

Enhancing Fidelity Assessment to Assertive Community Treatment (ACT): Introducing the TMACT

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Getting on the same page

What ACT is... and what it's not

ACT: An Overview

- An evidence-based practice (EBP) for adults with serious mental illness (SMI)
- Multidisciplinary team shares caseload; no brokering
- Services primarily provided *in vivo*
- Capacity for multiple contacts 24/7
- Integrates other ESTs, EBPs, & psychiatric rehabilitation approaches; not just case management
- Person-centered, recovery-oriented practices balanced with therapeutic limit-setting strategies when needed

From DACTS to TMACT

How did we get here (TMACT)
from there (DACTS)?
What did we change & why?

Dartmouth ACT Scale (DACTS)

(Teague et al., 1998)

- 28 items/ 5-point anchored scales
- One-day site review using multiple data sources
- Original intent: multi-site study of ACT for COD
- No ACT program manual available when developed/Little grounding in program theory
- Doesn't match up with National ACT Standards
- Specific measurement gaps:
 - Specific treatment & rehabilitation interventions
 - Team member roles
 - Team functioning
 - Person-centered, recovery-oriented practices

Example DACTS Item:

O4. Responsibility for Crisis Services

Domain	Rating				
	1	2	3	4	5
Responsibility for Crisis Services	Not responsible for handling crises after hours	Emergency service has program-generated protocol	Program available by phone; consult role	Program provides emergency service backup	Program provides 24-hour coverage

Approach to Scale Development

- Used the DACTS template & approach
- Cross-walked DACTS w/ National Standards
- Built on work from the ACT Center of Indiana
- Ongoing Development & Vetting:
 - National experts in ACT & related areas
 - Practicing ACT clinicians
 - Fidelity reviewers who piloted the scale
 - Interested & future pilot sites
- Piloted 52-item version with 2 WA teams
- Refined through further piloting in WA, PA, NY, NE, FL, MN, MD, MO, & Norway

Our Aims

1. Better assess processes consistent with high fidelity ACT
2. Improve the reliability and validity of assessment
3. Create a more nuanced measure of ACT
4. Enhance capacity for performance improvement

From DACTS to TMACT

DACTS = 28 items

- Revised (20 items)
 - Rescaled anchors
 - Modified assessment
- Removed (6)
 - Items not particular to ACT
 - Folded into another
- Added (25)
 - New items judged critical to ACT
 - Extracted/ expanded concepts embedded in earlier items

TMACT = 47 items

The Tool for Measurement of ACT (TMACT)

What does it look like?
How do we use it?

Overview of the TMACT

- 47 items; 5-point anchored scales
- 6 subscales:
 1. Operations & Structure (OS): *12 items*
 2. Core Team (CT): *7 items*
 3. Specialist Team (ST): *8 items*
 4. Core Practices (CP): *8 items*
 5. Evidence-Based Practices (EP): *8 items*
 6. Person-Centered Planning & Practices (PP): *4 items*

OS4. Daily Team Meeting (Quality): Team uses its daily team meeting to: (1) Conduct a brief, but clinically-relevant review of all consumers & contacts in the past 24 hours AND (2) record status of all consumers. Team develops a daily staff schedule for the day's contacts based on: (3) Weekly Consumer Schedules, (4) emerging needs, AND (5) need for proactive contacts to prevent future crises; (6) Staff are held accountable for follow-through.

1	2	3	4	5
<p>Daily team meeting serves no more than 1 function OR 2 functions served, at least PARTIALLY.</p>	<p>Meeting FULLY serves 2 functions OR 3 functions served, at least PARTIALLY.</p>	<p>Meeting FULLY serves 3 functions OR 5 functions served, at least PARTIALLY.</p>	<p>Meeting FULLY serves 4 or 5 of the functions.</p>	<p>Daily team meeting FULLY serves ALL 6 functions (see under definition).</p>

ST5. Role of Vocational Specialist (in Employment Services): Vocational specialist provides supported employment services. Core services include: (1) engagement; (2) vocational assessment; (3) job development; (4) job placement (including going back to school, classes); (5) job coaching & follow-along supports (including supports in academic settings), & (6) benefits counseling.

