Update on ACTT Flow and the Implementation of the ATR© as a Resource

Presentation to: Addiction and Mental Health Network
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CMH The Royal

April 28/16

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Outline

- ACTT and where it fits in models of community mental health care
- ACTT in Champlain & Ontario
- Transitions and flow
- Issues in assessing readiness for transition
- ATR - assessment
- Overview of the ATR pilot
- Report Highlights *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*
- Benefits & Limits of ATR
- QI report conclusions/Future Directions

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Champlain strategic framework 2016/19

- Integration, *Improve the patient and family experience across the continuum of care*
- Access, *timely and equitable*
- Sustainability, *Increase the value of our health system for the people it serves*

- Outcomes: being healthy, getting better, living with illness/disability, …

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ACTT and where it fits in models of community mental health care

- Outreach
- Out patient care
- Consumer based initiatives
- Intensive Case Management
- ACTT

ACTT in Champlain & Ontario

Urban:

- **ACTT Catherine** (The Royal)
- **ACTT Bank** (The Royal)
- **ACTT Pinecrest-Queensway** (CHC)
- **ECTI Montfort** (Montfort)
- **ACTT Carlington** (CHC)

Rural:

- **ACTT Prescott-Russell** (Hawkesbury)
- **ACTT Renfrew** (Pembroke)
- **ACTT Stormont, Dundas & Glengarry (SDG)** (Cornwall)

Step Down from ACTT (The Royal)

81 ACT teams in Ontario

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General Team Issues with flow and transition on ACT

- Transition Risks
- Changing needs of person over time
- Relationship with Client
- Team Function, & Focus

- Historically few scales to assess transition specific to ACTT

ATR

- “ACT for Life” vs. recovery orientation

- ACT transitions literature mixed; range of designs; small, local samples; limited outcomes; few standardized measures; transition criteria unclear
  - No, you can’t (transition) - Audini et al., 1994; Stein & Test, 1980
  - Yes, you can (transition) - McRae et al., 1990; Rosenheck & Dennis, 2001; Salyers et al., 1998; Susser et al., 1997
- No standardized measures specific to ACT to help identify transition-ready consumers

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ATR - assessment

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.

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NAME_____ **DATE** _____ **TOTAL or MEAN SCORE** _____

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

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Development of the Assertive Community Treatment Transition Readiness Scale (ATR)

- Part of larger study of transitions from ACT[1]
- Developed items for ATR from:
  - Qualitative and quantitative findings
    - Focus groups with ACT staff
    - Examination of post-transition outcomes for transitioned consumers
  - Review of literature and relevant measures
  - Review of available guidelines on www

1. Supported by grants from the Ohio Department of Mental Health and The Health Foundation of Greater Cincinnati

Transition from ACT in Champlain

- Step Down from ACTT – ongoing focus on transition and recovery practices.

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ATR Eastern Ontario pilot

- Over the three years ,10 teams participated (one outside EO ACT network)
- We provided Feedback to each team about aggregate ATR data results and demographic characteristics via a Team Profile (teams used their own unique identifiers for clients)
- Encouraged use of the ATR in service planning/OCAN (leave copy in file)
- Teams encouraged to identify Clinical and Structural (systems) issues

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Bridging OCAN and ATR to daily practice

ATR Themes	ATR Items	OCAN Domains
Stability (symptoms, behaviors, housing, etc.)	Stability	OCAN- Psychological Distress, Psychotic symptoms, harm-self/other
	Criminal Justice contacts	OCAN- CDS (common data set)
	Housing Stability	OCAN- Accommodation
	Hospitalization	OCAN – CDS
Daily structure	Time	OCAN- Daytime activities
	Structure	OCAN -Daytime activities
	Employment	OCAN – Activity during the day
Complex needs (substance abuse, Axis II, etc.)	Substance use	OCAN- Addictions (3 kinds)
	Complexity	OCAN – Health + life domain need
	Intensity	OCAN – level of need assessment
Engagement and compliance	Engaged w /ACTT	OCAN- Info. on condition and treatment
	Treatment Goals	OCAN- Action items
	Medication	OCAN- use of meds., info on symptoms and treatment
Independence	Independence	OCAN – food, ADLs, self-care
	Dependence	OCAN – psychological distress, company, personal vision
	Benefits	OCAN – Benefits
Social support	Social Support	OCAN – Company, daytime activities
	Resources	OCAN- broader - needs and family involvement
Insight	Insight	OCAN – information on condition

