Dear ACT Team Leader,

Here is a list of some of the items/information that we will need when we come to do our fidelity visit:

- Roster of ACT team staff (roles, full-time equivalents) indicate whether a staff member has been on leave and duration of that leave
- Staff vacancies each month for the last 12 months (or as long as the team has existed if less than 12 months—please provide names of the staff who have left as well as the date they left)
- Number of staff who have left the team over the last two years (or since team started)
- In the past 4 weeks, number of TL-provided direct service hours (including face-to-face, phone contact with client and/or family members). Do not include paperwork or CM conducted on behalf of the client.
- In the past 4 weeks, schedule for psychiatrist hours that are dedicated to your ACT team
- A written description of the team’s admission criteria
- Roster of ACT team consumers
  - Roster of consumers with a co-occurring substance use disorder (from addictions specialist)
  - those who receive individual SA counseling (also indicate length & frequency of sessions)
  - those who attend ACT-provided SA group therapy at least once each month
  - stage of substance abuse treatment scale (SATS) also, if available for each consumer
- Number of consumers admitted to ACT team, per month, for last six months
- For each consumer who has been terminated from the team in the last year, please provide the date of discharge; the COMP ID number; CSDS number, a.k.a. the DMHA unique identifier; and the reason for discharge. Break down these consumers into the following categories:
  - Graduated (left because of significant improvement or reduced need for services)
  - Left town or service area divided into two categories:
    - With good linkage or referrals
    - Without good linkage or referrals
  - Closed case because they refused services or team cannot find them
  - Transferred to a more restrictive service setting (e.g., nursing home, jail, SOF, group home)
  - Deceased
  - Other (explain)
- For each consumer, indicate whether she or he is receiving the following services from non-ACT staff (and indicate that service): case management, psychiatry services, counseling/therapy, housing support (e.g., locating and maintaining the residence), employment services, rehabilitation (day treatment, clubhouse, partial hosp.), or substance abuse treatment
- Number of ACT team consumers living in group homes
- List the last 10 consumers admitted to the (private, not state) psychiatric hospital and the last 10 consumers discharged from the psychiatric hospital and whether the team was involved in the admission and discharge.
- For the last four weeks, collect the total number of contacts the ACT team has had with consumers’ informal support networks (e.g., family, friends, landlords, others not “paid” to provide services). Then total up the number of consumers whose informal support networks have had contact with the Team. If you are not regularly collecting this data, save an extra 10-15 min. at the end of the daily meeting to go through the caseload roster with the whole ACT team present. With smaller teams (50 or below), this can be done the day of the fidelity visit.
- For how many consumers is the team representative payee
- How many consumers are on outpatient commitment
- (GOI item on penetration): How many consumers are in your agency’s CSP program/Adult SMI program? Please include all branches that could potentially “feed” the ACT program(s). For Indiana agencies, this data could be generated from the number of consumers the agency enrolled in HAP in the last fiscal year, under the following categories: SMI, ACT, DD, Deaf & SMI)
Activities for the Visit:
- We’ll need to observe the daily team meeting
- We’ll need to spend about 90 minutes with Team Leader
- We’ll need about 15-20min. to interview the SE specialist (quickly go over those consumers working or in other phases of the vocational process)
- We’ll need about 20-30 min. to interview SA Specialist
- We’ll need to have access to ACT team client records so we can do a review of 10 random charts. For electronic medical records, the following codes are essential to be included: staff name/id for each contact, location of contact (home/community), length of contact, type of contact (face-to-face with consumer, phone, contact with collateral, etc.). We will also look at progress notes for content/quality of the contact. We look at ALL team contacts, including the psychiatrist and nurse, so if we need to look in separate parts of the chart, please tell us. We will also look at your assessments and treatment plans.
- We’ll go out on a home visit(s) with staff (if time is available)