CONTRA COSTA
MENTAL HEALTH COMMISSION

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COMMISSION
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Mental Health Commission (MHC)
Wednesday, July 1st, 2020 ◊ 4:30pm-6:30pm
VIA: Zoom Teleconference:

https://cchealth.zoom.us/j/6094136195
Meeting number: 609 413 6195
Join by phone:
1 646 518 9805 US
Access code: 609 413 6195

I. **Call to Order/Introductions**

II. **Public Comments**

III. **Commissioner Comments**

IV. **Chair Comments/Announcements**

V. **APPROVE June 3, 2020 Meeting Minutes**

VI. **RECEIVE the Contra Costa County Assisted Outpatient Treatment (AOT) Evaluation annual report, Resource Development Associates**

VII. **RECEIVE Behavioral Health Services Director's Report, Dr. Suzanne Tavano**

VIII. **DISCUSS considerations for the Behavioral Health Services Mobile Crisis Response Team (MCRT), Lauren Rettagliata, past MHC Commissioner, and Douglas Dunn, Commissioner**

IX. **CONSIDER motions proposed by the MHC Justice Committee regarding police training and use of force as they relate to police response to mental health crisis calls, Commissioners Geri Stern and Douglas Dunn**

(Agenda continued on Page Two)

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a. Request the Board of Supervisors to require the County Sheriff's Department and the Contra Costa Police Chief's Association to ban training that actively encourages police officers to treat every citizen encounter as a threat to be handled by deadly force and to implement instead community-oriented, de-escalation training offered by the Police Executive Research Forum (PERF).

b. Request the Board of Supervisors to require the Sheriff's Department and the Contra Costa Police Chief's Association to establish Uniform Use of Force standards for all 5150 situations following the crisis de-escalation training offered by the Police Executive Research Forum (PERF).

X. DISCUSS a proposal that the Mobile Response Team or a mental health worker accompany all calls that may be of a mental health nature, Commissioner Geri Stern

XI. Adjourn

Contra Costa County Assisted Outpatient Treatment (AOT)

Annual Report for the California Department of Health Care Services

Reporting Period: July 1, 2018 - June 30, 2019

Prepared by:

Resource Development Associates

June 2020

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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.

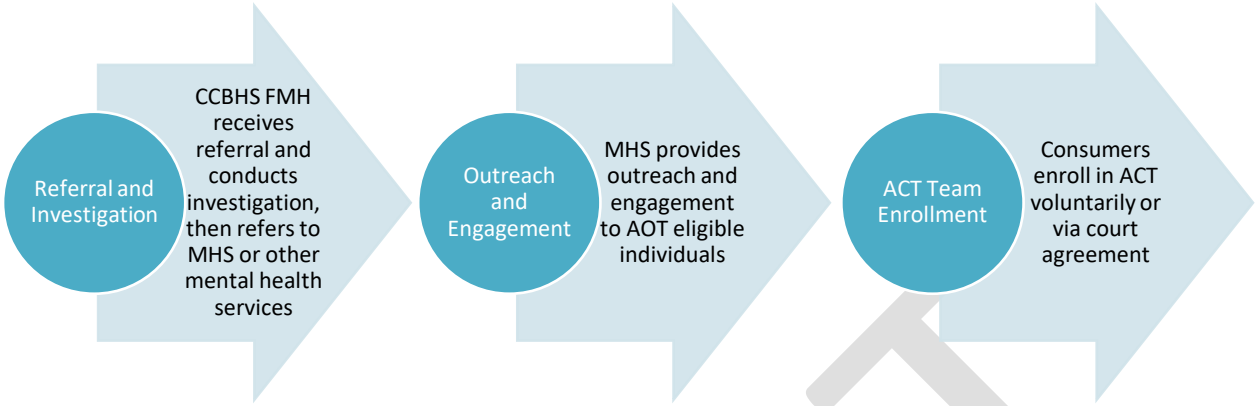
ACT is an evidence-based service delivery model for people with serious mental illness who are at-risk of or would otherwise be served in institutional settings or experience homelessness. ACT has the strongest evidence base of any mental health practice for people with serious mental illness and, when 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).

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.

[1] Welfare and Institutions Code, Section 5346

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 five business days, 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 (FSPs);
- Clinical case management and/or medication management;
- 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

[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.

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 2018-2019.

