PANEL: ONTARIO ACT TEAMS EXPERIENCE WITH IMPLEMENTATION OF THE ATR

(ASSERTIVE COMMUNITY TREATMENT TRANSITION READINESS SCALE)

TO SUPPORT TRANSITION AND RECOVERY PRACTICES

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DISCUSSION OUTLINE

1. Welcome
2. Background
    a) the ATR assessment scale
    b) Building the pilot on the work of others
    c) the Eastern ACT network pilot goals
3. 2019 Survey of ATR use in Ontario
    a) Bridging the ATR to Team Practice and Assessments to support transitions and recovery
    b) Team views of ATR strengths and weaknesses (innovation characteristics of the scale)
4. Use of the ATR within 2 teams (inner team setting)
5. Use of the ATR at Care System Level (outer system setting)
6. Brief comments on use of the ATR by its developer - Gary Cuddeback
7. Discussion on how to further strengthen transition and recovery practice

THE ATR

- Specifically designed for ACT context
- 18 Likert-scale items written to cover content areas:
  - Service needs (e.g., he/she no longer needs intensive services
  - Daily structure
  - Stability (symptoms, behaviors, housing, etc.)
  - Insight
  - Independence
  - Engagement and compliance
  - Social support
  - Complex needs (substance abuse, Axis II, etc.)

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.	○	○	○	○

- **NY State Transition Readiness Scale (TRS)**
- **Critical Time Intervention model**
- **Manhattan's ACT's <u>Beta:</u>**
  a) recovery measure
  b) client & staff medication adherence rating
- **"ACT Lite" (Rhode Island Conceptual Model)**
- **"Making a Difference: Ontario's Community Mental Health Evaluation Initiative"**
- **"Transferring clients from intensive case management: Impact on client functioning" (1998)**

LEARNING FROM OTHER ACT NETWORKS

EASTERN ONTARIO ATR PILOT GOALS

1. Strengthen: caseload **flow** in ACTT, **transition processes**, & clinicians view of the **recovery model**
2. Shift from the idea of "ACT for LIFE"
3. The **Recovery Model is not about symptoms or illness levels**
4. Recognition of how **ACT already works to strengthen clients' networks** of support in their everyday lives
5. Promote ACT teams' multidisciplinary model as a **venue for practice research along** with their **knowledge of the local community and care systems** to support transition of care
6. Use **ATR with other assessments** (OCAN/Recovery Plan)

ATR Survey Snapshot

(Nov. 2019 - May 2020)

- 68 ACT teams responded of the 79 Ontario ACT teams
- Interviews with: Managers, Program Directors or Team Leads

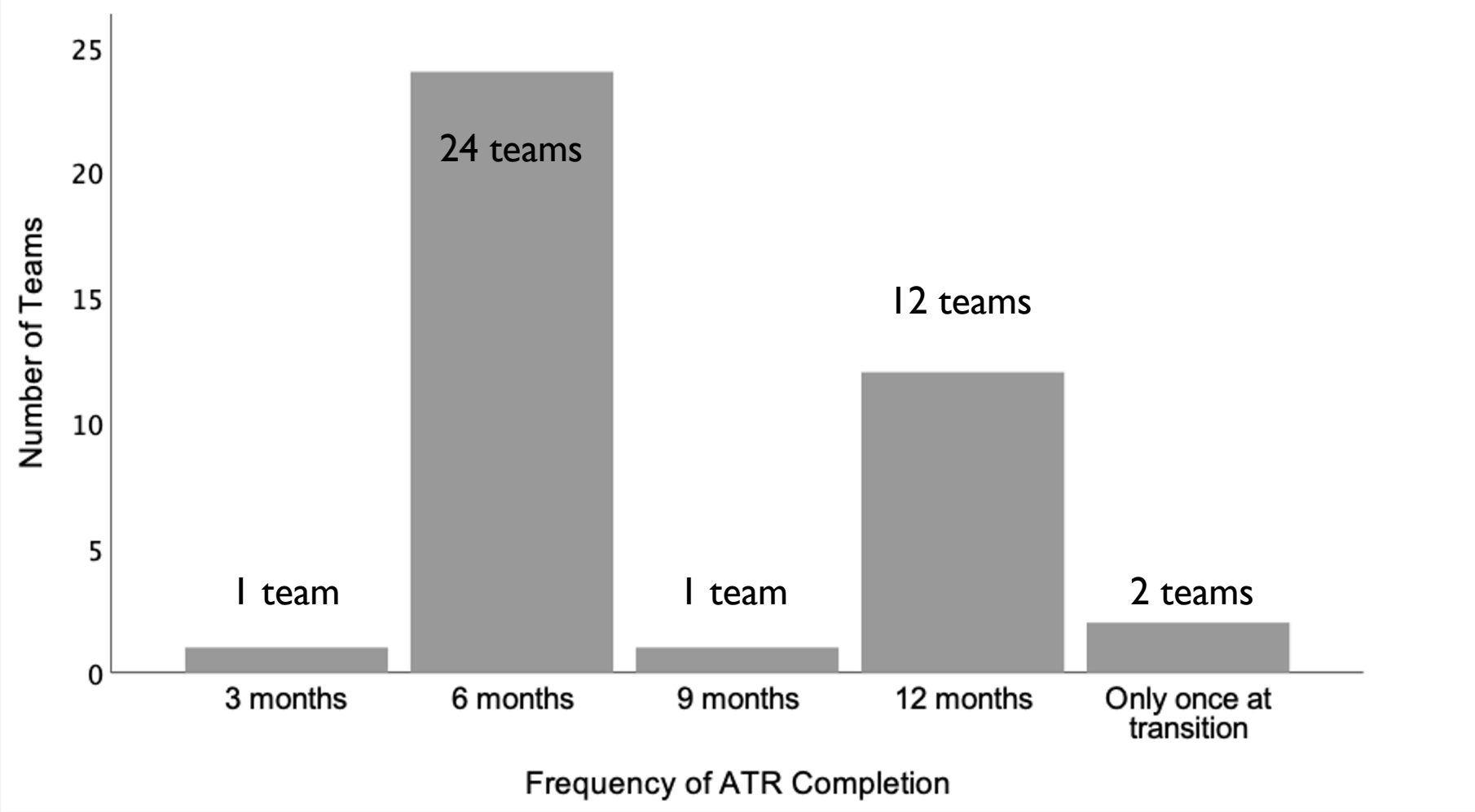
WHO DID WE INTERVIEW?

