

**The British Columbia Assertive Community Treatment Fidelity Review Scale: A modification of the Dartmouth Assertive Community Treatment (DACT) scale and Tool for Measuring fidelity to Assertive Community Treatment (TMACT)**

August 2014

**HUMAN RESOURCES: STRUCTURE & COMPOSITION**

		Ratings/Anchors				
Criterion		1	2	3	4	5
<b>H1</b>	<b>Small Caseload:</b> Client/provider ratio of 10:1.	50 clients/clinician or more.	35 - 49	21 - 34	11 - 20	10 clients/clinician or fewer
<b>H2</b>	<b>Team Approach:</b> Provider group functions as team rather than as individual practitioners; clinicians know and work with all clients.	Fewer than 10% clients with multiple staff face-to-face contacts in reporting two-week period.	10 - 36%.	37 - 63%.	64 - 89%.	90% or more clients have face-to-face contact with > one staff member in two weeks.
<b>H3</b>	<b>Program Meeting:</b> Program meets frequently to plan and review services for each client.	Program service-planning for each client 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 four times/week.	Program meets at least four days/week and reviews each client each time, even if only briefly.

<b>H4</b>	<b>Practicing Team Leader:</b> Supervisor of front line 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.
<b>H5</b>	<b>Continuity Of Staffing:</b> Program maintains same staffing over time.	Greater than 80% turnover in 2 years.	60-80% turnover in two years.	40-59% turnover in two years.	20-39% turnover in two years.	Less than 20% turnover in two years.
<b>H6</b>	<b>Staff Capacity:</b> 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.
<b>H7</b>	<b>Psychiatrist On Staff:</b> There is at least one 0.8 full-time psychiatrist per 80 clients assigned to work with the program.	Program for 80 clients has less than .10 FTE regular psychiatrist.	.10-.39 FTE per 80 clients.	.40-.69 FTE per 80 clients.	.70-.99 FTE per 80 clients.	At least one 0.8 full-time psychiatrist is assigned directly to an 80-client program.
<b>H8</b>	<b>Nurse On Staff:</b> There are at least three full-time nurses assigned to work with an 80-client program.	Program for 80 clients has less than .20 FTE regular nurse.	.20-.79 FTE per 80 clients.	.80-1.39 FTE per clients.	1.40-1.99 FTE per 80 clients.	Three full-time nurses or more are members of an 80-client program.

<b>H9</b>	<b>Addiction Specialist On Staff:</b> An 80- client program includes one FTE Addiction Specialist on ACT Team.	Program has less than .20 FTE S/A expertise per 80 clients.	.20-.79 FTE per 80 clients.	.80-1.39 FTE per 80 clients.	1.40-1.99 FTE per 80 clients.	One FTE Addiction Specialist on ACT Team.
<b>H10</b>	<b>Vocational Specialist On Staff:</b> The program includes at least one FTE Vocational Specialist on the team.	Program has less than .20 FTE vocational expertise per 80 clients	.20-.79 FTE per 80 clients.	.80-1.39 FTE per 80 clients.	1.40-1.99 FTE per 80 clients.	One FTE Vocational Specialist on ACT Team.
<b>H11</b>	<b>Occupational Therapist on Staff:</b> The program includes at least one FTE Occupational Therapist on ACT Team	Program has less than .20 FTE occupational therapist expertise per 80 clients	.20-.79 FTE per 80 clients.	.80-1.39 FTE per 80 clients.	1.40-1.99 FTE per 80 clients.	One FTE Occupational Therapist on ACT Team.
<b>H12</b>	<b>Social Worker on Staff:</b> The program includes at least one FTE Social Worker on ACT Team	Program has less than .20 FTE social worker expertise per 80 clients	.20-.79 FTE per 80 clients.	.80-1.39 FTE per 80 clients.	1.40-1.99 FTE per 80 clients.	One FTE Social Worker on Team.
<b>H13</b>	<b>Peer Specialist on Staff:</b> The program includes at least one FTE Peer Specialist on ACT Team	Program has less than .20 FTE peer specialist expertise per 80 clients	.20-.79 FTE per 80 clients.	.80-1.39 FTE per 80 clients.	1.40-1.99 FTE per 80 clients.	One FTE Peer Specialist on ACT Team.