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 2018-2019 (FY 2018-19) 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 2018-19, the following consumers were included in the analysis:

- **Evaluation Period:** July 1, 2018 through June 30, 2019
- **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 2018-19 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 Department/Agency	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 (EHR)	• Booking and release dates
Mental Health Systems	MHS ACT Client List	• ACT consumers • Substance abuse diagnoses • Vocational service participation

County Department/Agency	Data Source	Data Element
	MHS Outreach and Engagement Log	• Outreach and engagement encounters
	PAF and KET in Microsoft Access Database	• Residential status, including homelessness • Employment • Education • Financial support
	MHS Outcomes Spreadsheet	• Social Functioning • Independent Living • Recovery • Violence and Victimization • Consumer 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).

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 Epic EHR
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
Social functioning of persons in the program	Self Sufficiency Matrix (SSM)

DHCS Reporting Requirement	Data Source
Skills in independent living of persons in the program	Self Sufficiency Matrix (SSM)
Victimization of persons in the program	MacArthur Abbreviated Community Violence Instrument
Violent behavior of persons in the program	MacArthur Abbreviated Community Violence Instrument
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.[3] 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.

In order 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.[4] 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]

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.

[3] Frequencies and percentages are presented throughout this report. In some cases, totals may not sum to 100% due to rounding.
[4] Using a year of pre-enrollment data reflects a change in the DHCS requirements. In previous years, RDA reported on consumer data for three years prior to ACT enrollment.
[5] Consumer enrollment ranged from less than a month to over three years.

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 91 consumers participated in the AOT treatment program during FY 2018-2019. While this number is in alignment with the County's expectations for program participation, the relatively small number of individuals enrolled in FY 2018-19 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 16 months.[7] However, consumers enrollment periods vary from less than a month to over three 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.

Finally, it is important to note that all service data included in this report relies on clinicians entering data into the County's electronic health record (EHR) system, ShareCare. Any services provided that were not entered into ShareCare are not be included in RDA's analysis. 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.

[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 2018-2019, Contra Costa County received 136 referrals to AOT for 134 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 (55%) continue to come from consumers' family members.

As Table 3 demonstrates, 96% of all referrals to AOT were made by family members, mental health providers, or law enforcement officials. Family members made over half (55%) of the 136 referrals to AOT, while mental health providers and law enforcement officials made 35% and 6% of referrals to AOT, respectively. An additional 4% of referrals came from another adult that lives with the individual, legal guardian or financial protector, an unknown requestor, or an unqualified requestor.

Table 3. Summary of Requestor Type (N = 136)

Requestor	Percent of Total Referrals (N = 136)
Parent, spouse, adult sibling, or adult child	55% (n = 75)
Treating or supervising mental health provider	35% (n = 48)
Probation, parole, or peace officer	6% (n = 8)
Adult who lives with individual	1% (n = 2)
Legal guardian/protector	1% (n = 1)
Other/Unknown	1% (n = 2)

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 make contact with the referred individual in the field.

Approximately 29% (n = 40) 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 136 referrals for AOT in FY 2018-19. Of those referrals, almost one-third (29%, n = 40) were referred to MHS for outreach and engagement and potential enrollment in ACT. FMH connected or re-connected 19 (14%) consumers to a mental health provider, while 24 (18%) consumers were still under investigation at the end of the reporting period.

Table 4. Outcome of CCBHS Investigations for Consumers Referred in FY 2018-19 (N = 136)

Investigation Outcome	Referred Consumers	% of Referred Consumers
Referred to MHS	40	29%
Engaged or Re-Engaged with a Provider	19	14%
Ongoing Investigation	24	18%
Investigated and Closed	53	39%

Over one-third of individuals (39%, n = 53) referred to AOT were investigated and closed. Of those 53 consumers determined to be ineligible, the majority either did not meet all nine eligibility requirements (34%, n = 18) or were unable to be located (34%, n = 18). The remaining 17 consumers (32%) 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 also provided resources and education for family members of these individuals.

