Contra Costa County Assisted Outpatient Treatment (AOT)

Annual Evaluation Report

Reporting Period: July 1, 2019 - June 30, 2020

CONTRA COSTA
HEALTH SERVICES

Prepared by:

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RDA
CONSULTING

Table of Contents

Table of Figures

Table of Tables

Acronyms and Definitions

AB 1421	**Assembly Bill 1421** (also known as "Laura's Law") authorized the provision of Assisted Outpatient Treatment (AOT).
AB 1976	**Assembly Bill 1976** was passed to make Laura's Law a permanent piece of legislation in California (making AOT an opt-out program starting July 2021).
AOT	**Assisted Outpatient Treatment** was 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.
ACT	**Assertive Community Treatment** is the evidence-based behavioral health service provided to AOT and voluntary consumers in Contra Costa County. Consumers eligible for AOT are referred to an ACT program that serves only AOT-referred consumers. Consumers may enroll in services voluntarily (*without* AOT court involvement) or through a settlement agreement or court order (*with* AOT court involvement).
NIDA ASSIST	**National Institute on Drug Abuse's Alcohol, Smoking and Substance Involvement Screening Test** assesses an ACT consumer's use of substances over the last three months.
CCBHS	**Contra Costa County Behavioral Health Services** provides behavioral health services to AOT consumers through an ACT program operated by Mental Health Services (MHS). The AOT program is a collaborative partnership between CCBHS, the Superior Court, County Counsel, the Public Defender, and MHS.
COVID-19 SIP	**Coronavirus Disease 19 Shelter in Place** orders began in California on March 19, 2020 and closed all non-essential businesses.
DHCS	**California Department of Health Care Services** oversees AOT programs across the state by collecting consumer data and evaluating AOT consumer outcomes.
FMH	CCBHS **Forensic Mental Health** receives AOT referrals, conducts the referral investigation, and connects referred individuals to the ACT program or other mental health services.
FY 2019-20	The California **Fiscal Year 2019-2020** ran from July 1, 2019 to June 30, 2020.
KET	ACT **Key Event Tracking** is completed when an ACT consumer experiences a life change in the following areas residential (includes hospitalization and incarceration), education, employment, sources of financial support, legal issues/designations, emergency intervention, health status, and substance abuse.
MacArthur Tool	**MacArthur Abbreviated Community Violence Instrument** assesses an ACT consumer's history of violence and victimization in the past month.

MHS	**Mental Health Systems** is the ACT contracted provider organization in Contra Costa County. MHS also conducts the initial outreach and engagement to individuals referred from FMH.
N, n	**N** refers to the total population included in each analysis, while **n** refers to the sample size, or subset of the population.
PAF	ACT **Partnership Assessment Form** is completed at admission to the ACT program to collect current and historical consumer information. Baseline data about a consumer's residential (includes hospitalization and incarceration), education, employment, sources of financial support, legal issues/designations, emergency intervention, health status, and substance abuse status are reported in the PAF.
RDA	**Resource Development Associates** was contracted by the County to assess the implementation of the County's AOT program.
SSM	The **Self Sufficiency Matrix** is an instrument used to assess consumers' social functioning and independent living.

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.

ACT is an evidence-based service delivery model for people with serious mental illness who are at-risk of or would otherwise be served in institutional settings or experience homelessness. ACT has the strongest evidence base of any mental health practice for people with serious mental illness and, when implemented to fidelity, ACT produces reliable results for consumers. Such results include decreased negative outcomes (e.g., hospitalization, incarceration, and homelessness) and improved psychosocial outcomes (e.g., improved life skills and increased involvement in meaningful activities).

AB 1976 and Changes to AOT Laws

In September 2020, Assembly Bill 1976 (AB 1976) was passed to make Laura's Law a permanent piece of legislation in California. Moreover, AB 1976 changes AOT from an opt-in program to an opt-out program starting July 1, 2021. California counties are now required to implement AOT unless they publicly explain their reasons for opting out of program participation. The bill also adds judges to the list of individuals who can refer an individual for AOT. Beyond the addition of judges to the accepted referral list, AB 1976 does not affect existing AOT programs in any other ways.

[1] Welfare and Institutions Code, Section 5346

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 County's AOT program stages from pre-enrollment (Referral and Investigation; Outreach and Engagement) through enrollment.

Figure 1. Contra Costa County AOT Program Stages

AOT Process

As originally designed, the first stage of engagement with Contra Costa County's AOT program is through a telephone call referral whereby any "qualified requestor" can make an AOT referral.[2] Within 48 hours, a CCBHS mental health clinician connects with the requestor to gather additional information on the referral and then reaches out to the referred individual to begin determining if they meet AOT eligibility criteria (see Appendix I).

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 support networks to gather information; attempts to engage the consumer; and develops an initial care plan. If the consumer continues to meet all nine eligibility criteria, FMH investigators share the consumer's information with the MHS team. MHS then conducts 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 MHS begins the ACT enrollment process. If the person does not meet all nine AOT eligibility criteria but is in need of mental health services, FMH staff work to connect them to the appropriate type and level of behavioral health services. Such service linkages include connections to:

- Full Service Partnerships;
- Clinical case management and/or medication management;

[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.

- Private providers or Kaiser;
- Medical care; and
- Alcohol and other drug 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. At the first hearing, the consumer has the option to enter into a voluntary settlement agreement with the court to participate in AOT.

If the consumer continues to refuse AOT and is unwilling to enter into a voluntary settlement agreement, then he/she may be court ordered into AOT for a period of no longer than six months at the second court hearing. 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. Consumers may also choose to voluntarily continue with services. At every stage of this process, CCBHS' FMH and MHS staff continue to offer the individual opportunities to engage voluntarily in services. Conversely, the AOT Care Team may recommend a 72-hour 5150 hold if the consumer meets existing criteria and is resistant to services.

Organization of the Report

The following report of Contra Costa County's AOT program implementation and outcomes is broken into four sections, highlighted below:

- Methodology
- Pre-ACT Enrollment Findings
- ACT Enrollment Findings
- Summary of Findings

The *Methodology* section provides a brief description of the data sources and analysis techniques used to address the required DHCS outcomes. This is followed by a discussion of findings from our evaluation of Contra Costa County's processes for AOT referral, investigation, and outreach and engagement in the *Pre-ACT Enrollment Findings* section. The *ACT Enrollment Findings* section then describes the consumer profile in Contra Costa County, as well as consumers' service engagement and outcomes during ACT enrollment. Finally, the *Summary of Findings* section highlights key findings from the County's AOT implementation during fiscal year 2019-2020.

Methodology

RDA worked closely with CCBHS and MHS to assess the implementation of the County's AOT program, as well as the extent to which individuals receiving AOT services during fiscal year 2019-2020 (FY 2019-20) experienced: 1) decreases in hospitalization, incarceration, and homelessness; and 2) improvements in psychosocial outcomes such as social functioning and independent living skills. This evaluation is intended to include information to meet regulatory DHCS requirements. In order to report on these requirements for consumers receiving AOT services during FY 2019-20, the following consumers were included in the analysis:

- **Evaluation Period:** July 1, 2019 through June 30, 2020
- **Consumers Included:** Any consumer who was referred to FMH, found to be AOT eligible, and received ACT services during the evaluation period
- **Consumers Excluded:** Any consumer who was referred to FMH and closed to the AOT process before the end of the evaluation period

Data Measures and Sources

RDA worked with CCBHS and MHS staff to obtain the data necessary to address the DHCS reporting requirements for the FY 2019-20 from several data sources. Table 1 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 1. Data Sources and Elements

County Agency/ Department	Data Source	Data Element
Contra Costa County Behavioral Health Care Services	CCBHS FMH AOT Request Log	• Individuals referred • Qualified requestor information
	CCBHS FMH AOT Investigation Tracking Log	• CCBHS investigation attempts
	Contra Costa County PSP and ShareCare Billing Systems	• Behavioral health service episodes and encounters, including hospitalizations and crisis episodes • Consumer diagnoses and demographics
	Contra Costa County Epic Electronic Health Record	• Booking and release dates
Mental Health Systems	MHS ACT Client List	• ACT consumers • Substance abuse diagnoses • Vocational service participation
	MHS Outreach and Engagement Log	• Outreach and engagement encounters

County Agency/ Department	Data Source	Data Element
	PAF and KET in Microsoft Access Database	• Residential status, including homelessness • Employment • Education • Financial support
	MHS Outcomes Spreadsheet	• Social Functioning • Independent Living • Recovery • Substance Use • Violence and Victimization • Consumer and Family Satisfaction

In order to ensure the reporting process met the requirements stated in Section 5348 of the Welfare and Institutions Code, RDA mapped the data source onto each reporting requirement (see Table 2). In 2020, the DHCS changed their reporting requirements and developed the AOT Survey Tool. Therefore, in addition to this report, RDA will also use the AOT Survey Tool to report on the County's AOT program to the DHCS. This report will continue to be used by Contra Costa County to support programmatic improvement and community discussions.

