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# A FIELD GUIDE TO ASSERTIVE COMMUNITY TREATMENT



**IMPROVING IMPLEMENTATION**

*Michigan | June 2020*

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## FIELD GUIDE TO ACT CHANGES

Date	Page/Part	Section	Item #	REVISION
June 2020	3	Background		Revised content for clarity and to include fidelity visits
June 2020	12	Staff Composition		SC12 Revised to clarify Certified Peer Support Role
June 2020	12	Staff Composition		SC13 Revised to clarify role of Paraprofessional Staff
June 2020	25	Program Intensity		PI3 Revised, removed reference to 3 member team to match MPM
January 2018	Manual	All		C3 Revised date, pictures, Michigan Department of Community Health (MDCH) changed to Michigan Department of Health and Human Services (MDHHS)
January 2018	Manual	All		Some format changes; page numbers reformatted accordingly, minor editing changes; Medicaid updates throughout Field Guide
January 2018	Manual	All		References standards to Michigan Medicaid Provider Manual April 1, 2018 version
January 2018	Forward	Pg. 4		Addition of Best Practice Star throughout Field Guide
January 2018	Intro	Pg. 5		Deleted Medicaid Site Review language
January 2018	Intro	Pg. 5		Deleted sentence referencing Comparison Crosswalk
January 2018	1	Staff Composition	1 through 12	Revised, reordered, addition of Paraprofessional Staff; updated to reflect Medicaid, additions to footnote 3
January 2018	1	Program Intensity	1.3	Revised language-responsibility for crisis services includes pre-admission screen
January 2018	1	Program Intensity	1.5	Revised language-responsibility for hospital admission includes pre-admission screen
January 2018	2	Communication	C3	Language added: Team On-Call Phone
January 2018	2	Communication	C4	Moved C3 to C4
January 2018	4	Outcomes	Indicator 1	Language added for definition clarity
January 2018	Work Plan	Work Plan	Forms	Work Plan Forms moved from individual sections and placed at back of Field Guide

# FORWARD

## HISTORY OF THE PROJECT

In 2001, the Michigan Department of Community Health (MDCH), renamed the Michigan Department of Health and Human Services (MDHHS) in 2015, and the Michigan Public Health Institute (MPHI) Systems Reform Program received a grant from the Flinn Family Foundation to:

- Assess the model fidelity of Michigan’s ACT (Assertive Community Treatment)-adapted model;
- Identify how to improve ACT services; and
- Identify practices associated with positive outcomes to share with ACT teams and consumers and to inform MDCH policy development.

The three year grant supported evaluation activities designed to assess current practices of Michigan’s ACT program teams and determine the fidelity of these practices to the ACT model and Michigan Medicaid standards.

The ACT Evaluation Project collected data from ACT teams and consumers through:

- A mail survey of all Michigan ACT teams
- Site visits with selected ACT teams, that included
  - One-on-one interviews with consumers;
  - Discussion group interviews with ACT team staff;
  - One-on-one interviews with peer advocates;
  - A questionnaire completed by ACT team staff, including peer advocates.
- Hospitalization data from ACT teams participating in site visits

This Field Guide to ACT, developed in partnership with MDHHS and MPHI Systems Reform Program, is designed to help ACT teams improve practice implementation, service delivery, support consumers in their recovery journey and facilitate quality outcomes for the consumers they serve. The Field Guide will be used by MDHHS and Michigan ACT teams as part of the Improving Practices Initiative to improve fidelity as part of implementing a system of evidence-based care.

The Field Guide integrates Michigan Medicaid and the Substance Abuse and Mental Health Services Administration (SAMHSA) Assertive Community Treatment (ACT) Evidence-Based Practices (EBP) standards. The Field Guide is a tailored combination of these sources and takes into account Michigan’s unique environment, ACT program basis in Medicaid and history in provision of ACT services. Michigan ACT teams provide services to a largely rural population. The Michigan model provides for a ‘one-shift team’ that provides 24 hour daily coverage to ACT consumers and so average team size is smaller than that upon which the SAMHSA toolkit is based.

Items in **Part 1: Assessing Current Practice** reflect Michigan Medicaid requirements, the SAMHSA ACT EBP, and Michigan Best Practices are indicated by the following symbols:



= Michigan Medicaid



= SAMHSA ACT EBP Kit



= Michigan Best Practice

## INTRODUCTION

The Field Guide to ACT is intended to be a user-friendly, hands-on tool to help ACT teams continually improve implementation while they assist consumers in their journey toward recovery. The Field Guide provides tools and processes for ACT teams to assess consumer outcomes, consumer satisfaction and quality of life, current practice and organizational supports.

The Field Guide is designed to:

- Enhance team functioning;
- Increase administrative understanding and support for ACT;
- Create a sense of ownership and teamwork among the team members;
- Identify areas of strength and relative weakness and select areas for improvement;
- Increase administrator and team understanding of operational and organizational components that create an effective ACT program;
- Empower ACT team members;
- Lay the foundation for developing a strategic plan for change;
- Assist individual team members to better understand their specific role in supporting consumers in their recovery journey;
- Identify topics for discussion of ACT policy and practices at community, agency, program and team meetings;
- Promote consensus building on areas for improvement; and
- Demonstrate ACT program and team performance.

The ultimate goal of the Field Guide to ACT is to help teams support consumers in recovery by achieving the following outcomes as described in the SAMHSA ACT EBP Kit:

- To live independently in a place called home;
- To gain an education, whether for career enhancement or personal growth;
- To have a job that enhances income, provides a means to make a contribution, enables recognition;
- To have meaningful relationships; and
- To avoid the spirit-breaking experiences of hospitalization, incarceration or substance use.

If you have any comments about these materials or the implementation process, please contact Alyson Rush at the Michigan Department of Health and Human Services (MDHHS) [rusha@michigan.gov](mailto:rusha@michigan.gov); 517/335-0250. Support for your efforts to assist ACT consumers in their recovery journey is available by contacting Ms. Rush. Feedback from your experiences using the Field Guide to Assertive Community Treatment is welcome and will be used to help refine and improve future versions.

### BACKGROUND

#### The Assertive Community Treatment Model

Assertive Community Treatment (ACT) is an inclusive array of community-based rehabilitative mental health services that support consumers in their recovery journey. It is provided primarily to individuals with serious mental illness who have a history of high use of psychiatric hospitalization and/or crisis stabilization, and who often require a well-coordinated and integrated package of services to avoid hospitalization provided over an extended period of time. ACT is a specialized model of treatment/service delivery in which a multi-disciplinary team assumes ultimate accountability for a small, defined caseload of individuals with serious and persistent mental illness and becomes the single point of responsibility for that caseload.

The key elements of the ACT model (Phillips, et al., 2001) are:

- Services are targeted to a specific group of persons with serious mental illness;
- Services provided directly by the ACT team rather than being brokered as in case management;
- Team members share responsibility for all individuals served by the team;
- Staff to consumer ratio is small (1 to 10);
- No arbitrary time limit on how long an individual is served by the team;
- Services are available 24 hours a day, 7 days a week (24/7);
- Interventions are provided in vivo, in the location where the problem occurs rather than in the clinic or office;
- Treatments and services are comprehensive and flexible;
- Treatment and supports are individualized; and
- Team members are assertive in engaging individuals in treatment

In accordance with the 2006 Substance Abuse and Mental Health Services Administration's *Consensus Statement on Mental Health Recovery*<sup>1</sup>, ACT teams provide mental health recovery services that are individualized, holistic, and strengths based. ACT consumers are empowered to make decisions regarding their treatment and given Responsibility for their recovery journey. The goals of ACT are to keep persons with serious mental illness in contact with services in the community, reduce hospitalizations and costs, and improve outcomes, specifically social functioning and quality of life (Marshall & Lockwood, 2003).

#### The Impact of Model Fidelity

The Field Guide to ACT provides guidance that supports teams and agencies to build and implement high fidelity ACT teams, teams that match the ACT model as it supports consumers in their recovery journey. How closely the practice matches the program model is how model fidelity is measured. Research on ACT model fidelity (Phillips et al. 2001) indicates that ACT programs that adhere more closely to the overall ACT model, as measured by the Dartmouth Assertive Community Treatment Fidelity Scale (DACTS) utilized in the SAMHSA ACT EBP Kit, are more effective in reducing hospital use and cost, reducing substance use, and impacting functioning and quality of life outcomes than standard community-based services. The degree to which an ACT team has implemented ACT practice can be measured through a fidelity visit provided by a Michigan Fidelity Support and Assistance Team visit.

<sup>1</sup> Substance Abuse & Mental Health Services Administration (SAMHSA) *Consensus Statement on Mental Health Recovery*. Released February 16, 2006. Available at <https://store.samhsa.gov/shin/content/SMA05-4129/SMA05-4129.pdf>

### OVERVIEW

The Field Guide to ACT is designed to be a user-friendly, hands-on guide to help your team engage in self-assessment that will help you identify ways to improve your practice and achieve quality outcomes in partnership with consumers. The Field Guide is intended to be used on an ongoing basis to look at progress over time. As Michigan Medicaid Requirements are revised, the web based version of the Field Guide will reflect current Medicaid requirements.

The following is a brief description of how you can use the Field Guide to ACT:

#### **Part 1: Assessing Current Practice**

- Model Fidelity – helps your team look at current practice and identify areas for improvement.
- Medicaid Adherence – assesses adherence with Michigan Medicaid Standards.

#### **Part 2: Examining Agency Ability to Serve Consumers in the Community**

- Organizational Support– assesses your ACT team’s access to technology, training opportunities and other concrete supports necessary for optimal team functioning in the community. Also provides you with information about overall agency philosophy and procedures that impact the quality of ACT services as the team supports consumers in their recovery.

#### **Part 3: Considering Consumer Feedback**

- Consumer Satisfaction – tells you how consumers feel about the services they receive.
- Consumer Quality of Life and Program Assessment– gives you a picture of several aspects of consumers’ Perceptions of their quality of life and support of the program and team.
- Consumer Discussion Groups – provides you with information about how you can work in partnership with consumers to improve consumer outcomes, satisfaction, and quality of life.

#### **Part 4: Measuring Consumer Outcomes**

- Consumer Outcomes – helps you determine if consumers are achieving consumer recovery outcomes.

### HOW SHOULD YOU COMPLETE THE TEAM ASSESSMENT?

The Field Guide to ACT is a quality improvement tool. It is essential that you give honest ratings so you can identify areas for improvement.

The following steps will help you to use the Field Guide:

1. Make a copy of the Field Guide to ACT for each team member.
2. Start with **Part 1: Assessing Current Practice** to determine your adherence with Michigan Medicaid criteria.
3. Complete sections of the Field Guide over a series of regularly scheduled team meetings, setting aside 20-30 minutes for each section.
4. Discuss, as a team, key strengths as well as areas where progress is most needed, and think about any constraints you face.
5. Complete the Team Assessment and Work Plan. You will need to complete a Work Plan each time you complete a section of the Assessment.
6. Set aside time in your regular team meetings to review progress on the Work Plan goals and tasks.

### WHO SHOULD COMPLETE THE ASSESSMENT?

The ACT team should be involved in completing all four parts of the Field Guide with input and discussion from administrators (such as quality improvement staff, clinical directors, and quality assurance directors) and consumers.

VERSION	ACT TEAM	ADMINISTRATION	CONSUMERS
Part 1: Assessing Current Practice	X	X	
Part 2: Examining Agency Ability to Serve Consumers in the Community	X	X	
Part 3: Considering Consumer Feedback	X		X
Part 4: Measuring Consumer Outcomes	X		X



# PART I: ASSESSING CURRENT PRACTICE



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# PART 1: ASSESSING CURRENT PRACTICE FOR MODEL FIDELITY

## INTRODUCTION

The fidelity assessment<sup>2</sup> is designed to help you examine current ACT practices as you support consumers in their journey toward recovery. The assessment can be completed in its entirety, or each section can be completed individually. Sections may be completed in any order, depending on the interest and concerns of your program team and agency. It is recommended that the ACT team and administrators (such as quality improvement staff, clinical directors, and quality assurance directors) complete this section together. The fidelity assessment is divided into 6 sections:

- **Section 1: Staff Composition** – Items in this section address issues related to ACT staffing.
- **Section 2: Team Functioning** – Items in this section address issues such as how the team functions, team communication and team planning.
- **Section 3: Program Policy and Protocol** – Items in this section address issues of team operation based on policy and protocols.
- **Section 4: Assessment and Treatment Planning** – Items in this section address issues concerning consumer assessment and treatment planning.
- **Section 5: Outreach and Continuity of Care** – Items in this section address outreach and services to ensure continuity of care.
- **Section 6: Program Intensity** – Items in this section address the role of the ACT team in providing services and supports.

## GETTING STARTED WITH YOUR TEAM PROGRAM ASSESSMENT

1. Review the sections of the assessment and select a section to work on based on the interest and concerns of your team.
2. Collect the data you will need to complete the section.
3. Select a facilitator to read each item, encourage discussion, and monitor time.
4. Select a scribe to record the agreed upon rating for each item and comments explaining the rating for future reference.
5. The facilitator should read the statement and the rating options A, B, C, D, and E. Ensure that everyone is clear about what each statement means.
6. Talk about how your ACT team operates with regard to the question. Be honest, even if it means rating your ACT team as needing improvement.
7. Discuss as a group, where you think you are in relation to the statement. Identify your key strengths and areas where progress is most needed. Think about constraints you face.
8. Note key points of the discussion.
9. Decide on an answer for each question that best describes your ACT team. Circle the corresponding letter for that answer – A, B, C, D, or E.



= Michigan Medicaid



= SAMHSA ACT EBP Kit



= Michigan Best Practice

In some instances, only a score of “E” meets the Michigan Medicaid criteria and SAMHSA ACT EBP Kit. Criteria are indicated following the item question. If your team score is an A B C or D, your team is either not in full adherence with Medicaid criteria, or operating below the evidence based practice standards of SAMHSA.

