**ACT, ACT/IDDT, IDDT and Trauma-Informed Care**

**Michigan Fidelity Assistance Support Team Fidelity Visit Activity Schedule**

**Date:**

**Team:**

**Address**:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Time | Lead Reviewer:  | Assistant Reviewer(s):  | Shadowing Reviewer(s): | TIC Reviewer: |
| 8:00 – 9:30 | Team meeting |  | Team meeting | Team Meeting |
| 9:30 – 10:00 |  |  |  |  |
| 10:00 – 10:30 |  |  |  |  |
| 10:30 – 11:00 |  |  |  |  |
| 11:00 – 11:30 |  |  |  |  |
| 11:30 – 12:00 |  |  |  |  |
| 12:00– 1:00 | Lunch | Lunch | Lunch  | Lunch |
| 1:00 – 1:30 |  |  |  |  |
| 1:30 – 2:00 |  |  |  |  |
| 2:00 – 2:30 |  |  |  |  |
| 2:30 – 3:00 |  |  |  |  |
| 3:00 – 3:30 |  |  |  |  |
| 3:30 – 4:00 |  |  |  |  |
|  |  |  |  |  |

Team Leader Contact Information:

Organization Leader Contract Information:

Lead Reviewer Contact Information:

Assistant Reviewer Contact Information:

Shadowing Reviewer Contact Information:

Activities needed during review date:

* Team meeting participation, and discussion with team leader separately, and team members separately (can be during community visits or before/after group)
* Discussion with consumers and if possibly family members (can be during community visits or before/after/during group)
* Going along on community visit to meet with consumers
* Participation in group treatment, or meeting with group leader(s) about structure of group
* Discussion with prescriber and if possible nurse
* Meeting with administrative staff at organization (executive, finance, quality, information technology, human resources)
* Opportunity to review records, and list of people served on ACT/IDDT team to review records
* Opportunity to review policies that guide ACT/IDDT team activities
* Discussion at end of review of key strength and growth areas identified during review day (anyone can attend who wishes)