The Impact of Kendra's Law on Intervention Strategies Used by Assertive Community Treatment Teams

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Presentation Overview

- What is Kendra's Law and Assisted Outpatient Treatment (AOT)?
- Why focus on impact of AOT on provider behavior?
- ACT in New York State
- Defining Intervention Strategies on ACT Teams
- Sample Characteristics Descriptive analyses
- Impact of AOT "presence" on intervention strategies used by ACT Team staff.

What is Kendra's Law and Assisted Outpatient Treatment?

- Assisted Outpatient Treatment (AOT) was established by the New York State legislature's enactment of Kendra's Law.
- AOT is court-ordered outpatient treatment for certain people with mental illness who in view of their treatment history and present circumstances are unlikely to survive safely in the community.

Kendra's Law's Legislative Timeline
(Politics, Policy and Public Mental Health)

- Initially enacted in November 1999.
- Sunset and renewed in June 2005.
- Sunsets in June 2010.
- Both versions of Kendra's Law mandated that NYS-OMH evaluate and report on AOT and prescribed the content of that evaluation.

Eligibility Criteria for AOT

To be eligible for AOT an individual must:

Be 18 years of age or older; and

1. Be diagnosed as mentally ill; and
2. Be unlikely to survive safely in the community without supervision (clinically determined); and
3. Have a history of lack of compliance with treatment that has resulted in:
   a. Two episodes of treatment in a psychiatric inpatient unit or forensic or other mental health unit in a State or local correctional facility within the last 36 months, *or*
   b. One or more acts of serious violent behavior toward self or others or threats of, or attempts at, serious physical harm to self or others within the past 48 months, and

Eligibility Criteria for AOT

To be eligible for AOT an individual must:

5. Be unlikely to voluntarily participate in the services identified in the treatment plan, and
6. Based on history and current behavior, be in need of AOT in order to prevent relapse or deterioration that would likely result in serious harm to the individual or others, and
7. Be likely to benefit from Assisted Outpatient Treatment.

What categories of outpatient services are found in court-ordered AOT treatment plans?

- Such services SHALL include:
  - Case Management or Assertive Community Treatment (ACT) Team services;
  - AND may also include:
    - Medication
    - Periodic blood tests or urinalysis to determine compliance with prescribed medications;
    - Individual or group therapy
    - Day or partial day programming activities
    - Educational and vocational training or activities
    - Alcohol or substance abuse treatment and counseling and periodic tests for the presence of alcohol or illegal drugs for persons with a history of alcohol or substance abuse;
    - Supervision of living arrangements;
    - Any other service within a local or unified service plan.

Why focus on impact of AOT on provider behavior?

- In New York State, AOT places mandates on the both the recipient and the service system
- Much of the debate regarding Involuntary Outpatient Commitment in New York and nationally focuses on the tradeoff between potential coercive impact on recipients and the need to engage individuals with high levels of need who have had difficultly becoming engaged in services.
- Some research on the impact of involuntary outpatient commitment on recipients has been undertaken but the impact of court-ordered service delivery on provider behavior is not understood well.

What Is Assertive Community Treatment?

- ACT is a form of care coordination in which a multi-disciplinary team provides services directly to an individual that are tailored to meet his/her specific needs. ACT is one of the care coordination options for an AOT Treatment Plan
- An ACT team typically includes members from psychiatry, nursing, psychology, and social work.
- The staff-to-recipient ratio is small (one clinician for every ten) and services are provided 24-hours a day, seven days a week, for as long as they are needed.
- ACT teams deliver comprehensive and flexible treatment, support, and rehabilitation services to individuals in their natural living settings.
- ACT teams share responsibility for the people they serve and use assertive engagement to proactively engage individuals in treatment.