Table 2. DHCS Reporting Requirements and Corresponding Data Sources

DHCS Reporting Requirement	Data Source
The number of persons served by the program	CCBHS FMH AOT Request Log, CCBHS FMH AOT Investigation Tracking Log, MHS ACT Client List
The extent to which enforcement mechanisms are used by the program, when applicable	CCBHS Care Team (FMH and MHS teams) Communications
The number of persons in the program who maintain contact with the treatment system	Contra Costa PSP and ShareCare Billing Systems
Adherence/engagement to prescribed treatment by persons in the program	Contra Costa PSP and ShareCare Billing Systems
Substance abuse by persons in the program	MHS ACT Client List
Type, intensity, and frequency of treatment of persons in the program	Contra Costa PSP and ShareCare Billing Systems
The days of hospitalization of persons in the program that have been reduced or avoided	Contra Costa PSP and ShareCare Billing Systems
The number of persons in the program with contacts with local law enforcement, and the extent to which local and state incarceration of persons in the program has been reduced or avoided	Contra Costa County Epic Electronic Health Record
The number of persons in the program able to maintain housing	Partnership Assessment Form (PAF) and Key Event Tracking (KET)
The number of persons in the program participating in employment services programs, including competitive employment	MHS ACT Client List, PAF and KET

DHCS Reporting Requirement	Data Source
Social functioning of persons in the program	Self Sufficiency Matrix (SSM)
Skills in independent living of persons in the program	Self Sufficiency Matrix (SSM)
Victimization of persons in the program	MacArthur Abbreviated Community Violence Instrument[3]
Violent behavior of persons in the program	MacArthur Abbreviated Community Violence Instrument[3]
Frequency of substance use of the persons in the program	National Institute on Drug Abuse (NIDA) Quick Screen and Modified Alcohol, Smoking and Substance Involvement Screening Test (ASSIST)
Satisfaction with program services both by those receiving them and by their families, when relevant	MHS Consumer Satisfaction Surveys

Data Analysis

RDA matched consumers 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.[4] As the Contra Costa County's AOT program has been active since February 2016, some consumers have had the opportunity to engage in the program, close, and re-enroll. In order to accurately capture the variation in their experiences, RDA made the following analytic choices regarding consumers with multiple enrollments:

- **Service Participation**: Consumers' multiple enrollments were treated as unique enrollments to determine the intensity and frequency of their service experiences.
- **Consumer Outcomes**: The date of consumers' first ACT enrollment was used to distinguish pre- and post-enrollment consumer outcomes for individuals with multiple enrollments. This means that for all consumers, outcomes (e.g., hospitalization) that occurred after a first enrollment were treated as post-enrollment outcomes.

To compare pre- and during-enrollment outcomes (i.e., hospitalizations, crisis episodes, and criminal justice involvement), RDA analyzed the rate (per 180 days) at which consumers experienced hospitalization, crisis, and incarceration outcomes prior to and after enrolling in ACT. To calculate rates of occurrence prior to a consumers' enrollment, RDA used each consumer's data for the year (365 days) prior to their program enrollment date. During enrollment, the rate of occurrence was determined with respect to the number of days a consumer was enrolled in the ACT program, which varied by consumer.[5]

[3] Due to limited response rates, the MacArthur Instrument is not included in this report. MHS has changes their assessment processes to increase use of this assessment, which will be included again in future years.
[4] Frequencies and percentages are presented throughout this report. In some cases, totals may not sum to 100% due to rounding.
[5] Consumer enrollment ranged from less than a month to over four years.

RDA did not conduct this standardization with any self-reported data. Additionally, when conducting the service participation analyses and consumer hospitalization, crisis, and incarceration outcomes analyses, RDA removed consumers who had less than 30 days of enrollment data.

Limitations and Considerations

As is the case with all "real-world" evaluations, there are important limitations to consider when reading this report. One consideration is that only 90 consumers participated in the AOT treatment program during FY 2019-20. While this number is in alignment with the County's expectations for program participation, the relatively small number of individuals enrolled in FY 2019-20 can lead to significant shifts in the data based on the experiences of few individuals. This is particularly true when assessing the proportion of individuals who experienced crisis, hospitalization, and criminal justice involvement. Thus, findings should be interpreted with caution.

For RDA's comparison of consumers' pre-enrollment and during enrollment experiences, it is important to note that there is variability in the amount of data available for consumers' enrollment periods. The DHCS now requires counties to assess 12 months of pre-enrollment data for consumers.[6] On average, consumers were enrolled for 23 months.[7] However, consumers' enrollment periods vary from less than a month to over four years. To account for differences in the amount of enrollment data available across all clients, RDA standardized its reported outcomes measures in this report to rates per 180 days for all crisis, hospitalization, and booking findings.

Additionally, a number of the analyses presented rely on self-reported data (e.g., PAF, KET, SSM, and MacArthur Tool). Self-reported data often have reliability and validity issues, as consumers may not be able to recall experiences or be willing to share them for fear of stigmatization or negative consequences. RDA reports on all ACT consumers with available data for a given analysis, which can result in differences in the number of consumers included across findings presented in this report. To clarify the number of consumers included in each analysis, RDA highlights the Ns reported on across each set of findings.

Finally, it is important to note that a global pandemic and subsequent public health orders to shut down all non-essential business took place during this reporting period. CCBHS kept all mental health clinics open during this period and was able to continue providing the AOT program through a mix of in person and telehealth services. However, as with all organizations and individuals, the transition to the new requirements and remote work was challenging. In particular, the County faced staffing shortages due to turnover and the pandemic-related hiring freeze. As the County's Care Team had to increase its time and energy on providing services and supporting consumers during this time, consistently tracking data became a difficult activity to maintain; therefore, there are greater instances of missing or unknown data in this report.

[6] RDA's analysis assumes all AOT consumers lived in Contra Costa County for the year prior to their enrollment. This assumption aligns with available pre-enrollment data.
[7] Consumers enrolled for less than a month were excluded from these analyses.

Findings

Pre-ACT Enrollment Findings

In FY 2019-20, Contra Costa County received 117 referrals to AOT for 111 unique individuals. The following sections report on Contra Costa County's processes for AOT referral, investigation, and outreach and engagement, and highlight key findings across each area.

Referral for AOT

The majority of AOT referrals (60%) continue to come from consumers' family members.

As Table 3 demonstrates, 95% of all referrals to AOT were made by family members, mental health providers, or law enforcement officials. Family members made over half (60%) of the 117 referrals to AOT, while mental health providers and law enforcement officials made 30% and 5% of referrals to AOT, respectively. An additional 5% of referrals came from a legal guardian or financial protector or an unknown requestor.[8]

Table 3. Summary of Requestor Type (N = 117)

Requestor	Percent of Total Referrals (N = 117)
Parent, spouse, adult sibling, or adult child	60% (n = 70)
Treating or supervising mental health provider	30% (n = 35)
Probation, parole, or peace officer	5% (n = 6)
Legal guardian/protector	1% (n = 1)
Other/Unknown	4% (n = 5)

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). CCBHS FMH refers AOT-eligible consumers to MHS staff, who conduct outreach and engagement to enroll consumers in ACT services.

