

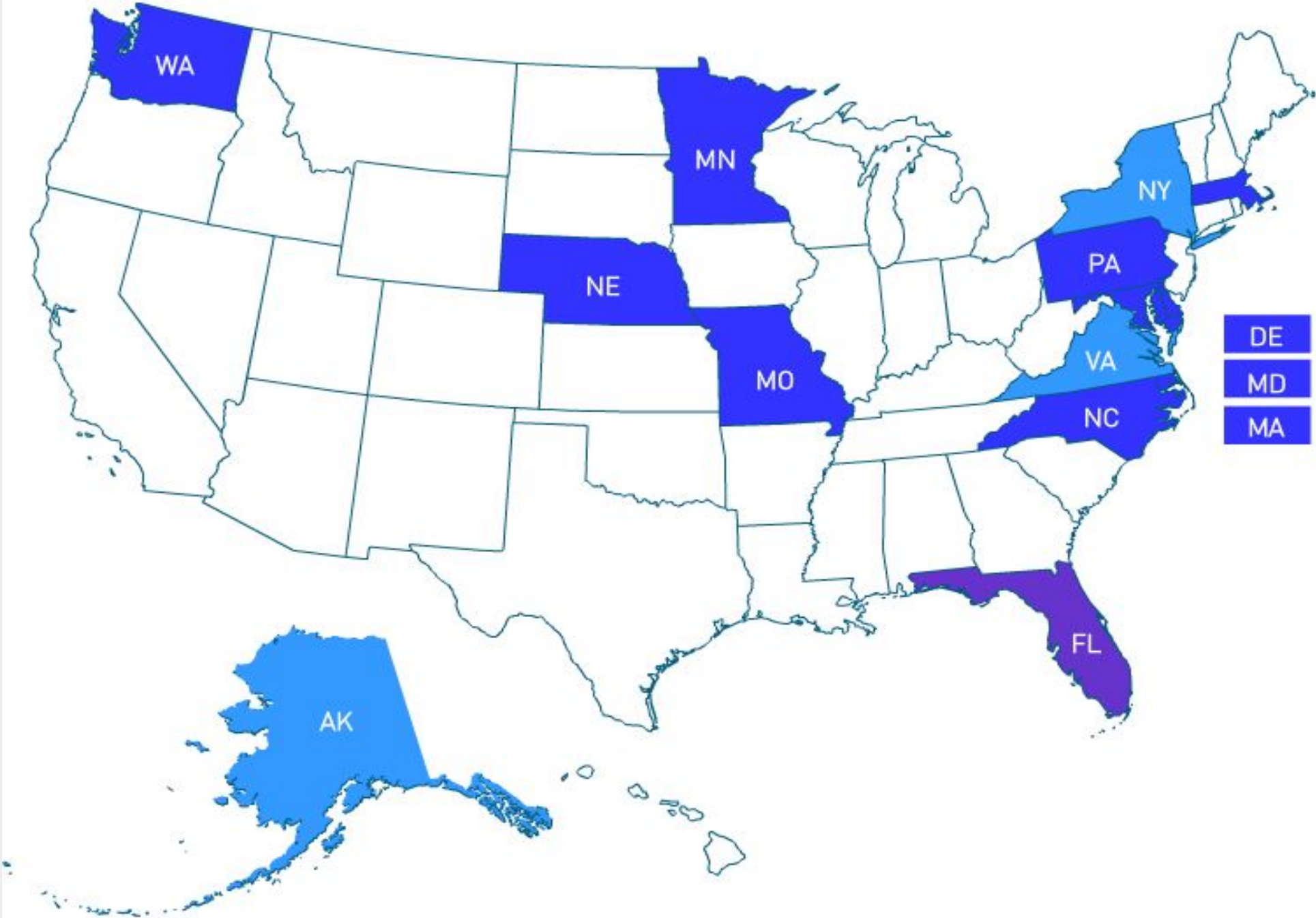
# Use Of The Tool For Measurement Of ACT (TMACT) To Guide And Ensure The Quality Of ACT Programs Within The United States.

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# Use of TMACT in the U.S.



