

Preparing for an ACT Fidelity Review

Fidelity reviews are a great way to learn more about how your team is implementing the ACT model and to identify strengths of the program and areas for improvement. Below is information on the fidelity review process and information that is needed in preparation for the review. Please have this information printed off and ready on the day of the review.

Fidelity review process

Duration	Reviewers	Methods
~6 hours	2 reviewers	1. We will use this DACTS Scale and accompanying Score Sheet to review your program. 2. Reviewers will observe your daily team meeting, talk with you and a couple of staff (ideally substance abuse specialist and vocational specialist), review 10 randomly selected charts*, and go on a client visit if possible. 3. For the chart review, reviewers will need access to 2 computers that can pull up client charts. Most teams create a temporary login for reviewers to access charts on the electronic health record (EHR).

**Random selection of charts will be done on the day of the review by the reviewers.*

Components and timeline

- Fidelity review: To be completed on a date determined by the ACT team and reviewers.
- Fidelity report
 - Approximately two weeks after the review, a draft fidelity report will be sent to the team lead to review and provide feedback.
 - A copy of the final report will be sent to the team lead via email and saved electronically to Iowa CEBH's fidelity review archive.
 - If you or your team would like a physical copy of your report, please email iowa-cebh@uiowa.edu to request that.

Information needed for the fidelity review

1. Roster of ACT staff – (roles, full-time equivalents (FTEs))
2. When your team is fully staffed, how many positions does that include?
3. Staff vacancies each month for last 12 months (or as long as program has existed, if less than 12 months)
4. Number of staff who have left the team over the last two years (or since program started if less than two years old)
5. A written description of the team's admission criteria
6. Roster of ACT clients (can be de-identified/MRNs or just client initials)
7. Number of clients with dual disorders
8. Number of clients admitted to ACT program, per month, for last six months
9. How many clients have terminated from the program in the last year, broken down in these categories:
 - a. Graduated (left because of significant improvement)
 - b. Left town
 - c. Closed because they refused services or team cannot find them
 - d. Deceased
 - e. Other (explain)
10. List of the last 10 clients admitted to psychiatric hospital
11. List of the last 10 clients discharged from psychiatric hospital
12. Number of clients living in supervised group homes (if any)
13. Number of clients for whom the ACT team has regular contact (i.e., anywhere from once a month to several times per week) with their informal support network (e.g., family member, landlord, etc.).
14. How many total patients did the team care for in the last 12 months?

Please review this information and email Iowa CEBH (iowa-cebh@uiowa.edu) to schedule a Zoom meeting ahead of the review to answer any outstanding questions and to discuss details of the visit.

Thank you so much for allowing us to visit and get to know your team and program! We look forward to seeing you soon.