ATR Score Frequencies of Participating Champlain ACT Teams

	Group A < 43	Group B 43-50	Group C 51-58	Group D > 58	Relationship between ATR score & # of years with ACTT
2012 **(n = 333)**	24.3 % (n = 81)	38.4 % (n = 128)	26.1 % (n = 87)	11.1 % (n = 37)	r = 0.22**
2013 **(n = 363)**	34.2 % (n = 124)	37.2 % (n = 135)	20.9 % (n = 76)	7.7 % (n = 28)	r = 0.14**
2014 **(n = 396)**	29.0 % (n = 115)	38.6 % (n = 153)	24.7 % (n = 98)	7.6 % (n = 30)	r = 0.12*

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Benefits of ATR at team level

- Encourages transition of clients to less intense forms of service
- Helps focus to address the practice issues involved at both the clinical and system level
- Other uses, such as managing caseload balance and alignment with the OCAN
- Overall, teams conveyed positive views, describing the tool as efficient and a valuable asset, and plan to continue its regular use
- Focus' everyday team practice in facilitating and advancing transition and client recovery focus
- Brief/efficient resource to support clinical decisions

Why some teams chose not to implement the ATR

- Does not measure the potential for client's perception of dependence on ACTT;
- Already discharge transition oriented, ATR does not provide more insight
- OCAN is a better tool to use with the client to discuss how transition could be possible.
- Extra workload and paperwork
- Does not provide more insight than simply discussing the case.
- ATR subjective; clinicians had different opinions.
- no need in assisting with caseload balance;

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Understanding FLOW in the LHIN

Table 3. Flow within ACTT across the last three fiscal years

Champlain LHIN ACT Teams	Apr 2012 – Mar 2013				Apr 2013 – Mar 2014				Apr 2014 – Mar 2015			
	n	+	D	**Transitions (%)**	n	+	D	**Transitions (%)**	n	+	D	**Transitions (%)**
Urban:												
Catherine (The Royal)	88	8	8	**5 (5.7 %)**	90	11	5	**3 (3.3 %)**	95	10	8	**5 (5.3 %)**
Bank (The Royal)	81	9	8	**6 (7.4 %)**	85	13	8	**4 (4.7 %)**	86	9	13	**11 (12.7 %)**
Pinecrest-Queensway	70	14	7	**4 (5.7%)**	78	15	3	**1 (1.3%)**	82	7	7	**5 (6.1%)**
ECTI Montfort	86	20	9	**5 (5.8%)**	94	10	11	**9 (9.5%)**	87	11	8	**3 (3.4%)**
Carlington	85	12	7	**4 (4.7%)**	84	9	7	**3 (3.6 %)**	85	4	6	**2 (2.4 %)**
Rural:												
Prescott-Russell	64	10	6	**3 (4.7%)**	64	4	8	**7 (10.9%)**	65	8	6	**6 (9.2 %)**
Renfrew	77	11	7	**6 (9.1%)**	73	5	7	**5 (6.8%)**	80	13	9	**7 (8.8%)**
SDG	64	8	7	**0 (0%)**	62	9	9	**2 (3.2%)**	63	13	5	**1 (1.5%)**

n – Total number of clients served in that fiscal year
+ - Admissions
D - Discharges (includes all clients discharged – transitions, moves, deaths, decline of service)
Transitions - Number of clients discharged from ACTT to a less intense form of service
Dark Shaded Years – Team did not complete the ATR for the pilot project in this year