<sup>2</sup> Adapted from the Dartmouth Assertive Community Treatment Fidelity Scale (DACTS) utilized by SAMHSA in the *ACT Implementation Resource Kit* and modified to include Michigan Medicaid Standards.

### WHAT TO DO WITH YOUR ANSWERS

Once you have reached consensus on group responses to each question, what's next? Here are some steps to follow to use your data:

1. Review the response categories for a section.
2. **Address all items in which your team is not in adherence with Michigan Medicaid criteria immediately.**  
If your team is in adherence on all Medicaid items select one or more items that are scored A, B, C or D.
3. Discuss what barriers or issues keep you from being in adherence or achieving model fidelity in the identified item(s). **Talk about it as a group.**
4. Ask "What can be done to improve in the identified area(s)?" **Talk about it as a group.**
5. What kind of additional training or technical assistance is needed to improve in identified areas?
6. Look at the items in this section where you selected "E". Congratulate yourselves! This is also an excellent topic for a team meeting. **Talk about it as a group.**
  - a. What areas of strength does this reflect?
  - b. How can your team maintain these strengths and also work on areas that indicate a need to improve?
7. Complete your Work Plan.
  - a. Pick one or more things your team would like to improve and decide:
    - i. What specific activities your team will do or change in order to improve.
    - ii. How long it will take to make the changes that will improve your team functioning and ACT team program in this area.
  - b. Write down who is responsible for each task. Identify which tasks will be assigned to the team as a whole. For each task you write down, put the date by which it will be accomplished.
  - c. Decide when you will review your progress: Weekly? Monthly? Quarterly? Write the date you will begin on your work plan. Enter the date on your team schedule.
8. Start working on the tasks in your work plan!

**Remember, improvement takes time and progress will be made with small doable steps. Don't take on more than you can handle. You want to succeed!**

Many of the assessment items contain required Medicaid Provider Elements and ACT Implementation Resource Kit benchmarks for evidence based practice.



= Michigan Medicaid



= SAMHSA ACT EBP Kit



= Michigan Best Practice

SECTION 1.1: STAFF COMPOSITION

**SC1. Sufficient Staff – Team Leader:** the team leader is included when calculating the 1:10 staff to consumer ratio. Describe the amount of time the team leader is assigned to your ACT team. *An answer of “E” is in adherence with Medicaid criteria.*

- A. The team leader is assigned to the ACT team less than .40 full time.
- B. The team leader is assigned to the ACT team .40 - .59 full time.
- C. The team leader is assigned to the ACT team .60 - .79 full time.
- D. The team leader is assigned to the ACT team .80 - .99 full time.
- E. The team leader is assigned full time to the ACT team.



**SC2. Qualified Staff – Team Leader:** What education and experience does your team leader have? *An answer of “E” is in adherence with Medicaid criteria.*

- A. Team leader has less than a master’s degree and less than two years clinical experience with adults with serious mental illness or the team has no designated Team Leader.
- B. Team leader has a master’s degree and less than two years clinical experience with adults with serious mental illness.
- C. Team leader has less than a master’s degree but has a minimum of two years clinical experience with adults with serious mental illness.
- D. Team leader is working on a master’s degree (actively enrolled) and has a minimum of two years or more clinical experience with adults with serious mental illness.
- E. Team leader has a master’s degree with appropriate licensure or certification to provide clinical supervision and a minimum of two years clinical experience with adults with serious mental illness (or leader received a waiver from MDHHS prior to 2004).



**SC3. Sufficient Staff – Registered Nurse (RN):** The RN is included when calculating the 1:10 staff to consumer ratio. Describe the amount of time the RN is assigned to your ACT team. *SAMHSA requires 1 RN to 50 Consumers. An answer of “E” is in adherence with Medicaid criteria and the SAMHSA ACT EBP.*

- A. .25 full time RN assigned per team.
- B. .25 - .5 full time RN assigned per team.
- C. .51 - .74 full time RN assigned per team.
- D. .75 - .99 full time RN assigned per team.
- E. ACT Program has 1 or more full time RN per team.



**SC4. Qualified Staff – Registered Nurse (RN):** What education and experience does your RN have? *An answer of “E” is in adherence with Medicaid criteria.*

- A. RN position is filled by a LPN.
- B. RN has a current license to practice nursing in Michigan has less than one year experience.
- C. RN is not currently licensed to practice nursing in Michigan
- D. RN has a current license to practice nursing in Michigan with experience unrelated to behavioral health.
- E. RN has a current license to practice nursing in Michigan, with experience in integrated behavioral and physical healthcare, medication management, coordination of physical/medical care and community nursing.



SECTION 1.1: STAFF COMPOSITION

**SC5. Sufficient Staff – Physician: MD/DO:** The physician is NOT included when calculating the 1:10 staff to consumer ratio. Describe the amount of time the doctor is assigned to your ACT team. Calculate: Divide total number of minutes the doctor is assigned to your team each week by the total number of consumers. *An answer of “E” would be in adherence with Medicaid criteria.*<sup>3</sup>

- A. No designated MD/DO to provide services for ACT team consumers.
- B. Less than 5 minutes per consumer per week assignment of MD/DO per ACT team.
- C. 5-10 minutes per consumer per week assignment of MD/DO per ACT team.
- D. 11-14 minutes per consumer per week assignment of MD/DO per ACT team.
- E. 15 minutes or more per consumer per week assignment of MD/DO per ACT team.



**SC6. Qualified Staff – Physician:** What education and experience does your psychiatric provider have? *An answer of “E” is in adherence with Medicaid criteria.*

- A. A Physician’s Assistant currently licensed in Michigan provides the psychiatric care.
- B. A Nurse Practitioner currently licensed to practice in Michigan provides the psychiatric care.
- C. The Physician has retired from general practice and filling in until a team physician can be hired.
- D. The Physician has a valid license to practice medicine in Michigan with a specialized training in areas outside than psychiatry.
- E. The Physician has a valid license to practice medicine in Michigan, a Michigan Controlled Substance License, and a Drug Enforcement Administration registration.



**SC7. Sufficient Staff – Nurse Practitioner (NP):** The NP is not included when calculating the 1:10 staff to consumer ratio. *(optional-skip this question if you do not employ a Nurse Practitioner):* Describe the amount of time the NP is assigned to your ACT team. Calculate: Divide total number of minutes the nurse practitioner is assigned to your team each week by the total number of consumers. *An answer of “E” would be in adherence with Medicaid criteria.*<sup>3</sup>

- A. No designated NP to provide services for ACT team consumers.
- B. Less than 5 minutes per consumer per week assignment of NP per ACT team.
- C. 5-10 minutes per consumer per week assignment of NP per ACT team.
- D. 11-14 minutes per consumer per week assignment of NP per ACT team.
- E. 15 minutes or more per consumer per week assignment of NP per ACT team.



<sup>3</sup> Effective January 2010 time spent by Nurse Practitioners providing psychiatric services to ACT consumers under the supervision of the team physician may be counted in physician time. The Nurse Practitioner is separate from the team Nurse.

SECTION 1.1: STAFF COMPOSITION

**SC8. Qualified Staff – Nurse Practitioner** (*optional-skip this question if you do not employ a Nurse Practitioner*): What education and experience does your Nurse Practitioner have? *An answer of “E” is in adherence with Medicaid criteria.*

- A. Nurse Practitioner has a current license to practice nursing in Michigan and holds specialty certification with a master’s degree in any practice area.
- B. Nurse Practitioner has a current license to practice nursing in Michigan and performs clinical tasks independent of the physician.
- C. Nurse Practitioner has a current license to practice nursing in Michigan and more than two years of experience in psychiatric mental health nursing.
- D. Nurse Practitioner has a current license to practice nursing in Michigan, and specialty certification to be a Nurse Practitioner in Michigan.
- E. Nurse Practitioner has specialty certification to be a Nurse Practitioner in Michigan, a current license to practice nursing in Michigan, and a master’s degree in psychiatric mental health nursing.



**SC9. Sufficient Staff – Physician’s Assistant** (*optional-skip this question if you do not employ a Physician’s Assistant*): The physician’s assistant is NOT included when calculating the 1:10 staff to consumer ratio. Describe the amount of time the physician’s assistant (PA) is assigned to your ACT team. Calculate: Divide total number of minutes the physician is assigned to your team each week by the total number of consumers. *An answer of “E” would be in adherence with Medicaid Criteria.*<sup>4</sup>

- A. No designated PA to provide services for ACT team consumers.
- B. Less than 5 minutes per consumer per week assignment of the PA per ACT team.
- C. 5-10 minutes per consumer per week assignment of PA per ACT team.
- D. 11-14 minutes per consumer per week assignment of PA per ACT team.
- E. 15 minutes or more per consumer per week assignment of PA per ACT team.



**SC10. Qualified Staff – Physician’s Assistant** (*optional-skip this question if you do not employ a Physician’s Assistant*): What education and experience does your Physician’s Assistant have? *An answer of ‘E’ is in adherence with Medicaid criteria.*

- A. The PA holds a license outside of Michigan.
- B. The PA does not hold a current Michigan license.
- C. The PA holds a current Michigan license and is without a current practice agreement.
- D. The PA holds a current Michigan license, has a current controlled substance license and has a current practice agreement with a physician in another specialty area.
- E. The PA has a current Michigan license, a current practice agreement with a participating physician in this specialty area and holds a controlled substance license in Michigan.



<sup>4</sup> Effective October 2018 time spent by a Physician’s Assistant providing psychiatric services to ACT consumers may be counted as physician time.

SECTION 1.1: STAFF COMPOSITION

**SC11. Sufficient Staff – Qualified Staff-Mental Health Professionals (QMHP):** QMHP staff are included when calculating the 1:10 staff to consumer ratio. Describe the assignment of QMHP(s) to your ACT team. *An answer of “E” is in adherence with Medicaid criteria.*

- A. There is more than one team member who is not a QMHP (or other staff member qualified by Medicaid) to achieve the 1:10 ratio.
- B. One team member is not a QMHP.
- C. Non-QMHP team members are assigned to team with a plan for training at some point in the future.
- D. Non-QMHP team members are assigned to team and just not counted in the 1:10 ratio.
- E. All team members counted in the 1:10 ratio are QMHPs have at least one year of experience (or are other staff qualified by Medicaid achieve the 1:10 ratio); QMHPs provide the core elements of case or care management.



**SC12. Sufficient Staff – Qualified Staff- Peers:** Up to 1 FTE may be included in the 1:10 staff to consumer ratio calculation. How are peers involved as assigned members of your ACT team? *An answer of “E” is Best Practice and is in adherence with Medicaid criteria.*

- A. Peers are not involved in service provision in relation to the ACT program.
- B. Peers work in non-direct service provision roles to support the ACT team members and are not counted in the 1:10 ratio.
- C. Peers are assigned the same responsibilities as QMHPs with respect to the ACT program and are counted in the 1:10 staffing ratio.
- D. Peers work in direct service provision roles (e.g. self-help) with reduced responsibilities and up to 1 FTE is counted in the 1:10 staffing ratio.
- E. Up to 1 FTE Peer is employed as a certified peer support specialist, performing any service for which he/she is qualified to provide, under the supervision of the ACT team leader with professional status and included in the 1:10 staffing ratio.



**SC13. Sufficient Staff – Qualified Paraprofessional Staff:** Up to 1 FTE may be included in the 1:10 staff to consumer ratio calculation. How are paraprofessionals involved as assigned members of your ACT team? *An answer of “E” is in adherence with Medicaid criteria.*

- A. Paraprofessionals have no involvement in service provision in relation to the ACT program.
- B. Paraprofessionals work in non-direct service provision roles.
- C. Paraprofessionals are hired to fill in staffing gaps with respect to the ACT program.
- D. Paraprofessionals who have previous experience with other populations work on the ACT team.
- E. Paraprofessionals who work on an ACT team to provide services to consumers may have a bachelor’s degree or related training in a field other than behavioral services (e.g., certified occupational therapy assistant, home health care); or have a high school equivalency and work or life experience with adults with severe mental illness or co-occurring substance use disorders.



SECTION 1.1: STAFF COMPOSITION

**SC14. Qualified Staff – Co-occurring Substance Use Disorder Specialist:** Describe the amount of training or clinical experience the co-occurring substance use disorder specialist has. *An answer of “E” meets the SAMHSA ACT EBP. Michigan supports co-occurring capable ACT teams.*

- A. There is no co-occurring substance use disorder specialist on the ACT team.
- B. Our team has a member filling this role, but s/he has no specialized training or prior clinical experience in substance use disorders.
- C. Co-occurring substance use disorder specialist has at least 6 months but less than one year training and/or clinical experience in substance use disorders.
- D. Co-occurring substance use disorder specialist has 1 year or more of training and/or clinical experience in substance use disorders and meets MCBAP requirements.



- E. All ACT staff members on team have attained co-occurring capable status or the agency is licensed to provide treatment.

**SC15. Qualified Staff – Employment Specialist:** Describe the training/clinical experience of the ACT team employment specialist. Michigan supports employment capable ACT teams. *An answer of B, C, D, or E meets Michigan Medicaid. An answer of “E” meets the SAMHSA ACT EBP.*

- A. There is no employment specialist on the ACT team.
- B. Employment related needs are obtained outside of ACT team.
- C. Our team has a member filling this role, but s/he has no specialized training or prior clinical experience in employment rehabilitation/reintegration.
- D. Employment specialist has at least 6 months but less than 1 year training and/or clinical experience.



- E. ACT team is employment capable, if team has no employment specialist services are brokered and supported by the ACT team.


