

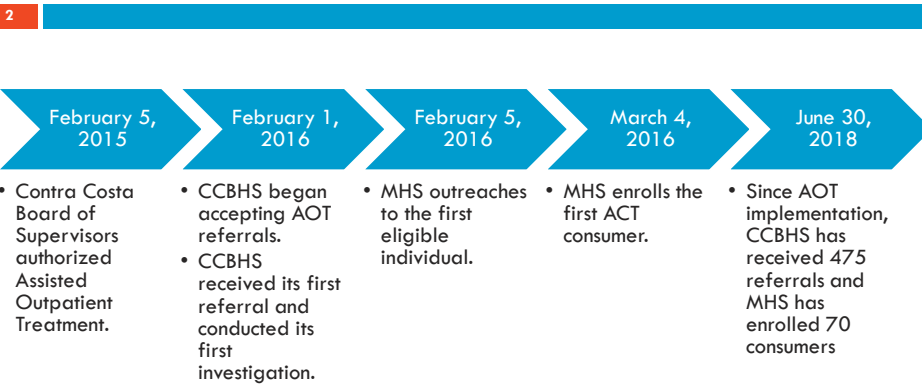


# CONTRA COSTA COUNTY ASSISTED OUTPATIENT TREATMENT CUMULATIVE EVALUATION REPORT FINDINGS

December 2018  
Resource Development Associates



## AOT Timeline



## Research Questions & Evaluation Period

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### Evaluation Period: February 2016 – June 2018

#### Question 1

- What are the outcomes for people who participate in ACT and AOT, including the DHCS required outcomes? How faithful are ACT services to the ACT model?

#### Question 2

- What are the differences in demographics, service patterns, and outcomes between those who agree to participate in ACT services voluntarily and those who participate with an AOT court order or voluntary settlement agreement?

#### Question 3

- What are the differences in demographics, service utilization, and outcomes between those who engage in existing FSP services and those who receive ACT services?



## Data and Limitations

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### Data Provided

- CCBHS
  - ▣ Referral and investigation information
  - ▣ Service utilization data for all specialty mental health services provided or paid for by CCBHS
- MHS
  - ▣ Outreach and engagement contacts
  - ▣ Clinical assessments/outcomes
  - ▣ FSP assessments (PAF and KET)
  - ▣ ACT consumer and family focus groups (from previous ACT fidelity assessment)
- Sheriff's Office
  - ▣ Bookings and booking reasons
- Cost Data from CCBHS, County Counsel, MHS, Public Defender's Office, and Superior Court

### Limitations


- Only 16 consumers have participated in AOT Treatment with court involvement
  - ▣ RDA aggregated some outcomes to maintain confidentiality
  - ▣ Proportions, averages, and rates shift dramatically based on experiences of relatively few individuals
- Time period prior to enrollment longer than during/after enrollment
  - ▣ RDA standardized outcome measures to rates per 180 days to account for variability in enrollment lengths and available pre- and post-data



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## Findings: Research Question 1

- What are the outcomes for people who participate in ACT and AOT, including the DHCS required outcomes?
- How faithful are ACT services to the ACT model?



## ACT Enrollment

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**Referral and Investigation**

CCBHS received and investigated 475 referrals

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**Outreach and Engagement**

MHS provided outreach and engagement to 138 individuals

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**ACT Team Enrollment**

70 consumers enrolled in AOT treatment program  
16 with court involvement

Pre-Enrollment

AOT-Enrollment


CCBHS received referrals from a diversity of qualified requestors, including family members, mental health providers, and law enforcement officials.

Nearly every referred individual who was eligible for AOT and/or was able to be located was connected to mental health services.

MHS has enrolled half of all AOT referred individuals to ACT through their ongoing outreach and engagement efforts.

MHS consistently delivered ACT to fidelity.

	2017	2018
<b>ACT Fidelity Score</b>	<b>4.42</b>	<b>4.50</b>



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## Consumer Profile

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Category	ACT Consumers (n=70)
<i>Gender</i>	
Male	56% (n = 39)
Female	44% (n = 31)
<i>Race and Ethnicity</i>	
Black or African American	19% (n = 13)
Hispanic	16% (n = 11)
White	56% (n = 39)
Other or Unknown	9% (n = 7)
<i>Age at Enrollment</i>	
18 – 25	21% (n = 15)
26+	79% (n = 55)

- The majority of ACT consumers (64%, n = 45) have a primary diagnosis of a psychotic disorder, and 71% (n = 50) had a co-occurring substance use disorder at the time of enrollment.
- Of the ACT consumers for whom there was data (n = 63):
  - 71% had a GED or higher education level at the time of enrollment
  - 59% were unemployed in the 12 months prior to enrolling in ACT.
  - 49% received supplemental security income in the 12 months prior to enrolling in ACT.



## Service Engagement and Outcomes

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### Service Engagement

- Consumers were enrolled for an average of 354 days
- Overall, 66% of ACT consumers were adherent to treatment. In FY 16/17, 93% of consumers were adherent.

### Outcomes

- The majority of consumers experienced fewer psychiatric hospitalizations and crisis episodes during ACT.
- Significantly fewer ACT consumers were arrested and booked during ACT enrollment
- The majority of consumers with available data either obtained or maintained housing while in ACT.



