Assertive Community Treatment Fidelity Scale

CRITERION	RATINGS / ANCHORS					
HUMAN RESOURCES: STRUCTURE & COMPOSITION	**-1**	**-2**	**-3**	**-4**	**-5**	**Data Source**
H1 - DACTS	SMALL CASELOAD: Persons served/clinician ratio of 10:1.	50 persons served/clinician or more.	35 - 49	21 - 34	11 to 20	10 persons served/clinician or fewer	PROVIDER GATHERS IN ADVANCE OF REVIEW, interviews
H2 - DACTS	TEAM APPROACH: Provider group functions as team rather than as individual practitioners; clinicians know and work with all persons served.	Fewer than 10% persons have face-to-face contact with > 1 staff member in 2 weeks.	10 - 36%.	37 - 63%.	64 - 89%.	90% or more persons have face-to-face contact with > 1 staff member in 2 weeks.	Clinical Record Reviews Interviews
H3 - DACTS	PROGRAM MEETING: Program meets frequently to plan and review services for each person served.	Program service-planning for each person served usually occurs once/month or less frequently.	At least twice/month but less often than once/week.	At least once/week but less often than twice/week.	At least twice/week but less often than 4 times/week.	Program meets at least 4 days/week and reviews each person served each time, even if only briefly.	Interviews Program Meeting Minutes Other Program Records
H4 - DACTS	PRACTICING TEAM LEADER: Supervisor of front line clinicians 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.	Interviews, Clinical Record Reviews
H5 - DACTS	CONTINUITY OF STAFFING: Program maintains 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.	PROVIDER GATHERS IN ADVANCE OF REVIEW, interviews
H6 - DACTS	STAFF CAPACITY: Program operates at full staffing.	Program has operated at less than 50% of staffing in past 12 months.	50-64%	65-79%	80-94%	Program has operated at 95% or more of full staffing in past 12 months.	Interviews, PROVIDER GATHERS IN ADVANCE OF REVIEW

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HUMAN RESOURCES: STRUCTURE & COMPOSITION	-1	-2	-3	-4	-5	
H7 Illinois	PSYCHIATRIST ON STAFF: There is a psychiatrist on staff that works on the ACT team a minimum of 10 hrs/week for an average census of 60 persons served.	Program for 60 individuals has 2 hours or less of psychiatric time	Program for 60 individuals has 3-4 hours of psychiatric time	Program for 60 individuals has 5-6 hours of psychiatric time	Program for 60 individuals has 7-9 hours of psychiatric time	Program for 60 individuals has 10 hours of psychiatric time for 60 clients	Interviews Program Records Clinical Records
H8 Illinois	NURSE ON STAFF: There is at least one full-time nurse assigned to work with 60 persons.	Program for 60 persons has less than .25 FTE.	Program for 60 persons has .26 - .50 FTE.	Program for 60 persons has .51 - .75 FTE.	Program for 60 persons has .76 - .99 FTE.	One full-time nurse (or more) on a team with 60 persons.	Interviews Program Records
H9 Illinois	SUBSTANCE ABUSE SPECIALIST ON STAFF: At least one of the ACT staff members of the 60 person team shall have special training and certification in substance abuse treatment and/or treating persons with co-occurring mental health and substance abuse disorders.	Program has less than .25 FTE S/A expertise per 60 persons.	Program has .26 - .50 FTE S/A expertise per 60 persons.	Program has .51 - .75 FTE S/A expertise per 60 persons.	Program has .76 - .99 FTE S/A per 60 persons.	One FTE or more with 1 year S/A training or supervised S/A experience per 60 person team.	Interviews Program Records
H10 Illinois	VOCATIONAL SPECIALIST ON STAFF: At least one of the ACT staff members of the 60 person team shall have special training in rehabilitation counseling, including vocational, work readiness and educational support	Program has less than .25 FTE vocational expertise per 60 persons.	Program has .26 - .50 FTE vocational expertise per 60 persons.	Program has .51 - .75 FTE vocational expertise per 60 persons.	Program has .76 - .99 FTE vocational expertise per 60 persons.	One FTE or more with 1 year voc. rehab. training or supervised VR experience per 60 person team.	Interviews Program Records