**ACT teams in Michigan must adhere to the Medicaid standards. If your team is not in adherence, please choose an area with the Michigan symbol to begin working on improvement. If you are in adherence (congratulations!!) you may decide to choose other areas in this section to begin additional implementation improvements. Work plans are located at the back of the Field Guide.**




**SECTION 1.2: TEAM FUNCTIONING (TF)**

**TF1. Team Approach:** Describe how the provider group functions as a team rather than as individual practitioners (i.e., do all team members know and work with all of the consumers?). Think about what has occurred in the past 30 days. In Michigan, face to face contact is defined as 15 or more minutes of in- person contact. Calculate: Divide the number of consumers with multiple face-to-face contacts with multiple team members by the number of consumers you served (do not include consumers who were incarcerated or hospitalized for the previous 30 days). Multiply by 100 to find your percentage.  
*An answer of “E” meets the SAMHSA ACT EBP Kit.*


**In the past thirty days:**

- A. Fewer than 10% of the consumers had face-to-face contact with multiple team members.
- B. 10 – 36% of consumers had face-to-face contact with multiple team members.
- C. 37 – 63% of consumers had face-to-face contact with multiple team members.
-  D. 64 – 89% of consumers had face-to-face contact with multiple team members.
- E. 90% or more consumers had face-to-face contact with multiple team members.


**TF2. Team Based Service Delivery:** Do all members of the team provide services—case management, treatment, and rehabilitative to support the consumer in their recovery journey? *An answer of “E” is in adherence with Medicaid criteria.*

- A. The team provides parallel case management for all consumers.
- B. Team provides parallel case management for some consumers; some of the consumers may be shared by team members.
- C. Team shares case management for all consumers.
- D. Team shares two of the following: case management, treatment, or rehabilitation.
-  E. Case management services are interwoven with treatment and rehabilitative services and are provided by all members of the ACT team.

**TF3. Program Meeting:** Describe the frequency with which the ACT team meets to plan and review services for each consumer. *An answer of “E” is in adherence with Medicaid criteria.*

- A. Once/month or less frequently.
- B. At least twice/month but less than once/week.
- C. At least once/week but less than twice/week.
-  D. At least twice/week but less than five times/week.
- E. Each consumer is reviewed 5 days/week, even if only briefly.

**TF4. Organization of Schedule:** Describe your schedule organization process. *An answer of “E” is in adherence with Medicaid criteria.*

- A. The schedule is organized as needed.
- B. The schedule is organized monthly.
- C. The schedule is organized weekly.
-  D. The schedule is organized in the previous week and contacts are provided as scheduled.
- E. The schedule is organized weekly and contacts are finalized daily.

SECTION 1.2: TEAM FUNCTIONING (TF)

**TF5. Team Participation in Program Meeting:** Describe your team meetings. *An answer of “E” is in adherence with Medicaid criteria.*

- A. Don't have regular team meetings.
- B. MD/DO doesn't attend.
- C. RN doesn't attend.
- D. Not everyone meets together.
- E. All ACT members on duty attend the team program meeting.



**TF6. Consumer/Provider Ratio:** What is the consumer/provider ratio? Do not include the physician, Nurse Practitioner or clerical staff in your ratio. Calculate: Divide the total number of consumers by the total number of staff on your team. *An answer of “E” is in adherence with Medicaid criteria and meets the SAMHSA ACT EBP.*

- A. 50 consumers/clinician or more.
- B. 35 - 49 consumers/clinician.
- C. 21 - 34 consumers/clinician.
- D. 11 - 20 consumers/clinician.
- E. 10 consumers/clinician or fewer..



**TF7. Practicing Team Leader:** Does the team leader also provide direct services? *An answer of “B”, “C”, “D”, or “E” is in adherence with Medicaid criteria if services are provided in the community. A minimum of 50% represents the SAMHSA ACT EBP.*

- A. Team leader provides no direct services.
- B. Team leader provides direct services on rare occasions as back up.
- C. Team leader provides direct services routinely as backup or less than 25% of the time.
- D. Team leader provides direct services at least 25% of the time but less than 50%.
- E. Team leader provides direct services at least 50% of the time.




**TF8. Staff Competencies:** Describe the percentage of the team who have completed MDHHS approved ACT training within six months of hire and at least one additional approved MDHHS ACT Specific training annually thereafter. Calculate: Divide the number of staff who participated in ACT 101 within six months of hire **and** additional annual training thereafter by the number of staff on the team. Multiply by 100 to find your percentage. *An answer of “E” is in adherence with Medicaid criteria.*

- A. None of the ACT staff have completed MDHHS approved ACT training within six months of hire.
- B. 25 - 50% of ACT staff have completed MDHHS approved ACT training within six months of hire.
- C. 51 - 75% of ACT staff have completed MDHHS approved ACT training within six months of hire.
- D. 76 - 99% of ACT staff have completed MDHHS approved ACT training within six months of hire.
- E. All Team members (100%) have completed MDHHS approved ACT training within six months of hire followed by at least one MDHHS approved annual training thereafter.




**SECTION 1.2: TEAM FUNCTIONING (TF)**


**TF9. Continuity of Staff:** What is the team’s rate of staff turnover? Calculate: Divide the number of employees departed by the total number you have employed in the last 2 years. Multiply by 100 to find your percentage. *An answer of “E” represents the SAMHSA ACT EBP.*

- A. Greater than 80% turnover in previous 2 years.
- B. 60 – 80% turnover in previous 2 years.
- C. 40 – 59% turnover in previous 2 years.
-  D. 20 – 39% turnover in previous 2 years.
- E. Less than 20% turnover in previous 2 years.

**TF10. Staff Capacity:** Describe the extent to which your program has operated at full staffing over the past 12 months. Calculate: Multiply the number of positions on team by 12. Calculate actual staffing by summing the number of filled positions during each month for the past 12 months. Divide actual staffing by full staffing and multiply by 100 to find your percentage. *An answer of “E” represents the SAMHSA ACT EBP.*

- A. Program has operated at less than 50% of full staffing in the past 12 months.
- B. Program has operated at 50 – 64% of full staffing in the past 12 months.
- C. Program has operated at 65 – 79% of full staffing in the past 12 months.
-  D. Program has operated at 80 – 94% of full staffing in the past 12 months.
- E. Program has operated at 95% or more of full staffing in the past 12 months.

**TF11. Program Size:** Describe the size of your ACT team.<sup>5</sup> *An answer of “E” is in adherence with Medicaid criteria.*

- A. The ACT team regularly utilizes part time staff to meet necessary staff to consumer ratio or requires more than 9 FTE and does not have MDHHS approval to provide services utilizing the larger SAMHSA ACT model.
- B. The ACT team shares staff with other programs to meet necessary staff to consumer ratio.
- C. The ACT team has less than 3 FTE to meet necessary staff to consumer ratio.
- D. The ACT team has 3 FTE to meet necessary staff to consumer ratio.
-  E. The ACT team has at least 4 but no more than 9 FTE to meet or exceed the necessary staff to consumer ratio of 1 staff to every 10 consumers or has more than 9FTE and MDHHS approval to provide services utilizing the larger SAMHSA ACT model.

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<sup>5</sup> Michigan ACT teams generally provide services to a largely rural population and the Michigan expectation is an average team size much smaller than the team size on which the SAMHSA toolkit is based. Teams operating on the larger SAMHSA ACT model require prior MDCH approval.

**SECTION 1.3: PROGRAM POLICY AND PROTOCOL (PPP)**

**PPP1. Program Approval:** Describe the extent to which your ACT program is approved to provide ACT services by MDCH. *An answer of “E” is in adherence with Medicaid criteria.*<sup>6</sup>



- A. Program was not aware that approval from MDCH was required to provide ACT services.
- B. Program has not applied for approval from MDCH to provide ACT services but intends to do so within 30 days.
- C. Program applied for approval from MDCH but was denied.
- D. Program applied for approval from MDCH to provide ACT services and approval is pending.
- E. Program has obtained approval from MDCH to provide ACT services.

**PPP2. Explicit Admission Criteria:** Describe the criteria and selection of consumers for your ACT program. *An answer of “E” is in adherence with Medicaid criteria and represents the SAMHSA ACT EBP.*



- A. Program has no set criteria and takes all consumers referred to the program.
- B. Program has a generally defined mission and, for the most part, identifies consumers through internal agency referrals.
- C. The program has clearly defined admission criteria and makes an effort to seek and select a defined set of consumers, but accepts most referrals.
- D. The program has clearly defined admission criteria and actively seeks and screens referrals carefully, but occasionally accepts consumers who do not meet program criteria.



- E. The program actively recruits a defined population and all cases comply with explicit admission criteria as delineated in Michigan ACT Medicaid criteria.

**PPP3. Alternative to Hospitalization:** Are ACT services while supporting consumers’ recovery used appropriately as an alternative to hospitalization? *An answer of “E” is in adherence with Medicaid criteria.*



- A. ACT services are sometimes used when hospitalization would be a better alternative.
- B. Consumers are discharged from the hospital before they are ready. ACT services are used to compensate for the premature discharge.
- C. Consumers are hospitalized when ACT services could be used to support them in the community.
- D. When hospitalization would be the optimum choice, in vivo visits and supports are increased, but consumer health and safety issues continue to escalate.
- E. ACT services are provided as an alternative to hospitalization when: health and safety issues can be managed with ACT supports, 24 hour supervision is not needed, and the intensity of ACT support is for a limited period of time.

<sup>6</sup> The Medicaid Provider Manual states that teams are subject to approval every three years.

**SECTION 1.3: PROGRAM POLICY AND PROTOCOL (PPP)**

**PPP4. Fixed Point of Responsibility:** Is the ACT Program the fixed point of responsibility for the development of the Individual Plan of Service (IPOS) and for providing or obtaining supports and services based in recovery included in the IPOS? *An answer of “E” is in adherence with Medicaid criteria.*

- A. Team determines services and makes referrals to all needed services.
- B. Team develops IPOS with consumer and provides referrals to all needed services.
- C. Team provides case management and direct services, provides some needed services and supports; but coordinates others.
- D. Team develops IPOS with consumer, provides some needed services; but makes referrals to others.
- E. The ACT Team develops the IPOS with the consumer and provides or obtains the services and supports identified in the IPOS.



**PPP5. Intake Rate:** What is the intake rate for your team? Calculate: Intake rate as percent of maximum caseload for the last six months. Divide the number of new consumers by the total team caseload. Multiply this number by 100 to find your percentage. *An answer of “E” represents the SAMHSA ACT EBP.*

- A. Highest monthly intake rate in the last 6 months = greater than 20% of the maximum team caseload.
- B. Highest monthly intake rate in the last 6 months = 16 – 20% of the maximum team caseload.
- C. Highest monthly intake rate in the last 6 months = 11 – 15% of the maximum team caseload.
- D. Highest monthly intake rate in the last 6 months = 6 – 10% of the maximum team caseload.
- E. Highest monthly intake rate in the last 6 months = no greater than 5% of the maximum team.



**PPP6. Explicit Discharge Criteria:** Describe the discharge criteria for your consumers. *An answer of “E” is in adherence with Medicaid criteria.*

- A. Program has no set discharge criteria and team makes discharge decisions on a case by case basis and does not involve the consumer.
- B. Program has a generally defined discharge criteria and generally only discharge if the consumer has moved out of team service area or are deemed to be in control of their symptoms.
- C. The program has clearly defined discharge criteria and makes an effort to meet criteria; but occasionally discharges consumers that do not meet criteria.
- D. Program has clearly defined discharge criteria and follows it in most cases, and consumers who no longer exhibit symptoms are discharged on a case by case basis.
- E. The program has clearly defined discharge criteria and all discharged consumers no longer meet medical necessity criteria and have met a majority of their person centered goals toward recovery that will enable them to maintain recovery in less intensive services.



SECTION 1.3: PROGRAM POLICY AND PROTOCOL (PPP)

**PPP7. Person Centered Planning:** In the journey toward recovery, describe the extent to which consumers are offered the option of outside facilitation in development of the IPOS. *An answer of “E” is in adherence with Medicaid criteria.*

- A. Not all consumers have an IPOS.
- B. The team chooses the consumers' goals for the IPOS from a set menu of services.
- C. The team chooses the consumers' goals for the IPOS to meet agency requirements.
- D. Each consumer has an IPOS developed through a person centered planning process but is not offered independent facilitation.
- E. Each consumer has an IPOS developed through a person centered planning process and is offered independent facilitation to create a person centered plan of service based in recovery.



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SECTION 1.4 ASSESSMENT AND TREATMENT PLANNING (ATP)

**ATP1. Individual Plan of Service (IPOS):** Describe the extent to which the plan of service is individualized based on consumer input. *An answer of “E” is in adherence with Medicaid criteria.*

- A. Team develops IPOS without consumer input.
- B. The IPOS is similar for all ACT consumers.
- C. Consumer IPOS contains the same goals for multiple years.
- D. Only services and supports that are available through the ACT team are written into the IPOS.
- E. There is written evidence in the IPOS that ACT services and interventions are based on medical necessity, consumer preference, person-centered planning and recovery, to maximize independence and progress into less intensive services.



**ATP2. Co-Occurring Substance Use Disorder IPOS:** Describe how your team works with consumers with co-occurring substance use disorders. *An answer of “E” is in adherence with Medicaid criteria.*

- A. Only mental health issues are addressed in the IPOS; consumers are referred to other agencies for substance use disorder services.
- B. Both mental health and substance use disorders are addressed in the IPOS; consumers are referred to other agencies for substance use disorder services.
- C. Both mental health and substance use disorders are addressed in the IPOS; ACT staff are not trained to address substance use disorders, but work with consumers informally on substance use disorder issues.
- D. Both mental health and substance use disorder issues are addressed in the IPOS; ACT staff are trained to address substance use disorders and work with consumers informally on these issues.
- E. Both mental health and substance use disorder issues are addressed in the IPOS; treatment for co-occurring substance use disorders provided by ACT team if agency is licensed to provide substance use disorder services or coordinated by ACT team if agency is not licensed to provide substance use disorder services.




**ATP3. Co-occurring Substance Use Disorders Model:** Describe the treatment model used by the team to address co-occurring disorders. *An answer of “E” represents the SAMHSA ACT EBP.*

- A. Our team does not provide substance use disorder services because it is not licensed.
- B. Program fully based on traditional model: confrontation; mandated abstinence; higher power; etc.
- C. Program uses primarily traditional model: e.g. refers to AA; uses inpatient detox and rehabilitation; recognizes need for persuasion of consumers in denial or who don't fit AA.
- D. Program uses mixed model: e.g., Dual Diagnosis principles in treatment plans; refers consumers to persuasion groups and active treatment groups; rarely uses hospitalization for rehab or detox except for medical necessity; refers out some substance use treatment.
- E. Program fully based in Dual Diagnosis treatment principles with treatment provided by program staff.