HOW MANY TEAMS ARE IMPLEMENTING THE SCALE?

	Using the ATR scale?		
	YES	NO	TOTAL
ACT Teams Interviewed	53 (78 %)	15 (22 %)	68 (100 %)

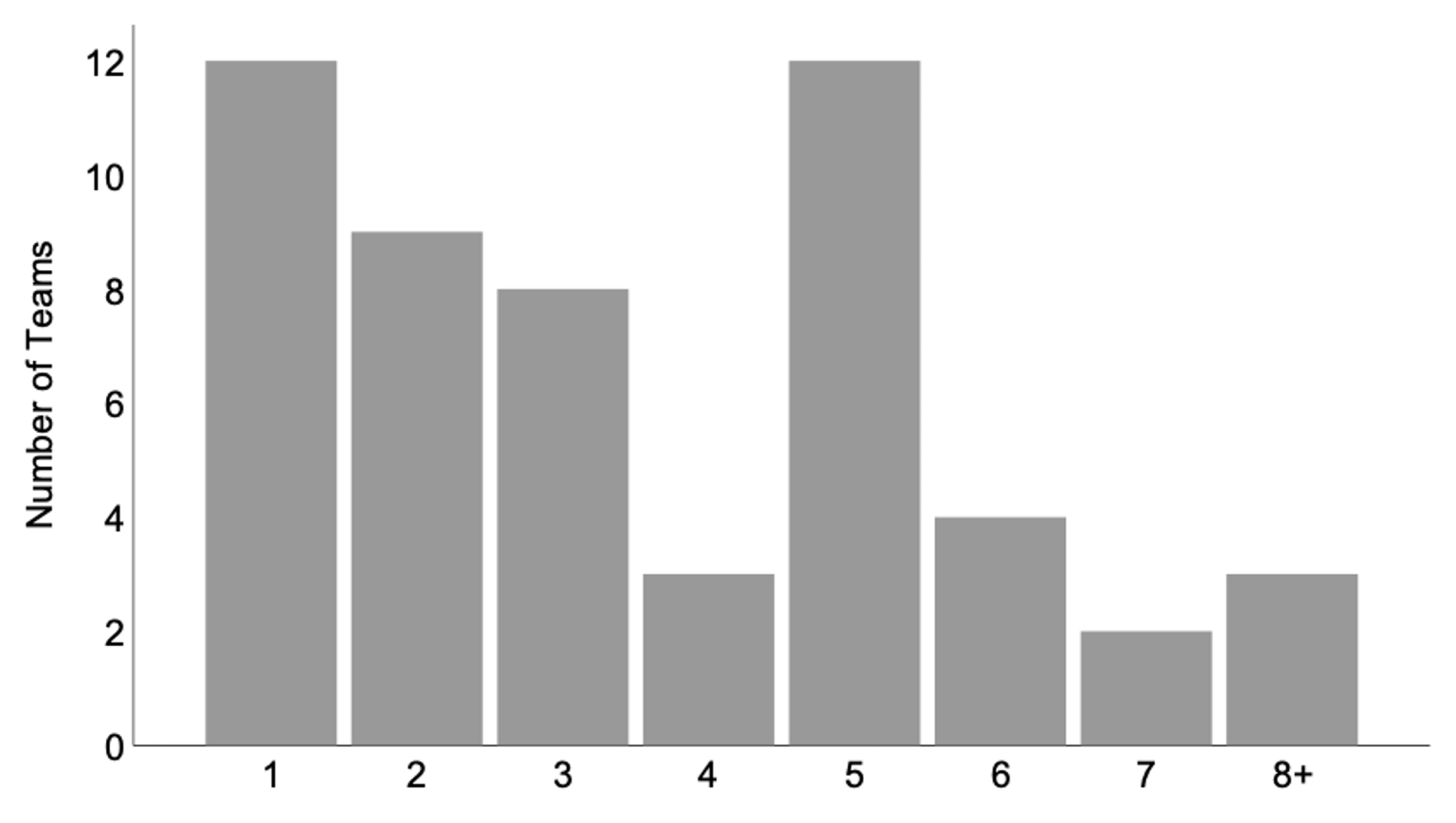
- Of those who responded YES, **6** teams have restarted using the ATR
- Of those who responded NO, **3** teams used the ATR in the past but stopped and no plans to return to its use