New York State Office of Mental Health's Evaluation of AOT and ACT

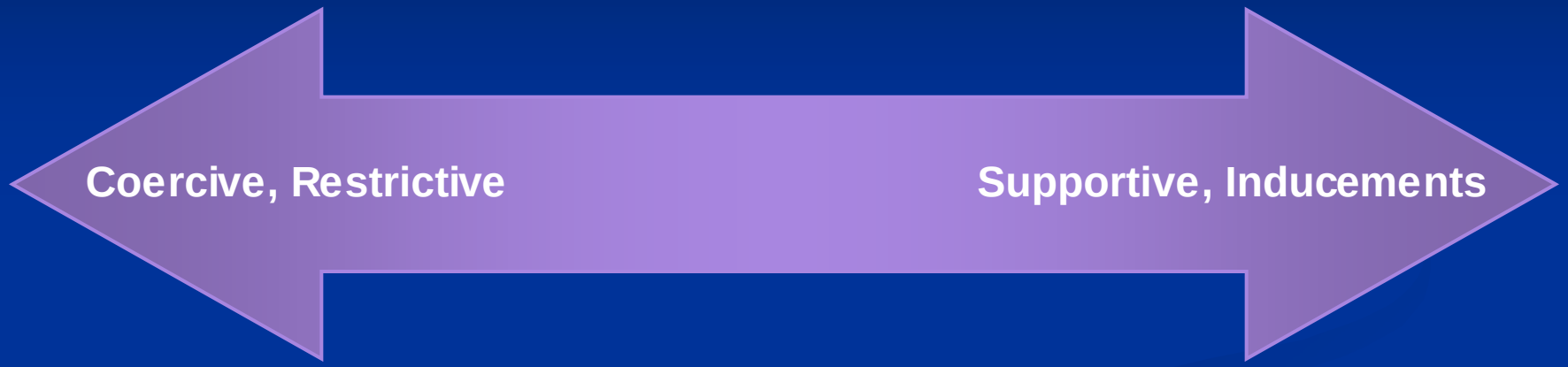
- Kendra's Law includes a mandate for the New York State Office of Mental Health to evaluate AOT and report evaluation findings. Since its inception OMH has been collecting data on all recipients who receive AOT.

- The New York State Office of Mental Health has also evaluated ACT. Aims of the most recent evaluation were to define and assess intervention strategies of ACT team staff and to identify correlates of those strategies in terms of organizational and individual differences.

Defining Intervention Strategies on ACT Teams:

Engagement and Limit Setting Intervention Strategies

Definitions of Engagement and Limit Setting Intervention Strategies Used by ACT Team Staff



Practices that compel a recipient to behave in a certain way (whether through action or inaction) by use some form of pressure or force (i.e., overriding client choice).

Practices that include a recipients in decision-making about matters that impact his/her life (e.g., treatment goals, plan and process); these approaches are thought to help develop effective relationships that lead to recovery.

Definitions of Engagement and Limit Setting Intervention Strategies Used by ACT Team Staff

- Measures used in the study sought to describe how ACT staff work with recipients
  - How do ACT staff:
    - Promote engagement?
    - Manage problematic behaviors?
    - Reinforce positive behaviors?

Definitions of Engagement and Limit Setting Intervention Strategies Used by ACT Team Staff

- Analyses address the hypothesis/belief that a larger presence of AOT recipients on an ACT team caseload results in the use of more coercive and restrictive limit setting and engagement strategies.

More specifically:

- Is the presence of AOT associated with *more* frequent use of engagement strategies in general?
- Is the presence of AOT associated with *less* frequent use of positive inducement engagement strategies?
- Is the presence of AOT associated with *more* frequent use of more restrictive/coercive limit-setting and engagement strategies?

Definitions of *Limit Setting Strategies* Used by ACT Team Staff

- 23 items concerning ACT staff efforts to set limits for clients.
- Limit-setting may consist of reminding a person to do something, using an incentive to promote favorable behaviors, or employing restrictive interventions to manage behaviors that a pose a risk to self or others (e.g., initiating an AOT order; hospitalization).
- Uses a 4-point Likert scale from never (1) to often (4)
- Limit Setting strategies assessed included:
  - Verbal Guidance
  - Money Management
  - Report to Authorities
  - Forced Hospitalization
  - Hospitalization

Report to Authorities

- Actually report clients' behavior to authorities.
- Consider reporting clients' behavior to authorities.

