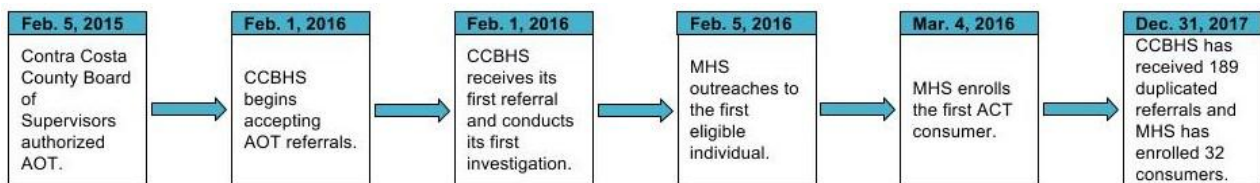


# Contra Costa County Assisted Outpatient Treatment – 2017 DHCS Report Summary

## Background

On February 5, 2015, the Contra Costa County Board of Supervisors adopted a resolution to authorize the implementation of AOT in accordance with the Welfare and Institutions Code, Sections 5345-5349.5. Figure 1 below shows the implementation timeline of AOT in Contra Costa County.

**Figure 1. Contra Costa County AOT Program Implementation Timeline**



The County has designed an AOT program model that exceeds AB 1421 requirements and responds to the needs of its communities. CCBHS and Mental Health Systems (MHS) collaborate as the Care Team to

**What is ACT?**  
**ACT is an evidence-based behavioral health program for people with serious mental illness who are at-risk of or would otherwise be served in institutional settings such as a hospital or jail, or experience homelessness.**

conduct investigation, outreach, and engagement activities. MHS provides Assertive Community Treatment (ACT) services for individuals enrolled in ACT. When implemented to fidelity, ACT produces reliable results for consumers, including decreased negative outcomes, such as hospitalization, incarceration, and homelessness, and improved psychosocial outcomes, such as increased life skills and involvement in meaningful activities.

This summary reports on the activities and outcomes of the first 11 months of AOT implementation and ACT service provision in Contra Costa County (February 1, 2016 – December 31, 2016).

## Methodology

RDA worked with CCBHS, MHS, and other County partners to gather a variety of data, as shown in Table 1. RDA matched clients across a number of County and MHS data sources and utilized descriptive

statistics (e.g., frequencies, mean, median, and mode) for all analyses to describe the data and highlight pre- and during-enrollment outcomes, wherever appropriate.

**Table 1. Evaluation Data Sources**

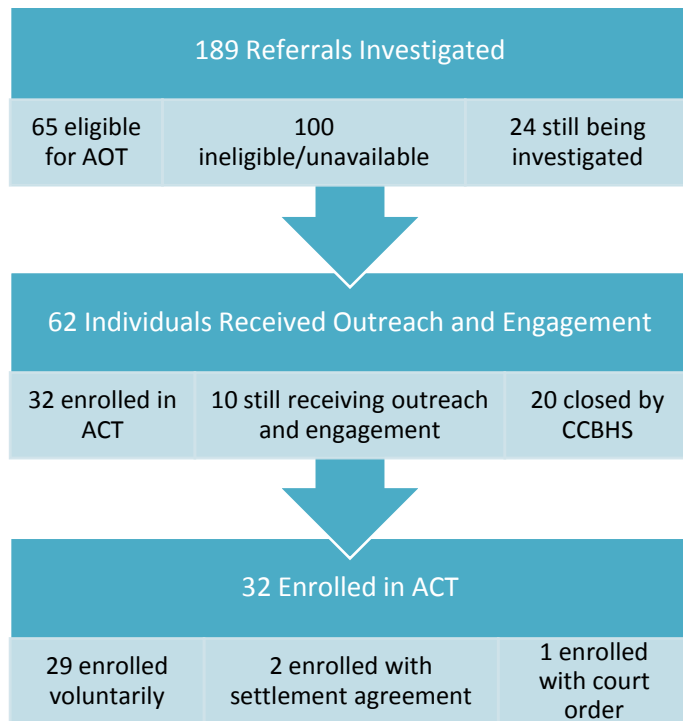
Source	Data Elements
CCBHS	<ul style="list-style-type: none"> <li>Referral and investigation information</li> <li>Service utilization data for all specialty mental health services provided or paid for by CCBHS, including ACT</li> <li>Consumers’ mental health diagnoses and substance abuse</li> </ul>
MHS	<ul style="list-style-type: none"> <li>Outreach and engagement encounters</li> <li>Clinical assessments/outcomes</li> <li>Homelessness, criminal justice involvement, and employment outcomes (FSP PAF, KET, and 3M assessments)</li> <li>RDA-facilitated focus groups with ACT consumer and family focus groups (August 26, 2016)</li> </ul>

## Pre-Enrollment

In the first 11 months of implementation, Contra Costa County received 189 total referrals for AOT from all categories of potential qualified requestors, with the majority (64%, n = 121) made by family members.