CRITERION	RATINGS / ANCHORS					
HUMAN RESOURCES: STRUCTURE & COMPOSITION	**-1**	**-2**	**-3**	**-4**	**-5**	**Data Source**
H11 Illinois — PROGRAM SIZE: Program is of sufficient absolute size to consistently provide the necessary staffing diversity and coverage.	Program has fewer than 1.5 FTE staff.	1.6 - 2.5 FTE	2.6 - 3.9 FTE	4.0 - 5.9 FTE	Program has at least 6 FTE staff	Interviews Program Records
ORGANIZATIONAL BOUNDARIES						
O1 - DACTS — EXPLICIT ADMISSION CRITERIA: Program has clearly identified mission to serve a particular population and has and uses measurable and operationally defined criteria to screen out inappropriate referrals.	Program has no set criteria and admits persons with no regard to eligibility.	Program has a generally defined mission but the admission process is dominated by organizational convenience.	The program makes an effort to seek and select a defined set of persons but accepts most referrals.	Program typically actively seeks and screens referrals carefully but occasionally bows to organizational pressure.	The program actively recruits a defined population and all persons receiving services meet explicit admission criteria.	Interviews Program Records
O2 - DACTS — INTAKE RATE: Program takes persons in at a low rate to maintain a stable service environment. This is based on a ratio of 10 persons served for every 1 FTE staff	Highest monthly intake rate in the last 6 months = greater than 15 persons/month.	13 -15 persons per month	10 to 12 persons per month	7 to 9 persons per month	Highest monthly intake rate in the last 6 months no greater than 6 persons/month.	Data run completed by Collaborative prior to fidelity review - # authorized by month for past 6 months, Interviews
O3 - DACTS — FULL RESPONSIBILITY FOR TREATMENT SERVICES: In addition to case management, program directly provides psychiatric services, counseling / psychotherapy, housing support, substance abuse treatment, employment / rehabilitative services.	Program provides no more than case management services.	Program provides one of five additional services and refers externally for others.	Program provides two of five additional services and refers externally for others.	Program provides three or four of five additional services and refers externally for others.	Program provides all five of these additional services to clients	Interviews Clinical Records

CRITERION		RATINGS / ANCHORS					
HUMAN RESOURCES: STRUCTURE		-1	-2	-3	-4	-5	**Data Source**
O4 - DACTS	RESPONSIBILITY FOR CRISIS SERVICES: Program has 24-hour responsibility for covering psychiatric crises.	Program has no responsibility for handling crises after hours.	Emergency service has program-generated protocol for persons served.	Program is available by telephone, predominantly in consulting role.	Program provides emergency service backup; e.g., program is called, makes decision about need for direct program involvement.	Program provides 24-hour coverage	Interviews Program Records
O5 - DACTS	RESPONSIBILITY FOR HOSPITAL ADMISSIONS: Program is involved in hospital admissions.	Program has involvement 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.	Interviews Clinical Records
O6 - DACTS	RESPONSIBILITY FOR HOSPITAL DISCHARGE PLANNING: Program is involved in planning for hospital discharges.	Program has involvement in fewer than 5% of hospital discharges.	5% - 34% of hospital discharges are planned jointly with the program and hospital.	35 - 64% of hospital discharges are planned jointly with the program and hospital.	65 - 94% of hospital discharges are planned jointly with the program and hospital.	95% or more of hospital discharges are planned jointly with the program and hospital.	Interviews Clinical Records
O7 - DACTS	TIME-UNLIMITED SERVICES (GRADUATION RATE): Program rarely closes persons to ACT but remains the point of contact for all persons served as needed.	More than 90% of persons served are expected to be discharged within 1 year.	From 38-90% of persons served are expected to be discharged within 1 year.	From 18-37% of persons served are expected to be discharged within 1 year.	From 5-17% of persons served are expected to be discharged within 1 year.	All persons are served on a time-unlimited basis, with fewer than 5% expected to graduate annually.	Interviews Policies