Enforce Treatment

- Request that a hospital commit a client against his or her will.
- Commit a client to the hospital against his or her will.
- Institute AOT proceedings for a client.

Definitions of *Engagement Strategies* Used by ACT Team Staff

- Described various strategies used to engage clients and modify behavior
- 26-items using 4-point Likert scale from never (1) to often (4)
- Engagement strategies assessed included:
  - ***Positive inducements* (8-item measure; α = .79)**
  - ***Remind of consequences* (6-item measure; α = .84)**
  - *Medication monitoring* (4-item measure α = .54)
  - *Persistent engagement* (2-item measure; α = .58)
  - *Child welfare* (3-item measure; α = .73)

Positive Inducements
(8 Items)

Buy clients lunch, cigarettes, etc. to help build the relationship.

Buy clients lunch, cigarettes, etc. to reward them for making progress toward treatment plan goals.

Buy clients lunch, cigarettes, etc. as part of an agreement or behavioral contract with a client.

Serve food during group treatment activities to improve attendance.

Give small gifts to encourage clients' participation in services.

Provide transportation for shopping, medical appointments, and group treatment activities.

Provide a metrocard or free pass for public transportation.

Continue to try to engage clients who are refusing services by offering them food, necessities, cigarettes, etc.

Remind of Consequences
(6 items)

Remind clients of potential for relapse & hospitalization …..

Remind clients that they may lose their housing …..

Remind clients that they may lose or have difficulty regaining custody/visitation of their children …..

Remind clients they may need a guardian …..

Remind clients that they may meet criteria for AOT …..

Remind clients of risk for incarceration …..

if they continue to have trouble following the treatment plan (e.g., poor medication adherence, continued substance use, etc.)

Study Methods and Sample Description

Study Methods

- Cross sectional study design
- Sampling pool consisted of 23 ACT Teams in New York City
- Intervention strategy data collected in early (January – March) 2006
- 160 ACT Team staff participated in the study

ACT Staff Characteristics
(N = 160, 23 Teams in New York City)

Characteristic	M or % (SD)
Age	40.44 (10.51)
Women	64.5%
Education (Masters or above)	58.1%
White	39.5%
Black	38.8%
Hispanic/Latino	9.9%
Other ethnicity (Asian, multi-racial)	11.9%
Tenure on ACT team (months)	23.40 (22.56)
AOT Caseload Density	Range 0-33%

Frequency of Use of Intervention Strategies

Means of Limit-Setting Variables

(4-point scale: 1 = never, 2 = rarely, 3 = sometimes, 4 = often)

Limit Setting Behaviors (4-point scale)	M	(SD)
All Limiting Setting Behaviors	2.43	(.39)
Verbal Guidance	3.43	(.49)
Hospitalization	2.73	(.58)
Report to Authorities	2.17	(.77)
Forced Treatment	2.12	(.66)

(n=160)

Means of Engagement Variables

(4-point response set: 1 = never, 2 = rarely, 3 = sometimes, 4 = often)

Engaging Clients on ACT Team (4-point scale)	M (SD)
All Engagement Strategies	2.73 (.47)
Persistent engagement	3.66 (.52)
Leverage	2.61 (.73)
Positive inducements	2.95 (.62)
Medication monitoring	2.41 (.68)
Child welfare	2.01 (.69)

(n=160)

