Contra Costa County Assisted Outpatient Treatment (AOT) Evaluation

Fiscal Year 2016/17 Evaluation Report

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Table of Contents

Introduction **5**

Background Information 5

External Evaluation 5

Contra Costa County's AOT Program Model 6

AOT Process *6*

AOT Process Outcomes *7*

AOT and ACT *8*

Methodology **9**

Data Measures and Sources 9

Data Analysis 11

Limitations and Considerations 11

Findings **12**

Pre-Enrollment 12

Referral to AOT *13*

Care Team *14*

AOT Enrollment 19

ACT Consumer Profile *20*

Service Participation *23*

ACT Consumer Outcomes *25*

AOT Costs and Cost Savings *29*

Discussion and Recommendations **32**

Appendices **35**

Appendix I. AOT Eligibility Requirements 35

Appendix II. Description of Evaluation Data Sources..... 36

Appendix III. FSP Consumer Profile..... 38

Table of Figures

Figure 1. Contra Costa County AOT Program Stages 6
Figure 2. Process Outcomes during AOT Process 7
Figure 3. Consumers Referred to AOT and/or Receiving MHS Services during FY16/17 12
Figure 4. FY16/17 AOT Program 13
Figure 5. Average Investigation Contact Attempts per Consumer (N = 177) 15
Figure 6. Type of Outreach and Engagement Contacts (N = 652) 17
Figure 7. Average Length of Time from AOT Referral to ACT Enrollment 18
Figure 8. Length of Time from AOT Referral to ACT Enrollment 18
Figure 9. Referred Consumers 19
Figure 10. FY16/17 AOT Treatment Program Participants 20
Figure 11. Primary Diagnosis at Referral (N = 43) 21
Figure 12. Educational Attainment 22
Figure 13. School Attendance at Enrollment 22
Figure 14. Intensity of ACT Contacts per Week 24
Figure 15. Frequency of ACT Contacts per Week 24
Figure 16. ACT Consumers 25
Figure 17. Criminal Justice Involvement during ACT 27
Figure 18. Type of Bookings during ACT 27
Figure 19. Consumers' Housing Status before and during ACT (N = 39) 28
Figure 20. FY16/17 FSP Primary Diagnosis at Enrollment (N = 272) 38

Table of Tables

Table 1. AOT Outcomes and Corresponding Data Measures 9

Table 2. Data Sources and Elements 10

Table 3. Summary of Qualified Requestors 14

Table 4. Outcome of CCBHS Investigations (N = 177) 15

Table 5. MHS Outreach and Engagement Outcomes (N = 74) 16

Table 6. ACT Consumer Demographics (N = 43) 21

Table 7. Housing Status at ACT Enrollment (N = 43) 22

Table 8. Sources of Financial Support at and before ACT Enrollment (N = 43) 22

Table 9. ACT Consumer Service Engagement (N = 43) 23

Table 10. Consumers' Crisis Episodes before and during ACT 26

Table 11. Consumers' Psychiatric Hospitalizations before and during ACT 26

Table 12. Bookings and Incarcerations before and during ACT 27

Table 13. Self Sufficiency Matrix Scores 29

Table 14. Contra Costa County Department Costs 30

Table 15. Mental Health Service and Booking Costs before and during ACT (N = 37) 31

Table 16. FY16/17 FSP Consumer Demographics (N = 272) 38

Introduction

Background Information

In 2002, the California legislature passed Assembly Bill (AB) 1421 (also known as "Laura's Law"), which authorized the provision of Assisted Outpatient Treatment (AOT) in counties that adopt a resolution for its implementation. AOT is designed to interrupt the repetitive cycle of hospitalization, incarceration, and homelessness for people with serious mental illness who have been unable and/or unwilling to engage in voluntary services. AOT uses an expanded referral and outreach process that may include civil court involvement, whereby a judge may order participation in outpatient treatment. The California Welfare and Institutions Code[1] defines the target population, intended goals, and specific suite of services required to be available for AOT consumers in California (see Appendix I).

On February 3, 2015, the Contra Costa County Board of Supervisors adopted a resolution to authorize the implementation of AOT. Currently, Contra Costa County Behavioral Health Services (CCBHS) provides behavioral health services to AOT consumers through an Assertive Community Treatment (ACT) team operated by Mental Health Systems (MHS), a contracted provider organization. Contra Costa's AOT program represents a collaborative partnership between CCBHS, the Superior Court, County Counsel, the Public Defender, and MHS; community mental health stakeholders and advocates have remained involved in providing feedback and supporting the program to meet its intended objectives. The County's AOT program became operational on February 1, 2016 and accepted its first consumer in March 2016.

External Evaluation

Contra Costa County retained Resource Development Associates (RDA) to conduct an independent evaluation of its AOT program implementation. The purposes of this evaluation are to: 1) satisfy California Department of Healthcare Services (DHCS) reporting requirements; 2) provide information to the Board of Supervisors, AOT collaborative partners, and the community; and 3) inform the continuous quality improvement of the AOT program to support the County's intended objectives. Since the beginning of Contra Costa County's AOT program, RDA has produced three distinct evaluation reports, including two reports mandated by DHCS and another detailed report written specifically for CCBHS to better understand the implementation of its AOT program. All three prior evaluation reports documented: 1) program services, 2) consumers served, 3) fidelity to the ACT model, and 4) potential areas of improvement for the County's consideration. The reports were produced approximately six months apart, and document the implementation and continued progression of the AOT program since it began.

This report is the fourth report produced for the AOT program evaluation. The purpose of this report is to assist Contra Costa County with identifying the program's accomplishments and opportunities for

[1] Welfare and Institutions Code, Section 5346

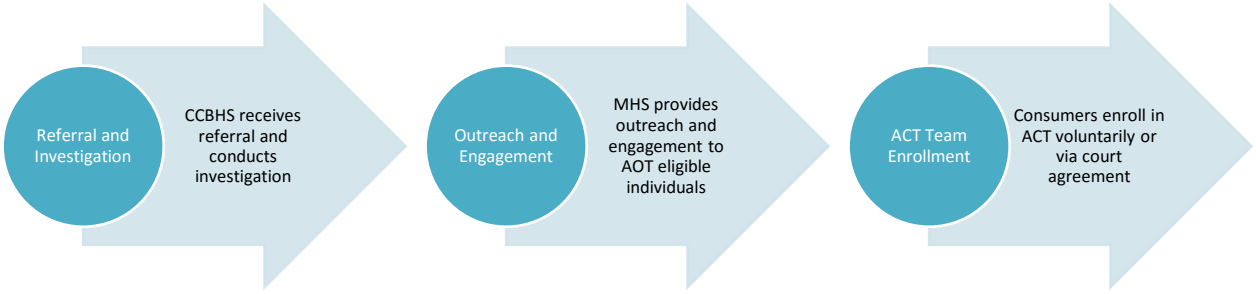
improvement. This report begins with a brief description of the AOT program's model followed by data analysis methodologies, evaluation findings, and discussion and recommendations.

In this report, RDA presents its evaluation findings in the same order that individuals experience the AOT program, from referral, investigation, outreach, and engagement that occur **pre-enrollment,** through the suite of services that individuals receive during **AOT enrollment**. One of the main purposes of AOT is to provide a mechanism to identify, engage, and retain individuals with the most serious mental health needs who are unable and/or unwilling to engage in services without additional supports and who may otherwise "fall through the cracks" in medically necessary mental health services. This report provides findings and recommendations that are intended to enable the County to: 1) build upon program strengths and resources, 2) identify and address emerging gaps and challenges, and 3) provide evidence-based services to consumers who require AOT to engage in medically necessary mental health services.

Contra Costa County's AOT Program Model

Contra Costa County has designed an AOT program model that responds to the needs of its communities and exceeds the requirements set forth in the legislation. The Contra Costa County AOT program includes a Care Team comprised of CCBHS Forensic Mental Health (FMH) and MHS staff. Figure 1 below depicts the Pre-Enrollment (Referral and Investigation; Outreach and Engagement) and AOT Enrollment (ACT outpatient treatment services) components of the AOT program.

Figure 1. Contra Costa County AOT Program Stages



AOT Process

The first stage of engagement with Contra Costa County's AOT program is through a telephone call referral whereby any "qualified requestor"[2] can make an AOT referral. Within five business days, a CCBHS mental health clinician connects with the requestor to gather additional information on the referral, and reaches out to the referred individual to begin determining if they meet AOT eligibility criteria (see Appendix I).

[2] Qualified requestors include: An adult who lives with the individual; Parent, spouse, adult sibling, or adult child of the individual; Director of an institution or facility where the individual resides; Director of the hospital where the person is hospitalized; Treating or supervising mental health provider; Probation, parole, or peace officer.

If the person initially appears to meet eligibility criteria, a CCBHS investigator from the FMH staff facilitates a face-to-face meeting with the consumer and/or family to gather information, attempts to engage the consumer, and develops an initial care plan. If the consumer continues to appear to meet eligibility criteria, FMH investigators share the consumer's information with the MHS team. MHS then conducts a period of outreach and engagement activities with the consumer to encourage their participation in ACT. If at any time the consumer accepts voluntary services and continues to meet eligibility criteria, they are immediately connected to and enrolled in MHS' ACT services.

However, if after a period of outreach and engagement, the consumer does not accept voluntary services and continues to meet eligibility criteria, the County mental health director or designee may choose to complete a declaration and request that County Counsel file a petition with the court. Utilizing a collaborative court model that combines judicial supervision with community mental health treatment and other support services, Contra Costa County then holds one to two court hearings to determine if criteria for AOT are met. At this time, the consumer has the option to enter into a voluntary settlement agreement with the court to participate in AOT. If the consumer chooses not to participate in AOT treatment services voluntarily, then he/she may be court ordered into AOT for a period of no longer than six months. After six months, if the judge deems that the person continues to meet AOT criteria, they may authorize an additional six-month period of mandated participation. At every stage of this process, CCBHS' FMH and MHS staff continue to offer the individual opportunities to engage voluntarily in services and may recommend a 72-hour hold if the consumer meets existing criteria.