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 contact the referred individual in the field.

[8] For five referrals, the relationship of the requestor was classified as other or unknown.

Approximately 22% (n = 26) of consumers were identified as eligible for AOT and referred to MHS for outreach and engagement.

As shown in Table 4, FMH received and investigated 117 referrals for AOT in FY 2019-20. Of those referrals, almost one-fourth (22%, n = 26) were referred to MHS for outreach and engagement and potential enrollment in ACT. FMH connected or re-connected 17 (15%) consumers to a mental health provider, while 13 (11%) consumers were still under investigation at the end of the reporting period.

Table 4. Outcome of CCBHS Investigations for Consumers Referred in FY 2019-20 (N = 117)

Investigation Outcome	Referred Consumers	% of Referred Consumers
Referred to MHS	25	21%
Engaged or Re-Engaged with a Provider	20[9]	17%
Ongoing Investigation	13	11%
Investigated and Closed	59	50%

Over half of individuals (50%, n = 59) referred to AOT were investigated and closed. Of those, 38 consumers determined to be ineligible, the majority either did not meet all nine eligibility requirements (36%, n = 21) or were unable to be located (25%, n = 15).[10] An additional 9 consumers (15%) were closed for one of the following reasons:

- They were unable to be assessed for eligibility (i.e., moved out of County, extended incarceration, or extended hospitalization); 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 provided resources and education for family members of these individuals.

The resources provided by the investigation team included system navigation support (information on how to access services with consumers' private insurance), referrals to alcohol and other drug treatment services-outpatient, residential treatment services, out of county resources (access line, mental health services, etc.), community resources (e.g., Putnam Club), miscellaneous resources (SSI, warming centers, general assistance, etc.), and sober living environments. Of the 117 referrals received in FY 2019-20, 55% (n = 64) corresponded to homeless consumers.[11] The investigation team offered housing resources to all AOT referred individuals who reported unstable housing, regardless of their investigation outcome. However, FMH faced challenges contacting consumers and connecting them with services due to COVID-19's impact on the capacity of housing resources (i.e., shelters) and the discharge and release of a large number of individuals from hospitals and justice system facilities. The County's investigation team

[9] FMH referred three consumers to MHS that were already receiving ACT services. These consumers were recoded as "Engaged or Re-engaged with a Provider."
[10] For 14 referrals (24%), the reason for closing the investigation was unknown.
[11] The investigation team referred eleven of these consumers (17%) to MHS and engaged or re-engaged four individuals (6%) with a provider. FMH investigated and closed 77% of the 64 referrals (n = 49) because consumers were unable to be located (n = 18), did not meet the eligibility criteria (n = 9), or were unable to be assessed and/or the qualified requestor could not be reached (n = 12). Ten of these 49 closed referrals corresponding to homeless consumers had an unknown reason for closing the investigation.

continued to be persistent in their efforts to locate consumers, determine consumers' eligibility for AOT, and connect eligible consumers to MHS.

In order to capture the complete efforts of the FMH team, RDA included all investigation data for consumers who were under investigation during FY 2019-20. Therefore, if a consumer's eligibility investigation began in late FY 2018-19 and carried over into FY 2019-20, RDA included all of that consumer's investigation data. On average, CCBHS FMH's investigation team made about nine contact attempts to reach each individual referred to AOT. The average duration of the investigation attempts was 31 minutes. The investigation team worked to meet consumers "where they're at," as evidenced by the variety of locations where investigation contacts occurred. Due to the impact of COVID-19 on data collection, the investigation team was not able to retrieve location information for 24% of investigation attempts (n=250). The following percentages were calculated excluding the attempts with unknown location.

Investigation teams attempted to connect with consumers in the field 12% (n = 100) of the time. They also met consumers at the investigation team's office (6%, n = 50), as well as consumers' homes (4%, n = 34); 9% of encounters occurred at correctional facilities, emergency rooms, psychiatric and healthcare facilities, residential centers, or jails. Approximately three quarters (70%, n = 570) of investigation encounters occurred either over the phone or in a county office. About one-fifth (20%, n = 114) of these phone or office contacts represent the initial two contact attempts made by the FMH investigation team.

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' multidisciplinary team provided intensive outreach and engagement to consumers in a variety of settings.

During FY 2019-20, MHS served 107 consumers in some capacity, either providing outreach and engagement or ACT services. Some consumers only received outreach and engagement services in FY 2019-20, while others also enrolled in ACT at some point during the fiscal year. As shown in Table 5, 30 consumers received outreach and engagement services in FY 2019-20. Of those who received outreach and engagement services in FY 2019-20, 17 enrolled in ACT. Another 73 consumers received outreach and engagement prior to FY 2019-20 and remained enrolled in ACT during FY 2019-20.

MHS made an intentional effort to engage consumers in ACT services quickly over the past year. Previously, there was a mandatory wait time of five meetings so that a consumer could get to know the

team before they were enrolled in ACT. However, the MHS team found that consumers tended to become less engaged and interested in the program during this introductory period, so this wait time was removed. In addition, MHS stated that the AOT Supervisor has been very successful in connecting with consumers the same day they are referred. The combination of connecting with consumers as soon as a referral is received and enrolling them in ACT as soon as they agree has resulted in AOT consumers receiving services expeditiously. There has been a clear decrease in the number of outreach attempts made by MHS over the course of the County's AOT program. During FY2017-18, MHS made an average of 9.6 outreach attempts for each consumer. This decreased to 5.26 outreach attempts in FY2018-19 and 4.76 outreach attempts in FY 2019-20.[12]

In order to capture the total effort of MHS's team, RDA included all outreach and engagement efforts for ACT-enrolled consumers who were enrolled in FY 2019-20 in the following analyses. In other words, for all consumers who were part of the ACT program in FY 2019-20 but received outreach and engagement services during previous fiscal years, RDA included their outreach and engagement data in this analysis. As shown in Table 5, 17 of the 34 (50%) consumers who received outreach and engagement during this time period subsequently enrolled in ACT services, and an additional 2 consumers (6%) were still in the outreach and engagement process as of June 30, 2020.

Table 5. MHS Service Summary (N = 107)[13]

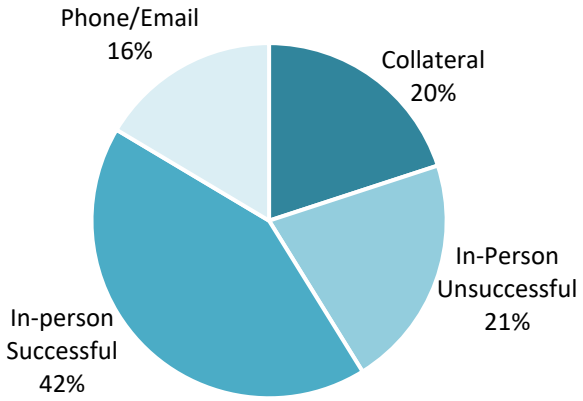
Consumer Status	Number of Consumers	% of Consumers
Received Outreach in FY 2019-20	**34**	**32%**
Outreach is Ongoing	*2*	
Outreach Closed	*15*	
Enrolled in ACT	*17*	
Received Outreach in 2018/19 or before; ACT services in FY 2019-20	**73**	**68%**

MHS provided outreach and engagement services to consumers and their support networks. MHS made 825 outreach attempts with the consumers either enrolled in AOT or referred to MHS for AOT in FY 2019-20. The ACT team conducted the majority (64%, n = 526) of its consumer outreach attempts in-person. Less than one-fifth (18%, n = 164) of their outreach efforts were with consumers' family members or other community service providers (see Figure 2).[14]

[12] In some cases, this decrease may be due to previous engagement with MHS (e.g., previous AOT referral) or missing data.
[13] Seven referrals listed as "Referred to MHS" by FMH were missing MHS outreach information and are not included in this table.
[14] MHS outreach attempts without a location listed and no time associated with the service were coded as phone/email. Four in-person encounters were missing information on the outcome of the outreach, successful or not successful, so they are not included in this figure.