SECTION 1.4 ASSESSMENT AND TREATMENT PLANNING (ATP)

**ATP4. Co-occurring Substance Use Disorder Treatment Groups:** How many consumers with substance use disorders participated in treatment groups (AA, NA, Dual Diagnosis groups, etc.) during the previous month? Calculate: Divide the number of consumers participating in groups in the previous month by the total number of consumers with substance use disorders served in the previous month (do not count consumers who were incarcerated or hospitalized for the entire month). Multiply by 100 to find your percentage. *An answer of "E" represents the SAMHSA ACT EBP.*

- A. Fewer than 5% of the consumers with substance use disorders attend at least one substance use treatment group meeting during the previous month.
- B. 5 – 19 % of the consumers with substance use disorders attend at least one substance use treatment group meeting during the previous month.
- C. 20 – 34% of the consumers with substance use disorders attend at least one substance use treatment group meeting during the previous month.
- D. 35 – 49% of the consumers with substance use disorders attend at least one substance use treatment group meeting during the previous month.
-  E. 50% or more of the consumers with substance use disorders attend at least one substance use treatment group meeting during the previous month.

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**SECTION 1.5: OUTREACH AND CONTINUITY OF CARE (OCC)**

**OCC1. Access to Other Community Services:** Do what extent is the ACT program able to access other services for ACT consumers (Clubhouse, DBT, drop-in, etc.) to support them in their recovery journey? *An answer of “E” is in adherence with Medicaid criteria.*

- A. Participation in ACT services excludes consumers from receiving or participating in other services provided by our agency and/or in the community (including clubhouse and supported employment).
- B. Participation in ACT services usually excludes consumers from receiving or participating in other CMHSP services but exceptions can be obtained on a case by case basis through the CMHSP utilization review.
- C. ACT consumers may participate in several CMHSP services but are excluded from receiving or participating in services that require purchase of services from another provider (e.g. MRS).
- D. ACT consumers may participate in several CMHSP services but may only participate in services that require purchase of services from another provider (e.g., MRS) if approved through the CMHSP utilization review.
- E. ACT consumers do access other services provided by our agency and/or in the community as identified in their IPOS as fitting with community reintegration.



**OCC2. Community Based Services:** To what extent were face-to-face contacts provided in the consumer's home or other community locations rather than the team office in the previous month? Calculate: Divide the number of face-to-face contacts that took place in the consumer's home or community in the previous month by the total number of face-to-face contacts provided (do not count groups). Multiply by 100 to find your percentage. *An answer of “E” is in adherence with Medicaid criteria and represents the SAMHSA ACT EBP.*



- A. Less than 10% of face-to-face contacts are in the community.
- B. 11 – 25% of face-to-face contacts are in the community.
- C. 26 – 50% of face-to-face contacts are in the community.
- D. 51 – 79% of face-to-face contacts are in the community.
- E. 80 – 100% of face-to-face contacts are in the community.



**OCC3. Team Leader in the Community:** To what extent were face-to-face contacts provided by the team leader in the consumer's home or other community locations other than the team office in the previous month? Calculate: Divide the number of face-to-face contacts provided by the team leader in the community or consumer's home in the previous month by the total number of face-to-face contacts provided by the team leader (do not count groups). Multiply by 100 to find your percentage. *An answer of “D” or “E” is in adherence with Medicaid criteria.*



- A. None of the face-to-face contacts were in the community.
- B. Less than 25% of face-to-face contacts were in the community.
- C. 26 – 50% of face-to-face contacts were in the community.
- D. 51 – 75% of face-to-face contacts were in the community.
- E. 76 – 100% of face-to-face contacts were in the community.

**SECTION 1.5: OUTREACH AND CONTINUITY OF CARE (OCC)**

**OCC4. RN in the Community:** To what extent were face-to-face contacts provided by the team RN in the consumer's home or other community locations rather than the team office in the previous month? Calculate: Divide the number of face-to-face contacts provided by the RN in the community or consumer's home in the previous month by the total number of face-to-face contacts provided by the RN (do not count groups). Multiply by 100 to find your percentage. *An answer of "B", "C", "D", or "E", adheres to Medicaid.*



- A. Does not provide face-to-face contacts in the community.
- B. 25% or less of face-to-face contacts were in the community.
- C. 26 – 50% of face-to-face contacts were in the community.
- D. 51 – 75% of face-to-face contacts were in the community.
- E. 76 – 100% of face-to-face contacts were in the community.

**OCC5. Retention Rate:** Describe the ACT program retention rate. Calculate: Divide number of consumers still in the program at the end of the previous 12 months by the total number of consumers served during that period. Multiply by 100 to find your percentage. *An answer of "E" represents the SAMHSA ACT EBP.*



- A. Less than 50% of the caseload is retained over a 12-month period.
- B. 50 – 64% of the caseload is retained over a 12-month period.
- C. 65 – 79% of the caseload is retained over a 12-month period.
- D. 80 – 94% of the caseload is retained over a 12-month period.
- E. 95% or more of the caseload is retained over a 12-month period.

**OCC6. Assertive Engagement Mechanisms:** To what extent do you use both street outreach as well as legal mechanisms (e.g. probation/parole, Alternative Treatment Order, OP commitment) as indicated and available to assure consumer engagement? *An answer of "E" represents the SAMHSA ACT EBP.<sup>7</sup>*



- A. Program is passive in recruitment and re-engagement; almost never uses street outreach or legal mechanisms.
- B. Program makes initial attempts to engage but generally focuses efforts on most motivated consumers.
- C. Program attempts outreach and uses legal mechanisms only as convenient.
- D. Program has general plan for engagement and uses most of the mechanisms that are available.
- E. Program demonstrates consistently well-thought-out strategies and uses street outreach and legal mechanisms whenever appropriate.

<sup>7</sup> Note: In Michigan teams are encouraged to focus on consumers' journeys toward recovery and legal mechanisms are to be used only as a last resort.

SECTION 1.5: OUTREACH AND CONTINUITY OF CARE (OCC)

**OCC7. Work with Informal Support System:** What is the average number of staff contacts (in person or via phone, email, etc.) per consumer in the previous month with the consumers' support networks (persons not paid to provide support to consumer: family, landlords, employer, etc.), with or without the consumer present? Calculate: Divide the number of contacts provided by staff with consumer's support network in the previous month by the number of consumers served. *An answer of "E" represents the SAMHSA ACT EBP.*



- A. Less than .5 contact with support system per consumer in the previous month.
- B. .5 – 1 contact with support system per consumer in the previous month.
- C. 1.1 – 2 contacts with support system per consumer in the previous month.
- D. 2.1– 3.9 contacts with support system per consumer in the previous month.
- E. 4.0 or more contacts with support system per consumer in the previous month.

**OCC8. MD/DO in the Community:** To what extent did the team MD/DO or Nurse Practitioner provide face-to-face contacts in the consumer's home or in locations other than the office in the previous month? Calculate: Divide the number of face-to-face contacts provided by the MD/DO and NP in the community or consumer's home by the total number of face to face contacts provided by the MD/DO or NP. Multiply by 100 to find your percentage.



- A. MD/DO and NP do not provide face-to-face contacts in the consumer's home or other community locations.
- B. Less than 10% of MD/DO and NP face-to-face contacts were in the community in the previous month.
- C. 10-25% of MD/DO and NP face-to-face contacts were in the community in the previous month.
- D. 26-50% of MD/DO and NP face-to-face contacts were in the community in the previous month.
- E. More than 50% of MD/DO and NP face-to-face contacts were in the community in the previous month.

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SECTION 1.6: PROGRAM INTENSITY (PI)

**PI1. Availability of Services:** Describe the team’s capability to provide a rapid response to early signs of relapse.

*An answer of “E” is in adherence with Medicaid criteria.*

- A. Not all consumers are discussed in daily team meeting — signs of relapse may be missed.
- B. Unless highly disruptive, signs of relapse are handled in routine contacts.
- C. Response is initiated, but not always immediately.
- D. Immediate or rapid response is initiated, but team does not provide multiple daily contacts to one consumer.
- E. Rapid response to early signs of relapse is initiated immediately and may include multiple daily contacts.



**PI2. Team-Based Service Delivery:** To what extent are case management services interwoven with treatment and rehabilitative services? i.e., in addition to case management, does the ACT program directly provide (1) psychiatric services, (2) counseling/psychotherapy, (3) housing support, (4) substance use treatment, (5) employment/rehabilitative services? ACT teams primarily provide all ACT services; however services may be obtained when the team is unable to provide a medically necessary service for a consumer. *An answer of “E” is in adherence with Medicaid criteria and represents the SAMHSA ACT EBP.*

- A. Program provides case management services only.
- B. Program provides one of these five additional services and refers externally for others.
- C. Program provides two of these five additional services and refers externally for others.
- D. Program provides three or four of these five additional services and refers externally for others.
- E. Program provides all five of these services to consumers. Case management services are interwoven with the five services listed above.




**PI3. Responsibility for Crisis Services:** Does the ACT program have twenty-four hour/seven-day crisis response coverage—including psychiatric availability and pre-admission screening—that is handled directly by the ACT team members? *An answer of “E” is in adherence with Medicaid criteria and represents the SAMHSA ACT EBP Kit.*

- A. ACT program has no responsibility for handling crises after hours.
- B. Emergency service has ACT program-generated protocol for consumers.
- C. ACT program is available by telephone, predominantly in consulting role.
- D. ACT program provides emergency service backup; e.g., ACT program is called, makes decision about need for direct program involvement or ACT team members provide 24/7 crisis response coverage with the exception of the team doctor/nurse practitioner.
- E. ACT program directly provides twenty-four hour/seven-day crisis response coverage for ACT consumers including psychiatric availability via the team doctor/nurse practitioner and pre-admission screens when necessary.




**SECTION 1.6: PROGRAM INTENSITY (PI)**


**PI4. Intensity of Service:** Describe the levels of service time provided by the ACT team. Face-to-face contact is defined as 15 or more minutes of in person contact. Calculate: Divide the number of minutes spent in face-to-face contact for the past month by the number of consumers served during the month. Divide this number by the number of weeks in that month. *An answer of “E” represents the SAMHSA ACT EBP.*

- A. Average of less than 15 minutes/week or less of face-to-face contact per consumer.
- B. 15-49 minutes/week of face-to-face contact per consumer.
- C. 50-84 minutes/week of face-to-face contact per consumer.
-  D. 85-119 minutes/week of face-to-face contact per consumer.
- E. Average of 120 minutes/week or more face-face contact per consumer.

**PI5. Responsibility for Hospital Admissions:** To what extent is the ACT program involved in psychiatric related hospital admissions including pre-admission screening? Calculate: Divide the number of psychiatric related hospital admissions in the past 12 months that the ACT team was involved in by the total number of psychiatric related hospital admissions. Multiply by 100 to find your percentage. *An answer of “E” represents the SAMHSA ACT EBP.*

- A. ACT team has involvement in fewer than 5% of decisions to hospitalize.
- B. ACT team is involved in 5 – 34% of admissions.
- C. ACT team is involved in 35 – 64% of admissions.
-  D. ACT team is involved in 65 – 94% of admissions.
- E. ACT team is involved in 95% or more admissions.


**PI6. Responsibility for Hospital Discharge Planning:** To what extent is the ACT program involved in planning for hospital discharges? Calculate: Divide the number of hospital discharges in the past 12 months that the ACT team was involved in by the total number of hospital discharges. Multiply by 100 to find your percentage. *An answer of “E” represents the SAMHSA ACT EBP.*

- A. ACT team has involvement in fewer than 5% of hospital discharges.
- B. 5 – 34% of ACT consumer discharges are planned jointly with the ACT team.
- C. 35 – 64% of ACT consumer discharges are planned jointly with the ACT team.
-  D. 65 – 94% of ACT consumer discharges are planned jointly with the ACT team.
- E. 95% or more of ACT consumer discharges are planned jointly with the ACT team.

SECTION 1.6: PROGRAM INTENSITY (PI)


**PI7. Time Unlimited Services (Graduation Rate):** How often does your team expect to discharge consumers?

*An answer of "E represents the SAMHSA ACT EBP."<sup>8</sup>*

- A. More than 90% of consumers are expected to be discharged within 1 year.
- B. From 38 – 90% of consumers are expected to be discharged within 1 year.
- C. From 18 – 37% of consumers are expected to be discharged within 1 year.
- D. From 5 – 17% of consumers are expected to be discharged within 1 year.
-  E. All consumers are served on a time-unlimited basis with the ACT program remaining the point of contact with consumers as needed, and with fewer than 5% expected to graduate annually.

**PI8. Frequency of Contact:** In the previous week what percentage of consumers were supported in their recovery with at least the number of face-to-face contacts indicated in their Individual Plan of Service?

Calculate: Divide the number of consumers in the previous week who received at least the number of face to face contacts indicated in their IPOS by the total number of consumers served in the previous week. Multiply by 100 to find your percentage.

- A. Less than 20% of consumers had at least the number of indicated face-to-face contact/week.
- B. 21-40% of consumers had at least the number of indicated face-to-face contact/week.
- C. 41-60% of consumers had at least the number of indicated face-to-face contact/week.
-  D. 61-80% of consumers had at least the number of indicated face-to-face contact/week.
- E. More than 80% of consumers had at least the number of indicated face-to-face contact/week.

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<sup>8</sup> Note: In Michigan PI7 is used to gather information that will be used to look for trends regarding the consumers' recovery services in the context of person centered planning and recovery.