AOT Process Outcomes

There are a variety of outcomes that may occur at each stage of the AOT process (see Figure 2). Given that the County's AOT program is relatively new, exploring the AOT process outcomes supports a shared understanding of program implementation, including implementation strengths, challenges, and gaps.

Figure 2. Process Outcomes during AOT Process

Referral and Investigation	Outreach and Engagement	ACT Team Enrollment
• Ineligible • Unavailable/ unable to locate • Referred to another service provider • Referred to MHS Outreach and Engagement	• Unavailable/ unable to locate • Accepts ACT services on a voluntary basis • Requires additional support to participate	• Accepts services through a voluntary settlement agreement • Accepts services with an AOT court order

AOT and ACT

It is important to note that Assertive Community Treatment (ACT) is not synonymous with Assisted Outpatient Treatment (AOT). AOT is a mechanism by which a county can use a civil court process to compel eligible individuals into a community mental health treatment program who are otherwise unwilling and/or unable to accept mental health treatment. An AOT petition can be initiated at any stage of the process, including:

- During the pre-enrollment phases of referral and investigation, or outreach and engagement;
- Following voluntary service acceptance, if the person fails to participate in services; and
- After the person participates in treatment, if they request discharge prematurely.

In Contra Costa County, the community mental health treatment component of AOT is ACT. Mental Health Services (MHS) is the contracted agency hired by CCBHS to implement an ACT team for County residents referred to AOT. It is not a requirement of AOT programs to offer ACT services to their consumers.

When the County first chose to implement AOT, the County also elected to implement a new level of outpatient mental health services by an ACT team. Additionally, it should be noted that the use of a civil court order process is in alignment with the ACT model. Fidelity to the ACT model includes the expectation that ACT programs apply assertive engagement mechanisms, including street outreach and available legal mechanisms, to compel participation. Legal mechanisms typically used in ACT programs include representative payees, terms and conditions of probation, outpatient commitment, and AOT court agreements such as voluntary settlement agreements and court orders.

Methodology

RDA employed a mixed-methods evaluation approach to assess implementation of the County's AOT program, as well as the extent to which individuals receiving AOT services during FY16/17 experienced decreases in hospitalization, incarceration, and homelessness, and improvements in psychosocial outcomes such as social functioning and independent living skills. This evaluation is intended to meet regulatory DHCS requirements and support continuous quality improvement (CQI) of the County's AOT program. We highlight the current evaluation period and who is included in the evaluation below:

- **Evaluation Period:** July 1, 2016 through June 30, 2017
- **Consumers Included:** Any consumer who was referred or received Care Team and/or ACT services during the evaluation period
- **Consumers Excluded:** Any consumer who was referred and closed before the evaluation period

The following sections describe the data measures, sources, and analytic techniques used to develop this report and evaluate Contra Costa County's AOT program.

Data Measures and Sources

This report is meant to provide a thorough evaluation of Contra Costa County's AOT program implementation and outcomes in order to identify programmatic strengths, as well as areas for continuous improvement. To this end, RDA assessed the outcomes and corresponding data measures highlighted in Table 1 below.

Table 1. AOT Outcomes and Corresponding Data Measures

Outcomes	Data Measures
Program Outcomes	
Homelessness	❖ Housing Status
Crisis Episodes	❖ Number and length of crisis episodes
Hospitalizations	❖ Number and length of hospitalizations
Criminal Justice Involvement	❖ Number and length of bookings into county jail ❖ Number of criminal cases for which charges were filed ❖ Number of criminal convictions
Program Costs	❖ Costs incurred and/or saved by the County
Treatment Outcomes	
Service Participation	❖ Intensity and frequency of services ❖ Treatment Adherence and Retention
Social Functioning & Independent Living	❖ Self Sufficiency Matrix scores

RDA collected data from several sources for this evaluation report. Table 2 below presents the County departments or agencies that provided data for this evaluation, as well as the data sources and elements captured by each data source. Appendix II provides additional information on each data source.

Table 2. Data Sources and Elements

County Department/Agency	Data Source	Data Element
Contra Costa County Behavioral Health Care Services	CCBHS AOT Request Log	❖ Individuals referred ❖ Qualified requestor information
	CCBHS AOT Investigation Tracking Log	❖ CCBHS investigation attempts
	Contra Costa County PSP Billing System	❖ Behavioral health service episodes and encounters, including hospitalizations and crisis episodes ❖ Consumer diagnoses and demographics
	CCBHS Financial Data	❖ Costs associated with implementing the AOT program, including ACT
Mental Health Systems	MHS Outreach and Engagement Log	❖ Outreach and engagement encounters
	FSP Forms in Access Database	❖ Residential status, including homelessness ❖ Employment ❖ Education ❖ Financial support
	MHS Outcomes Spreadsheet	❖ Social Functioning ❖ Independent Living ❖ Recovery
Contra Costa County Sheriff's Office	Sheriff's Office Jail Management System	❖ Booking and release dates ❖ Booking offense
Superior Court of California - Contra Costa County	Contra Costa Superior Court Case Management System	❖ Charges ❖ Convictions

Data Analysis

Throughout the data analysis process, RDA collaborated with CCBHS and MHS staff to vet analytic decisions and findings. RDA matched clients across the disparate data sources described above and used descriptive statistics (e.g., frequencies, mean, and median) for all analyses, including pre- and post-enrollment outcome analyses. In order to compare pre- and post-enrollment outcomes (i.e., hospitalizations, crisis episodes, and criminal justice involvement), RDA analyzed the rate (per 180 days) at which consumers experienced hospitalization, crisis, arrest, and criminal justice outcomes prior to and after enrolling in ACT. In future reports with larger sample sizes and longer consumer enrollment periods, both descriptive and inferential statistics will be used to explore AOT implementation and consumer outcomes.

Limitations and Considerations

As is the case with all "real-world" evaluations, there are important limitations to consider. One limitation of this evaluation is that only 43 consumers participated in the AOT treatment program during FY16/17. Because relatively few individuals were enrolled during this period, the proportion of individuals who experienced crisis, hospitalization, and criminal justice involvement, as well as the average rates of occurrence, shift somewhat drastically based on the experiences of relatively few individuals.

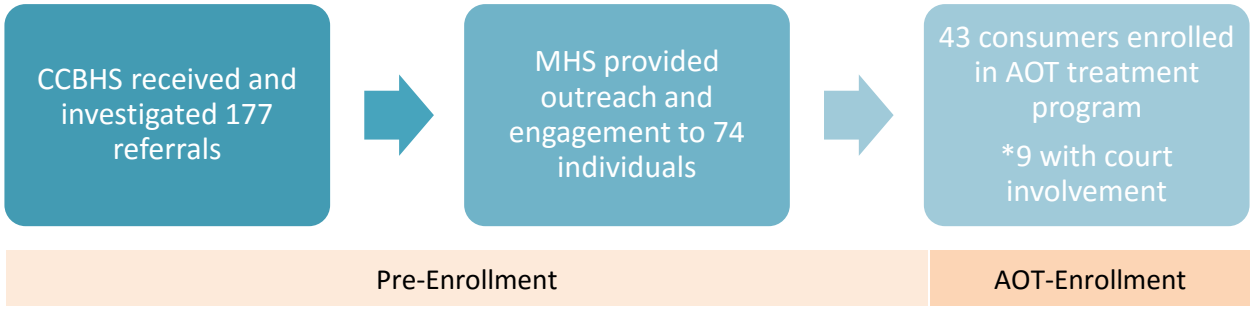
It is also important to note that there is more data available for the longer pre-enrollment time periods compared to the shorter post-enrollment time periods. Therefore, AOT consumers had greater opportunities to experience negative outcomes prior to program enrollment than after program enrollment. To account for differences in the pre- and post-time periods, RDA standardized outcomes measures to rates per 180 days. Nevertheless, because consumers have spent much less time in AOT than in the pre-enrollment period, there is less opportunity for them to experience outcomes such as hospitalization, arrest, and/or incarceration during their AOT participation period. As a result, these outcomes may be underestimated if a large number of consumers experienced zero negative outcomes during shorter periods while they were enrolled in AOT. On the other hand, if consumers experienced a number of negative outcomes for lengthy periods during their AOT enrollment period, these estimations may be overestimated.

Despite these limitations, this evaluation will help Contra Costa County to identify the successes and challenges of its AOT implementation, as well as to highlight the outcomes of consumers who participated in the County's AOT treatment program in FY16/17. These findings resulted in recommendations for the County to consider as they strive to continuously improve implementation and outcomes for all individuals referred to the County's AOT program.

Findings

This evaluation includes findings for all consumers who were referred to AOT or received Care Team and/or ACT services from July 1, 2016 through June 30, 2017. During this time, CCBHS received 190 referrals to AOT for 177 unique individuals. Of these 177 individuals, 76% (n = 135) were not referred to MHS for outreach and engagement. The remaining 42 consumers were referred to MHS for outreach and engagement, and 15 enrolled in the County's AOT treatment program. In addition, 32 consumers who were referred to AOT in FY15/16 received MHS services during FY16/17 and are included in this report.