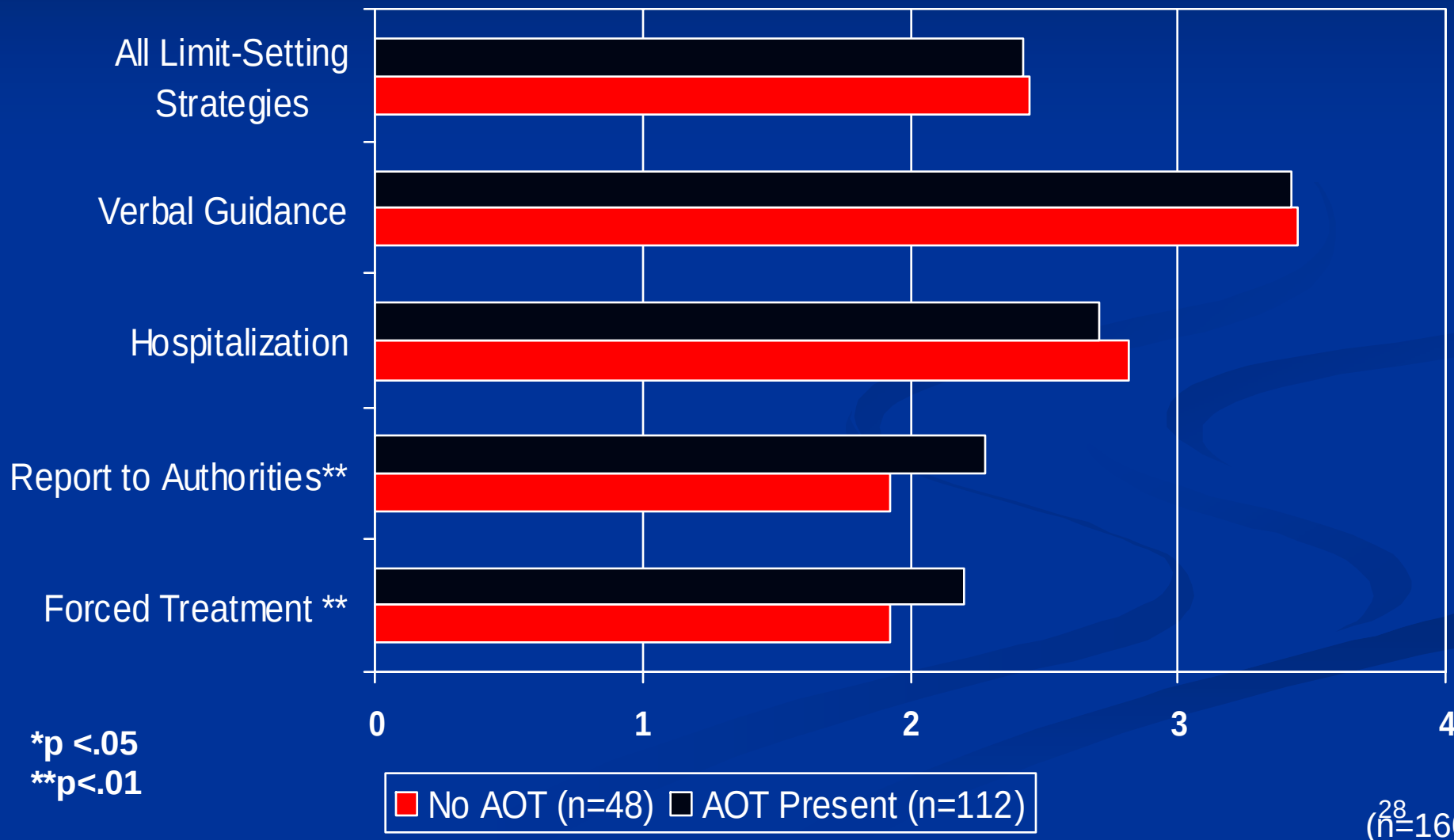
Summary of Staff Level Data

- Various inducements to engage in services are commonly used
- More restrictive approaches are used less frequently than positive inducements
- The findings here suggest that most staff avail themselves of a standard set of engagement techniques—whose primary aim is to induce, not coerce, clients to participate in treatment
- More restrictive approaches—both in the engagement and limit-setting interventions scales—showed considerably more variability than less restrictive approaches suggesting that a subset of ACT staff or ACT teams may be more likely to use more restrictive or coercive interventions. Can an examination of the presence of AOT on ACT caseloads help us understand this?