1	2	3	4	5
<p>Vocational specialist provides 2 or fewer employment services.</p>	<p>Vocational specialist provides 3 employment services (i.e., 3 services are absent). OR 4 services are PARTIALLY provided.</p>	<p>Vocational specialist provides 4-5 employment services, (i.e., 1 or 2 services are absent), but up to 3 services are only PARTIALLY provided OR all 6 services are provided, but more than 3 are PARTIALLY provided.</p>	<p>Vocational specialist provides all 6 employment services, but up to 3 services are only PARTIALLY provided.</p>	<p>Vocational specialist FULLY provides ALL 6 employment services (see under definition).</p>

EP4. Integrated Dual Disorder Treatment (IDDT) Model: The FULL TEAM (1) considers interactions between mental illness and substance abuse; (2) does not have absolute expectations of abstinence and supports harm reduction; (3) understands & applies stages of change readiness in treatment; (4) is skilled in motivational interviewing; and (5) follows cognitive-behavioral principles.

1	2	3	4	5
<p>Team primarily uses traditional model. (e.g., 12-step programming, focus on abstinence). Criteria not met.</p>	<p>Only 1 to 2 criteria are met.</p>	<p>Only 3 criteria are met.</p>	<p>Team primarily operates from IDDT model, meeting 4 criteria.</p>	<p>Team is FULLY based in IDDT principles and meets all 5 criteria (see under definition).</p>

PP2. Person-Centered Planning: Includes: (1) development of formative treatment plan ideas based on initial inquiry and discussion with consumer; (2) conducting regular treatment planning meetings; (3) attendance by key staff, consumer, & anyone else s/he prefers, tailoring number of participants to fit with the consumer's preferences; (4) meeting is driven by consumer's goals & preferences; & (5) provision of coaching & support to promote self-direction and leadership within the meeting, as needed.

1	2	3	4	5
<p>Team provides no more than 1 element of person-centered planning OR 2 elements provided, at least PARTIALLY.</p>	<p>Team FULLY provides 2 elements of person-centered planning OR 3 elements provided, at least PARTIALLY.</p>	<p>Team FULLY provides 3 elements of person-centered planning OR provides 4 elements, at least PARTIALLY.</p>	<p>Team FULLY provides 4 elements of person-centered planning.</p>	<p>Team FULLY provides ALL 5 elements of person-centered planning (see under definition).</p>

