

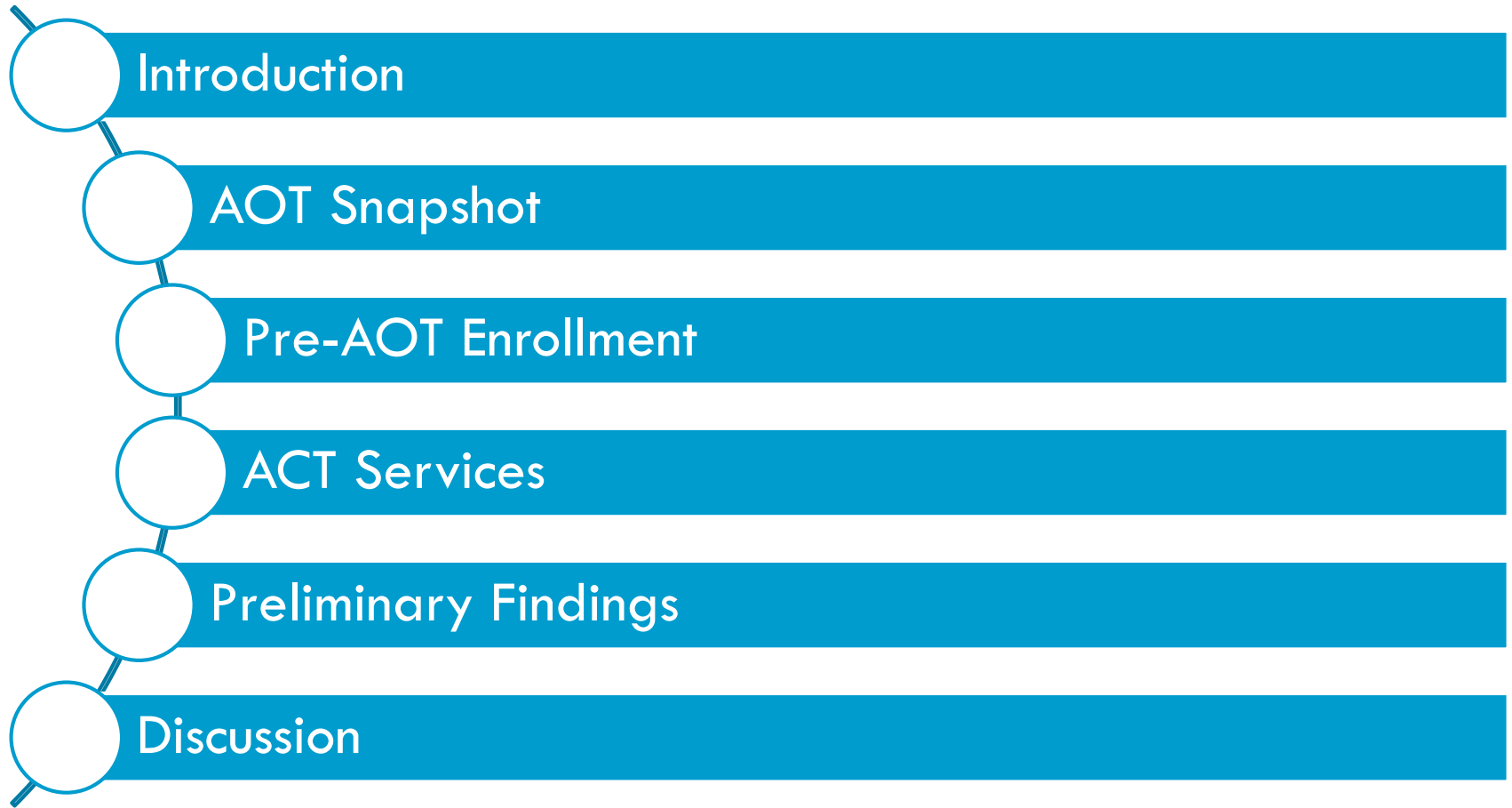
CONTRA COSTA COUNTY ASSISTED OUTPATIENT TREATMENT INTERIM EVALUATION

December 14, 2016

Resource Development Associates

Agenda

2



3

Introduction

AOT Timeline

4

February 5, 2015: Contra Costa Board of Supervisors authorized Assisted Outpatient Treatment.