Use of Intervention Strategies by ACT Team Staff by the Presence of AOT Recipients on ACT Caseloads

(Staff Level Analyses)

Use of Limit Setting Strategies by ACT Team Staff by AOT Presence



*p <.05
**p<.01

(n=160)

Use of Engagement Strategies by ACT Team Staff by AOT Presence

***p <.05**
****p<.01**

(n=160)

Summary of Staff Level Data by AOT Presence

- In general, a comparison of staff level data shows that staff on ACT teams that have AOT recipients on their caseload do use more restrictive limit-setting strategies more frequently than staff on ACT teams that do not have AOT recipients.

- Staff on ACT teams that have AOT recipients on their caseload do report recipient behaviors more frequently to authorities and do exercise forced treatment options more frequently than staff on ACT teams that do not have AOT recipients.

Summary of Staff Level Data

- Staff level data also shows that , in general, staff on ACT teams with AOT recipients on their caseload appear to use engagement strategies more frequently.

- The higher frequency is seen in both the more supportive, positive inducements and the more restrictive, consequence reminding strategies.

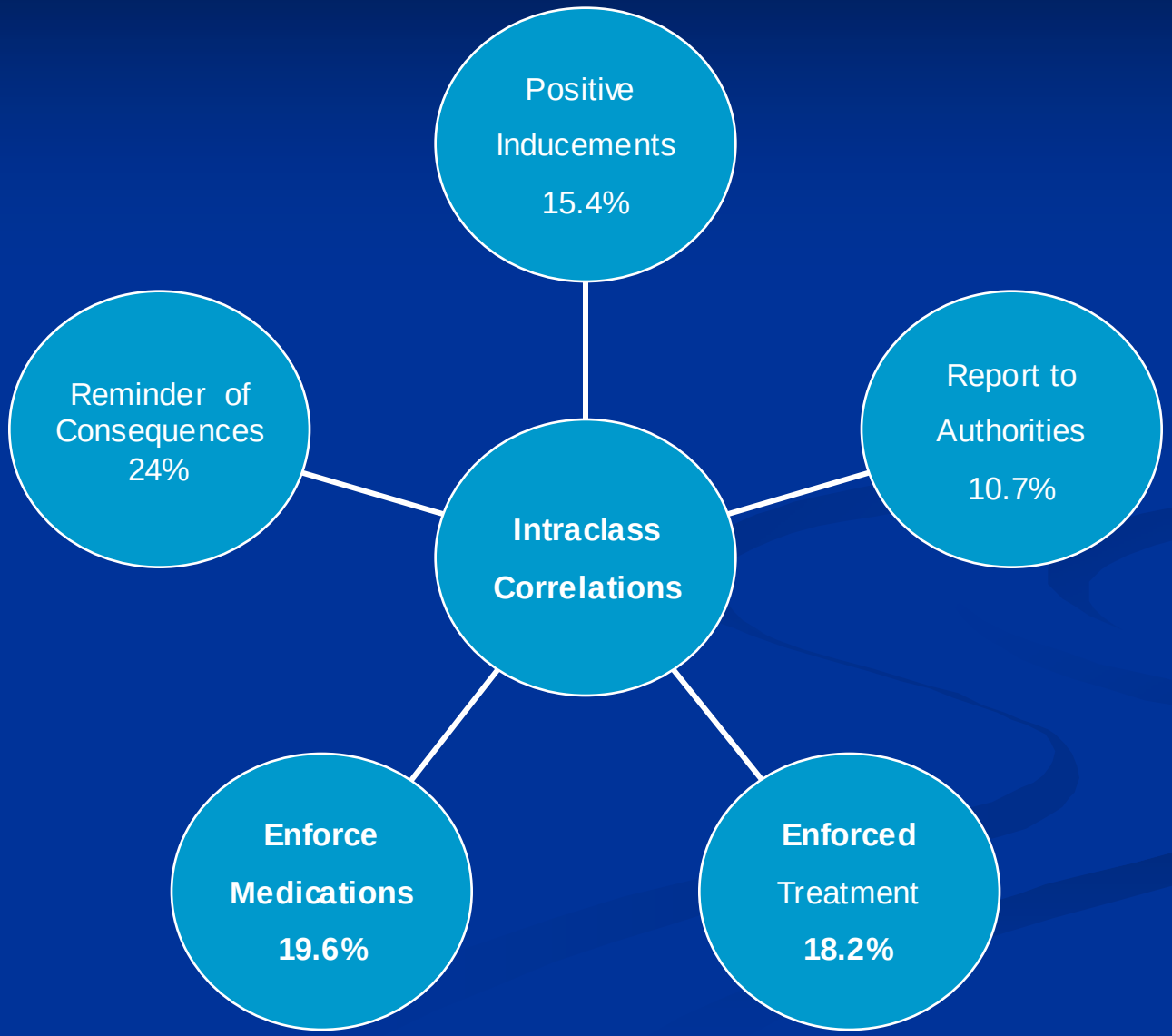
Multilevel Analysis to Explore Team-Level Effects