# PART 2:

## EXAMINING AGENCY ABILITY TO SERVE CONSUMERS IN THE COMMUNITY



**improving**  
**MI** practices

*June 2020*

## PART 2: EXAMINING AGENCY ABILITY TO SERVE CONSUMERS IN THE COMMUNITY

### AGENCY SUPPORT FOR QUALITY ACT SERVICES

#### INTRODUCTION

This assessment<sup>9</sup> is designed to help you determine how agency support enables you to provide quality ACT services to support consumers in their recovery journey. The assessment can be completed in its entirety, or each section can be completed individually. Sections may be completed in any order, depending on the interest and concerns of your team program and agency. It is recommended that the ACT program team and administrators (such as quality improvement staff, clinical directors, and quality assurance directors) complete this section together so that miscommunication or misperception in regard to agency policy and/or challenges faced by the program team in providing ACT services may be addressed collaboratively.

This assessment is divided into the following sections:

- **Section 2.1: Communication** – Items in this section ask you to think about ACT team access to technological resources for communication.
- **Section 2.2: Transportation** – Items in this section address ACT team transportation as it relates to providing services to ACT consumers.
- **Section 2.3: Safety** – Items in this section address ACT team member safety concerns.
- **Section 2.4: Staffing** – Items in this section address supports available to ACT team staff.
- **Section 2.5: Location** – Items in this section relate to the physical location and layout of the ACT office.
- **Section 2.6: Agency Policy** – Items in this section address policy and/or practice that affect services for ACT consumers and team ability to provide services.
- **Section 2.7: Organizational Environment for Best Practice Standards** – Items in this section address the agency practices that promote ACT team ability to provide services to enhance consumer outcomes.

#### GETTING STARTED WITH YOUR TEAM PROGRAM ASSESSMENT

1. Review the sections of the assessment and select a section to work on based on the interest and concerns of your team.
2. Select a facilitator to read each item, encourage discussion, and monitor time.
3. Select a scribe to record the agreed upon rating for each item and comments explaining the rating for future reference.
4. The facilitator should read the statement and ensure that everyone is clear about what the statement means. You may skip items in this section that do not apply. For example if your agency provides and maintains all cars used by the ACT team the item regarding reimbursement for cleaning of personal vehicles (T4) would not apply.
5. Indicate your level of agreement with each statement. Keep in mind the response should be based on the perceptions of those participating in the assessment (team members and administration), there are no “right or wrong” answers. For example, C1 regarding laptops: Teams have reported not wanting laptops as they would make the staff a target for theft and violence. Others report depending on laptops to be efficient and streamline paperwork. Both are valid viewpoints reflecting an individual team’s situation and perceptions.
6. Note down key points of the discussion in the space provided for comments below each item.
7. Decide on an answer for each question that best describes your ACT team, and then circle the number for that answer.

<sup>9</sup> Developed by the ACT Evaluation Project (MDCH/MPHI Systems Reform) funded by the Flinn Family Foundation for inclusion in this Field Guide to Assertive Community Treatment.



### WHAT TO DO WITH YOUR ANSWERS

Here are some steps to help you use your data.

For each of the sections within Agency Support:

1. Did you have more 1, 2, 3 or 4 ratings for this section? Remember, a score of 1 may be cause for concern while a score of 4 will indicate a strength.
2. Review the items rated “1”.
  - a. Ask “Why do you think we are scoring low on this item?” Talk about it as a group.
  - b. Ask “What can be done to improve in this area?” Talk about it as a group.
  - c. What kind of additional training or technical assistance is needed to improve in this area?
3. Review items rated “2” or “3”.
  - a. Do you have answers that are rated 2 or 3 that your team thinks it can improve on? If yes, then follow the steps beginning in 2a.
4. Review the items rated “4”. Congratulate yourselves!
  - a. What areas of strength does this reflect?
  - b. How can the team maintain these strengths and also work on areas that you want to improve?
5. Complete your Work Plan.
  - a. Pick one or more things you would like to improve and decide:
    - i. What specific activities you will do or change in order to improve?
    - ii. How long it will take to make the changes to improve your agency functioning in this area?
  - b. Write down each task and determine who will be responsible for completing each task. For each task you write down, put the date by which it will be accomplished.
  - c. Decide when you will review your progress: Weekly? Monthly? Quarterly? Write the date you will begin on your work plan. Enter the date into your team schedule.
6. Start working on the tasks in your work plan!

**Remember, improvement takes time and progress will be made with small doable steps. Don’t take on more than you can handle. You want to succeed!**

## Field Guide to Assertive Community Treatment

SECTION 2.1: COMMUNICATION	COMPLETELY DISAGREE	SOMEWHAT DISAGREE	SOMEWHAT AGREE	COMPLETELY AGREE
C1. ACT team members are adequately provided with laptops or communication devices to use in the field.	1	2	3	4
C2. ACT team members are adequately provided with cell phones or reimbursed for the business use of their personal cell phones.	1	2	3	4
C3. ACT teams are provided with a team 'on-call' phone.	1	1	1	1
C4. ACT team members are adequately provided with pagers or other means of communicating in areas of poor cell service.	1	2	3	4

## Field Guide to Assertive Community Treatment

SECTION 2.2: TRANSPORTATION	COMPLETELY DISAGREE	SOMEWHAT DISAGREE	SOMEWHAT AGREE	COMPLETELY AGREE
T1. Team members are provided with agency vehicles to conduct visits in the community.	1	2	3	4
T2. Team members are provided with agency vehicles to transport ACT consumers.	1	2	3	4
T3. Team members are reimbursed for vehicle expenses when they have to use their personal vehicles for ACT business.	1	2	3	4
T4. Team members are reimbursed for vehicle expenses resulting from transporting consumers (clean-up of spills, vomit, etc.).	1	2	3	4
T5. Team members are reimbursed for expenses in a timely manner by the agency.	1	2	3	4
T6. The agency provides insurance riders to cover use of personal vehicle for business use when agency vehicles are not provided.	1	2	3	4

## Field Guide to Assertive Community Treatment

SECTION 2.3: SAFETY	COMPLETELY DISAGREE	SOMEWHAT DISAGREE	SOMEWHAT AGREE	COMPLETELY AGREE
Saf1. Team members are trained in techniques and skills to keep themselves safe in the field.	1	2	3	4
Saf2. When the safety of a situation is of concern, team members conduct the contact in groups of two or more.	1	2	3	4
Saf3. Safety issues about specific consumers are discussed in team meetings as needed.	1	2	3	4
Saf4. When staff safety is a concern due to the consumer's housing (i.e., dangerous neighborhood, inaccessible location, dilapidated dwelling, infestations of rodents and/or insects), potential environmental changes are discussed with the consumer for possible changes to their IPOS.	1	2	3	4

## Field Guide to Assertive Community Treatment

SECTION 2.4: STAFFING	COMPLETELY DISAGREE	SOMEWHAT DISAGREE	SOMEWHAT AGREE	COMPLETELY AGREE
S1. Wages, benefits and other compensation to ACT team members is appropriate to the level of responsibility and demands of the position.	1	2	3	4
S2. Team members have adequate access to opportunities to participate in formal ACT training.	1	2	3	4
S3. Team members have adequate access to opportunities to participate in other training relevant to providing ACT services (motivational interviewing, etc).	1	2	3	4
S4. Agency dress code allows for team members to dress appropriately to provide services in vivo (in the community where the consumers live).	1	2	3	4
S5. Agency has process in place to fill open positions within 90 days.	1	2	3	4
S6. Temporary employees are brought in to meet required staffing ratio when a team member is on extended leave.	1	2	3	4

## Field Guide to Assertive Community Treatment

SECTION 2.5: LOCATION	COMPLETELY DISAGREE	SOMEWHAT DISAGREE	SOMEWHAT AGREE	COMPLETELY AGREE
L1. The ACT office is easily accessible to consumers.	1	2	3	4
L2. The ACT office is a convenient point of departure for seeing consumers in the community.	1	2	3	4
L3. ACT staff and consumers feel safe in the area where the ACT office is located.	1	2	3	4
L4. ACT team members have a common workspace; layout promotes communication.	1	2	3	4
L5. The ACT office is adequately furnished to accommodate all team members.	1	2	3	4
L6. The ACT office has adequate space for meeting with consumers.	1	2	3	4

## Field Guide to Assertive Community Treatment

SECTION 2.6: AGENCY POLICY	COMPLETELY DISAGREE	SOMEWHAT DISAGREE	SOMEWHAT AGREE	COMPLETELY AGREE
AP1. ACT consumers have access to other CMHSP services (e.g., Clubhouse, Supported Employment) when part of IPOS.	1	2	3	4
AP2. Adequate flexible funding (or well developed community resources and contacts) is available for direct assistance to consumers to support them in their recovery journey (i.e., haircuts, personal items, groceries, cleaning supplies, etc.).	1	2	3	4
AP3. Adequate flexible funding (or well developed community resources and contacts) is available for supporting in vivo activities with consumers in their recovery journey (i.e., taking them for coffee, bowling, etc.).	1	2	3	4
AP4. There is an efficient process in place to complete paperwork and forms.	1	2	3	4
AP5. All required paperwork and forms are necessary to document ACT services or to improve consumer outcomes.	1	2	3	4
AP6. Referrals to ACT from within the agency almost always meet eligibility criteria.	1	2	3	4

## Field Guide to Assertive Community Treatment

<b>SECTION 2.7: ORGANIZATIONAL ENVIRONMENT FOR BEST PRACTICE STANDARDS</b>	<b>COMPLETELY DISAGREE</b>	<b>SOMEWHAT DISAGREE</b>	<b>SOMEWHAT AGREE</b>	<b>COMPLETELY AGREE</b>
O1. The agency is committed to a clearly articulated philosophy consistent with the Michigan ACT model and each individual consumer's journey toward recovery.	1	2	3	4
O2. All new ACT team members complete MD CH approved training in the ACT model and the system of care and recovery (minimum two-day work-shop or equivalent) <i>within 6 months of hiring.</i>	1	2	3	4
O3. All ACT team members complete at least one MDHHS approved ACT training annually in providing ACT within a consumer based system of care focused on individual consumer's journeys toward recovery (at least one-day workshop or its equivalent).	1	2	3	4
O4. Agency administrators and agency staff referring consumers to ACT receive annual orientation to the basics of ACT that improves appropriateness of referrals.	1	2	3	4
O5. The quality of ACT services is monitored every 6 months and data are used to improve the program. (Monitoring involves a standardized approach, e.g. use of the Field Guide assessments, consumer feedback data, or another comprehensive set of process indicators)	1	2	3	4
O6. Consumer outcomes are monitored every 3 months and shared with the team members. (Monitoring involves a standardized approach to assessing a key outcome related to ACT e.g. psychiatric admissions, substance use treatment scale, or employment rate)	1	2	3	4
O7. Agency has incorporated ACT Field Guide into continuous quality improvement.	1	2	3	4



# PART 3:

## CONSIDERING CONSUMER FEEDBACK



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*June 2020*

## PART 3: CONSIDERING CONSUMER FEEDBACK

### INTRODUCTION

The Considering Consumer Feedback Assessment is designed to assess how ACT services support consumers as individuals in their journey toward recovery. Two surveys are included for consumers to; 1) rate their satisfaction with services and, 2) rate their current quality of life. Consumer feedback can be used by your team to improve both service delivery and consumer outcomes. The assessment is split into 3 sections:

- **Section 1: Consumer Satisfaction** – This section contains a survey to assess consumer satisfaction with ACT services.
- **Section 2: Quality of Life and Program Self-Assessment** – This section contains a survey to assess consumers' current quality of life and perceived support from the program team. This information provides a different perspective on what is happening from the consumer viewpoint separate from their satisfaction with services.
- **Section 3: Conducting a Discussion Group With Consumer** – This section details the step by step process of conducting a discussion group with your consumers around main issues that came to light from the satisfaction and quality of life surveys.

### SECTION 3.1: CONSUMER SATISFACTION SURVEY

The Consumer Satisfaction Survey<sup>10</sup> will help you determine how consumers view ACT services in support of their recovery. Your team can use this feedback to improve service delivery.

**Instructions:** Select a month to collect consumer satisfaction feedback. During that month distribute the Consumer Satisfaction Survey to all consumers on your caseload. **Do not put any identifying information on the surveys. It is very important that these surveys are confidential so consumers feel they can be completely honest in their responses. If consumers are unable to complete the survey independently, assign someone outside of your team to assist them.**

Engage your quality improvement staff in this process. Give consumers an envelope in which to return their survey that is stamped and addressed to your quality assurance officer. Have your quality improvement staff tally the results so no one on the ACT program team sees the surveys returned by the consumers.

When you receive the results, review all the items. Review items receiving the largest number of “Strongly Agree” or “Agree” responses and congratulate yourselves on doing well in those areas! Next, look at all items that received the largest number of responses of “Disagree” or “Strongly Disagree” and select one or two that you would like to work on. Schedule a discussion group with consumers (page 45) and have them talk about these lower rated items. Use the information from the discussion group to help you determine what you can do to improve consumer satisfaction.

- 1) Complete your Work Plan.
  - a) Pick one or two things your team would like to improve. Talk about it as a team and decide:
    - i) What specific activities your team will do or change in order to improve?
    - ii) What kind of additional training or technical assistance is needed to improve in identified areas?
    - iii) How long it will take to make the changes.
  - b) Write down who is responsible for each task. For each task you write down, put the date by which it will be accomplished.
  - c) Decide when you will look at how you are doing. Weekly? Monthly? Quarterly? Write the date you will begin on your work plan. Enter the date on your team schedule.

- 2) Start working on the tasks in your work plan!

**Remember, improvement takes time and progress will be made with small doable steps. Don't take on more than you can handle. You want to succeed!.**

<sup>10</sup> This survey is a shortened version of the Mental Health Statistics Improvement Program (MHSIP) Satisfaction Survey used by MDCH with mental health service providers across Michigan. Most ACT providers routinely used the full MHSIP for quality improvement and program monitoring. You may use the full version of the MHSIP if you choose.