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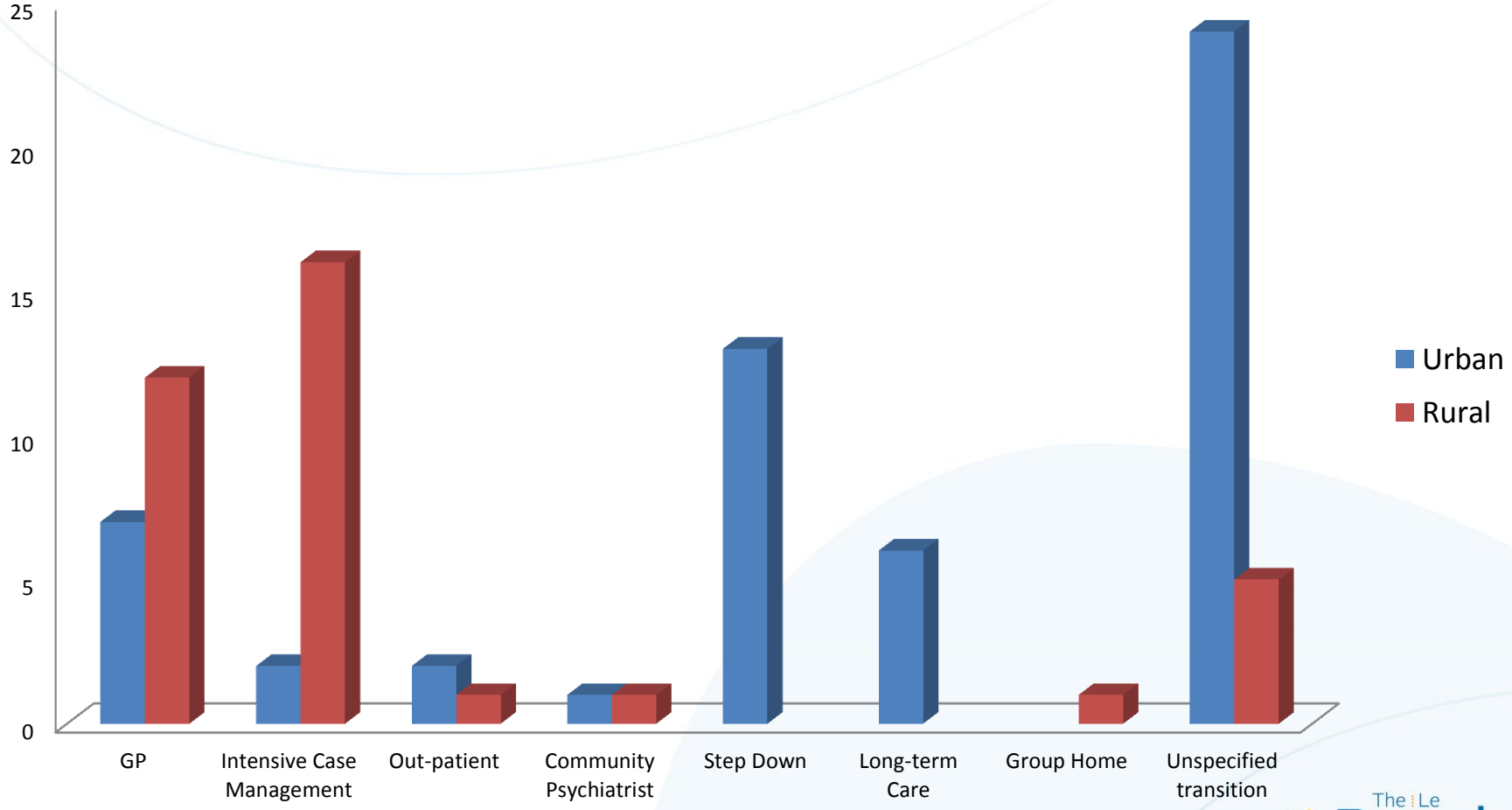
Where are clients being referred when they leave urban or rural ACTT?



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System and Service Barriers to transition from ACTT

- Client reluctance
- Worker reluctance
- ACTT meeting all needs of client
- Lack of: transition knowledge, client follow up- communication on outcomes
- IM; CTO; language; isolated settings –Vars
- Clinical workload and staffing challenges sometimes result in delays in completing necessary documentation or “paperwork”

Conclusions of QI report

- ATR pilot and the QI on Flow in ACTT has strengthened focus on transition and recovery of clients to less intense forms of service at both clinical and system levels.
- Overall, teams view the ATR as efficient and plan regular use. ATR has other uses - caseload balance and recovery planning
- Further implementation of the tool will require a more practical method of data management
- ATR pilot evaluation project is working with Champlain and & other teams throughout Ontario to further address transition from ACTT.

