

## Georgia Department of Behavioral Health & Developmental Disabilities

Frank W. Berry, Commissioner

## **Division of Community Mental Health**

Two Peachtree Street NW, 22nd Floor, Atlanta, Georgia 30303

## **Dartmouth Assertive Community Treatment Scale Fidelity Review Report**

Region 2

**Provider: River Edge BHC** 

Date(s) of Review: August 21-23, 2012

The Dartmouth Assertive Community Treatment Scale (DACTS) was completed following a visit to River Edge. Attached to this report is a copy of the completed score card. The scale is divided into three sections, Human resources: Structure and Composition; Organizational Boundaries; and Nature of Services. Each criterion is rated on a 5-point response format, ranging from 1 = not implemented to 5 = fully implemented, with intermediate numbers representing progressively greater degrees of implementation. The scale ratings are based on current behavior and activities not planned or intended behavior.

**Total Score: 104** 

**Total Mean Score: 3.71** 

## **DACTS Items**

H. Human Resources: Structure and Composition	Section Mean
	3.64
H1. Small caseload	Rating
ACT Teams should maintain a low consumer to staff ratio in the range of 10 to 1 to ensure	5
adequate intensity and individualization of services.	
H2. Team Approach	Rating
The entire team shares the responsibility for each consumer, each team member contributes expertise	4
as appropriate. In a typical 2 week period what percentage of consumers sees more than one member	
of the team.	
H3. Program Meeting	Rating
Daily Team meetings allow ACT team members to discuss consumers, solve problems, and plan	5
treatment efforts, ensuring all consumers receive optimal service.	
H4. Practicing ACT Leader	Rating
Supervisor of ACT Team provides direct services. According to Operational and Clinical Standards and	5
SAMHSA it is expected that the practicing ACT Team leader provides services in the community at least	
50% of the time.	
H5. Continuity of Staffing	Rating
Program maintains the same staffing over time.	1
H6. Staff Capacity	Rating
Program operates at full staffing.	4
H7. Psychiatrist on Staff	Rating

At least 1 full-time Psychiatrist per 100 consumers.	5
	Rating
At least 2 full-time Nurses per 100 consumers.	3
·	Rating
At least 2 full time SA Specialists with at least 1 year of SA training or clinical experience per 100	1
consumers.	
	Rating
At least 2 full time Vocational Specialists with at least 1 year of vocational training or experience per 100	3
consumers. H11. Program Size	Rating
Program is sufficient size to consistently provide necessary staffing diversity and coverage. The ACT team	4
provides an integrated approach to mental health services, through which the range of treatment issues	4
are addressed from a variety of perspectives. It is critical to maintain adequate staff size and disciplinary	
background to provide comprehensive, individualized service to each consumer.	
	Section
o. organizational boundaries	Mean
	4.14
O1. Explicit Admission Criteria	Rating
Targeted toward consumers who typically do not benefit from usual services. This program has a clearly	5
identified mission to serve a particular population; it is measurable and operationally defined criteria to	
screen out inappropriate referrals. An admission criterion is targeted toward consumers who typically	
do not benefit from usual services.	
O2. Intake Rate	Rating
Program takes consumers in at a low rate to maintain a stable service environment.	5
	Rating
ACT team directly provides psychiatric services, medication management, counseling, housing support,	5
SA treatment, employment services, and case management. Consumers benefit when services are	
integrated into a single team rather than when they are referred to many different service providers. An	
integrated approach allows services to be tailored to each consumer.	
O4. Responsibility for Crisis Services	Rating
Program has 24 hr responsibility for covering psychiatric crises.	5
O5. Responsibility for Hospital Admissions	Rating
ACT team is closely involved in hospital admissions.	3
O6. Responsibility for Hospital Discharge Planning	Rating
Program is involved in planning for hospital discharges.	2
	Rating
Program does not have arhitrary time limits for consumers admitted to the program	4
Program does not have arbitrary time limits for consumers admitted to the program.	Section
	Mean
S. Nature of Services	3.50
S. Nature of Services  S1. Community-based Services	3.50 Rating
S. Nature of Services  S1. Community-based Services  Develops skills in the community rather than function as an office-based program.	<b>3.50 Rating</b> 5
S1. Community-based Services  Develops skills in the community rather than function as an office-based program.  S2. No Dropout Policy	3.50 Rating 5 Rating
S. Nature of Services  S1. Community-based Services  Develops skills in the community rather than function as an office-based program.  S2. No Dropout Policy  Program retains a high percentage of its clients.	3.50 Rating 5 Rating 5
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S1. Community-based Services  Develops skills in the community rather than function as an office-based program.  S2. No Dropout Policy  Program retains a high percentage of its clients.  S3. Assertive Engagement Mechanism  Program uses street outreach, legal mechanisms, i.e. probation, and parole to ensure ongoing	3.50 Rating 5 Rating 5
S1. Community-based Services  Develops skills in the community rather than function as an office-based program.  S2. No Dropout Policy  Program retains a high percentage of its clients.  S3. Assertive Engagement Mechanism  Program uses street outreach, legal mechanisms, i.e. probation, and parole to ensure ongoing engagement.	3.50 Rating 5 Rating 5 Rating 3
S1. Community-based Services  Develops skills in the community rather than function as an office-based program.  S2. No Dropout Policy  Program retains a high percentage of its clients.  S3. Assertive Engagement Mechanism  Program uses street outreach, legal mechanisms, i.e. probation, and parole to ensure ongoing engagement.	3.50 Rating 5 Rating 5 Rating

S5. Frequency of Contact	Rating
High amount of face-to-face service contacts as needed. ACT teams are highly invested in their	4
consumers and maintain frequent contact to provide ongoing responsive support as needed. Frequent	
contacts are associated with improved consumer outcomes.	
S6. Work with Informal Support System	Rating
Program provides support and skills for consumers' informal support network (i.e., people not paid to	2
support consumer, such as family, landlord, shelter staff, employer, or other key person).	
S7. Individualized Substance Abuse Tx	Rating
One or > members of the team provide direct SA treatment to consumers with substance use disorders.	1
S8. Co-occurring Disorder Treatment Group	Rating
Program uses group modalities as a treatment strategy for people with substance use disorders	3
consumers with SA disorders.	
S9. Co-occurring Disorder Model	Rating
Program uses a non-confrontational, stage wise treatment model, follows behavioral principles,	5
considers interactions between mental illness and substance abuse, and has gradual expectations of	
abstinence.	
S10. Role of consumers on Treatment Team	Rating
Consumers are members of the team who provide direct services.	5
Total:	104
Total Mean:	3.71