

Assertive Community Treatment Fidelity Scale (04/19/2022)

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| Criterion | Ratings1 | 2 | 3 | 4 | 5 |
| Human Resources: Structure and composition |
| H1 | **Small caseload**: Individual to team member ratio 10:1 | 50 individuals/staff or more | 35-49 | 21-34 | 11-20 | 10 individuals/staff or fewer |
| H2 | **Team approach**: Team shares caseload. Each member knows and works with every individual. | Fewer than 10% of individuals have face-to-face contact with multiple team members | 10-36% | 37-63% | 64-89% | 90% or more individuals have face-to-face contacts with multiple team members in 2 weeks |
| H3 | **ACT Team Meeting**: ACT Team meets frequently to plan and review services for individuals. | ACT Team service-planning for individuals 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. | ACT Team meets at least 4 days/week and reviews every individual each time, even if only briefly. |
| H4 | **Practicing ACT team leader**:Supervisor of frontline ACTteam members provides directservices. | 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 fullstaffing. | Operated at lessthan 50% staffingin past 12 months | 50-64% | 65-79% | 80-94% | 95% or more of full staffing in past 12 months |
| H7 | **Psychiatrist/ Psychiatric Prescriber on staff:** there is at least 1 FTE psychiatrist/ psychiatric prescriber per 100 individuals assigned to work with the ACT Team. | Less than .10 FTE regular psychiatrist/ psychiatric prescriber per 100 individuals. | .10-.39 FTE per 100 individuals. | .40-.69 FTE per 100 individuals | .70-.99 FTE per 100 individuals | At least 1 FTE psychiatrist/psychiatric prescriber is assigned directly to a 100- individual ACT Team. |
| H8 | **Nurse (RN) on staff**: there is at least one full-time nurse (RN) assigned to work with the ACT Team. | Less than .10 FTE regular nurse. | .10-.39 FTE | .40-.69 FTE | .70-.99 FTE | One full-time nurse or more |
| H9 | **Substance Abuse Specialist on staff**: ACT Team includes at least one staff member with 1 year of training or clinical experience in substance abuse treatment. | ACT Team has less than .25 FTE S/A expertise | .25-.49 FTE | .50-.74 FTE | .75-.99 FTE | 1 FTE or more with 1 year S/A training or supervised S/A experience. |
| H10 | **Employment Specialist on staff**: at least 1 staff member with at least one year oftraining/experience providing employment services. | ACT Team has less than .25 FTE | .25-.49 FTE | .50-.74 FTE | .75-.99 FTE | 1 FTE or more with 1-year training/experience |
| H11 | **Program size**: The team is of a sufficient size to consistently provide for necessary staffing diversity and coverage. NOTE: This item includes separate parameters for minimal coverage for smaller teams to allow for enough staff to be available 24 hours a day,seven days a week. | **100-Client Team:** Includes fewer than 5.5 FTE direct clinical staff. | 5.5-6.9 FTE | 7.0-8.4 FTE | 8.5-9.9 FTE | Includes at least 10.0 FTE direct clinical staff. |
| **50-Client Team:** Includes fewer than 5.5 FTE direct clinical staff. | 5.5 - 5.9 FTE | 6.0 - 6.4 FTE | 6.5 - 6.9 FTE | Includes at least 7.0 FTE direct clinical staff. |
| H12 | **Housing Specialist on staff:** at least 1 staff member with at least one year oftraining/experience providing housing services. | ACT Team has less than .25 FTE | .25-.49 FTE | .50-.74 FTE | .75-.99 FTE | 1 FTEs or more with 1-year training/experience |
| H13 | **SOAR Certified Staff:** at least two staff members who are SSI/SSDI Outreach, Access, and Recovery (SOAR) certified NOTE: Online Application Tracking (OAT) registration and participation are required. **This is not a separate position. Any ACT staff member can fulfill this requirement.** | ACT Team has less than .20 SOAR certified FTE per 100 individuals. | .20-.79 FTE per 100 individuals. | .80-1.39 FTE per 100 individuals. | 1.40-1.99 FTE per 100 individuals. | Two FTEs or more SOAR certified team members per 100 individuals. |
| Organizational Boundaries |
| O1 | **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 referrals | Has a generally defined mission, but the admission process is dominated by organizational convenience | Tries to seek and select a defined set of clients 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 |
| O2 | **Intake rate**: Team takes individuals in at a low rate to maintain a stable service environment. | Highest monthly intake rate in the last 6 months = greater than 15 individuals/month  | 13 -15  | 10 - 12  | 7 - 9  | Highest monthly intake rate in the last 6 months no greater than 6 individuals/month. |
