Assertive Community Treatment
An Evidence-based Practice
Assertive Community Treatment has different names

- ACT
- PACT
- Assertive Outreach
- Mobile Treatment Teams
- Continuous Treatment Teams
Assertive Community Treatment has different names

“There is no difference between the PACT model and the ACT model. Not only does NAMI use PACT and ACT interchangeably, but PACT or ACT is also known by other names across the country.”

–www.nami.org
ACT practice principles

- ACT is a service delivery model, not a case management program

- ACT’s primary goal is recovery through community treatment and habilitation
ACT practice principles

ACT is characterized by:

- A team approach
- In vivo services
- A small caseload
- Time-unlimited services
- A shared caseload
- Flexible service delivery
- Fixed point of responsibility
- Crisis management available 24 hours a day, 7 days a week
ACT practice principles

- ACT is for consumers with the most challenging and persistent problems

- Programs that adhere most closely to ACT fidelity are more likely to help consumer achieve better outcomes
Primary responsibility for all services

- ACT team members are experienced in psychiatry, psychology, nursing, social work, rehabilitation, substance-abuse treatment, and employment.

- Rather than referring consumers to multiple programs and services, the ACT team provides the treatment and services consumers need.
Help is provided where it is needed

Rather than working with consumers in an office or hospital, ACT team members work with consumers in their homes, neighborhoods, and other places where their problems and stresses arise and where they need support and skills.
Help is provided when it is needed

- Rather than seeing consumers only a few times a month, ACT team members with different types of expertise contact consumers as often as necessary.

- Help and support are available 24 hours a day, 7 days a week, 365 days a year, if needed.
Shared caseload

- ACT team members do not have individual caseloads. Instead, the team shares responsibility for consumers in the program.

- Each consumer gets to know multiple members of the team. If a team member goes on vacation, gets sick, or leaves the program, consumers know the other team members.
No preset time limits on services

- ACT has no preset limit on how long consumers receive services. Over time, team members may have less contact with consumers, but still remain available for support if it’s needed.

- Consumers are never discharged from ACT programs because they are “noncompliant”
Close attention to consumers’ needs

- ACT team members work closely with consumers to develop plans to help them reach their goals

- Every day, ACT teams review each consumer’s progress in reaching their goals. If consumers’ needs change or a plan isn’t working, the team responds immediately
Close attention to consumers’ needs

Careful attention is possible because the team works with only a small number of consumers — about 10 consumers for each team member
ACT provides assistance with...

- Activities of daily living
- Housing
- Family life
- Employment
- Benefits
- Managing finances
- Health care
- Medications
- Co-Occurring disorders integrated treatment (substance use)
- Counseling
ACT is designed for people with:

- Severe and persistent mental illness
- Significant difficulty doing the everyday things needed to live independently in the community, or
- Continuously high-service need
ACT team staffing

Team approach:

- 90% or more of consumers have contact with more than 1 team member per week

Practicing team leader:

- A full-time program supervisor (also called the team leader) provides direct services at least 50% of the time
ACT team staffing

A program serving 100 consumers has at least:

- 1 or more full-time psychiatrists
- 2 full-time nurses
- 2 full-time substance-abuse specialists
- 2 full-time employment specialists

Peer specialists:

- Consumers hold team positions (sometimes called peer specialists) or other positions for which they are qualified with full professional status
Organizational boundaries

- Explicit admission criteria
- No more than 6 new admissions per month
- 24-hour coverage
- Responsibility for coordinating hospital admissions and discharge
- Full responsibility for treatment services
- Time-unlimited services
Assertive Community Treatment Fidelity Scale

28 items

Scale of 1-5

- 1 not implemented
- 5 fully implemented

Examines characteristics of

- Staffing
- Organization
- Services
Staffing

Staff size: at least 10 staff not counting the psychiatrist and administrative assistant

Low staff to consumer ratio: 10 or fewer consumers per team member

Continuity of staffing: Less than 20% turnover per year

Fully staffed: 95% or more of positions filled in the past 12 months
Staffing

Team approach: 90% or more of consumers have contact with more than 1 team member per week

Practicing team leader: A full-time program supervisor (also referred to as the team leader) provides direct services at least 50% of the time
A program serving 100 consumers has at least:

- 1 or more full-time psychiatrist
- 2 full-time nurses
- 2 full-time substance abuse specialists
- 2 full-time employment specialists

Peer specialist(s): Consumers hold staff positions sometimes called peer specialist with full professional status or other positions for which they are qualified
Organizational Boundaries

Explicit admission criteria
No more than 6 new admissions per month
24-hour coverage
Responsibility for hospital admissions and discharge
Full responsibility for treatment
Time-unlimited services
ACT Services

Services delivered in the community
Assertive engagement mechanisms
No drop policy
Intensity of service
Frequency of contact
Contact with family and others
Assertive Community Treatment Fidelity
Assertive Community Treatment Fidelity

Process measures allow ACT Teams to understand whether they are providing services that are faithful to the evidence-based practice of Assertive Community Treatment.