WHERE DOES THE ATR FIT INTO YOUR WORKFLOW?



Note. ACT teams conduct the ATR assessment at different frequencies.

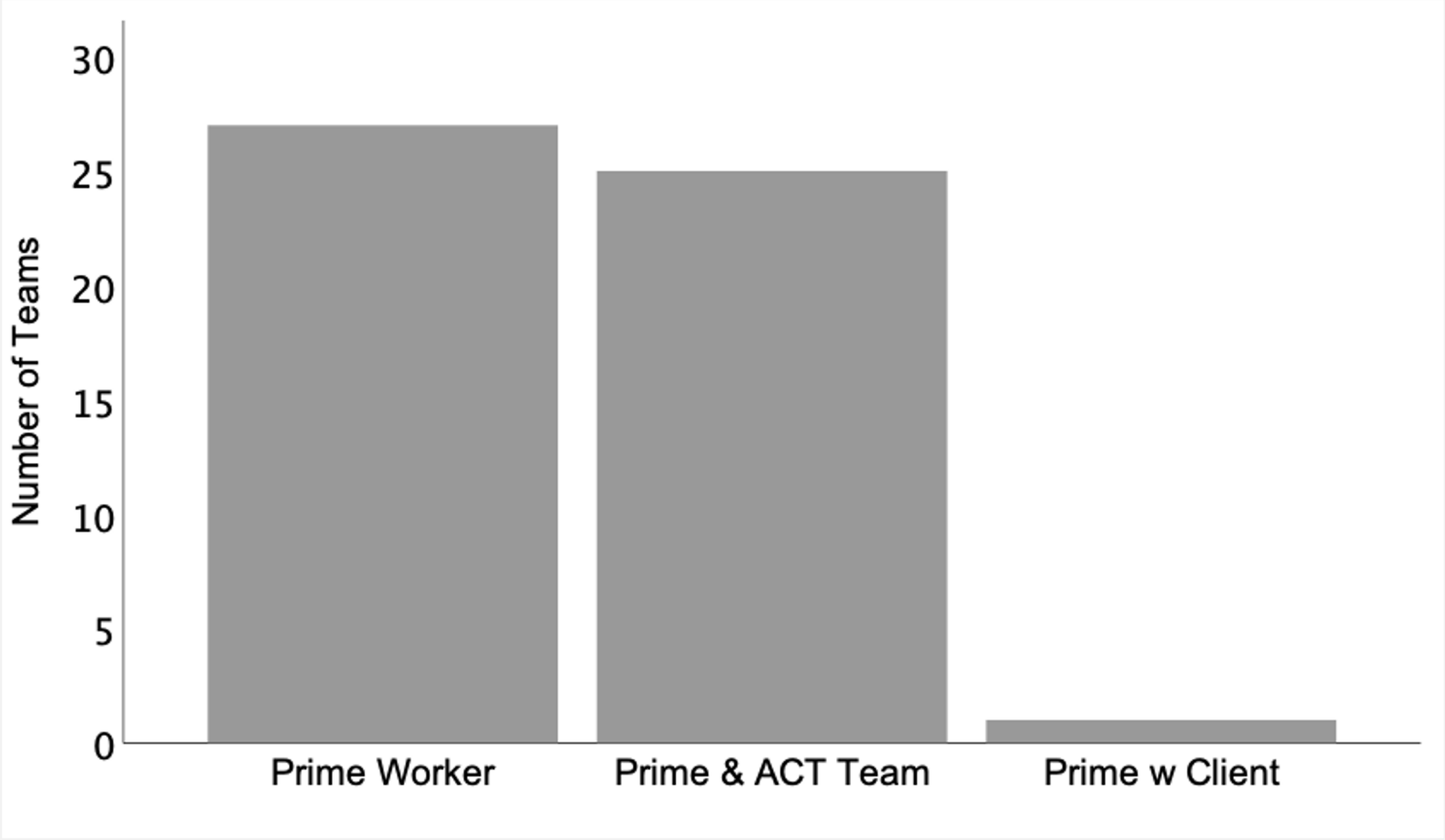
HOW MANY YEARS HAVE TEAMS BEEN USING THE ATR FOR?



