Benchmarking ACT Service Recipient Circumstances and Experiences:

Comparing Higher and Lower Fidelity Teams

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National ACT Virtual Meet-Up

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Objectives

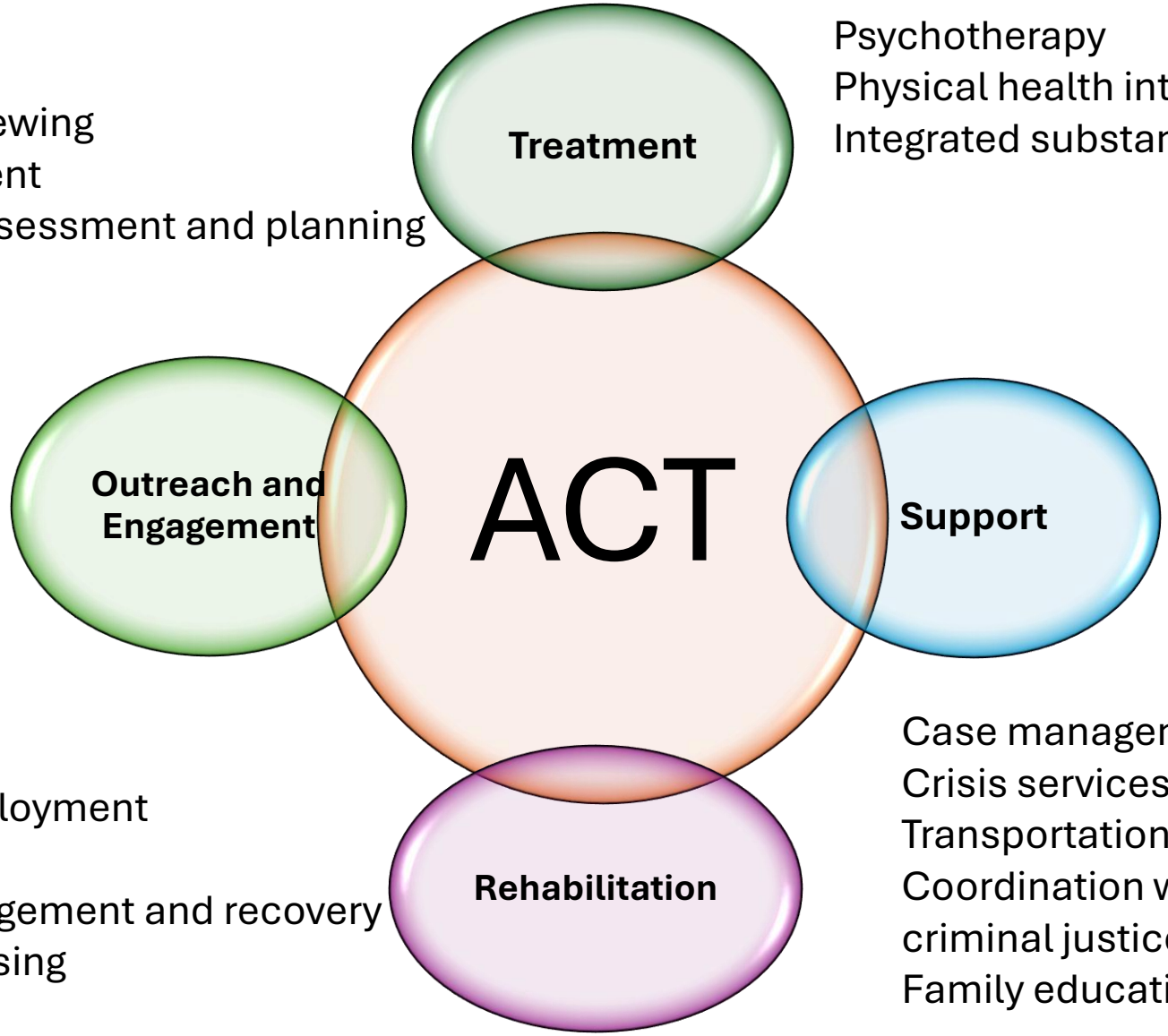
- Learn about the National ACT Study (U.S.).
- List three client situations and/or characteristics that appear significantly different across higher and lower fidelity ACT teams.
- Summarize the relevance of comparing individual team's data with larger sample benchmarks

50 years
PACT
1972
2022
RECOVERY
TRAINING
JOBS

ACT is a way of organizing best practices

Medications
Psychotherapy
Physical health interventions
Integrated substance use treatment

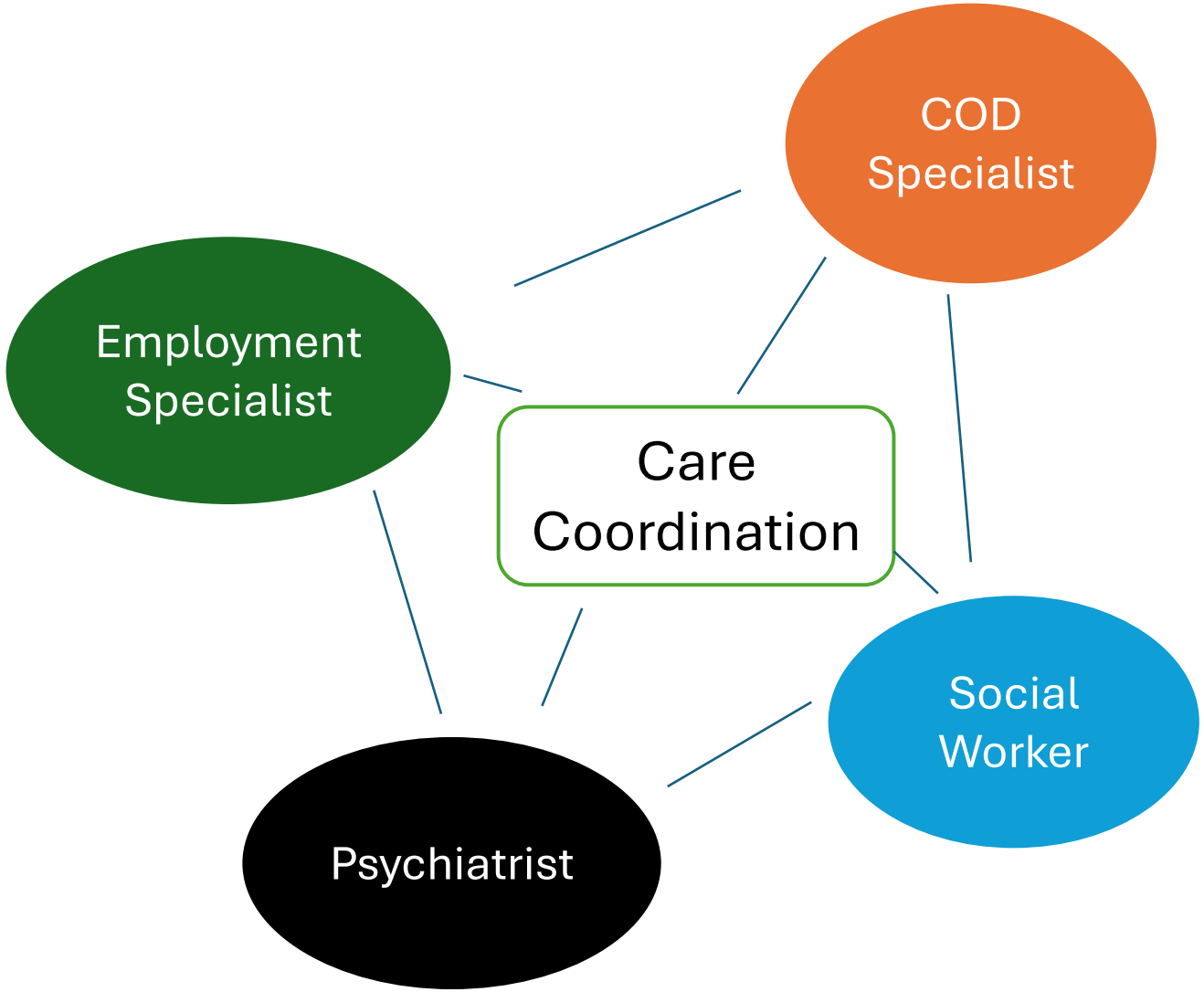
Motivational Interviewing
Assertive engagement
Person-centered assessment and planning



Supported employment
Skill-building
Wellness management and recovery
Supportive housing

Case management
Crisis services
Transportation
Coordination with hospitals and criminal justice system
Family education and support

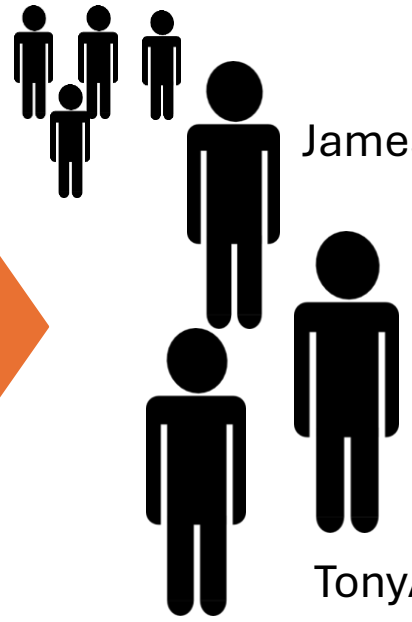
Fixed Point of Responsibility



Team Approach

(via Individual Treatment Teams)

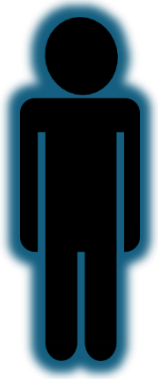
Staff Expertise, Skills, Rapport



James/COD Spec

Tony/RN

Diane/Peer



Barb/client

Family. Own safe apt. Maybe drinking is a problem. Diabetes management. Really connects with Diane.

