

DACTS-TMACT Crosswalk

CRITERION		RATINGS / ANCHORS					DIFFERENCES BETWEEN DACTS AND TMACT
		(1)	(2)	(3)	(4)	(5)	
DACTS H1	SMALL CASELOAD	50 clients/clinician or more.	35 - 49	21 - 34	11 - 20	10 clients/clinician or fewer	Same staff-to-client ratio for a 5 rating. TMACT recalibrates the rest of the anchored ratings.
TMACT OS1	LOW RATIO OF CLIENTS TO STAFF	26 clients per team member or more. or few	19 – 25	14 – 18	11 – 13	10 clients per team member or fewer	
DACTS H2	TEAM APPROACH	Fewer than 10% clients with multiple staff face-to-face contacts in reporting 2-week period.	10 - 36%.	37 - 63%.	64 - 89%.	90% or more clients have face-to-face contact with > 1 staff member in 2 weeks.	TMACT increases number of team members from more than 1 to at least 3. TMACT increases review period from 2 weeks to 4 weeks.
TMACT OS2	TEAM APPROACH	Fewer than 25% of clients have face-to-face contacts with at least 3 team members in 4 weeks.	25 - 52%	53 - 74%	75 - 89%	90% or more clients have face-to-face contact with at least 3 team members in 4 weeks.	
DACTS H3	PROGRAM MEETING	Program service-planning for each client usually occurs once/month or less frequently.	At least twice/month but less often than once/week.	At least once/week but less often than twice/week.	At least twice/week but less often than 4 times/week.	Program meets at least 4 days/week and reviews each client each time, even if only briefly.	TMACT increases the daily team meeting to 5 days a week.

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TMACT OS3	DAILY TEAM MEETING (Frequency & Attendance)	Team meets fewer than 2 days a week.	Team meets 2 days a week.	Team meets 3 days a week with or without full attendance OR team meets 4 days a week, but without full attendance.	Team meets 4 days a week with full attendance OR team meets 5 days a week, but without full attendance.	Team meets 5 days a week with full attendance.	TMACT adds assessment of team member attendance in the daily team meeting.
TMACT OS4	DAILY TEAM MEETING (Quality): Team uses its daily team meeting to: (1) Conduct a brief, but clinically-relevant review of all clients & contacts in the past 24 hours AND (2) record status of all clients. Team develops a Daily Staff Schedule for the day's contacts based on: (3) Weekly Client Schedules, (4) emerging needs, AND (5) need for proactive contacts to prevent future crises; (6) Staff are held accountable for follow-through.	Daily team meeting serves no more than 3 functions.	4 functions are met at least PARTIALLY (2 functions are absent).	5 functions are met at least PARTIALLY (1 function is absent) OR ALL 6 functions are met with 4 or more PARTIALLY met.	ALL 6 functions met, with up to 3 PARTIALLY met.	ALL 6 daily team meeting functions FULLY met (see under definition).	New item in TMACT
DACTS H4	PRACTICING TEAM LEADER	Supervisor provides no services.	Supervisor provides services on rare occasions as backup.	Supervisor provides services routinely as backup, or less than 25% of the time.	Supervisor normally provides services between 25% and 50% time.	Supervisor provides services at least 50% time.	TMACT decreases direct service time for team leader from 50% time to 8 hours a week.

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TMACT CT2	TEAM LEADER IS A PRACTICING CLINICIAN	Less than 0.5 weekly hours of clinical services AND group and/or individual supervision are provided less than every three weeks to the two staff who consistently receive the most supervision	Both practices provided at a low level of frequency (0.5-3.9 weekly hours of clinical services; group and/or individual supervision are provided less than every three weeks to the two staff who consistently receive the most supervision) OR one practice is not provided	Both practices provided at moderate level of frequency (4.0-7.9 hours per week of direct clinical services; group and/or individual supervision are provided every two to three weeks to the two staff who consistently receive the most supervision) OR one practice is provided at at least moderate frequency and the other at a low level of frequency	One practice is provided at a moderate level of frequency, and one practice is at a high level of frequency (at least 8 hours per week of direct clinical services; group and/or individual supervision are provided every week to the two staff who consistently receive the most supervision)	A high level of frequency for both direct clinical services (8 hours/week) and clinical supervision (weekly to at least two team members)	TMACT also adds team leader role in providing supervision in addition to direct service.
TMACT CT1	TEAM LEADER ON TEAM	Less than 0.25 FTE team leader OR less than 0.75 FTE team leader with inadequate qualifications.	0.25 - 0.74 FTE team leader who meets at least minimal qualifications.	0.75 - 1.0 FTE team leader who does not meet minimal qualifications for education and experience.	0.75 – 0.99 FTE team leader who meets at least minimal qualifications OR 1.0 full-time team leader who meets all qualifications except having a clinical license.	1.0 FTE team leader who meets at least minimal qualifications, including licensure, and has full assigned responsibility to the team.	New item in TMACT
DACTS H5	CONTINUITY OF STAFFING	Greater than 80% turnover in 2 years.	60-80% turnover in 2 years.	40-59% turnover in 2 years.	20-39% turnover in 2 years.	Less than 20% turnover in 2 years.	This item was removed from the TMACT since it was deemed as not as specific to ACT fidelity.