<b>H14</b>	<b>Mental Health Clinicians on Staff:</b> The program includes at least two FTE Mental Health Clinicians on ACT Team	Program has less than .20 FTE mental health clinician expertise per 80 clients	.20-.79 FTE per 80 clients.	.80-1.39 FTE per 80 clients.	1.40-1.99 FTE per 80 clients.	Two FTE Mental Health Clinicians on ACT Team
<b>H15</b>	<b>Program Assistant:</b> The program includes at least one FTE Program Assistant on ACT Team.	Program has less than .20 FTE program assistant expertise per 80 clients	.20-.79 FTE per 80 clients.	.80-1.39 FTE per 80 clients.	1.40-1.99 FTE per 80 clients.	One FTE Program Specialist on ACT Team.
<b>H16</b>	<b>Program Size:</b> Program is of sufficient absolute size to provide consistently the necessary staffing diversity and coverage.	Program has fewer than 2.5 FTE staff.	2.5 - 4.9 FTE	5.0 - 7.4 FTE	7.5 – 12.7 FTE	Program has at least 12.8 FTE staff.

## ORGANIZATIONAL BOUNDARIES

		Ratings/Anchors				
Criterion		1	2	3	4	5
<b>O1</b>	<b>Explicit Admission Criteria:</b> 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 takes all types of cases as determined outside the program.	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 clients 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 cases comply with explicit admission criteria.
<b>O2</b>	<b>Intake Rate:</b> Program takes clients in at a low rate to maintain a stable service environment. BC ACT Teams are intaking at least four-six clients a month.	Highest monthly intake rate in the last six months = greater than 15 clients/month.	13 -15	10 - 12	7 - 9	Highest monthly intake rate in the last six months no greater than six clients/month.
<b>O3</b>	<b>Full Responsibility For Treatment Services:</b> In addition to case management, program directly provides psychiatric services, housing support,	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 services to clients.

	addiction treatment, employment/occupational therapy/social work/rehabilitative services.					
<b>O4</b>	<b>Responsibility For Crisis Services:</b> 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 program clients.	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.
<b>O5</b>	<b>Responsibility For Hospital Admissions:</b> 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.
<b>O6</b>	<b>Responsibility For Discharge Planning:</b> Program is involved in planning for hospital discharges.	Program has involvement in fewer than 5% of hospital discharges.	5% - 34% of program client discharges are planned jointly with the program.	35 - 64% of program client discharges are planned jointly with the program.	65 - 94% of program client discharges are planned jointly with the program.	95% or more discharges are planned jointly with the program.
<b>O7</b>	<b>Time-Unlimited Services (Graduation Rate):</b> Program rarely closes cases but remains the point of contact for all clients as needed.	More than 90% of clients are expected to be discharged within one year.	From 38-90% of clients are expected to be discharged within one year.	From 18-37% of clients are expected to be discharged within one year.	From 5-17% of clients are expected to be discharged within one year.	All clients are served on a time-unlimited basis, with fewer than 5% expected to graduate annually.

## NATURE OF SERVICES

		Ratings/Anchors				
Criterion		1	2	3	4	5
<b>S1</b>	<b>Community-Based Services:</b> Program works to monitor status, develop community living skills in the community rather than the 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.
<b>S2</b>	<b>No Dropout Policy:</b> Program retains a high percentage of its clients	Less than 50% of the caseload is retained over a 12-month period.	50- 64%.	65 - 79%.	80 - 94%.	95% or more of caseload is retained over a 12-month period.
<b>S3</b>	<b>Assertive Engagement Mechanisms:</b> 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 clients.	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.

<b>S4</b>	<b>Intensity Of Service:</b> High total amount of service time as needed.	Average of less than 15 min/week or less of face-to-face contact per client.	15 - 49 minutes / week.	50 - 84 minutes / week.	85 - 119 minutes / week.	Average of two hours/week or more of face-to-face contact per client.
<b>S5</b>	<b>Frequency Of Contact:</b> High number of service contacts as needed.	Average of less than one face-to-face contact / week or fewer per client.	1 - 2 .5 week.	1.5 – 2.5 week.	2.5 – 3 week.	Average of three or more face-to-face contacts / week per client.
<b>S6</b>	<b>Work With Informal Support System:</b> With or without client present, program provides support and skills for client's support network: family, landlords, employers.	Less than .5 contact per month per client with support system.	.5-1 contact per month per client with support system in the community.	1-2 contact per month per client with support system in the community.	2-3 contacts per months per client with support system in the community.	Four or more contacts per month per client with support system in the community.
<b>S7</b>	<b>Individualized Addiction Treatment:</b> One or more professionals of the program provide direct treatment and substance abuse treatment for clients with substance use disorders.	No direct, individualized substance abuse treatment is provided by the team.	The team variably addresses SA concerns with clients; no formal, individualized SA treatment provided.	While the team integrates some substance abuse treatment into regular client contact, they provide no formal, individualized SA treatment.	Some formal individualized SA treatment is offered; clients with substance use disorders spend less than 24 minutes/week in such treatment.	Clients with substance use disorders spend, on average, 24 minutes / week or more in formal substance abuse treatment.
<b>S8</b>	<b>Addiction Groups:</b> Program uses group modalities as a	Fewer than 5% of the clients with substance use	5 - 19%	20 - 34%	35 - 49%	50% or more of the clients with substance use disorders attend at