# Use of the TMACT: Snapshot of 10 U.S. States and 1 Canadian Province

	Years of Use	# of Teams with		Timing for TMACT Follow-Up Reviews	Follow Full Protocol?	TMACT Replace or Compliment DACTS?
		Base-line	Follow-Up			
<b>Alaska</b>	2015 -	0	0	n/a	Full	No
<b>Maryland</b>	2011 -	20	13	1 – 2 years	Full	Compliment
<b>Minnesota</b>	2010 -	8	0	1 – 3 years	Full	Replace
<b>Missouri</b>	2009 -	11	10	Annually	Full	No
<b>Nebraska</b>	2009 -	3	3	Every 3 years	Full	Replace
<b>New York</b>	2015*	0	0	n/a	Modified	Replace
<b>North Carolina</b>	2013 -	88	6	1 – 3 years	Full	No
<b>Pennsylvania</b>	2009 -	48	41	Annually	Full	Replace
<b>Washington</b>	2007 -	14	12	Annually	Full	No
<b>Quebec, CAN</b>	2013 -	37	0	Average 1.5 yrs	Full	No

# Who are Carrying out the TMACT Reviews?

	Mental Health Authority Workers	Funders (e.g., Managed Care Organization)	Technical Assistance Workers	ACT Team Leadership	Team Self-Assessment
Alaska	X				
Maryland	X				
Minnesota	X		X	X	
Missouri	X				
Nebraska	X		X		
New York					X
North Carolina	X		X	X	
Pennsylvania	X	X	X		
Washington	X		X	X	
Quebec, CAN	X		X		

# Who Receives TMACT Review Findings?

Team's TMACT  
Ratings

- All States/Quebec provide Team's Final Rating to Team, Mental Health Authority, and Funder

Fidelity  
Report

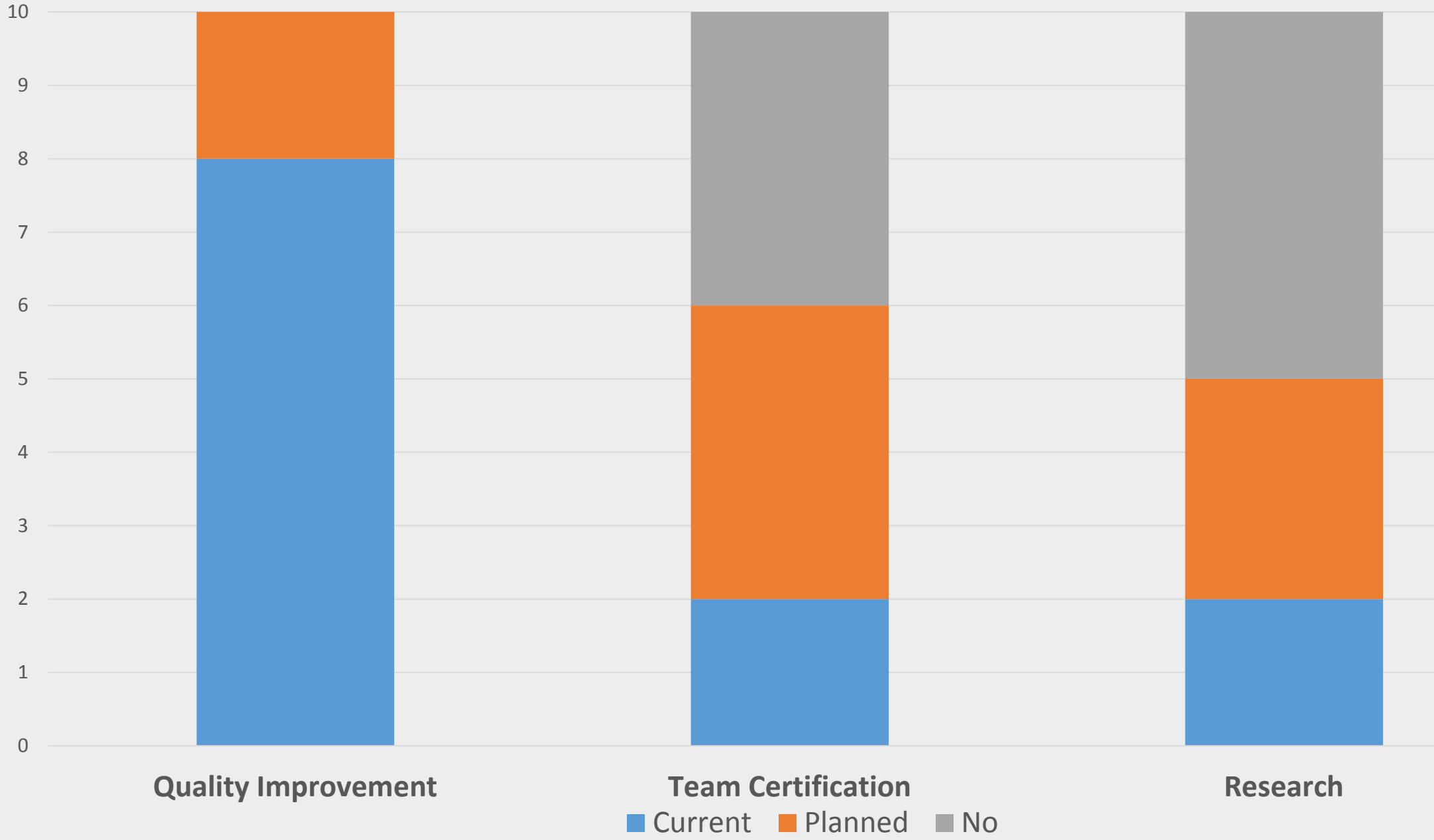
- All US States generate QI ACT Fidelity Report and send to the team, possibly funders/mental health authority
  - NC Funders do not receive full reports of teams meeting minimal fidelity (3.0+)
- North Carolina, Missouri, and Washington submit a draft report to the teams for initial review before final report