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DACTS H6	STAFF CAPACITY	Program has operated at less than 50% of staffing in past 12 months.	50-64%	65-79%	80-94%	Program has operated at 95% or more of full staffing in past 12 months.	This item was removed from the TMACT since it was deemed as not as specific to ACT fidelity.
Oregon-Adapted DACTS H7	PSYCHIATRIC CARE PROVIDER ON STAFF	Program for 100 clients has less than .10 FTE regular psychiatrist.	.10-.39 FTE per 100 clients.	.40-.69 FTE per 100 clients.	.70-.99 FTE per 100 clients.	At least one full-time psychiatrist or PMHNP is assigned directly to a 100-client program.	TMACT decreases psychiatric care provider FTE from 1.0 to 0.8. TMACT also adds guidance on how to rate if there is more than one psychiatric care provider on the team.
TMACT CT3	PSYCHIATRIC CARE PROVIDER ON TEAM	Less than 0.20 FTE psychiatric care provider(s) per 100 clients.	0.20- 0.39 FTE psychiatric care provider meeting at least minimal qualifications per 100 clients OR criteria for a "3" rating met, except communication standard if two or more providers, OR at least 0.20 FTE with inadequate qualifications cited.	0.40- 0.59 FTE psychiatric care provider meeting at least minimal qualifications per 100 clients with demonstrated communication and collaboration if two providers. OR criteria for a "4" rating met, except communication standard if two or more providers.	0.60- 0.79 FTE psychiatric care provider meeting at least minimal qualifications per 100 clients with demonstrated communication and collaboration if multiple providers. OR criteria for a "5" rating met, except communication standard if two or more providers.	At least 0.80 FTE psychiatric care provider meeting at least minimal qualifications per 100 clients. Two or more providers must demonstrate a mechanism for adequate communication & collaboration between/among providers.	
TMACT CT4	ROLE OF PSYCHIATRIC CARE PROVIDER (In Treatment): In addition to providing psychopharmacologic treatment, the psychiatric care provider serves the following functions in treatment:	Psychiatric care provider performs 2 or fewer functions total.	4 functions PARTIALLY performed (2 are absent) OR 3 functions are performed (3 are absent).	4 functions are performed (2 are absent), but up to 3 are only PARTIALLY performed OR 5 functions are performed (i.e., 1 is absent)	ALL 6 functions are performed, but up to 2 functions are only PARTIALLY provided.	ALL 6 treatment functions FULLY performed (see under definition).	New item in TMACT

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(1) typically meets with clients at least monthly to conduct assessment of clients' symptoms & response to medications, including side effects; (2) provides brief therapy; (3) provides medication education to clients; (4) monitors all clients' non-psychiatric medical conditions and non-psychiatric medications; (5) if consumers are hospitalized, communicates directly with clients' inpatient psychiatric care providers to ensure continuity of care; & (6) conducts home/community visits.			OR ALL 6 functions are performed, but more than 2 are PARTIALLY performed.			
TMACT CT5 ROLE OF PSYCHIATRIC CARE PROVIDER (Within Team): (1) Collaborates with the team leader in sharing overall clinical responsibility for monitoring client treatment and team member service delivery; (2) educates non-medical team members on medications and their side effects; (3) attends majority of treatment planning	Psychiatric care provider performs no more than 2 team functions total.	3 team functions are performed.	4 team functions are performed.	5 team functions are performed.	ALL 6 team functions are performed (see under definition).	New item in TMACT

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meetings; (4) attends daily team meetings in proportion to time allocated on team; (5) actively collaborates with RNs; and (6) provides psychiatric back-up to the program after-hours and weekends.						
DACTS H8 NURSE ON STAFF: there are at least two full-time nurses assigned to work with a 100-client program.	Program for 100 clients has less than .20 FTE regular nurse.	.20-.79 FTE per 100 clients.	.80-1.39 FTE per 100 clients.	1.40-1.99 FTE per 100 clients.	Two full-time nurses or more are members of a 100-client program.	TMACT increases the number of nurses from 2 to 2.85-3 for a 100-client team.
TMACT CT6 NURSES ON TEAM:	Less than 0.50 FTE RNs per 100 clients.	0.50 - 1.40 FTE RNs per 100 clients.	1.41 - 2.10 FTE RNs per 100 clients OR Criteria for "4" or "5" rating met, however no full-time RNs have a minimum of 1 year experience working with adults with SMI.	2.11 - 2.84 FTE RNs per 100 clients.	At least 2.85 FTE Registered Nurses (RNs) per 100-client team; at least 1 full-time nurse must have at least 1 year experience working with adults with SMI. If not, rate no higher than a "3".	TMACT also adds requirements for nursing minimal qualifications and provides guidance for allowing for LPNs to be counted at .75 of 1.0 RN FTE if there is a full-time RN with one year of experience working with people with SMI.
TMACT CT7 ROLE OF NURSES ON TEAM: Team nurses perform the following critical roles (in collaboration with the psychiatric care provider): (1) Manage the medication system, administer and document medication treatment;	Nurses perform 2 or fewer functions total.	4 functions PARTIALLY performed (2 are absent) OR 3 functions are performed (3 are absent).	4 functions are performed (2 are absent), but up to 3 are only PARTIALLY performed OR 5 functions are performed (1 is absent) OR ALL 6 functions	ALL 6 functions, with up to 3 functions are PARTIALLY performed.	ALL 6 functions are FULLY performed.	New item in TMACT

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(2) Screen and monitor clients for medical problems/side effects; (3) Communicate and coordinate services with the other medical providers; (4) Engage in health promotion, prevention, and education activities (i.e., assess for risky behaviors and attempt behavior change); (5) Educate other team members to help them monitor psychiatric symptoms and medication side effects; and (6) When clients are in agreement, develop strategies to maximize the taking of medications as prescribed (e.g., behavioral tailoring, development of individual cues and reminders).			are performed, but more than 3 are PARTIALLY performed.			
DACTS H9 SUBSTANCE ABUSE SPECIALIST ON STAFF: a 100-client program includes at least two staff members with 1 year of training or clinical experience in substance abuse treatment.	Program has less than .20 FTE S/A expertise per 100 clients.	.20-.79 FTE per 100 clients.	.80-1.39 FTE per 100 clients.	1.40-1.99 FTE per 100 clients.	Two FTEs or more with 1 year S/A training or supervised S/A experience.	TMACT decreases staffing requirement from 2 FTEs to 1 FTE, but increases minimal requirements to include: -At least a bachelor's degree -Meets local standards for certification (preferably integrated COD)