MHS relies on a multidisciplinary team to conduct outreach and engagement. Thirty-nine percent (39%, n = 324) of outreach attempts were by a peer partner and 40% (n = 330) were made by a supervisor/lead. Alcohol and drug specialists, case managers, nurses, psychiatrists, and housing support specialists also made outreach attempts during the evaluation period. As with the County's investigation team, MHS persisted in their efforts to meet consumers "where they're at." Over one-fifth of attempts (21%, n = 190) occurred at a consumer's home, while approximately over one-third of (38%, n = 310) attempts occurred in the community or the MHS office. The ACT team also attempted to connect with consumers at a hospital or crisis stabilization facility, other community service provider locations, and criminal justice sites, such as jails.

Figure 2. MHS Outreach and Engagement Attempts (N = 821)



Referral to Enrollment Summary

The average length of time from AOT referral to enrollment was 119 days for ACT consumers during FY 2019-20.

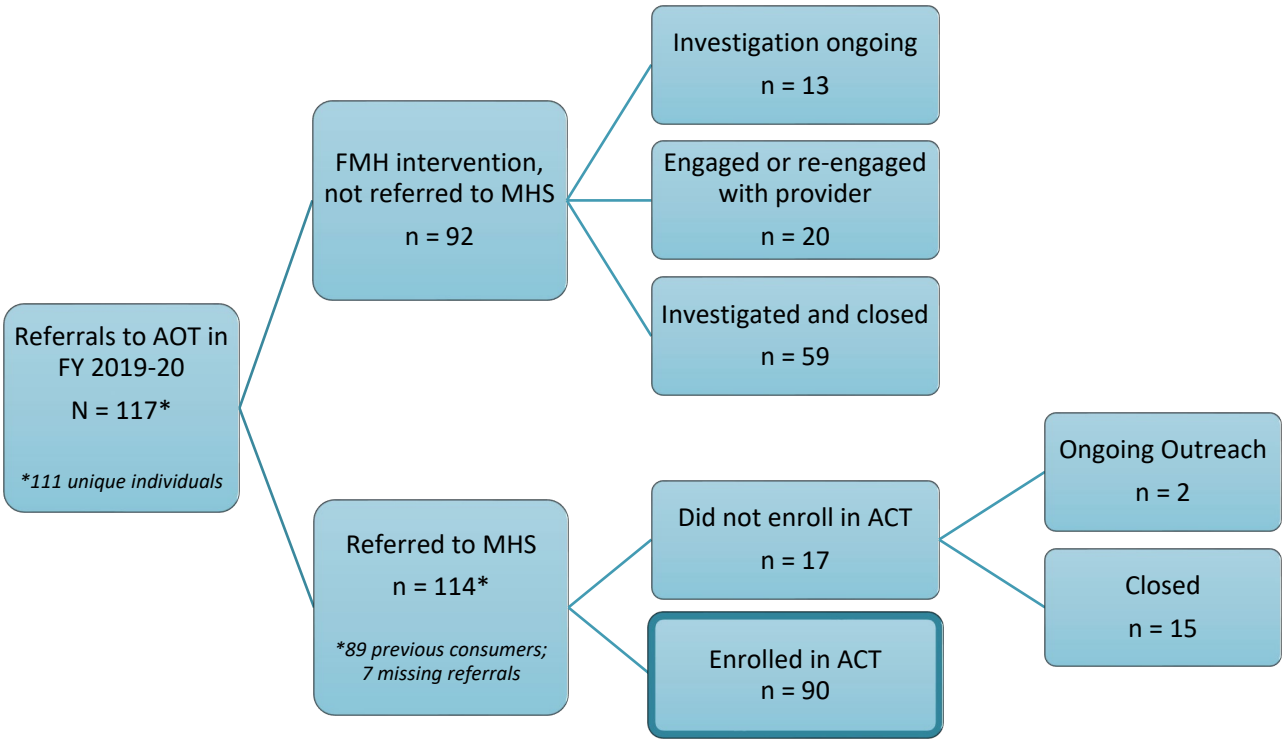
Contra Costa County designed an AOT program model that sought to engage and enroll consumers in the ACT program within 120 days of referral. Collectively, it took the Care Team approximately 119 days on average (median of 85 days) to conduct investigation, outreach and engagement, and enrollment of consumers (N =74).[15] The length of time from referral to enrollment was slightly less, 111 days (median of 43 days), for consumers who began the ACT program in FY 2019-20 (n = 15).[16]

Figure 3 summarizes the outcomes of all referrals to AOT following the Care Team's investigation, outreach, and engagement efforts. During FY 2019-20, 90 consumers were enrolled in ACT. Of those consumers, 14% (n = 13) were enrolled with court involvement during the reporting period and the remaining consumers were enrolled voluntarily (n = 77). Most consumers with AOT court involvement reached voluntary settlement agreements (77%, n = 10).

Most consumers (86%, n = 77) were enrolled in ACT voluntarily.

[15] For FY 2019-20 ACT consumers, RDA was able to link 74 consumers to their AOT referral request. There were 16 consumers who were unable to be linked to an AOT referral request.
[16] RDA was unable to link two consumers who enrolled in FY 2019-20 to their AOT referral request.

Figure 3. Referral to ACT Enrollment Summary[17]



ACT Enrollment Findings

During FY 2019-20, the MHS team served 90 consumers through the ACT program. The following section provides information on the profile of these consumers as well as their service engagement and outcomes during enrollment.

Consumer Profile

Contra Costa County is reaching the identified target population.

Demographic Information

As shown in Table 6, 38% (n = 34) of all consumers enrolled in ACT services during FY 2019-20 were female. The majority of consumers identified as White/Caucasian (58%, n = 52), while 17% (n = 15) identified as Black/African American, 10% (n = 9) identified as Hispanic, and 8% (n = 7) identified as Asian. An additional 4% (n = 4) of consumers identified as some "Other" race and 3% (n = 3) did not report their race/ethnicity. Most consumers (68%, n = 61) were between the ages of 26 and 49 years old.

[17] FMH referred three consumers that were already receiving ACT services. These consumers were included in the "Engaged or re-engaged with provider" group. The "Referred to MHS" category (n = 114), includes seven referrals with missing MHS outreach information and 89 referrals that correspond to consumers who were referred or already enrolled in ACT before FY 2019-20. Two consumers originally classified by FMH as "Investigated and Closed" did receive MHS outreach services during FY 2019-20 but did not enroll in ACT.

Table 6. AOT Consumer Demographics (N = 90)

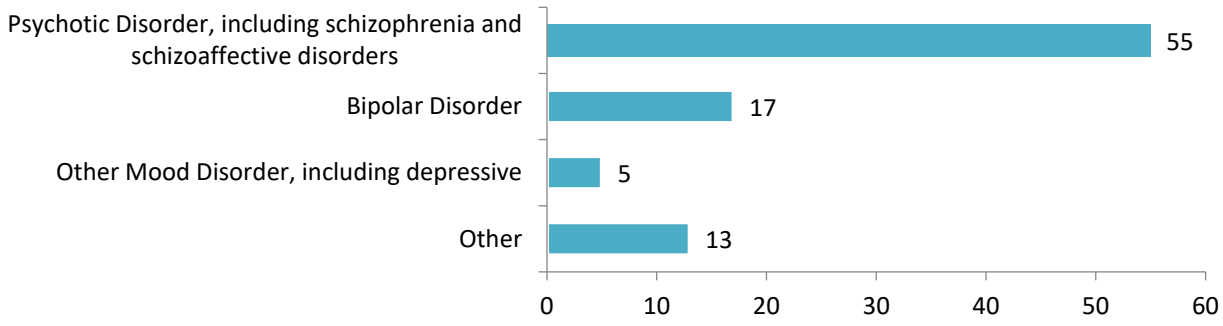
Category	Percent of Consumers	Number of Consumers
Gender		
Female	38%	34
Male	62%	56
Race/Ethnicity		
White	58%	52
Black/African American	17%	15
Hispanic or Latino	10%	9
Asian/Pacific Islander	8%	7
Other	4%	4
Unknown/Not reported	3%	3
Age		
18 – 25	16%	14
26 – 49	68%	61
50+	17%	15

The community has noted that language is a service barrier for individuals who do not speak English as their primary language. The County's AOT Care Team is actively working to increase their language capacity to better support all those who would benefit from AOT services. In addition, they are conducting targeted outreach to communities underrepresented in the AOT program. For example, MHS and FMH are working with National Alliance of Mental Illness Contra Costa County and will be attending meetings with a focus on engaging the Asian and Pacific Islander community.