	treatment strategy for people with substance use disorders.	disorders attend at least one substance abuse treatment group meeting during a month.				least one substance abuse treatment group meeting during a month.
<b>S9</b>	<b>Role Of Peer Specialist On Treatment Team:</b> Clients are involved as members of the team providing direct services.	Peer Specialists have no involvement in service provision in relation to the program.	Peer Specialist fill consumer-specific service roles with respect to program (e.g., self-help).	Peer Specialist work part-time in case-management roles with reduced responsibilities.	Peer Specialist work full-time in case management roles with reduced responsibilities.	Peer Specialist are employed full-time as clinicians (e.g., case managers) with full professional status.

**SELECTED TMACT ITEMS**

		Ratings/Anchors				
Criterion		1	2	3	4	5
<b>PP2</b>	<p><b>Person Centered Planning:</b> Includes:</p> <p>(1) Development of a formative treatment plan ideas based on initial inquiry and discussion with the client;</p> <p>(2) Conducts regular treatment planning meetings;</p> <p>(3) Attendance by key staff members and anyone else tailoring the number of participants to fit with the client’s preference;</p> <p>(4) Meeting is driven by client’s goals and preferences; and</p> <p>(5) Provision or coaching and support to promote self-direction and leadership within the meeting, as needed.</p>	Team provides no more than one element of person centered planning or two elements provided, at least partially.	Team fully provides two elements of person centered planning or three elements provided at least partially.	Team fully provides three elements of person centered planning or provides four elements, at least partially.	Team Fully provides four elements of person centered planning.	Team fully provides all five elements of person centered planning.
<b>ST5</b>	<p><b>Role of Vocational Specialist (Employment Services):</b></p> <p>Vocational specialist provides supported employment services. Core services include: (1) Engagement; (2) school, classes; (3) Job development; (4) Job placement (including going back to school, classes); (5) Job coaching and follow – along supports</p>	Vocational specialist provides two or fewer employment services.	Vocational specialist provides three employment services (e.g. three services are absent) or four services are partially provided.	Vocational specialist provides four-five employment services (e.g. one or two services are absent), but up to three services are only partially provided or all six services are	Vocational specialist provides all six employment services, but up to three services are only partially provided.	Vocational specialist fully provides all six employment services.

	(including supports in academic settings); and (6) Benefits counselling.			provided, but more than three are partially provided.		
<b>EP4</b>	<b>Integrated Substance Use Model:</b> The Full team (1) Considers interactions between mental illness and substance abuse; (2) Does not have absolute expectations of abstinence and supports harm reduction; (3) understands and applies stages of change readiness in treatment; (4) Is skilled in motivational interviewing; and (5) Follows cognitive behavioural principles.	Team primarily uses traditional model (e.g., 12 step programming, focus on abstinence. Criteria not met.	Only one or two criteria are met.	Only three criteria are met.	Team primarily operates from substance use model, meeting four criteria.	Team is fully based in substance use principles and meets all five criteria.
<b>OS4</b>	<b>Daily Team Meetings (Quality):</b> Team uses its daily team meeting to (1) Conduct a brief, but clinically relevant review of all clients and contacts in the past 24 hours and (2) record status of all clients. Team develops a daily staff schedule for the day's contacts based on: (3) weekly client schedules, (4) emerging needs, (5) need for proactive contacts to prevent future crises, and (6) staff are held accountable for follow through.	Daily team meeting serves no more than one function or two functions served, at least partially.	Meeting fully serves two functions or three functions served, at least partially.	Meeting fully serves three functions or five functions served, at least partially.	Meeting fully serves four or five of the functions.	Daily team meeting fully serves all six functions.