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ST1	CO-OCCURRING DISORDERS (COD) SPECIALIST ON TEAM	Less than 0.25 (actual or adjusted) FTE COD specialist with at least minimal qualifications OR criteria for a "2" rating met, except qualifications standards.	0.25 - 0.49 (actual or adjusted) FTE COD specialist with at least minimal qualifications OR criteria for a "3" rating met, except qualifications standards.	0.50 - 0.74 (actual or adjusted) FTE COD specialist with at least minimal qualifications OR criteria for a "4" rating met, except qualifications standards.	0.75 - 0.99 (actual or adjusted) FTE COD specialist with at least minimal qualifications OR criteria for a "5" rating met, except qualifications standards.	At least 1.0 FTE COD specialist with at least minimal qualifications.	TMACT requires that this role dedicates 80% of their time to providing services aligned with their role to count full 1.0 FTE
TMACT ST2	ROLE OF COD SPECIALIST (in treatment): The COD specialist provides integrated treatment for COD to ACT clients who have a substance use problem. Core services include the following: (1) Conducting ongoing comprehensive substance use assessments that consider the relationship between substance use and mental health; (2) Assessing and tracking clients' stages of change readiness and stages of treatment; (3) Using outreach and motivational interviewing (MI) techniques; (4) Using cognitive behavioral approaches and relapse prevention; and (5) Applying treatment approaches	The COD specialist provides 1 or fewer integrated treatment for co-occurring disorder services.	2 integrated treatment for COD services are provided (3 are absent).	3-4 integrated treatment for COD services are provided, (1 or 2 are absent) OR ALL 5 services are provided, with 3 or more services PARTIALLY provided.	ALL 5 integrated treatment for COD services are provided, but up to 2 services are only PARTIALLY provided.	ALL 5 integrated treatment for COD services are FULLY provided.	New item in TMACT

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consistent with clients' stage of change readiness.						
TMACT ST3 ROLE OF COD SPECIALIST (within team): The COD specialist performs the following functions WITHIN THE TEAM: (1) Modeling skills and consultation; (2) Cross-training to other staff on the team to help them develop co-occurring disorder assessment and treatment skills; (3) Attending all daily team meetings; and (4) Attending the majority of treatment planning meetings for clients with COD.	The COD specialist does not perform any of the 4 functions within the team.	1 function is performed within the team.	2 functions are performed within the team.	3 functions are performed within the team.	ALL 4 functions are performed within the team.	New item in TMACT
H10 VOCATIONAL SPECIALIST ON STAFF: the program includes at least two staff members with 1 year training/ experience in vocational rehabilitation and support.	Program has less than .20 FTE vocational expertise per 100 clients.	.20-.79 FTE per 100 clients.	.80-1.39 FTE per 100 clients.	1.40-1.99 FTE per 100 clients.	Two FTEs or more with 1-year voc. rehab. training or supervised VR experience.	TMACT decreases staffing requirement from 2 FTEs to 1 FTE but increases minimal requirements to include at least one year of experience providing employment services.

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TMACT ST4	EMPLOYMENT AND EDUCATION SPECIALIST ON TEAM	Less than 0.25 (actual or adjusted) FTE employment specialist with at least minimal qualifications OR criteria for a "2" rating met, except qualifications standards.	0.25 - 0.49 (actual or adjusted) FTE employment specialist with at least minimal qualifications OR criteria for a "3" rating met, except qualifications standards.	0.50 - 0.74 (actual or adjusted) FTE employment specialist with at least minimal qualifications OR criteria for a "4" rating met, except qualifications standards.	0.75 - 0.99 (actual or adjusted) FTE employment specialist with at least minimal qualifications OR criteria for a "5" rating met, except qualifications standards.	At least 1.0 FTE employment specialist with at least minimal qualifications.	TMACT requires that this role dedicates 80% of their time to providing services aligned with their role to count full 1.0 FTE.
TMACT ST5	ROLE OF EMPLOYMENT & EDUCATION SPECIALIST (In 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); and (6) Benefits counseling.	The employment specialist provides 2 or fewer employment services.	3 employment services are provided (3 are absent) OR 4 services are PARTIALLY provided (2 are absent).	4 employment services are provided (2 are absent), but up to 3 services are only PARTIALLY provided OR 5 employment services are provided (1 is absent) OR ALL 6 services are provided, with 4 or more PARTIALLY provided.	ALL 6 employment services are provided, but up to 3 services are only PARTIALLY provided.	ALL 6 employment services are FULLY provided.	New item in TMACT

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<p>TMACT ST6</p> <p>ROLE OF EMPLOYMENT & EDUCATION SPECIALIST (within team): They perform the following functions WITHIN THE TEAM: (1) Modeling skills and consultation; (2) Cross-training to other staff on the team to help them to develop supported employment & education approaches with clients in the team; (3) Attending all daily team meetings; and (4) Attending all treatment planning meetings for clients with employment goals.</p>	The employment specialist does not perform any of the 4 functions within the team.	1 function is performed within the team.	2 functions are performed within the team.	3 functions are performed within the team.	ALL 4 functions are performed within the team.	New item in TMACT
<p>TMACT ST7</p> <p>PEER SPECIALIST ON TEAM: The team has at least 1.0 FTE team member designated as a peer specialist who meets local standards for certification as a peer specialist. If peer certification is unavailable locally, minimal qualifications include the following: (1) Self-identifies as an individual with a serious mental illness who is currently or formerly a recipient of mental health</p>	Less than 0.25 (actual or adjusted) FTE peer specialist with at least minimal qualifications OR criteria for a "2" rating met, except qualifications standards.	0.25 - 0.49 (actual or adjusted) FTE peer specialist with at least minimal qualifications OR criteria for a "3" rating met, except qualifications standards.	0.50 - 0.74 (actual or adjusted) FTE peer specialist with at least minimal qualifications OR criteria for a "4" rating met, except qualifications standards.	0.75 - 0.99 (actual or adjusted) FTE peer specialist with at least minimal qualifications OR criteria for a "5" rating met, except qualifications standards.	At least 1.0 (actual or adjusted) FTE peer specialist with at least minimal qualifications.	New item in TMACT

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services; (2) Is in the process of their own recovery; and (3) Has successfully completed training in wellness management and recovery (WMR) interventions.						
Oregon-adapted DACTS & TMACT ST8 ROLE OF PEER SPECIALIST: The peer specialist performs the following functions: (1) Coaching and consultation to clients to promote recovery and self-direction (e.g., preparation for role in treatment planning meetings); (2) Facilitating wellness management and recovery strategies (e.g., Wellness Recovery Action Plans (WRAP), Illness Management and Recovery (IMR), or other deliberate wellness strategies); (3) Participating in all team activities (e.g., treatment planning, chart notes) equivalent to fellow team members; (4) Modeling skills for and providing consultation to fellow team members; and (5) Providing cross-training to other team members in recovery						Same item in both fidelity scales

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principles and strategies.							
DACTS H11	PROGRAM SIZE:	Program has fewer than 2.5 FTE staff.	2.5 - 4.9 FTE	5.0 - 7.4 FTE	7.5 - 9.9	Program has at least 10 FTE staff.	TMACT provides staffing level for 50-client team as well as a table in the TMACT Protocol that provides staffing levels for teams with caseload sizes between 30 and 120.
TMACT OS5	PROGRAM SIZE:	100-Client Team: Includes fewer than 5.5 FTE direct clinical staff.	5.5 - 6.9 FTE	7.0 - 8.4 FTE	8.5 - 9.9 FTE	100-Client Team: Includes at least 10.0 FTE direct clinical staff.	
		50-Client Team: Includes fewer than 5.5 FTE direct clinical staff.	5.5 - 5.9 FTE	6.0 - 6.4 FTE	6.5 - 6.9 FTE	50-Client Team: Includes at least 7.0 FTE direct clinical staff.	