Figure 3. Consumers Referred to AOT and/or Receiving MHS Services during FY16/17

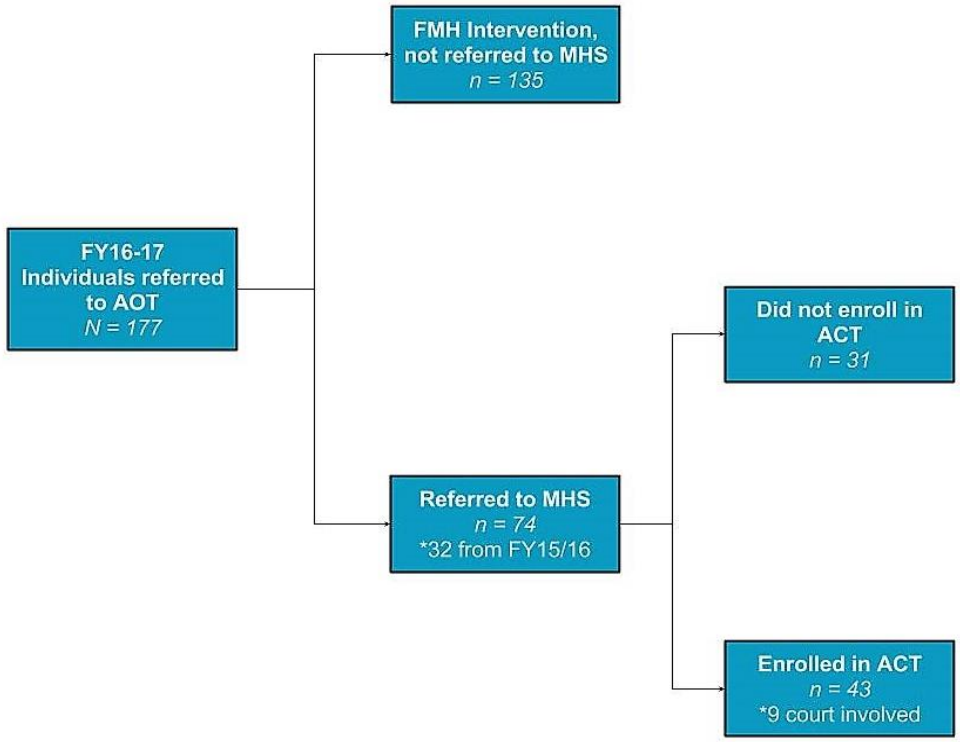


Findings are divided into two sections: "Pre-Enrollment" and "AOT Enrollment." CCBHS staff and/or MHS' ACTiOn team provide investigation, outreach, and engagement services for all individuals who are referred to AOT in order to connect them to the AOT treatment program, if eligible, or some other mental health treatment, if they are not. We explore the outcomes of this process in the "Pre-Enrollment" section, and report on outcomes for all individuals who met AOT eligibility requirements and participated in the County's AOT treatment program during FY16/17 in the "AOT Enrollment" section.

Pre-Enrollment

Figure 4 below demonstrates that 177 individuals were referred to AOT in FY16/17. Among those individuals, 135 were not referred to MHS for outreach and engagement. The remaining 42 consumers were referred to MHS for outreach and engagement, and an additional 32 consumers were referred to AOT in FY15/16 and received MHS outreach and engagement and/or ACT services during FY16/17.

Figure 4. FY16/17 AOT Program



First, we provide an overview of referrals made to AOT during FY16/17, including a profile of who made these referrals, and referral dispositions. Next, we detail the investigation, outreach, and engagement processes — led by CCBHS FMH and MHS' ACTiOn team respectively — and assess outcomes such as hospitalization and/or criminal justice involvement experienced by consumers prior to enrolling in the County's AOT treatment program.

Referral to AOT

CCBHS received 190 AOT referrals during FY16/17 for 177 unique individuals. Thirteen consumers were referred to AOT twice during this fiscal year; these consumers 1) did not initially meet AOT eligibility criteria, 2) were initially connected or reconnected with other services, or 3) were still under investigation at the conclusion of the evaluation period.

The majority of AOT referrals (63%) continue to come from consumers' family members.

Since program inception, the majority of referrals to AOT have been made by consumers' family members. This trend continued in FY16/17, with 63% of referrals coming from family members (see Table 3). Referrals to AOT were also made by treating or supervising mental health providers (23%, n = 43) and members of law enforcement agencies (11%, n = 20).

Table 3. Summary of Qualified Requestors

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)

It is also worth noting that only 2% of referrals were from unqualified requestors during FY16/17, compared to 7% of referrals from unqualified requestors during the program's first five months. It appears that over time, Contra Costa County residents have developed a greater understanding of the AOT treatment program, including who meets the requirements of a qualified requestor.

Care Team

Contra Costa County's Care Team consists of CCBHS' FMH and MHS staff. CCBHS FMH receives all AOT referrals and conducts an investigation for each individual referred in order to determine AOT eligibility (see Appendix I for AOT eligibility requirements). CCBHS FMH refers AOT eligible consumers to MHS staff, who conduct outreach and engagement to enroll them in ACT services. The following section discusses the investigations conducted by CCBHS FMH, and outreach and engagement activities conducted by MHS.

Investigation

After CCBHS receives an AOT referral, the FMH team conducts an investigation to determine if the individual meets the eligibility criteria for the AOT program. In addition to consulting prior hospitalization and mental health treatment records for the individual, and gathering information from the qualified requestor, the FMH investigation team also attempts to make contact with the referred individual in the field.

Approximately one-fourth of consumers referred to CCBHS FMH (24%) were eligible for AOT and subsequently referred to MHS; approximately half (51%) of consumers referred were ineligible for AOT.

During FY16/17, CCBHS FMH investigated 177 unique consumers.[3] Approximately one-fourth (24%, n=42) of consumers were determined to be eligible for AOT and referred to MHS for outreach and engagement, while 11% (n = 19) of consumers engaged or re-engaged with another provider, and 14% (n = 25) were still being investigated by CCBHS FMH at the conclusion of FY16/17 (see Table 4 below).

[3] An additional nine consumers were still under investigation from the previous fiscal year. All of these nine consumers were ineligible.

Table 4. Outcome of CCBHS Investigations (N = 177)

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%

Approximately one-half (51%) of individuals referred to AOT were determined to be ineligible. Individuals were ineligible for the following reasons:

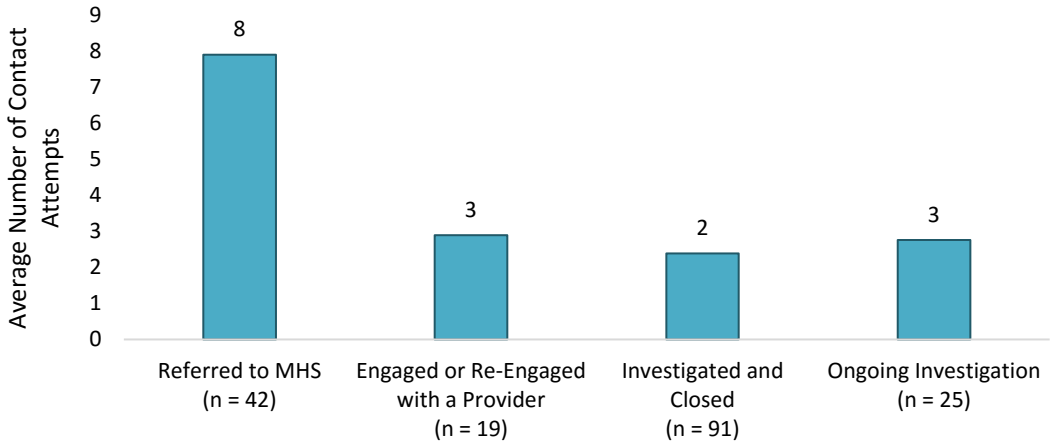
- They did not meet the AOT eligibility criteria;
- They were unable to be assessed for eligibility (i.e., unable to locate, extended incarceration, or extended hospitalization);
- The qualified requestor withdrew the referral; or
- The qualified requestor could not be reached.

CCBHS FMH worked to connect individuals who were ineligible for AOT to the appropriate level of mental health treatment, and also provided resources and education for ineligible consumers' family members.

The County's investigation team was persistent in their efforts to locate consumers, determine consumers' eligibility for AOT, and connect eligible consumers to MHS.

On average, CCBHS FMH's investigation team made four contact attempts to each individual referred to AOT. As shown in Figure 5, the investigation team made the most contact attempts, on average, to those consumers who were eventually referred to MHS for outreach and engagement.

Figure 5. Average Investigation Contact Attempts per Consumer (N = 177)



The investigation team worked to meet consumers "where they're at," as evidenced by the variety of locations where investigation contacts occurred. While approximately one-quarter (26%, n = 199) of investigation contact attempts occurred in a County office, another quarter (24%, n = 184) of investigation

attempts took place in the field. Teams also met consumers at their place of residence, as well at inpatient, healthcare, and correctional facilities.

Outreach and Engagement

If the CCBHS FMH team determines that a consumer is eligible for AOT, the consumer is connected with MHS. The MHS team then conducts outreach and engagement activities with those individuals and their family to engage the individual in AOT services. As per the County's AOT program design, MHS is charged with providing opportunities for the consumer to participate on a voluntary basis. If, after a period of outreach and engagement, the person remains unable and/or unwilling to voluntary enroll in ACT and continues to meet AOT eligibility criteria, MHS may refer the individual back to FMH to file a petition to compel court ordered participation.

MHS conducted comprehensive outreach in order to engage consumers — and their support networks — and enroll them in the County's ACT program.

MHS conducted outreach and engagement with 74 consumers, 43 of whom enrolled in ACT.[4] The remaining consumers either engaged/re-engaged with another provider, were closed by CCBHS (for reasons described above), or were still receiving outreach and engagement services as of June 30, 2017 (see Table 5).