February 1, 2016: CCBHS began accepting AOT referrals.

February 1, 2016: CCBHS received its first referral and conducted its first investigation.

February 5, 2016: MHS outreaches to the first eligible individual.

March 4, 2016: MHS enrolls the first ACT consumer.

6-month Interim Evaluation

5

□ Purpose of 6-month Interim Evaluation

- Provide information to the Board of Supervisors, CCBHS, stakeholders, and the public about AOT program implementation and preliminary findings.
- Support Contra Costa County in a continuous quality improvement process to ensure that the AOT program is meeting its intended goals.

□ Interim Evaluation Activities

- Measure MHS' Fidelity to ACT Model with Dartmouth ACT Fidelity Scale
- Assess AOT implementation and preliminary findings

□ Interim Evaluation Period

- February 1, 2016 – July 31, 2016

Data and Limitations

6

Data Provided

- CCBHS
 - ▣ Referral and investigation information, including focus group with AOT investigators
 - ▣ Service utilization and cost data for all specialty mental health services provided or paid for by CCBHS
 - ▣ MHS contract payments
 - ▣ Estimated expenditures from CCBHS and justice partners
- MHS
 - ▣ Outreach and engagement contacts
 - ▣ Clinical assessments/outcomes
 - ▣ FSP assessments (PAF, KET, 3M)
 - ▣ ACT staff interviews and observation
 - ▣ ACT consumer and family focus groups
- Planned
 - ▣ Sheriff and court data

Limitations

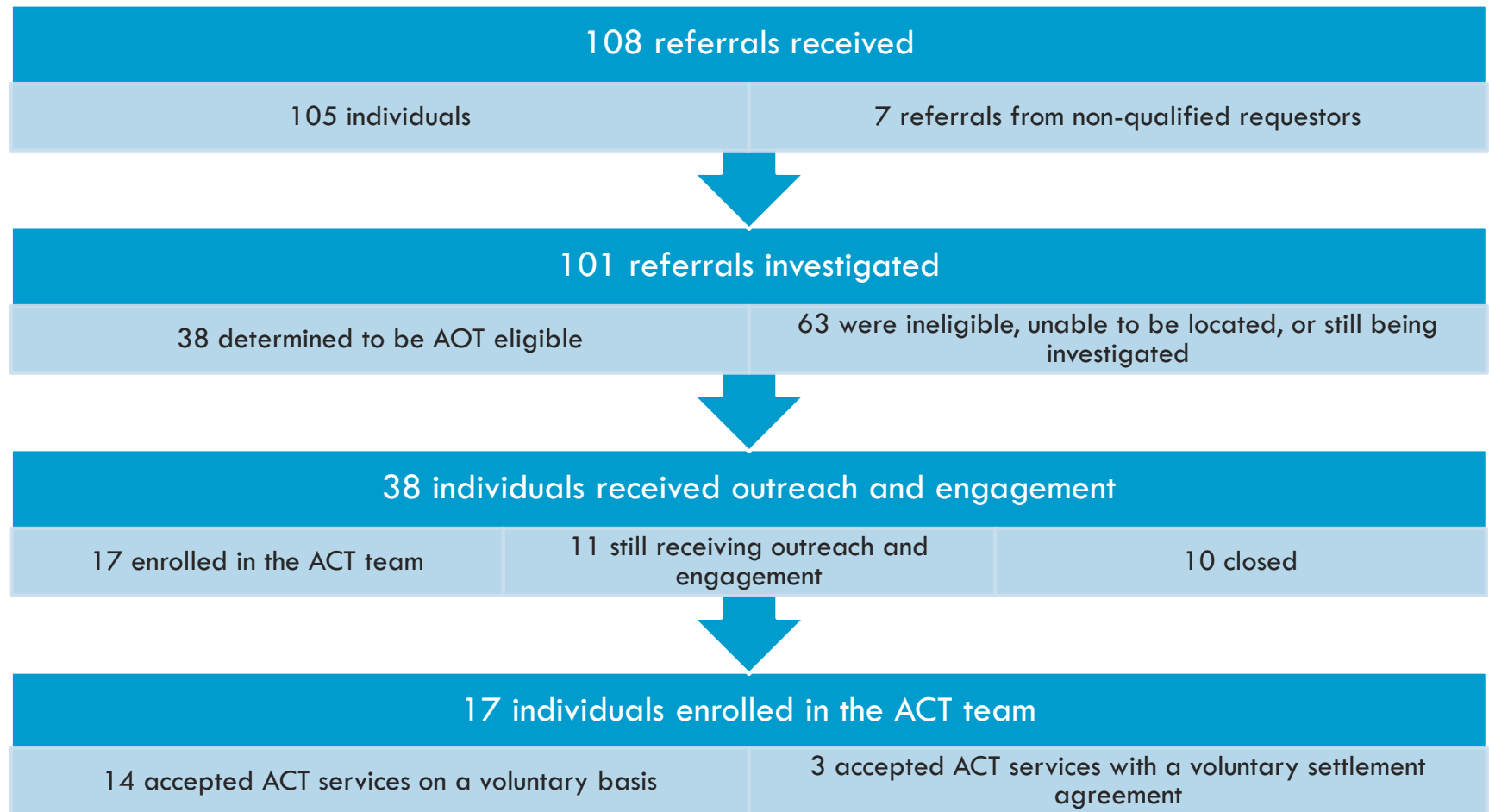
- CCBHS and MHS have limited data capacity
 - ▣ RDA transferred hard copies of data into electronic formats for this evaluation period
- Relatively few AOT consumers in the program (17 who have spent an average of 77 days in the AOT program), so RDA could only measure baseline psychosocial outcomes and conduct descriptive analyses
 - ▣ Findings are preliminary and should be interpreted cautiously
- Criminal justice involvement data are self reported and may be imprecise
 - ▣ Future reports will include data from the Sheriff's Office and Superior Court