Diagnosis and Substance Use

Consumers enrolled in ACT are reflective of the intended AOT population of individuals with serious mental illness (see Figure 4). The majority of consumers (61%, n = 55) had a primary diagnosis of a psychotic disorder, including schizophrenia and schizoaffective disorders. Another 19% (n = 17) had a primary diagnosis of bipolar disorder.[18] Eighty-one percent of consumers (81%, n = 73) had co-occurring substance use disorders.

Figure 4. Primary Diagnosis (N = 90)



[18] Five consumers had another mood disorder diagnosis, including depressive, while thirteen consumers had a different primary diagnosis. These diagnoses include autistic disorder, delusional disorder, obsessive compulsive disorder, anxiety disorder, and disorders related to stimulant use/dependence.

Employment and Financial Support

Partnership Assessment Form (PAF) data, which provides information regarding consumers' employment and financial support at the time of enrollment, were available for the 90 ACT consumers. Of those 90 consumers, 80% (n = 72) were unemployed at some point in the 12 months prior to enrolling in ACT (see Figure 5). As shown in Figure 6, 83% (n = 75) of consumers were unemployed at the time of their enrollment.

Figure 5. Employment 12 months before ACT (N = 90)

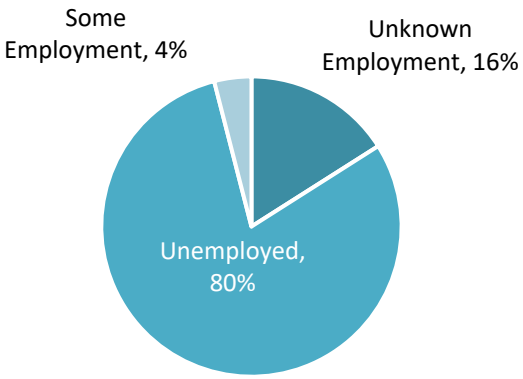
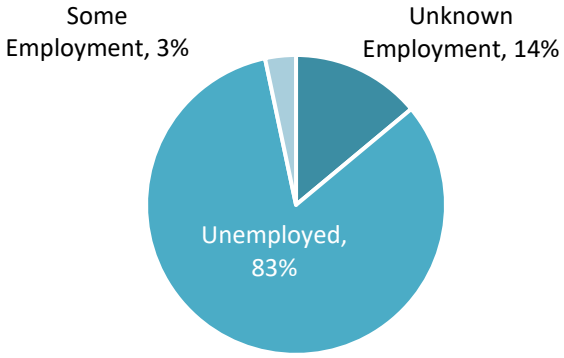


Figure 6. Employment at ACT Enrollment (N = 90)



For the 90 consumers, Table 7 depicts their different sources of financial support and income in the 12 months prior to enrollment, as well as at the time of enrollment. The "Other" category includes retirement/Social Security income, tribal benefits, wages or savings, housing subsidy, and food stamps. The majority of consumers received Supplemental Security Income/State Supplementary Payment or Social Security Disability Income prior to (62%, n = 56) and at the time of (60%, n = 54) enrollment. Approximately 13% (n = 12) of consumers reported having no financial support or income prior to enrollment, while 16% (n = 14) of consumers reported having no financial support at the time of enrollment.

Table 7. Sources of Financial Support for ACT Consumers (N = 90)[19]

Source of Financial Support	Received in the 12 Months Prior to Enrollment	Receiving at Enrollment
Supplemental Security or Disability Income	62%	60%
Support from family or friends	22%	23%
No Financial Support	13%	16%
Other	3%	1%
Unknown[20]	8%	7%

[19] Total percentages are greater than 100 because some consumers had more than one source of support.
[20] Consumers financial support is reported as unknown if no financial information was included on their PAF.

Service Participation

The following sections describe the type, intensity, and frequency of service participation, as well as adherence to treatment. Of the consumers enrolled in ACT during FY 2019-20, one consumer was enrolled for less than one month. Therefore, the following analyses include service data for 89 out of 90 consumers who received MHS services in FY 2019-20.

Type, Intensity, and Frequency of Treatment

The multidisciplinary ACT team provides wrap-around behavioral health services to consumers.

ACT consumers in Contra Costa County received services from a multidisciplinary ACT team who provide wrap-around behavioral health services. When implemented to fidelity, ACT produces reliable results including decreased negative outcomes, (e.g., hospitalization, incarceration, and homelessness) and improved psychosocial outcomes.

FY 2019-20 consumers were enrolled and receiving ACT services for an average of 23 months (median of 21 months), which is about 1.9 years. ACT consumer enrollment varied widely from less than a month to over four years. In FY 2019-20, on average, consumers received 1.95 service encounters per week for a total average of 1.68 hours of services per week (see Table 8).

Table 8. ACT Service Engagement (N = 89)

	Average	Range
Length of ACT Enrollment	684 days	94 – 1,551 days
Frequency of ACT Service Encounters	1.95 contacts per week	<1 – 8.69 contacts per week
Intensity of ACT Services	1.68 hours of contact per week	<1 – 7.24 hours of contact per week

Given the impact of COVID-19 and the statewide wide shelter in place (SIP) orders, service engagement was analyzed for the periods before and after March 19, 2020.[21] Rather than seeing a decline in engagement, the frequency of ACT service encounters during FY 2019-20 increased from an average of 1.84 contacts per week (prior to COVID-19 SIP orders) to 2.33 contacts per week (after COVID-19 SIP orders began). It appears that COVID-19 and SIP did not decrease ACT service engagement for most consumers. But, as the length of time for data analysis for before SIP (July 1, 2019 – March 18, 2020) is much greater than for after SIP (March 19, 2020 – June 30, 2020), these findings should be interpreted with caution.

[21] March 19, 2020 was the date the California shelter in place order was issued.

Treatment Adherence

Over one-third of consumers were adherent with services.

Consumers were considered "treatment adherent" if they received at least one hour of engagement with their ACT team at least two times per week. About 37% of consumers included in the service analysis (n = 33) met this standard of adherence (see Figure 7 and Figure 8). There were an additional 25 consumers who, on average, met the standard of intensity, at least an hour per week, but met with the ACT team less than two times per week. Thirty-one ACT consumers (35%) received less than one hour of face-to-face services per week and met with the ACT team fewer than two times per week, on average.