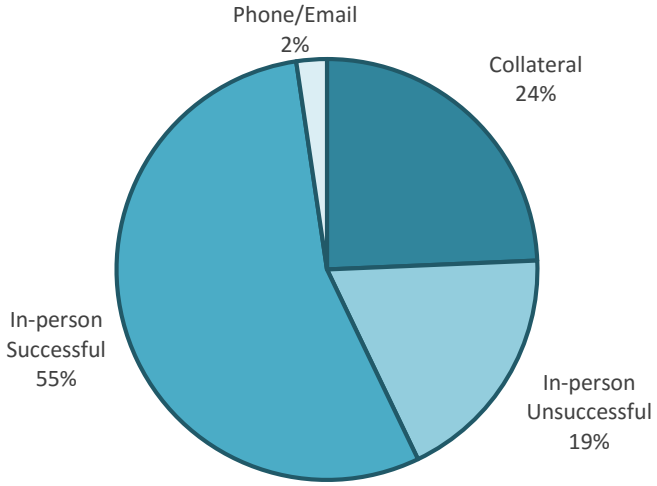
Table 5. MHS Outreach and Engagement Outcomes (N = 74)

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

MHS provided outreach and engagement services to consumers as well as consumers' support networks. Approximately three-fourths (75%) of all outreach and engagement attempts were with consumers, while one-fourth (24%) of outreach and engagement attempts were with consumers' support networks. Overall, the majority of successful contacts with consumers were in person, and approximately one in five outreach and engagement efforts were unsuccessful.

[4] 17 ACT consumers who received outreach and engagement services in FY15/16 are included in this discussion in order to capture the total efforts of outreach and engagement required to enroll all FY16/17 ACT consumers.

Figure 6. Type of Outreach and Engagement Contacts (N = 652)



MHS relies on a diverse multidisciplinary team to conduct outreach and engagement. For consumers receiving services in FY16/17, the majority of outreach attempts were either from a peer partner (45%) or the clinical team leader (26%). As with the County's investigation team, MHS was persistent in their efforts to meet consumers "where they're at." Most contact attempts occurred in the community (25%), the hospital (21%), consumers' homes (15%), or at MHS' office (15%).

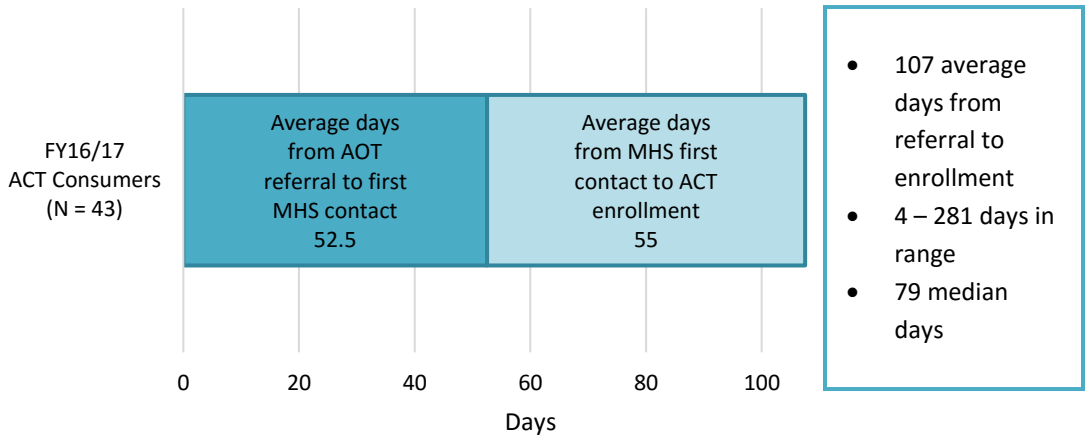
Referral to Enrollment Outcomes

This section explores the period from initial referral through AOT enrollment. This includes referral and investigation efforts by CCBHS FMH as well as outreach and engagement efforts by MHS.

The average length of time from referral to enrollment is 107 days.

Contra Costa County designed an AOT program model that sought to engage and enroll consumers in ACT within 120 days of referral. On average, it took the Care Team approximately 107 days to collectively conduct investigation, outreach and engagement, and enrollment of consumers in AOT. Specifically, it took an average of 52.5 days from the point of AOT referral to MHS' first contact, and 55 days from the point of MHS' first contact to enrollment in ACT (Figure 7).

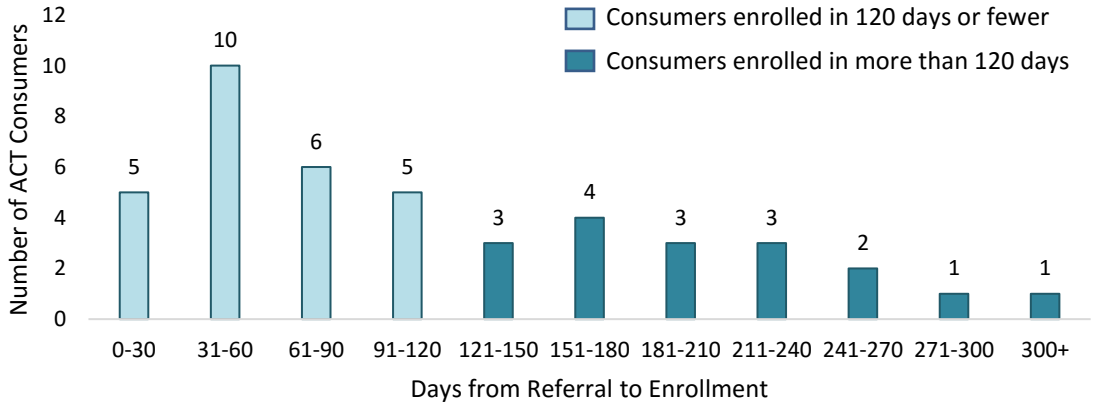
Figure 7. Average Length of Time from AOT Referral to ACT Enrollment



Some individuals experienced referral to enrollment periods longer than 120 days.

Contra Costa County's AOT program model has an expected maximum period of four months from the point of referral to enrollment in AOT treatment services. Although the average length of time from referral to enrollment aligned with the County's program design, 17 consumers (40%) had investigation and outreach periods lasting longer than 120 days (Figure 8). Data suggest that these individuals were difficult to locate, and that the Care Team invested additional time to attempt to locate, assess, and engage these individuals.

Figure 8. Length of Time from AOT Referral to ACT Enrollment

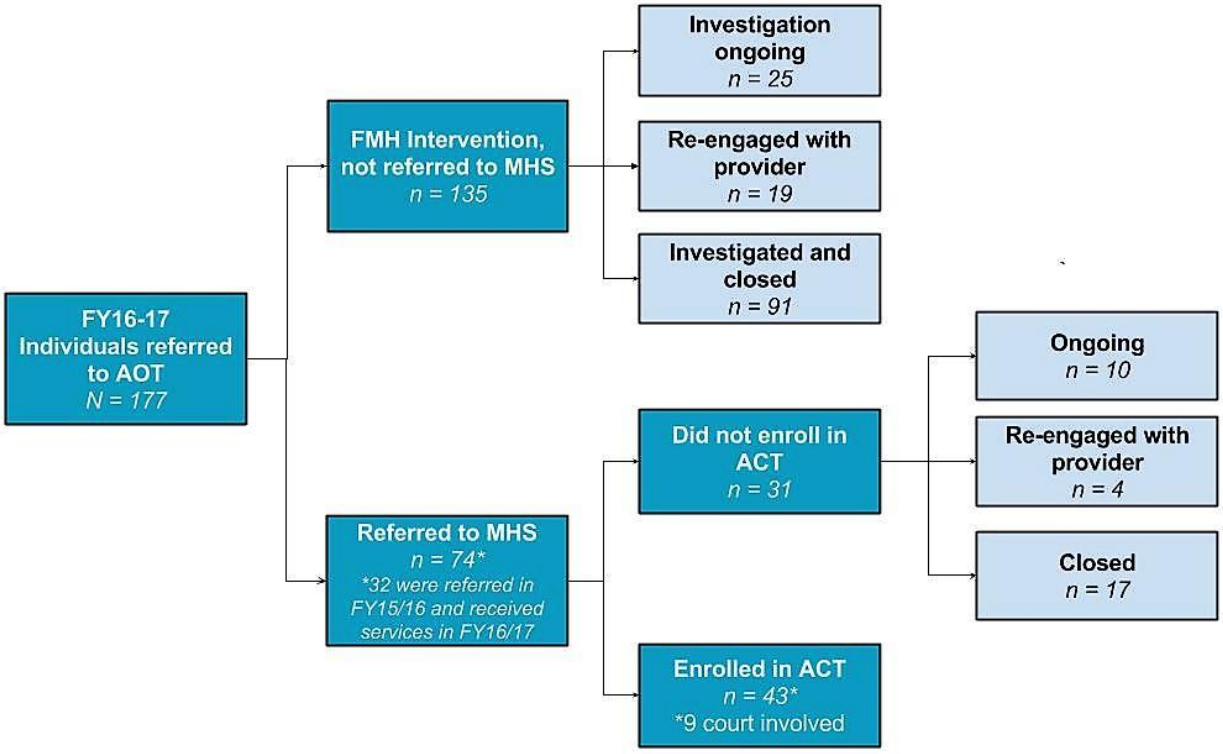


Among individuals whose pre-enrollment period lasted longer than 120 days, approximately 63% (n = 10) experienced a hospitalization and/or criminal justice involvement during this referral to enrollment period.

Summary

Figure 9 summarizes the outcomes of all referrals to AOT following the Care Team's investigation, outreach, and engagement efforts. At the end of FY16/17, 110 consumers were closed, while 25 were still under investigation. Of those investigated and connected to MHS (n = 74), 43 enrolled in ACT. Among those not enrolled, 17 were closed by the County, 4 engaged or re-engaged with another provider, and 10 were still receiving outreach and engagement services.