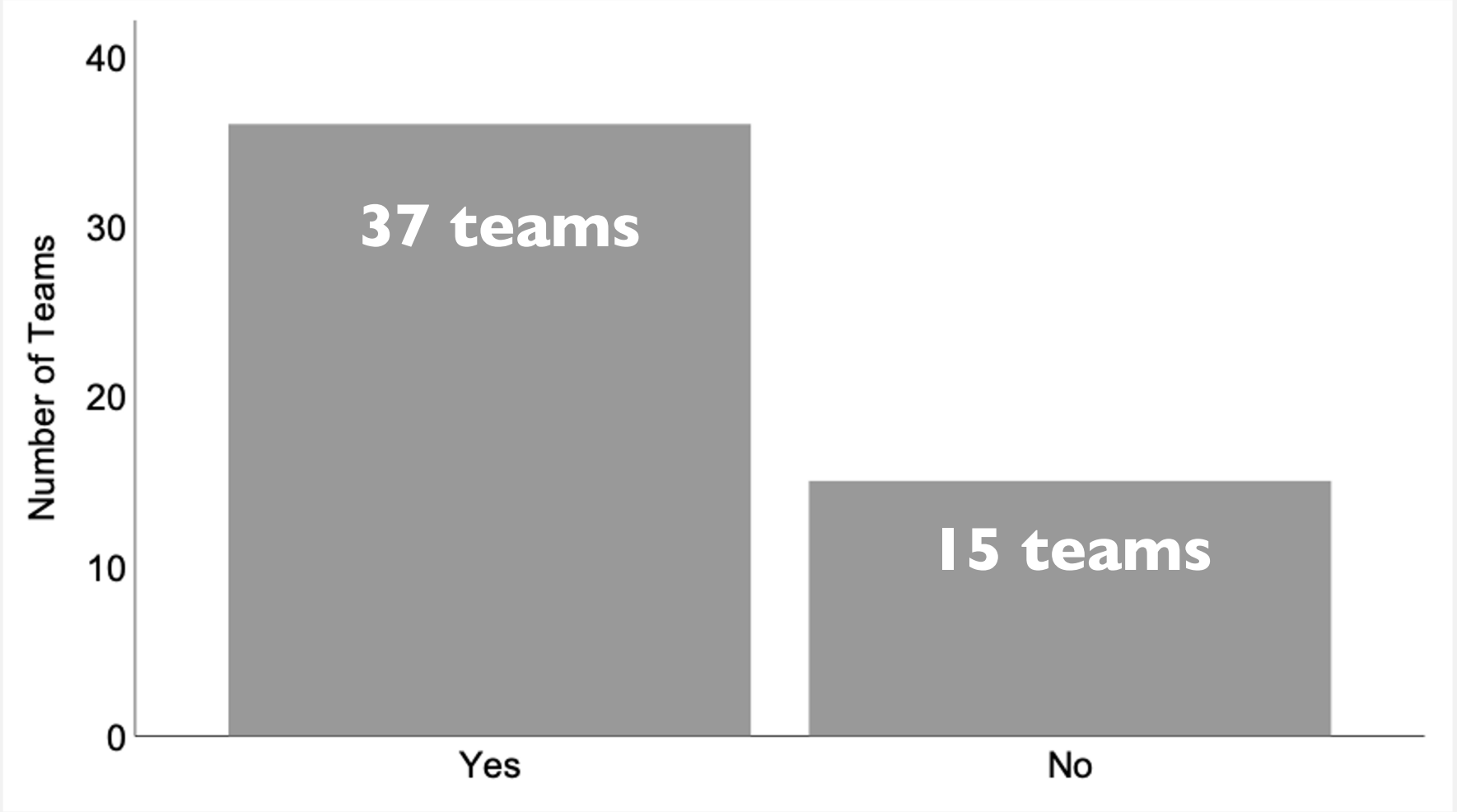
Note. As of 2019, this is how long ACT teams have been using the ATR for

WHO CONDUCTS THE ATR ASSESSMENT?

Of the **53 teams** using the ATR:



ARE YOU ABLE TO BRIDGE THE ATR TO YOUR INDIVIDUAL CLIENT RECOVERY GOALS?



TEAMS CURRENTLY USE THE ATR FOR THESE PURPOSES:

	Frequency
Flow	32
OCAN Measures (OCAN 24 life domains – relate to recovery plan)	14
Client Goal Attainment (7 themes of the ATR which relate to the Ontario Common Dataset of client outcomes)	13
Clinician Validation	9

Note. Several teams responded to multiple purposes.