All Teams'  
Performance

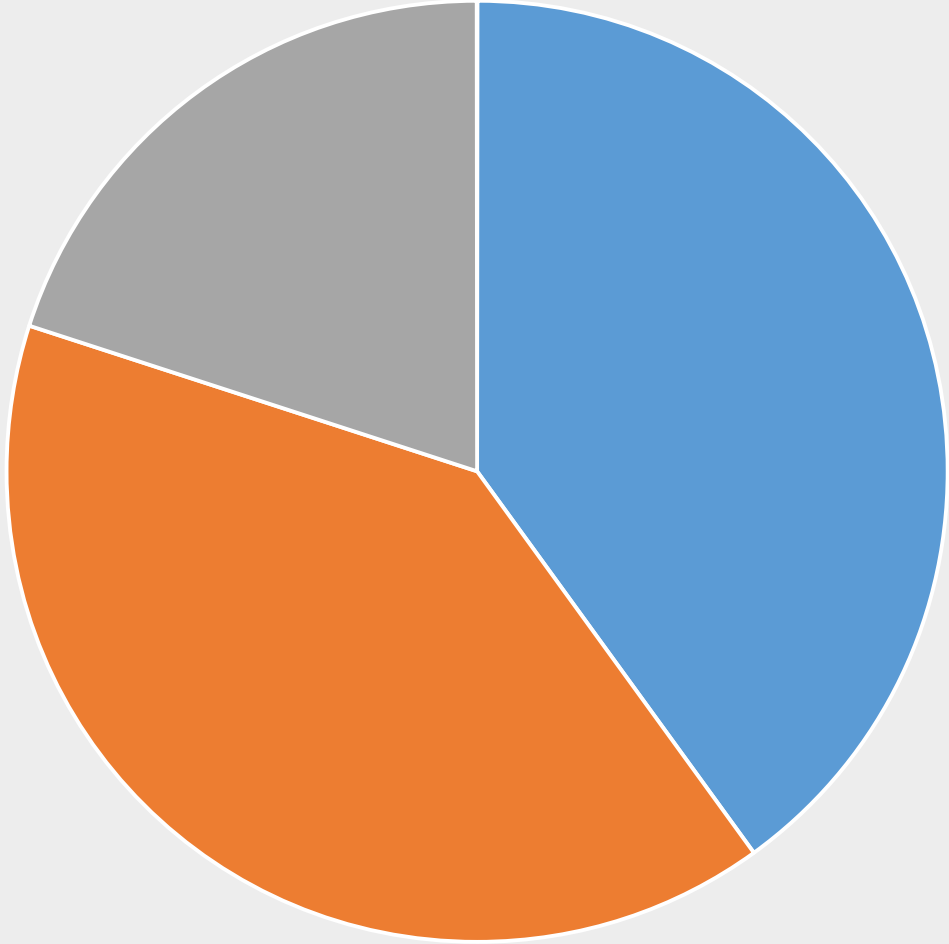
- Nebraska and North Carolina share team ratings/rating distributions with other ACT teams for comparison.