Programs that adhere closely to the ACT model are more effective than those that do not follow the model.
Assertive Community Treatment
Fidelity

Agencies that have successfully implemented ACT indicate that programs must continue to evaluate their fidelity to ensure that ACT teams do not revert to previous practice patterns.
Fidelity Review Tools

Evaluating Your Program

ACT Fidelity Scale and Score Sheet
- Fidelity Scale
- Fidelity Items
- How to Score each Item
Fidelity Review Tools

Evaluating Your Program

ACT Fidelity Scale Protocol

- Item Definition
- Item Rationale
- Sources of Information
- Scoring or Coding Instructions
Overview of the ACT Fidelity Scale

The ACT Fidelity Scale has 28 items

The ACT Fidelity Scale is divided into three sections

• Human resources (structure & composition)
• Organizational boundaries
• Nature of services
Overview of the Scale

The ACT Fidelity Scale contains 28 items to measure the strengths and areas needing further development.

The standards used for establishing the anchors for the fully implemented ratings were determined through a variety of expert sources as well as empirical research.
Overview of the Scale

Each item on the scale is rated on a 5-point rating scale ranging from

1 = Marginally or Not implemented
5 = Fully implemented

The maximum score on the ACT Fidelity Scale is $28 \times 5 = 140$
What is Rated?

The agency is rated on current behavior and activities, not planned or intended behavior.
Sources of Information

Chart review
Brochure review
ACT Team Meeting Observation
Supervision Meeting Observation
ACT Team Leader interview
ACT Team Member interviews
Sources of Information

- Consumer interviews
- Family member interviews
- ACT Team data and information
- ACT Consumer data and information
- ACT Team policy and procedures
ACT Team Information & Data

Roster of ACT team members — (roles, FTEs)

Staff vacancies each month for the last 6 months (or as long as the program has existed if <6 months)

Number of people who have left the team during the last 2 years (or since program started if <2 years old)
Written description of the team’s admission criteria

Roster of ACT consumers

Number of consumers with co-occurring disorders

Number of consumers admitted to ACT program, per month, for the last 6 months:
ACT Team Information & Data

How many consumers ended their involvement with the program in the last 6 months, broken down in these categories:

- Graduated (left because they significantly improved)
- Left town
- Closed because they refused services or team cannot find them
- Deceased
- Other (explain)
ACT Team Information & Data

List of the last 10 consumers admitted to psychiatric hospital

List of the last 10 consumers discharged from psychiatric hospital

Number of consumers living in supervised group homes
ACT Team Information & Data

Access to ACT team Cardex© or log that documents consumers reviewed at daily team meetings

Co-occurring (or substance use) groups schedule and consumers who attended

Individual formal substance use counseling sessions including frequency and duration and consumers who attended
List and number of consumers for whom the ACT team has contacted their informal support network (e.g., family member, landlord) at least once.
Missing Data

Missing data can occur for many reasons.

Fidelity scales are designed to be fully completed, with no missing data on any items.

Reviewers should not leave any item uncoded because of missing information.
Missing Data

A member of the review team should follow up with phone calls, emails, or additional visits to ensure completeness of the assessment.

It is critical that raters record detailed notes of responses given for missing information that is not already recorded.
Fidelity Review Process

Contact the agency’s primary contact person for the fidelity review

Review the purpose of the fidelity review. Establish a clear shared understanding of the review purpose

Review how copies of the fidelity review report will be completed and distributed
Fidelity Review Process

ADHS will send the report to agencies

Agencies will have the opportunity to attach a narrative to the report

Final fidelity review report copies will be posted on the ADHS website for public viewing
Fidelity Review Process

Develop a specific schedule of events and activities (including interviews and observations) essential to the fidelity review to share with the agency.

Establish with the primary contact how any missing information will be requested and provided.
Fidelity Review Process

Confirm activities, times and locations with the schedule

- Include time and location of chart reviews and other written data
- Include specific number of charts that will need to be accessed

Develop and share a list of information sources or data that will be needed before the review starts
Fidelity Review Process

Fidelity reviewers collect and organize materials that will be needed during the review process including:

- Fidelity Scale
- Fidelity Protocol
- Interviewing Questions
- Materials for note-taking
- Identification
Fidelity Review Process

Set up a conference call a few days before the review to confirm the schedule, materials needed and the process.

Establish which events or activities that each reviewer will participate in during the review process.
Fidelity Review Process

Fidelity reviewers schedule time to do independent and consensus scoring

Fidelity reviewers establish a timeline for completing scoring and writing the review report

Establish a schedule for next steps after the review is completed such as follow up consultation to the agency
Paul Batalden’s Quality Improvement Principles

There exists a significant gap between practice knowledge and practice.

There is a large variation in practice.

There exists no agency that is perfect at a practice.
Paul Batalden’s Quality Improvement Principles

All improvements lead to change, but not all changes lead to improvement

Every system is perfectly designed to achieve the outcome it is achieving

We will make more headway doing this together
NH Average Score for SE Fidelity Items FY09

SE Fidelity Scale Items

Rating (Scale from 1 to 5)
Recovery & Hope

“If people are treated as capable, they often surprise everyone and live up to expectations.”

- Ken Steele “The Day the Voices Stopped.”