TMACT Method & Data Sources

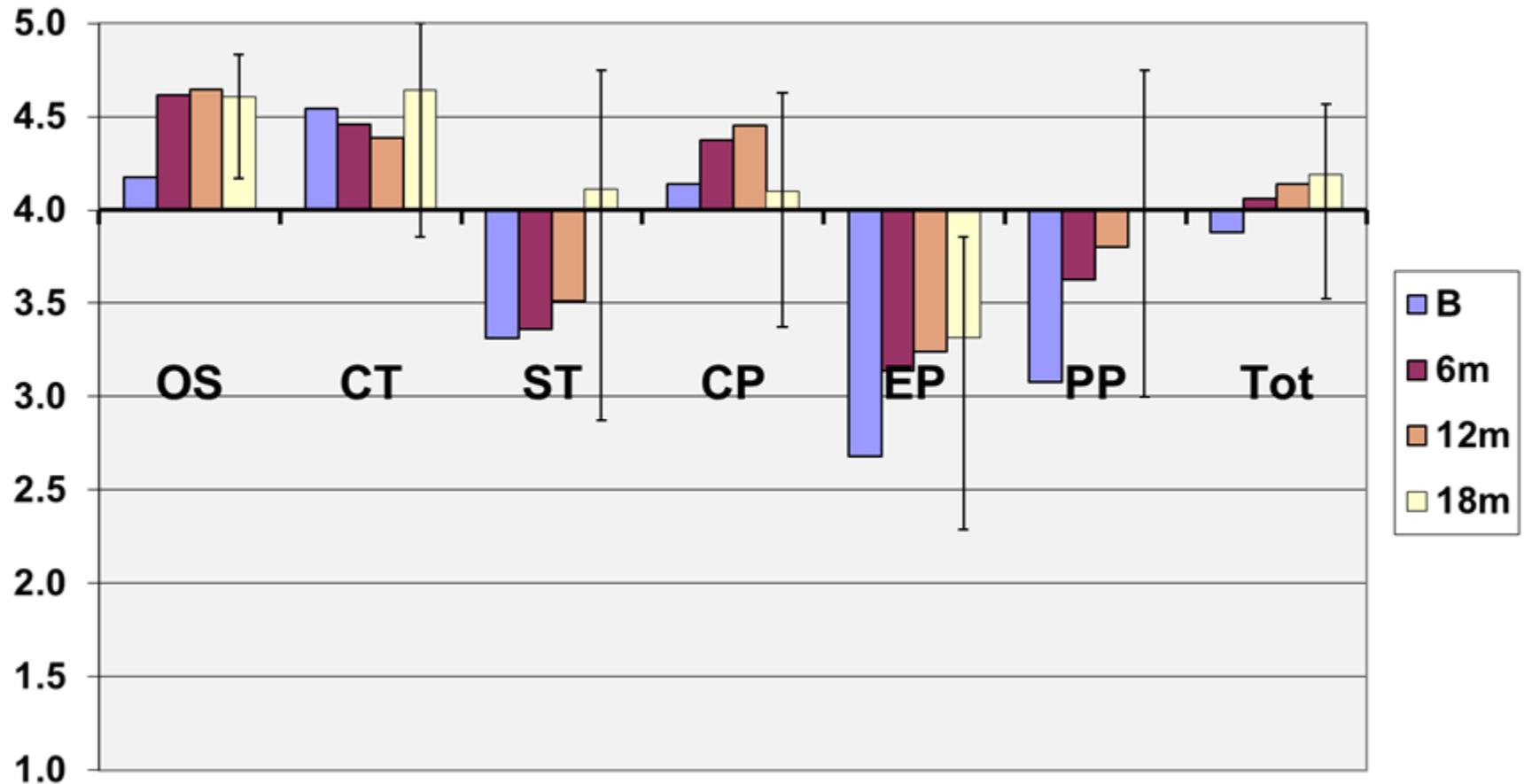
- Completed q 6 months first two years; then annually
- Two independent reviewers
- Team completes survey & spreadsheet before review
- Typically 1 ³/₄ days on-site
 - Review randomly selected charts (~20%)
 - Observe one daily team meeting
 - Observe one treatment planning meeting
 - Conduct semi-structured interviews w/ team members
 - Conduct semi-structured interview w/ consumers
 - Observe staff during home/community visits
- Reviewers independently rate/come to consensus
- Write feedback report, focused on performance improvement recommendations – meet w/ team

TMACT Pilot Results

What do the data tell us so far?