7

AOT Snapshot

6-Month AOT Snapshot

8



9

Pre-AOT Enrollment

Referrals

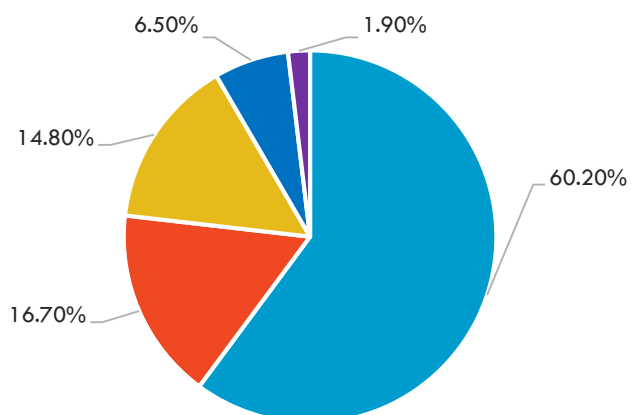
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108 referrals received

105 individuals

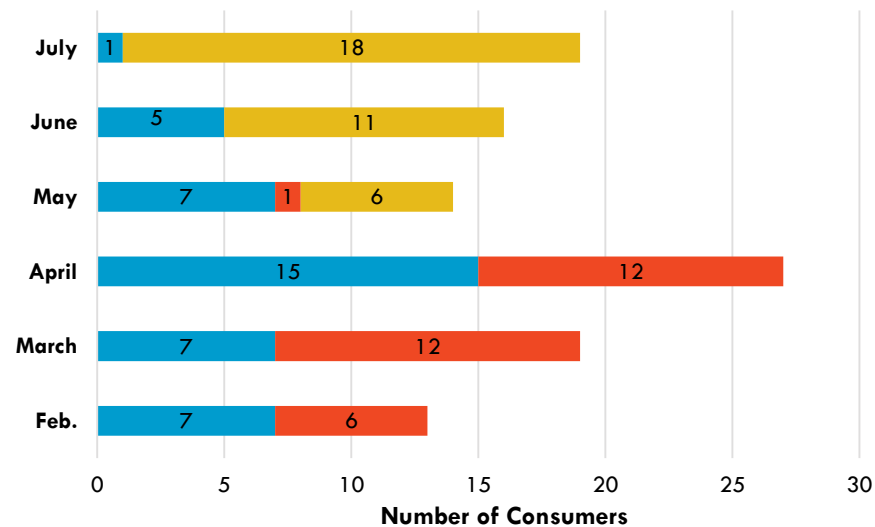
7 referrals from non-qualified requestors