BRIDGING OCAN AND ATR TO RECOVERY AND TREATMENT PLANNING

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

INNOVATION CHARACTERISTICS
DESIGN OF THE PRACTICE (SCALE) AND EASE OF USE

Teams reported both **advantages** and **limitations** to the design and use of the ATR

REPORTED **ADVANTAGES** OF THE ATR DESIGN

Survey Respondents reported that:

- "The ATR assessment scale itself is valid"
- "Clients jump up and down on scale which is consistent with what we see"
- "Easy to use"
- "Quick to complete"
- Staff say they "Love it"

REPORTED **LIMITATIONS** OF THE ATR ASSESSMENT SCALE DESIGN

Survey Respondents reported that:

- "Difficult to interpret - need a middle ground to balance between 2-3"
- "Not enough range in the Likert scale"
- "Are we sure we know what that means? - interpreting ATR correctly?"
- "Wish I had a description or anchor - making subjective decisions"
- "We often questioned the scale - redundancy of Q1 and Q18"
- "ATR is subjective - 'gainfully employed' - they don't want employment"
- "Not accurate within the French language - the questions are translated from English to French which doesn't make sense to the unilingual French language speaker"

CONCERNS WITH THE TEAM PROCESS OF COMPLETING THE ATR

- "Too subjective with only one prime worker completing scale"
- "Based on the subjective view of person completing it"

REASONS TEAMS ARE NOT USING THE ATR SCALE FOR TRANSITION PRACTICES

- "Nowhere to transition people to; no point!"
- "When we transfer to ICM its only for a few months of support, clients end up back at ACTT"
- "Clinician's view of clients on team caseload; only small percentage have recovered"
- "ATR isn't relevant - ACT team clientele is on average 50-70 years"
- "We use clinical outcomes like employment, client goal attainment"
- "After 5 years we may not continue because only around 1% are recovering"

Reasons for not using the ATR are often related to existing **barriers to transition**

INNER TEAM SETTING

What factors within the ACT team inner setting impact likeliness of transition?

- Culture to change a practice (e.g., belief in the recovery model)
- Motivations to change current practices
- Nature and quality of formal and informal communications within an organization
- Knowledge of and confidence in transition services to support the client
- Rewards of changing practice (e.g., flow)

Transitioning Steps Taken	ATR Score	Client
Referral sent	54	Bill
Refusing to leave	65	Jill
Sept.21 transitioning	59	Hillary
Planning	67	Phil
Jun.21 transitioning	66	Lill
Refusing to leave	56	Millie
Nov.21 transitioning	45	Ben