## CONSUMER SATISFACTION SURVEY

In order to provide the best mental health services possible, we'd like to know what you think about the Assertive Community Treatment (ACT) team services you have received during the last **six** months, the people who provided these services to you, and the results that have been achieved. There are no right or wrong answers to the questions in this survey. Please indicate your agreement or disagreement with each of the following statements by filling in the circle that best represents your opinion. If a question does not apply to you, then fill in the "NA" circle for "not applicable." Your answers will remain strictly confidential.

Completed without assistance

Completed with assistance

Please circle the <u>one</u> choice that best describes how you feel.	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	N/A not applicable
1. I like the services that I received.	1	2	3	4	5	9
2. If I had other choices, I would still choose to get services from this agency.	1	2	3	4	5	9
3. I would recommend this agency to a friend or family member.	1	2	3	4	5	9
4. The location of services was convenient.	1	2	3	4	5	9
5. Staff were willing to see me as often as I felt it was necessary.	1	2	3	4	5	9
6. Staff returned my calls within 24 hours.	1	2	3	4	5	9
7. Services were available at times that were good for me.	1	2	3	4	5	9
8. I was able to get all the services I thought I needed.	1	2	3	4	5	9
9. I was able to see a psychiatrist when I wanted to.	1	2	3	4	5	9
10. Staff believe that I can grow, change and recover.	1	2	3	4	5	9
11. I felt comfortable asking questions about my treatment, services, and medication.	1	2	3	4	5	9
12. I felt free to complain.	1	2	3	4	5	9
13. I was given information about my rights.	1	2	3	4	5	9
14. Staff encouraged me to take responsibility for how I live my life.	1	2	3	4	5	9
15. Staff told me what side effects to watch for.	1	2	3	4	5	9

CONSUMER SATISFACTION SURVEY (CONTINUED)

Please circle the <u>one</u> choice that best describes how you feel.	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	N/A not applicable
16. Staff respected my wishes about who is and who is not to be given information about my treatment services.	1	2	3	4	5	9
17. I, not staff, decided my treatment goals.	1	2	3	4	5	9
18. Staff were sensitive to my cultural/ethnic background (e.g., race, religion, language, etc.).	1	2	3	4	5	9
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness or disability.	1	2	3	4	5	9
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	1	2	3	4	5	9
<b>As a direct result of the services I received:</b>						
21. I deal more effectively with daily problems.	1	2	3	4	5	9
22. I am better able to control my life.	1	2	3	4	5	9
23. I am better able to deal with crisis.	1	2	3	4	5	9
24. I am getting along better with my family.	1	2	3	4	5	9
25. I do better in social situations.	1	2	3	4	5	9
26. I do better in school and/or work.	1	2	3	4	5	9
27. My housing situation has improved.	1	2	3	4	5	9
28. My symptoms are not bothering me as much.	1	2	3	4	5	9

THANK YOU FOR COMPLETING THIS SURVEY.

### SECTION 3.2: QUALITY OF LIFE AND PROGRAM ASSESSMENT

Consumer feedback can be used by your team to improve both service delivery and service outcomes and identify additional ways you can support individual consumer's recovery journeys. The Quality of Life and Program Assessment<sup>11</sup> will help you determine how consumers view ACT services.

**Instructions:** Select a month to collect quality of life feedback. During that month distribute the Quality of Life and Program Assessment to all consumers on your caseload. **Do not put any identifying information on the surveys. It is very important that these surveys are confidential so consumers feel they can be completely honest in their responses.** If consumers are unable to complete the survey independently, assign someone outside of your team to assist them.

Engage your quality assurance officer in this process. Give consumers an envelope in which to return their survey that is stamped and addressed to your quality assurance officer. Have your quality assurance staff tally the results so no one on the ACT team sees the surveys returned by the consumers.

When you receive the results, review all the items. Congratulate yourselves on items that received the largest number of "Good", "Excellent", "Minimal", "None", or "Strongly Agree" responses! Next, look at items that received the largest number of responses of "Poor", "Fair", "Severe", "Moderate", or "Strongly Disagree." Review these items and select one or two that you would like to work on. Schedule a discussion group with consumers and have them talk about these items. Use the information from the discussion group to help you determine how you can help consumers' in their recovery journey.

- 1) Complete your Work Plan.
  - a) Pick one or two things your team would like to improve. Talk about it as a team and decide:
    - i) What specific activities your team will do or change in order to improve?
    - ii) What kind of additional training or technical assistance is needed to improve in identified areas?
    - iii) How long it will take to make the changes.
  - b) Write down who is responsible for each task. For each task you write down, put the date by which it will be accomplished.
  - c) Decide when you will look at how you are doing. Weekly? Monthly? Quarterly? Write the date you will begin on your work plan. Enter the date on your team schedule.
- 2) Start working on the tasks in your work plan!

**Remember, improvement takes time and progress will be made with small doable steps. Don't take on more than you can handle. You want to succeed!**

<sup>11</sup> This assessment adapted from the SAMHSA draft *Implementation Resource Kit for Assertive Community Treatment*, 2003.

## QUALITY OF LIFE AND PROGRAM ASSESSMENT

This survey asks you to tell us how things are going for you currently. It should take you about 5 minutes to complete. Your name will not be connected to these answers in any way. Please do not write your name on the survey.

There are no right or wrong answers. Please rate how things are going in different areas of your life. **For each statement below, please circle the one answer that best matches how you feel about your life.**

Overall, how would you rate:				
1. The place where you live (your housing)	Poor	Fair	Good	Excellent
2. The amount of money you have to buy what you need	Poor	Fair	Good	Excellent
3. Your involvement in work, employment	Poor	Fair	Good	Excellent
4. Your level of education	Poor	Fair	Good	Excellent
5. Your access to transportation to get around	Poor	Fair	Good	Excellent
6. Your social life	Poor	Fair	Good	Excellent
7. Your participation in community activities (leisure, sports, spiritual, volunteer work)	Poor	Fair	Good	Excellent
8. Your ability to have fun and relax	Poor	Fair	Good	Excellent
9. Your physical health	Poor	Fair	Good	Excellent
10. Your level of independence	Poor	Fair	Good	Excellent
11. Your ability to take care of yourself (staying healthy, eating right, avoiding danger)	Poor	Fair	Good	Excellent
12. Your self-esteem (how you feel about yourself)	Poor	Fair	Good	Excellent
13. The effect of alcohol & other drugs on your life	Severe	Moderate	Minimal	None
14. Your mental health symptoms	Severe	Moderate	Minimal	None
15. Your loneliness or boredom	Severe	Moderate	Minimal	None
16. Overall, how things are going in your life	Poor	Fair	Good	Excellent

**QUALITY OF LIFE AND PROGRAM ASSESSMENT (CONTINUED)**

To what extent do you agree with the following statements:				
17. Staff know me well enough to support me in my individual recovery journey	Strongly Disagree	Disagree	Agree	Strongly Agree
18. The program's services and staff help me to stay out of the hospital.	Strongly Disagree	Disagree	Agree	Strongly Agree
19. If I have an emergency at night or on the weekend, I am able to get help from the program.	Strongly Disagree	Disagree	Agree	Strongly Agree
20. I believe the staff have my best interest in mind.	Strongly Disagree	Disagree	Agree	Strongly Agree
21. The team or program's doctor listens to my concerns and values my opinion.	Strongly Disagree	Disagree	Agree	Strongly Agree
22. I am free to make choices in my recovery without fear of losing the help I get from the program.	Strongly Disagree	Disagree	Agree	Strongly Agree
23. Staff follow through on the promises they make.	Strongly Disagree	Disagree	Agree	Strongly Agree
24. The staff help to overcome the problems that go along with getting and keeping a job.	Strongly Disagree	Disagree	Agree	Strongly Agree
25. If I don't want the services the staff recommend, they will give me other choices.	Strongly Disagree	Disagree	Agree	Strongly Agree
26. The team or program's doctor tries to find the medications that work best for me.	Strongly Disagree	Disagree	Agree	Strongly Agree

## SECTION 3.3: CONDUCTING A CONSUMER RUN DISCUSSION GROUP

Valuable information can be gathered to improve your ACT team with Consumer Run Discussion Groups.

### PREPARING FOR THE CONSUMER RUN DISCUSSION GROUP

1. Identify two consumers who can facilitate the discussion group: one to lead the discussion and one to record what people say.
2. Invite the participants.
  - a. Invite at least twice as many consumers as you want to attend. Ideally discussion groups consist of 8-10 people. Be sure to invite consumers who are in different stages of recovery and that represent diverse populations.
  - b. Send out a brief invitation that explains the purpose of the discussion group and invite the individual for a specific time and place. (A sample invitation is included).
  - c. Ask people to set aside one and a half hours for the discussion group.
  - d. Ask for RSVPs.
  - e. Allow enough advance time so that others can be invited if too few people are able to attend.
  - f. Have the discussion group in a central place, but one that provides a certain amount of privacy. People need to be reassured that what is said in a discussion group is considered confidential and that they will not be quoted by name.
  - g. Schedule discussion groups at convenient times for consumers.
  - h. Provide snacks.
  - i. If you are able to, provide incentives such as stipends, gift certificates or gifts. Describe the incentive in the invitation letter.
3. Develop a set of 3-5 questions based on the responses to the Consumer Satisfaction Survey and the Quality of Life Self-Assessment or your consumer outcome data. When writing discussion group questions keep the following in mind:
  - a. The questions should help you to learn more about areas of concern.
  - b. Make sure the questions require an open-ended response. Do not use questions that can be answered with “yes” or “no”.
  - c. Make sure the questions are neutral and do not influence the answer.
  - d. Order the questions so that easier to answer questions are asked first and more difficult or more personal questions are asked later.
  - e. End the session with a question that leaves the group feeling positive.



### CONDUCTING CONSUMER RUN DISCUSSION GROUPS

1. The discussion group should be facilitated by a team consisting of:
  - a. An impartial **moderator** who will ask the questions and keep the group on track; and
  - b. A **recorder** responsible for writing down participant comments.

**Comments should be recorded in participants' own words whenever possible.**
2. A member of your ACT team should be there to welcome the group and make sure that everything is ready for the discussion group. Because it is vital that consumers be honest in their discussion of ACT, **no member of the ACT team should be in the room during the discussion.**
3. Make sure the moderator understands the discussion group objectives. The quality of the information you get depends on how effectively the moderator asks the questions and how well s/he keeps the discussion targeted on your objectives.
4. Have a list of ground rules for the group and seek agreement on the ground rules at the beginning of the session. (e.g., only one person talks at a time, show respect for each other)
5. Review expectations, confidentiality and consent to participate. (Your agency may require you to use a consent form. A sample consent form is included.)
6. Try to ensure that everyone participates:
  - a. Use name tags so participants can be addressed by name.
  - b. Address non-threatening questions to individuals who are reluctant to talk. (e.g., “John, do you have anything to add?”)
7. Ask clarifying questions if you're not sure of the meaning of the response.
8. In order to encourage people to talk:
  - a. Repeat the question.
  - b. Don't let periods of silence make you uncomfortable. If you are patient, participants will usually break the silence and add additional information.
  - c. Use neutral comments - “anything else”?

### WHAT TO DO WITH THE INFORMATION GATHERED FROM CONSUMER RUN DISCUSSION GROUPS

1. Make a written summary of the discussion group.
2. Look for themes, new questions, and conclusions.
3. When feasible, share the results with the participants. Reporting back reassures people that they were heard and that their views were taken seriously.
4. Use what you have learned to do a better job of meeting consumer needs.

## Field Guide to Assertive Community Treatment

### SAMPLE INVITATION FORM

#### <TITLE OF DISCUSSION GROUP>

You are invited to take part in a discussion group about how well ACT services are supporting you in your recovery. The discussion will focus on <topic>. We are holding the discussion groups to learn more about your <topic> experiences. We will use what you tell us to <make policy suggestions about \_\_\_\_, make changes in services for \_\_\_\_, etc.>.

We expect that the discussion group will last about one and one half hours. During this time you will be asked to talk about the following questions:

- <Question 1>
- <Question 2>
- <Question 3>

The things you talk about will be confidential. No ACT team member will be present during the discussion. Your name will not be connected to your answers in any way.

Two discussion groups will be held in your area (please choose one):

Date:

Place:

Time: 2:30 p.m. – 4:00 p.m.  
6:30 p.m. – 8:00 p.m.

You will receive <incentive> if you attend the discussion group. Snacks will be provided.

If you plan to attend, please fill out the attached form and return it to:

<your agency and address>

If you have any questions please call <your name and phone number>.

**We look forward to seeing you!**

## Field Guide to Assertive Community Treatment

### SAMPLE CONSENT FORM

#### DISCUSSION GROUP CONSENT FORM

<Description of the purpose of the discussion group.>

We are holding discussion groups in <your location> to learn more about how well ACT services support you in your recovery and to learn more about <Discussion group topic>. Information we gather from the discussion group will be used to <state how you will use the information>.

The discussion group will last about one and one half hours. During this time you will be asked to talk about the following questions:

- <Question 1>
- <Question 2>
- <Question 3>

Things you talk about will be written down. No ACT team member will be present during the discussion. Your name will not be connected to your answers in any way when discussion group information is summarized.

Participation is completely voluntary. You do not have to talk about any topic you do not wish to and you can stop at any time. For your participation, you will receive <describe incentive for participation here>.

I voluntarily agree to participate in this discussion group and have received a copy of this consent form.

---

Name

---

Date

If you have any questions please call <your name and phone number>.

# PART 4:

## MEASURING CONSUMER OUTCOMES



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*June 2020*

## PART 4: MEASURING CONSUMER OUTCOMES

### INTRODUCTION

Mental health recovery is a non-linear process in which consumers continually make gains, suffering occasional setbacks along the way, and gain valuable knowledge from their experiences as they continue to recover.<sup>12</sup> Using quantifiable outcome measures to evaluate and track consumer gains indicates program success and provides critical feedback for effective implementation of the ACT model.

The Field Guide to ACT provides step-by-step guidance for measuring and monitoring consumer outcomes as part of routine clinical practice.

While outcomes for each ACT consumer will be specific to that person, there are outcomes that most persons with severe mental illness hope to achieve.