The County's investigation team 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 2018-19. Therefore, if a consumer's eligibility investigation began in late FY 2017-18 and carried over into FY 2018-19, RDA included all of that consumer's investigation data. On average, CCBHS FMH's investigation team made about eight contact attempts to reach each individual referred to AOT. The investigation team worked to meet consumers "where they're at," as evidenced by the variety of locations where investigation contacts occurred. Investigation teams attempted to connect with consumers in the field 14% (n = 205) of the time. They also met consumers at inpatient or licensed care (4%, n = 65) and correctional (2%, n = 25) facilities, as well as consumers' homes (6%, n = 85); 4% of encounters occurred at shelters, emergency rooms, psychiatric facilities, mobile services, residential centers or other/unknown locations. Approximately three quarters (70%, n = 1,063) of investigation encounters occurred either over the phone or in a County office. About one-fourth (23%, n = 244) 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 2018-19, MHS served 123 consumers in some capacity, either providing outreach and engagement or ACT services. Some consumers only received outreach and engagement services in FY 2018-19, while others also enrolled in ACT at some point during the fiscal year. As shown in Table 5, 76 consumers received outreach and engagement services in FY 2018-19. Of those who received outreach and engagement services in FY 2018-19, 44 enrolled in ACT. Another 47 consumers received outreach and engagement prior to FY 2018-19 and remained enrolled in ACT during FY 2018-19.

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 2018-19 in the following analyses. In other words, for all consumers who were part of the ACT program in FY 2018-19 but received outreach and engagement services during previous fiscal years, RDA included their outreach and engagement data. As shown in Table 5, 44 of the 76 (58%) consumers who received outreach and engagement during this time period subsequently enrolled in ACT services, and an additional 32 consumers (42%) were still in the outreach and engagement process as of June 30, 2019.

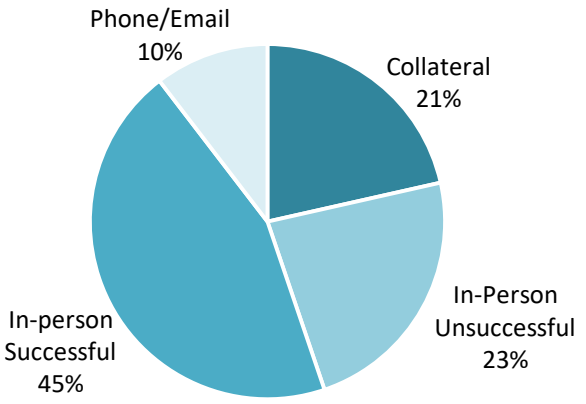
Table 5. MHS Service Summary (N = 123)

Consumer Status	Number of Consumers	% of Consumers
Received Outreach in FY 2018-19	**76**	**62%**
Outreach is Ongoing	*16*	
Outreach Closed	*16*	
Enrolled in ACT	*44*	
Received Outreach in 2017/18 or before; ACT services in FY 2018-19	**47**	**38%**

MHS provided outreach and engagement services to consumers and their support networks. MHS made 925 outreach attempts with the consumers either enrolled in AOT or referred to MHS for AOT in FY 2018-19. The ACT team conducted the majority (68%, n = 631) of its consumer outreach attempts in-person.

Less than one-quarter (21%, n = 198) of their outreach efforts were with consumers' family members or other community service providers (see Figure 2).[8]

Figure 2. MHS Outreach and Engagement Attempts (N = 922)



MHS relies on a multidisciplinary team to conduct outreach and engagement. Forty-four percent (44%, n = 401) of outreach attempts were by a peer partner, while just over one-third (36%, n = 324) 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." One-quarter of attempts (25%, n = 230) occurred at a consumer's home, while approximately one-third of (34%, n = 316) 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.

Referral to Enrollment Summary

The average length of time from AOT referral to enrollment was 127 days for ACT consumers during FY 2018-19.