- 65 eligible consumers were referred to MHS for outreach and engagement services.
- 24 were still under investigation to determine their eligibility.
- 100 consumers were either unavailable (i.e., the qualified requestor withdrew the request or could not be reached; the consumer could not be found, was hospitalized, or incarcerated; or the consumer re-engaged in other FSP services) or they did not meet AOT eligibility criteria.

**Figure 2. Consumer Progress from Referral through ACT Enrollment**



**Of the 65 referrals, there were 62 unique consumers. They received intense outreach and engagement services from the ACT team, with the goal of connecting consumers and their families to voluntary mental health services (see Enrollment Period**

**Contra Costa County is reaching the identified target population for ACT.**

- The majority are White (59%) or Black/African American (25%) and are individuals with a psychotic disorder (75%).
- Of the consumers for whom there was data (n = 29), 83% (n = 24) were unemployed between four and 12 months prior to enrolling in ACT and 93% (n = 27) were unemployed when they were enrolled in ACT services.
- The majority of consumers with data (66%, n = 19) received supplemental security income in the 12 months before ACT enrollment and when they enrolled in ACT.

Characteristic	% (N)
<i>Gender</i>	
Male	50% (16)
Female	50% (16)
<i>Race/Ethnicity</i>	
Black/African American	25% (8)
Hispanic	16% (5)
White/Caucasian	59% (19)
<i>Primary Diagnosis</i>	
Psychotic Disorder, including schizophrenia and schizoaffective disorders	75% (24)
Mood Disorder, including depressive and bipolar disorders	19% (6)
Other	6% (2)
<i>Substance Use</i>	
Consumers with a substance use diagnosis	30% (10)
Consumers without a substance use diagnosis	70% (22)

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## Enrollment Period

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**Table 2. ACT Consumer Characteristics (N = 32)**

Mood Disorder, including depressive and bipolar disorders	19% (6)
Other	6% (2)
<i>Substance Use</i>	
Consumers with a substance use diagnosis	30% (10)
Consumers without a substance use diagnosis	70% (22)

**The ACT team is providing intensive services to consumers.** From February through December 2016, 31 consumers were enrolled in and receiving ACT services for an average of 158 days.<sup>1</sup> The majority (94%, n = 29) of consumers adhered to treatment, which means they received at least one face-to-face contact from MHS staff per week.

- While enrolled in ACT, consumers received an average of 31 service encounters per month.

**Table 4. ACT Service Engagement (N = 31)**

	Average	Range
<b>Length of ACT Enrollment</b>	158 days	15 – 302 days
<b>Frequency of ACT Service Encounters</b>	31 encounters per month	3 – 104 encounters per month
<b>Intensity of ACT Services Encounters</b>	54 minutes	1 – 422 minutes

<sup>1</sup> One consumer who enrolled at the conclusion of the evaluation period had not yet received any ACT services and was not included in the following analyses.



## **Contra Costa County Behavioral Health Services**

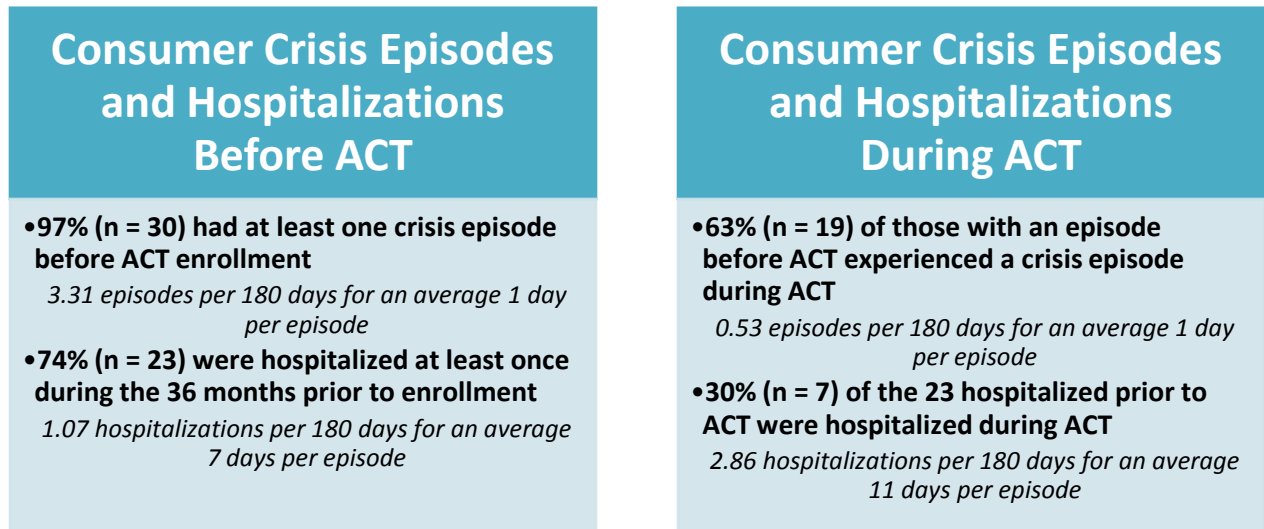
### *Assisted Outpatient Treatment Program – 2017 DHCS Report Summary*