These outcomes are:

- To live independently in a place called home;
- To gain an education, whether for career enhancement or personal growth;
- To have a job that enhances income, provides a means to make a contribution, and enables recognition;
- To have meaningful relationships; and
- To avoid the spirit-breaking experiences of hospitalization, incarceration, or substance use.

Reviewing how your program team's consumers are doing on each of these outcomes will help you to target your efforts to create an effective program. By documenting the achievements of the consumers, you also will be able to demonstrate your team program's effectiveness and strengths.

Seven outcome indicators are defined and instructions on how to calculate each are provided. While there are no standards for performance for these outcomes indicators, suggestions about what to look for have been provided.<sup>13</sup> Steps are provided for finding the information you will need, calculating the indicator score, and interpreting the score.

It is important to remember that these outcome indicators should be about the consumers served by **your ACT program team**. Agencies with more than one ACT team should look at these outcome indicators for each team. **Do not combine** information across teams.

<sup>12</sup> Substance Abuse & Mental Health Services Administration (SAMHSA) *Consensus Statement on Mental Health Recovery*. Released February 16, 2006. <http://www.samhsa.gov>

<sup>13</sup> This assessment is adapted from the SAMHSA draft *Implementation Resource Kit for Assertive Community Treatment*, 2003, <https://store.samhsa.gov/shin/content/SMA08-4345/EvaluatingYourProgram-ACT.pdf>

### GETTING STARTED

- Step 1. Pick a specific date as your reference point for your review of consumer outcomes, e.g., June 1st. You will be looking at how consumers who were on your caseload on that date are doing with these outcomes.
- Step 2. Gather specific information that is described for each indicator.
- Step 3. Calculate the indicator using the instructions.
- Step 4. Look at the indicators as a team:
- Talk about why you think the consumers on your caseload have these outcomes;
  - Identify any outcomes where your team would like to see change for the consumers on your caseload; and
  - Talk about things you could do to help the consumers on your caseload achieve the changes you would like to see.
- Step 5. Complete your Work Plan.
- a) Pick one or two things your team would like to improve and decide:
    - i) What specific activities your team, administration, finance and/or quality assurance staff will do or change in order to improve.
    - ii) How long will it take to make the changes?
  - b) Write down who is responsible for each task. For each task you write down, put the date by which it will be accomplished.
  - c) Decide when you will look at how you are doing. Weekly? Monthly? Quarterly? Write the date you will begin in your work plan. Enter the date on your team schedule.

**Remember, improvement takes time and progress will be made with small doable steps. Don't take on more than you can handle. You want to succeed!**

## INDICATOR 1. TO LIVE INDEPENDENTLY IN A PLACE CALLED HOME

**Measure:** The percentage of consumers on the ACT team caseload living in residences they own or rent/lease. Consumers who live with a spouse/life partner are considered to “own or rent/lease their residence” if the residence is owned or rented/leased by them or their spouse/life partner.

This measure was devised to capture consumers who are at the point in their recovery journey that they achieve the independence of negotiating the process of obtaining a home dwelling that is their own within their own community. The path toward independence includes the activities such as handling the responsibilities of a lease or mortgage, paying rent and other bills, doing housework, grocery shopping, etc. While not all consumers may feasibly obtain this due to eldercare or physical handicap, independence should be a recovery goal of nearly all consumers.

### Step 1 – Decide on a date

The date for this review is \_\_\_\_\_  
Date

Use this date in Step 2.

### Step 2 – Gather information

A. On \_\_\_\_\_ the total number of consumers on the team caseload was \_\_\_\_\_  
date number

B. On \_\_\_\_\_ the number of ACT consumers who own or rent/lease their residence was \_\_\_\_\_  
date number

### Step 3 – Calculate

Divide the number of consumers on the team caseload living in residences they own or rent/lease by the total number of consumers on the team caseload for the selected date. Multiply the answer by 100.

÷	B. Number of ACT consumers who own or rent/lease their residence
	_____
	A. Total number of consumers on caseload
=	_____
x	100
=	_____ %

## Field Guide to Assertive Community Treatment

### Step 4 – What to do with your answer

Now that you know the percentage of consumers on the ACT team caseload living in residences they own or lease, what's next? Here are some steps to follow to use your results.

- 1) Are **75% or more** of the consumers on your caseload living in homes of their own? If yes,
  - a) What areas of strength does this reflect for your team? What are you doing that is successful in assisting consumers to obtain or maintain independent housing?
  - b) How can your team maintain these strengths and continue to improve in the area of housing?
  - c) What kind of additional training or technical assistance is needed to continue to improve this area?
- 2) Are **50% to 74%** of consumers on your caseload living in homes of their own? If yes,
  - a) Talk about why you think the consumers on your caseload have these outcomes.
  - b) Identify changes you would like to achieve for the consumers on your caseload.
  - c) Talk about things you could do to help the consumers on your caseload achieve these changes.
  - d) What kind of additional training or technical assistance is needed to achieve these changes?
- 3) Are **less than 50%** of consumers on your caseload living in homes of their own? If yes,
  - a) Talk about the barriers to independent living for your consumers. Are the barriers within your community, agency or team? Are the barriers related to specific consumer characteristics?
  - b) Identify which barriers you would like to address.
  - c) Talk about things you could do to overcome these barriers.
  - d) What kind of additional training or technical assistance is needed to overcome identified barriers?

**Step 5 – Complete your Work Plan** if you fall within the percentages on steps 2 and 3 listed above.



## INDICATOR 2. TO GAIN AN EDUCATION, WHETHER FOR CAREER ENHANCEMENT OR PERSONAL GROWTH

**Measure:** The percentage of consumers on the ACT team caseload who are actively participating in education or personal growth activities as identified in their Individual Plan of Service (IPOS). Personal growth activities can include but is not limited to: socialization, interviewing skills, physical health, or other activities outside of formal education; skills improvement such as vocational training, computer classes, culinary classes or pottery/art classes are considered formal education.

This measure was devised to capture consumers who are at the point in their recovery journey that they are actively working on their mental health recovery goals. While not all consumers will engage in formal education, all consumers have informal educational and personal growth goals within their IPOS.

### Step 1 – Decide on a date

The date for this review is \_\_\_\_\_  
Date

Use this date in Step 2.

### Step 2 – Gather information

A. On \_\_\_\_\_ the total number of consumers on the team case load with education or personal growth  
date activities identified in their IPOS was \_\_\_\_\_  
number

B. On \_\_\_\_\_ the number of ACT consumers who were actively participating in  
date education or personal growth activities identified in their IPOS was \_\_\_\_\_  
number

### Step 3 – Calculate

Divide the number of ACT consumers who were actively participating in education or personal growth activities as identified in their IPOS by the total number of consumers on the team caseload with education or personal growth activities identified in their IPOS for the selected date. Multiply the answer by 100.

÷	B. Number of ACT consumers who were actively participating in education or personal growth activities as identified in their IPOS
	_____
	A. Total number of consumers on the team caseload with education or personal growth activities identified in their IPOS
=	_____
x	100
=	_____ %

## Field Guide to Assertive Community Treatment

### Step 4 – What to do with your answer

Now that you know the percentage of consumers on the ACT team caseload who have education goals in their person-centered plan and actively participate in educational activities, what's next? Here are some steps to follow to use your results.

- 1) Do **75% or more** of the consumers on your caseload who have education goals in their person-centered plan actively participate in educational or personal growth activities? If yes,
  - a) What areas of strength does this reflect for your team? What are you doing that is successful in assisting consumers to obtain or maintain independent housing?
  - b) How can your team maintain these strengths and continue to improve in the area of housing?
  - c) What kind of additional training or technical assistance is needed to continue to improve this area?
- 2) Do **50% to 74%** of consumers on your caseload with education goals in their person-centered plan actively participate in educational or personal growth activities? If yes,
  - a) Talk about why you think the consumers on your caseload have these outcomes.
  - b) Identify changes you would like to achieve for the consumers on your caseload.
  - c) Talk about things you could do to help the consumers on your caseload achieve these changes.
  - d) What kind of additional training or technical assistance is needed to achieve these changes?
- 3) Do **less than 50%** of consumers on your caseload with education goals in their person-centered plan actively participate in educational or personal growth activities? If yes,
  - a) Talk about the barriers to independent living for your consumers. Are the barriers within your community, agency or team? Are the barriers related to specific consumer characteristics?
  - b) Identify which barriers you would like to address.
  - c) Talk about things you could do to overcome these barriers.
  - d) What kind of additional training or technical assistance is needed to overcome identified barriers?

**Step 5 – Complete your Work Plan** if you fall within the percentages on steps 2 and 3 listed above.

### INDICATOR 3. TO HAVE A JOB THAT ENHANCES INCOME, PROVIDES A MEANS TO MAKE A CONTRIBUTION, AND ENABLES RECOGNITION, OR TO PARTICIPATE IN A REGULARLY SCHEDULED VOLUNTEER POSITION THAT PROVIDES A MEANS TO MAKE A CONTRIBUTION AND ENABLES RECOGNITION

*This measure was devised to capture data about ACT consumers who are at the point in their recovery journey that they actively engage in their community through employment or volunteer positions. Employment provides consumers with monetary benefit in addition to the socialization and emotional benefits of being an active part of their community. Regularly scheduled volunteer positions provide consumers with positive community engagement benefits such as feeling and being needed, having a purpose, having a structured schedule that you must adhere to and negotiating that schedule on a weekly or daily basis, and the positive emotions tied to being involved in their community and socially interacting with others. Sometimes consumers prefer to volunteer due to fear of losing benefits; to assist consumers with this, benefit assistance, such as Ticket to Work (SSA) may be options to safe transitions.*

**Consumers may only be counted in one area.** If a consumer is both competitively employed and participates in a regularly scheduled volunteer position, choose the area in which the consumer logs the most hours.

**Measure:** The proportion of consumers on the team's caseload who are competitively employed. Competitively employed is defined: (1) as having work for any amount of time, (i.e. any amount of hours) (2) for at least four weeks in a row, (3) for at least minimum wage, (4) during the three months proceeding the review date.

#### Step 1 – Decide on a date

The date for this review is \_\_\_\_\_  
Date

Use this date in Step 2.

#### Step 2 – Gather information

A. On \_\_\_\_\_ the total number of consumers on the team caseload was \_\_\_\_\_  
date number

B. On \_\_\_\_\_ the number of ACT consumers competitively employed was \_\_\_\_\_  
date number

#### Step 3 – Calculate

Divide the number of consumers on the ACT team caseload who were competitively employed by the total number of consumers on the team caseload. Multiply the answer by 100.

÷	B. Number of ACT consumers competitively employed
	_____
	A. Total number of consumers on caseload
=	_____
x	100
=	_____ %

## Field Guide to Assertive Community Treatment

**Measure:** The proportion of consumers on the team's caseload who have a regularly scheduled volunteer position. A regularly scheduled volunteer position is defined: (1) as having volunteered for any amount of time, (i.e. any amount of hours) (2) for at least four weeks in a row, (3) during the three months preceding the review date.

### Step 2 – Gather information

A. On \_\_\_\_\_ the total number of consumers on the team caseload was \_\_\_\_\_  
date number

B. On \_\_\_\_\_ the number of ACT consumers with a regularly  
date scheduled volunteer position was \_\_\_\_\_  
number

### Step 3 – Calculate

Divide the number of consumers on the ACT team caseload who were competitively employed by the total number of consumers on the team caseload. Multiply the answer by 100.

÷	B. Number of ACT consumers with a regularly scheduled volunteer position
	_____
	A. Total number of consumers on caseload
=	_____
x	100
=	_____ %

**Step 4 – Add the percentage of consumers who were competitively employed to the percentage of consumers with regularly scheduled volunteer positions to determine the total percentage.**

	The percentage of consumers who were competitively employed
+	The percentage of consumers with regularly scheduled volunteer positions
	_____
=	<b>Total percentage of consumers employed or volunteering</b>

## Field Guide to Assertive Community Treatment

### Step 5 – What to do with your answer

Now that you know the percentage of consumers on the ACT team caseload who were competitively employed or in regular volunteer positions, what's next? Here are some steps to follow to use your results.

- 1) Were **51% or more** of the consumers on your caseload competitively employed or engaged in regular volunteer positions? If yes,
  - a) What areas of strength does this reflect for your team? What are you doing that is successful in assisting consumers to obtain competitive employment or volunteer opportunities?
  - b) How can your team maintain these strengths and continue to improve your efforts around employment or volunteering outcomes for consumers?
  - c) What kind of additional training or technical assistance is needed to continue to improve this area?
- 2) Were **25% to 50%** of consumers on your caseload competitively employed or engaged in regular volunteer positions? If yes,
  - a) Talk about why you think the consumers on your caseload have these outcomes.
  - b) Identify changes you would like to achieve for the consumers on your caseload.
  - c) Talk about things you could do to help the consumers on your caseload achieve these changes.
  - d) What kind of additional training or technical assistance is needed to achieve these changes?
- 3) Were **less than 25%** of consumers on your caseload competitively employed or engaged in regular volunteer positions? If yes,
  - a) Talk about the barriers to employment or volunteer opportunities. Are the barriers within your community, agency or team? Are the barriers related to specific consumer characteristics?
  - b) Identify which barriers you would like to address.
  - c) Talk about things you could do to overcome these barriers.
  - d) What kind of additional training or technical assistance is needed to overcome identified barriers?

**Step 6 – Complete your Work Plan** if you fall within the percentages on steps 2 and 3 listed above.

## INDICATOR 4. TO HAVE MEANINGFUL RELATIONSHIPS

**Measure:** The percentage of consumers who experience increased activities with family, friends, neighbors, or social groups. Strengthening of social networks and community participation are integral to providing holistic mental health recovery.

*This measure was devised to capture data about consumer who are at the point in their recovery journey that they are actively engaging within their community and receiving the positive emotional feedback of improved socialization and involvement in community activities. Proxies representing meaningful relationships from the Consumer Quality of Life Survey (from Part 3) are used as the determinants.*

### Step 1 – Decide on a date

The date for this review is \_\_\_\_\_  
Date

Use this date in Step 2.