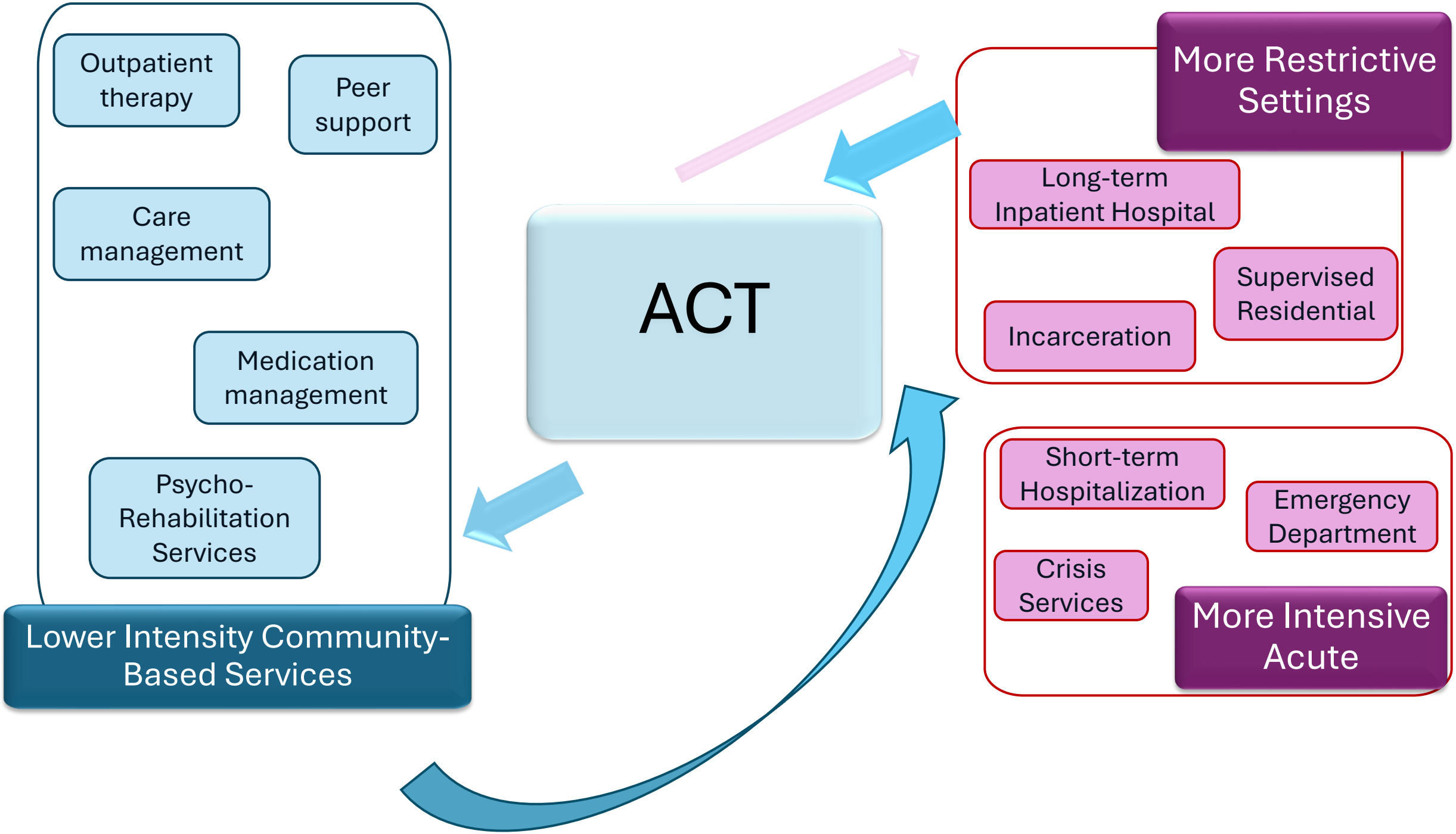
Client Needs (goals) and Preferences

Who is ACT Intended to Serve?

(and why does this matter?)

Priority Clinical Population

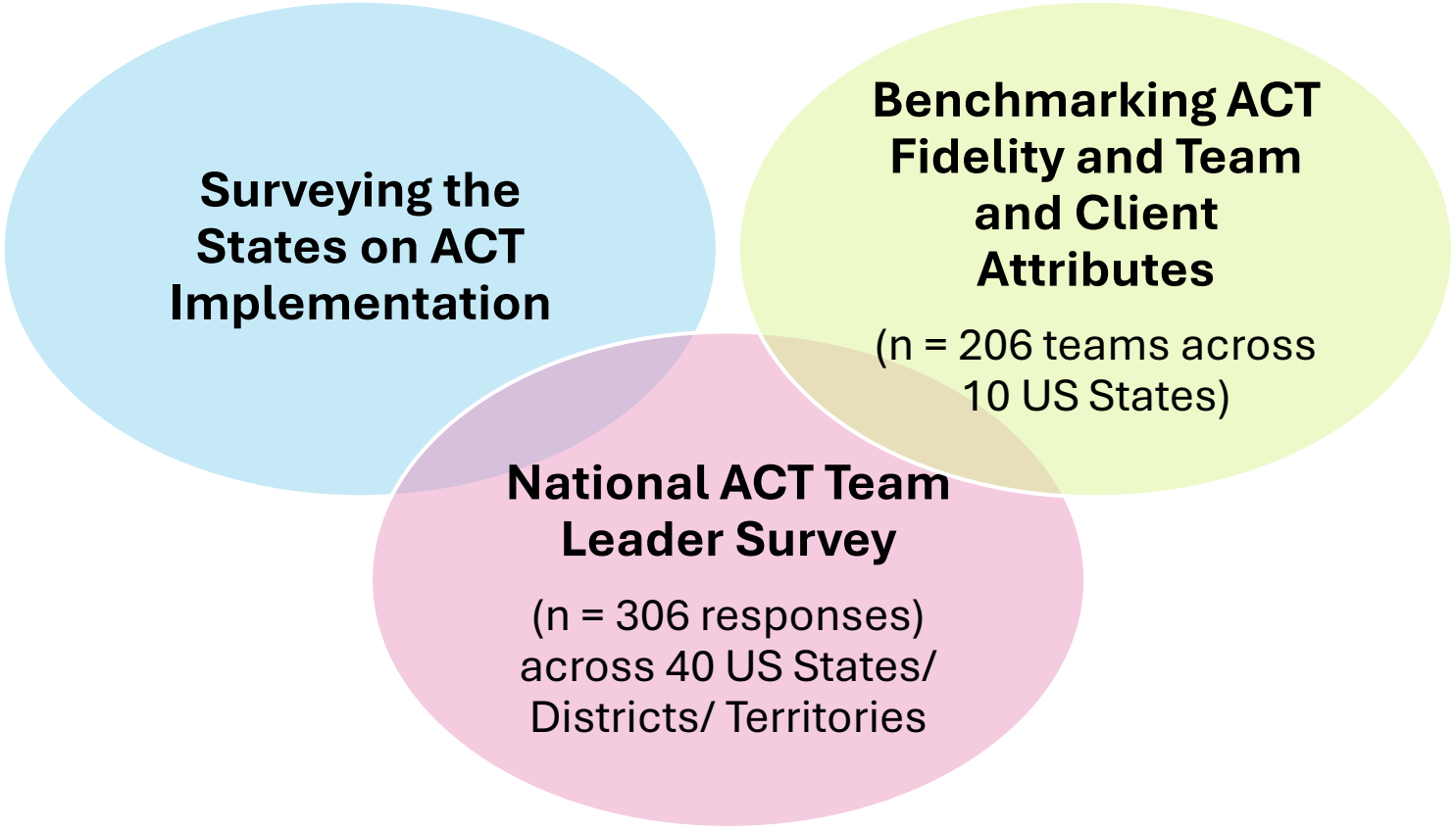
- Adults
- Significant psychosis, thought disorder, and/or mania
  - Schizophrenia, Schizoaffective Disorder, Bipolar I, Major Depressive Disorder, Severe, w Psychosis
- **Significant** functional challenges and;
  - Hospitalizations / Crisis Services; and/or
  - Substance use; and/or
  - Arrests/incarcerations; and/or
  - Unhoused / Unstable Housing
- Have not (or likely would not) successfully received services from less intensive community-based treatment programs (assuming these even exist)


Outpatient therapy
Peer support
Care management
Medication management
Psycho-Rehabilitation Services
Lower Intensity Community-Based Services
ACT
More Restrictive Settings
Long-term Inpatient Hospital
Supervised Residential
Incarceration
Short-term Hospitalization
Emergency Department
Crisis Services
More Intensive Acute

National ACT Study (U.S.) Aim

To fill a significant knowledge gap that impedes empirically informed implementation and expansion of **high-fidelity ACT**, a critical component of a mental health and crisis-service system invested in community-based care and institutional diversion.