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DACTS O1	EXPLICIT ADMISSION CRITERIA:	Program has no set criteria and takes all types of cases as determined outside the program.	Program has a generally defined mission but the admission process is dominated by organizational convenience.	The program makes an effort to seek and select a defined set of clients but accepts most referrals.	Program typically actively seeks and screens referrals carefully but occasionally bows to organizational pressure.	The program actively recruits a defined population and all cases comply with explicit admission criteria.	
TMACT OS6	<p>PRIORITY SERVICE POPULATION: ACT teams serve a specific, high service-need population of adults with serious mental illness and are able to make decisions about who is served by the team.</p> <p>(1) The team has specific admission criteria, inclusive of schizophrenia & other psychotic disorders or bipolar I disorder, significant functional impairments, and continuous high service needs, and exclusive of a sole or primary diagnosis of a substance use disorder, intellectual development disorder, brain injury or personality disorders; and</p> <p>(2) The team/agency has</p>	The team at least PARTIALLY meets criterion #2 only OR does not meet either criterion.	The team PARTIALLY meets criterion #1 only.	The team PARTIALLY meets criterion #1, and at least PARTIALLY meets criterion #2.	Team FULLY meets criterion #1, and PARTIALLY meets criterion #2.	Team FULLY meets both criteria.	TMACT specifies ACT admission criteria and a gatekeeping function

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the authority to be the gatekeeper on admissions to the team (including screening out inappropriate referrals) and discharges from the team.						
TMACT OS7 ACTIVE RECRUITMENT: (1) The team (or its organizational representative) actively recruits new clients who could benefit from ACT, including assertive outreach to referral sites for regular screening and planning for new admissions to the team. (2) The team is primarily comprised of clients from referral sources and sites outside of usual community mental health settings (e.g., state & community hospitals, ERs, prisons/jails, shelters, street outreach). (3) The team works to fill open slots when they are not at full capacity and/or the client-to-staff ratio is well below 10:1 on more mature teams.	The team PARTIALLY meets 1 criterion or less.	1 criterion is FULLY met (2 are absent) OR 2 criteria met, with both criteria PARTIALLY met OR 1 criterion is PARTIALLY met and 1 FULLY met (1 is absent).	2 criteria are FULLY met (1 is absent) OR ALL 3 criteria are met, with 2 or 3 PARTIALLY met.	ALL 3 criteria are met, with 2 FULLY and 1 PARTIALLY met.	ALL 3 criteria FULLY met.	New item in TMACT

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DACTS O2	INTAKE RATE:	Highest monthly intake rate in the last 6 months = greater than 15 clients/month.	13 -15	10 - 12	7 - 9	Highest monthly intake rate in the last 6 months no greater than 6 clients/month.	TMACT decreases the highest monthly intake rate to 4 clients per month and recalibrates the remaining anchored ratings.
TMACT OS8	INTAKE RATE:	Highest monthly admission rate in the last 6 months is greater than 15 clients per month.	12 -15	8 - 11	5 - 7	Highest monthly admission rate in the last 6 months no greater than 4 clients per month.	
DACTS O3	FULL RESPONSIBILITY FOR TREATMENT SERVICES: in addition to case management, program directly provides psychiatric services, counseling / psychotherapy, housing support, substance abuse treatment, employment/rehabilitative services.	Program provides no more than case management services.	Program provides one of five additional services and refers externally for others.	Program provides two of five additional services and refers externally for others.	Program provides three or four of five additional services and refers externally for others.	Program provides all five of these services to clients.	<p>TMACT breaks out each service into separately rated items, including:</p> <ul style="list-style-type: none"> - CP7. Full Responsibility for Psychiatric Services - CP8. Full Responsibility for Psychiatric Rehabilitation Services - EP1. Full Responsibility for Integrated Treatment for COD treatment - EP2. Full Responsibility for Employment & Educational Services - EP3. Full Responsibility for Wellness Management & Recovery Services <p style="text-align: center;">And</p> <ul style="list-style-type: none"> - EP5. Full Team Provides Employment and Educational Services - EP6. Engagement & Psychoeducation with

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						Natural Supports - EP7. Evidence-Based Psychotherapy - EP8. Supported Housing
TMACT CP7 FULL RESPONSIBILITY FOR PSYCHIATRIC SERVICES: The team assumes responsibility for providing psychiatric services to clients, where there is little need for clients to have to access such services outside of the team. The psychiatric care provider assumes most of the responsibility for psychiatric services. However, the team's role in medication administration and monitoring are also considered in this assessment, especially when evaluating psychiatric services provided to clients residing in supervised settings where non-ACT staff also manage medications; the expectation is that ACT staff play an active role in monitoring medication management even when a client is in a residential setting.	Less than 20% of clients in need of psychiatric services are receiving them from the team.	20 - 49% of clients in need of services are receiving them from the team.	50 - 74% of clients in need of services are receiving them from the team.	75 - 89% of clients in need of services are receiving them from the team.	90% or more of clients in need of psychiatric services are receiving them from the team.	New item in TMACT

