



# CONTRA COSTA COUNTY ASSISTED OUTPATIENT TREATMENT INTERIM EVALUATION

September 25, 2017

Resource Development Associates

R D A

## Agenda

2

- Introduction
- AOT Program Overview
- Pre-Enrollment
- AOT Enrollment
- Discussion

R D A

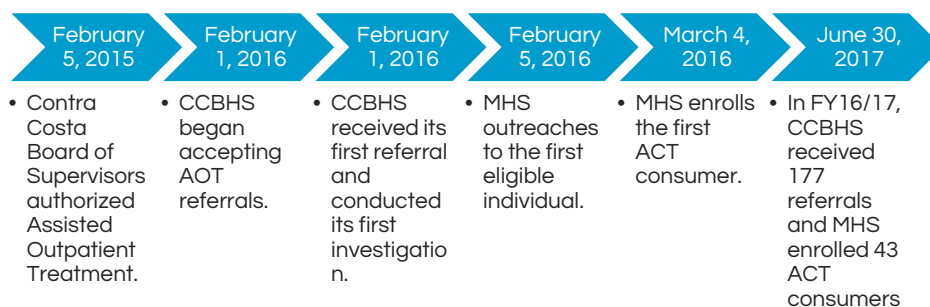
3

## Introduction



## AOT Timeline

4



## FY16/17 Interim Evaluation

5

### Purpose of FY16/17 Interim Evaluation:

- Provide information about AOT program implementation, ACT service provision, and preliminary findings.
- Support continuous quality improvement process to ensure the AOT program is meeting its intended goals.

### Interim Evaluation Activities

- Secondary data analyses on AOT program services
- Measure MHS' ACT fidelity

### Interim Evaluation Period

- July 1, 2016 – June 30, 2017



## Data and Limitations

6

### Data Provided

- CCBHS
  - Referral and investigation information
  - Service utilization 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 consumer and family focus groups (from ACT fidelity assessment)
- Sherriff's Office and Superior Court
  - Bookings, charges, and convictions

### Limitations

- In 17 months, the program is still developing and modifying, which impacts data accessibility and quality.
- There are still relatively few consumers in ACT (43 who have spent an average of 243 days in ACT).
  - RDA standardized outcomes measures to rates per 180 days to account for variability in enrollment lengths and the vastly longer pre-enrollment data periods.



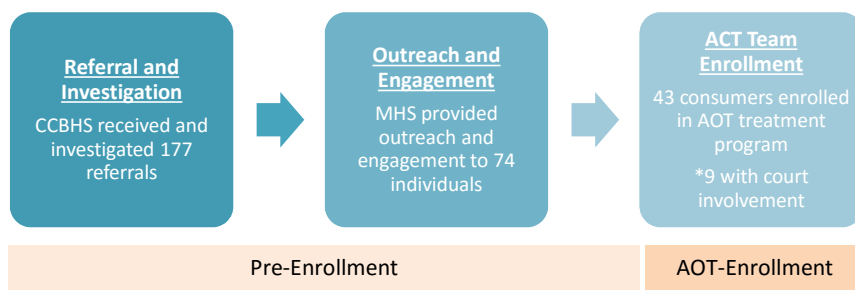
7

## AOT Program Overview



## Pre- and AOT-Enrollment

8



9

## Pre-Enrollment



## Referrals and Investigations

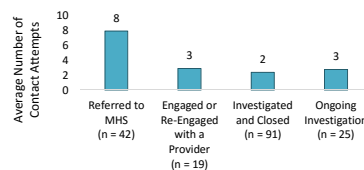
10

**Referrals from mental health providers increased, while referrals from unqualified requestors decreased.**

Requestor	% of Referrals February – June 2016 (n = 88)	% of Referrals July 2016 – June 2017 (n = 190)
Parent, spouse, adult sibling, or adult child	61% (n = 54)	63% (n = 120)
Treating or supervising mental health provider	11% (n = 10)	23% (n = 43)
Probation, parole, or peace officer	16% (n = 14)	11% (n = 20)
Adult who lives with individual	2% (n = 2)	1% (n = 2)
Director of hospital where individual is hospitalized	2% (n = 2)	0% (n = 0)
Director of institution where individual resides	0% (n = 0)	0% (n = 0)
Not a qualified requestor or “other”	7% (n = 6)	2% (n = 5)

