

# ACT Graduation Process

ACT teams will formally assess participants' needs for ACT services at least once every 6 months using the ACT Transition Assessment Scale, a tool that establishes criteria to help determine whether a consumer is ready to be placed on a graduation track to transition to a less intensive level of care. A consumer may be placed within the graduation track if the individual is assessed at a "1" or "2" on all the scaled items (NOTE: Also consider graduations for individuals assessed at a "3" on the Activities of Daily Living item and "3" or "4" on the Community Integration item. Further, assess the consumer's Motivation to Graduate or Transition from ACT, again considering graduations for individuals assessed at a "3" or "4" on this item). Teams are encouraged to continually assess the service needs of participants as consumer needs change.

Though "graduation" is a process to be celebrated as a step toward recovery, we recognize the potential anxiety, sadness and fears experienced by consumers, family members and staff when initiating such a move. Consumers may feel rejected, punished, and not yet ready to leave the familiarity and support of the ACT team. Family members may worry that their loved one will again experience the intense symptoms that led to the initial ACT referral while ACT team members will face the termination of therapeutic relationships that may span many years. It is therefore imperative that graduation be gradual, thoughtfully planned and individualized with assured continuity of care. More specifically, we encourage ACT teams to employ the following strategies regarding graduations:

- Introduce the idea of graduation from the very beginning of the consumer's enrollment (even during the engagement phase) and continue the discussion throughout the individual's tenure with ACT.
- Frame graduation within the larger process of the consumer's recovery, enhanced well-being and independence in life.
- Involve ACT team members in a discussion of the individual's potential for graduation and plans necessary to ensure successful transition to a less intensive level of care.
- Involve the consumer in all plans related to his/her graduation.
- Assess the consumer's motivation for transition to the graduation track and provide motivational interviewing interventions as appropriate to increase the consumer's comfort and interest in the graduation.
- Be prepared with appropriate interventions should consumer temporarily experience an increase in symptoms or begin to "backslide" on treatment goals in response to graduation plans.
- Involve the consumer's social network – especially family – in developing and reviewing the consumer's graduation plan to the extent approved by the participant.
- Coordinate several meetings with consumer, relevant ACT team members, and new service provider to introduce the new provider as well as review the participant's current status, progress in ACT and future goals.
- Temporarily overlap ACT services with those of new provider for 30-60 days.

- Monitor the consumer's status following transition and assist the new provider, as needed, especially for the next 60-90 days.
- Create and structure "alumni" activities and/or groups that will allow graduated participants to remain appropriately connected to ACT team (and perhaps serve as mentors for current enrollees).

Teams shall ensure consumer participation in discharge activities, as evidenced by the following documentation:

- The reasons for discharge as stated by the consumer and ACT team
- The participant's biopsychosocial status at discharge
- A written final evaluation summary of the consumer's progress toward the goals set forth in the person-centered treatment plan
- A plan developed in conjunction with the participant for follow-up treatment after discharge
- The signature of the consumer, the consumer's primary practitioner, the team leader and the psychiatric prescriber

When clinically necessary, the team will make provisions for the expedited re-entry of discharged consumers as rapidly as possible. If immediate re-admission to the ACT team is not possible because of a full census, we will prioritize on the waiting list consumers who have graduated but need readmission to ACT.

Adapted and modified by Places for People: Community Alternatives for Hope, Health and Recovery, April 2013 from the King County (State of Washington) RSN

ACT TRANSITION ASSESSMENT SCALE – ITEMS AND RATINGS

	1	2	3	4	5
<b>Stable Housing (see attachment for specific housing criteria)</b>	Stably housed in the community for more than 12 months	Stably housed in the community for 7 – 12 months	Stably housed in the community for 1-6 months	In community living for less than 1 month or in another setting, but not homeless	Homeless living situation or had days homeless in last 6 months
<b>Treatment Participation</b>	Excellent (independently and appropriately accesses services)	Good (able to partner and can use resources independently)	Fair (no independent use of services or only in extreme need)	Poor (relates poorly to providers, avoids independent contact with providers)	No participation (no contact with providers, does not participate in services at all)
<b>Psychiatric Medication Use</b>	Either no medications prescribed or adheres most of the time	For last 6 months takes meds most of the time but may need some verbal assistance	Takes med sometimes and/or may need physical assistance	Takes meds rarely or never as prescribed OR requires substantial help to take meds	Takes meds rarely or never as prescribed OR refuses meds OR level of assistance is unknown
<b>Psychiatric Hospitalization/ crisis management</b>	No psych inpatient admissions and no ER visits in past 12 months	No psych inpatient admissions and no ER visits in past 6 months	Up to 1 psych inpatient admission and no ER visits OR no psych inpatient admissions and 1-4 ER visits in the past 12 months	Up to 1 psych inpatient admission and 5-9 ER visits in the past 12 months	2 or more psych inpatient admissions OR 10 or more ER visits in past 12 months
<b>Forensic Involvement</b>	Had no arrests and spent no days incarcerated in past 12 months	Had no arrests and spent no days incarcerated in past 9 months	Had no arrests and spent no days incarcerated for past 6 months	Arrested but spent no days incarcerated in past 6 months	Arrested or spent days incarcerated in last 6 months
<b>Substance Use Stages of Treatment (see attachment for rating scale)</b>	Consumer assessed at Stage 8 (in remission or recovery) OR Stage 9 (no history of SA abuse or dependence)	Consumer assessed at Stage 6 (late active treatment) OR Stage 7 (relapse prevention)	Consumer assessed at Stage 5 (early active treatment)	Consumer assessed at Stage 3 (early persuasion) or Stage 4 (late persuasion)	Consumer assessed at Stage 1 (pre-engagement) OR Stage 2 (engagement)
<b>High Risk Behaviors (see attachment for list of high risk behaviors)</b>	None of the 11 high risk behaviors in at least the past year	None of the 8 highest risk behaviors in at least the past year	None of the 11 high risk behaviors in at least the past 6 months	None of the 8 highest risk behaviors in at least the past 6 months	One or more of the 8 highest risk behaviors in the last 6 months