Recommended Future Directions

- More practical method of data management, via electronic ATR integrated with client demographics and CDS
- Continue sharing practices on client transition and recovery amongst teams (clinical/structural)
- Further education on ATR completion
- Use of the ATR alongside the OCAN, recovery plans

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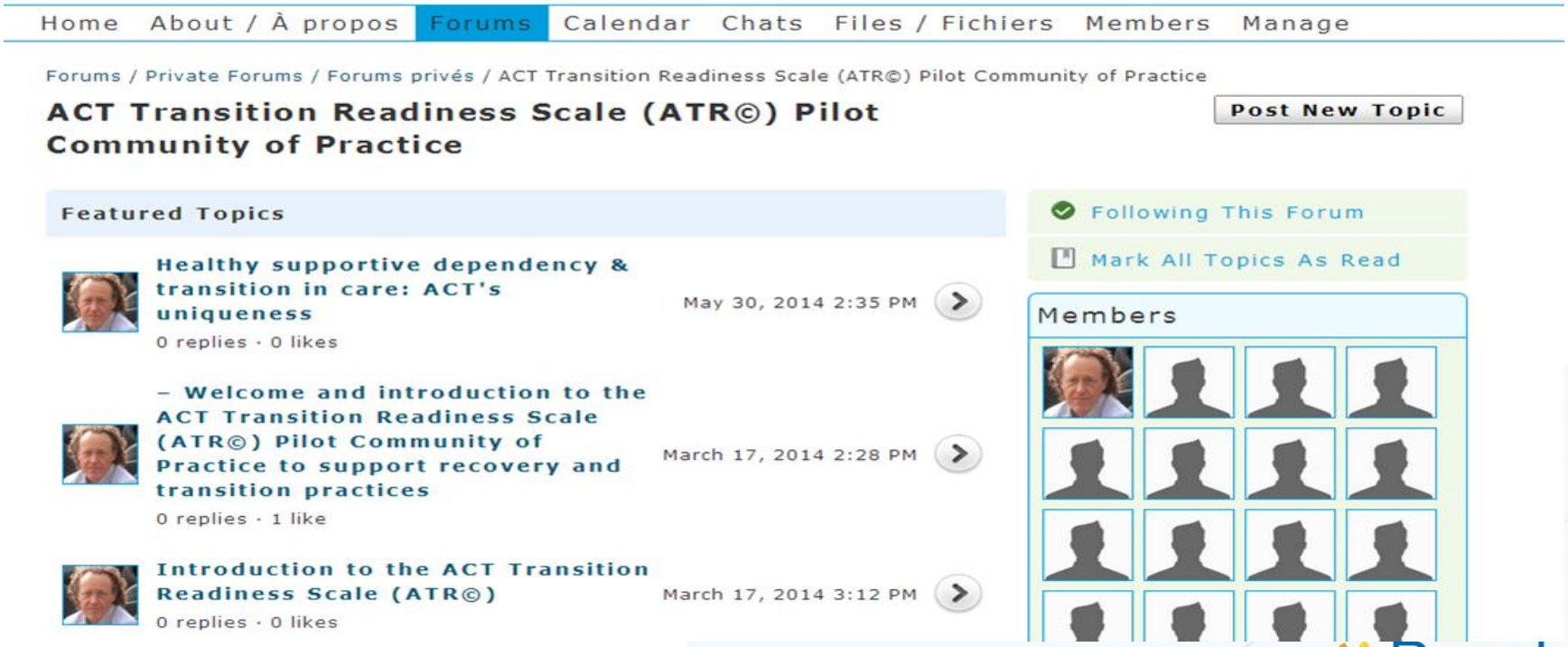
http://www.eenetconnect.ca /forum/act-transition-readiness-scale-community-of-practice



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