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<p>TMACT CP8</p> <p>FULL RESPONSIBILITY FOR PSYCHIATRIC REHABILITATION SERVICES: Services focus on targeted skills training in community living, which includes skills needed to maintain independent living (e.g., shopping, cooking, cleaning, budgeting, and transportation) and socialization (e.g., enhancing social and/or romantic relationships, recreational and leisure pursuits that contribute to community integration). Psychiatric rehabilitation should address functional deficits as well as the lack of necessary resources, all of which are identified through the assessment process. As such, deliberate and consistent skills training which typically includes staff demonstration, consumer practice/role-plays, and staff feedback, as well as ongoing prompting and cueing for learned skills in more generalized settings.</p>	<p>Less than 20% of clients in need of psychiatric rehabilitation services are receiving them from the team.</p>	<p>20 - 49% of clients in need of services are receiving them from the team.</p>	<p>50 - 74% of clients in need of services are receiving them from the team.</p>	<p>75 - 89% of clients in need of services are receiving them from the team.</p>	<p>90% or more of clients in need of psychiatric rehabilitation services are receiving them from the team.</p>	<p>New item in TMACT</p>

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	(1)	(2)	(3)	(4)	(5)	
<p>TMACT EP1</p> <p>FULL RESPONSIBILITY FOR INTEGRATED TREATMENT FOR CO-OCCURRING SUBSTANCE USE DISORDERS: The team assumes responsibility for providing integrated treatment for co-occurring disorders (COD) services within the larger framework of integrated treatment for COD, where there is little need for clients to have to access such services outside of the team. Core services include systematic and integrated screening and assessment and interventions tailored to those in early stages of change readiness (e.g., outreach, motivational interviewing) and later stages of change readiness (e.g., CBT, relapse prevention). It is expected that the ACT COD specialist will assume the majority of responsibility for delivering integrated treatment for co-occurring disorders, but ideally other team members also provide some integrated treatment for co-</p>	<p>Less than 20% of clients in need of integrated treatment for COD treatment are receiving them from the team.</p>	<p>20 - 49% of clients in need of services are receiving them from the team.</p>	<p>50 - 74% of clients in need of services are receiving them from the team.</p>	<p>75 - 89% of clients in need of services are receiving them from the team.</p>	<p>90% or more of clients in need of integrated treatment of COD treatment are receiving them from the team.</p>	<p>New item in TMACT</p>

CRITERION	RATINGS / ANCHORS					DIFFERENCES BETWEEN DACTS AND TMACT
	(1)	(2)	(3)	(4)	(5)	
occurring disorders services.						
TMACT EP2 FULL RESPONSIBILITY FOR EMPLOYMENT AND EDUCATIONAL SERVICES: Core services include engagement, vocational assessment, job development, job placement (including going back to school, classes), and job coaching & follow-along supports (including supports in academic/school settings). It is expected that the ACT Employment Specialist will assume the majority of responsibility for delivering EE services, but ideally other team members also provide some EE services.	Less than 20% of clients in need of employment and educational services are receiving them from the team.	20 - 49% of clients in need of services are receiving them from the team.	50 - 74% of clients in need of services are receiving them from the team.	75 - 89% of clients in need of services are receiving them from the team.	90% or more of clients in need of employment and educational services are receiving them from the team.	New item in TMACT
TMACT EP3 FULL RESPONSIBILITY FOR WELLNESS MANAGEMENT AND RECOVERY SERVICES: The team assumes responsibility for providing wellness management and recovery (WMR) services to clients, where there is	Less than 20% of clients in need of WMR services are receiving them from the team.	20 - 49% of clients in need of services are receiving them from the team.	50 - 74% of clients in need of services are receiving them from the team.	75 - 89% of clients in need of services are receiving them from the team.	90% or more of clients in need of WMR services are receiving them from the team.	New item in TMACT

CRITERION	RATINGS / ANCHORS					DIFFERENCES BETWEEN DACTS AND TMACT
	(1)	(2)	(3)	(4)	(5)	
little need for clients to have to access such services outside of the team. These services include a formal and/or manualized approach to working with clients to build and apply skills related to their recovery. Examples of such services include the development of Wellness Recovery Action Plans (WRAP) and provision of the Illness Management and Recovery (IMR) curriculum.						
ENGAGEMENT & PSYCHOEDUCATION WITH NATURAL SUPPORTS : The FULL TEAM works in partnership with clients' natural supports. As part of their active engagement of natural supports, team (1) provides education about their loved one's illness; (2) teaches problem-solving strategies for difficulties caused by illness; and (3) provides &/or connects natural supports with social & support groups. TMACT EP6	Team does not use any of the specified strategies with clients' natural supports.	1 or 2 strategies used.	ALL 3 strategies used, but 2-3 strategies only PARTIALLY.	ALL 3 strategies used but 1 only PARTIALLY.	ALL 3 strategies FULLY used by team (see under definition).	New item in TMACT

CRITERION	RATINGS / ANCHORS					DIFFERENCES BETWEEN DACTS AND TMACT
	(1)	(2)	(3)	(4)	(5)	
<p>TMACT EP7</p> <p>EMPIRICALLY-SUPPORTED PSYCHOTHERAPY: The team: (1) deliberately provides individual and/or group psychotherapy, as specified in the treatment plan; (2) uses empirically-supported techniques to address specific symptoms and behaviors; and (3) maintains an appropriate penetration rate in providing deliberate empirically-supported psychotherapy to clients in need of such services. Although all team members can be trained to effectively use therapeutic techniques, such as cognitive behavioral therapy and motivational interviewing, the team also ideally has a licensed therapist.</p>	<p>Team does not provide psychotherapy to clients. No criteria are met.</p>	<p>1 to 2 criteria are PARTIALLY met.</p>	<p>Criterion #1 is PARTIALLY met and criteria #2 and #3 is at least PARTIALLY met OR Team FULLY meets both criteria #1 and #2, but does not meet criterion #3.</p>	<p>Team FULLY meets criterion #1, PARTIALLY meets criterion #2, and at least PARTIALLY meets criterion #3. OR Team FULLY meets both criteria #1 and #2 and only PARTIALLY meets criterion #3.</p>	<p>Team FULLY meets all 3 criteria.</p>	<p>New item in TMACT</p>
<p>TMACT EP8</p> <p>SUPPORTIVE HOUSING: The team embraces supportive housing, including: (1) assisting clients in locating housing of their choice (e.g., providing multiple housing options, including integrated housing); (2) respect for</p>	<p>Team meets no more than 1 criterion.</p>	<p>3 criteria PARTIALLY met OR 2 criteria met, at least PARTIALLY.</p>	<p>4 criteria met, with at least 2 PARTIALLY met.</p>	<p>ALL 4 criteria met, with up to 1 criterion PARTIALLY met (remaining 3 criteria are FULLY met).</p>	<p>ALL 4 criteria FULLY met.</p>	<p>New item in TMACT</p>