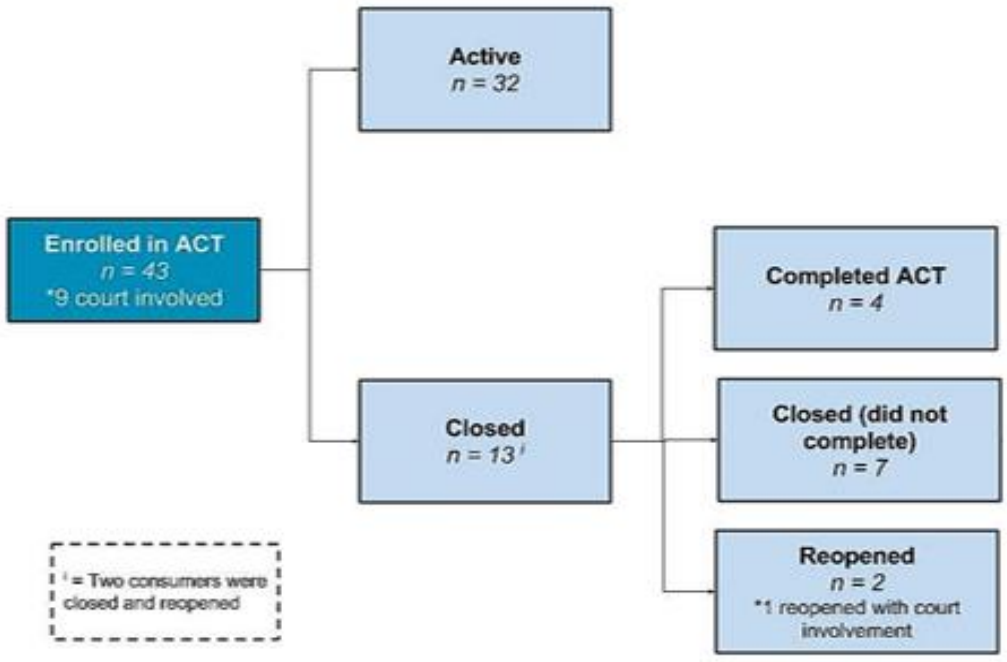
Figure 9. Referred Consumers



AOT Enrollment

Figure 10 below demonstrates that the MHS ACTiOn team enrolled and/or served 43 consumers in FY16/17. Thirty-two (32) consumers were active at the conclusion of FY16/17, while 13 consumers discharged from the AOT treatment program at some point during the fiscal year. Of the 13 who discharged from the program, two re-enrolled in ACT during this fiscal year, four completed the program, and seven left prematurely. This section describes outcomes for the 43 consumers who received ACT services during FY16/17.

Figure 10. FY16/17 AOT Treatment Program Participants



In this section, we first provide a consumer profile of AOT treatment program participants, including their demographic characteristics and diagnoses. Then, we focus on the intensity and frequency of service participation among consumers, followed by a discussion of consumer outcomes, including the extent to which participants experienced crisis episodes, psychiatric hospitalizations, and criminal justice involvement. Finally, we highlight program costs and costs savings associated with reduced numbers of hospitalizations and criminal justice involvement, as well as revenue generated through federal reimbursement.

ACT Consumer Profile

The following section describes consumers' demographic characteristics, as well as their diagnoses, employment status, educational attainment, and sources of financial support when they enrolled in ACT.

Demographics

The AOT treatment program is enrolling the target population, although 25% of those enrolled are younger than expected.

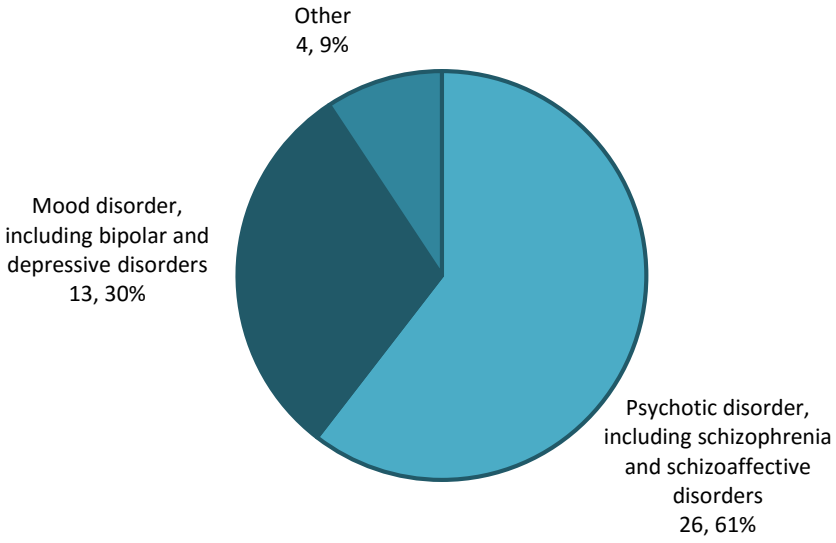
As shown in Table 6, ACT consumers were primarily male (53%, n = 23), white (56%, n = 24), and between the ages of 26 and 59 (70%, n = 30). Approximately 25% of ACT consumers are transitional age youth (TAY) between the ages of 18 and 25. While this is not completely unexpected given that the majority of major mental health disorders have an onset during the TAY period, TAY may have service needs that differ from the adult population.

Table 6. ACT Consumer Demographics (N = 43)

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

Sixty-one percent (61%) of ACT consumers (n = 26) had a primary diagnosis of a psychotic disorder (see Figure 11) and 79% (n = 34) had a co-occurring substance use disorder at the time of enrollment.

Figure 11. Primary Diagnosis at Referral (N = 43)



Housing, Education, Employment, and Financial Support

At the time of enrollment, approximately 42% (n = 18) of consumers were housed (e.g., living with family or in a supervised placement) and 9% (n = 4) were living in a residential program. Approximately 40% (n = 17) of consumers were homeless or living in a shelter at enrollment; four consumers' housing status was unknown.

Table 7. Housing Status at ACT Enrollment (N = 43)

Residence	Living Arrangement at Enrollment
Housed	42% (n = 18)
Residential Program	9% (n = 4)
Shelter/Homeless	40% (n = 17)
Unknown or Not Reported	9% (n = 4)

ACT consumers also reported on their highest level of educational attainment, and whether they were in school at the time of enrollment. Most consumers had some college education or technical training (35%, n = 15) or higher levels of education (19%, n = 8), and the majority were not in school (72%, n = 31; see Figure 12 and Figure 13). All consumers with a high school diploma/GED or less were not in school at the time of ACT enrollment, or their school status was unknown. Just over half of consumers (53%) included education as a recovery goal.

Figure 12. Educational Attainment (N = 43)

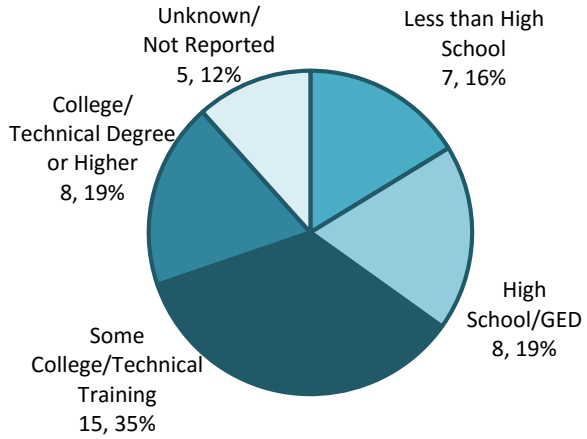
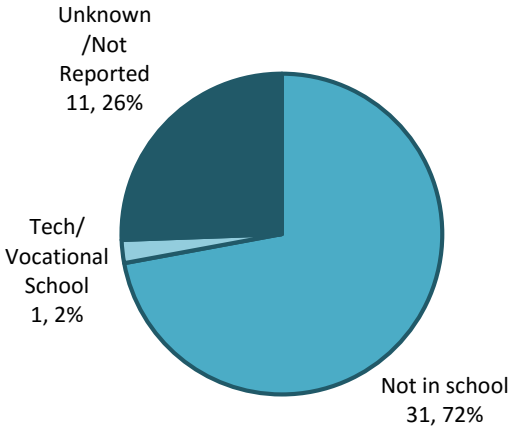


Figure 13. School Attendance at Enrollment (N = 43)



The majority of ACT consumers (81%, n = 35) were not employed when they enrolled, while 16% (n = 7) did not report their employment status. Obtaining employment was a recovery goal for just over half (53%) of AOT consumers, and as shown in Table 8, most consumers (54%, n = 23) received Supplemental Security Income as their primary source of financial support. Additionally, almost all ACT consumers received the same financial support at the time of enrollment as they had in the year leading up to enrollment.

Table 8. Sources of Financial Support at and before ACT Enrollment (N = 43)

Financial Support	Support Received in the Year Prior to ACT Enrollment	Support Receiving at ACT Enrollment
Family Member/Friend	9% (n = 4)	9% (n = 4)
Retirement/Social Security Income	5% (n = 2)	5% (n = 2)

Financial Support	Support Received in the Year Prior to ACT Enrollment	Support Receiving at ACT Enrollment
Supplemental Security Income	54% (n = 23)	54% (n = 23)
Social Security Disability Insurance	2% (n = 1)	0% (n = 0)
Other (including Housing Subsidy, General Relief/Assistance, and Food Stamps)	4% (n = 2)	2% (n = 1)
No Financial Support	12% (n = 5)	14% (n = 6)
No Information Reported	14% (n = 6)	16% (n = 7)

Service Participation

The following sections describe the type, intensity, and frequency of service participation, as well as consumers' adherence to treatment while in the ACT program.

Intensity and Frequency of ACT Services

The ACT model is designed to provide intensive community-based treatment, measured by: 1) the *intensity* of services, which is the amount of service an individual receives in a defined time period; and 2) the *frequency* of services, which is how often an individual receives services. ACT teams are expected to provide at least four face-to-face contacts per week for a total of at least two hours of service per week.

The ACT team continues to provide intensive services to consumers.

Although the length of consumers' enrollment varies, ACT consumers were enrolled for an average of 243 days, with an average of 6.5 face-to-face contacts per week lasting a total of about six hours per week (see Table 9), which clearly exceeds the ACT standards for intensity and frequency of services.

