

The Wait for Assertive Community Treatment

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Mental Health - Care & Research
Santé mentale - Soins et recherche

Importance of Wait Times

- to prevent health issues from deteriorating
- Increase treatment compliance in mental health services (Canadian Institute for Health Information, 2012; Gallucci, Swartz, & Hackerman, 2005; Williams, Latta, & Conversano, 2008)
- Wait times reflect demand for services

Measuring Wait Times

- “The number of days between the date the referral was sent and the date the patient was seen by a specialist” (CIHI, 2015, p31)
- Measurement types
 - Retroactive
 - Census

In the ACTT Standards

- “...will continue to admit new clients if they are not at capacity due to discharges”
(ACTT Standards, 2005, p5)
- No guidelines for referrals when at capacity
- No standards for wait times from referral to initial assessment

This Study Aimed to:

1. Explore how waitlists are managed by ACTT Teams in Ontario
2. Summarize waitlist data in the LHINs
3. Determine the demand for ACTT services across Ontario

Methodology

- Teams contacted by phone and email
- January – March 2016
 - # FTE staff
 - # Active Clients
 - # of waitlist referrals
 - # days waiting on waitlist
 - List of discharge programs
- Results organized by LHIN

Results



Province-Wide Team Results

Percentage of Teams Responded	94%
Mean Average FTEs per Team	9.8
Median Average FTEs per Team	10
Mode Average FTEs per Team	11
Mean Average Number of Clients per Team	79
Median Average Number of Clients per Team	80
Mode Average Number of Clients per Team	95
Average Client to Staff Ratio	8:1

Province-Wide Wait Lists

Total Number of Referrals on Waitlists in Ontario	495
Mean Average Number of Referrals on Waitlists per Team	8
Median Average Number of Referrals on Waitlists per Team	5
Mode Average Number of Referrals on Waitlists per Team	0
Percentage of Teams that Do Not Keep a Wait List	14%

Province-Wide Wait Lists

Mean Average Wait Time	128 days
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Median Average Wait Time	40 days
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Mode Average Wait Time	0 days
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Range of Team Average Wait Times	0 – 1261 days
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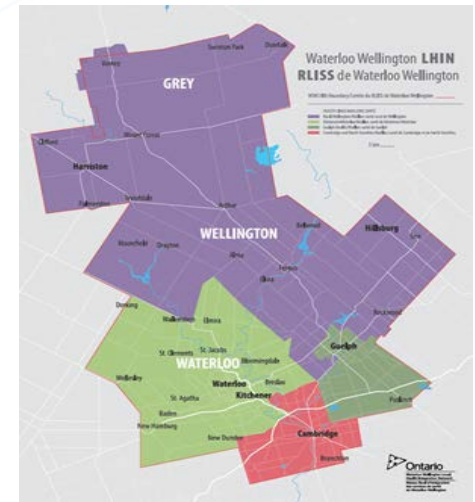
Percentage of Teams Waiting over 180 days (6 months)	22%
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Percentage of Teams Waiting over 365 days (1 year)	11%
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Percentage of Teams Reporting 0 Days Waiting	15%
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LHINS with High Demand

- Waterloo Wellington LHIN
 - 97 individuals total on waitlists
 - 335 days waiting for services



- South West LHIN
 - 77 individuals total on waitlists
 - 426 days waiting for services

Organizing Waitlists

- Central Intake Systems and combined waitlists
- Case-by-Case for teams with specialized populations
- Priority waitlists

Discharging Clients

	Number of teams referring to program	% of Teams Referring to Program
Less- Intensive Case Management Programs	49	66%
Other ACTT Teams (due to Relocation)	23	31%
Hospital Outpatient Care Programs	21	28%
Other Community Metal Health Services	20	27%
General Practitioner	18	24%
Other Programs within the Agency	13	18%
Step Down Program	10	14%
Stepped Care	8	11%

Strategies to Address High Demand

- Changing Referral Guidelines
- Combined Waitlists and Central Intake
- Ending referrals when at Capacity

Waiting for ACTT

OAA Conference Oct 2016

ACTT Central Intake Ottawa

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ACTT Central Intake Committee

5 Ottawa Area ACT teams representatives & CMHA Ottawa meet monthly to review ACTT referrals

- Team Lead /Manager & 1 Psychiatrist (on a rotating basis from each team)
- Intake worker from CMHA Ottawa Case Management also attends

Service is coordinated by Community Mental Health Program at The Royal

Current Criteria for ACTT in Ottawa

- 50 inpatient days in the past year or 150 inpatient days in the past 3 years
- Difficulty functioning in the community
- Difficulty following up with traditional services
- Concurrent Disorders
- Frequent Emergency Room visits
- Involvement in Criminal Justice System

Wait List Strategies ACTT Intake

- Triage up front prior to intake meeting
- Priority list for clients with 90+ inpatient hospital days
- Check-in call with clients and/or referral sources 1 – 2 times a year to ensure continued need for ACTT assessment