| O3 | **Full responsibility for treatment services**: in addition to case management, the ACT team directly provides psychiatric services, counseling / psychotherapy, housing support, substance abuse treatment, employment, and rehabilitative services. | ACT Team provides no more than case management services. | ACT Team provides one of five additional services and refers externally for others. | ACT Team provides two of five additional services and refers externally for others. | ACT Team provides three or four of five additional services and refers externally for others. | ACT Team provides all five of these services to individuals. |
| O4 | **Responsibility for crisis services**: ACT Team has 24-hour responsibility for covering psychiatric crises. | Has no responsibility for handling crises after hours | Emergency service has ACT Team-generated protocol for ACT individuals | Is available by telephone, predominantly in consulting role | Provides emergency service backup, e.g., ACT Team is called, makes decision about need for direct ACT Team involvement | Provides 24-hour coverage |
| O5 | **Responsibility for hospital admissions**: ACT Team is involved in hospital admissions. | 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. |
| O6 | **Responsibility for hospital discharge planning**: ACT Team is involved in planning for hospital discharges. | ACT Team is involved in fewer than 5% of hospital discharges. | 5% - 34% of ACT Team client discharges are planned jointly with the ACT Team. | 35 - 64% of ACT Team client discharges are planned jointly with the ACT Team. | 65 - 94% of ACT Team client discharges are planned jointly with the ACT Team. | 95% or more discharges are planned jointly with the ACT Team. |
| O7 | **Transition to less intensive services:** 1) Conducts a regular assessment of the need for ACT services; 2) Uses explicit criteria to assess need to transfer to less intensive service option; 3) Transition is gradual & individualized, with assured continuity of care; 4) Status is monitored following transition, per individual need; and 5) The team expedites re admission to the team if necessary. | Team does notactively facilitateindividualtransition to lessintensive servicesOR 1 to 2 criteriamet, at leastPARTIALLY | 2 criteria FULLYmet OR 3 criteriamet, at leastPARTIALLY | 3 criteria FULLYmet OR 4 criteriamet, at leastPARTIALLY | 4 criteria FULLYmet | ALL 5 criteriaFULLY met |
| Nature of Services |
| S1 | **Community-based services:**Works to monitor status,develop community living skillsin community rather than inoffice. | Less than 20% offace-to-facecontacts incommunity | 20 - 39% | 40 - 59% | 60 - 79% | 80% of total face-to-face contactsin community |
| S2 | **No dropout policy:** Retains high percentage of individuals.  | Less than 50% ofcaseload retainedover 12-monthperiod | 50 - 64% | 65 - 79% | 80 - 94% | 95% or more ofcaseload isretained over a12-month period |
| S3 | **Assertive engagement mechanisms**: ACT Team uses street outreach, motivational/ engagement techniques, as well as legal mechanisms (e.g., probation/parole, outpatient commitment, payeeship, guardianship) or other techniques to ensure ongoing engagement.  | ACT Team passive in recruitment and re-engagement; almost never uses street outreach, legal mechanisms. | ACT Team makes initial attempts to engage but generally focuses efforts on most motivated individuals. | ACT Team attempts outreach and uses legal mechanisms only as convenient. | ACT Team usually has plan for engagement and uses most of the mechanisms that are available. | ACT Team demonstrates consistently well-thought-out strategies and uses street outreach and legal mechanisms whenever appropriate. |
| S4 | **Intensity of service**: high amount of face-to-face 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. |
| S5 | **Frequency of contact**: high number of face-to-face service contacts as needed. | Average of less than 1 face-to-face contact / week or fewer per individual. | 1.00 - 1.99 / week. | 2.00 - 2.99 / week. | 3.00 - 3.99 / week. | Average of 4.00 or more face-to-face contacts / week per individual. |