FY15 ACT Fidelity Tool

	CRITERION	RATINGS / ANCHORS					
	NATURE OF SERVICES	**-1**	**-2**	**-3**	**-4**	**-5**	**Data Source**
S1- Illinois	COMMUNITY-BASED SERVICES: Program works to monitor status, develop community living skills in the community rather than the office.	Less than 20% of contacts in community (off-site).	20 - 39%.	40 - 59%.	60 - 79%.	80% of total contacts in community (off-site).	Data run completed by Collaborative prior to fidelity review.
S2 - DACTS	NO DROPOUT POLICY: Program retains a high percentage of its persons served.	Less than 50% of of the caseload is retained over a 12-month period.	50- 64%.	65 - 79%.	80 - 94%.	95% or more of the caseload is retained over a 12-month period	Interviews, Discharged/Total number of Persons Served
S3 - DACTS	ASSERTIVE ENGAGEMENT MECHANISMS: As part of assuring engagement, program uses street outreach, as well as legal mechanisms (e.g., probation/parole, OP commitment) as indicated and as available.	Program passive in recruitment and re-engagement; almost never uses street outreach legal mechanisms.	Program makes initial attempts to engage but generally focuses efforts on most motivated individuals.	Program attempts outreach and uses legal mechanisms only as convenient.	Program usually has plan for engagement and uses most of the mechanisms that are available.	Program demonstrates consistently well-thought-out strategies and uses street outreach and legal mechanisms whenever appropriate.	Interview Clinical Records
S4 - DACTS	INTENSITY OF SERVICE: High total amount of service time as needed.	Average of less than 15 min/week or less of face-to-face contact per individual.	15 - 49 minutes / week.	50 - 84 minutes / week.	85 - 119 minutes / week.	Average of 2 hours/week or more of face-to-face contact per individual.	Clinical Records
S5 Illinois	FREQUENCY OF CONTACT: At least 4 contacts per week in the 4 weeks preceding review.	There are weeks within the past 4 weeks where no contact is made	There is at least one contact per week consistently for the past 4 weeks.	There is at least two contacts per week consistently for the past 4 weeks.	There are at least three contacts per week consistently for the past 4 weeks.	There are at least four contacts per week consistently for the past four weeks.	Clinical Records

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NATURE OF SERVICES	**-1**	**-2**	**-3**	**-4**	**-5**	**Data Source**
S6 - DACTS WORK WITH INFORMAL SUPPORT SYSTEM: With or without individual present, program provides support and skills for persons's support network: family, landlords, employers.	Less than .5 contact with support system in the community per month per individual.	.5-1 contact with support system in the community per month per individual.	1-2 contacts with support system in the community per month per individual.	2-3 contacts with support system in the community per month per individual.	Four or more contacts with support system in the community per month per individual.	Interviews Clinical Records
S7 - DACTS INDIVIDUALIZED SUBSTANCE ABUSE TREATMENT: One or more members of the program provide direct treatment and substance abuse treatment to persons diagnosed with substance use disorders.	No direct, individualized substance abuse treatment is provided by the team.	The team variably addresses SA concerns with person; no formal, individualized SA treatment provided.	While the team integrates some substance abuse treatment into regular contact with person, they provide no formal, individualized SA treatment.	Some formal individualized SA treatment is offered; persons diagnosed with substance use disorders spend less than 24 minutes/week in such treatment.	Persons diagnosed with substance use disorders spend, on average, 24 minutes / week or more in formal substance abuse treatment.	Interviews Clinical Records Program Records
S8 - DACTS DUAL DISORDER TREATMENT GROUPS: Program uses group modalities as a treatment strategy for people diagnosed with substance use disorders.	Fewer than 5% of the persons diagnosed with substance use disorders attend at least one substance abuse treatment group meeting during a month.	5 - 19%	20 - 34%	35 - 49%	50% or more of the persons diagnosed with substance use disorders attend at least one substance abuse treatment group meeting during a month.	Interviews Program Records Clinical Records

CRITERION	RATINGS / ANCHORS					
NATURE OF SERVICES	**-1**	**-2**	**-3**	**-4**	**-5**	**Data Source**
S9 - DACTS	DUAL DISORDERS (DD) MODEL: Program uses a stage-wise treatment model that is non-confrontational, follows behavioral principles, considers interactions of mental illness and substance abuse, and has gradual expectations of abstinence.	Program fully based on traditional model: confrontation; mandated abstinence; higher power, etc.	Program uses primarily traditional model: e.g., refers to AA; uses inpatient detox & rehabilitation; recognizes need for persuasion of persons in denial or who don't fit AA.	Program uses mixed model: e.g., DD principles in treatment plans; refers persons to persuasion groups; uses hospitalization for rehab.; refers to AA, NA.	Program uses primarily DD model: e.g., DD principles in treatment plans; persuasion and active treatment groups; rarely hospitalize for rehab. nor detox except for medical necessity; refers out some s/a treatment.	Program fully based in DD treatment principles, with treatment provided by program staff.	Interviews Program Records Clinical Records
S10 - DACTS	ROLE OF PERSONS IN RECOVERY ON TREATMENT TEAM: Persons in recovery are involved as members of the team providing direct services.	Persons in recovery have no involvement in service provision in relation to the program.	Persons in recovery fill specific service roles with respect to program (e.g., self-help).	Persons in recovery work part-time in case-management roles with reduced responsibilities.	Persons in recovery work full-time in case management roles with reduced responsibilities.	Persons in recovery are employed full-time as clinicians (e.g., case managers) with full professional status.	Interviews Program Records