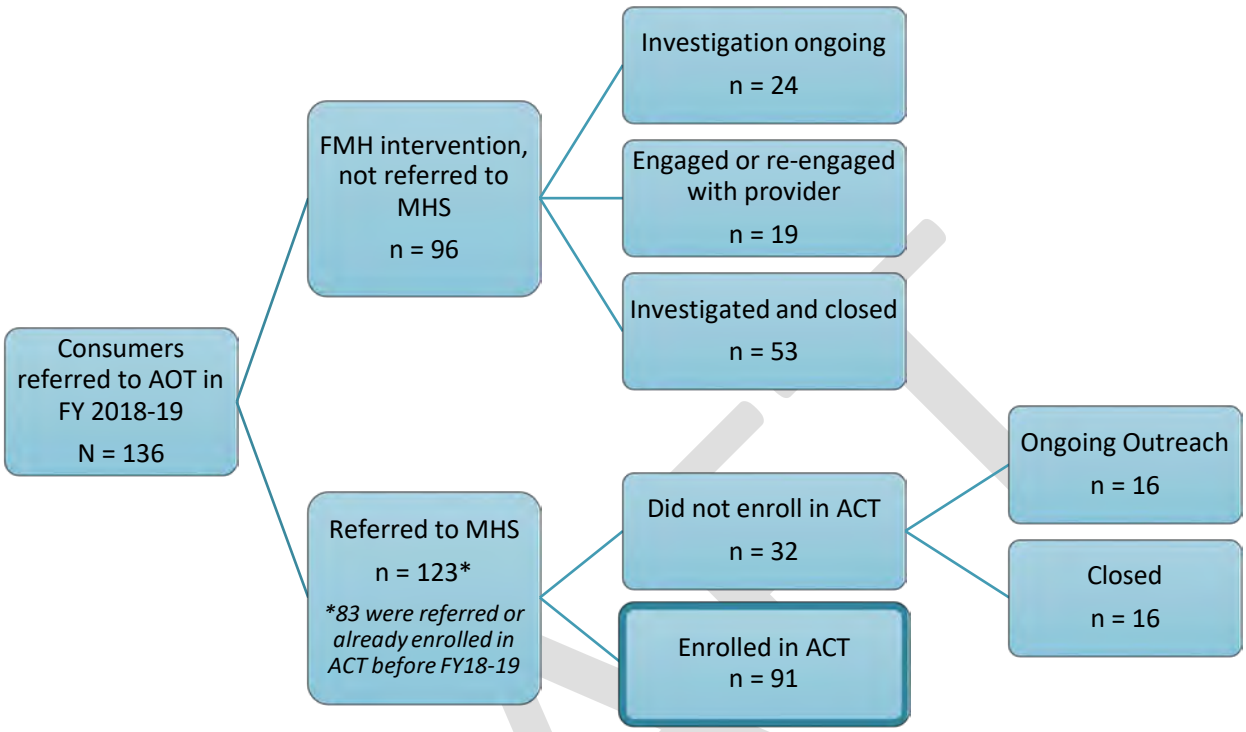
Contra Costa County designed an AOT program model that sought to engage and enroll consumers in the ACT program within 120 days of referral. Collectively, it took the Care Team approximately 127 days on average (median of 101 days) to conduct investigation, outreach and engagement, and enrollment of consumers (N = 71).[9] The length of time from referral to enrollment was slightly less, 115 days (median of 98 days), for consumers who began the ACT program in FY 2018-19 (n = 41). [10]

Most consumers (95%, n = 86) were enrolled in ACT voluntarily.

Figure 3 summarizes the outcomes of all referrals to AOT following the Care Team's investigation, outreach, and engagement efforts. During FY 2018-19, 91 consumers were enrolled in ACT. Of those consumers, 5% (n = 5) were enrolled with court involvement at the end of the reporting period and the remaining consumers were enrolled voluntarily (n = 86).

[8] MHS outreach attempts without a location listed and no time associated with the service were coded as phone/email. Three in-person encounters were missing information on the outcome of the outreach, successful or not successful, so they are not included in this figure.
[9] For FY 2018-19 ACT consumers, RDA was able to link 71 consumers to their AOT referral request. There were 20 consumers who were unable to be linked to an AOT referral request.
[10] RDA was unable to link three consumers who enrolled in FY 2018-19 to their AOT referral request.

Figure 3. Referral to ACT Enrollment Summary



ACT Enrollment Findings

During FY 2018-19, the MHS team served 91 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 = 35) of all consumers enrolled in ACT services during FY 2018-19 were female. The majority of consumers identified as White/Caucasian (51%, n = 46), while 19% (n = 17) identified as Black/African American, 14% (n = 13) identified as Hispanic, and 5% (n = 5) identified as Asian. An additional 5% of consumers identified as some "Other" race and 5% (n = 5) did not report their race/ethnicity. The majority of consumers (65%, n = 59) were between the ages of 26 and 49 years old.