**Investigations resulting in referrals to MHS had many more contacts than other investigation outcomes.**

Investigation Outcome	Number of Referred Consumers	% of Referred Consumers
Referred to MHS	42	24%
Engaged or Re-Engaged with a Provider	19	11%
Investigated and Closed	91	51%
Ongoing Investigation	25	14%



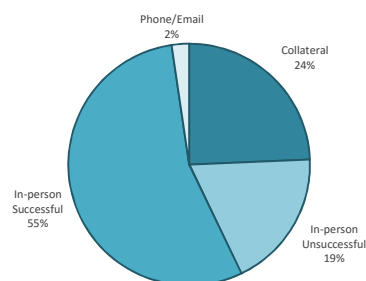
## Outreach & Engagement

11

Nearly two-thirds (63%) of consumers that MHS conducted outreach and engagement with resulted in enrollment in ACT or another program.

Outreach and Engagement Outcome	Number of Consumers	% of Consumers
Enrolled in ACT Services in FY16/17	43	58%
<i>Enrolled Voluntarily</i>	34	--
<i>Enrolled with Court Involvement</i>	9	--
Engaged or Re-Engaged with Another Provider	4	5%
Closed by CCBHS	17	23%
Still Receiving Outreach and Engagement Services	10	14%

Over 80% of MHS' contacts were successful in reaching the consumer or collateral.

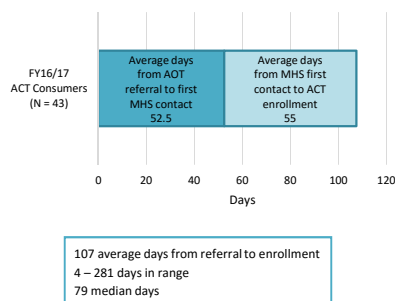


RDA

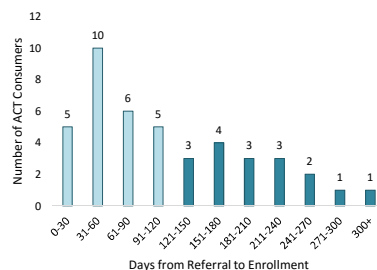
## Referral to Enrollment Outcomes

12

### Average Length of Time from AOT Referral to ACT Enrollment



### Length of Time from AOT Referral to ACT Enrollment



On average, for AOT treatment program consumers, it takes 107 days from the point of AOT referral to ACT enrollment.

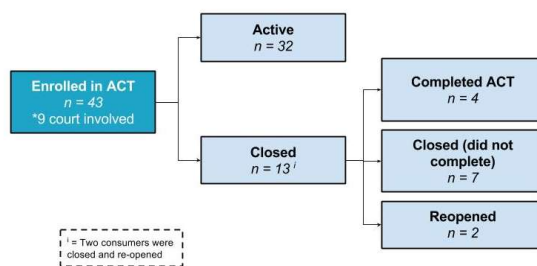
RDA

13

## AOT Enrollment



## AOT Treatment Program



## Consumer Profile (N = 43)

15

Category	ACT Consumers
<i>Gender</i>	
Male	53% (n = 23)
Female	47% (n = 20)
<i>Race and Ethnicity</i>	
Black or African American	23% (n = 10)
Hispanic	12% (n = 5)
White	56% (n = 24)
Other or Unknown	9% (n = 4)
<i>Age at Enrollment</i>	
18 – 25	25% (n = 11)
26 – 59	70% (n = 30)
60+	5% (n = 2)

- Diagnosis
  - 61% of consumers had primary diagnosis of psychotic disorder, including schizophrenia and schizoaffective disorders
- Housing
  - 40% of consumers were homeless at ACT enrollment
- Employment
  - 54% of consumers have supplemental security income
  - 9% of consumers rely on family members or friends for financial support