| S6 | **Work with informal support system**: with or without individual present, ACT Team provides support and skills for individual’s support network: family, landlords, employers etc. | Less than .50 contact per month per individual with support system. | .50-.99 contact per month per individual with support system in the community. | 1.00-1.99 contact per month per individual with support system in the community. | 2.00-3.99 contacts per months per individual with support system in the community. | 4.00 or more contacts per month per individual with support system in the community. |
| S7 | **Individualized substance abuse treatment**: one or more members of the ACT Team provide direct treatment and substance abuse treatment for individuals with substance use disorders. | No direct, individualized substance abuse treatment is provided by the team. | The team variably addresses SA concerns with individuals; no formal, individualized SA treatment provided. | While the team integrates some substance abuse treatment into regular individual contact, they provide no formal, individualized SA treatment.  | Some formal individualized SA treatment is offered; individuals with substance use disorders spend less than 24 minutes/week in such treatment.  | Individuals with substance use disorders spend, on average, 24 minutes / week or more in formal substance abuse treatment. |
| S8 | **Dual Disorder treatment groups:** ACT Team uses group modalities as a treatment strategy for individuals with substance use disorders. | Fewer than 5% of the individuals 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 individuals with substance use disorders attend at least one substance abuse treatment group meeting during a month. |
| S9 | **Dual Disorders (DD) model**: ACT Team 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. | ACT Team fully based on traditional model: confrontation; mandated abstinence; higher power, etc. | ACT Team uses primarily traditional model: e.g., refers to AA; uses inpatient detox & rehabilitation; recognizes need for motivation of individuals in denial or who don't fit AA. | ACT Team uses mixed model: e.g., DD principles in treatment plans; refers individuals to motivation groups; uses hospitalization for rehab.; refers to AA, NA. | Uses primarily DD model: e.g., DD principles in treatment plans; motivation and active treatment groups; rarely hospitalizes for rehab. or detox except for medical necessity; refers out some s/a treatment. | ACT Team fully based in DD treatment principles, with treatment provided by ACT Team staff. |
| S10 | **Role of Peer Specialist:** Peer Specialists are involved as members of the team providing direct services. | Peer Specialists are not involved in service provision in relation to the ACT Team. | Peer Specialist(s) fill individualized service roles with respect to ACT Team (e.g., self-help). | Peer Specialist(s) work part-time in case-management roles with reduced responsibilities.  | Peer Specialist(s) work full-time in case management roles with reduced responsibilities. | Peer Specialist(s) are employed full-time as clinicians (e.g., case managers) with full professional status. |
| S11 | **Peer Specialist on staff:** at least 1 staff member with serious mental illness who functions as a fully integrated team member | ACT Team has less than .25 FTE | .25-.49 FTE | .50-.74 FTE | .75-.99 FTE | 1 FTE or more |

Notes:

* The term “individual” is used throughout to replace terms like “consumer”, “client”, or “patient”.
* This scale was created in conjunction with and based upon Dartmouth Assertive Community Treatment Scale (DACTS), Oregon Center of Excellence for Assertive Community Treatment (OCEACT) Fidelity Scale, and Tools for Measurement of Assertive Community Treatment (TMACT) Summary Scale, as well as SAMHSA’s Assertive Community Treatment (ACT) Evidenced-Based Practices (EBP) KIT.
* This version of the Kansas Department for Aging and Disability Services Assertive Community Treatment Scale was finalized on 04/19/2022.
* Meeting full fidelity requires a score of 80% or higher for ACT and 70% or higher for Flexible ACT.
* A fidelity review that scores no more than 15% lower than the full fidelity requirement, may receive a conditional approval if the CCBHC demonstrates the program modifications are necessary and relevant to the community being served. A modified program plan should be submitted to KDADS for conditional approval. If a modified plan is not justified, an improvement plan and TA request will be required for conditional approval with a partial fidelity status.
* Any score below 65% for ACT or 55% for Flexible ACT will require a corrective action plan and an additional fidelity review before CCBHC Certification or Recertification.