# How has the TMACT been used in your State/Province?

(n = 9 U.S. States and Quebec, CAN)

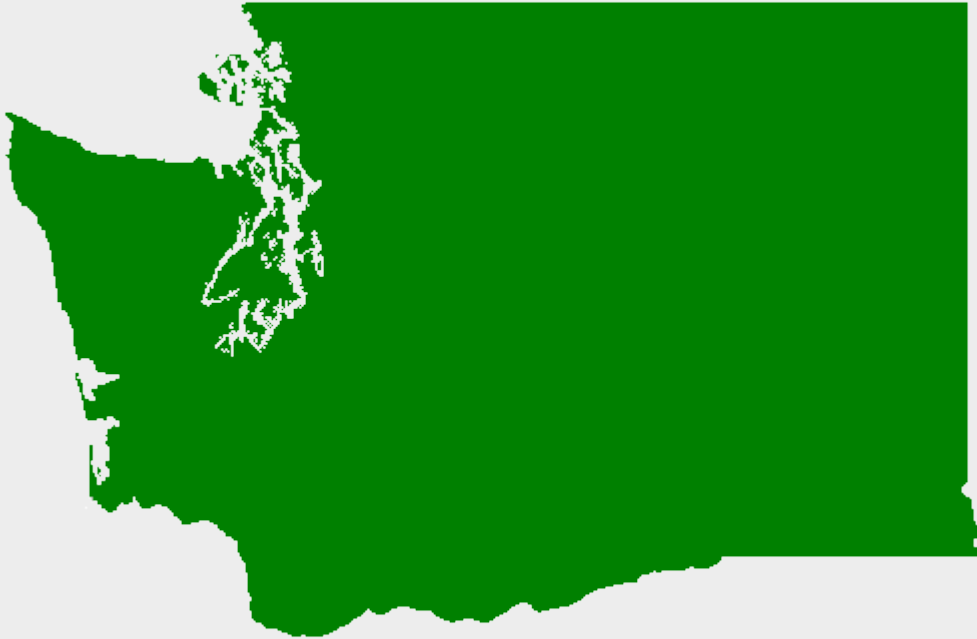


# State Policy Informed by TMACT?



- Yes
- Somewhat
- No

# Closer Look at TMACT in Washington and North Carolina



Population: 7.1 Million  
Year of PACT Start-Up: 2006  
Year Fidelity Assessments Started: 2007  
14 of Teams  
(half small (50 consumers) and half large (100 consumers))



Population: 9.9 Million  
Year of ACT Start-Up: 2000  
Year Fidelity Assessments Started: 2013  
80 of Teams  
(half are small (50 consumers) and half are midsize (75 consumers) to large (100 consumers))



# Quick Review of Some Key Ingredients for Enhancing Quality of ACT (Mancini, Moser, et al, 2009)

Adequate  
Funding

Championship  
and  
Leadership

Fidelity  
Monitoring

Certification  
(ideally tied to  
fidelity)

Training and  
Technical  
Support

# Funding

## Medicaid Funding for ACT (WA and NC)

- WA started with state-funded teams

Bundled rate (for most teams, vs. fee-for-service)

- Large teams (~100 people) are paid ~\$1.2 million per year
- Small teams (~50 people) are paid ~\$650,000 per year



# Championship and Leadership

## State and County level

- NC State Mental Health staff in close collaboration with ACT TA Center
- WA initially supported with dedicated staff

## ACT Provider level

- NC ACT Coalition – Grassroots movement of ACT providers (2006)

## TA Center/Other stakeholders

- WA and NC ACT in-state experts assume leadership roles
- Strong WA consumer movement influenced recovery-oriented ACT implementation
- NC in a settlement with U.S. Dept of Justice



# Fidelity Monitoring

- WA PACT teams received fidelity reviews from the start
- NC ACT teams recently underwent fidelity review for first time
- WA/NC TA Center staff carefully train evaluators and supervise process
- ACT Providers trained as TMACT Evaluators!

