Welcome to the March 2017 ACT PL Call: 
**What Does A High Fidelity ACT Team Look Like?**

- We will be starting soon.
- Have your “DACTS at-a-glance” handy

- Reminder: This session will be recorded
- Please MUTE yourself unless you’re talking
- Feel free to use the chat box to submit questions or comments

- Mark your calendars now – CEBP ACT PL calls:
  3rd Wednesday of the month
  Your choice: 9 am or 12 pm

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The research on EBPs tells us:

**Effective intervention practices**

+ **Effective implementation practices**

**Good outcomes for consumers**

No other combination of factors reliably produces desired outcomes for consumers
ACT Critical Ingredients

- Multidisciplinary staffing
- Integration of services
- Team approach
- Low patient-staff ratios
- Locus of contact in the community
- Medication management
- Focus on everyday problems in living
- Rapid access
- Assertive outreach
- Individualized services
- Time-unlimited svc


ACT Fidelity
Why is Fidelity important?

• Fidelity refers to the degree to which a practice model is delivered as intended
• Are the elements of the practice model present and recognizable?
• High fidelity associated with outcomes
• Important for continuous quality improvement
• Required to bill ACT Medicaid rate

Fidelity Review: Sources of Information

• Team meeting observation
• Chart review
• Pre-fidelity prep information/responses
• Other document review (e.g. team meeting tools)
• Community visit with a couple of team members
• Interviews:
  • Team Leader, Nurse, Psychiatrist/Prescriber, Substance Abuse Specialist, Vocational Specialist, Peer Specialist, Other team members, Consumers and families
Dartmouth Assertive Community Treatment Scale (DACTS)

DACTS Subscales
- Human Resources
  - 11 items
- Organizational Boundaries
  - 7 items
- Nature of Services
  - 10 items

### Human Resources
- Small caseload
- Team approach
- Program meeting
- Practicing Team leader
- Continuity of staffing
- Staff capacity
- Psychiatrist
- Nurse
- SA specialist
- Vocational specialist
- Program Size

### Organizational Boundaries
- Explicit admission criteria
- Intake rate
- Full responsibility for treatment services
- Responsibility for crisis services
- Responsibility for hospital admissions
- Responsibility for hospital discharge planning
- Time-unlimited services

### Nature of Services
- Community-based services
- No dropout policy
- Assertive engagement mechanisms
- Intensity of service
- Frequency of contact
- Work with informal support system
- Individualized SA treatment
- Dual disorder treatment groups
- Dual disorder model
- Role of consumers on treatment team

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DACTS: Item Response Categories

Each item is rated using anchors for scores of 1 through 5

1 = NOT IMPLEMENTED to 5 = FULLY IMPLEMENTED

H1. Small Caseload

• The team maintains a client to staff ratio of 10:1.

• Psychiatrist and administrative support staff not included in count of direct service staff
H2. Team Approach

- Provider group functions as a team; clinicians know and work with all consumers.
- Each team member contributes their expertise

- Percent of consumers who have had face-to-face contact with more than 1 staff member within 2 week period

H3. ACT Team Meeting

- The team meets frequently to plan and review services for consumers

- Meet at least 4 days per week
- Full caseload reviewed at each meeting
- All team members expected to attend
- Psychiatrist attends at least 1x per week
- Part time staff attend at least 2x per week
H4. Practicing Team Leader

- Team Leader provides direct services to consumers
- Expectation of 10 hours per week with or on behalf of consumers.

