



EVIDENCE-BASED
PRACTICES

KIT

Knowledge Informing Transformation

Evaluating Your Program

Assertive Community Treatment



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Mental Health Services
www.samhsa.gov

ACT Fidelity Scale

| Human resources: Structure and composition | | | | | | |
|--|--|---|--|---|--|--|
| Criterion | | Ratings / Anchors | | | | |
| | | 1 | 2 | 3 | 4 | 5 |
| H1 | Small caseload: Consumer/provider ratio = 10:1 | 50 consumers/team member or more | 35–49 | 21–34 | 11–20 | 10 consumers/team member or fewer |
| H2 | Team approach: Provider group functions as team rather than as individual ACT team members; ACT team members know and work with all consumers | Less than 10% consumers with multiple team face-to-face contacts in reporting 2-week period | 10–36% | 37–63% | 64–89% | 90% or more consumers have face-to-face contact with > 1 staff member in 2 weeks |
| H3 | Program meeting: Meets often to plan and review services for each consumer | Service-planning for each consumer usually 1x/month or less | At least 2x/month but less often than 1x/week | At least 1x/week but less than 2x/week | At least 2x/week but less than 4x/week | Meets at least 4 days/week and reviews each consumer each time, even if only briefly |
| H4 | Practicing ACT leader: Supervisor of Frontline ACT team members provides direct services | Supervisor provides no services | Supervisor provides services on rare occasions as backup | Supervisor provides services routinely as backup or less than 25% of the time | Supervisor normally provides services between 25% and 50% time | Supervisor provides services at least 50% time |
| H5 | Continuity of staffing: Keeps same staffing over time | Greater than 80% turnover in 2 years | 60–80% turnover in 2 years | 40–59% turnover in 2 years | 20–39% turnover in 2 years | Less than 20% turnover in 2 years |
| H6 | Staff capacity: Operates at full staffing | Operated at less than 50% staffing in past 12 months | 50–64% | 65–79% | 80–94% | Operated at 95% or more of full staffing in past 12 months |
| H7 | Psychiatrist on team: At least 1 full-time psychiatrist for 100 consumers works with program | Less than .10 FTE regular psychiatrist for 100 consumers | .10–.39 FTE for 100 consumers | .40–.69 FTE for 100 consumers | .70–.99 FTE for 100 consumers | At least 1 full-time psychiatrist assigned directly to 100-consumer program |
| H8 | Nurse on team: At least 2 full-time nurses assigned for a 100-consumer program | Less than .20 FTE regular nurse for 100 consumers | .20–.79 FTE for 100 consumers | .80–1.39 FTE for 100 consumers | 1.40–1.99 FTE for 100 consumers | 2 full-time nurses or more are members for 100-consumer program |
| H9 | Substance abuse specialist on team: A 100-consumer program with at least 2 staff members with 1 year of training or clinical experience in substance abuse treatment | Less than .20 FTE S/A expertise for 100 consumers | .20–.79 FTE for 100 consumers | .80–1.39 FTE for 100 consumers | 1.40–1.99 FTE for 100 consumers | 2 FTEs or more with 1 year S/A training or supervised S/A experience |
| H10 | Vocational specialist on team: At least 2 team members with 1 year training/experience in vocational rehabilitation and support | Less than .20 FTE vocational expertise for 100 consumers | .20–.79 FTE for 100 consumers | .80–1.39 FTE for 100 consumers | 1.40–1.99 FTE for 100 consumers | 2 FTEs or more with 1 year voc. rehab. training or supervised VR experience |
| H11 | Program size: Of sufficient absolute size to consistently provide necessary staffing diversity and coverage | Less than 2.5 FTE staff | 2.5–4.9 FTE | 5.0–7.4 FTE | 7.5–9.9 | At least 10 FTE staff |

| Organizational boundaries | | | | | | |
|---------------------------|---|--|---|--|--|--|
| Criterion | Ratings / Anchors | | | | | |
| | 1 | 2 | 3 | 4 | 5 | |
| 01 | Explicit admission criteria: Has clearly identified mission to serve a particular population. Has and uses measurable and operationally defined criteria to screen out inappropriate referrals. | Has no set criteria and takes all types of cases as determined outside the program | Has a generally defined mission but admission process dominated by organizational convenience | Tries to seek and select a defined set of consumers but accepts most referrals | Typically actively seeks and screens referrals carefully but occasionally bows to organizational pressure | Actively recruits a defined population and all cases comply with explicit admission criteria |
| 02 | Intake rate: Takes consumers in at a low rate to maintain a stable service environment | Highest monthly intake rate in the last 6 months = greater than 15 consumers/month | 13–15 | 10–12 | 7–9 | Highest monthly intake rate in the last 6 months no greater than 6 consumers/month |
| 03 | Full responsibility for treatment services: In addition to case management, directly provides psychiatric services, counseling/ psychotherapy, housing support, substance abuse treatment, employment and rehabilitative services | Provides no more than case management services | Provides 1 of 5 additional services and refers externally for others | Provides 2 of 5 additional services and refers externally for others | Provides 3 or 4 of 5 additional services and refers externally for others | Provides all 5 services to consumers |
| 04 | Responsibility for crisis services: Has 24-hour responsibility for covering psychiatric crises | Has no responsibility for handling crises after hours | Emergency service has program-generated protocol for program consumers | Is available by phone, mostly in consulting role | Provides emergency service backup; e.g., program is called, makes decision about need for direct program involvement | Provides 24-hour coverage |
| 05 | Responsibility for hospital admissions: Is involved in hospital admissions | Is involved in fewer than 5% decisions to hospitalize | ACT team is involved in 5%–34% of admissions | ACT team is involved in 35%–64% of admissions | ACT team is involved in 65%–94% of admissions | ACT team is involved in 95% or more admissions |
| 06 | Responsibility for hospital discharge planning: Is involved in planning for hospital discharges | Is involved in fewer than 5% of hospital discharges | 5%–34% of program consumer discharges planned jointly with program | 35%–64% of program consumer discharges planned jointly with program | 65–94% of program consumer discharges planned jointly with program | 95% or more discharges planned jointly with program |
| 07 | Time-unlimited services (graduation rate): Rarely closes cases but remains the point of contact for all consumers as needed | More than 90% of consumers are expected to be discharged within 1 year | From 38–90% of consumers expected to be discharged within 1 year | From 18–37% of consumers expected to be discharged within 1 year | From 5–17% of consumers expected to be discharged within 1 year | All consumers served on a time-unlimited basis, with fewer than 5% expected to graduate annually |