## Tool for Measurement of Assertive Community Treatment (TMACT)

### PROTOCOL

#### *Part I: Introduction*

*Version 1.0*

*June, 2013*

**Recommended Citation:**

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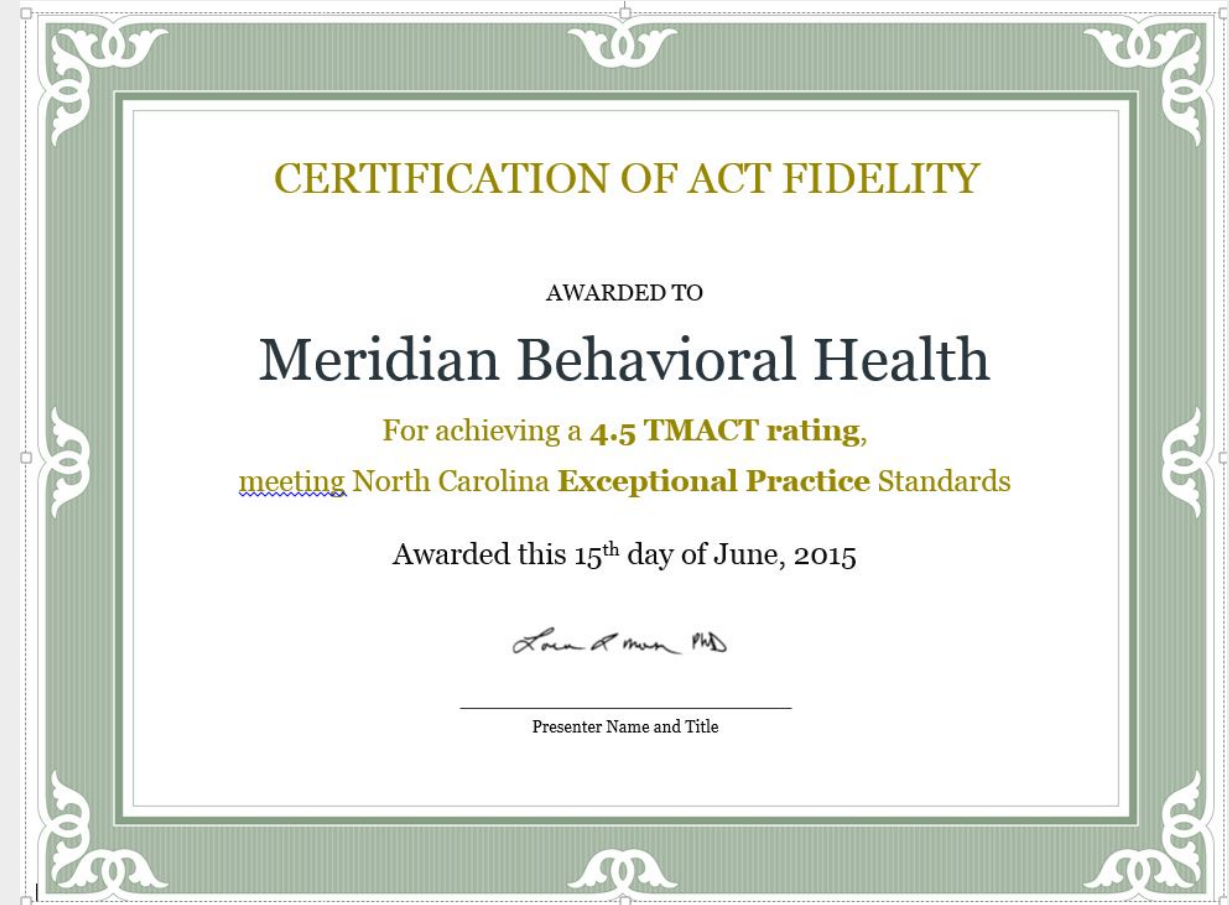
# Certification

NC has a tiered Certification Process (tied to funding)

- Provisional Certification: 3.0 – 3.6 TMACT
- Full Certification: 3.7 – 4.2 TMACT
- Exceptional Practice: 4.3+ TMACT

WA does not currently have certification.