## ACT Service Participation (N = 43)

16

### ACT Services

- Avg. length of enrollment: **243 days**
- Avg. number of service encounters: **6.5 face-to-face contacts per week**
- Avg. intensity of services: **6 hours of face-to-face contact per week**

### ACT Treatment Adherence & Discharges

- The majority of consumers were adherent to ACT treatment (93%)
- 13 consumers were discharged from ACT during FY16/17
  - 2 re-enrolled at least once





## ACT Fidelity Assessment

- Site visit on 7/13/17 that included:
  - Team meeting observation
  - Data and documentation review
  - Interviews with ACT team members (7)
  - Consumer Focus Group
  - Family Focus Group
- ACT Fidelity Score: **4.42**
  - High fidelity
- Other Feedback
  - MHS staff are caring and truly invested in consumers' lives and recovery processes
  - MHS conducts helpful outreach activities
  - Many consumers have made significant progress
- Participant Suggestions
  - Activity-based groups may be helpful
  - Consider using the AOT petition sooner



## ACT Fidelity Assessment

18

### Strengths

- Robust staffing who are committed to consumers
- Familiarity with motivational interviewing and the recovery model
- Team members work together throughout the day to provide individualized support

### Opportunities

- With MHS' current staffing, there would be gaps in some positions if the program had 75 consumers
- Explore if there are ways to maximize use of the petition
- Explore ways to scale the program to ensure continued fidelity to the ACT model



## Psychiatric Hospitalizations and Crisis Episodes

19

On average, the **number of consumers** experiencing crisis episodes and psychiatric hospitalization, as well as **the frequency of crisis**, **decreased post-AOT enrollment**.

Crisis Episodes		
	Before ACT enrollment	During ACT enrollment
Number of Consumers (N = 43)	n = 40	n = 25
Number of Crisis Episodes	4.7 episodes per 180 days	3.1 episodes per 180 days
Average Length of Stay	1.8 days	1.1 days

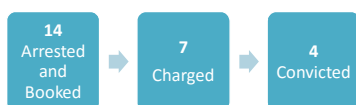
Psychiatric Hospitalizations		
	Before ACT enrollment	During ACT enrollment
Number of Consumers (N = 43)	n = 29	n = 13
Number of Hospitalizations	1.3 hospitalizations per 180 days	1.1 hospitalizations per 180 days
Average Length of Stay	9.7 days	28.6 days

## Criminal Justice Involvement

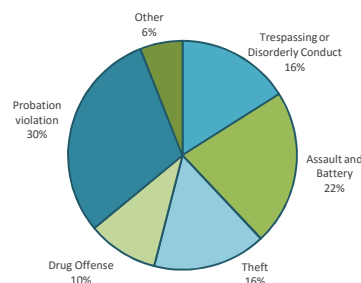
20

The **number of consumers experiencing criminal justice involvement decreased during ACT**, from 31 consumers pre-enrollment to 14 consumers during ACT enrollment.

**Criminal Justice Involvement during ACT**



**Types of Bookings during ACT**



## Housing Status

21

The **majority of ACT consumers** (64%, n = 25) either **obtained or maintained** housing while in ACT.

### Consumers' Housing Status before and during ACT (N = 39)

Consumers who obtained housing	Consumers who maintained housing	Consumers who were not stably housed
<ul style="list-style-type: none"> <li>15% of consumers who were not housed before ACT obtained housing while enrolled</li> </ul>	<ul style="list-style-type: none"> <li>49% of consumers who were housed before ACT continued to maintain housing while enrolled</li> </ul>	<ul style="list-style-type: none"> <li>8% of consumers were housed before ACT but did not maintain housing during ACT</li> <li>28% of consumers were not housed before or during ACT enrollment</li> </ul>

## Social Functioning and Independent Living

22

ACT consumers experienced **slight increases in their self-sufficiency** while enrolled in ACT.