Challenges

- Clients sit on the wait list for long lengths of time prior to assessment and then may be assessed as not eligible
- Currently 16 people on General Wait List longest wait time is February 2015
- Priority list is currently as long as the wait list - 13 people on the Priority Wait List longest wait time is March 2015

Flow Strategies on ACT Teams at The Royal

- Yearly ATR and team discussions
- 10 % + flow rate on teams
- Relief RN following 11 Clozapine clients with ACTT physician – no longer in place due budget cut

Barriers

- Clozapine follow-up requiring physician with hospital privileges
- Reluctance of clinicians and patients to discharge

Referral Guide – Hamilton ACTT, Schizophrenia & Community Integration Service

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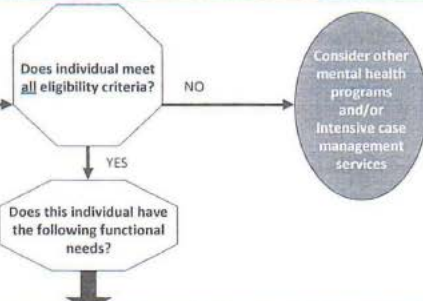


Referral Guide – Hamilton ACTT, Schizophrenia & Community Integration Service



This is a guide to consider key elements when making a referral to Hamilton ACTT. After a referral is submitted, the program managers make the decisions for acceptance.

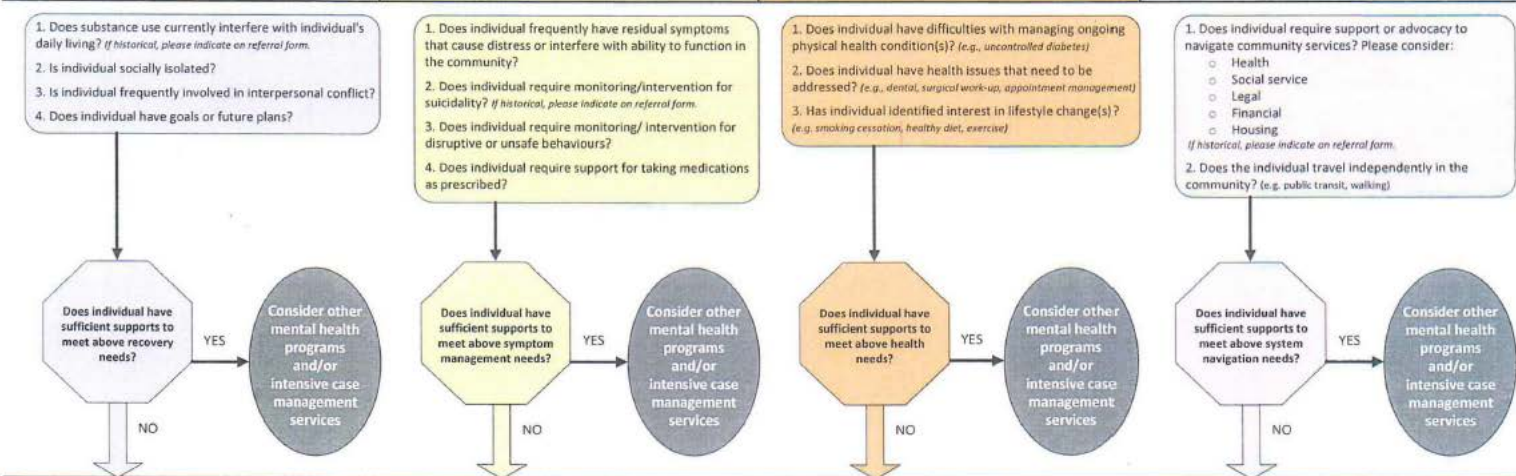
- ACTT Standards* require individuals to meet all eligibility criteria:**
- ✓ 18 years of age or older
 - ✓ Primary diagnosis of schizophrenia, schizoaffective disorder or related psychotic disorders
 - ✓ Needs services ≥ 3 times/week
 - ✓ Frequently uses mental health services i.e., multiple recent hospital admissions, COAST/ER/crisis services
 - ✓ Not engaged with other community mental health services
- * MOHLTC (2005) Ontario program standards for ACTT



Other Case Management / Outpatient Services

- **Outreach**
 - Schizophrenia Outpatient Clinic
 - Hamilton Mental Health Outreach Program
 - Hamilton Program for Schizophrenia
 - Public Health – Street Outreach
 - Canadian Mental Health Association
- **Clinic-Based**
 - Cleghorn Program
 - Schizophrenia Outpatient Clinic
 - East Region Mental Health
 - Community Psychiatry Clinic
 - Hamilton Mental Health Outreach Program
 - Hamilton Program for Schizophrenia
 - Outpatient Moods Program

Recovery	Symptom Management	Health	System Navigation
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IF INSUFFICIENT SUPPORTS IN 2 OR MORE FUNCTIONAL NEED AREAS, CONSIDER A REFERRAL TO HAMILTON ACTT