National (US) ACT Study - Big Picture



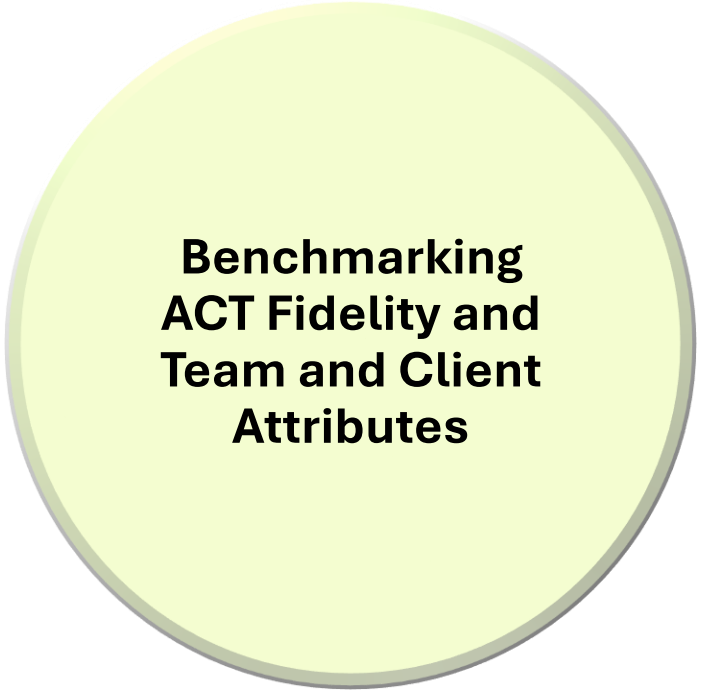
Lorna Moser, PhD (Principal Investigator)

Maria Monroe-DeVita, PhD, Lynette Studer, PhD, MSW, LCSW, Gary S. Cuddeback, PhD, MSW, MPH (Co-Investigators)

Victoria Jeffries, MA, MPH (Research Associate)

Funded by Arnold Ventures

Methods Overview



- Observational design and purposive sampling of ACT teams
  - Outreached US states that were using TMACT to review teams
- Most recent fidelity review conducted prior to the onset of the COVID-19 pandemic
- Final TMACT report and tools completed by the team and submitted to the evaluation team – Team Survey and Client Excel Spreadsheet (de-identified; no PHI)
- Developed and used a Data Extraction Code Book to review and extract data points of interest
  - Item ratings, subitem ratings (e.g., no, partial, and full credit), specific data points extracted from all shared items (e.g., specific staff to client ratio; qualifications of the individual who is the psychiatric care provider; percent of clients reported to be in competitive employment)

ACT TEAM SURVEY

Team Name:		
Team Leader:	Year of Team Start-Up:	Today's Date:

Please answer each question about your ACT team as best as you can.

1. Please complete Table 1 below regarding your **ACT team staffing in the past 3 months**. **[OS1, OS5, CT1, CT3, CT6, ST1, ST4, ST7]**

Table 1. ACT Team Staffing

Staff Name	Position	Date of hire on to the Team[1]	Start date in current position[1] Place a * here if staff are no longer on the team[1]	Number of hours the staff member works with the ACT team per week[2]	Highest Level of Education	Specialized training, clinical experience, and Board Certification[3]	Number of years of experience with adults with SMI including their work with the ACT team	Daily Team Meetings per week. Note typical days of attendance (MTWRF)

Team Survey Example

[1]We want to differentiate dates of hire with the team from when a staff member may have started in their current position. We also want to clearly capture staff listed in table who worked with the team in the past three months but are no longer employed with the team at the time of the review. [2]Include the number of hours each team member works, not just whether they are available (and may be holding another role in the Agency at that time). [3] Specialized training (e.g., licensure, training in co-occurring disorders) and # of years of clinical experience. Please note if Psychiatric Care Provider is Board Certified in Psychiatry, and/or if any physician extenders have specialized certification and training in psychiatry.

1(a) Are any of the staff above interns or Residents? ☐ **YES** ☐ **NO**

(b) If yes, please specify length of time for the rotation of each staff person who is an intern or Resident:

Name: _____ Length of time in rotation: _____

2. In the past 2 years, how many staff members have left the team? If your team has been in existence for a shorter period, please indicate the time frame that corresponds to the length of time your team has been operating (e.g., in the past 1 year)

_____ **# staff members** _____**Time frame (if not in the past 2 years)**

3. In the past year, how many vacant positions did you have on the team each month? Please specify which positions were vacant. Start with the current month and work backwards.

Table 2. ACT Staff Vacancies

Month	# of Vacancies	Positions Vacant
January		

12. In the past year, how many clients were discharged for the following reasons? **[OS9, OS10]**

_____**# unable to locate client**
_____**# incarcerated**
_____**# discharged as a result of not receiving authorization from managed care organization**
_____**# transferred to a more restrictive service setting (e.g., hospital, nursing home, residential treatment center)**
_____**# refused services and/or requested discharge**
_____**# moved out of service area without assistance from team**
_____**# moved out of service area with assistance**
_____**# transitioned to less intensive services/graduated (i.e., was discharged because of significant improvement)**
_____**# deceased**
_____**# other: (please specify)** _____

13. Please list all groups provided by your team.

Group Name/Type	Group Facilitator(s)	Frequency/Duration	Average # of Participants

14. Please list the last 7 client psychiatric hospitalizations, noting both the admission and discharge months. A single client may be listed more than once. Include a brief description of the team's involvement in the decision-making process, clearly indicating whether team was involved in the admission/discharge process (note that "involvement" in an admission is not limited to directly facilitating a voluntary or involuntary admission). Additional questions will be asked about the team's role in the admission and discharge during the interview. **[OS11]**.

Last 7 Client Psychiatric Hospitalizations (note that there may be repeated clients).

Unique Client Identifier	Month of Admission	Month of. Discharge	Was team involved in the decision-making process around this admission and/or discharge? (indicate yes/no for each and provide brief summary)
1.			
2.			
3.			
4.			
5.			
6.			
7.			

15. Client demographics. To understand who is receiving services, we are asking that you share basic, aggregate demographic data with us.

__# of clients who are age 25 years old or younger.
__# of clients who are age 67 years old or older.
__# of clients who are Black, Indigenous, or other people of color (BIPOC).

Of those identified as BIPOC, please indicate the two largest groups represented by noting a "1" and "2" of the following:

American Indian/ Alaskan Native ____	Asian ____	Black ____	Hispanic ____
Middle Eastern/ North African ____	Native Hawaiians and Pacific Islanders ____	Other (please specify) ____	

Name of ACT Team: **Date:**

COLUMNS		A	B	C	D	E	F	G	H	I
ACT Client (Use unique identifier that you create for review, NOT name). **North Carolina Teams - If client is a TCLI/DOJ client, please add an (*) after ID.**	In the column below, note whether the client has been enrolled in ACT services for at least 90 days.	For each client with a **co-occurring substance use** disorder, indicate whether they are in an 'early' or 'late' stage of change readiness. See definitions.	Does the client receive **integrated treatment for co-occurring disorders directly from the ACT** team? Indicate 'individual' (more than 20 mins per week), 'group' (more than 1 time per month), or 'both.' If client receives co-occurring disorders services from non-ACT providers, note as 'non-ACT.' "	Does the client receive **psychiatric services** directly from the ACT psychiatric care provider? Indicate 'yes' for single team prescriber and 'Pr1' and 'Pr2,' etc. for multiple team psychiatric care providers. If client sees non-ACT provider, note as 'non-ACT.'	Does the client live in a **supervised residential setting** where **medication monitoring services** are received from non-ACT staff? Indicate 'yes' or 'no.'	Does the client receive **employment and educational services directly from the ACT** team? (see definition) If receives employment and educational services from non-ACT providers, note 'non-ACT.'	Is the client **currently employed and/or enrolled in school**? If employed, indicate whether it is competitive employment, school, or 'other.' (see definition). If "other," please indicate the nature of vocational experience (e.g., volunteer, sheltered workshop, work crew, literacy class).	For working clients, specify where they currently work.	For working clients, specify the type of position they currently hold.	For working clients, indicate whether they got the job themselves or the team assisted with getting the position. Indicate 'self' or 'team.'
Relevant TMACT items:		*ST2*	*ST1; ST2; EP1*	*CP7*	*CP7*	*ST4; ST5; EP2*	*ST5; EP2*	*ST5; EP2*	*ST5; EP2*	*ST5;EP2*

TMACT Report Excerpt

OS5. Program Size **Definition:** Team is of sufficient absolute size to consistently provide necessary staffing diversity and coverage. NOTE: This item includes separate parameters for minimal coverage for smaller teams in order to allow for enough staff to be available 24 hours a day, seven days a week.	**5**	The team is staffed with 8.75 clinical FTE staff, with a current caseload cap of 72 consumers.
OS6. Priority Service Population **Definition:** A high-fidelity ACT teams serve a specific, high-service need population of adults with severe mental illness and are in a position to make decisions about who is served by the team.	**5**	It was reported on the Team Survey that all consumers are currently appropriate for ACT, which was supported by our review of diagnostic information from the consumer charts. When the team receives a referral, Emily reviews the referral information, and will schedule a screening using the ACT Eligibility Criteria. Emily reports she prefers to conduct ACT screenings along with Dr. Brown. When the referral is deemed appropriate for ACT, Emily will admit them into the program. If the referral is not appropriate for ACT, Emily will contact the referral sources. Emily reports feeling control over admissions to and discharges from the team.
Criterion #1: Team has specific admission criteria, inclusive of schizophrenia & other psychotic disorders or bipolar disorder, significant functional impairments, and continuous high service needs, and exclusive of a sole or primary diagnosis of a substance use disorder, mental retardation, brain injury or Axis II disorders.	**F**	
Criterion #2: Team/agency has the authority to be the gatekeeper on admissions to the team (including screening out inappropriate referrals) and discharges from the team.	**F**	
OS7. Active Recruitment **Definition:** There is often more individuals of need of ACT services than there are ACT services. Team makes an effort to seek out those most in need of this level of care.	**3**	The team gets referrals from hospitals (CRH, UNC WakeBrook, Holly Hill, Wake Med, Frye, Vidant), other providers, guardians, families, and UNC STEP Clinic. Emily participates in the Wake County Partnership to End Homelessness meetings and reports having great working relationships

TMACT: A SNAPSHOT

(Monroe-DeVita, Moser, Teague (2012))

47 items

- examining 120+ elements of ACT

Structural features of the team

- e.g., staffing, priority clinical population, level of care, types of service provided

Quality of care

- Are team members able to operate within their areas of specialty?
- Are team members knowledgeable and skilled in psychosocial evidence-based practices?
- Is treatment person-centered and promoting client's self-determination and independence?

National ACT Study (Moser; 2024)

TMACT Subscales

CP6. Responsibility for Crisis Services: The team has 24-hour responsibility for directly responding to psychiatric crises. Team is evaluated on whether they meet the following criteria: 1) The team is available to individuals in crisis 24 hours a day, 7 days a week; 2) The team is the first-line crisis evaluator and responder (if another crisis responder [illegible] is very minimal triaging); 3) The team accesses practical, individualized cri[illegible]plans to help them ad[illegible]rises for each individual; and 4) The team is able and willing to r[illegible]ond to crises in person, when need[illegible]

1	2	3	4	5
Team has no responsibility for directly handling crises after-hours.	Team meets up to 2 criteria at least PARTIALLY.	Team [illegible]eets Criterio[illegible]#1 and PARTIA[illegible]Y meets 2 to 3 [illegible]teria.	Team meets 3 criteria FULLY and 1 PARTIALLY.	Team FULLY meets all 4 criteria (see under definition).

