ADDICTIONS AND MENTAL HEALTH DIVISION

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Memorandum

To: Community Mental Health Programs

From: Karen Wheeler, M.A.

Date: March 25, 2015

Subject: Assertive Community Treatment (DACT) fidelity scale

The Oregon Center of Excellence for Assertive Community Treatment (OCEACT), with the approval of the Oregon Health Authority Addictions and Mental Health Division (OHA/AMH), has revised the Dartmouth Assertive Community Treatment (DACT) fidelity scale. This revision will replace the DACT S10 item with the ST8 item from the Tool for Measurement of Assertive Community Treatment (TMACT) fidelity scale. The DACT's S10 item relates only to the FTE of consumers serving on ACT teams. Item S10 does not address the quality of peer services provided or the specific s roles that the peer serves on the ACT team. The ST8 item from the TMACT is focused on the quality of providing peer support specialist or peer wellness specialist roles within an ACT team.

Oregon Administrative Rules (OARs) govern Medicaid billing for Assertive Community Treatment (ACT) services. These OARs require independent fidelity reviews using the Dartmouth ACT Fidelity Scale. In order to integrate recent research and best practice, a revision has been made to the scale. The revised fidelity scale is being sent with this notice and is available online at http://www.oregon.gov/oha/amh/Pages/reporting-reqs.aspx

Revision: Services, Item 10 (S10)

Previous Measure (S10):

		1	*2*	*3*	*4*	*5*
S10	**Role of Consumers on Treatment Team:** Consumers are involved as members of the team providing direct services.	Consumers have no involvement in service provision in relation to the program.	Consumer(s) fill consumer-specific service roles with respect to program (e.g., self-help).	Consumer(s) work part-time in case-management roles with reduced responsibilities.	Consumer(s) work full-time in case management roles with reduced responsibilities.	Consumer(s) are employed full-time as clinicians (e.g., case managers) with full professional status.

Revised Measure (ST8):

		1	*2*	*3*	*4*	*5*
ST8	**Role of peer specialist: The peer specialist performs the following functions:** (1) coaching and consultation to consumers to promote recovery and self-direction; (2) facilitating wellness	Peer specialist performs 1 or fewer functions on the team	2 functions fully performed or 2 or 3 functions partially performed	3 functions fully performed or 4 to 5 functions partially performed	4 functions fully performed	All 5 functions fully performed

	management and recovery strategies; (3) participating in all ACT team activities as an equal professional; (4) modeling skills for and providing consultation to fellow team members; and (5) proving cross training to other team members in recovery principles and strategies.					

Note: Criteria for ST8 is from the Tool for Measurement of Assertive Community Treatment (TMACT) Summary Scale Version 1.0
This criterion has replaced S10: Role of Consumer on Team from the DACT for the purpose of OCEACT fidelity reviews.

Training, technical assistance and program development assistance is available through the Oregon Center of Excellence for Assertive Community Treatment upon request. For more information, please contact Wendy Chavez at 503-945-6197 or by email at ruth.a.chavez@state.or.us.

Attachment: ACT Fidelity Scale, modified March 20, 2015

ACT Fidelity Scale

Modified by OCEACT for use in the State of Oregon based on adaptations to DACT scoring approved by AMH November 11th, 2013 and March 20, 2015.

		Ratings / Anchors				
	Criterion	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	**Psychiatric care provider on team:** At least 1 full-time psychiatrist or PMHNP for 100 consumers works with program	Less than .10 FTE regular psychiatrist or PMHNP 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 or PMHNP 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
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 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
O2	**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
O3	**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
O4	**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
O5	**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
O6	**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
OS9	**Transition to less intensive services:** (1) Team conducts regular assessment of need for ACT services; (2) Team uses explicit criteria or markers for 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) There is an option to return to team as needed.	Team does not actively facilitate consumer transition to less intensive services OR 1 to 2 criteria met, at least PARTIALLY	2 criteria FULLY met OR 3 criteria met, at least PARTIALLY	3 criteria FULLY met OR 4 criteria met, at least PARTIALLY	4 criteria FULLY met	ALL 5 criteria FULLY met (see under definition)

Note: Criteria for OS9 is from the Tool for Measurement of Assertive Community Treatment (TMACT) Summary Scale Version 1.0
This criteria has replaced O7: Time-unlimited services (graduate rate) from the DACT for the purpose of OCEACT fidelity reviews.

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 over 12-month period	50 – 64%	65 – 79%	80 – 94%	95% or more of over a 12-month
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
ST8	**Role of peer specialist:** The peer specialist performs the following functions: (1) coaching and consultation to consumers to promote recovery and self-direction;	Peer specialist Performs 1 or Fewer functions On the team	2 functions FULLY performed OR 2 to 3 functions PARTIALLY	3 functions FULLY performed OR 4 to 5 functions PARTIALLY	4 functions FULLY performed	ALL 5 functions FULLY performed

	(2) facilitating wellness management and recovery strategies; (3) participating in all ACT team activities as an equal professional; (4) modeling skills for and providing consultation to fellow team members; and (5) proving cross training to other team members in recovery principles and strategies.	**Note:** Criteria for ST8 is from the Tool for Measurement of Assertive Community Treatment (TMACT) Summary Scale Version 1.0 This criteria has replaced S10: Role of Consumer on Team from the DACT for the purpose of OCEACT fidelity reviews.