Qualified Requestors



- Parent, spouse, adult sibling, adult child, or adult who lives with individual
- Treating or supervising mental health provider
- Probation, parole, or peace officer
- Not a qualified requestor or "other"
- Director of hospital where individual hospitalized

AOT Referrals and Eligibility Determinations



■ Eligible for AOT ■ Not Eligible for AOT ■ No Determination

Investigation

11

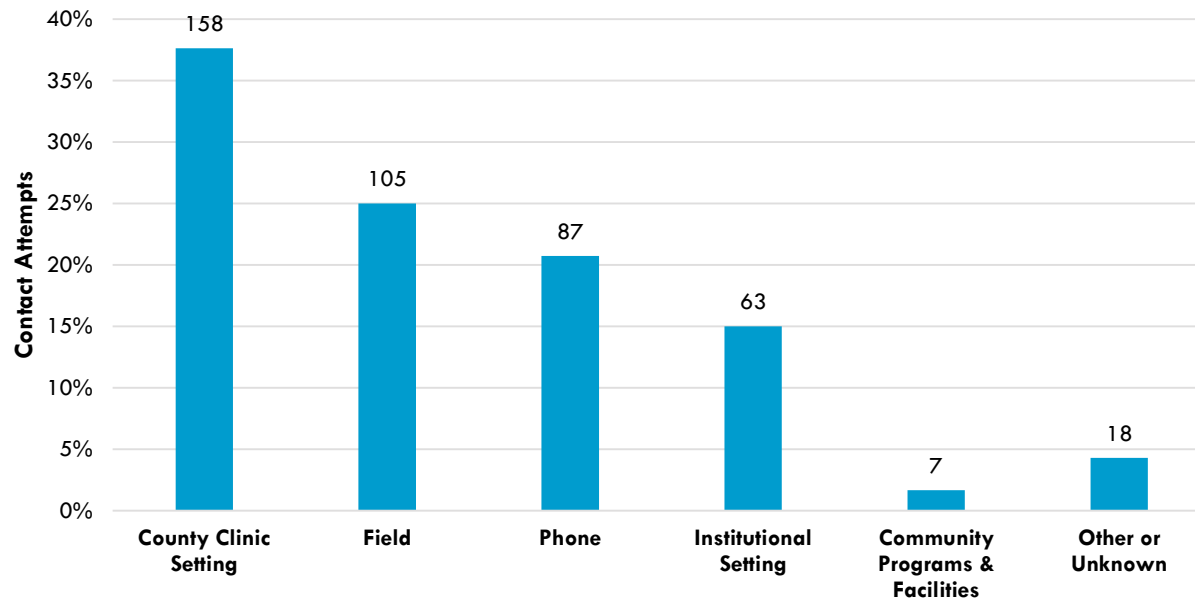
101 referrals investigated

38 determined to be AOT eligible