- Some risk of RSN (Regional Support Network) not continuing to fund ACT if not performing well.



# Training and Technical Support

**Introductory Training** on ACT / ACT Start-Up

**ACT Fidelity Reports** with Recommendations

**Topic Specific Trainings** (e.g., CBT for psychosis, Integrated Dual Disorders Treatment, Person-Centered Planning; Motivational Interviewing, Supported Employment/IPS, ACT Leadership Training, Psychiatric Rehabilitation)

**Research Involvement** (WA has IMR within ACT; NC has Psychiatric Advance Directives within ACT)

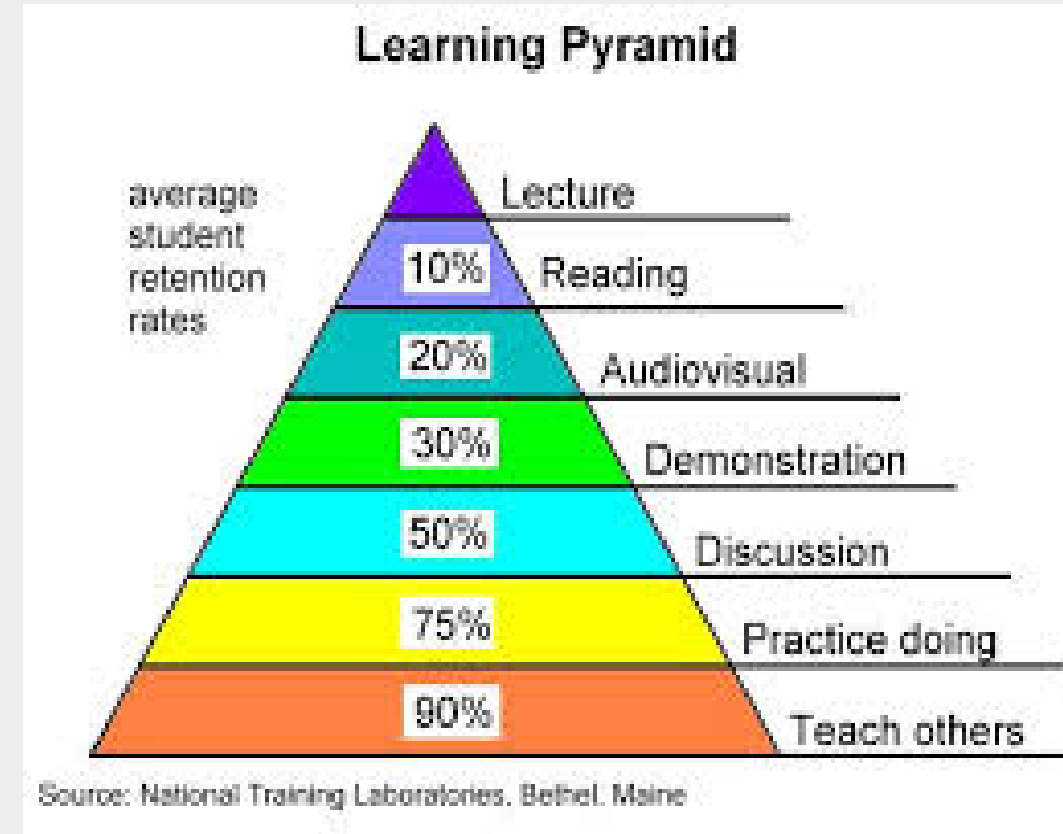
**Learning Collaborative** (e.g., NC ACT Coalition; WA CBT for psychosis)

ACT Program **Cross-Training** (NC ACT policy requires)

Designation of **ACT Shadow Sites**

Onsite **Coaching and Consultation** (WA has team case load designations)

\*Training also provided to State staff and Managed Care Organization Staff



# In Summary

We recommend:

- ACT fidelity monitoring to be directly tied to technical assistance and training
- ACT fidelity to be tied to certification/licensing of teams (minimal performance tolerated dependent on developmental stage of teams)
- Consideration of who receives what level of feedback (e.g., funders receiving full report may compromise fidelity review process)
- Enlisting involvement of all stakeholders, in both training, fidelity evaluations – esp. providers as evaluators --- further reinforces buy-in championing for practice