Figure 7. Intensity of ACT Contacts per Week (N = 89)

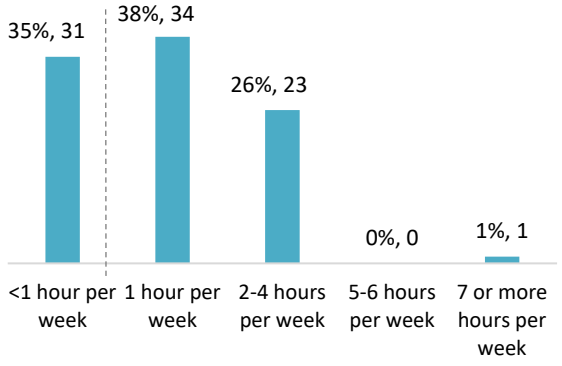
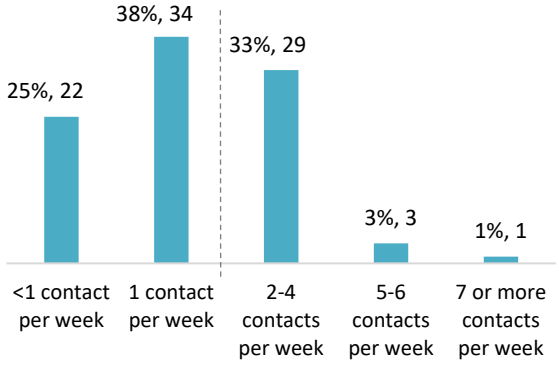


Figure 8. Frequency of ACT Contacts per Week (N = 89)



As noted, service engagement and treatment adherence did not decrease during SIP orders. Prior to the closure of most in person services, about 36% of consumers were adherent compared to 51% of consumers during the SIP orders. Again, the length of time for data analysis for before SIP (July 1, 2019 – March 18, 2020) is greater than for after SIP (March 19, 2020 – June 30, 2020), so the increases in service engagement and treatment adherence may be impacted by the difference in amount of data points prior to and after SIP began.

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. When appropriate, these outcomes are standardized to rates per 180 days in order to account for variance in length of enrollment and pre-enrollment data. One consumer served during FY 2019-20 was enrolled for less a month and was not included in the following outcomes analyses. In addition to this one consumer, significant outliers were not included in some of the calculations. Significant outliers are those consumers who had greater than four standard deviations from the mean number of hospitalizations, crisis episodes, or jail bookings for all consumers.[22] To calculate rates of occurrence prior to a consumers' enrollment, RDA used consumer data for the year prior to their program enrollment date with each consumer having

[22] Outliers were also identified for length of stay analyses by following the same criteria – 4 standard deviations above the mean.

365 pre-enrollment days. During enrollment, the rate of occurrence was determined by the number of days a consumer was enrolled in the ACT program.

Crisis Episodes, Psychiatric Hospitalization, and Incarceration

The County's PSP Billing System was used to identify consumers' crisis and hospital episodes in the 12 months prior to and during ACT enrollment through June 30, 2019. The County's new billing system, ShareCare, was used to identify consumers' crisis and hospital episodes during FY 2019-20. The Epic Electronic Health Record System was used to identify consumers' jail bookings, both prior to and during ACT enrollment.

The number of consumers experiencing crisis episodes, psychiatric hospitalization, and incarceration decreased during ACT.

The number of consumers experiencing a crisis episode decreased during ACT, as did the rate of their crisis experiences. Almost all consumers (79%, n = 70) experienced at least one crisis episode in the year before ACT enrollment with episodes lasting an average of just over one day.[23] Fewer consumers had a crisis episode during ACT (53%, n = 47). Among those who did have crisis episodes, they experienced approximately the same rate of crisis episodes every six months prior to and during ACT enrollment. The average length of crisis episodes remained stable prior to and during ACT enrollment (see Table 9). [24,25]

Table 9. Consumers' Crisis Episodes before and during ACT (N = 89)

Crisis Episodes		
	Before ACT enrollment	**During ACT enrollment**
Number of Consumers	n = 70	n = 47
Number of Crisis Episodes	1.9 episodes per 180 days	2.04 episodes per 180 days
Average Length of Stay	1.19 days	1.18 days

Similar to those experiencing crisis episodes, the number of consumers who experienced a psychiatric hospitalization decreased during ACT. Approximately 35% (n = 31) of consumers were hospitalized in the 12 months before ACT, compared to 18% of consumers (n = 16) who experienced a hospitalization during ACT. Those with at least one hospitalization before ACT experienced approximately 1.12 hospitalizations every 180 days, lasting an average of 12.5 days each.[26] Consumers were hospitalized fewer times (0.39 hospitalizations per 180 days) while enrolled in ACT, and the average hospitalization was 10 days while enrolled in ACT (see Table 10).

[23] Two consumers had more than six episodes per 180 days before ACT enrollment, which was at least four standard deviations above the average. The standardized number of crisis episodes before enrollment, when including the outliers, was 2.4.
[24] Before ACT enrollment, five crisis episodes lasted more than three days, which was at least four standard deviations longer than the average episode length. The average length of stay, when including the outlier episodes, was 1.24 days.
[25] During ACT enrollment, three crisis episodes lasted longer than three days which was at least four standard deviations longer than the average episode length. The average length of stay, when including the outlier episodes, was 1.21 days.
[26] Two hospitalization episodes lasted 258 and 269 days, respectively, which was at least four standard deviations longer than the average episode length. The average length of stay, when including the outlier episodes, was 20 days.

Table 10. Consumers' Psychiatric Hospitalizations before and during ACT (N = 89)

Psychiatric Hospitalizations		
	Before ACT enrollment	**During ACT enrollment**
Number of Consumers	n = 31	n = 16
Number of Hospitalizations	1.12 hospitalizations per 180 days	0.39 hospitalization per 180 days
Average Length of Stay	12.5 days	10.04 days

Approximately 34% (n = 31) of ACT consumers were arrested and booked into County jail at least once in the year prior to ACT enrollment. On average, these individuals were arrested and booked into County jail approximately 1.12 times per 180 days and were in jail for an average of 12.5 days for each jail booking prior to enrollment. [27] During ACT participation, however, less than one-fifth of consumers (18%, n = 16) were arrested and booked into County jail.[28] Among those who did have jail bookings, on average, they were arrested and booked fewer times during ACT enrollment and the average length of their incarcerations was 5.95 days, approximately two days shorter than the average jail stay prior to ACT enrollment (see Table 11). [29]

Table 11. Consumers' Jail Bookings before and during ACT (N = 89)

Bookings and Incarcerations		
	Before ACT enrollment	**During ACT enrollment**
Number of Consumers	n = 34	n = 18
Number of Bookings	1.18 bookings per 180 days	0.91 bookings per 180 days
Average Length of Incarceration	8.22 days	5.95 days

Housing

The Care Team offers housing support to all ACT consumers with unstable housing at any point during enrollment. This support may include housing resources or referrals, housing through MHS, transportation to shelters, or other assistance. In some cases, ACT consumers do not accept this support, but the Care Team continued to be persistent in their efforts to locate stable housing for consumers.

Over 84% of consumers were in stable housing at the conclusion of the evaluation period.

Housing information was available for 86 ACT consumers.[30] At enrollment, 76% (n = 65) of consumers were in stable housing.[31] RDA compared consumers' baseline housing status to their last known residence in FY 2019-20 to explore changes in consumers' housing status during ACT enrollment. Housing information was taken from consumers' Partnership Assessment Form (PAF) at intake and the subsequent

[27] Three jail bookings lasted 238, 270, and 283 days, respectively, which was at least four standard deviations longer than the average episode length. The average length of stay, when including the outlier episodes, was 17.5 days.
[28] One consumer had 17 bookings per 180 days before ACT enrollment, which was at least four standard deviations above the average. The standardized number of jail bookings before enrollment, when including the outlier, was 1.76.
[29] Two jail bookings lasted 162 and 107 days, respectively, which was at least four standard deviations longer than the average episode length. The average length of stay, when including the outlier episodes, was 8.5 days.
[30] Housing status was unknown or unavailable for four consumers.
[31] RDA used the Department of Housing and Urban Development (HUD) definition of stable housing to determine which categories from the PAF and KET forms should be considered "housed."

Key Event Tracking (KET) form that were used to note changes in a consumer's status. As shown in Figure 9, 12% (n = 10) of consumers obtained housing while enrolled in ACT, while around three-quarters (72%, n = 62) maintained the stable housing they had before ACT enrollment.