| Nature of services | | | | | | |
|--------------------|--|---|---|--|---|--|
| Criterion | | Ratings / Anchors | | | | |
| | | 1 | 2 | 3 | 4 | 5 |
| S1 | Community-based services: Works to monitor status, develop community living skills in community rather than in office | Less than 20% of face-to-face contacts in community | 20–39% | 40–59% | 60–79% | 80% of total face-to-face contacts in community |
| S2 | No dropout policy: Retains high percentage of consumers | Less than 50% of caseload retained over 12-month period | 50–64% | 65–79% | 80–94% | 95% or more of caseload is retained over a 12-month period |
| S3 | Assertive engagement mechanisms: As part of ensuring engagement, uses street outreach and legal mechanisms (probation/parole, OP commitment) as indicated and as available | Passive in recruitment and re-engagement; almost never uses street outreach legal mechanisms | Makes initial attempts to engage but generally focuses on most motivated consumers | Tries outreach and uses legal mechanisms only as convenient | Usually has plan for engagement and uses most mechanisms available | Demonstrates consistently well-thought-out strategies and uses street outreach and legal mechanisms whenever appropriate |
| S4 | Intensity of service: High total amount of service time, as needed | Average 15 minutes/week or less of face-to-face contact for each consumer | 15–49 minutes/week | 50–84 minutes/week | 85–119 minutes/week | Average 2 hours/week or more of face-to-face contact for each consumer |
| S5 | Frequency of contact: High number of service contacts, as needed | Average less than 1 face-to-face contact/week or fewer for each consumer | 1–2x/week | 2–3x/week | 3–4x/week | Average 4 or more face-to-face contacts/week for each consumer |
| S6 | Work with informal support system: With or without consumer present, provides support and skills for consumer's support network: family, landlords, employers | Less than .5 contact/month for each consumer with support system | .5–1 contact/month for each consumer with support system in the community | 1–2 contact/month for each consumer with support system in the community | 2–3 contacts/month for consumer with support system in the community | 4 or more contacts/month for each consumer with support system in the community |
| S7 | Individualized substance abuse treatment: 1 or more team members provides direct treatment and substance abuse treatment for consumers with substance-use disorders | No direct, individualized substance abuse treatment provided | Team variably addresses SA concerns with consumers; provides no formal, individualized SA treatment | While team integrates some substance abuse treatment into regular consumer contact, no formal, individualized SA treatment | Some formal individualized SA treatment offered; consumers with substance-use disorders spend less than 24 minutes/week in such treatment | Consumers with substance-use disorders average 24 minutes/week or more in formal substance abuse treatment |
| S8 | Co-Occurring disorder treatment groups: Uses group modalities as treatment strategy for consumers with substance-use disorders | Fewer than 5% of consumers with substance-use disorders attend at least 1 substance abuse treatment group meeting a month | 5–19% | 20–34% | 35–49% | 50% or more of consumers with substance-use disorders attend at least 1 substance abuse treatment group meeting/month |
| S9 | Dual Disorders (DD) Model: Uses a non-confrontational, stage-wise treatment model, follows behavioral principles, considers interactions of mental illness and substance abuse, and has gradual expectations of abstinence | Fully based on traditional model: confrontation; mandated abstinence; higher power, etc. | Uses primarily traditional model: e.g., refers to AA; uses inpatient detox & rehab; recognizes need to persuade consumers in denial or who don't fit AA | Uses mixed model: e.g., DD principles in treatment plans; refers consumers to persuasion groups; uses hospitalization for rehab.; refers to AA, NA | Uses primarily DD model: e.g., DD principles in treatment plans; persuasion and active treatment groups; rarely hospitalizes for rehab. or detox except for medical necessity; refers out some SA treatment | Fully based in DD treatment principles, with treatment provided by ACT staff members |
| S10 | Role of consumers on team: Consumers involved as team members providing direct services | Consumers not involved in providing service | Consumers fill consumer-specific service roles (e.g., self-help) | Consumers work part-time in case-management roles with reduced responsibilities | Consumers work full-time in case management roles with reduced responsibilities | Consumers employed full-time as ACT team members (e.g., case managers) with full professional status |