Mar-21

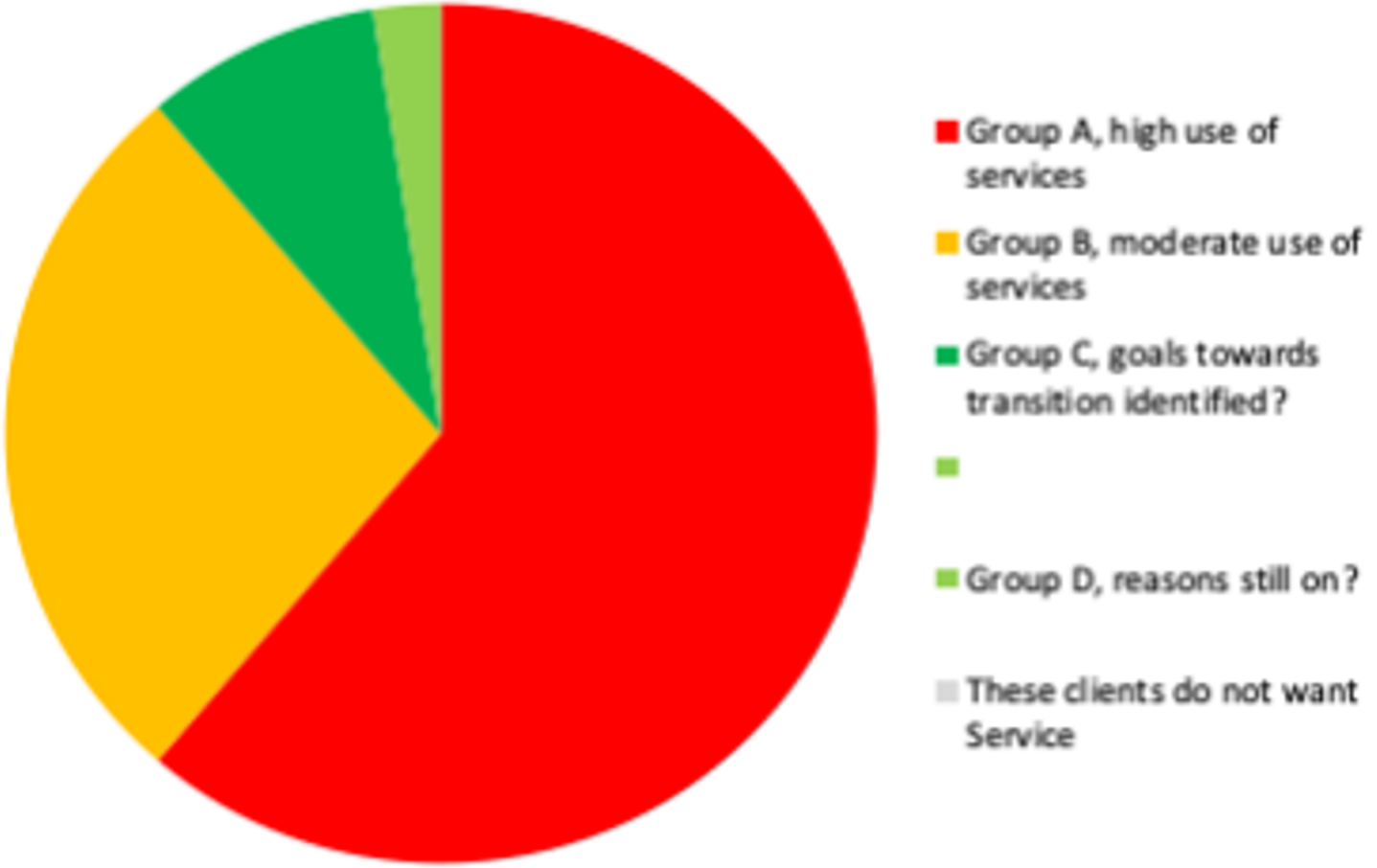
(_-43) Group A, high use of services

(43-53) Group B, moderate use of services

(51-58) Group C, goals towards transition identified?

(58+) Group D, reasons still on?

These clients do not want Service



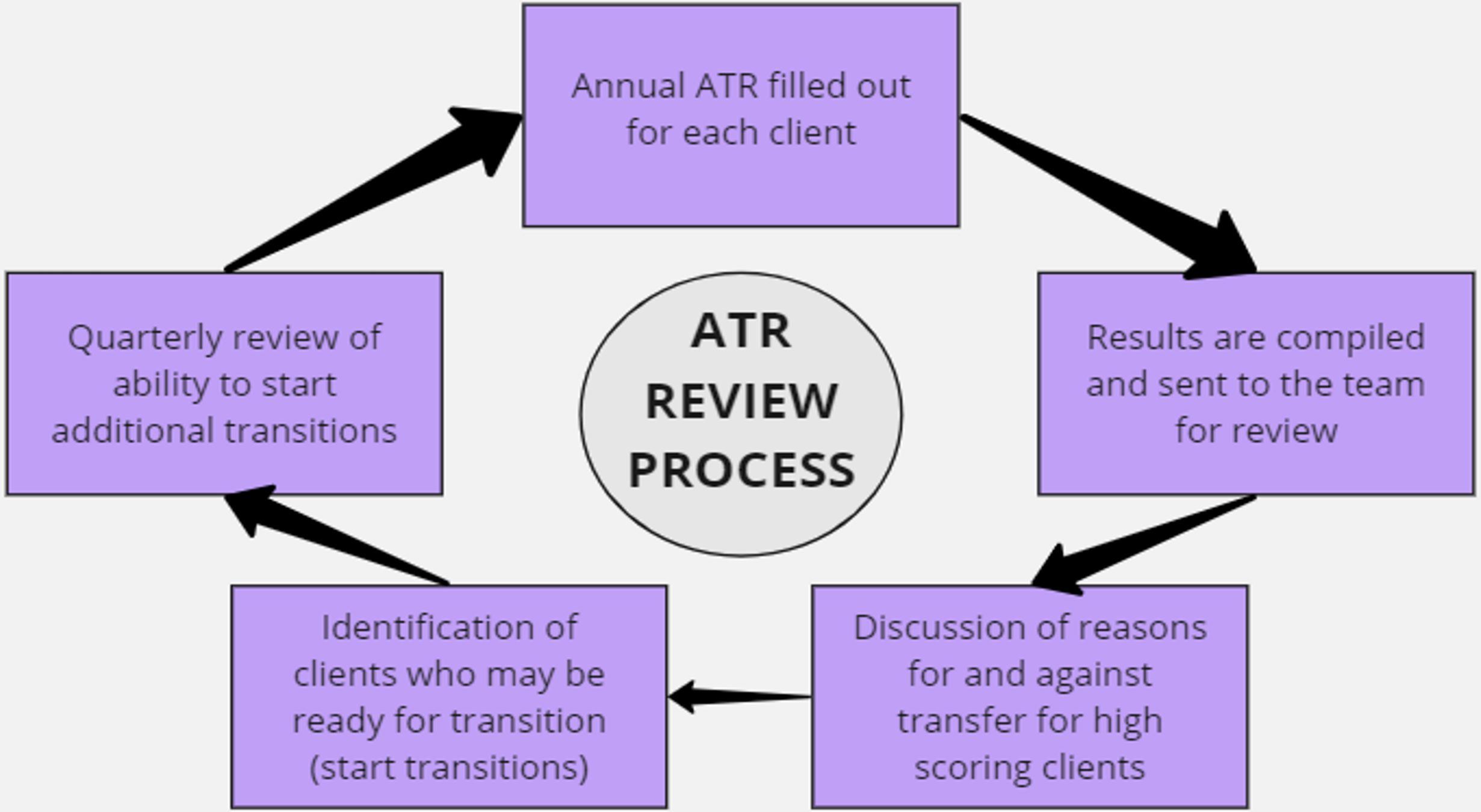
HAMILTON ACTT2 PRIME LIST

Tuesday, May 25, 2021

Legend:

#	Jill	Jane	Jackie	Julliet	James	Jorden	Janet	Mark
1	Client	Client	Client	Client	Client (Karen)	Client (Karen)	Client	Client
2	Client	Client	Client	Client	Client (Karen)	Client (red?)	Client	Client
3	Client	Client	Client	Client	Client	Client	Client	Client
4	Client	Client	Client	Client	Client	Client	Client	Client
5	Client	Client	Client	Client (orange?)	Client	Client	Client (red?)	Client
6	Client	Client	Client	Client	Client	Client	Client	Client
7	Client	Client	Client	Client (orange?)	Client	Client	Client	Client
8	Leaving Client - Jun 2021	Client	New Client – May 2021	Client	Client	Client	Client	Client
9	Client	Client	Client	Client	Client	Client	Client	Client
10	Client	Client	Client	Client (orange?)	Client	Client	Client	Client
11	New Client – May 2021	New Client – June 2021	Client	Client		New Client – June 2021	Client	Client
12				Leaving Client – Sept 2021				
13								
				(agreed upon extra client)				
	Future Client, refusing to meet us				Future Client - missing		Incarcerated Client – possibly re-referred	Incarcerated Client – possibly re-referred

Light Green – Ready to go? What is the plan?	Orange – Moderate User of ACTT level services.
Dark Green – Needs goals towards transition. What are they?	Red – High Users of ACTT level services.
Blue – jail or too high risk to contact alone	