63 were ineligible, unable to be located, or still being investigated

□ Contact attempts: 9-21 □ Avg. duration: 20 min

Locations of CCBHS Investigation Contacts for All Eligible Consumers



Outreach and Engagement

12

38 individuals received outreach and engagement

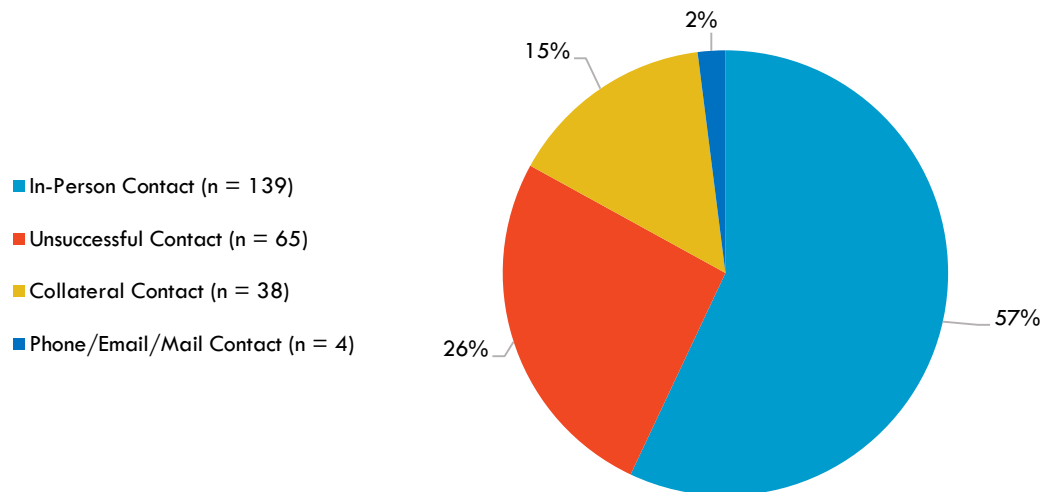
17 enrolled in the ACT team

11 still receiving outreach and engagement

10 closed

- Outreach attempts: 18-109
- Avg. duration: 44 min
- 75% of all outreach attempts are successful

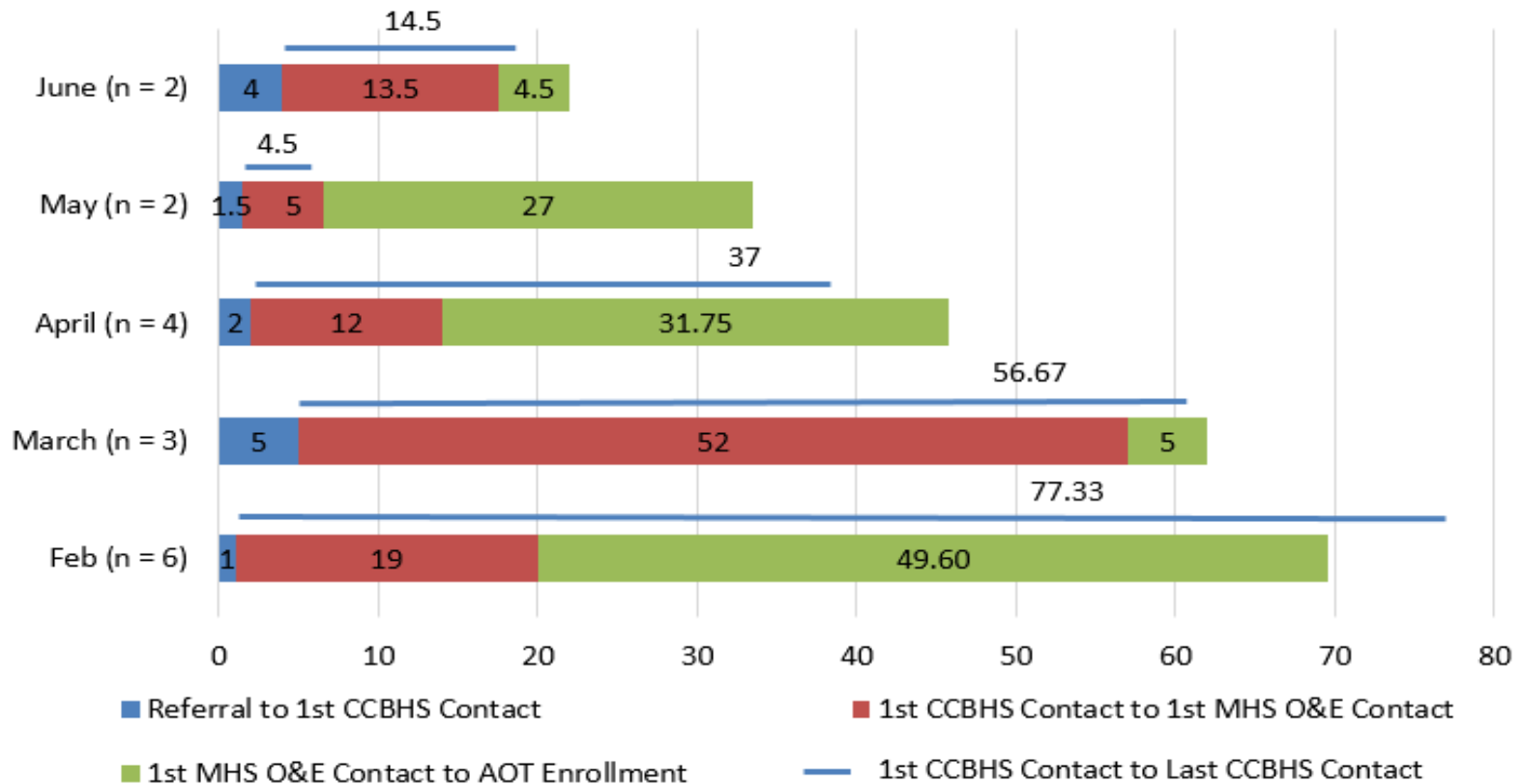
Type of Outreach and Engagement Contacts