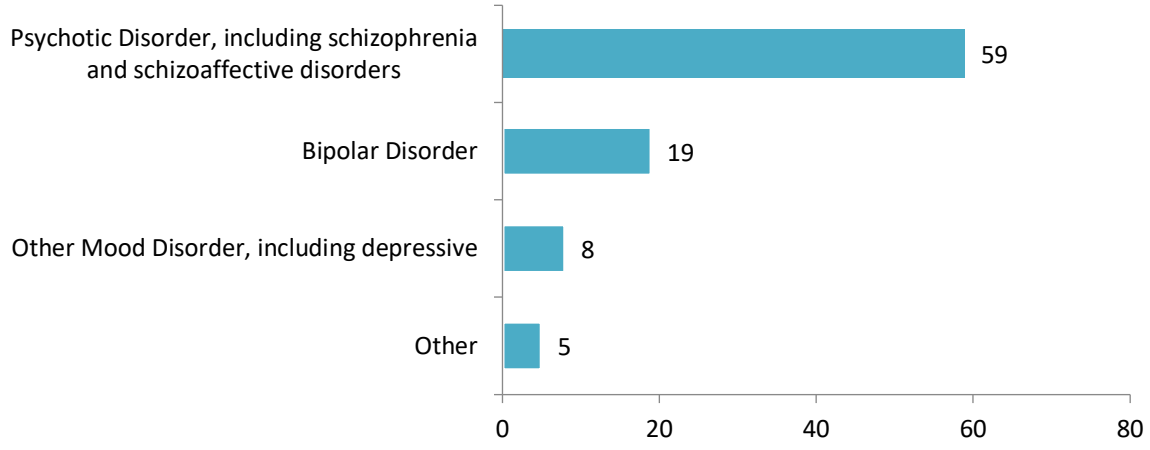
Table 6. AOT Consumer Demographics (N = 91)

Category	Percent of Consumers	Number of Consumers
Gender		
Female	38%	35
Male	62%	56
Race/Ethnicity		
White	51%	46
Black/African American	19%	17
Hispanic or Latino	14%	13
Asian	5%	5
Other	5%	5
Unknown/Not reported	5%	5
Age		
18 – 25	20%	18
26 – 49	65%	59
50+	15%	14

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 (65%, n = 59) had a primary diagnosis of a psychotic disorder, including schizophrenia and schizoaffective disorders. Another 21% (n = 19) had a primary diagnosis of bipolar disorder. Almost 75% of consumers (73%, n = 66) had co-occurring substance use disorders.

Figure 4. Primary Diagnosis (N = 91)



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 90 ACT consumers. Of those 90

consumers, 78% (n = 70) were unemployed at some point in the 12 months prior to enrolling in ACT (see Figure 5). As shown in Figure 6, 81% (n = 73) of consumers were unemployed at the time of their enrollment.

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

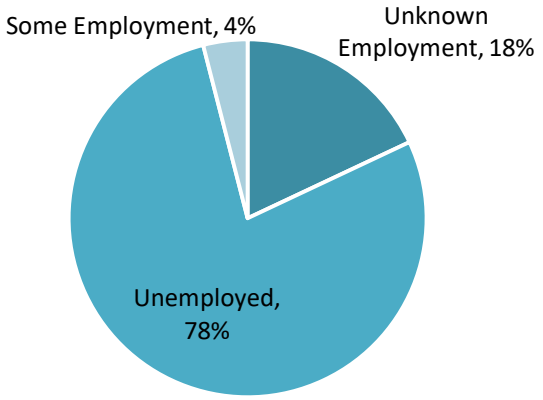
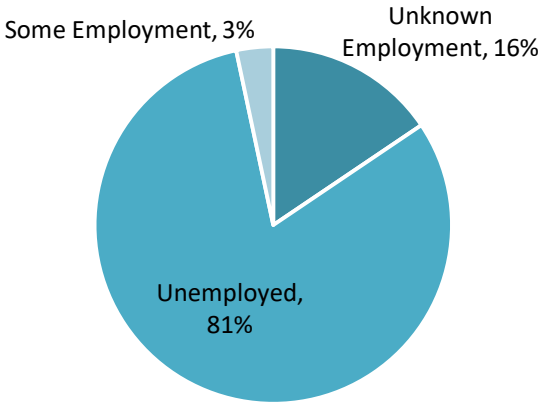


Figure 6. Employment at ACT Enrollment (N = 90)



For the 90 consumers with available data, Table 7 depicts the different sources of financial support and income for consumers 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 (SSI/SSP) or Social Security Disability Income prior to (60%, n = 54) and at the time of (57%, n = 51) enrollment. Approximately 13% (n = 12) of consumers reported having no financial support or income prior to enrollment, while 14% (n = 13) of consumers reported having no financial support at the time of enrollment.