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- Encounters lasted an average of 54 minutes per encounter.
- Encounters per month varied across consumers, from three to 104 encounters per month.

The majority of consumers experienced fewer psychiatric hospitalizations and crisis episodes during ACT, although a subset of consumers continues to experience hospitalization. As depicted in Figure 3, high levels of hospitalization and crisis episodes among a small subset of consumers resulted in slightly inflated averages of both outcomes during enrollment.

Figure 3. Consumer Crisis Episodes and Hospitalizations before and during ACT



A small subset of consumers is continuing to experience criminal justice involvement after ACT enrollment. Given limitations to self-reported criminal justice data, RDA reports on consumers’ arrests and incarcerations during ACT enrollment. As with hospitalizations and crisis episodes, a few consumers with high levels of justice involvement resulted in slightly inflated averages.

- Consumers who were arrested and then incarcerated during ACT (23%, n = 7) were arrested and incarcerated at a rate of 4.13 times every 180 days.
- The length of consumers’ incarcerations ranged between one and 19 days, for an average of 17 days per incarceration.

**Half of consumers were in stable housing at the conclusion of the evaluation period.** Figure 4 reports the housing status of consumers during ACT. Self-reported housing data from before and during ACT were available for 26 consumers.

**Figure 4. Summary of ACT Consumers’ Housing during ACT (N = 13)**

6 consumers obtained housing	7 consumers maintained housing	13 consumers were not stably housed
<ul style="list-style-type: none"> <li>• 23% of consumers who were not housed before ACT obtained housing while enrolled</li> </ul>	<ul style="list-style-type: none"> <li>• 27% of consumers who were housed before ACT continued to maintain housing while enrolled</li> </ul>	<ul style="list-style-type: none"> <li>• 12% of consumers were housed before ACT but did not maintain housing during ACT</li> <li>• 38% of consumers were not housed before or during ACT enrollment</li> </ul>

**Consumers experienced positive changes in their life skills, relationships with friends and family, and community involvement.** The Self Sufficiency Matrix (SSM) was used to assess consumers’ social functioning and independent living. The SSM consists of 18 domains scored on a scale of one (“in crisis”) to five (“thriving”). Intake data were available for just over half (56%, n = 18) of the ACT consumers, 13 of whom also had a reassessment. According to the SSM scoring, consumers on average:

- Met most of their daily living needs without assistance (life skills)
- Maintained some support from family and friends (family and social relationships).
- Still lacked knowledge of ways to become involved in their community.

**Table 5. Average Change in Social Function and Life Skills Domains (N = 13)**

Domain	Average Change
Life Skills	1.42
Family and Social Relationships	1.08
Community Involvement	1.67

Additionally, nine consumers utilized the employment services provided by the ACT. Services included: support developing résumés, searching for job openings, preparing for interviews, and submitting applications.

**Overall, consumers and their family members are satisfied with the ACT program.** While there is room for program improvement (e.g., providing additional opportunities for meaningful activity engagement, family support, and housing assistance), consumers and their families are pleased with the professionalism of the ACT team, the opportunities for self-determination and decision-making, and the team’s comprehensive approach to services.

As Contra Costa County’s AOT program matures, and larger numbers of consumers enroll in the program for longer periods, future reports will include additional information on consumers’ outcomes and allow for more advanced statistical analyses to be utilized in order to better explore changes in Contra Costa County’s ACT consumer outcomes over time.

## Evaluation Next Steps

RDA will conduct the following next steps for its evaluation of the Contra Costa County AOT program:

- **ACT Fidelity Assessment**
  - **ACT Fidelity Assessment Activities:** July 2017
  - **ACT Fidelity Assessment Report:** August 2017
- **Evaluation Report**
  - **Data collection and analysis:** June – August 2017
  - **AOT Evaluation Report (July 1, 2016 – June 30, 2017):** September 2017
  - **Presentations of Evaluation Report findings:** October-November 2017
- **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