### Step 2 – Gather information

Use the data collected from items 6, 7, and 15 from the Consumer Quality of Life Survey in Part 3.

### Step 3 – Calculate

For each question, count the total number of consumers on the team caseload who answered “good” or “excellent” for items 6 or 7 and “minimal” or “none” for item 15. Divide by the total number of consumers who completed the survey. Multiply the number by 100.

Item 6: Your Social Life	
Number who answered “good” or “excellent” =	_____
	$\frac{\text{Number of consumers on caseload who answered “good” or “excellent”}}{\text{Total number of consumers who completed survey}}$
÷	_____
=	_____
x	100
=	_____ %

**Item 7: Your Participation In Community Activities**

$$\begin{aligned} \text{Number who answered "good" or "excellent"} &= \underline{\hspace{2cm}} \\ &\frac{\text{Number of consumers on caseload who answered "good" or "excellent"}}{\text{Total number of consumers who completed survey}} \\ \div & \\ = & \underline{\hspace{2cm}} \\ \times & 100 \\ = & \underline{\hspace{1cm}}\% \end{aligned}$$

**Item 15: Your Loneliness or Boredom**

$$\begin{aligned} \text{Number who answered "good" or "excellent"} &= \underline{\hspace{2cm}} \\ &\frac{\text{Number of consumers on caseload who answered "good" or "excellent"}}{\text{Total number of consumers who completed survey}} \\ \div & \\ = & \underline{\hspace{2cm}} \\ \times & 100 \\ = & \underline{\hspace{1cm}}\% \end{aligned}$$

## Field Guide to Assertive Community Treatment

### Step 4 – What to do with your answer

Now that you know the percentage of consumers on the ACT team caseload who have education goals in their person-centered plan and actively participate in educational activities, what's next? Here are some steps to follow to use your results.

1) Do **70% or more** of the consumers rate:

- Their social life as “good” or “excellent”
- Their participation in community activities as “good” or “excellent”
- Their loneliness and boredom as “minimal” or “none”

a) What areas of strength does this reflect for your team? What are you doing that is successful in assisting consumers to improve their relationships?

b) How can your team maintain these strengths and continue to improve your efforts around relationships for consumers?

c) What kind of additional training or technical assistance is needed to continue to improve this area?

2) Do **40% to 69%** of the consumers rate:

- Their social life as “good” or “excellent”
- Their participation in community activities as “good” or “excellent”
- Their loneliness and boredom as “minimal” or “none”

a) Talk about why you think the consumers on your caseload have these outcomes.

b) Identify changes you would like to achieve for the consumers on your caseload.

c) Talk about things you could do to help the consumers on your caseload achieve these changes.

d) What kind of additional training or technical assistance is needed to achieve these changes?

3) Do **less than 40%** of the consumers rate:

- Their social life as “good” or “excellent”
- Their participation in community activities as “good” or “excellent”
- Their loneliness and boredom as “minimal” or “none”

a) Talk about the barriers consumers face in developing meaningful social relationships. Are the barriers within your community, agency or team? Are the barriers related to specific consumer characteristics?

b) Identify which barriers you would like to address.

c) Talk about things you could do to overcome these barriers.

d) What kind of additional training or technical assistance is needed to overcome identified barriers?

**Step 5 – Complete your Work Plan** if you fall within the percentages on steps 2 and 3 listed above.



## INDICATOR 5. TO REDUCE THE USE OF MORE RESTRICTIVE SETTINGS (HOSPITAL OR ANOTHER SUPERVISED SETTING)

**Measure:** The percentage of consumers on the team caseload who were hospitalized or in another supervised setting for psychiatric reasons in the last year. Do not count the use of crisis stabilization housing unless it was in psychiatric hospital or psychiatric bed in a general hospital. Only count consumers who entered the hospital after receiving ACT services.

*This measure was devised to capture data about consumers who are at the point in their recovery journey that they are able to manage their mental health recovery and not require intensive in-patient care to stabilize their condition.*

### Step 1 – Decide on a date

The date for this review is \_\_\_\_\_  
Date

Use this date in Step 2.

### Step 2 – Gather information

A. On \_\_\_\_\_ the total number of consumers on the team  
date caseload in the last year was \_\_\_\_\_  
number

B. On \_\_\_\_\_ the **unduplicated** number of ACT consumers who were hospitalized or  
date in another supervised setting for psychiatric reasons in the last year was \_\_\_\_\_  
number

### Step 3 – Calculate

Divide the number of consumers on the ACT team caseload who were hospitalized or in other supervised setting for psychiatric reasons in the last year by the total number of consumers on the team caseload. Multiply the answer by 100.

÷	B. Unduplicated number of ACT consumers hospitalized or in another supervised setting in the last year
	_____
	A. Total number of consumers on caseload
=	_____
x	100
=	_____ %

## Field Guide to Assertive Community Treatment

### Step 4 – What to do with your answer

Now that you know the percentage of consumers on the ACT team caseload who were hospitalized or in other supervised setting, what's next? Here are some steps to follow to use your results.

- 1) Were **less than 15%** of the consumers on your caseload hospitalized or in other supervised setting?  
If yes,
  - a) What areas of strength does this reflect for your team? What are you doing that is successful in assisting consumers to not need restrictive settings?
  - b) How can your team maintain these strengths and continue to improve your efforts around reducing use of restrictive settings for consumers?
  - c) What kind of additional training or technical assistance is needed to continue to improve this area?
- 2) Were **15% to 35%** of consumers on your caseload hospitalized or in other supervised setting? If yes,
  - a) Talk about why you think the consumers on your caseload have these outcomes.
  - b) Identify changes you would like to achieve for the consumers on your caseload.
  - c) Talk about things you could do to help the consumers on your caseload achieve these changes.
  - d) What kind of additional training or technical assistance is needed to achieve these changes?
- 3) Were **more than 35%** of consumers on your caseload were hospitalized or in other supervised setting?  
If yes,
  - a) Talk about the reasons consumers were in restrictive settings. Are there issues within your community, agency or team that result in consumers using restrictive settings? Are the issues related to specific consumer characteristics?
  - b) Identify changes you would like to achieve to reduce use of restrictive settings.
  - c) Talk about things you could do to help the consumers on your caseload avoid use of restrictive settings.
  - d) What kind of additional training or technical assistance is needed to address identified issues?

**Step 5 – Complete your Work Plan** if you fall within the percentages on steps 2 and 3 listed above.

## INDICATOR 6. TO AVOID INCARCERATION

**Measure:** The percentage of people who were incarcerated the previous year. A consumer is considered to have been incarcerated if he or she is housed one or more nights in a jail or prison. Only count consumers who were incarcerated after receiving ACT services.

*This measure was devised to capture data about consumers who are at the point in their recovery journey that they are able to manage their mental health recovery effectively and not negatively engaging with the legal system, this is an indicator of current or imminent destabilization of their condition.*

### Step 1 – Decide on a date

The date for this review is \_\_\_\_\_  
Date

Use this date in Step 2.

### Step 2 – Gather information

A. On \_\_\_\_\_ the total number of consumers on the team  
date caseload in the last year was \_\_\_\_\_  
number

B. On \_\_\_\_\_ the **unduplicated** number of ACT consumers who spent one  
date or more nights incarcerated during the last year was \_\_\_\_\_  
number

### Step 3 – Calculate

Divide the number of consumers on the team caseload living in residences they own or rent/lease by the total number of consumers on the team caseload for the selected date. Multiply the answer by 100.

÷	B. Number of ACT consumers who own or rent/lease their residence
	_____
	A. Total number of consumers on caseload
=	_____
x	100
=	_____ %

## Field Guide to Assertive Community Treatment

### Step 4 – What to do with your answer

Now that you know the percentage of consumers on the ACT team caseload who were hospitalized or in other supervised setting, what's next? Here are some steps to follow to use your results.

- 1) Were **less than 5%** of the consumers on your caseload incarcerated for any time in the last year? If yes,
  - a) What areas of strength does this reflect for your team? What are you doing that is successful in assisting consumers to avoid incarceration?
  - b) How can your team maintain these strengths and continue to improve your efforts around reducing incarceration for consumers?
  - c) What kind of additional training or technical assistance is needed to continue to improve this area?
- 2) Were **5% to 15%** of consumers on your caseload incarcerated at some time in the last year? If yes,
  - a) Talk about why you think the consumers on your caseload are being incarcerated.
  - b) Identify changes you would like to achieve for the consumers on your caseload to prevent incarceration.
  - c) Talk about things you could do to help the consumers on your caseload achieve these changes.
  - d) What kind of additional training or technical assistance is needed to achieve these changes?
- 3) Were **more than 15%** of consumers on your caseload incarcerated for some time in the last year? If yes,
  - a) Talk about the reasons consumers were incarcerated. Are there issues within your community, agency or team that result in consumers being incarcerated? Are the issues related to specific consumer characteristics?
  - b) Identify changes you would like to achieve to reduce incarcerations.
  - c) Talk about things you could do to help the consumers on your caseload avoid incarceration.
  - d) What kind of additional training or technical assistance is needed to address identified issues?

**Step 5 – Complete your Work Plan** if you fall within the percentages on steps 2 and 3 listed above.

## INDICATOR 7. TO AVOID THE NEGATIVE EFFECTS OF ALCOHOL OR OTHER DRUGS

**Measure:** The percentage of consumers on the team caseload who were **diagnosed** with substance use disorders and were **actively engaged** (Action or Maintenance stage) in substance use disorder treatment in the previous year. Substance use disorder treatment includes; 1) formal treatment, 2) self-help (e.g., AA, NA, Dual Diagnosis group); for those in substance use recovery and as an adjunct to formal treatment for consumers in other stages, 3) services provided by the ACT team and counseling provided by a Certified Addiction Counselor or similar professional, in accordance with the Individual Plan of Service.

*This measure was devised to capture consumers who are at the point in their mental health and substance use recovery journeys that they are able to actively engage in and sustain progress in their treatment, consumers previously diagnosed and in remission (not currently addressed in IPOS are not included in the count.*

### Step 1 – Decide on a date

The date for this review is \_\_\_\_\_  
Date

Use this date in Step 2.

### Step 2 – Gather information

A. On \_\_\_\_\_ the total number of consumers on the team caseload who  
date were **diagnosed** with a substance use disorder was \_\_\_\_\_  
number

B. On \_\_\_\_\_ the number of ACT consumers who were **actively engaged** (Action or Maintenance stage)  
date in substance use disorder treatment during the previous year was \_\_\_\_\_  
number

### Step 3 – Calculate

Divide the number of consumers on the ACT team caseload who were actively engaged (Action or Maintenance stage) in substance use disorder treatment during the year by the total number of ACT consumers diagnosed with a substance use disorder in the previous year. Multiply the answer by 100.

÷	B. Number of ACT consumers actively engaged (Action or Maintenance stage) in substance use disorder treatment in the previous year
	_____
	A. Total number of consumers on caseload diagnosed with substance use disorder
=	_____
x	100
=	_____ %

## Field Guide to Assertive Community Treatment

### Step 4 – What to do with your answer

Now that you know the percentage of consumers on the team caseload who were diagnosed with substance use disorders and actively engaged in substance use disorder treatment, what's next? Here are some steps to follow to use your results.

- 1) Did **75% or more** of the consumers on your caseload answer who were diagnosed with substance use disorder actively participate in substance disorder treatment? If yes,
  - a) What areas of strength does this reflect for your team? What are you doing that is successful in assisting consumers to avoid substance use?
  - b) How can your team maintain these strengths and continue to improve your efforts around substance use for consumers?
  - c) What kind of additional training or technical assistance is needed to continue to improve this area?
- 2) Did **50%-74%** of consumers on your caseload who were diagnosed with substance use disorder actively participate in substance use disorder treatment? If yes,
  - a) Talk about why you think the consumers on your caseload have these outcomes.
  - b) Identify changes you would like to achieve for the consumers on your caseload.
  - c) Talk about things you could do to help the consumers on your caseload achieve these changes.
  - d) What kind of additional training or technical assistance is needed to achieve identified changes?
- 3) Did **less than 50%** of consumers on your caseload who were diagnosed with substance use disorder actively participate in substance use disorder treatment? If yes,
  - a) Talk about the barriers consumers face when trying to reduce the impact of alcohol or other drugs on their lives.
    - Are the barriers within your community, agency or team?
    - Are the barriers related to specific consumer characteristics?
  - b) Talk about the barriers consumers face when trying to access and engage in substance use disorder treatment.
    - Are the barriers within the community, agency or team?
    - Are the barriers related to specific consumer characteristics?
  - c) Identify which barriers you would like to address.
  - d) Talk about things you could do to overcome these barriers.
  - e) What kind of additional training or technical assistance is needed to overcome identified barriers?

**Step 5 – Complete your Work Plan** if you fall within the percentages on steps 2 and 3 listed above.

## Field Guide to Assertive Community Treatment

### WORK PLAN

Names and Roles/Position of Participants:


Number of consumers served by the team currently \_\_\_\_\_, served in past six months \_\_\_\_\_, admitted to ACT in past six months \_\_\_\_\_.

Sources of information for determining work plan:

Area for Change	Specific Actions/Tasks to be completed	Training/TA or Other Assistance Needed	Who is Responsible	Date for Completion
<b>Part</b>				
<b>Section</b>				
<b>Number (item)</b>				
<b>Current ACT Team Score</b>				

Beginning \_\_\_\_/\_\_\_\_/\_\_\_\_ this Work Plan will be reviewed (circle one) weekly/monthly/quarterly at \_\_\_\_\_  
(example team meeting, staff retreat, etc.)

## Field Guide to Assertive Community Treatment

### WORK PLAN

Names and Roles/Position of Participants:


Number of consumers served by the team currently \_\_\_\_\_, served in past six months \_\_\_\_\_, admitted to ACT in past six months \_\_\_\_\_.

Sources of information for determining work plan:

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