

RFP # 0919-040: Program for Assertive Community Treatment

Hamilton County, TN

### **Attachment D: DACTS Fidelity Scale**

For more information on the DACTS Fidelity Scale, please visit the link: [DACTS Protocol](#)

Team: \_\_\_\_\_

Date: \_\_\_\_\_

CRITERION	RATINGS / ANCHORS				
	(1)	(2)	(3)	(4)	(5)

**HUMAN RESOURCES: STRUCTURE & COMPOSITION**

H1	SMALL CASELOAD: client/provider ratio of 10:1.	50 clients/clinician or more.	35 - 49	21 - 34	11 - 20	10 clients/clinician or fewer
H2	TEAM APPROACH: 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 2-week period.	10 - 36%.	37 - 63%.	64 - 89%.	90% or more clients have face-to-face contact with > 1 staff member in 2 weeks.
H3	ACT TEAM MEETING: ACT Team meets frequently to plan and review services for each client.	ACT Team 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 4 times/week.	ACT Team meets at least 4 days/week and reviews each client each time, even if only briefly.
H4	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.
H5	CONTINUITY OF STAFFING: ACT Team 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.
H6	STAFF CAPACITY: ACT Team operates at full staffing.	ACT Team has operated at less than 50% of staffing in past 12 months.	50-64%	65-79%	80-94%	ACT Team has operated at 95% or more of full staffing in past 12 months.
H7	PSYCHIATRIST/ PSYCHIATRIC PRESCRIBER ON STAFF: there is at least one full-time psychiatrist per 100 clients assigned to work with the ACT Team.	ACT Team for 100 clients has less than .10 FTE regular psychiatrist/ psychiatric prescriber.	.10-.39 FTE per 100 clients.	.40-.69 FTE per 100 clients.	.70-.99 FTE per 100 clients.	At least one full-time psychiatrist/psychiatric prescriber is assigned directly to a 100-client ACT Team.
H8	NURSE (RN) ON STAFF: there are at least two full-time nurses (RNs) assigned to work with a 100-client ACT Team.	ACT Team for 100 clients has less than .20 FTE regular nurse.	.20-.79 FTE per 100 clients.	.80-1.39 FTE per 100 clients.	1.40-1.99 FTE per 100 clients.	Two full-time nurses or more are members of a 100-client ACT Team.

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H9	SUBSTANCE ABUSE SPECIALIST ON STAFF: a 100-client ACT Team includes at least two staff members with 1 year of training or clinical experience in substance abuse treatment.	ACT Team has less than .20 FTE S/A expertise per 100 clients.	.20-.79 FTE per 100 clients.	.80-1.39 FTE per 100 clients.	1.40-1.99 FTE per 100 clients.	Two FTEs or more with 1 year S/A training or supervised S/A experience.
H10	VOCATIONAL SPECIALIST ON STAFF: the ACT Team includes at least two staff members with 1 year training/experience in vocational rehabilitation and support.	ACT Team has less than .20 FTE vocational expertise per 100 clients.	.20-.79 FTE per 100 clients.	.80-1.39 FTE per 100 clients.	1.40-1.99 FTE per 100 clients.	Two FTEs or more with 1 year voc. rehab. training or supervised VR experience.
H11	ACT TEAM SIZE: team is of sufficient absolute size to provide consistently the necessary staffing diversity and coverage.	ACT Team has fewer than 2.5 FTE staff.	2.5 - 4.9 FTE	5.0 - 7.4 FTE	7.5 - 9.9	ACT Team has at least 10 FTE staff.

#### ORGANIZATIONAL BOUNDARIES

O1	EXPLICIT ADMISSION CRITERIA: ACT Team has clearly identified mission to serve a particular population and has and uses measurable and operationally defined criteria to screen out inappropriate referrals.	ACT Team has no set criteria and takes all types of cases as determined outside the ACT Team.	ACT Team has a generally defined mission but the admission process is dominated by organizational convenience.	The ACT Team makes an effort to seek and select a defined set of clients but accepts most referrals.	ACT Team typically actively seeks and screens referrals carefully but occasionally bows to organizational pressure.	The ACT Team actively recruits a defined population and all cases comply with explicit admission criteria.
O2	INTAKE RATE: ACT Team takes clients in at a low rate to maintain a stable service environment.	Highest monthly intake rate in the last 6 months = greater than 15 clients/month.	13 -15	10 - 12	7 - 9	Highest monthly intake rate in the last 6 months no greater than 6 clients/month.

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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 clients.
O4	RESPONSIBILITY FOR CRISIS SERVICES: ACT Team has 24-hour responsibility for covering psychiatric crises.	ACT Team has no responsibility for handling crises after hours.	Emergency service has ACT Team-generated protocol for ACT clients.	ACT Team is available by telephone, predominantly in consulting role.	ACT Team provides emergency service backup; e.g., ACT Team is called, makes decision about need for direct ACT Team involvement.	ACT Team provides 24-hour coverage.
O5	RESPONSIBILITY FOR HOSPITAL ADMISSIONS: ACT Team is involved in hospital admissions.	ACT Team 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.
O6	RESPONSIBILITY FOR HOSPITAL DISCHARGE PLANNING: ACT Team is involved in planning for hospital discharges.	ACT Team has involvement 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	TIME-UNLIMITED SERVICES (GRADUATION RATE): ACT Team does not have arbitrary time limits for clients admitted to the team but remains the point of contact for all clients as needed.	More than 90% of clients are discharged within 1 year.	From 38-90% of clients are discharged within 1 year.	From 18-37% of clients are discharged within 1 year.	From 5-17% of clients are discharged within 1 year.	All clients are served on a time-unlimited basis, with fewer than 5% graduating annually.

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<b>NATURE OF SERVICES</b>						
S1	COMMUNITY-BASED SERVICES: ACT Team works to monitor status and develop skills in the community rather than function as an office-based team.	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: ACT Team engages and retains clients at a mutually satisfactory level (ACT Team 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.
S3	ASSERTIVE ENGAGEMENT MECHANISMS: ACT Team uses street outreach, motivational/ engagement techniques, as well as legal mechanisms (e.g., probation/parole, OP 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 clients.	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 client.	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 client.
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 client.	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 client.
S6	WORK WITH INFORMAL SUPPORT SYSTEM: with or without client present, ACT Team provides support and skills for client's support network: family, landlords, employers.	Less than .50 contact per month per client with support system.	.50-.99 contact per month per client with support system in the community.	1.00-1.99 contact per month per client with support system in the community.	2.00-3.99 contacts per months per client with support system in the community.	4.00 or more contacts per month per client with support system in the community.

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S7	INDIVIDUALIZED SUBSTANCE ABUSE TREATMENT: one or more members of the ACT Team 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.
S8	DUAL DISORDER TREATMENT GROUPS: ACT Team uses group modalities as a treatment strategy for people with substance use disorders.	Fewer than 5% of the clients 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 clients 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 clients in denial or who don't fit AA.	ACT Team uses mixed model: e.g., DD principles in treatment plans; refers clients to motivation groups; uses hospitalization for rehab.; refers to AA, NA.	ACT Team 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 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 ACT Team.	Consumer(s) fill consumer-specific service roles with respect to ACT Team (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.