

West Virginia Assertive Community Treatment Scale

Criterion

Ratings / Anchors

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2

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4

Human Resources: Structure and Composition

H1 Small Caseload: Client/provider ratio of 10:1	50 clients to clinician or more	35 - 49	21 - 34	11 - 20	10 clients per clinician or fewer
H2 Team Approach: Provider group functions as a team rather than as individual practitioners; clinicians know and work with all clients.	Fewer than 10% of clients with two staff face-to-face contacts in reporting 1 week period.	10 – 36%	37 – 63%	64 – 89%	90% or more clients have face-to-face with two or more staff in one week.
H3 Program Meeting: Program meets frequently to plan and review services for each client.	Once a month or less.	Twice a month	1 to 2 times a week	3 to 4 times a week	Team meets five days a week every week and reviews each client except for (See Chapter 503 Policy) weekends and federal holidays
H4 Practicing Team Leader: Supervisor of front line clinicians provides direct services.	Supervisor provides no service	Supervisor provides services rarely as a backup	Supervisor provides service less than 25% of the time	Supervisor provides service 25% to 50% of the time	Supervisor provides services at least 50% of the time.
H5 Continuity of Staffing: Program maintains the same staffing over time.	Greater than 80% turnover in 2 years	60% - 80%	40% - 59%	20% - 39%	Less than 20% turnover in 2 years
H6 Staff Capacity: Program operates at full staffing.	Program has operated at less than 50% staffing in past 12 months	50 – 64%	65 – 79%	80 – 94%	Program has operated at 95% or more of full staffing in the past 12 months
H7 Psychiatrist On Staff: There is at least one psychiatrist working 16 hours per week per 80 clients assigned to work the program.	The psychiatrist works 3 hours or less for a program of up to 80 clients.	6 hours	9 hours	13 hours	The psychiatrist works at least 16 hours per week per 80 clients
H8 Nurse on Staff: There is at least one full time RN assigned to work with an 50 client program. For more than 50 clients, there may be a part time RN. 100 clients = 2 Full	The nurse works 50% of the time or less for an 50 client program	51 – 67%	68 – 83%	84 - 99%	At least one full time RN is assigned to work with an 50 client program

Time RNs.					
H9 Substance Abuse/Vocational Specialist On Staff: An 80 client program includes at least one Master's level staff member with two years of clinical experience in mental health.	One Master's level staff works 50% of the time or less for an 80 client program	One Master's level staff works full time or two Master's level staff work half time	Two Master's level staff works less than 150% and more than 100% of combined time	One Master's level staff works full time and the other works 50% of the time	There is at least two full time Master's level staff members for an 80 client program with at least two years of clinical experience in mental health
H10 Program Size: The program is of sufficient absolute size to provide consistently the necessary staffing diversity and coverage.	Program has fewer than 2 Full time staff	2 to 2.9	3 to 3.9	4 to 4.9	Program has at least 5 Full time staff

Organizational Boundaries

O1 Explicit Admission Criteria: The program has a 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.	The 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.
O2 Intake Rate: The program takes clients in at a low rate to maintain a stable service environment.	Highest monthly intake rate in the last 6 months is > 15 clients per month.	13 – 15	10 – 12	7 – 9	Highest monthly intake rate in the last 6 months is no greater than 6 clients per month
O3 Full Responsibility For Treatment Services: In addition to case management, the program directly provides psychiatric services, counseling / psychotherapy, housing support, substance abuse treatment, employment/rehabilitation services.	Program provides no more than case management services.	Program provides one of five additional services and externally refers 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.
O4 Responsibility For Crisis Services: The	Program has no	Emergency service has	Program is available by	Program provides	Program provides 24

program has 24-hour responsibility for covering psychiatric crises.	responsibility for handling crisis after hours.	program-generated protocol for clients.	telephone, predominantly in consulting role.	emergency service backup (e.g. Is called and makes decisions about need for direct program involvement	hour coverage
O5 Responsibility For Known Hospital Admissions: The program is involved in hospital admissions.	Program has involvement in fewer than 5% decisions to hospitalize	5% - 34% of admissions involve the ACT team	35% - 64%	65% - 94%	ACT team is involved in 95% or more hospital admissions
O6 Responsibility For Hospital Discharge Planning: The program is involved in planning for hospital discharges.	Program has involvement in fewer than 5% of hospital discharges	5% - 34%	35% - 64%	65% - 94%	95% or more of hospital discharges are planned jointly with the ACT team
O7 Time-Unlimited Services (Graduation Rate): The program rarely closes cases but remains the point of contact for all clients as needed. (Not including those who have dropped out or moved)	More than 90% of clients are discharged within one year	From 38 – 90%	18% - 37%	5 – 17%	All clients are served on a time-unlimited basis with fewer than 5% discharged annually

Nature of Services

S1 Community-Based Services: The program works to monitor status, develop community living skills in the community rather than in the office.	Less than 15% of face-to-face contacts are within the community	16% - 34%	35% - 54%	55% - 74%	75% of total face-to-face contacts occur within the community
S2 No Dropout Policy: The program retains a high percentage of its clients not counting those who appropriately graduate.	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

S3 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 is passive in recruitment and reengagement; 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, corrections, and homeless programs whenever appropriate.
S4 Intensity Of Service: High total amount of service time as needed.	0 contacts per week and 0 that were face to face contacts	Average of 1 contact per week of which 1 is a face to face contact	Average of 2 contacts per week with 1 being face to face contact	Average 3 Contacts per week with 1 being a face- to face contact	Average of 4 contacts per week of which 2 are face to face contacts
S5 Frequency Of Contact: High number of service contacts as needed.	Average of less than 1 face-to-face ACT services per week or fewer per client		Average of less than 2 face-to-face ACT services per week per client		Average of two or more face-to-face ACT services per week per client
S6 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 existing support system	.5 – 1 contact per month	1 – 2 contacts per month with existing and/or potential support system	2 – 3 contacts per month	Four or more contacts per month per client with existing and/or potential support system in the community
S7 Individualized Substance Abuse Treatment: One or more members of the program provide direct treatment and substance abuse treatment for clients with substance abuse 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 SA treatment into regular client contact, they provide no formal individualized SA treatment.	Some formal individualized SA treatment is offered; clients with SA disorders spend less than 24 minutes per week in such treatment.	Clients with SA disorders spend on average, 24 minutes per week or more in formal SA treatment.
S8 Dual Disorder Treatment Groups: The program uses	Fewer than 5% of clients with SA disorders attend at least	5 – 19%	20 – 34%	35 – 49%	50% or more of the clients with SA disorders attend at least

group modalities as a treatment strategy for people with substance abuse disorders.	one SA treatment group meeting per month.				one SA treatment group meeting during a month.
OPTIONAL S9 Dual Disorders (DD) Model: The 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 is 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 hospitalizes for rehab. or detox except for medical necessity; refers out some SA treatment.	Program fully based in DD treatment provided by program staff.

Other considerations:

*Staff in addition to the core team may work part-time and serve non-ACT clients.

Issues that are not specifically addressed in the fidelity factors:

1. Assessment criteria
2. 90 day review
3. ACT plan
4. Team roster
5. Inactive roster
6. Medication delivery policy
7. Discharge documentation
8. Clinical supervision
9. Stakeholder advisory group
10. Member rights and grievance procedure
11. Keeping of a medical record