	1	2	3	4	5
<b>Activities of Daily Living</b>	Able to perform self-care tasks (bathing, toileting, cooking, food shopping). Able to use public transportation independently	Able to cook and food shop for self. May require occasional prompts or assistance with other self-care tasks. Consistent access to reliable transportation (i.e. bus, family, friends)	Able to cook and food shop for self. May require occasional prompts or assistance with other self care tasks. No consistent access to reliable transportation (i.e. bus, family, friends)	Requires frequent prompting, monitoring or step-by-step cueing to perform one or more self care tasks. No consistent access to reliable transportation	Demonstrates consistent failure to perform self-care tasks (bathing, toileting, cooking, food shopping) near usual standards. No access to reliable transportation
<b>Community Integration</b>	Consumer works, volunteers, or participates in school 20 hrs/week or more AND engages in at least one of the following: 1. Consistent attendance at community groups/clubs/religious services 2. Consistent visits with friends/relatives	Consumer works, volunteers, or participates in school 10-19 hrs/week or more AND engages in at least one of the following: 1. Consistent attendance at community groups/clubs/religious services 2. Consistent visits with friends/relatives	Consumer does not work, volunteer, or participate in school (or does so less than 10 hrs/week), but attends community groups/clubs/religious services AND/OR visits friends/relatives on a fairly regular basis	Consumer does not work, volunteer, or participate in school (or does so less than 10 hrs/week), but sometimes attends community groups/clubs/religious services AND/OR visits friends/relatives on a fairly regular basis	Consumer does not work, volunteer or participate in school, rarely leaves home, and has few or no friends
<b>Consumer Interest/Motivation</b>	Person has agreed to a graduation plan and has the necessary skills and supports to be successful after transitioning from ACT	Person is interested in the possibility of graduating from ACT and is developing a plan to be successful post-graduation; person is working to develop the necessary skills and supports for successful graduation within the next 6 months	Some recent discussion about ACT graduation; person has mixed feelings or is uncertain, but considers graduation to be a possibility and is open to future discussion	No recent discussion about graduation and/or person is disinterested or indifferent	Person served is against graduating from ACT team (may be fearful, feeling rejected, etc)

Scoring – Participant must be assessed at a rating of 1 or 2 on all items except Activities of Daily Living item, Community Integration item and the Motivation for Graduation or Transition item to enter graduation track.

- **Activities of Daily Living** – Graduation track may be considered if consumer is assessed at “3” AND he/she is within walking distance of necessities (i.e., grocery store, friends, community activities, treatment services)
- **Community Integration** – Graduation track may be considered for individuals assessed at “3” or “4” but team is expected to develop and initiate plan that will ensure sufficient integration into the community and minimize potential for isolation
- **Motivation to graduate or transition**—Graduation track may be considered if consumer is assessed at “3” or “4” on this item, but the team should engage consumer in motivational enhancement and the development of any additional skills or supports needed for graduation from ACT.

# Attachment – ACT Assessment Scale

## Housing

Individual is considered “stably housed in the community if he/she meets the following criteria:

- Rents or owns a housing unit that is safe and intended for human occupancy, and is not defined as a “shelter” or “transitional housing”.
- Individual has not moved involuntarily. Consumer’s lease has not been involuntarily terminated due to acting out behaviors, failure to pay rent, property destruction, etc.
- Individual uses identified housing unit as primary residence. Individual has not wandered or run away from the unit for lengthy periods of time.
- Paying rent/utilities

Rank	High Risk Behaviors
1	Verbally assaulted another person
2	Expressed suicidal threat
3	Physically harmed self and/or attempted suicide
4	Threatened assault or physical violence
5	Physically/sexually abused or assaulted another individual
6	Engaged in arson
7	Damaged or destroyed property
8	Pattern of victimization
9	Taken property without permission
10	Created public disturbance
11	Wandered or ran away

Clinician-Rated Substance Abuse Stage of Treatment	Circle one number below
The person (not yet a client) does not have contact with a case manager, mental health counselor, or substance abuse counselor, and meets criteria for substance abuse or dependence.	1
The client has had only irregular contact with case manager or counselor, and meets criteria for substance abuse or dependence.	2
The client has regular contacts with a case manager or counselor; continues to use the same amount of substances, or has reduced substance use for less than 2 weeks; and meets criteria for substance abuse or dependence.	3
The client has regular contacts with a case manager or counselor; shows evidence of reduction in use for the past 2-4 weeks (few substances, smaller quantities, or both); but still meets criteria for substance abuse or dependence.	4
The client is engaged in treatment and has reduced substance use for more than the past month, but still meets criteria for substance abuse or dependence during this period of reduction.	5
The client is engaged in treatment and has not met criteria for substance abuse or dependence for the past 1-5 months.	6
The client is engaged in treatment and has not met criteria for substance abuse or dependence for the past 6-12 months.	7
The client has not met criteria for substance abuse or dependence for more than the past year.	8
The client does not have a history of substance abuse or dependence.	9