## AOT Costs

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**FY 17/18 AOT Budget and Actual Expenses**

Partner	FY 17/18 Budget	FY 17/18 Actual Costs
MHS	\$2,014,000	\$1,560,080
CCBHS	\$350,000	\$252,839
County Counsel	\$157,000	\$32,379
Public Defender	\$133,500	\$56,250
Superior Court	\$128,000	\$2,585
<b>Total</b>	<b>\$2,782,500</b>	<b>\$1,904,133</b>

County anticipated 70% of all services provided would be billable and 35% of the revenue would therefore come from Medi-Cal FFP. Total billing for FY17/18 was \$383,163 (25% of actual expenses), which is below what was anticipated.



## AOT Cost Savings

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**Pre- and Post-Enrollment Cost Comparison**

	Pre-Enrollment	Post-Enrollment	Total Difference	Annual Estimate
Outpatient and Residential Mental Health Services	\$5,280,971	\$3,868,976	\$1,411,995	\$584,274
Psychiatric Hospitalization	\$2,167,051	\$1,049,866	\$1,117,185	\$462,283
Jail Bed Days	\$507,722	\$194,192	\$313,530	\$129,737
<b>Total Mental Health Services</b>	<b>\$7,448,022</b>	<b>\$4,918,842</b>	<b>\$2,529,180</b>	<b>\$1,046,557</b>
<b>Total Mental Health and Jail</b>	<b>\$7,955,744</b>	<b>\$5,113,034</b>	<b>\$2,842,710</b>	<b>\$1,176,294</b>

AOT reduced the overall cost of care for the 70 enrolled individuals by \$2,842,710. Of this amount, AOT produced a hard cost savings of \$1,117,185 over the first 29 months of implementation. Accounting for FY 17/18 operations costs, AOT produced \$371,069 in hard costs savings.



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## Findings: Research Question 2

- What are the differences in demographics, service patterns, and outcomes between those who agree to participate in ACT services voluntarily and those who participate with an AOT court order or voluntary settlement agreement?



## Consumer Profile and Pre-Enrollment Outcomes

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Among the 70 consumers who enrolled in AOT since program implementation, 16 enrolled with court involvement.

There are few differences in the demographics or diagnoses between individuals enrolled in ACT voluntarily and through the court.

While consumers in both groups received comparable amounts of outreach and engagement from MHS, it took more time for the Care Team to enroll court-involved individuals.



## Service Engagement and Outcomes

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### Service Engagement

- A larger proportion of court-involved consumers have lower service participation compared to voluntarily enrolled consumers.

### Consumer Outcomes

- Individuals who enrolled voluntarily saw a substantial decrease in crisis episodes and inpatient hospitalizations during ACT.
- Individuals who enrolled voluntarily saw a substantial decrease in jail bookings during ACT.
- A greater proportion of court-involved consumers were booked into county jail before and after AOT enrollment, and charged with more criminal offense and justice system compliance violations.
- A larger proportion of voluntarily enrolled consumers were stably housed compared to court-involved consumers.



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## Findings: Research Question 3

- What are the differences in demographics, service utilization, and outcomes between those who engage in existing FSP services and those who receive ACT services?



# ACT and FSP Findings

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## Consumer Profile

- There are greater proportion of White consumers and smaller proportion of Black and Latino consumers enrolled in ACT compared to FSP.
- ACT consumers were more likely to be diagnosed with a disorder that included psychosis (92% of ACT consumers vs. 62% of FSP consumers) and less likely to be diagnosed with unipolar depression.

## Service Engagement & Employment

- ACT consumers engaged in services more often, for longer durations, than FSP consumers.
- Between enrollment and July/August 2018 there is a 16% increase in ACT consumers with employment and 14% decrease in FSP consumers with employment.



# ACT and FSP Consumer Crisis Episodes and Psychiatric Hospitalizations

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ACT Consumers (N = 67)				
	Before ACT Enrollment		During ACT Enrollment	
	Crisis	Hospitalization	Crisis	Hospitalization
<b>Number of Consumers</b>	91%, n = 61	55%, n = 37	52%, n = 35	31%, n = 21
<b>Average Number of Episodes</b>	3.1 episodes per 180 days	1.0 episodes per 180 days	2.2 episodes per 180 days	0.7 episodes per 180 days
<b>Average Length of Stay</b>	1.4 days	7.6 days	1.2 days	10.0 days**
FSP Consumers (N = 163)				
	Before FSP Enrollment		During FSP Enrollment	
	Crisis	Hospitalization	Crisis	Hospitalization
<b>Number of Consumers</b>	75%, n = 122	42%, n = 68	43%, n = 70	19%, n = 31
<b>Average Number of Episodes</b>	1.5 episodes per 180 days	0.6 episodes per 180 days	2.3 episodes per 180 days	0.9 episodes per 180 days
<b>Average Length of Stay</b>	1.2 days	8.5 days*	1.2 days	8.1 days**

\*Average is 12 days if 2 long term hospitalizations of over 100 days are retained;  
 \*\* Average is 24 days if 2 long term hospitalizations of over 100 days are retained





17	Questions and Answers
	Roberta Chambers, PsyD rchambers@resourcedevelopment.net 510.984.1478