<table>
<thead>
<tr>
<th>Team Members</th>
<th>*FTEs are per 100 clients</th>
</tr>
</thead>
<tbody>
<tr>
<td>H4. Team Leader</td>
<td>Provides direct services at least 10 hrs/wk 1.0 FTE*</td>
</tr>
<tr>
<td>H7. Psychiatrist</td>
<td>1.0 FTE*</td>
</tr>
<tr>
<td>H8. Nurse (RN)</td>
<td>2.0 FTEs*</td>
</tr>
<tr>
<td>H9. SA Specialist</td>
<td>2.0 FTEs*; training/experience in SA tx</td>
</tr>
<tr>
<td>H10. Vocational Specialist</td>
<td>2.0 FTEs*; training/experience in voc</td>
</tr>
<tr>
<td>S10. Consumers on Team</td>
<td>Client(s) are employed full-time on ACT team with full professional status</td>
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</tbody>
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Team members not specified in DACTS: Case Managers, non-specialty therapists, Program Assistant, other specialty (e.g. housing)
H5. Continuity of Staffing

• ACT Team maintains same staffing over time.
• Less than 20% turnover in 2 years

H6. Staff Capacity

• ACT Team operates at full staffing.
• 5 Criteria: ACT Team has operated at 95% or more of full staffing in past 12 months.

H11. Program Size

• Program is of sufficient size to consistently provide necessary staffing diversity and coverage
• 10 FTEs
O1. Explicit Admission Criteria

• The team has (and uses) clearly operationalized admission criteria targeted towards a specific population
• All clients meet the admission criteria
• Decision-making authority lies with the team

O2. Intake Rate

• Program admits consumers to team at a low rate to maintain a stable service environment
• No more than 6 new admissions in any given month
O3. Full Responsibility for Tx Services

- Team is single point of clinical responsibility; services are not brokered
- Team *directly* provides a range of supportive and recovery – oriented services
- 90% of:
  - Case management
  - Psychiatric services
  - Counseling
  - Housing support
  - SA treatment
  - Employment AND rehabilitative services

O4. Responsibility for Crisis Services

- ACT team is available 24 hours a day, 7 days a week to respond to psychiatric crises
- No “middleman” – ACT consumers contact ACT team members *directly*
Responsibility for hospital admissions (O5) and discharges (O6)

- ACT team is involved in 95% or more of psychiatric hospital admissions and discharges

O7. Time-Unlimited Services (Graduation Rate)

- No arbitrary limits to receiving services from the ACT team.
- Few clients appropriately transition to less intensive services ("graduate")
S1. Community-Based Services

- Team has a high rate of face-to-face contact with consumers in their home/communities
- Scores of 5 requires ≥ 80% of face-to-face contacts in community

S2. No Dropout Policy

- The team retains a high proportion of consumers (>95% over 12 months). Few clients are dropped or discharged for reasons OTHER than their need for services being reduced.
- “Dropout” – e.g. unable to locate; moved out of area w/o referral; incarceration; refused services; transfer to nursing home (for psychiatric reasons)
S3. Assertive Engagement Mechanisms

• The team is planful in their attempts to engage consumers in services (formal written Assertive Engagement Strategy Protocol); a variety of both common and individualized strategies are used. Legal mechanisms are used appropriately.
• Not discharged due to inability to keep appointments

S4. Intensity of Service

• Team has average of at least 2 hours of face-to-face contact with consumers each week.

S5. Frequency of Contact

• Team has frequent face-to-face contacts with consumers each week
• Average of 4 or more face-to-face contacts per week per client.
S6. Work with Informal Support System

• The team has contact with consumers’ natural supports (i.e. those who are not paid to provide a service).
• Scores frequency of contact per month across caseload (average >4 contacts/month)

S7. Individualized Substance Abuse Tx

• ACT consumers with co-occurring SUD receive SA/DD treatment
• Services provided by entire team, but emphasis on those provided by SA Specialist
• Structured individualized SA counseling following DD principles
• Average >24 minutes/week in formal SA tx
S8. Dual Disorder Treatment Groups

- >50% of consumers with co-occurring SUD attend a dual disorders treatment group facilitated by an ACT team member at least 1x per month.

S9. Dual Disorders (DD) Model

- ACT team uses a stage-wise treatment model that is non-confrontational, follows behavioral principles, considers interaction between mental illness and SA, and has gradual expectations of abstinence
S10. Role of Consumers on Tx Team

- Peer specialist(s) on team provides direct services to consumers.
- 1 FTE
- Emphasis on “full professional status”

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