

## Assertive Community Treatment Fidelity Scale

CRITERION		RATINGS / ANCHORS					
HUMAN RESOURCES: STRUCTURE & COMPOSITION		-1	-2	-3	-4	-5	Data Source
<b>H1</b>	SMALL CASELOAD: Client/provider ratio of 10:1.	50 clients/clinician or more.	35 - 49	21 - 34	11 to 20	10 clients or fewer	PROVIDER GATHERS IN ADVANCE OF REVIEW, interviews
<b>H2</b>	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.	Clinical Record Reviews-Notes, Interviews
<b>H3</b>	PROGRAM MEETING: 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 4 times/week.	Program meets at least 4 days/week and reviews each client each time, even if only briefly.	Interviews, Program Meeting Minutes and/or other program records
<b>H4</b>	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-notes, staff schedules
<b>H5</b>	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
<b>H6</b>	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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<b>H7</b> 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 clients.	Program for 60 clients has less than 2 hours of psychiatric time	Program for 60 clients has less than 4 hours of psychiatric time	Program for 60 clients has less than 6 hours of psychiatric time	Program for 60 clients has less than 8 hours of psychiatric time	Program for 60 clients has 10 hours of psychiatric time for 60 clients	Interviews, program records, clinical records
<b>H8</b> Illinois	NURSE ON STAFF: There is at least one full-time nurse assigned to work with a 60-client program.	Program for 60 clients has less than .25 FTE.	Program for 60 clients has .26 - .50 FTE.	Program for 60 clients has .51 - .75 FTE.	Program for 60 clients has .76 - .99 FTE.	One full-time nurse (or more) on a team with 60 clients.	Interviews, program records
<b>H9</b> Illinois	SUBSTANCE ABUSE SPECIALIST ON STAFF: At least one of the members of the core team shall have special training and certification in substance abuse treatment and/or treating clients with co-occurring mental health and substance abuse disorders.	Program has less than .25 FTE S/A expertise per 60 clients.	Program has .26 - .50 FTE S/A expertise per 60 clients.	Program has .51 - .75 FTE S/A expertise per 60 clients.	Program has .76 - .99 FTE S/A per 60 clients.	One FTEs or more with 1 year S/A training or supervised S/A experience.	Interviews, program records
<b>H10</b> Illinois	VOCATIONAL SPECIALIST ON STAFF: At least one member of the core 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 clients.	Program has .26 - .50 FTE vocational expertise per 60 clients.	Program has .51 - .75 FTE vocational expertise per 60 clients.	Program has .76 - .99 FTE vocational expertise per 60 clients.	One FTEs or more with 1 year voc. rehab. training or supervised VR experience.	Interviews, program records

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H11 Illinois	PROGRAM SIZE: Program is of sufficient absolute size to provide consistently 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
<b>ORGANIZATIONAL BOUNDARIES</b>							
O1	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 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.	Interviews, program records
O2	INTAKE RATE: Program takes clients in at a low rate to maintain a stable service environment. This is based on a ratio of 10 consumers for every 1 FTE staff	Highest monthly intake rate in the last 6 months = greater than 15 clients/month.	13 -15 clients per month	10 to 12 client per month	7 to 9 clients per month	Highest monthly intake rate in the last 6 months no greater than 6 clients/month.	Data Run-# authorized by month for past 6 months, Interviews
O3	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 services to clients	Interviews, Clinical Records-Notes

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O4	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 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	Interviews, Program Records
O5	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-Notes
O6	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 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.	Interviews, Clinical Records-Notes
O7	TIME-UNLIMITED SERVICES (GRADUATION RATE): 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 1 year.	From 38-90% of clients are expected to be discharged within 1 year.	From 18-37% of clients are expected to be discharged within 1 year.	From 5-17% of clients are expected to be discharged within 1 year.	All clients are served on a time-unlimited basis, with fewer than 5% expected to graduate annually.	Interviews, Clinical Records

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NATURE OF SERVICES		-1	-2	-3	-4	-5	Data Source
<b>S1</b>	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
<b>S2</b>	NO DROPOUT POLICY: 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	Interviews, discharged/total number of clients
<b>S3</b>	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 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.	Interviews, clinical records
<b>S4</b>	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 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.	Clinical Records-Notes
<b>S5</b> 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 are at least three contacts per week consistently for the past 2 weeks.	There are at least three contacts per week consistently for the past 3 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-Notes

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<b>S6</b>	WORK WITH INFORMAL SUPPORT SYSTEM: 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.	Interviews, Clinical Records-Notes
<b>S7</b>	INDIVIDUALIZED SUBSTANCE ABUSE TREATMENT: One or more members 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.	Interviews, Clinical Records-Notes, Program Records
<b>S8</b>	DUAL DISORDER TREATMENT GROUPS: Program 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.	Interviews, Program Records, Clinical Records-Notes

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<b>S9</b>	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 clients in denial or who don't fit AA.	Program uses mixed model: e.g., DD principles in treatment plans; refers clients 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-Notes
<b>S10</b>	ROLE OF CONSUMERS ON TREATMENT TEAM: Consumers are involved as members of the team providing direct services.	Consumer(s) 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.	Interviews, Program Records