Table 7. Sources of Financial Support for ACT Consumers (N = 90)[11]

Source of Financial Support	Received in the 12 Months Prior to Enrollment	Receiving at Enrollment
Supplemental Security or Disability Income	60%	57%
Support from family or friends	24%	24%
No Financial Support	13%	14%
Other	3%	2%
Unknown[12]	8%	9%

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 2018-19, two consumers were

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

enrolled for less than one month, and five consumers had no MHS encounter data available to determine service participation.[13] Therefore, the following analyses include service data for 84 out of 91 consumers who received MHS services in FY 2018-19.

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. In FY 2018-19, consumers were enrolled and receiving ACT services for an average of 485 days. On average, they received 1.4 in-person service encounters per week for a total average of 1.4 hours of in-person services per week (see Table 8).

Table 8. ACT Service Engagement (N = 84)

	Average	Range
Length of ACT Enrollment	485 days	66 – 1,193 days
Frequency of ACT Service Encounters	1.4 face-to-face contacts per week	<1 – 8.8 face-to-face contacts per week
Intensity of ACT Services	1.4 hours of face-to-face contact per week	<1 – 7.6 hours of face-to-face contact per week

Treatment Adherence

Approximately one-fifth of consumers were adherent with ACT services.

Using the ACT fidelity guidelines as a reference, 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 per week. Only 21% of consumers included in the service analysis (n = 18) met this standard of adherence (see Figure 7 and Figure 8). There were an additional 26 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. Forty ACT consumers (48%) 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.

[13] In some cases, data was unavailable due to consumers passing away or being incarcerated shortly after enrollment. MHS had difficulty locating the other consumers.

Figure 7. Intensity of ACT Contacts per Week (N = 84)

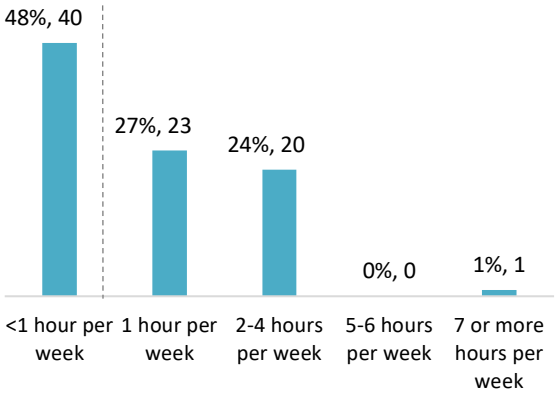
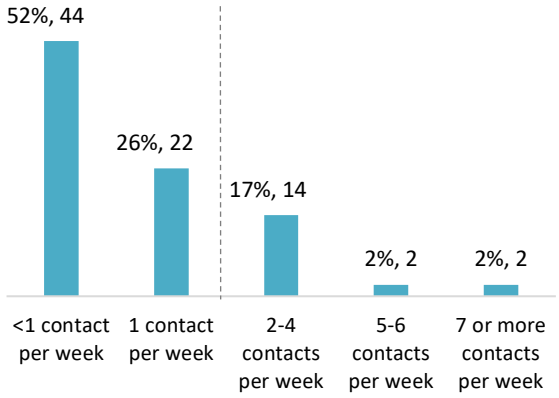


Figure 8. Frequency of ACT Contacts per Week (N = 84)



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. Two consumers served during FY 2018-19 were enrolled for less a month and were not included in the following outcomes analyses. 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 365 pre-enrollment days.[14] 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, 2018. The County's new billing system, ShareCare, was used to identify consumers' crisis and hospital episodes during FY 2018-19. 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 (83%, n = 74) experienced at least one crisis episode in the year before ACT enrollment with episodes lasting an average of just over one day. Fewer consumers had a crisis episode during ACT (46%, n = 41). 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

[14] Using a year of pre-enrollment data reflects a change in the DHCS requirements. In previous years, RDA reported on consumer data for three years prior to ACT enrollment.

average length of crisis episodes also remained the same prior to and during ACT enrollment (see Table 9).