Final TMACT Rating is Average Across All Ratings

Operations & Structure (OS)	12 items Examples: Team Approach (OS1); Daily Team Meeting-Quality (OS4); and Transition to Less Intensive Services (OS9)
Core Team (CT)	7 items Examples: Team Leader (CT1); Role of Psychiatric Care Provider in Treatment (CT4); Role of Nurses (CT7)
Specialist Team (ST)	8 items Examples: Co-Occurring Disorders Specialist on Team (ST1); Role of Employment Specialist Within Team (ST6); Role of Peer Specialist (ST8)
Core Practices (CP)	8 items Examples: Community-Based Services (CP1); Assertive Engagement Mechanisms (CP2); Intensity of Services (CP3)
Evidence-Based Practices (EP)	8 items Examples: Full Responsibility for Employment and Education Services (EP2); Engagement & Psychoeducation with Natural Supports (EP6); Empirically-Supported Psychotherapy (EP7)
Person-Centered Planning & Practices (PP)	4 items Examples: Person-Centered Planning (PP2); Interventions Target Broad Range of Life Domains (PP3); Client Self-Determination & Independence (PP4)

National ACT Study (Moser; 2024)

Larger Sample

- Originally collected data from 233 teams across 12 states
  - Removed one state data due to concerns about rating accuracies and insufficient report documentation
    - 223 teams across 11 states
      - Removed one state from most analyses as they were not intentionally trying to implement ACT
        - **206 teams across 10 states implementing ACT**

Table 1. Sample Inclusion and ACT Team Representation

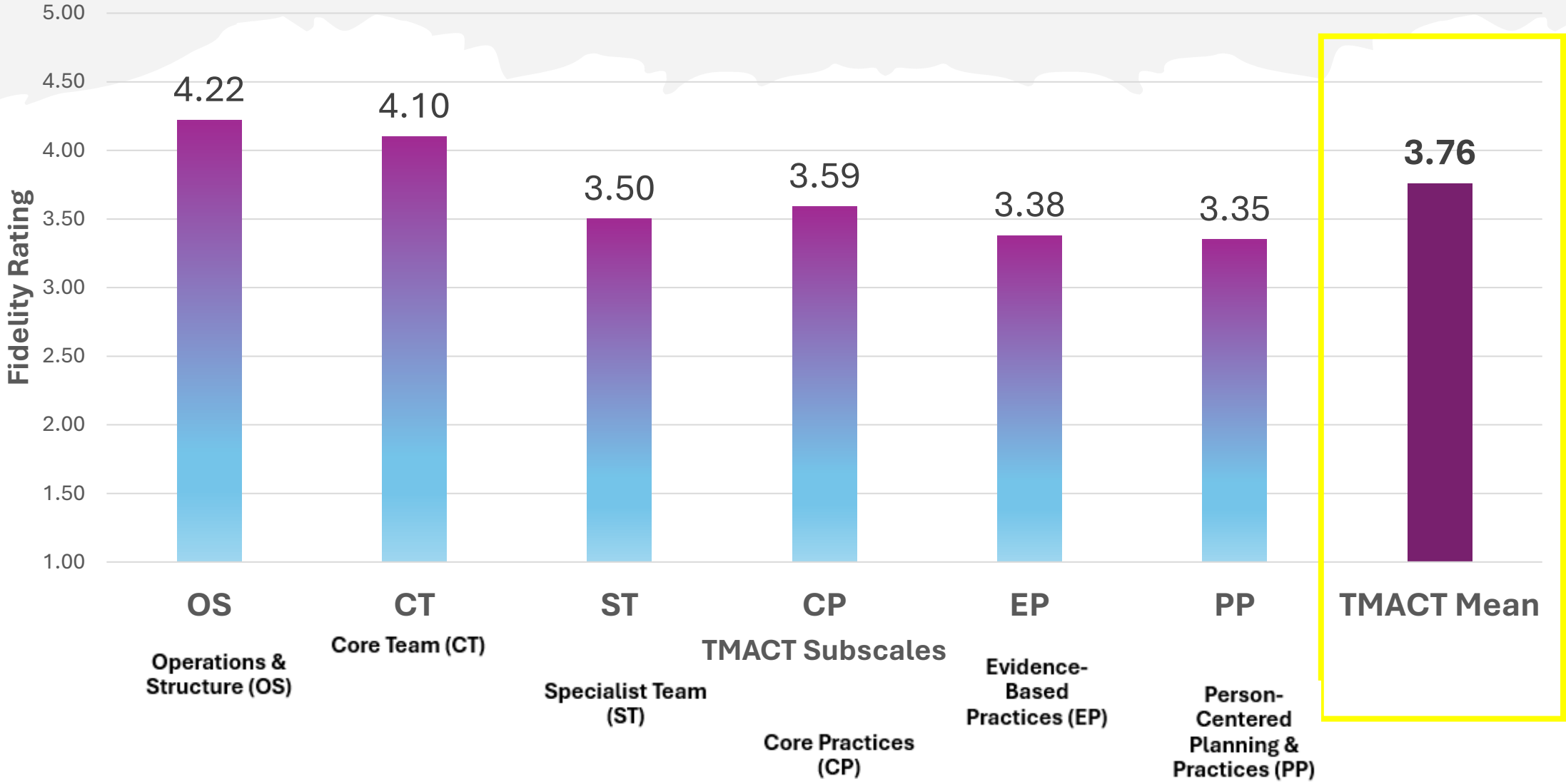
	ACT teams	% state representation	Sample Analysis Inclusion Status
State A	3	100%	Included
State B	8	20%	Included
State C	10	100%	Included
State D	16	24%	Limited
State E	26	76%	Included
State F	79	100%	Included
State G	3	unknown	Included
State H	24	100%	Included
State I	14	61%	Included
State J	31	70%	Included
State K	9	35%	Included
State L	10	71%	Excluded

ACT Fidelity (via TMACT) 206 Teams Across 10 U.S. States

TMACT RATINGS FOR 206 TEAMS ACROSS 10 US STATES	
Mean	**3.76**
Standard Deviation	0.39
25th Percentile	3.51
50th Percentile (median)	3.76
75th Percentile	3.98
Minimum	2.70
Maximum	4.62

Mean TMACT Rating and Subscale Ratings
(n = 206 ACT teams; 10 US States)

Subscale Scores

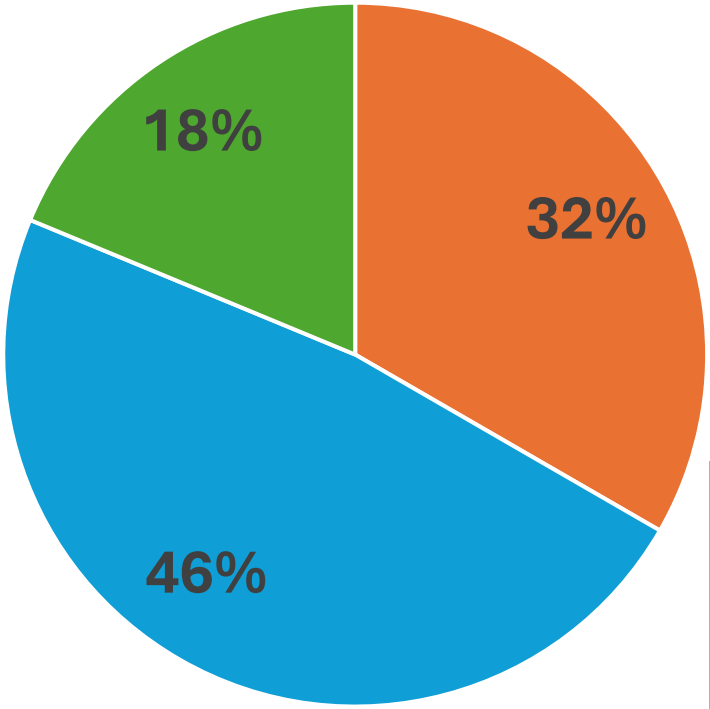


ACT Service Recipient ("Client") Experience / Circumstance

Comparing Lower Fidelity Teams to Higher Fidelity Teams

Lower Fidelity Teams (n = 28)	Higher Fidelity Teams (n = 36)
• 3.34 and lower • 7 US States • Average number of years team has operated: 8.8 years • Most common year fidelity review conducted: 2019	• 4.15 and higher • 4 US States • Average number of years team has operated: 9.8 years • Most common year fidelity review conducted: 2019

Lower Fidelity Team Sizes



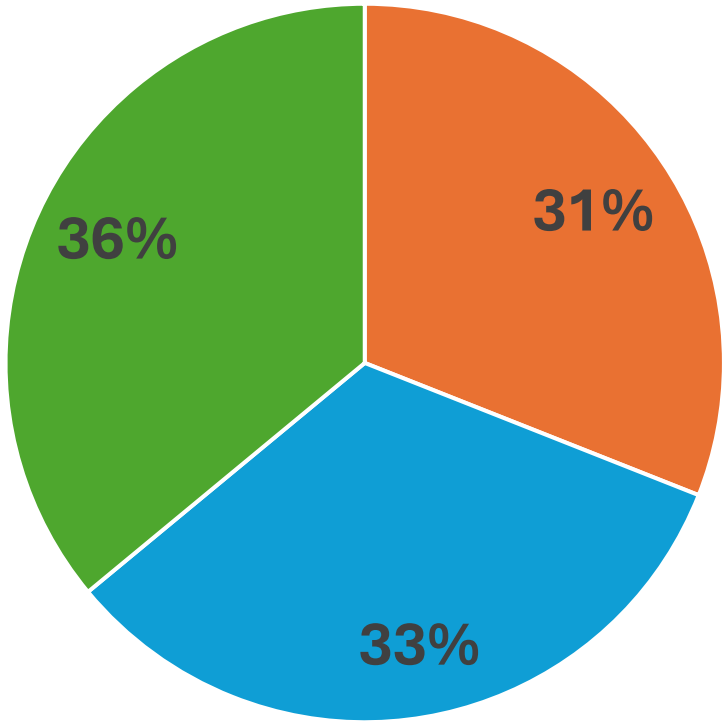
- Small Teams (30 - 59 clients)
- Medium Teams (60 - 89 clients)
- Large Teams (90+ clients)