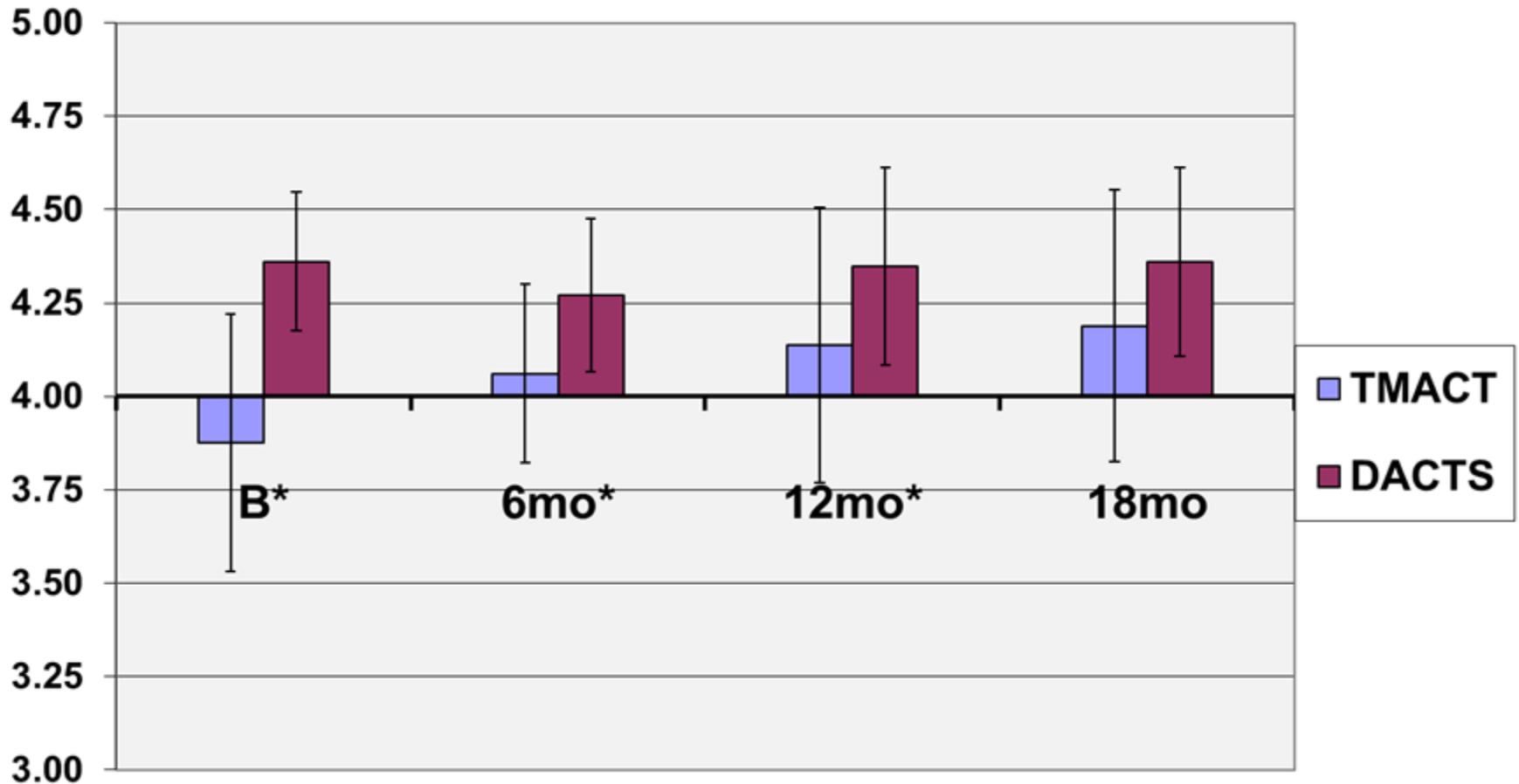
WA TMACT Scale Scores: Baseline – 18 mo

(Bars = range, lowest to highest)



TMACT & DACTS in WA: Baseline – 18mo

(Bars = std. dev; only 18mo not significantly different)



Pilot Conclusions

- TMACT sets a higher bar for ACT program performance than earlier measure
- TMACT more sensitive to change than DACTS
- Variations across subscales match expectations of challenges in implementing ACT components
- Measure is feasible and valuable in current form, but strategies for efficiency may be helpful

Next Steps

Where do we go from here?

Development, Training, Research

- Finalize instrument
- Continue current piloting/ extension to other states & countries
- Refine training materials & protocol
- Develop research (with external support)
 - More extensive development and pilot-testing of core components
 - Psychometric assessment
 - Multi-setting evaluation of fidelity vs. outcomes
- Incorporate new technology for dissemination & implementation

TMACT References

- Monroe-DeVita M., Teague, G.B., Moser L.L. (2011). The TMACT: A New Tool for Measuring Fidelity to Assertive Community Treatment. *Journal of the American Psychiatric Nurses Association*, 17(1) 17–29.
- Teague, G. B., & Monroe-DeVita, M. (in press). Not by outcomes alone: Using peer evaluation to ensure fidelity to evidence-based assertive community treatment (ACT) practice. In J. L. Magnabosco & R. W. Manderscheid (Eds.), *Outcomes measurement in the human services: Cross-cutting issues and methods* (2nd ed.). Washington, DC: National Association of Social Workers Press.

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