Pre-AOT Enrollment Snapshot

13

Referral to Enrollment Process



14

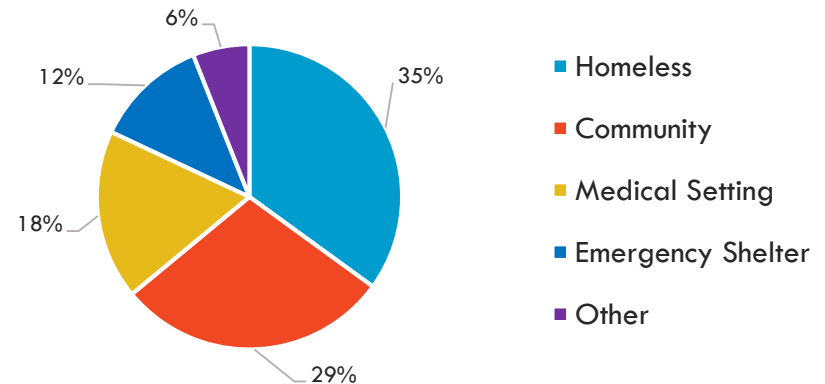
ACT Services

AOT Consumer Profile (n=17)

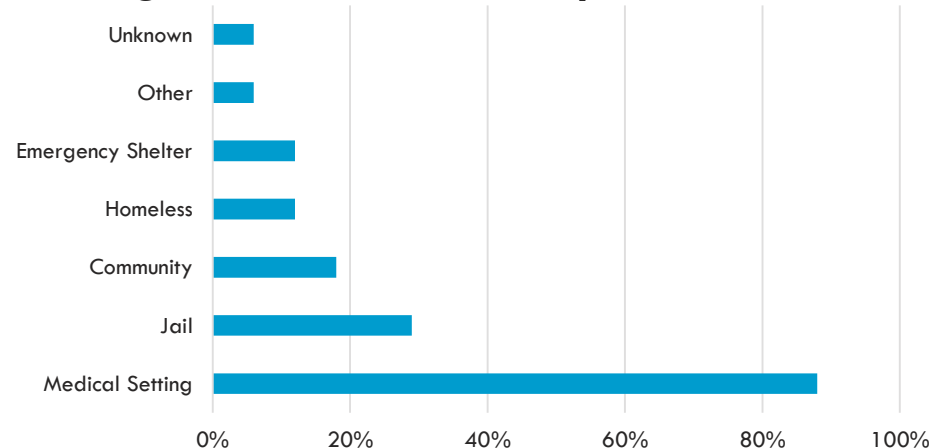
15

Category	Percent
Gender	
Male	47%
Female	53%
Race/Ethnicity	
Black/African American	29%
White	59%
Other	12%
Region	
Central	47%
East	29%
West	24%
Diagnosis at Enrollment	
Mood Disorders	30%
Schizophrenia	65%
Other	6%
Co-Occurring SUD	65%

Housing Status at Enrollment



Housing Status in 12 Months prior to Enrollment



Service Participation (n=17)

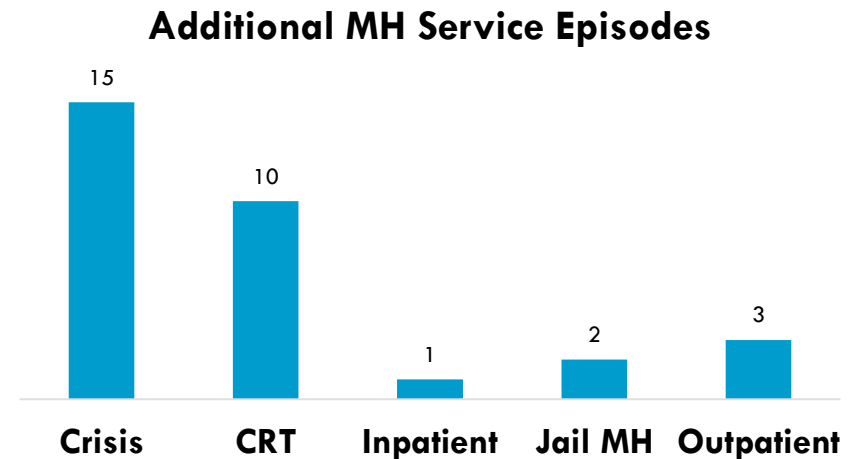
16

ACT Services

- Avg. length of enrollment: 77 days
- Avg. number of service encounters: 24 per month
- Avg. length of service encounter: 156 min

Other Specialty MH Services

- ACT consumers also received other MH services post AOT enrollment.