Average Staff to Client Ratio

Low Fidelity Teams: 1.0 to 8.6

High Fidelity Teams: 1.0 to 7.4

Higher Fidelity Team Sizes



- Small Teams (30 - 59 clients)
- Medium Teams (60 - 89 clients)
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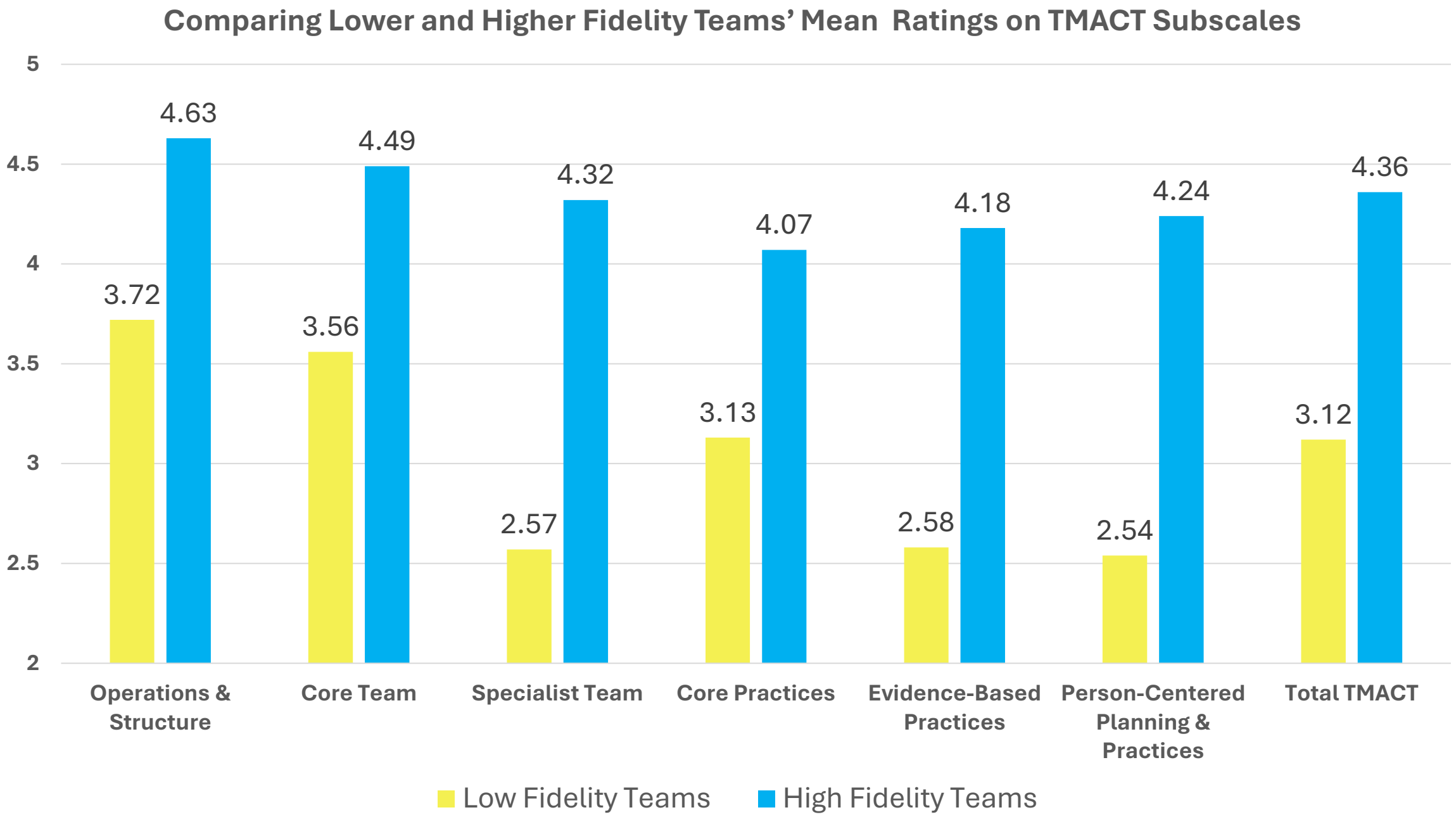
Comparing Lower and Higher Fidelity Teams' Mean Ratings on TMACT Subscales
5
4.5
4
3.5
3
2.5
2
3.72
4.63
3.56
4.49
2.57
4.32
3.13
4.07
2.58
4.18
2.54
4.24
3.12
4.36
Operations & Structure
Core Team
Specialist Team
Core Practices
Evidence-Based Practices
Person-Centered Planning & Practices
Total TMACT
Low Fidelity Teams
High Fidelity Teams

Housing Situation

Competitive Employment

Involuntary Commitment, Guardianship Status, Representative Payeeship Appointment

Medication Supports and Status

Substance Use Status

Circumstances of Discharge

Will there be a noticeable difference in the percentage of clients living in congregate settings (i.e., where at least 25% of their fellow residents/neighbors have a disability)?

0

No difference

0%

Yes, HIGHER FIDELITY teams will have FEWER clients living in congregate settings

0%

Yes, LOWER FIDELITY teams will have FEWER clients living in congregate settings

0%

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Will there be a noticeable difference in the percentage of clients who are unhoused/homeless?

0

No difference

0%

Yes, HIGHER FIDELITY teams will have FEWER clients who are unhoused/homeless

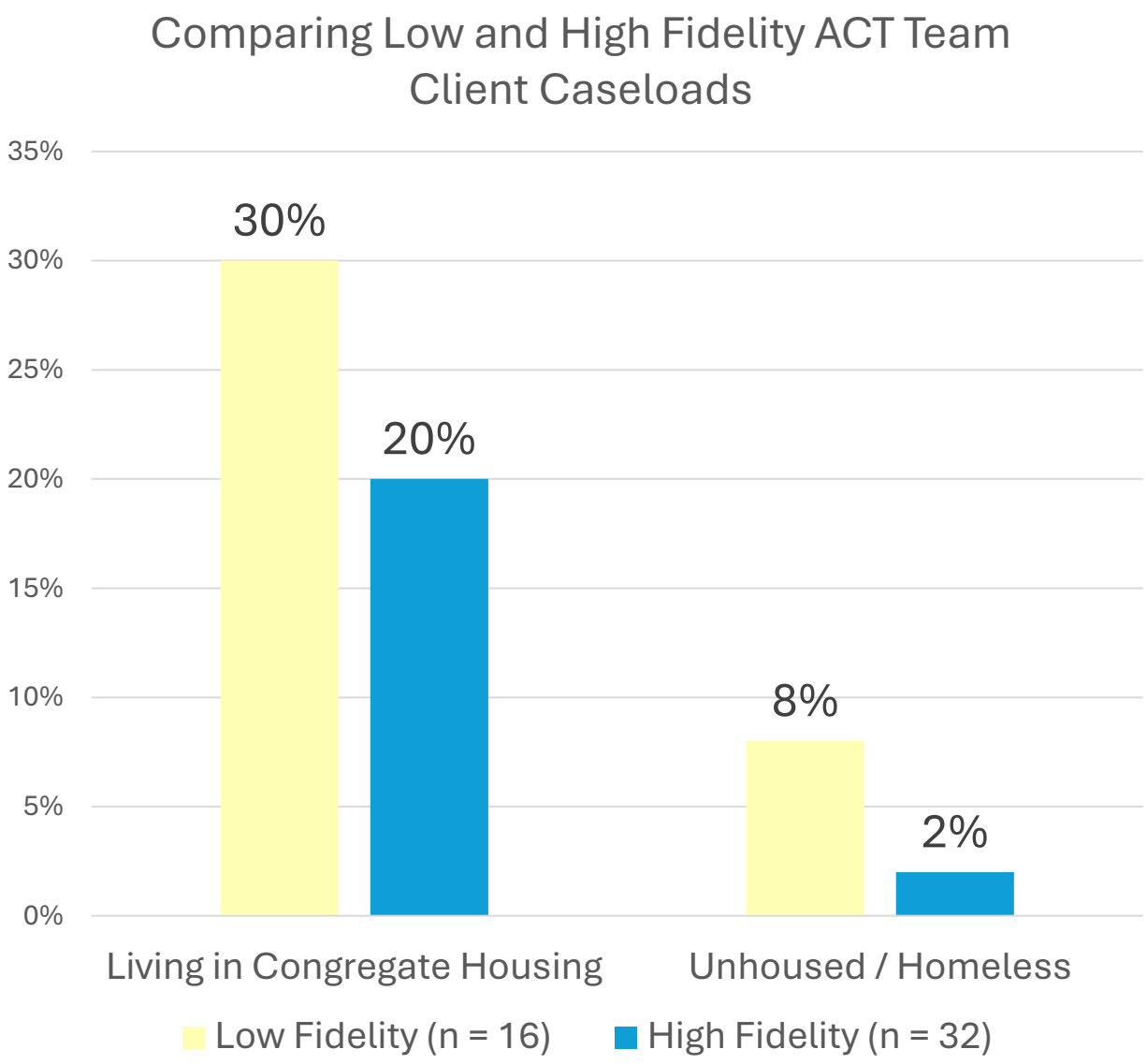
0%

Yes, LOWER FIDELITY teams will have FEWER clients who are unhoused/homeless

0%

Start the presentation to see live content. For screen share software, share the entire screen. Get help at **pollev.com/app**

Housing Situation



		Low Fidelity Teams	High Fidelity Teams
Percentage of Caseload Living in Congregate Housing	N	16.0	32.0
	Mean	29.5	20.0
	Std. Deviation	21.7	11.6
	25th percentile	8.6	10.1
	50th percentile	24.7	18.3
	75th percentile	49.2	30.0
	Minimum	3.8	1.9
	Maximum	73.4	42.0
Percentage of Caseload Unhoused/ Homeless	N	15.0	26.0
	Mean	7.9	2.3
	Std. Deviation	6.3	5.0
	25th percentile	1.4	0.0
	50th percentile	7.0	0.0
	75th percentile	13.7	1.9
	Minimum	0.0	0.0
	Maximum	19.3	21.4

Will there be a noticeable difference in the percentage of clients working in competitive employment?