CRITERION		RATINGS / ANCHORS					DIFFERENCES BETWEEN DACTS AND TMACT
		(1)	(2)	(3)	(4)	(5)	
	clients' privacy within residence; (3) assistance in accessing affordable, safe/decent, and permanent housing; and (4) assured ongoing tenancy rights, regardless of clients' progress or success in ACT services.						
DACTS O4	RESPONSIBILITY FOR CRISIS SERVICES:	Program has no responsibility for handling crises after hours.	Emergency service has program-generated protocol for program clients.	Program is available by telephone, predominantly in consulting role.	Program provides emergency service backup; e.g., program is called, makes decision about need for direct program involvement.	Program provides 24-hour coverage.	
TMACT CP6	RESPONSIBILITY FOR CRISIS SERVICES: The team has 24-hour responsibility for directly responding to psychiatric crises, including meeting the following criteria: (1) The team is available to clients in crisis 24 hours a day, seven days a week; (2) The team is the first-line crisis evaluator and responder (if another crisis responder screens calls, there is very minimal triaging); (3) The team accesses practical, individualized crisis plans to help them address crises for each client; and	Team has no responsibility for directly handling crises after-hours.	Team meets up to 2 criteria at least PARTIALLY OR criterion #1 is not met.	Team meets criterion #1 and at least PARTIALLY meets 2 to 3 criteria.	Team meets 3 criteria FULLY and 1 PARTIALLY.	Team FULLY meets all 4 criteria.	TMACT provides more details regarding the functions of crisis services.

CRITERION		RATINGS / ANCHORS					DIFFERENCES BETWEEN DACTS AND TMACT
		(1)	(2)	(3)	(4)	(5)	
(4) The team is able and willing to respond to crises in person, when needed.							
DACTS O5	RESPONSIBILITY FOR HOSPITAL ADMISSIONS:	Program has involvement in fewer than 5% decisions to hospitalize.	ACT team is involved in 5% - 34% of admissions.	ACT team is involved in 35% - 64% of admissions.	ACT team is involved in 65% - 94% of admissions.	ACT team is involved in 95% or more admissions.	TMACT collapses the two DACTS items into one that assesses team involvement at admission, during hospitalization, and at discharge.
DACTS O6	RESPONSIBILITY FOR HOSPITAL DISCHARGE PLANNING:	Program has involvement in fewer than 5% of hospital discharges.	5% - 34% of program client discharges are planned jointly with the program.	35 - 64% of program client discharges are planned jointly with the program.	65 - 94% of program client discharges are planned jointly with the program.	95% or more discharges are planned jointly with the program.	
TMACT OS11	INVOLVEMENT IN PSYCHIATRIC HOSPITALIZATION DECISIONS	The team is involved in fewer than 15% of admissions & discharges.	The team is involved in 15% - 44% of admissions & discharges.	The team is involved in 45 - 69% of admissions & discharges.	The team is involved in 70% - 89% of admissions & discharges.	The team is involved in 90% or more admissions & discharges.	
Oregon adapted DACTS O7 & TMACT OS9	TRANSITION TO LESS INTENSIVE SERVICES: (1) The team conducts a regular assessment of the need for ACT services; (2) The team uses explicit criteria or markers to assesses need to transfer to less intensive service option;	Up to 1 criterion is met OR 2 criteria are met, with 1 or 2 PARTIALLY met.	2 criteria are FULLY met (3 are absent) OR 3 criteria are met, with 1 to 3 PARTIALLY (2 are absent).	3 criteria are FULLY met (2 are absent) OR 4 criteria are met, at least PARTIALLY (1 is absent).	4 criteria are FULLY met (1 is absent or only partially met).	ALL 5 criteria FULLY met.	Same item in both fidelity scales

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CRITERION	RATINGS / ANCHORS					DIFFERENCES BETWEEN DACTS AND TMACT
	(1)	(2)	(3)	(4)	(5)	
(3) Transition is gradual & individualized, with assured continuity of care; (4) Status is monitored following transition, per individual need; and (5) The team expedites re-admission to the team if necessary.						
OS12 DEDICATED OFFICE-BASED PROGRAM ASSISTANCE: The team has 1.0 FTE of office-based program assistance available to facilitate the day's operations in a supportive manner for the team, clients, natural supports, & other ancillary service providers. Primary functions include the following: (1) Providing direct support to staff, including monitoring & coordinating daily team schedules and supporting staff both in the office and field; (2) Serving as a liaison between clients and staff, such as attending to the needs of office walk-ins and calls from clients/natural supports;& (3) Actively participating in the daily team meeting.	Less than 0.50 FTE program assistance is available to the team OR 0.50 - 1.0 FTE program assistance is available, but not meeting rating "2" performance.	0.50 - 0.99 FTE program assistance is available, at least PARTIALLY performing 2 functions OR 1.0 FTE program assistance is available and performing 1 function ONLY.	0.50 - 0.99 FTE program assistance is available, at least PARTIALLY performing ALL functions OR 1.0 FTE program assistance is available, at least PARTIALLY performing 2 functions.	1.0 FTE program assistance is available, at least PARTIALLY performing ALL functions.	1.0 FTE program assistance is available, FULLY performing ALL functions.	New item in TMACT

CRITERION		RATINGS / ANCHORS					DIFFERENCES BETWEEN DACTS AND TMACT
		(1)	(2)	(3)	(4)	(5)	
DACTS S1	COMMUNITY-BASED SERVICES:	Less than 20% of face-to-face contacts in community.	20 - 39%.	40 - 59%.	60 - 79%.	80% of total face-to-face contacts in community	TMACT decreases the fidelity standard from 80% to 75%.
TMACT CP1	COMMUNITY-BASED SERVICES:	Less than 40% of face-to-face contacts in community.	40 - 54%	55 - 64%	65 - 74%	At least 75% of total face-to-face contacts in community.	
DACTS S2	NO DROPOUT POLICY:	Less than 50% of the caseload is retained over a 12-month period.	50- 64%.	65 - 79%.	80 - 94%.	95% or more of caseload is retained over a 12-month period.	Both scales have the same fidelity standard of 95%, but TMACT has a smaller range within subsequent ratings below 5.
TMACT OS10	RETENTION RATE:	Less than 65% of the caseload is retained over a 12-month period.	65 - 76%	77 – 86%	87 - 94%	95% or more of caseload is retained over a 12-month period.	

