degree of alignment with the ACT model, there appear to be opportunities for improvement.

- **Staffing:** While MHS' ACTiOn Team is robustly staffed for the current caseload of 32, there would be gaps in some of the positions if the team were to grow to the contracted number of 75 consumers. Specifically, there would be a need to increase vocational rehabilitation and psychiatry time to ensure alignment with the model. Additionally, there has been a higher rate of turnover than expected. ACT being a new program in the County may influence this, and MHS may wish to explore how to increase staff retention for this program.
- **Civil Court Involvement:** The lowest scores from this assessment include the drop-out rate and use of legal mechanisms to compel participation. It may be useful for MHS and CCBHS to explore if there are ways for the program to maximize the use of the petition, specifically for 1) those who are determined by CCBHS to be eligible but are not willing to accept services after a period of outreach and engagement from MHS, and 2) those individuals who initially agree to ACT services on a voluntary basis and then fail to engage or request to be discharged despite continuing to meet eligibility criteria for AOT.
- **Capacity:** MHS' ACTiOn Team is contracted for up to 75 consumers and has served 43 consumers, of whom 32 are currently enrolled. MHS and CCBHS may wish to explore the barriers to

enrollment for consumers, including the use of the civil court petition and the length of time to become enrolled, as discussed previously, as well as consider how to best scale the program to ensure continued fidelity to the ACT model.

Conclusion

MHS' ACTiOn Team received an average fidelity rating of 4.42 and scored in the "high fidelity" range. The assessors were impressed with the staff, program implementation, and the success stories shared by staff, consumers, and their families. The assessors also recognized the opportunity to continue to improve the program, specifically around issues related to timely admission, the use of legal mechanisms to compel participation, and staff turnover. Additionally, the assessors recommend that CCBHS and MHS' ACTiOn Team explore what steps would be needed to enroll and serve 75 consumers while continuing the high degree of fidelity to the ACT model.