Table 9. Consumers' Crisis Episodes before and during ACT

Crisis Episodes		
	Before ACT enrollment	**During ACT enrollment**
Number of Consumers (N = 89)	n = 74	n = 41
Number of Crisis Episodes	2.5 episodes per 180 days	2.3 episodes per 180 days
Average Length of Stay	1.2 days	1.2 days

Similar to those experiencing crisis episodes, the number of consumers who experienced a psychiatric hospitalization decreased during ACT. Approximately 38% (n = 34) 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 1.2 hospitalizations every 180 days, lasting an average of 12 days each.[15] Consumers were hospitalized fewer times (0.5 hospitalizations per 180 days) while enrolled in ACT, and the average hospitalization was 6.8 days while enrolled in ACT (see Table 10).

Table 10. Consumers' Psychiatric Hospitalizations before and during ACT

Psychiatric Hospitalizations		
	Before ACT enrollment	**During ACT enrollment**
Number of Consumers (N = 89)	n = 34	n = 16
Number of Hospitalizations	1.2 hospitalizations per 180 days	0.5 hospitalization per 180 days
Average Length of Stay	12 days	6.8 days

Approximately 41% (n = 36) of ACT consumers were arrested and booked into County jail at least once in the year prior to ACT enrollment. [16] On average, these individuals were arrested and booked into County jail approximately 1.6 times per 180 days and were in jail for an average of 13.6 days for each jail booking prior to enrollment. During ACT participation, however, less than one-quarter of consumers (23%, n = 20) were arrested and booked into County jail. Among those who did have jail bookings, on average, they were arrested and booked at about the same rate per 180 days before and during ACT enrollment and the average length of their incarcerations was 10.3 days, approximately three days shorter than the average jail stay prior to ACT enrollment (see Table 11).

[15] One hospitalization episode lasted 258 days, which was 111 days longer than the next longest episode. This episode was an outlier and was therefore dropped from the length of stay analysis. The average length of stay, when including the outlier episode, was 15 days.

[16] In addition to the consumers who were enrolled for less than one month during FY 2018-19, data for consumers who were significant outliers also were not included in the jail bookings analysis. Significant outliers are those consumers who had greater than 4 standard deviations from the mean number of jail bookings for all consumers.

Table 11. Consumers' Jail Bookings before and during ACT

Bookings and Incarcerations		
	Before ACT enrollment	**During ACT enrollment**
Number of Consumers (N = 88)	n = 36	n = 20
Number of Bookings	1.6 bookings per 180 days	1.4 bookings per 180 days
Average Length of Incarceration	13.6 days	10.3 days

Housing

Over 76% of consumers were in stable housing at the conclusion of the evaluation period.

Housing information was available for 86 ACT consumers.[17] At enrollment, 76% (n = 65) of consumers were in stable housing.[18] RDA compared consumers' baseline housing status to their last known residence in FY 2018-19 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 Key Event Tracking (KET) form that were used to note changes in a consumer's status. As shown in Figure 9, 6% (n = 5) of consumers obtained housing while enrolled in ACT, while over two-thirds (70%, n = 60) maintained the stable housing they had before ACT enrollment. The remaining 25% of consumers either lost their housing while in ACT (n = 5) or never had nor gained stable housing (n = 16).

Figure 9. Consumers' Housing Status before and during ACT

Consumers who obtained housing	Consumers who maintained housing	Consumers who were not stably housed
•**6%** of consumers were not housed before ACT but obtained housing while enrolled	•**70%** of consumers were housed before ACT and continued to maintain housing while enrolled	•**6%** of consumers were housed before ACT but did not maintain housing during ACT •**19%** of consumers were not housed before or during ACT 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, almost half of ACT consumers (n = 42, 46%) 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

[17] Housing status was unknown or unavailable for five consumers.
[18] 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."

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. Three ACT consumers had some employment at enrollment and five consumers gained competitive employment[19] at some point during ACT in FY 2018-19. An additional two ACT consumers attended school or completed a degree in FY 2018-19, one of whom also held competitive employment during ACT enrollment.

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 slight 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 42 consumers enrolled in ACT during FY 2018-19, 33 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.