0

No difference

0%

Yes, HIGHER FIDELITY teams will have FEWER clients working in competitive employment

0%

Yes, LOWER FIDELITY teams will have FEWER clients working in competitive employment

0%

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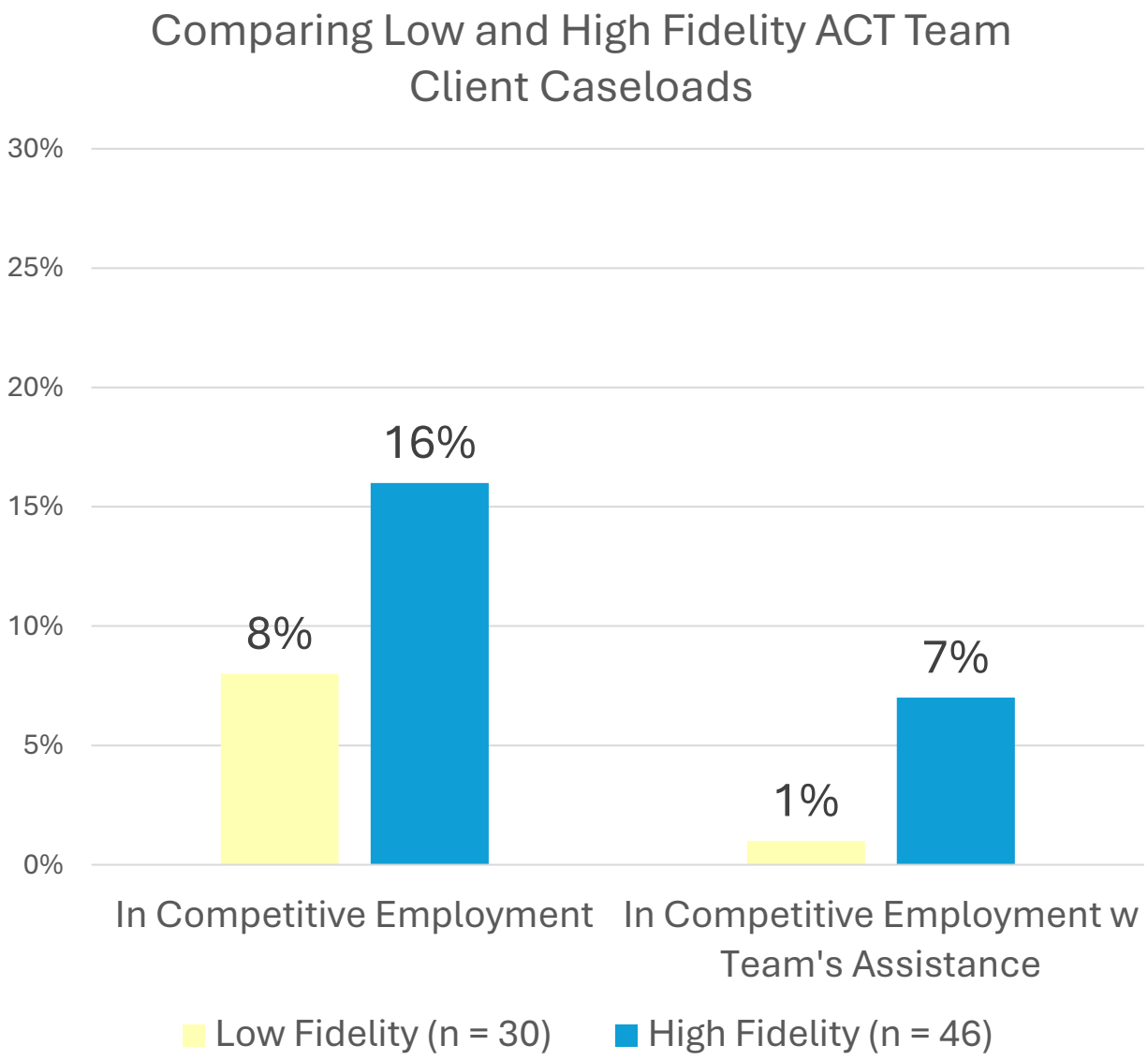
Competitive Employment Status



		Low Fidelity Teams	High Fidelity Teams
Percentage of clients in competitive employment	N	13	31
	Mean	8.4	15.5
	Std. Deviation	4.5	6.9
	25th percentile	4.0	10.3
	50th percentile	7.7	14.8
	75th percentile	11.9	18.5
	Minimum	2.7	5.9
	Maximum	15.8	40.3
Percentage of clients in competitive employment who got the job with the team's assistance	N	12.0	31.0
	Mean	1.1	8.3
	Std. Deviation	1.3	5.0
	25th percentile	0.0	4.7
	50th percentile	0.6	7.4
	75th percentile	2.3	10.4
	Minimum	0.0	1.0
	Maximum	4.0	23.3

Will there be a noticeable difference in the percentage of clients enrolled in ACT and under an involuntary outpatient commitment order?

0

No difference

0%

Yes, HIGHER FIDELITY teams will have FEWER clients under an involuntary outpatient commitment order

0%

Yes, LOWER FIDELITY teams will have FEWER clients under an involuntary outpatient commitment order

0%

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Will there be a noticeable difference in the percentage of clients who have a legal guardian/conservator appointed?

0

No difference

0%

Yes, HIGHER FIDELITY teams will have FEWER clients who have a legal guardian/conservator appointed

0%

Yes, LOWER FIDELITY teams will have FEWER clients who have a legal guardian/conservator appointed

0%

Start the presentation to see live content. For screen share software, share the entire screen. Get help at **pollev.com/app**

Will there be a noticeable difference in the percentage of clients who have a representative payee appointed (i.e., SSI/SSDI benefits are first disbursed to the payee who ensures the client's basic needs are met)?

0

No difference

0%

Yes, HIGHER FIDELITY teams will have FEWER clients who have a representative payee appointed

0%

Yes, LOWER FIDELITY teams will have FEWER clients who have a representative payee appointed

0%

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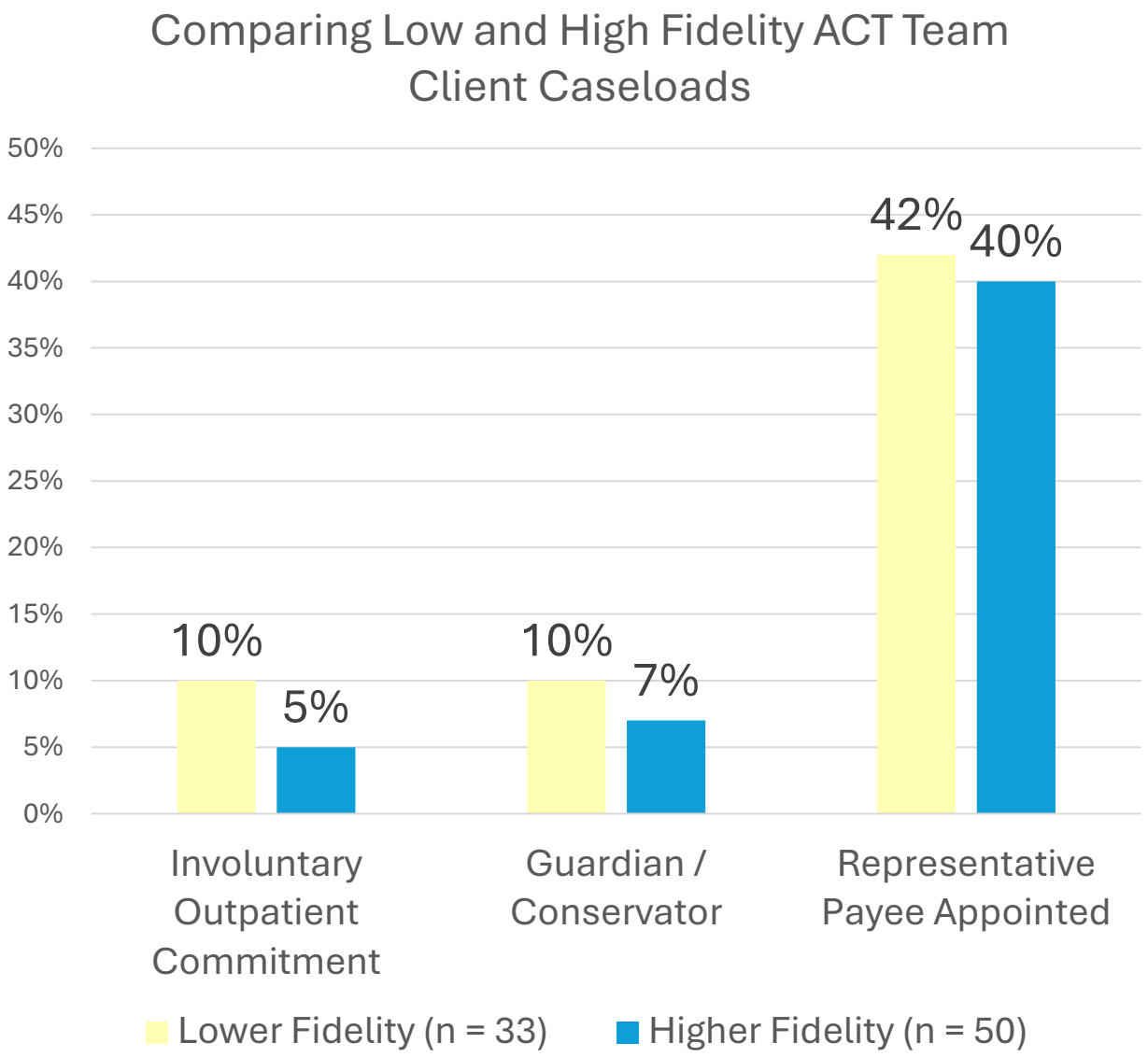
Involuntary Commitment, Guardianship Status, Representative Payee Appointment