ACT Fidelity Assessment

17

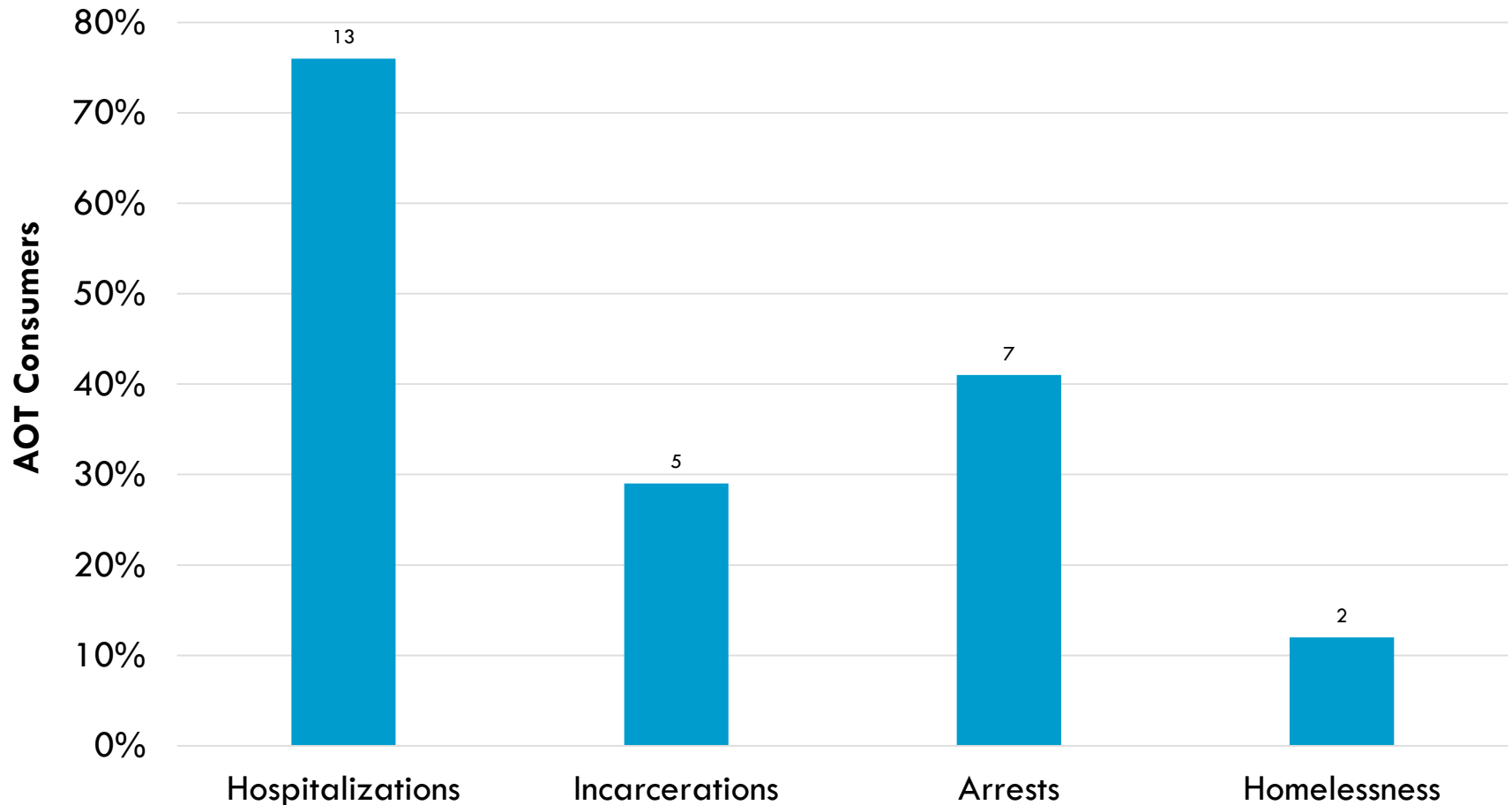
- Site visit on 8/26/16 that included:
 - ▣ Team meeting observation
 - ▣ Data and documentation review
 - ▣ Interviews with ACT team members (8)
 - ▣ Consumer Focus Group (11)
 - ▣ Family Focus Group (13)
- ACT Fidelity Score: **4.73**
 - ▣ High fidelity
- Strengths
 - ▣ Committed, professional staff
 - ▣ Use of motivational interviewing and recovery model
 - ▣ Team approach to client care
- Development Areas
 - ▣ Scaling program to 75 consumers
 - ▣ Safe, supervised housing options
 - ▣ Family and multi-family groups
 - ▣ Increased activities and socialization during the day