Figure 9. Consumers' Housing Status before and during ACT (N = 86)

Consumers who obtained housing	Consumers who maintained housing	Consumers who were not stably housed
•**12%** of consumers were not housed before ACT but obtained housing while enrolled	•**72%** of consumers were housed before ACT and continued to maintain housing while enrolled	•**3%** of consumers were housed before ACT but did not maintain housing during ACT •**13%** of consumers were not housed before or during ACT enrollment

The remaining 16% of consumers (n = 14) were unstably housed at the end of their ACT enrollment or the end of the reporting period. Most of these consumers (79%, n = 11) were still enrolled in the ACT program at the end of the reporting period (June 30, 2020). Less than five of these consumers had voluntary settlement agreements. Of the unstably housed consumers, eleven (79%) were unhoused prior to the ACT program and did not gain housing during their ACT enrollment.[32] Three of these consumers experienced intermittent stable housing during their ACT enrollment while the other eight consumers did not report any stable housing. Three unstably housed ACT consumers (21%) had stable housing at admission, but lost their housing during enrollment. Most of these consumers reported a history of homelessness prior to AOT enrollment.

Employment Service Engagement

ACT enrollment provides consumers with support for their employment and education.

All ACT consumers have access to vocational services provided by the ACT team. During the evaluation period, half of ACT consumers (n = 45, 50%) accessed these services, as noted by MHS staff. Employment services included: support developing résumés, searching for job openings, preparing for interviews, and submitting applications. The ACT team also worked with consumers to identify their vocational goals and discuss how employment can lead to independent living for consumers. Employment and education status of consumers was taken from PAF forms, at enrollment, and KET forms, during enrollment. The number of consumers with some form of employment (either part- or full-time, or volunteer work) increased during ACT enrollment. Three ACT consumers had some employment at enrollment and five consumers gained competitive employment[33] at some point during ACT in FY 2019-20. An additional two ACT consumers attended school or completed a degree in FY 2019-20, one of whom also held competitive employment during ACT enrollment.

[32] There were no KETs reported for six of these consumers indicating their housing status did not change during ACT enrollment.
[33] Competitive employment is defined as "Paid employment in the community in a position that is also open to individuals without a disability".

Social Functioning and Independent Living

When implemented to fidelity, ACT programs can enhance consumers' abilities to function independently and participate in activities of daily living. Throughout consumers' enrollment in ACT, the MHS team administered the Self Sufficiency Matrix (SSM) to assess consumers' social functioning and independent living on a quarterly basis. The SSM consists of 18 domains scored on a scale of one ("in crisis") to five ("thriving").

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

The MHS team assessed consumers at intake, every 90 days, and upon discharge. Intake data were available for 36 consumers enrolled in ACT during FY 2019-20, 24 of whom also had at least one reassessment. Table 12 reports the average scores for consumers at intake, as well as at 3, 6, 12, and 18 months after enrollment.[34]

Table 12. Self Sufficiency Matrix Scores[35] (N = 36)

Domain	Intake Average Score	3-month Average Score	6-month Average Score	12-month Average Score	18-month Average Score	24-month Average Score
Housing	3.00	3.41	3.30	3.74	3.14	3.81
Employment	1.03	1.03	1.19	1.32	1.15	1.29
Income	1.67	2.24	1.83	2.42	2.36	2.41
Food	2.40	2.65	3.13	3.22	2.79	2.78
Child Care	4.50	4.00	4.00	4.00	4.25	n/a
Children's Education	4.75	5.00	5.00	5.00	5.00	3.00
Adult Education	3.64	3.41	3.74	3.65	2.75	3.30
Health Care Coverage	3.97	4.18	3.81	4.07	3.68	4.49
Life Skills	2.58	2.94	3.51	3.11	2.89	2.89
Family/Social Relations	2.72	4.65	2.76	2.98	2.79	2.48
Mobility	2.89	2.88	3.47	3.37	3.11	3.01
Community Involvement	2.22	2.94	2.63	3.01	2.54	2.83
Parenting Skills	2.25	2.00	3.25	3.33	3.00	3.67
Legal	4.06	3.50	3.85	4.43	4.17	4.77
Mental Health	2.17	1.68	2.29	2.47	2.21	2.57
Substance Abuse	3.06	3.24	3.30	3.98	3.18	3.33
Safety	3.58	3.82	3.92	4.16	4.07	4.26
Disabilities	2.75	2.59	3.05	3.17	2.57	2.58
Total Score	**43.43**	**46.50**	**48.17**	**51.80**	**45.93**	**47.95**
	n = 36	n = 17	n = 26	n = 23	n = 14	n = 16

[34] In some cases, consumers had multiple SSM assessments during a reporting period. For these cases, RDA averaged the assessments for each consumer prior to looking at the averages across consumers.
[35] "n/a" indicates where no scores were given for that SSM domain.

Consumers' average scores across domains at each SSM administration were higher than the average scores at intake.

Substance Use

The MHS team assessed consumers' frequency of substance use with the Quick Screen and Modified Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) developed by the National Institute on Drug Abuse (NIDA). This instrument has the objectives of identifying drug use, educating consumers about the adverse consequences of drug use, enhancing medical care by increasing awareness of the potential impact of drug use, and improving linkages between consumers and specialty drug and alcohol treatment services. Starting in January 2019, the MHS team administered the assessment every six months to enrolled ACT participants.

The NIDA tool measures drug use frequency in the months before the assessment. It also collects information on individuals' urge to use, the impact of drug use (health, social, legal, and financial), friends' and family members' concerns, individual drug use expectations, and attempts to control drug use. The frequency of monthly drug use is measured on a 0-6 scale (0: Never, 2: Once/Twice, 3: Monthly, 4: Weekly, and 6: Daily).

Overall, ACT consumers reported a decrease in their frequency of substance use.

Twenty-nine percent of ACT consumers (n = 26) reported having used a substance in the three months before their initial or follow-up assessments. Twenty consumers reported using cannabis to some frequency at both their initial and follow-up assessments. In addition, 14 and 15 consumers reported using methamphetamines at their initial and follow-up assessments, respectively. Fewer than three consumers reported using other substances including cocaine, stimulants, inhalants, sedatives, hallucinogens, and street and prescription opioids in each of the assessments. Table 13 displays consumers' change in frequency of substance from their initial assessment to their follow-up assessment.

Table 13. Changes in Consumers' Frequency of Substance Use (N = 26)

	Number of Consumers		
	Decrease	**No Change**	**Increase**
All Substances (n=26)	14	8	4
Cannabis (n=20)	7	7	6
Methamphetamine (n=15)	5	7	3

There was an average decrease in consumer's frequency of use across all substances. This decrease was mainly driven by consumers' shift from daily to weekly use. Of the 20 consumers who reported using cannabis at their first assessment, eight consumers reported daily use. Half of them (n = 4) reported a decrease in their cannabis use, from daily to weekly, at the follow-up assessment. Similarly, of the 14 consumers who reported using methamphetamine at intake, five reported daily use, and three of them (60%) reported shifting from daily to weekly use. One consumer who did not report the use of methamphetamine at their initial assessment, reported using the substance at the follow-up assessment.

Violent Behavior and Victimization

Consumers who meet the eligibility requirements for AOT often have perpetrated violence towards others and/or experienced violence and victimization. The team administered the MacArthur Abbreviated Community Violence Instrument (MacArthur tool) at intake, every 180 days, and at discharge to determine if consumers were either perpetrators of violence and/or victims of violence. The assessment asks consumers about the following types of violence:

- Throwing things at someone
- Pushing, grabbing, or shoving someone
- Slapping someone
- Kicking, biting, or choking someone
- Hitting someone with a fist or object, or beating someone up
- Forcing someone to have sex against their will
- Threatening someone with a gun, knife, or other lethal weapon
- Using a knife on or firing a gun at someone

Consumers were asked if they had either perpetrated and/or been victims of each type of violence in the prior month.

