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Fidelity of New York State Assertive Community Treatment Programs

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Executive Summary

This document is the first of two reports on the current degree of implementation (i.e., fidelity) of the Assertive Community Treatment (ACT) teams in the state of New York. This report includes the ratings for each of the teams on ACT fidelity. We make comparisons among the NY teams and between NY teams and other teams in Illinois and on the East Coast. We also describe level of implementation in more detail for staffing items that include: staff to client ratio, number of full-time equivalents (FTEs), vacancy status for team positions, and hours of coverage for the team.

Program directors and staff from 27 ACT programs in NY were interviewed using the Dartmouth Assertive Community Treatment Scale (DACTS) and supplemental items. DACTS items are divided into 3 subscales: Human Resources, Organizational Boundaries, and Nature of Services. Scores range from 1 = not implemented to 5 = fully implemented. We use both absolute criteria (DACTS scores) and normative criteria (scores in relation to other programs) to evaluate fidelity to ACT.

Using absolute criteria of 4.5 on the DACTS (i.e., 90% implementation), 11% of the teams had high fidelity overall, 7% on Human Resources, 37% on Organizational Boundaries, and 4% on Nature of Services. Using criteria of 4.0 (i.e., 80% implementation and the average score of comparison ACT programs), 26% of the teams met or exceeded 4.0 on overall fidelity, 33% on Human Resources, 81% on Organizational Boundaries, and 41% on Nature of Services. The majority of programs were between 3.5 and 4.0 on fidelity: 59% on overall fidelity, 33% on Human Resources, 11% on Organizational Boundaries, and 19% on Nature of Services. However, several programs had average scores of less than 3.5, what we would consider serious departures from the ACT model: 15% of programs scored below

3.5 on overall fidelity, 33% on Human Resources, 4% on Organizational Boundaries, and 37% on Nature of Services.

Using normative criteria, NY programs were slightly lower in fidelity on average than the two comparison samples. NY programs were similar to East Coast programs on Organizational Boundaries and Nature of Services, but were substantially lower on Human Resources. NY exceeded Illinois on Human Resources. NY and East Coast programs both had lower implementation than Illinois regarding Organizational Boundaries and Nature of Services.

Although improvement efforts can be made for any of the items, a few items were low by both absolute and relative criteria: staff capacity and continuity, responsibility for hospital discharge planning, and frequency of contact. These items may be priority for improvement efforts. Several other items were low on absolute criteria, but were not substantially different from comparison samples: *substance abuse specialist, vocational specialist, program size, dual-disorder treatment groups, dual-disorder model, and consumers on the team*. It should be noted that NY programs were particularly strong on having *small caseloads, nurse on team, and slow intake rates*.

There was a great deal of variability between programs on fidelity. This finding is expected as programs were not developed at the same time and have not been part of ongoing monitoring. A few sites had consistently good implementation across subscales, but most sites were variable in their performance, with good implementation in some areas and moderate to poor implementation in others. The site-level reports should be helpful in identifying specific strengths and weaknesses to assist programs improve their implementation.

Some general caveats to fidelity assessment also need to be addressed as they affect the interpretation of the findings in this study. These issues include *method of assessment, timing of assessment, necessary program modifications, item importance, evaluation criteria, and alternative implementation factors*. We describe each of these issues in detail in the discussion section.

Table 1. Comparison of DACTS Items and Subscales Across Three Samples

Subscale or Item	New York (n = 27)	East Coast (n = 14)	East Coast (n = 10)	Illinois (n = 10)	NY vs. Illinois Effect Size
H1 Small caseload	4.8 (0.6)	4.6 (0.5)	0.32	4.6 (0.5)	0.32
H2 Team approach	3.9 (1.1)	3.6 (1.2)	0.23	3.8 (0.8)	0.05
H3 Frequency of team meetings	4.4 (0.7)	4.9 (0.3)	-0.83	3.9 (1.0)	0.65
H4 Team leader provides services	4.3 (0.7)	4.4 (0.9)	-0.09	4.5 (0.9)	-0.22
H5 Continuity of staffing	3.3 (1.3)	4.1 (1.4)	-0.61	2.0 (1.2)	0.97
H6 Staff capacity	3.7 (1.3)	4.6 (0.7)	-0.75	3.9 (0.9)	-0.14
H7 Psychiatrist on staff	3.9 (1.2)	4.4 (1.1)	-0.42	2.9 (1.2)	0.87
H8 Nurse on staff	4.5 (0.9)	4.6 (0.9)	-0.14	1.9 (1.7)	2.28
H9 Substance abuse spec. on staff	2.9 (1.9)	3.1 (1.8)	-0.09	3.2 (1.9)	-0.14
H10 Vocational specialist on staff	1.7 (1.4)	1.9 (1.4)	-0.14	2.0 (1.7)	-0.20
H11 Sufficient staffing for program	2.9 (0.6)	-	n/a	-	n/a
Human Resources	3.7 (0.6)	4.0 (0.4)	-0.67	3.3 (0.3)	0.72
O1 Explicit admission criteria	4.4 (0.9)	4.4 (0.7)	-0.02	5.0 (0.0)	-0.77
O2 Intake rate	4.9 (0.4)	5.0 (0.0)	-0.24	5.0 (0.0)	-0.23
O3 Full responsibility for tx. ser.	4.3 (0.7)	4.0 (0.7)	0.42	4.4 (0.7)	-0.14
O4 Responsibility for crisis services	4.1 (1.1)	3.7 (1.4)	0.35	4.2 (0.8)	-0.08
O5 Responsibility for hospital admissions	4.2 (0.8)	3.9 (0.8)	0.35	4.2 (1.0)	-0.01
O6 Responsibility for hospital discharge planning	3.8 (1.4)	4.5 (0.7)	-0.57	4.8 (0.4)	-0.80
O7 Time-unlimited services	4.4 (0.8)	4.6 (0.5)	-0.31	4.7 (0.7)	-0.41
Organizational Boundaries	4.3 (0.4)	4.3 (0.5)	0.02	4.6 (0.3)	-0.74
S1 In-vivo services	4.4 (0.9)	3.5 (0.9)	1.02	4.2 (0.6)	0.28
S2 No dropout policy	4.3 (1.1)	4.2 (1.1)	0.12	4.5 (0.7)	-0.17
S3 Assertive engagement mech.	4.1 (0.8)	4.4 (1.0)	-0.36	5.0 (0.0)	-1.27
S4 Intensity of service	4.3 (1.0)	4.6 (0.5)	-0.30	4.6 (0.7)	-0.28
S5 Frequency of contact	3.3 (1.1)	4.0 (0.8)	-0.74	3.3 (0.5)	0.03
S6 Work with support system	4.2 (1.0)	3.3 (1.0)	0.89	4.4 (0.8)	-0.22
S7 Individualized sub. abuse tx.	3.7 (1.7)	3.7 (1.2)	0.03	4.1 (1.4)	-0.22
S8 Dual disorder treatment groups	2.7 (1.6)	3.1 (1.2)	-0.30	2.8 (1.7)	-0.09
S9 Dual disorders (DD) model	3.3 (1.0)	3.3 (0.9)	0.02	3.6 (0.5)	-0.33
S10 Role of consumers on team	2.9 (1.5)	-	n/a	-	n/a
Nature of Services	3.7 (0.5)	3.8 (0.4)	-0.17	4.2 (0.2)	-1.06
TOTAL	3.9 (0.4)	4.0 (0.4)	-0.39	4.0 (0.2)	-0.44