Preliminary Findings

- Given the preliminary nature of the AOT program, it is premature to evaluate AOT consumer outcomes.

Hospitalizations and Other Events Prior to AOT Enrollment (n=17)

19



Preliminary AOT Investments and Costs

20

AOT Investments

□ Expenses

MHS Costs

Cost Type	Oct - Jun 2016
Start-up Costs	\$242,832 (Oct '15 - Jan '16)
Service Delivery Costs	\$661,660 (Feb '16 - Jun '16)
Total	\$904,492 (Oct '15 - Jun '16)

Contra Costa County and Court Costs

County Department	Feb - Jul 2016 Cost
CCBHS	\$262,500
County Counsel	\$22,733
Public Defender's Office	\$66,750
Superior Court	\$64,000

□ Revenue

- Medi-Cal revenue is relatively low (estimated at \$10,645) but is likely to increase as the census grows and program matures.

MH Service Costs

□ Pre-AOT MH Service Costs

- Total annual cost of mental health services for the 17 enrolled individuals is \$952,237 (three-year average)
- 75% of mental health service costs were for psychiatric hospitalization

□ MH Service Costs are higher post-AOT enrollment

- MHS per person service costs are much higher than they will be once AOT reaches its capacity of 75 consumers

□ Preliminary findings suggest a reduction in costs associated with hospitalizations post-AOT enrollment

- Pre-AOT: \$1,400 per month per consumer
- Post-AOT: \$682 per month per consumer

21

Discussion

AOT Referrals

22

- Some County residents who have not been referred to AOT may benefit from the program
 - ▣ Consider providing additional outreach to qualified requestors across the county and from underserved communities
 - ▣ Consider additional ways to outreach to non-family qualified requestors
 - Gain access for people without family member advocates
 - Conduct investigation while consumer is in a secure setting/able to be located
- Some “ineligible consumers” may require a re-referral to AOT when necessary
 - ▣ Consumers who are “unable to be located” may show up in PES, hospital, and jails
 - ▣ Consumers who agree to “re-connect” to their existing service providers may disengage once the referral is closed

Investigations and Outreach

23

- Not all ACT team members are providing outreach and engagement
 - ▣ Consider discussing all outreach and engagement consumers in daily ACT team meeting

- Care Team communications during the transition between the investigation and outreach and engagement phases are evolving in order to ensure:
 - ▣ Warm handoffs for consumer and family member, when possible
 - ▣ Clinical handoffs from investigator to ACT team
 - ▣ Petitions for individuals not able to engage on a voluntary basis once transitioned to MHS

AOT Consumers and Service Provision

24

- There may be a high proportion of AOT consumers who have forensic needs or are connected with the criminal justice system
 - ▣ This may require additional preparation and/or training to appropriately respond to emerging needs

Data Capacity

25

- CCBHS does not yet track their investigation process electronically
 - ▣ Consider transitioning to an electronic tracking mechanism so that: 1) data is available for each evaluation period, and 2) the County can learn more about who is and is not referred to MHS for AOT enrollment
- Currently, MHS is not yet consistently inputting PAF, KET, and 3M data into the County's DCR system
 - ▣ MHS should work towards consistently entering these data into the DCR on a standard basis to ensure the data is up-to-date and available for each evaluation period

26

Questions and Answers

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