The MacArthur tool includes 17 questions that assess the frequency of violence, victimization or perpetration of assaultive behavior by consumers during the last month. Victimization and violent behaviors include behaviors that cause physical or emotional harm to themselves or others. These behaviors can range from verbal abuse to physical harm to self, others, or property.

Given the sensitive nature of these questions, historically only a small number of consumers have agreed to take this assessment. During FY 2019-20, no consumers agreed to complete the MacArthur tool, so findings regarding consumer violence and victimization are not included in this year's analysis. The MHS ACT team has implemented new processes and additional guidance for the use of the MacArthur tool to increase response rates for the next AOT evaluation reporting period.

Consumer and Family Satisfaction

Understanding consumers' and their families' satisfaction with ACT services is an important way to ensure ACT services are meeting the needs and expectations of the individuals the program serves. MHS' client and family satisfaction survey tools were used to assess consumer's and family member's satisfaction with ACT services.

Overall, ACT consumers and family members are very satisfied with the services received while enrolled in ACT.

In FY 2019-20, MHS collected program satisfaction surveys from 22 consumers. Consumers were asked to rate their overall satisfaction with the services they received from MHS on a scale of 1 to 5, 5 being the

most positive. [36] Twenty-two consumers responded to this question with an average score of 4.22. The program also collected satisfaction surveys from 16 family members. Fifteen of the family members rated their satisfaction with MHS services with an average score of 4.13. In addition, 75% of family members (n = 9) reported they saw improvements in their loved one's wellness during the ACT program.[37]

The consumer survey also asked participants about their use and satisfaction with telehealth services during the COVID-19 pandemic; thirteen of the consumers responded to this question. Seventy percent of respondents (n = 9) considered their experience with these services as "moderately successful." The remaining four consumers rated their experience as "extremely successful." For consumers who took this survey, there was significant support for telehealth services provided by the ACT program during the COVID-19 pandemic.

AOT Enforcement Mechanisms

During FY 2019-20, the County used enforcement mechanisms for some AOT consumers.

The primary enforcement mechanism occurs when AOT consumers (e.g., consumers who have a voluntary settlement agreement or AOT court order) refuse to engage and a judge orders the consumer to meet with the treatment team. The enforcement mechanism of a court order to meet with the treatment team was used for six consumers in Contra Costa County's AOT program during FY 2019-20. The AOT team can also issue a mental health evaluation order at a designated facility for a consumer who does not meet 5150 criteria established in the Welfare and Institutions Code. The AOT Care Team issued a mental health evaluation order during FY 2019-20 for less than five AOT consumers.

[36] The client survey tool originally measured satisfaction with a scale that included the values of "Very Good", "Good", "Acceptable", "Poor", and "Very Poor". This instrument was also responded by four family members. To maintain the comparability of results with evaluations from previous years and include these family responses in the analysis of the satisfaction of family members, RDA recoded the question and created a scale of 1 to 5, with 5 being the most positive.
[37] There were 12 family members who answered this question.

Summary of Findings

This FY 2019-20 AOT Evaluation Report to Contra Costa County was written in recognition of the collaborative efforts of those involved in the implementation of the AOT program in Contra Costa County. The following discussion summarizes implementation activities and consumer accomplishments during FY 2019-20.

The County's AOT Care Team collaborated to connect referred individuals to the appropriate level of mental health services, including Assertive Community Treatment.

In FY 2019-20, the County received 117 referrals for AOT. At the conclusion of the fiscal year, 11% (n = 13) were still being investigated for AOT eligibility. Of those referrals that were closed (n = 104), 17 consumers (15%) were ineligible for AOT and connected to another provider that the consumer worked with in the past or a new mental health provider. This indicates that the AOT program in Contra Costa County also provides opportunities for consumers who are not eligible for AOT to access mental health services. Twenty-six consumers (22%) were referred to MHS in FY 2019-20 for outreach and engagement services, with 13 consumers ultimately enrolled in ACT and two consumers still receiving outreach and engagement at the end of the evaluation period.

A higher percent of consumers were investigated and closed during FY 2019-20. About half of AOT referrals were closed; the majority of those either did not meet all nine AOT eligibility criteria, could not be located, or the qualified requestor was unavailable or withdrew the request. While the investigation team provides resources to all individuals referred to AOT, or their qualified requestor, there were a greater number of individuals whose engagement with services was unable to be tracked. This may reflect changing circumstances due to the global pandemic, which impacted the Care Team's ability to reach consumers and led to reduced service capacity across the County.

Outreach and engagement resulted in consumers being enrolled into the ACT program quickly.

The MHS team was successful in enrolling referred consumers in the ACT program after only a few engagements. During FY 2019-20, the MHS team conducted an average of 4.76 outreach attempts per consumer, which was a decrease compared to previous years. This shift was the due to a change in the MHS engagement process, which eliminated a mandatory introductory period, and increased success in engaging with consumers referred from FMH, often on the same day the team received the referral.

Despite the impacts of the COVID-19 pandemic, consumers increased their engagement with ACT services.

During FY 2019-20, almost 40% of consumers (n = 33) received two or more of services per week and met with the ACT team for at least an hour per week, on average. Interestingly, ACT consumers' service engagement increased following the COVID-19 shelter in place orders in California. The County Care Team was able to remain open and continue to provide services (both in person and virtual) to consumers. All

consumers who responded to the satisfaction survey described the ACT services offered during the pandemic as "moderately successful" or "very successful."

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

Consumers experienced a range of benefits from their participation in ACT. For the following outcomes, there was a reduction in the number of consumers who experienced these negative outcomes during their ACT enrollment compared to before their ACT enrollment:

- Crisis episodes,
- Psychiatric hospitalizations,
- Arrests and incarcerations,
- Housing and Homelessness, and
- Employment and Education.

Additionally, ACT consumers' average total scores on their Self-Sufficiency Matrix (SSM) reassessments were higher than their average scores at intake, suggesting that consumers are improving in their social functioning and independent living skills through program participation. Lastly, consumers and family members expressed satisfaction with ACT services while enrolled in ACT. In survey responses, consumers rated their level of satisfaction very high (4.22 and 4.13 on average on a scale of 1 - 5).

Appendices

Appendix I. AOT Eligibility Requirements[38]

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.

[38] 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 disposition of each referral upon CCBHS' last contact with the individual referred (e.g., unqualified requestor, open AOT investigation, voluntarily accept MHS services, court involved MHS participation). These data were used to identify the total number of referrals to the County's AOT program during FY 2019-20.

CCBHS FMH AOT Investigation Tracking Log: CCBHS staff converted their Blue Notes (i.e., field notes from successful outreach events) into a spreadsheet to track the date, location, and length of each CCBHS Investigation Team outreach encounter. These data were used to assess the average frequency and length (i.e., days and encounters) 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.

MHS ACT Client List: MHS provided a list of the consumers enrolled in the ACT program during FY 2019-20. Additionally, this dataset contained information on whether a consumer was enrolled voluntarily or through court involvement, such as settlement agreement. MHS also noted in this dataset whether a consumer had a co-occurring substance use disorder and if that consumer participated in MHS vocational services.

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

Contra Costa County Epic Electronic Health Record System: These data included consumers' booking dates and release dates for the year prior to ACT-enrollment and the time during ACT enrollment through the end of FY 2019-20. This information was used to examine consumers' arrests and jail stays before and during ACT.

MHS Partnership Assessment Form (PAF) and Key Event Tracking (KET) Datasets: Though the PAF and KET are entered into the Data Collection and Reporting system, data queries were unreliable and inconsistent; therefore, MHS staff entered PAF and KET 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 services.

MHS Outcomes Files: These files include assessment data for several 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. In addition, the data from consumers' National Institute on Drug Abuse Quick Screen and Modified ASSIST tool was used to identify consumers' substance use. MHS also provide the results of their annual consumer and family surveys, which were used to determine consumer's and families' satisfaction with the ACT program.