Table 9. ACT Consumer Service Engagement (N = 43)

	Average	Range
Length of ACT Enrollment	243 days	4 – 483 days
Frequency of ACT Service Encounters	6.5 face-to-face contacts per week	<1 – 18 face-to-face contacts per week
Intensity of ACT Services Encounters	6 hours of face-to-face contact per week	<1 – 17 hours of face-to-face contact per week

ACT Treatment Adherence and Retention

The majority of ACT consumers (93%) were adherent to ACT treatment during FY16/17.

Consumers were considered "treatment adherent" if they received at least one hour of face-to-face engagement with their ACT team at least two times a week. Only three consumers (n = 7%) did not meet this standard of adherence (see Figure 14 and Figure 15).

Figure 14. Intensity of ACT Contacts per Week

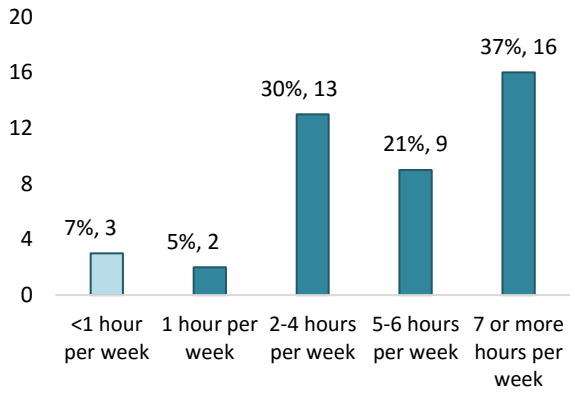
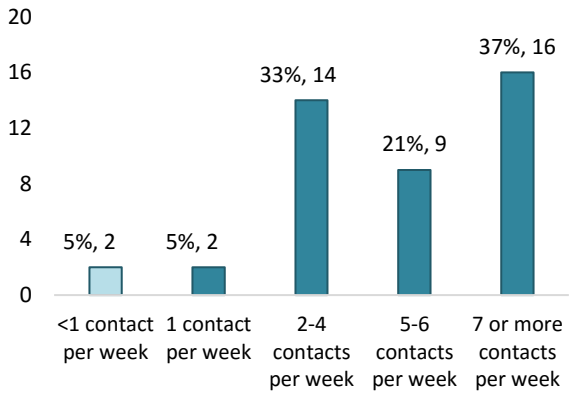
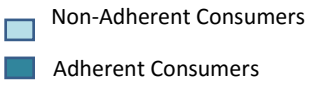


Figure 15. Frequency of ACT Contacts per Week

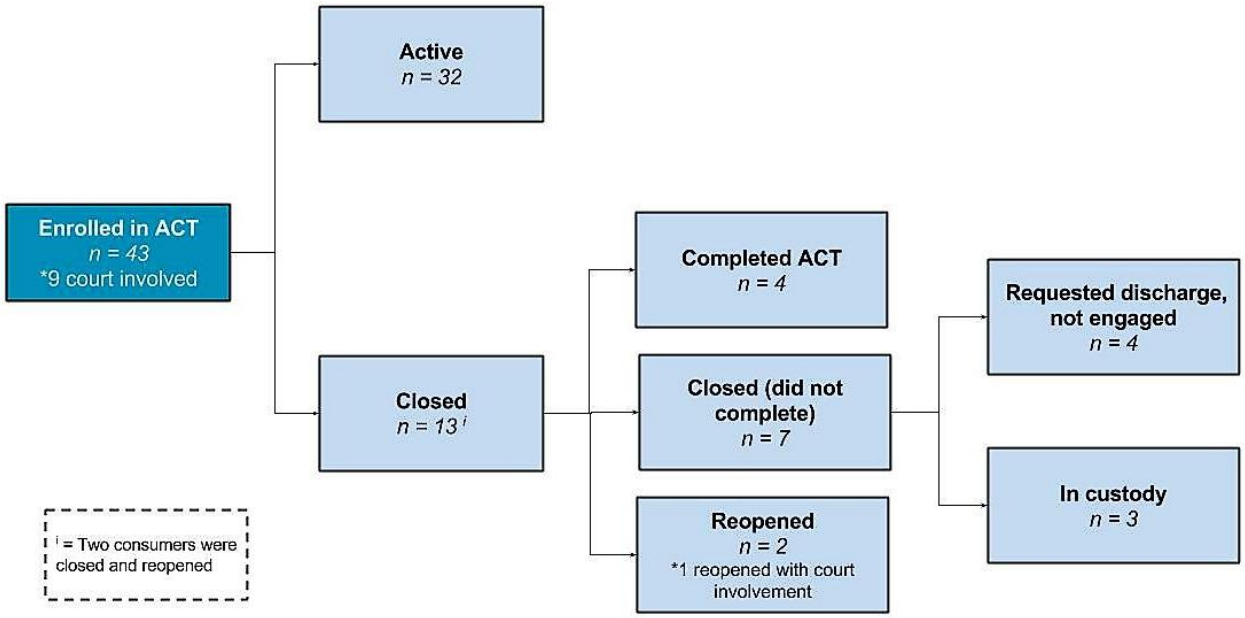




A subset of consumers requested discharge from ACT during FY16/17.

As shown in Figure 16, 30% (n = 13) of consumers were discharged from ACT during FY16/17, two of whom re-enrolled in the program at least once. According to the ACTiOn team, four discharges were the result of successful program completion (e.g., consumers transitioned to a more appropriate level of care or moved out of the area). However, three individuals were discharged because they were incarcerated, while four others were discharged because they were not engaging in treatment. Among these seven consumers, six experienced hospitalization and/or justice involvement following discharge.

Figure 16. ACT Consumers



ACT Consumer Outcomes

The following sections provide a summary of consumers' experiences with psychiatric hospitalizations, crisis episodes, criminal justice involvement, and homelessness before and during ACT enrollment. As previously discussed, these outcomes are standardized to rates per 180 days in order to account for variance in length of enrollment and pre-enrollment data.

Crisis and Psychiatric Hospitalization

This section describes consumers' crisis stabilization episodes and psychiatric hospitalizations before and during ACT enrollment. The County's PSP Billing System was used to identify consumers' hospital and crisis episodes in the 36 months prior to and during AOT enrollment.

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

Almost all consumers (93%, n = 40) had at least one crisis episode in the three years before ACT, averaging approximately 4.7 episodes for every six months, with episodes lasting an average of just under two days. Fewer consumers had a crisis episode during ACT (58%, n = 25) with an average of 3.1 episodes for every six months (see Table 10).

Table 10. Consumers' Crisis Episodes before and during ACT

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

Similarly, the number of consumers who experienced a psychiatric hospitalization decreased during ACT. Approximately two-thirds of consumers (67%, n = 29) had at least one hospitalization in the three years before ACT, compared to 30% of consumers who experienced a hospitalization during ACT. Those with at least one hospitalization before ACT averaged approximately 1.3 hospitalizations every six months, lasting an average of just under ten days. Though consumers had fewer hospitalizations (1.1 per 180 days) while enrolled in ACT, the average length of stay increased substantially from 9.7 to 28.6 days (see Table 11).

Table 11. Consumers' Psychiatric Hospitalizations before and during ACT

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

This section describes consumers' criminal justice system involvement. Data from the Sheriff's Office and Courts were used to identify their justice involvement in the 36 months prior to and during AOT enrollment.

RDA received the following criminal justice data from Contra Costa County's Sheriff's Office and the Superior Court in order to assess the criminal justice involvement of ACT consumers:

- **Bookings**: Following an arrest, individuals are typically booked into local county jail. Once booked, individuals remain in jail until they are released through bail payment or on their own recognizance.
- **Charges**: The District Attorney's Office determines whether to file charges once a criminal complaint is sought. Charges are a formal allegation of an offense for which an individual is arrested and booked.
- **Convictions**: A conviction is the determination of guilt or innocence (or "no contest") for a given charge following a plea bargain or trial.

RDA received data from the Contra Costa County Sheriff's Office to assess the number of bookings, and average lengths of stay in jail, for each consumer pre- and post-AOT enrollment. In addition, RDA received charges and conviction data from Contra Costa's Superior Court in order to understand the outcomes of consumers' bookings.

The number of consumers experiencing criminal justice involvement decreased during ACT.

The majority of ACT consumers (72%, n = 31) were arrested and booked into county jail at least once in the three years prior to ACT enrollment. During ACT participation, however, only approximately 33% (n = 14) of consumers were arrested and booked. Of those 14 consumers, seven were subsequently charged and four were convicted of a new criminal offense (see Figure 17). Most of the bookings were for probation violations (30%), assault and battery (22%), or trespassing or disorderly conduct (16%).

Figure 17. Criminal Justice Involvement during ACT

Figure 18. Type of Bookings during ACT

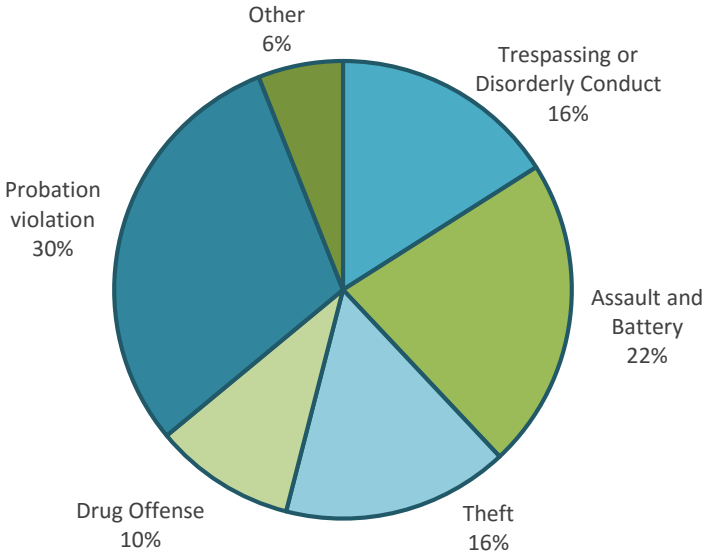


Table 12. Bookings and Incarcerations before and during ACT

Bookings and Incarcerations		
	Bookings before ACT enrollment	**Bookings during ACT enrollment**
Number of Consumers	n = 31	n = 14
Number of Incidents	3.4 bookings per 180 days	3.5 bookings per 180 days

Housing

In addition to improving consumers' mental health outcomes, ACT services are also designed to support consumers in attaining suitable housing situations that support their community mental health treatment.