		Low Fidelity Teams	High Fidelity Teams
Percentage of clients on an **involuntary outpatient commitment**	N	15.0	32.0
	Mean	10.2	5.1
	Std. Deviation	14.5	11.9
	25th percentile	1.3	0.0
	50th percentile	2.0	1.1
	75th percentile	12.3	3.9
	Minimum	0.0	0.0
	Maximum	41.7	56.9
Percentage of clients **appointed a guardian / conservator**	N	16.0	31.0
	Mean	9.3	7.8
	Std. Deviation	11.6	8.3
	25th percentile	2.2	2.0
	50th percentile	6.8	4.8
	75th percentile	10.8	13.2
	Minimum	0.0	0.0
	Maximum	46.8	35.5
Percentage of clients **appointed a represen-tative payee**	N	16	31
	Mean	45.4	46.2
	Std. Deviation	22.0	16.0
	25th percentile	26.1	34.8
	50th percentile	52.4	45.2
	75th percentile	60.1	61.2
	Minimum	7.0	18.9
	Maximum	83.5	77.6

Will there be a noticeable difference in the percentage of clients who are independently picking up / taking oral psychiatric medications?

0

No difference

0%

Yes, HIGHER FIDELITY teams will have FEWER clients who are independently picking up / taking oral psychiatric medications

0%

Yes, LOWER FIDELITY teams will have FEWER clients who are independently picking up / taking oral psychiatric medications

0%

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Will there be a noticeable difference in the percentage of clients who are receiving a long-acting injectable (LAI)?

0

No difference

0%

Yes, HIGHER FIDELITY teams will have FEWER clients who are receiving an LAI

0%

Yes, LOWER FIDELITY teams will have FEWER clients who are receiving an LAI

0%

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Will there be a noticeable difference in the percentage of clients who are NOT taking any psychiatric medications?

0

No difference

0%

Yes, HIGHER FIDELITY teams will have FEWER clients who are NOT taking any psychiatric medications

0%

Yes, LOWER FIDELITY teams will have FEWER clients who are NOT taking any psychiatric medications

0%

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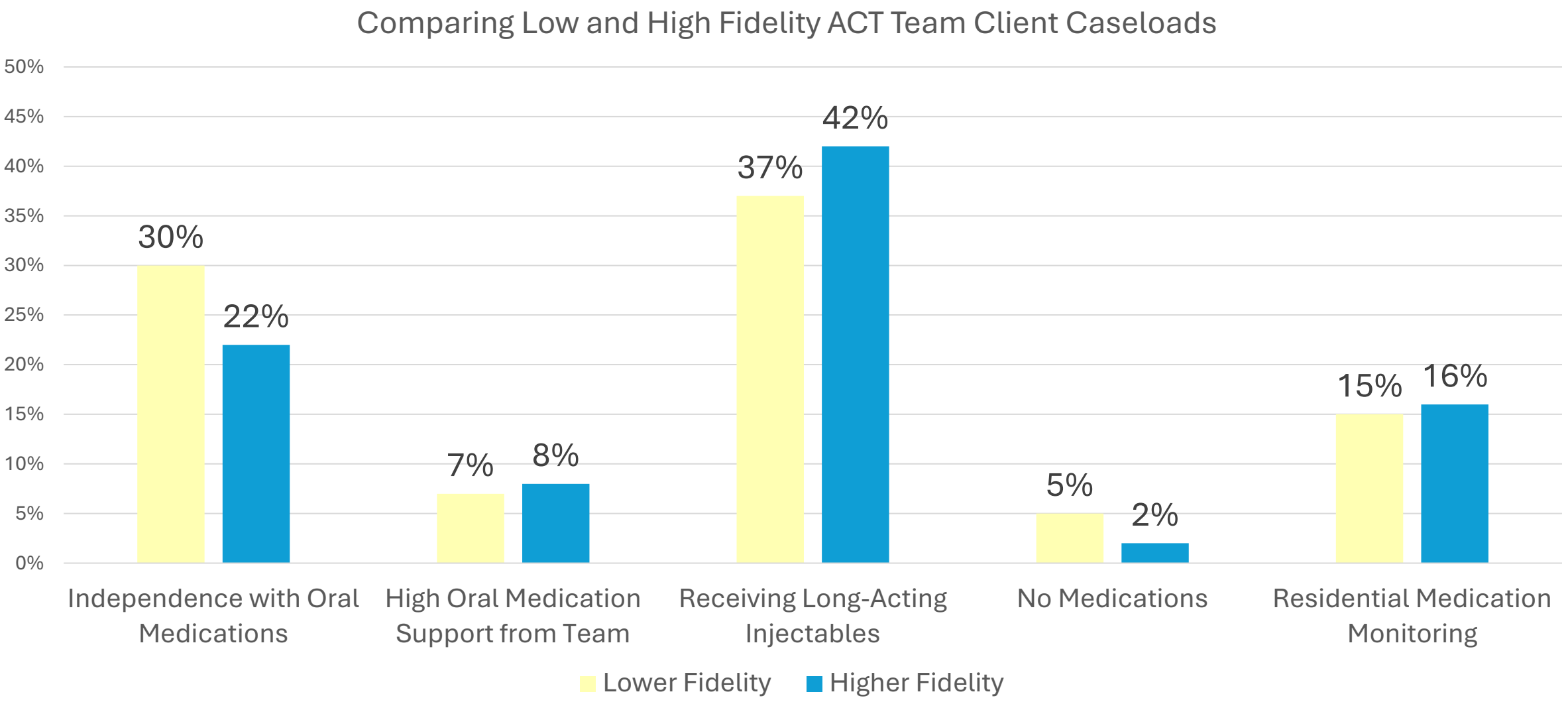
Medication Supports and Status



Medication Supports and Status

		Low Fidelity Teams	High Fidelity Teams
Independence with Oral Medications (of those taking orals)	N	11	26
	Mean	29.7	21.6
	Std. Deviation	31.3	21.4
	25th percentile	4.4	7.0
	50th percentile	19.3	13.2
	75th percentile	46.5	34.1
	Minimum	0.0	0.0
	Maximum	92.2	83.3
High Medication Support from Team	N	9.0	27.0
	Mean	6.8	8.4
	Std. Deviation	10.6	9.9
	25th percentile	0.0	0.0
	50th percentile	4.0	4.5
	75th percentile	9.5	13.5
	Minimum	0.0	0.0
	Maximum	32.9	34.7

		Low Fidelity Teams	High Fidelity Teams
Long-Acting Injectable (LAI) Psychotropic Medication	N	17	31
	Mean	37.0	41.7
	Std. Deviation	12.4	13.9
	25th percentile	27.4	33.9
	50th percentile	36.1	41.5
	75th percentile	46.4	47.9
	Minimum	17.1	14.3
	Maximum	57.5	72.6
No Medications	N	12.0	29.0
	Mean	4.5	2.0
	Std. Deviation	3.7	4.0
	25th percentile	1.5	0.0
	50th percentile	4.2	0.0
	75th percentile	6.8	2.6
	Minimum	0.0	0.0
	Maximum	13.2	20.5
Residential Medication Monitoring	N	17.0	32.0
	Mean	15.2	15.8
	Std. Deviation	17.2	11.6
	25th percentile	4.9	6.4
	50th percentile	11.9	13.9
	75th percentile	15.2	24.1
	Minimum	0.0	0.0
	Maximum	68.4	36.9

Will there be a noticeable difference in the percentage of clients who have a co-occurring substance use disorder?

0

No difference

0%

Yes, HIGHER FIDELITY teams will have FEWER clients who have a co-occurring substance use disorder

0%

Yes, LOWER FIDELITY teams will have FEWER clients who have a co-occurring substance use disorder

0%

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Will there be a noticeable difference in the percentage of clients who have a co-occurring substance use disorder who are also in an earlier stage of change readiness to reduce or stop use?

0

No difference

0%

Yes, HIGHER FIDELITY teams will have FEWER clients who are in an earlier stage of change readiness to reduce or stop use

0%

Yes, LOWER FIDELITY teams will have FEWER clients who are in an earlier stage of change readiness to reduce or stop use

