

## **Assisted Outpatient Treatment (AOT) Program Evaluation Summary**

Resource Development Associates (RDA) completed a first full year evaluation (July 1, 2016 through June 30, 2017) of Contra Costa County's Assisted Outpatient Treatment Program. This program started in March of 2016 to serve seriously mentally ill adults who have demonstrated a resistance to mental health treatment, their condition is substantially deteriorating, and are unlikely to survive safely in the community without supervision. Findings should be considered preliminary due to the program being early in its operations with a resultant small number of consumers included for data analysis.

**Methodology.** Data was collected from Contra Costa Behavioral Health Services (CCBHS), Mental Health Systems (MHS), the Sheriff's Office, and Superior Court and included 1) the number and type of persons served, 2) frequency and intensity of services, 3) rates of hospitalization, incarceration and homelessness, 4) clinical assessment of change in social functioning and independent living skills, and 5) dollars spent and cost avoided.

### **Findings.**

- 1) Number and Type of Persons Served. During this period:
  - CCBHS investigated 177 persons who were referred, and
    - Determined 42 to meet AOT eligibility and referred to MHS for services;
    - Connected 19 non-AOT eligible individuals with a new or current service provider;
    - Have 25 cases still pending;
    - Closed 91 cases as not being AOT eligible, unable to be assessed, or the referral requestor either withdrew the referral or could not be reached.
  - MHS provided outreach and engagement services in a variety of settings to 74 consumers, and
    - Enrolled 34 individuals voluntarily in Assertive Community Treatment (ACT)
    - Enrolled 9 individuals in ACT with court involvement
    - Connected 4 individuals with another service provider
    - Have 10 individuals still receiving outreach and engagement services
    - Closed 17 cases with CCBHS – 4 of whom successfully completed the program
  - At the time of ACT enrollment salient features of the 43 individuals include 34 who had a co-occurring substance use disorder, 17 who were homeless or living in a shelter, and 11 who were under the age of 26.
- 2) Frequency and Intensity of Services. On average the AOT Program took 107 days from referral from a qualified requestor to ACT enrollment, with 17 individuals taking longer than the 120 days called for in the program design. Once enrolled MHS averaged 6.5 contacts per week lasting about 6 hours a week. This is in contrast to the expectation for ACT teams to have at least 4 face-to-face contacts for at least two hours of service per week. 93% of ACT consumers were considered "treatment adherent" by virtue of receiving at least one hour of face-to-face engagement with their ACT team at least two times per week.
- 3) Hospitalization, incarceration and homelessness rates. Of the 43 enrolled ACT consumers:
  - 40 had an average of 4.7 crisis episodes before ACT enrollment, while 25 had an average of 3.1 crisis episodes during ACT enrollment;

- 29 had psychiatric hospitalizations before ACT enrollment, while 13 had hospitalizations during ACT enrollment;
  - 31 had bookings and incarcerations before ACT enrollment, while 14 had bookings and incarcerations during ACT enrollment;
  - 6 consumers who were not housed before ACT enrollment obtained housing, while 3 lost their housing during ACT enrollment.
- 4) Clinical assessment of change. MHS clinicians utilized the Self Sufficiency Matrix (SSM) to assess consumers' social functioning and independent living capacity both at intake and at regular intervals of participation in ACT. Average aggregate score increased from 41.15 to 45.87 for the 15 individuals who completed six months of the program, and 41.5 to 59.75 for the 4 individuals who completed one year of the program.
- 5) Dollars spent and cost avoided.
- For FY 2016-17 Contra Costa County spent \$2,144,226 of the \$2,250,000 budgeted amount.
  - MHS generated \$271,836 in Medi-Cal reimbursement, with \$206,589 as the target amount.
  - Of the 37 consumers with data available, a total of \$2,315,254 was spent on all behavioral health services in the 12 months before ACT, while \$2,685,812 was spent during ACT, for an increased cost of \$370,558. Note that the caseload of MHS is approximately at half capacity.
  - Bookings costs decreased from \$101,018 to \$57,028, for a savings of \$43,990.
  - Psychiatric hospitalization costs decreased from \$870,157 to \$478,765, for a savings of 391,392.

#### **Discussion.**

- 1) Both CCBHS and MHS staff work together to persistently and effectively engage and serve consumers who by the nature of their psychiatric disability and co-occurring substance use disorders are difficult to find and engage.
- 2) AOT program participants experience significant benefits from their participation in ACT.
- 3) Preliminary cost/savings analysis indicate that significant overall savings to the County can be effected once MHS approximates the 75 consumers they are contracted to serve.

#### **Recommendations.**

- 1) A significant number of referred individuals are closed due to losing contact. It may be useful to develop training and mechanisms to that would allow Psychiatric Emergency Services, Inpatient Unit 4-C, jail mental health, as well as family members and other significant others to make AOT program staff aware of an AOT-referred individual's presence with enough time available for AOT staff to respond.
- 2) A number of individuals are taking much longer than 120 days from referral to services. The program may wish to consider utilizing the court petition sooner as a means to encourage participation in mental health care.