



**Georgia Department of Behavioral Health & Developmental Disabilities**

*Frank W. Berry, Commissioner*

**Office of Adult Mental Health**

*Two Peachtree Street NW, 23<sup>rd</sup> floor, Atlanta, Georgia 30303-3142  
404-232-1644~FAX 404-463-7149*

**Assertive Community Treatment DACTS Fidelity Review Report**

**Region 3**

**Provider: Grady Team 3**

**Date(s) of Review: May 29-30, 2014**

The Dartmouth Assertive Community Treatment Scale was completed following the visit. 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 item is rated on a 5-point response format, ranging from 1 = no implementation to 5 = full implementation, with intermediate numbers representing progressively greater degrees of implementation. The GOI (General Organizational Index) was not completed during this review.

**Total Score: 115**

**Total Mean Score: 4.11**

**DACTS Items**

<i>H. Human Resources: Structure and Composition</i>		<b>Section Mean</b>
		<b>4.18</b>
<b>H1. Small caseload</b>		<b>Rating</b>
ACT Teams should maintain a low consumer to staff ratio in the range of 10 to 1 to ensure adequate intensity and individualization of services.		5
<b>H2. Team Approach</b>		<b>Rating</b>
The entire team shares the responsibility for each consumer, each team member contributes expertise as appropriate. In a typical 2 week period what percentage of consumers sees more than one member of the team.		5
<b>H3. Program Meeting</b>		<b>Rating</b>
Daily Team meetings allow ACT team members to discuss consumers, solve problems, and plan treatment efforts, ensuring all consumers receive optimal service.		5
<b>H4. Practicing ACT Leader</b>		<b>Rating</b>
Supervisor of ACT Team provides direct services. According to Operational and Clinical Standards and SAMHSA it is expected that the practicing ACT Team leader provides services in the community at least 50% of the time.		3
<b>H5. Continuity of Staffing</b>		<b>Rating</b>
Program maintains the same staffing over time.		4
<b>H6. Staff Capacity</b>		<b>Rating</b>

Program operates at full staffing.	4
<b>H7. Psychiatrist on Staff</b>	<b>Rating</b>
At least 1 full-time Psychiatrist per 100 consumers.	5
<b>H8. Nurse on Staff</b>	<b>Rating</b>
At least 2 full-time Nurses per 100 consumers.	1
<b>H9. Substance Abuse Specialist on Staff</b>	<b>Rating</b>
At least 2 full time SA Specialists with at least 1 year of SA training or clinical experience per 100 consumers.	5
<b>H10. Vocational Specialist on Staff</b>	<b>Rating</b>
At least 2 full time Vocational Specialists with at least 1 year of vocational training or experience per 100 consumers.	4
<b>H11. Program Size</b>	<b>Rating</b>
Program is sufficient size to consistently provide necessary staffing diversity and coverage. The ACT team provides an integrated approach to mental health services, through which the range of treatment issues 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.	5
<b><i>O. Organizational Boundaries</i></b>	<b>Section Mean</b>
	<b>4.00</b>
<b>O1. Explicit Admission Criteria</b>	<b>Rating</b>
Targeted toward consumers who typically do not benefit from usual services. This program has a clearly 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.	4
<b>O2. Intake Rate</b>	<b>Rating</b>
Program takes consumers in at a low rate to maintain a stable service environment.	4
<b>O3. Full Responsibility for Treatment Services</b>	<b>Rating</b>
ACT team directly provides psychiatric services, medication management, counseling, housing support, 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.	5
<b>O4. Responsibility for Crisis Services</b>	<b>Rating</b>
Program has 24 hr responsibility for covering psychiatric crises.	5
<b>O5. Responsibility for Hospital Admissions</b>	<b>Rating</b>
ACT team is closely involved in hospital admissions.	2
<b>O6. Responsibility for Hospital Discharge Planning</b>	<b>Rating</b>
Program is involved in planning for hospital discharges.	5
<b>O7. Time-unlimited Services/Graduation Rate</b>	<b>Rating</b>
Program does not have arbitrary time limits for consumers admitted to the program.	3
<b><i>S. Nature of Services</i></b>	<b>Section Mean</b>
	<b>4.10</b>
<b>S1. Community-based Services</b>	<b>Rating</b>
Develops skills in the community rather than function as an office-based program.	5
<b>S2. No Dropout Policy</b>	<b>Rating</b>
Program retains a high percentage of its clients.	4
<b>S3. Assertive Engagement Mechanism</b>	<b>Rating</b>
Program uses street outreach, legal mechanisms, i.e. probation, and parole to ensure ongoing engagement.	5
<b>S4. Intensity of Service</b>	<b>Rating</b>

High amount of face-to-face service time as needed. To help consumers with serious symptoms maintain and improve their functioning within the community high service intensity is often required.	5
<b>S5. Frequency of Contact</b>	<b>Rating</b>
High amount of face-to-face service contacts as needed. ACT teams are highly invested in their consumers and maintain frequent contact to provide ongoing responsive support as needed. Frequent contacts are associated with improved consumer outcomes.	3
<b>S6. Work with Informal Support System</b>	<b>Rating</b>
Program provides support and skills for consumers' informal support network ( i.e., people not paid to support consumer, such as family, landlord, shelter staff, employer, or other key person).	2
<b>S7. Individualized Substance Abuse Tx</b>	<b>Rating</b>
One or > members of the team provide direct SA treatment to consumers with substance use disorders.	5
<b>S8. Co-occurring Disorder Treatment Group</b>	<b>Rating</b>
Program uses group modalities as a treatment strategy for people with substance use disorders consumers with SA disorders.	2
<b>S9. Co-occurring Disorder Model</b>	<b>Rating</b>
Program uses a non-confrontational, stage wise treatment model, follows behavioral principles, considers interactions between mental illness and substance abuse, and has gradual expectations of abstinence.	5
<b>S10. Role of consumers on Treatment Team</b>	<b>Rating</b>
Consumers are members of the team who provide direct services.	5
	<b>Total:</b> 115
	<b>Total Mean:</b> 4.11