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

Self-reported housing data from before and during ACT were available for 39 of the 43 ACT consumers. As shown in Figure 19, the majority of consumers either obtained housing while in ACT (15%, n = 6) or maintained their housing from before ACT (49%, n = 19). Just over one-third of consumers (36%) either lost their housing (8%, n = 3) or continued to be homeless while in ACT (28%, n = 11).

Figure 19. Consumers' Housing Status before and during ACT (N = 39)

Consumers who obtained housing	Consumers who maintained housing	Consumers who were not stably housed
• 15% of consumers who were not housed before ACT obtained housing while enrolled	• 49% of consumers who were housed before ACT continued to maintain housing while enrolled	• 8% of consumers were housed before ACT but did not maintain housing during ACT • 28% of consumers were not housed before or during ACT enrollment

A small group of consumers continues to experience difficulty.

Thirty percent (30%, n = 13) of enrolled consumers continued to struggle with psychiatric hospitalizations and/or criminal justice involvement, and experienced an increase in the rate of these events while enrolled in ACT. Of these 13 individuals:

- Almost half (46%) are TAY,
- Half (50%) are homeless and/or unstably housed,
- Almost all (92%) have a psychotic or mood disorder and a co-occurring substance use disorder, and
- The majority (85%) enrolled in ACT voluntarily.

Social Functioning and Independent Living

Consumers' abilities to function independently and participate in activities that are a part of daily living are also of key importance in ACT programs.

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

Throughout consumers' enrollment in ACT, the team administers the Self Sufficiency Matrix (SSM) 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"). Clinicians assessed consumers at intake, every 90 days, and upon discharge. Intake data was available for 27 consumers, 21 of whom also had at least one reassessment. Table 13 reports the average scores for consumers at intake, 90 days, 180 days, and one year; "n/a" indicates where no scores were given for those domains.

Table 13. Self Sufficiency Matrix Scores

Domain	Intake Average Score	90-Day Average Score	180-Day Average Score	1-Year Average Score
Housing	3.00	3.57	3.20	4.25
Employment	1.15	1.24	1.27	1.50
Income	1.96	2.57	2.67	3.50
Food	2.65	3.24	2.67	4.00
Child Care	n/a	n/a	n/a	n/a
Children's Education	5.00	5.00	n/a	n/a
Adult Education	3.70	3.67	3.60	4.50
Health Care Coverage	4.07	4.10	3.87	4.50
Life Skills	2.89	3.38	3.53	3.75
Family/Social Relations	2.26	4.19	3.07	4.25
Mobility	2.15	2.71	2.80	4.00
Community Involvement	2.44	3.20	3.13	4.75
Parenting Skills	4.00	2.00	4.00	n/a
Legal	3.67	3.90	3.93	4.25
Mental Health	2.07	2.29	2.73	4.00
Substance Abuse	3.19	3.48	3.20	4.00
Safety	3.70	4.00	4.21	4.50
Disabilities	2.40	2.30	2.62	4.00
Other	1.00	n/a	n/a	n/a
Total Score	41.15	48.14	45.87	59.75
Sample Size	27	21	15	4

Consumers' average scores across domains at the 90-day, 180-day, and one-year SSM administrations were higher than the average intake scores.

AOT Costs and Cost Savings

There are a number of expenses associated with Contra Costa County's AOT program. However, there are also cost savings likely to result from decreases in crises, hospitalization, and incarceration. Additionally, the County generates revenue for Medi-Cal eligible mental health services. To analyze AOT-related costs and cost savings, RDA collected cost-related information from the CCBHS Finance Department, as well as from other County departments involved in the implementation of AOT.

The sections below provide a preliminary review of costs associated with AOT program implementation, as well as the extent to which AOT has generated revenue through Medi-Cal billing and reduced hospitalizations and justice involvement.

The cost to Contra Costa County for implementing AOT in FY16/17 was $1,872,390, which includes actual expenses and revenue projections.

AOT Expenses

During FY16/17, AOT implementation cost Contra Costa County approximately $2,144,226 (see Table 14). CCBHS spent a total of $1,960,001, with $378,195 for Forensic Mental Health to investigate referrals, and $1,581,806 paid to Mental Health Services as the contracted provider delivering the ACT program.

In addition to CCBHS' costs, the County also reported AOT-related expenses incurred by the County Counsel, the Office of the Public Defender, and the Superior Court in supporting the court proceedings element of the AOT process. Costs to County Counsel included providing consultation services for CCBHS, preparing and filing all petitions to the Court, and representing the County in Court hearings. The Office of the Public Defender has one part-time employee who represents all AOT clients, and the Superior Court is responsible for holding AOT court hearings each week.

Table 14. Contra Costa County Department Costs

County Department	FY 16/17 Cost
CCBHS (including FMH and MHS)	$1,960,001
County Counsel	$68,347
Public Defender's Office	$112,500[5]
Superior Court	$3,378.00
Total County Costs	**$2,144,226**

AOT Revenue

The County estimated that they would receive 35% (accounting for a 15% disallowance rate) in revenue from Medi-Cal billing, or $206,589. In actuality, MHS provided approximately $776,675 worth of Medi-Cal eligible services during this time period, and the County estimates that they will receive approximately $271,836 in revenue from Medi-Cal billing for these services. It is worth noting that the County's AOT program only served 43 consumers during FY16/17, and has the capacity to serve up to 75 clients as currently configured; the amount of revenue generated through service provision should continue to grow as the AOT treatment program enrolls more individuals.

Cost Savings

Service costs were estimated for all ACT consumers enrolled in the program for more than 90 days (n = 37). Data sources included PSP billing data and bookings data from the Contra Costa County Sheriff's Office. PSP billing data included a charge for each mental health service, while booking costs were estimated using a projected cost of $106 per consumer per day.[6] As shown in Table 15, the overall costs of mental health services increased; however, the cost of bookings and corresponding jail stays have decreased. This confirms that the County has increased its investment in the well-being and recovery of

[5] Public Defender costs include staff benefits.
[6] Grattet, R. and Martin, B. (2015). *Probation in California*. Retrieved on August 24, 2017 from http://www.ppic.org/publication/probation-in-california/.

consumers, which has led to better outcomes for consumers and a reduced burden on institutions like Inpatient Unit 4C and the County's jails.

Table 15. Mental Health Service and Booking Costs before and during ACT (N = 37)

	Actual Cost		Average Annual Cost per Consumer	
	12 Months before ACT	During ACT	12 Months before ACT	During ACT
All Behavioral Health Services	$2,315,254	$2,685,812	$82,788	$95,699
Bookings	$101,018	$57,028	$7,807	$2,450
Psychiatric Hospitalizations	*$870,157*	*$478,765*	*$69,715*	*$56,512*

It is also important to note that while there are cost savings associated with reducing incarceration and hospitalization for the 43 AOT enrolled consumers, the County is still incurring expenses for a 75 person AOT program. This means that funds are being expended based on an expected enrollment of 75 consumers, while only 43 consumers are receiving services that are likely to reduce incarceration and hospitalization expenses.

Discussion and Recommendations

This FY16/17 evaluation of Contra Costa County's AOT program recognizes the shared efforts of CCBHS, County Counsel, Office of the Public Defender, the Superior Court, and MHS in identifying, engaging, and serving AOT consumers, as well as the Board of Supervisors and community of stakeholders who continue to invest in the success of this program. The following discussion summarizes consumer accomplishments and implementation successes since program inception, and includes recommendations for the County to consider around engaging individuals who are difficult to locate, as well as how to more effectively use the civil court process to compel participation.

CCBHS FMH and MHS work together to identify, outreach, and engage eligible consumers in order to enroll them in ACT.

CCBHS FMH and MHS continue to build their collaborative processes to ensure that appropriate consumers are identified and connected to services. Both teams are persistent in their efforts to work with consumers who may be — by the nature of their diagnoses and co-occurring substance use disorders — difficult to find and engage. Both investigation and outreach and engagement data indicate that the Care Team are meeting consumers "where they're at" and are continuously striving to find and engage consumers and consumers' support networks. The Care Team is consistently outreaching to consumers and their families at a variety of locations and with diverse team members in order to both determine consumers' eligibility for AOT and engage consumers in AOT treatment services.

Contra Costa County's AOT program has engaged 46% of all AOT referrals in the appropriate level of mental health services.

Together, CCBHS FMH and MHS resolved 142 referrals in FY16/17, with 35 referred consumers either still under investigation to determine eligibility for AOT or receiving outreach and engagement in order to connect them to AOT treatment services. Of the 142 referrals closed during FY16/17, 43 engaged with MHS' team, either voluntarily or through the AOT court process. Another 23 consumers were not eligible for AOT and were instead connected to another service provider. Thus, 46% (n = 66) of all referred consumers were connected to the appropriate level of mental health services. The subset of 23 referred consumers who engaged in services other than AOT treatment after referral indicates that AOT provides an additional pathway into the mental health system that benefits more consumers than those who are AOT-eligible.

The majority of consumers experienced benefits from participating in the AOT treatment program.

