

Background:

How do you know there is something to improve?

ACT teams have identified the following challenges when considering transitioning clients to other service supports in the community

- Transition Risks
- Changing needs of person over time
- Relationship with Client

Improvement idea?

Initiated a pilot project in 2012 to evaluate the use of the Assertive Community Treatment Transition Readiness Scale© (ATR) and its effectiveness to support client transition and recovery within teams across the Champlain LHIN, as well as other networks. We framed the scale as “a work in progress.”

The ATR is an 18-item measure developed by Dr. Gary Cuddeback. The transition themes are outlined below (based on: qualitative interviews, research on transition and similar measures such as LOCUS).

ATR Transition Themes	
Stability	Dependence
Criminal justice contacts	Complexity
Housing Stability	Intensity
Time	Benefits
Substance use	Social Support
Engaged in services	Resources
Medication	Insight
Hospitalization	Structure
Independence	Employment

Participating teams were asked to complete an ATR on each client, as well as indicate client demographics. Team results were provided back to ACT teams to then generate a list of clinical and structural transition barriers unique to their practice and system context.

The ATR’s alignment with other team assessments such as the Ontario Common Assessment of Need (OCAN) and treatment planning practices was important to support transition but **never** replace, clinical judgement.

Assertive Community Treatment Transition Readiness Scale © (ATR)

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In Collaboration with Gary Cuddeback, University of North Carolina, Team members from the 2 CMHP ACT Teams and Step-Down from ACT, and Teams in the Eastern Ontario ACT Network.

The project was supported with Cuddeback’s ATR manual, translated to French, and the development of a pilot guidebook and a web based Community of Practice (CoP) <http://www.eenetconnect.ca/forum/act-transition-readiness-scale-community-of-practice>

This is the **Assertive Community Treatment Transition Readiness Scale® (ATR®)**. Each item is scored on a four-point scale: strongly disagree (1), disagree (2), agree (3), strongly agree (4). For example, Item 1 reads, "He/she no longer needs intensive services." If you strongly agree with this statement, a consumer would receive a score of 4 for this item. Before computing Total or Mean scores, the responses to Items 5, 7, 12, and 17 must be reverse-scored. So, if you respond strongly disagree (1) to Item 5, this response should be reverse-scored to 4 before computing Total or Mean scores. At least 14 of the 18 items must be completed before scoring the ATR®. A Total score can be computed by adding up all item responses. Total scores range from 18 to 72. Mean scores can be computed by adding up all item responses and dividing by the number of completed items. Mean scores range from 1.0 to 4.0. Higher Total and Mean scores indicate greater potential to transition from ACT to less intensive services.

Questions about the ATR® should be addressed to Gary S. Cuddeback, Ph.D., University of North Carolina at Chapel Hill, 325 Pittsboro Street, CB#3550, Chapel Hill, NC, 27599, 919 962 4363, cuddeback@mail.scholar.unc.edu

NAME	DATE	TOTAL or MEAN SCORE			
		Strongly Disagree	Disagree	Agree	Strongly Agree
1.	He/she no longer needs intensive services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.	He/she has structure in his/her daily life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.	His/her symptoms have been stable over the last six months.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.	He/she has had stable housing over the last several months.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.	He/she has been in the psychiatric hospital within the last six months.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.	He/she has insight into his/her mental illness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.	He/she has been incarcerated within the last six months.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8.	He/she has benefits in place.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.	He/she is engaged in treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.	He/she is independent.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.	He/she is compliant with his/her medication.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12.	He/she has complex needs (i.e., personality disorders, health problems, substance use).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13.	He/she has adequate resources.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14.	He/she has social support.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15.	He/she is gainfully employed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16.	He/she keeps appointments without help.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17.	His/her behaviors have not been stable over the last six months.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18.	He/she has met his/her treatment goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Advancing transition of service in the recovery practices of ACTT

Follow-up and Results:

Within the Champlain LHIN, the ATR assessment was established as a resource for transition.

Overall, teams conveyed positive views, describing the tool as efficient and a valuable asset, and plan to continue its regular use.

The following teams in Ontario were engaged on the scale’s use:

- 7 teams in the Champlain LHIN (6 ACT teams and Step Down from ACTT) and one team in Oakville, ON,
- 8 teams of the Central East LHIN are using the ATR as part of their system reform
- A number of other teams in Ontario are utilizing the ATR

Other uses

- Caseload balance; visit frequency; benchmarking client progress; bridged with OCAN domains in team treatment and recovery planning for individual clients

The pilot evaluation group prepared a report for the Champlain LHIN: Report on Quality Improvement of Flow within ACT Teams of the Champlain LHIN and the Implementation of the ATR © (Assertive Community Treatment Transition Readiness Scale) as a Resource, July 2015