CRITERION		RATINGS / ANCHORS					DIFFERENCES BETWEEN DACTS AND TMACT
		(1)	(2)	(3)	(4)	(5)	
DACTS S3	ASSERTIVE ENGAGEMENT MECHANISMS:	Program passive in recruitment and re-engagement; almost never uses street outreach legal mechanisms.	Program makes initial attempts to engage but generally focuses efforts on most motivated clients.	Program attempts outreach and uses legal mechanisms only as convenient.	Program usually has plan for engagement and uses most of the mechanisms that are available.	Program demonstrates consistently well-thought-out strategies and uses street outreach and legal mechanisms whenever appropriate.	TMACT defines a broader range of motivational and therapeutic limit-setting engagement strategies, and assesses teams' routine assessment of whether those strategies are working.
TMACT CP2	ASSERTIVE ENGAGEMENT MECHANISMS:	Very little assertive engagement is evident (whether motivational strategies or therapeutic limit-setting)	Team primarily relies on motivational strategies OR therapeutic limit-setting, not both	A more limited array of assertive engagement strategies is used (PARTIAL use of both strategies)	Team uses both motivation and limit-setting (at least 1 approach is FULLY used). Thoughtful application/ withdrawal of engagement strategies may be present or absent.	Team is proficient in assertive engagement strategies, including thoughtful application/ withdrawal of engagement strategies, applying all 3 practices.	
DACTS S4 & TMACT CP4	INTENSITY OF SERVICE:	Average of less than 15 min/week or less of face-to-face contact per client.	15 - 49 minutes / week.	50 - 84 minutes / week.	85 - 119 minutes / week.	Average of 2 hours/week or more of face-to-face contact per client.	Same item in both scales.
DACTS S5	FREQUENCY OF CONTACT:	Average of less than 1 face-to-face contact / week or fewer per client.	1 - 2 / week.	2 - 3 / week.	3 - 4 / week.	Average of 4 or more face-to-face contacts / week per client.	TMACT decreases the fidelity standards from 4 or more contacts to 3 or more contacts.

CRITERION		RATINGS / ANCHORS					DIFFERENCES BETWEEN DACTS AND TMACT
		(1)	(2)	(3)	(4)	(5)	
TMACT CP5	FREQUENCY OF CONTACT:	Average of less than 0.5 face-to-face contact / week or fewer per client.	0.6 - 1.3 / week.	1.4 - 2.1 / week.	2.2 - 2.9 / week.	Average of 3 or more face-to-face contacts / week per client.	
DACTS S6	WORK WITH INFORMAL SUPPORT SYSTEM: with or without client present, program provides support and skills for client's support network: family, landlords, employers.	Less than .5 contact per month per client with support system.	.5-1 contact per month per client with support system in the community.	1-2 contact per month per client with support system in the community.	2-3 contacts per months per client with support system in the community.	Four or more contacts per month per client with support system in the community.	TMACT decreases the number of contacts from 4 times a month for all clients to at least 1 time a month and for 90% of clients.
CP5	FREQUENCY OF CONTACT WITH NATURAL SUPPORTS	For less than 25% of clients, the natural support system is contacted by team at least 1 time per month.	26% - 50%	51% - 75%	76% - 89%	For at least 90% of clients, the natural support system is contacted by team at least 1 time per month.	

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CRITERION	RATINGS / ANCHORS					DIFFERENCES BETWEEN DACTS AND TMACT
	(1)	(2)	(3)	(4)	(5)	
S7 INDIVIDUALIZED SUBSTANCE ABUSE TREATMENT: one or more members of the program provide direct treatment and substance abuse treatment for clients with substance use disorders.	No direct, individualized substance abuse treatment is provided by the team.	The team variably addresses SA concerns with clients; no formal, individualized SA treatment provided.	While the team integrates some substance abuse treatment into regular client contact, they provide no formal, individualized SA treatment.	Some formal individualized SA treatment is offered; clients with substance use disorders spend less than 24 minutes/week in such treatment.	Clients with substance use disorders spend, on average, 24 minutes / week or more in formal substance abuse treatment.	<p>TMACT includes three items that assess integrated treatment for COD:</p> <ul style="list-style-type: none"> -ST2. Role of COD Specialist (in treatment) -EP1. Full Responsibility for Integrated Treatment for COD -EP4. Full Team Provides Integrated Treatment for COD <p>See also above.</p>
DACTS S8 DUAL DISORDER TREATMENT GROUPS: program uses group modalities as a treatment strategy for people with substance use disorders.	Fewer than 5% of the clients with substance use disorders attend at least one substance abuse treatment group meeting during a month.	5 - 19%	20 - 34%	35 - 49%	50% or more of the clients with substance use disorders attend at least one substance abuse treatment group meeting during a month.	TMACT does not include an item that solely focuses on COD/dual disorder groups. Instead, assessment of such groups are included within the three items specified in the row directly above.