0%

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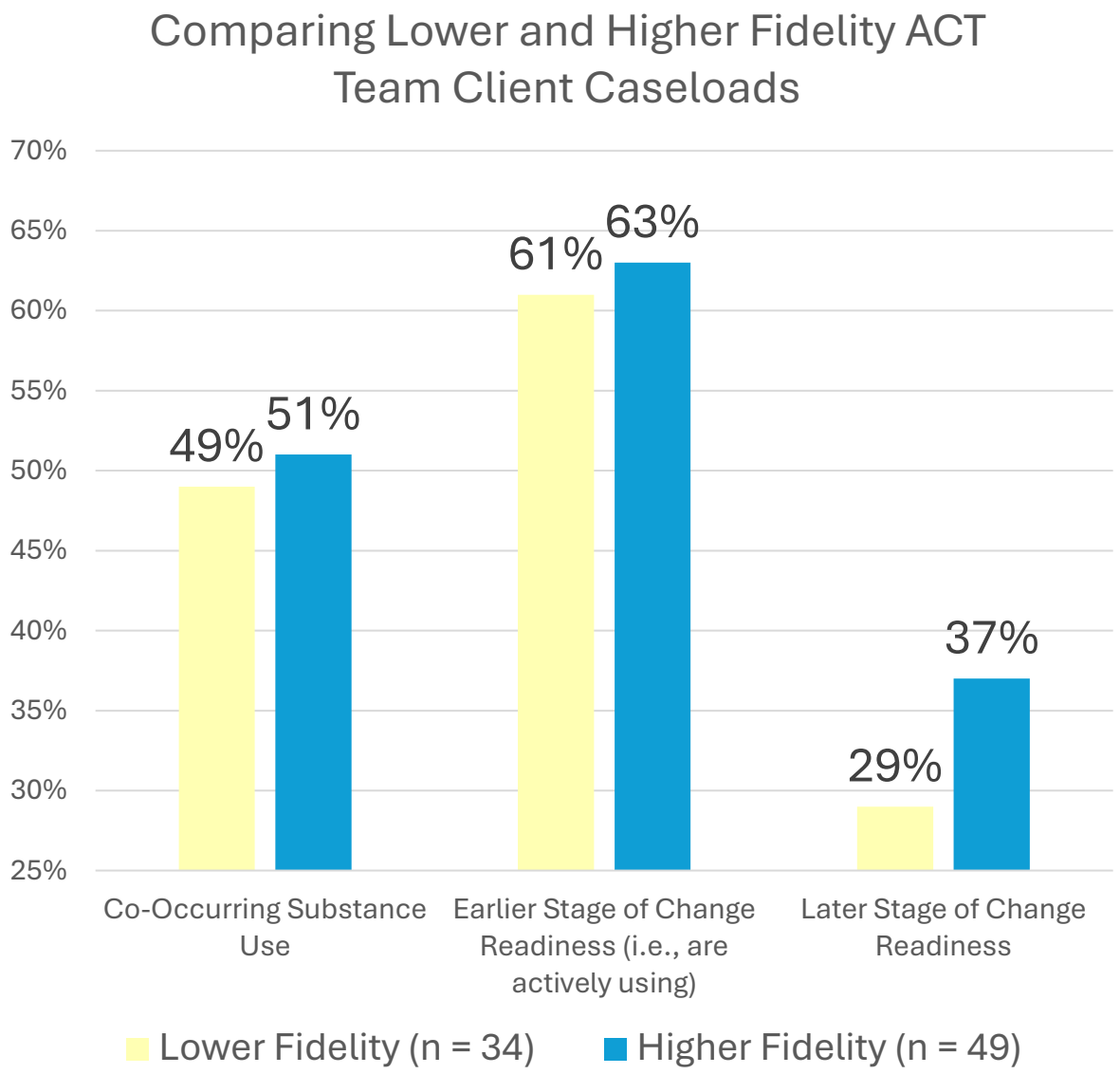
Substance Use Status



		Low Fidelity Teams	High Fidelity Teams
Percentage of ACT clients with Co-Occurring Substance Use Disorder	N	17	32
	Mean	48.2	46.9
	Std. Deviation	19.1	14.3
	25th percentile	37.4	37.3
	50th percentile	48.7	44.5
	75th percentile	61.2	50.6
	Minimum	5.5	27.2
	Maximum	85.7	98.5
Percentage in Early Stage of Change Readiness	N	17	32
	Mean	71.3	60.1
	Std. Deviation	21.2	18.1
	25th percentile	62.4	45.1
	50th percentile	72.5	59.0
	75th percentile	86.9	73.9
	Minimum	25.8	27.8
	Maximum	100.0	92.9
Percentage in Later Stage of Change Readiness	N	17	32
	Mean	28.7	39.9
	Std. Deviation	21.2	18.1
	25th percentile	13.1	26.1
	50th percentile	27.5	41.0
	75th percentile	37.6	54.9
	Minimum	0.0	7.1
	Maximum	74.2	72.2

Undesirable Circumstances Leading to Discharge

- Looked at the percentage of clients discharged from the team in the previous year under a variety of circumstances.
- Reminder: Pre-COVID-19 pandemic reviews

Circumstances:

- Client moved to a more restrictive setting (e.g., nursing home, assisted living facility, higher supervised group home)
- Client was incarcerated
- Team was unable to locate/ find client
- Client refused treatment and wanted to be discharged
- Client died

Higher fidelity teams outperformed lower fidelity teams across all of these circumstances. Rank-order these discharge circumstances (click on one and move up or down with arrow) based on where higher fidelity teams did the best.

Client moved to a more restrictive setting (e.g., assisted living facility; supervised group home placement)

Client was incarcerated

Team was unable to locate client

Client refused treatment and wanted to be discharged

Client died

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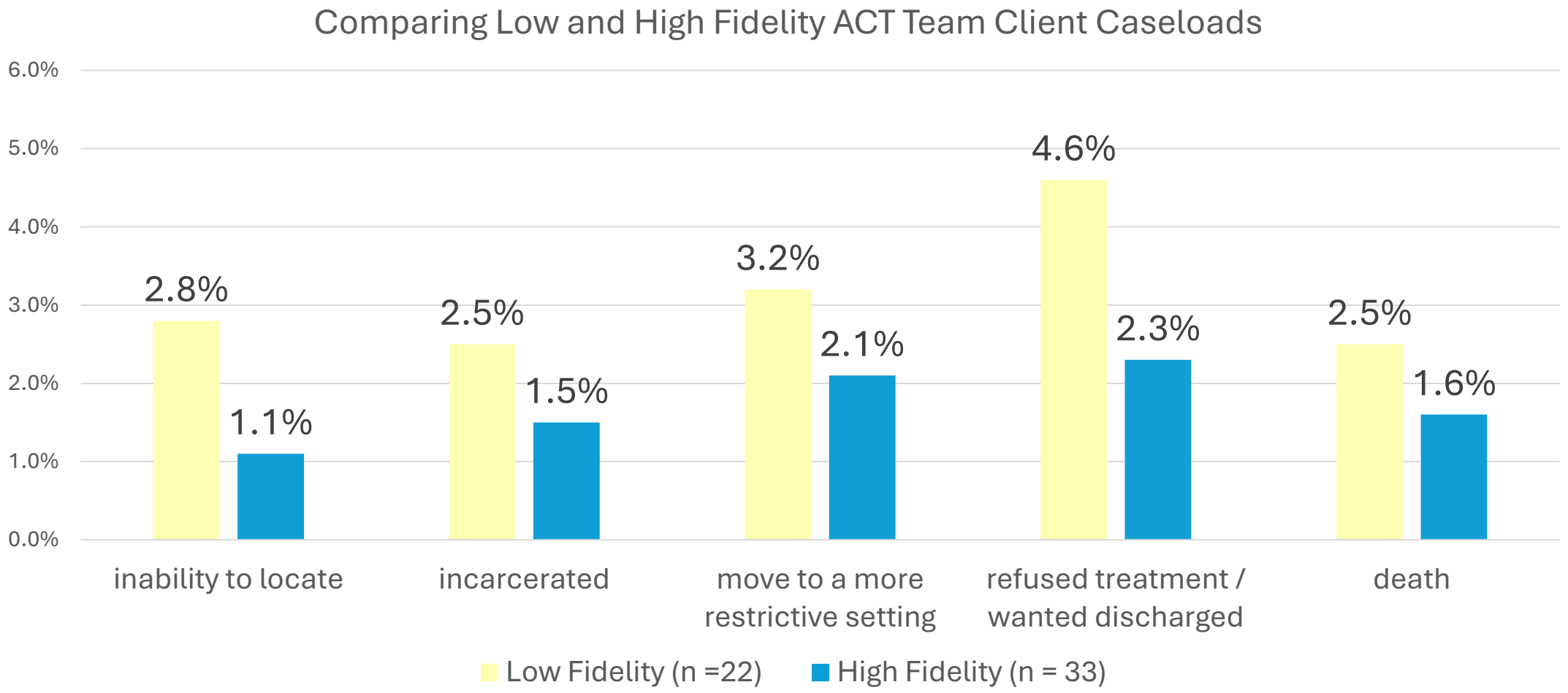
Circumstances at Discharge (Past Year)



2.5x higher	1.7x higher	1.5x higher	2.0x higher	1.6x higher

Circumstances at Discharge (Past Year)

		Low Fidelity Teams	High Fidelity Teams
inability to locate	N	22	33
	Mean	2.8	1.1
	Std. Deviation	4.2	1.5
	25th percentile	0.0	0.0
	50th percentile	1.1	0.0
	75th percentile	3.8	2.0
	Minimum	0.0	0.0
	Maximum	15.3	5.0
incarcerated	N	21	33
	Mean	2.5	1.5
	Std. Deviation	3.0	1.7
	25th percentile	0.5	0.0
	50th percentile	2.2	1.0
	75th percentile	3.4	3.3
	Minimum	0.0	0.0
	Maximum	13.8	5.2

		Low Fidelity Teams	High Fidelity Teams
Percent of caseload discharged due to move to more restrictive setting	N	20	33
	Mean	3.2	2.1
	Std. Deviation	2.4	2.1
	25th percentile	1.3	0.0
	50th percentile	2.1	1.6
	75th percentile	4.8	3.8
	Minimum	0.0	0.0
	Maximum	9.0	6.7
Percent of caseload discharged due to refused treatment/requested discharge	N	21	32
	Mean	4.6	2.3
	Std. Deviation	3.8	2.6
	25th percentile	1.2	0.0
	50th percentile	3.4	1.9
	75th percentile	6.9	3.6
	Minimum	0.0	0.0
	Maximum	12.7	11.2
Percent of caseload discharged due to death	N	20	32
	Mean	2.5	1.6
	Std. Deviation	1.9	1.7
	25th percentile	1.3	0.0
	50th percentile	2.4	1.1
	75th percentile	3.3	2.2
	Minimum	0.0	0.0
	Maximum	8.5	6.2

Using Benchmarking Data

How Might Descriptive Data Be Useful?

- More informed research questions to examine with well-designed study.
- Can inform policy decisions (e.g., setting attainable benchmarks for value-based care; policy expectations for staffing (e.g., moving lower than 1:10 ratio)).
- Self-reflecting on how are own teams are doing – are we significantly departing from normative data – why is that?
- Guide technical assistance efforts – catch practices and situations that appear abnormal and inquire more.

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