- Self-Sufficiency Matrix (18 domains, score out of 90 pts)
  - Intake average score: **41.15 pts** (n = 27)
  - 90-day reassessment average score: **48.14 pts** (n = 21)
  - 180-day reassessment average score: **45.87 pts** (n = 15)

# Preliminary AOT Investments and Costs

23

## AOT Investments

### Expenses

County Department	FY 16/17 Cost
CCBHS (including FMH and MHS)	\$1,960,001
County Counsel	\$68,347
Public Defender's Office	\$112,500
Superior Court	\$3,378.00
<b>Total County Costs</b>	<b>\$2,144,226</b>

- The cost of implementing AOT is \$1,872,390, which includes actual expenses and revenue projections.

## Cost Savings to Contra Costa County

- 3.5% savings in average annual cost per consumer
  - Reductions in costs incurred from criminal justice involvement and psychiatric hospitalizations

	Average Annual Cost per Consumer	
	12 Months before ACT	During ACT
All Behavioral Health Services	\$82,788	\$95,699
Bookings	\$7,807	\$2,450
Psychiatric Hospitalizations	\$69,715	\$56,512



24

## Discussion



## AOT Care Team

25

- **FMH and MHS work together** to identify, outreach, and engage eligible consumers in order to enroll them in ACT.
- The Care Team meets consumers “where they’re at” and strive to find and engage consumers and their support networks.
- AOT program has **engaged 46% of all AOT referrals** in the **appropriate level of mental health services**.
- Care Team resolved 142 referrals in FY16/17
- 66 referred consumers were connected to ACT or another service provider



## Consumer Outcomes

26

- The **majority of consumers experienced benefits** from participating in the AOT treatment program.
- **Fewer consumers** experience **mental health crisis episodes, hospitalizations, and criminal justice involvement** while in the AOT treatment program.
- **Increased social functioning and independent living skills** after 6 months in the AOT treatment program



## Consumers that are Challenging to Locate

27

### □ Some referred individuals were **unable to locate**.

- Referrals from confined settings (hospitals & jails) can be challenging to coordinate.
- Referrals from the community present unique challenges because they may be homeless, unstably housed, or otherwise difficult to locate.

#### Considerations for AOT Team:

- Tracking mechanism on consumer face sheet to note an open or previous AOT referral.
- Training for PES, Inpatient Unit 4C, and jail mental health to screen for AOT and contact FMH/MHS when someone is ready for discharge.
- Education for qualified requestors to call FMH/MHS when individuals are at PES, hospital, or jail so they can go to the facility and make contact.



## Using the Court Petition

28

### □ Some individuals are **very difficult to engage in treatment**.

- 18 non-AOT individuals continued to experience crisis, jail, and/or hospitalization post-referral.
- 40% of ACT consumers enrolled more than 120 days post-referral.
- 14% of ACT consumers requested and were discharged before completing ACT.
- 30% of ACT consumers experienced increases in crisis, hospitalization, and criminal justice involvement.

#### Considerations for AOT Team:

- Using the AOT court petition in the following circumstances:
  - While the person is hospitalized/incarcerated;
  - If the person is unlikely to engage within 120 days;
  - If the person agrees to voluntarily participate but fails to engage or requests discharge prematurely; or
  - If the person agrees to participate but continues to experience crisis, hospitalization, and/or criminal justice involvement.



## Next Steps

29

- 2018 DHCS Report
  - Data collection and analysis: December 2017 – February 2018
  - DHCS Report (January 1, 2017 – December 31, 2017): March 2018
  - Presentation of DHCS report findings: April – May 2018
- ACT Fidelity Assessment
  - ACT Fidelity Assessment Activities: July 2018
  - ACT Fidelity Assessment Report: August 2018
- 2017-2018 Evaluation Report
  - Data collection and analysis: June – September 2018
  - AOT Evaluation Report (July 1, 2017 – June 30, 2018): October 2018
  - Presentations of Evaluation Report findings: November 2018



30

## Questions and Answers



Roberto Chambers, PsyD  
 rchambers@resourcedevelopment.net  
 510.984.1478