CRITERION	RATINGS / ANCHORS					DIFFERENCES BETWEEN DACTS AND TMACT
	(1)	(2)	(3)	(4)	(5)	
<p>DACTS S9</p> <p>DUAL DISORDERS (DD) MODEL: program uses a stage-wise treatment model that is non-confrontational, follows behavioral principles, considers interactions of mental illness and substance abuse, and has gradual expectations of abstinence.</p>	<p>Program fully based on traditional model: confrontation; mandated abstinence; higher power, etc.</p>	<p>Program uses primarily traditional model: e.g., refers to AA; uses inpatient detox & rehabilitation; recognizes need for persuasion of clients in denial or who don't fit AA.</p>	<p>Program uses mixed model: e.g., DD principles in treatment plans; refers clients to persuasion groups; uses hospitalization for rehab.; refers to AA, NA.</p>	<p>Program uses primarily DD model: e.g., DD principles in treatment plans; persuasion and active treatment groups; rarely hospitalizes for rehab. or detox except for medical necessity; refers out some s/a treatment.</p>	<p>Program fully based in DD treatment principles, with treatment provided by program staff.</p>	<p>TMACT specifies 5 principles that the full team must hold related to integrated treatment for COD</p>
<p>TMACT EP4</p> <p>INTEGRATED TREATMENT FOR CO-OCCURRING DISORDERS: The FULL TEAM (1) considers interactions between mental illness and substance abuse; (2) follows cognitive-behavioral principles; (3) does not have absolute expectations of abstinence and supports harm reduction; (4) understands and applies stages of change readiness in treatment; and (5) is skilled in motivational interviewing.</p>	<p>Team primarily uses traditional model. (e.g., 12-step programming, a focus on abstinence). Criteria not met.</p>	<p>Only 1 - 3 criteria are met.</p>	<p>4 or 5 criteria are met at least PARTIALLY.</p>	<p>Team primarily operates from integrated treatment COD principles, meeting all 5 criteria, with up to 2 PARTIALLY met.</p>	<p>Team is fully based in integrated treatment for COD principles, FULLY meeting all 5 criteria (see under definition).</p>	

CRITERION	RATINGS / ANCHORS					DIFFERENCES BETWEEN DACTS AND TMACT
	(1)	(2)	(3)	(4)	(5)	
<p>TMACT PP1</p> <p>STRENGTHS INFORM TREATMENT PLAN: (1) The team is oriented toward clients' strengths and resources, and (2) clients' strengths and resources inform treatment plan development.</p>	Strengths are not assessed (no criteria #1).	Team variably attends to clients' strengths and resources and strengths/ resources do not inform planning (Partial #1 only).	<p>Team is clearly attentive to clients' strengths and resources, but clients' strengths and resources do not typically inform plan development (Full #1 and No credit #2)</p> <p>OR</p> <p>Team is variably attentive to strengths and uses this information to inform plans, but less systematically (Partial #1 and Partial #2).</p>	Team is clearly attentive to clients' strengths and resources, which informed plan development for some (Full #1 and Partial #2).	Team is highly attentive to clients' strengths and resources, and gathers such information for the purpose of treatment planning (Full #1 and Full #2).	New item in TMACT
<p>TMACT PP2</p> <p>PERSON-CENTERED PLANNING: The team creates treatment plans using a person-centered approach, including: (1) Development of formative treatment plan ideas based on initial inquiry and discussion with the client (prior to the formal treatment planning meeting) and with the team, preferable the individual treatment team (ITT); (2) Conducting regularly scheduled treatment</p>	<p>No more than 1 function of person-centered planning is performed</p> <p>OR</p> <p>2 functions are performed, but not fully.</p>	<p>2 functions of person-centered planning are FULLY performed (3 are absent)</p> <p>OR</p> <p>3 functions are performed at least PARTIALLY (3 are absent).</p>	<p>4 functions of person-centered planning are performed (1 absent)</p> <p>OR</p> <p>5 functions performed, with 3 or more PARTIALLY performed.</p>	ALL 5 functions of person-centered planning are performed, with up to 2 PARTIALLY performed.	ALL 5 functions of person-centered planning are FULLY performed.	New item in TMACT

CRITERION	RATINGS / ANCHORS					DIFFERENCES BETWEEN DACTS AND TMACT
	(1)	(2)	(3)	(4)	(5)	
<p>planning meetings; (3) Attendance by key staff (i.e., members of the ITT), the client, and anyone else they prefer (e.g., family), tailoring number of participants to fit with the client's preferences; (4) Provision of guidance and support to promote self-direction and leadership within the meeting, as needed; and (5) Treatment plan is clearly driven by the client's goals and preferences.</p>						
<p>INTERVENTIONS TARGET A BROAD RANGE OF LIFE GOALS: The team attends to a range of life domains (e.g., physical health, employment, housing) when planning and implementing interventions. (1) The team specifies interventions that target a range of life domains in treatment plans and (2) these planned interventions are carried out in practice, resulting in a sufficient breadth of services tailored to clients' needs.</p> <p>TMACT PP3</p>	<p>The team does not plan for and/or deliver interventions that reflect a breadth of life domains.</p>	<p>Team minimally plans for and/or delivers interventions that reflect life domains (PARTIAL credit for one criterion only) OR Team plans for but does not deliver a breadth of services (Full #1 only).</p>	<p>Team plans for and delivers interventions that reflect a breadth of life domains, but less systematically (PARTIAL #1 and PARTIAL #2) OR a larger breadth of services are planned for, but not in turn delivered (FULL #1 and PARTIAL #2).</p>	<p>Team delivers interventions that reflect a range of life domains to all clients (FULL #2), but interventions targeting a breadth of life domains are not systematically specified in treatment plans (PARTIAL #1 OR FULL #1 but lacking Alignment).</p>	<p>Team specifies interventions that target a range of life domains in treatment plans and these interventions are carried out in practice (FULL criteria #1 and #2 with Alignment).</p>	<p>New item in TMACT</p>

CRITERION	RATINGS / ANCHORS					DIFFERENCES BETWEEN DACTS AND TMACT
	(1)	(2)	(3)	(4)	(5)	
<p>TMACT PP4</p> <p>CLIENT SELF- DETERMINATION & INDEPENDENCE: The team promotes clients' independence and self-determination by: (1) helping clients develop greater awareness of meaningful choices available to them; (2) honoring day-to-day choices, as appropriate; and (3) teaching clients the skills required for independent functioning. The team recognizes the varying needs and functioning levels of clients; level of oversight and care is commensurate with need in light of the goal of enhancing self-determination.</p>	<p>None of the 3 practices are employed OR only 1 is employed (FULLY or PARTIALLY).</p>	<p>2 practices are employed (FULLY or PARTIALLY), with 1 absent.</p>	<p>3 practices are employed, with 2 to 3 PARTIALLY.</p>	<p>Team generally promotes clients' self-determination and independence. All 3 practices are employed, but 1 PARTIALLY employed.</p>	<p>Team is a strong advocate for clients' self- determination and independence. All 3 practices FULLY employed.</p>	<p>New item in TMACT</p>