

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 5

Provider: American Work (Savannah)

Date(s) of Review: November 6-8, 2012

The Dartmouth Assertive Community Treatment Scale (DACTS) was completed following a visit to AmericanWork. 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: 111

Total Mean Score: 3.96

DACTS Items

| H. Human Resources: Structure and Composition | Section Mean |
|---|-----------------|
| | 4.27 |
| 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 as appropriate. In a typical 2 week period what percentage of consumers sees more than one member | 4 |
| 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. | 4 |
| H6. Staff Capacity | Rating |
| Program operates at full staffing. | 4 |
| H7. Psychiatrist on Staff | Rating |

| At least 1 full-time Psychiatrist per 100 consumers. | 3 |
|---|---------|
| H8. Nurse on Staff | Rating |
| At least 2 full-time Nurses per 100 consumers. | 5 |
| H9. Substance Abuse Specialist on Staff | Rating |
| At least 2 full time SA Specialists with at least 1 year of SA training or clinical experience per 100 | 4 |
| consumers. | |
| H10. Vocational Specialist on Staff | Rating |
| At least 2 full time Vocational Specialists with at least 1 year of vocational training or experience per 100 | 3 |
| consumers. | Dation |
| H11. Program Size | Rating |
| Program is sufficient size to consistently provide necessary staffing diversity and coverage. The ACT team | 5 |
| 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. | |
| O. Organizational Boundaries | Section |
| | Mean |
| | 4.00 |
| 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 |
| O3. Full Responsibility for Treatment Services | 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 |
| O7. Time-unlimited Services/Graduation Rate | Rating |
| Program does not have arbitrary time limits for consumers admitted to the program. | 3 |
| S. Nature of Services | Section |
| | Mean |
| | 3.60 |
| S1. Community-based Services | Rating |
| Develops skills in the community rather than function as an office-based program. | 5 |
| S2. No Dropout Policy | Rating |
| Program retains a high percentage of its clients. | 4 |
| S3. Assertive Engagement Mechanism | Rating |
| Program uses street outreach, legal mechanisms, i.e. probation, and parole to ensure ongoing engagement. | 4 |
| S4. Intensity of Service | Rating |
| High amount of face-to-face service time as needed. To help consumers with serious symptoms | 3 |
| maintain and improve their functioning within the community high service intensity is often required. | 1 |

| S5. Frequency of Contact | Rating |
|---|--------|
| High amount of face-to-face service contacts as needed. ACT teams are highly invested in their | 3 |
| 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. | 4 |
| S8. Co-occurring Disorder Treatment Group | Rating |
| Program uses group modalities as a treatment strategy for people with substance use disorders | 1 |
| 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: | 111 |
| Total Mean: | 3.96 |