Multilevel Analysis to Explore Team Level Effects

- Multilevel analytic approaches address the lack of independence of the observations due to the nesting of ACT staff within their teams.
- It allows for a look at the degree to which the variation in the variables of interest is due to between team variability or within team variability.
- The amount of total variance, as indicated by the Intraclass Correlation (ICC), that is explained by within team variance indicates the degree of team membership effect.

Intraclass Correlation (ICC) of Dependent Variables of Interest: Proportion of Variance Explained by Team Membership

(ICC for all Engagement Strategies = 14.9%)



Multilevel Analytic Results: Influence of a Staff Level Variables on Frequency of ACT Staff Use of Engagement and Limit Setting Interventions (controlling for Team Membership)

	Coefficient (SE)	p
All engagement strategies	1.0547 (0..3819)	.0120
Positive Inducement - engagement	1.0742 (0.1070)	.0737
Reminder of consequences - engagement	2.0266 (0.6931)	.0083
Report to authorities – limit setting	1.0211 (0.6741)	.1454
Enforce treatment – limit setting	0.5028 (0.6852)	.4714

n = 23 ACT Teams

Multilevel Analytic Results: Influence of Staff-Level Variables on Frequency of ACT Staff Use of Engagement and Limit Setting Interventions

- HLM shows that a larger proportion of variance is explained by staff-level intervention strategies.
- In many cases, AOT Caseload Density, remains a significant factor after controlling for team effects (when using appropriate techniques).

Conclusions and Policy Implications

- The presence of AOT recipients on the caseload of ACT Team may heighten staff attentiveness to engaging recipients.
- The heightened awareness is associated with engagement and limit-setting strategies that span the coercive – supportive strategy continuum.

Suggested Policy Implications

- Our analyses suggest that the presence of AOT on ACT team caseloads does impact the intervention strategies used by ACT staff.
- Though the analyses suggest most of the variation in staff behavior is explained at the staff level, a fair amount of the variation is also due to team membership.
- To channel the heightened attention to engagement away from restrictive intervention strategies and toward more supportive intervention strategies that are thought to be better associated with recovery, training interventions aimed at influencing staff attitudes toward recipients should be developed.
- These trainings should be designed to influence both individual staff behavior and ACT team "culture."

Next Steps

- Explore the relationship of other potential correlates (e.g., stigmatizing beliefs by staff, use of recovery oriented practices by staff and team) to the use of coercive and supportive intervention by mental health providers.
- Expand this research domain to a larger sample of providers to address issues of power.
- Study the effect of “AOT presence” on provider behavior over time.