Consumers experienced a range of benefits from their participation in ACT. Not only did fewer consumers experience crisis episodes, hospitalizations, and justice involvement while in the AOT treatment program, but those who experienced these outcomes both before and after ACT enrollment did so with less severity while enrolled in the AOT treatment program. Further, consumers' average scores on the Self-Sufficiency

Matrix (SSM) reassessment were higher than their average scores at intake, suggesting that consumers are improving in their social functioning and independent living skills through program participation.

A group of individuals referred to AOT were unable to be located during the investigation or outreach and engagement processes.

CCBHS receives AOT referrals for individuals in confined settings (e.g., hospital, jail) as well as the community. Referrals for consumers in the community present a unique challenge, because AOT consumers are likely to be homeless, unstably housed, or otherwise difficult to locate. Other large California counties implementing AOT, such as Orange County, also experience similar difficulty in locating referred consumers who are homeless or unstably housed.

Eighteen (18) individuals who were unable to be located either by CCBHS FMH during the investigation process or by MHS during the outreach and engagement phase experienced a crisis episode or hospitalization following the referral. Of the consumers unable to be located by FMH, seven consumers experienced a hospitalization post referral. Of the consumers unable to be located by MHS, 11 consumers experienced a crisis and seven consumers experienced a crisis episode or hospitalization. Some of these experiences occurred while the referral was open to FMH and/or MHS and some occurred after the referral had been closed.

FMH attends the weekly case conference at the Contra Costa Regional Medical Center (CCRMC) Inpatient Unit 4C to determine if there are any individuals with open investigations at the hospital so that they can assess and engage the individual during their stay. However, FMH does not currently have a way to determine if there are previously referred individuals now hospitalized in order to re-open the investigation. While the FMH clinicians may remember some of the individuals referred, the volume of individuals they investigate likely requires additional tracking mechanisms. It may be useful for CCBHS to develop a mechanism that would allow Psychiatric Emergency Services (PES), Inpatient Unit 4C, and jail mental health to make FMH or MHS aware of an AOT-referred individual's presence at their unit with enough time available for FMH or MHS to be able to conduct an assessment or outreach visit. This may be more difficult at PES where the length of stay is much shorter, which would require that FMH or MHS become aware of the person's presence at PES as soon as possible following entry rather than waiting until discharge.

As such, suggested options could include:

- A tracking mechanism on the face sheet to note an open or previous AOT referral.
- Training for PES, Inpatient Unit 4C, and jail mental health staff to screen for AOT with a process to contact FMH or MHS when a potentially AOT-eligible individual shows up.
- Education for qualified requestors, including family members, to call FMH or MHS to alert them that the individual is at PES, hospital, or jail so that they can go to the facility and make contact.

It might also be useful to build an automated alert within PSP so that MHS and/or FMH receive a notification if one of the referred individuals has an episode opening at PES, hospital, or jail mental health.

Additional exploration of the court's role in AOT may assist with compelling participation in treatment.

During each stage of the AOT process, there are opportunities to assertively engage and compel participation. It may make sense for the County to consider the role of the AOT court petition in increasing the number of eligible individuals who enroll in ACT treatment, decreasing the length of time to enrollment, and increasing retention in AOT treatment in the following circumstances:

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

This set of recommendations is based on aggregate analyses presented throughout this report and is not informed by a review of individual cases. Nothing in this discussion is intended to question the independent, clinical judgment of the professionals working within Contra Costa County's AOT system. Rather, this discussion suggests that there may be additional opportunities to consider how the petition may be useful to address some of the gaps noted in this evaluation report.

Appendices

Appendix I. AOT Eligibility Requirements[7]

In order to be eligible, the person must be referred by a qualified requestor and meet the defined criteria:

- The person is 18 years of age or older.
- The person is suffering from a mental illness.
- There has been a clinical determination that the person is unlikely to survive safely in the community without supervision.
- The person has a history of lack of compliance with treatment for his or her mental illness, in that at least one of the following is true:
    a. At least 2 hospitalizations within the last 36 months, including mental health services in a forensic environment.
    b. One or more acts of serious and violent behavior toward himself or herself or another, or threats, or attempts to cause serious physical harm to himself or herself or another within the last 48 months.
- The person has been offered an opportunity to participate in a treatment plan by the director of the local mental health department, or his or her designee, provided the treatment plan includes all of the services described in Section 5348, and the person continues to fail to engage in treatment.
- The person's condition is substantially deteriorating.
- Participation in the assisted outpatient treatment program would be the least restrictive placement necessary to ensure the person's recovery and stability.
- In view of the person's treatment history and current behavior, the person is in need of assisted outpatient treatment in order to prevent a relapse or deterioration that would be likely to result in grave disability or serious harm to himself or herself, or to others, as defined in Section 5150.
- It is likely that the person will benefit from assisted outpatient treatment.

[7] Welfare and Institutions Code, Section 5346

Appendix II. Description of Evaluation Data Sources

CCBHS AOT Request Log: This spreadsheet includes the date of each AOT referral, as well as the demographic characteristics of each individual referred to AOT and the initial disposition of each referral (e.g., unqualified requestor, open AOT investigation, voluntarily accept MHS services, court involved MHS participation) and an updated disposition if the investigation outcome changed.

These data were used to identify the total number of referrals to the County's AOT program during FY16/17, as well as the number of individuals who received more than one AOT referral.

CCBHS Investigation Tracking Log: CCBHS staff logged investigation Blue Notes (i.e., field notes from successful outreach events) into an Access form tracking the date, location, and length of each CCBHS Investigation Team outreach encounter. Future reports will also include the recipient of the service (i.e., consumer or collateral) and outcome of the investigation (e.g., consumer no-show or non-billable service). These data were used to assess the average number of investigation attempts provided by the CCBHS Investigation Team per referral.

MHS Outreach and Engagement Log: This spreadsheet tracks the date and outcome of each MHS outreach encounter, including information on who provided outreach (e.g., family partner, peer partner, clinician) to whom (consumer or collateral contact such as friend, family, or physician), and the location and length of each outreach encounter.

Data from this source were used to calculate the average number of outreach encounters the MHS team provided each consumer, as well as the average length of each outreach encounter, the location (e.g., community, secure setting, telephone) of outreach attempts, and the average number of days of outreach provided for reach referral.

Contra Costa County PSP Billing System (PSP): These data track all behavioral health services provided to ACT participants, as well as diagnoses at the time of each service. PSP service claims data were used to identify the clinical diagnoses and demographics of ACT participants at enrollment, as well as the types and costs of services consumers received pre- and during-ACT enrollment (e.g., outpatient, inpatient, residential, and crises), the average frequency with which consumers received ACT FSP services, and the average duration of each service encounter.

FSP Partnership Assessment Form (PAF), Key Event Tracking (KET), and Quarterly Assessment Form (3M): Though the PAF, KET, and 3M are entered into the Data Collection and Reporting (DCR) system, data queries were unreliable and inconsistent; therefore, MHS staff entered PAF, KET, and 3M data manually into a Microsoft Access database. These data were used in this report to generate consumer profile measures and self-reported changes in outcome measures such as homelessness before and during ACT.

MHS Outcomes Files: These files include assessment data for a number of clinical assessments MHS conducts on ACT participants. For the purposes of this evaluation, the Self Sufficiency Matrix (SSM) was used to assess consumers' social functioning and independent living. Future reports will include findings

from the MacArthur Abbreviated Community Violence Instrument to address consumers' experiences of victimization and violence.

Appendix III. FSP Consumer Profile

The following information describes the individuals served by an FSP program in Contra Costa County during FY16/17.

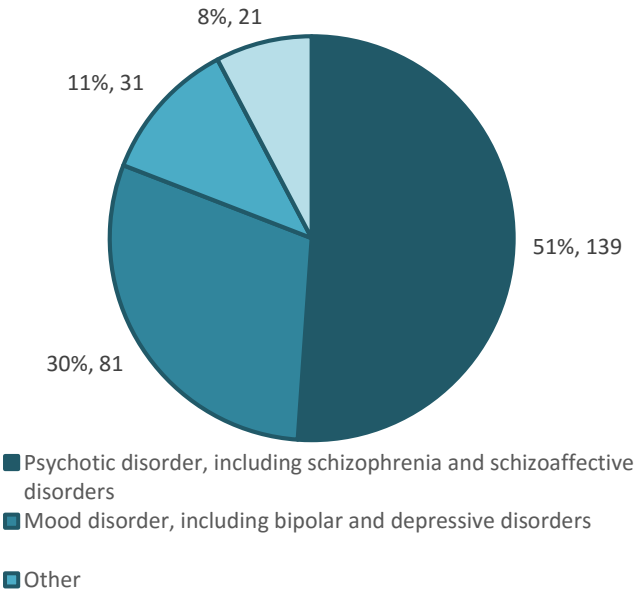
Just over half of FSP clients were male (57%, n = 156) and over half were between the ages of 26 and 59 (60%, n = 162). The majority of FSP consumers were either Black or African American (38%, n = 103) or White (33%, n = 91; see Table 16).

Table 16. FY16/17 FSP Consumer Demographics (N = 272)

Category	ACT Consumers
Gender	
Male	57% (n = 156)
Female	43% (n = 116)
Race and Ethnicity	
Black or African American	38% (n = 103)
Hispanic	18% (n = 48)
White	33% (n = 91)
Other or Unknown	11% (n = 30)
Age at Enrollment	
18 – 25	39% (n = 106)
26 – 59	60% (n = 162)
60+	1% (n = 4)

About half of consumers enrolled in a FSP program in FY16/17 were diagnosed with a psychotic disorder at the time of their enrollment into the program (see Figure 20).

Figure 20. FY16/17 FSP Primary Diagnosis at Enrollment (N = 272)



In the three years before FSP enrollment, just over half of FSP consumers (56%, n = 151) had at least one crisis episode and just over one-third of FSP consumers (37%, n = 100) had at least one hospitalization. Future reports will explore their rates of these experiences before and during FSP enrollment, and will compare appropriately matched FSP consumers to ACT consumers on these outcomes.