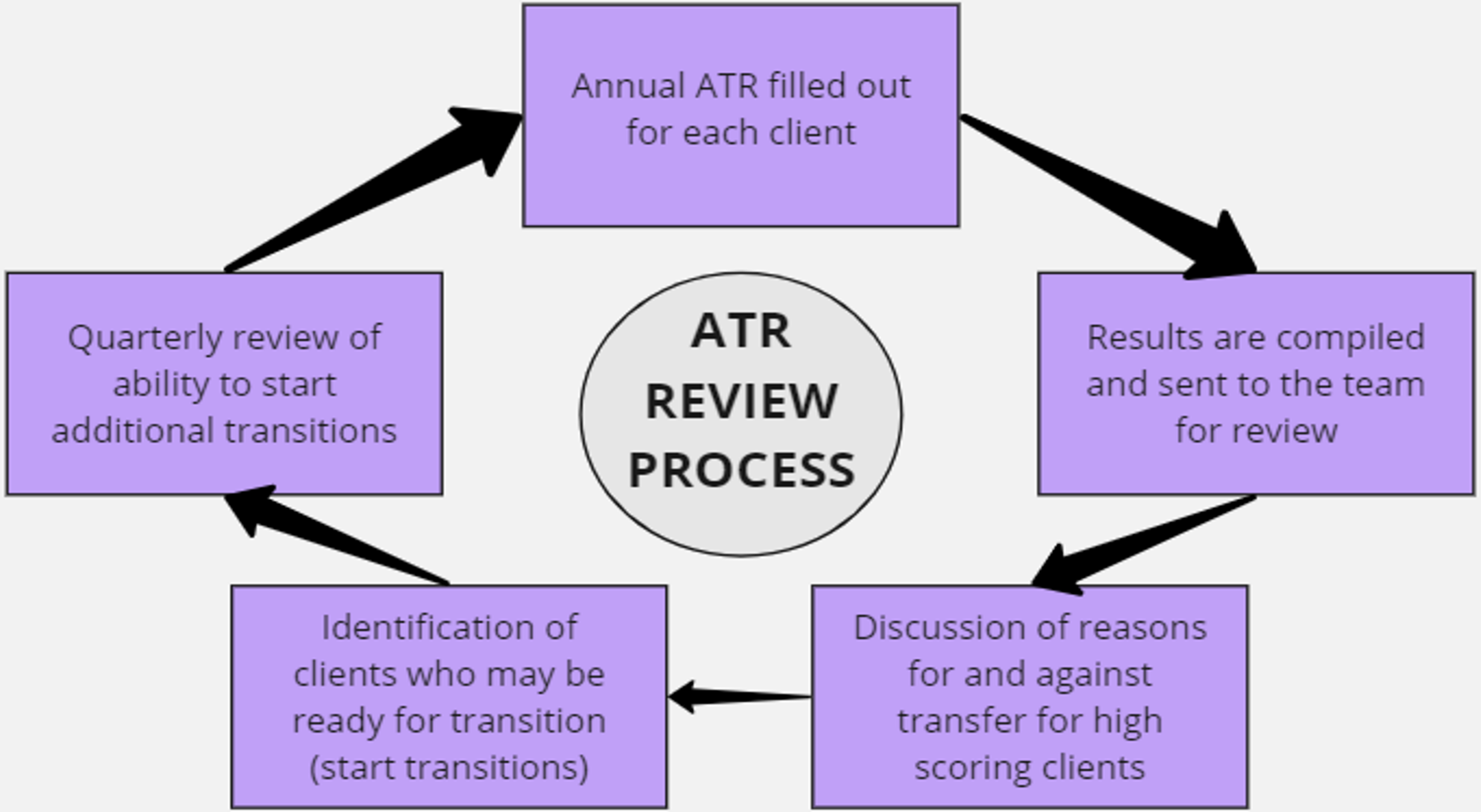

Annual ATR filled out for each client
Results are compiled and sent to the team for review
Discussion of reasons for and against transfer for high scoring clients
Identification of clients who may be ready for transition (start transitions)
Quarterly review of ability to start additional transitions
ATR REVIEW PROCESS

Transition Readiness (Clients scoring C or D on ATR) 2021

OK to Proceed with transition	
Sally	We've informally talked about transition as a team. Her needs are being met with family, community, has a house doctor, takes meds. Would probably benefit from Step-down with one worker she can connect with and hold her accountable and help her with follow up. She has also been very proud of how well she's been doing and step down may be a marker of this.
Michael	Came to us likely to be a step-down client, and we possibly kept him longer because he was potentially moving. He has been stable for ++years He's engaged. He appreciated support during cocaine relapse.
Linda	We don't see her much. What are we doing with her? Maybe not step-down but a family doctor? Has a low dose of meds and is stable on them Family may be distressed at a transition

Let's ask and see what they think	
Thomas	Amisulpride may be a barrier to transition, but step-down may have dealt with it before. If step-down is a better service for him, we could probably work something out. We have worked on Early Intervention Plan quite a bit which could provide step-down with more information to help understand him. Would like to check in on his interest in moving to another service.
Robert	He is quite independent, we do not do suicide check ins any longer. He doesn't use on call, is open about symptoms and has insight into medications. Would be interesting to see what he thinks of transition.

It's a work in progress	
Hugo	May have to work on convincing him, or helping him find other community social outlets We often have transition conversations with him and he always declines. Right now might be a test of his wellness with mom passing and a move. Not imminent for now. Keep challenging him on reason to transition – liking us is no necessarily a reason to keep ACTT services
Lucie	Working on transition might give us more focus on the visits. It is worth talking to her about it. Transition might not be imminent and not for a few years. We anticipate a lot of resistance. She is highly skilled at doing things that she wants to do when she's invested in something. She has a complex medication regime, but that doesn't mean she can't transition.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ATR REVIEW PROCESS

OUTER SYSTEM SETTING

What factors within the systemic outer setting impact likeliness of transition?

- Organization or networks' understanding to address patient needs and barriers to do this (e.g., rural vs. urban, differences in services to transition clients to)
- Pressure to change (e.g., hospitals want more clients on ACTT, ACTT waitlists)
- Level and quality of links to other organizations (e.g., how cooperative or competitive are connections with other services)
- External policies and incentives: (e.g., ACT model's savings in hospitalization, new policy pushes by government/politicians)

CELHIN

Assertive Community Treatment Teams (ACTT)

Quality Improvement Initiative:

ACT TOGETHER

Project Overview – Mission and Success

Project Mission

Increase capacity by 200 total spaces and flow within ACT Teams to potentially save 10,000 hospital days

Project Success

1. **Find efficiencies and define standard practices** within the topics of:
    1. ACTT Intake & Referral
    2. ACTT Treatment and Planning
    3. Hospital and ACTT Relationships
    4. Discharge From ACTT
2. **Create MOUs** to support the implementation of these efficiencies and standard practices for all ACT providers and primary stakeholders
3. **Generate interest and support** across the LHIN of these changes

Project Overview – Current State Findings

The majority of the basic processes within ACTT are consistent. There are however, variation in how these steps are ordered, dispersed throughout team members, and conducted.

Standardizations

▪Items that ***created overall efficiencies*** and a more unified "brand" to external stakeholder groups were standardized. The following items are examples of this:

- Letters
- Forms
- Timeframes
- Waitlist protocols
- Primary assessment tools (OCAN, ATR –to stimulate clinical discussion about potential clients for stepped care and improve flow yet maintain community tenure and satisfaction with service)

Recommended Best Practices

▪Items where ***efficiencies were best determined at the individual team level*** were supported by recommended best practices. The following items are examples of this:

- Meetings
- Team functioning and task allocations (including the psychiatrist)

Early Data

Beginning April 1st, 2014

Total number of clients in Stepped Care	Percentage of Stepped Care clients that have maintained their level of recovery.	Total number of new ACTT clients between April 1, 2014 and March 31, 2017	Bed days used by new ACTT Clients previous 2 years (18-months of data)
164	97.6%	244	30,100+

Please welcome Gary Cuddeback, creator of the ATR scale.

THANK YOU!

Let's keep sharing our client transition and recovery practices!

CoP: https://www.eenetconnect.ca/topics?forum=act-transition-readiness-scale-community-of-practice

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