Table 12. Self Sufficiency Matrix Scores[20]

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	3.05	3.43	3.14	3.32	4.10	3.50
Employment	1.12	1.07	1.14	1.53	1.33	1.58
Income	1.90	2.21	2.00	2.53	2.20	2.42
Food	2.70	2.89	2.89	3.33	3.50	2.91
Child Care	4.50	4.00	4.00	4.00	3.00	4.00
Children's Education	4.67	5.00	5.00	5.00	5.00	3.50
Adult Education	3.67	3.21	3.57	3.37	3.60	3.92
Health Care Coverage	3.98	4.36	3.93	3.74	4.00	4.58
Life Skills	3.00	3.50	3.64	3.37	3.90	3.25
Family/Social Relations	2.62	4.18	2.82	3.00	2.40	3.00
Mobility	2.79	3.04	3.21	3.58	2.50	3.17
Community Involvement	2.43	3.04	2.57	3.39	2.40	3.50
Parenting Skills	2.83	2.60	3.67	1.67	4.00	n/a
Legal	3.85	4.00	4.28	3.83	4.63	4.25

[19] Competitive employment is defined as "Paid employment in the community in a position that is also open to individuals without a disability".
[20] "n/a" indicates where no scores were given for that SSM domain.

Domain	Intake Average Score	3-month Average Score	6-month Average Score	12-month Average Score	18-month Average Score	24-month Average Score
Mental Health	2.19	2.11	2.32	2.58	2.40	2.50
Substance Abuse	3.19	3.04	3.43	3.74	4.30	3.92
Safety	3.81	4.14	4.00	3.95	4.80	4.17
Disabilities	2.59	2.59	2.70	3.00	3.11	2.17
Total Score	**44.14**	**48.57**	**46.61**	**49.21**	**49.90**	**50.92**
	n = 42	n = 28	n = 27	n = 16	n = 8	n = 10

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

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.

Few ACT consumers perpetrated violence towards others and/or experienced victimization.

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.

MHS administered the MacArthur Tool with ACT consumers who were enrolled during FY 2018-19. Eighteen consumers had an initial assessment with 10 of these consumers subsequently taking the

MacArthur Tool at least once during their ACT enrollment. Below RDA provides information on the change these 10 consumers experienced overtime.

The majority of ACT consumers at their initial assessment reported that they had not been victimized nor perpetrated violence towards someone in the month prior to enrollment (80%, n = 8). Two consumers reported being victimized (20%, n = 2) and perpetrating violence (20%, n = 2) in the month prior to their enrollment. For MacArthur assessments taken between three and twenty-four months after ACT enrollment, there was a slight decrease in victimization in the prior month (10%, n = 1) and the number of consumers perpetrating violence remained the same (20%, n = 2).

Given the sensitive nature of these questions, few consumers agree to take this assessment, particularly when they first begin the ACT program. Therefore, these results are likely an underrepresentation of these outcomes and should be interpreted cautiously.

Consumer Satisfaction

Understanding consumers' 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 satisfaction survey tool was used to assess consumer satisfaction with ACT services.

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

In FY 2018-19, MHS collected program satisfaction surveys from 43 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. Forty-one consumers responded to this question with an average score of 4.66.

MHS connected consumers with many resources and supported them in acquiring assistance for their everyday needs. The greatest number of consumers noted that MHS helped them with the following resources:

- Housing (n = 25)
- Transportation (n = 28)
- Counseling (n = 30)
- Medication Support (n = 30)

AOT Enforcement Mechanisms

During FY 2018-19, 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 or issues 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 enforcement mechanism of a court order to meet with the treatment team was used for less than five consumers in

Contra Costa County's AOT program during FY 2018-19.[21] This is the first reporting period an enforcement mechanism has been used by the County.

Summary of Findings

This FY 2018-2019 report to California's DHCS 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 2018-19.

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

In FY 2018-19, the County received 136 referrals for AOT. At the conclusion of the fiscal year, 18% (n = 24) were still being investigated for AOT eligibility. Of those referrals that were closed (N = 112), 19 consumers (17%) 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. Forty consumers (36%) were referred to MHS in FY 2018-19 for outreach and engagement services, with 23 consumers ultimately enrolled in ACT and 16 consumers still receiving outreach and engagement at the end of the evaluation period. In FY 2018-19, about one-third of consumers were closed without connection to services; the majority of those who were closed either did not meet all of the nine AOT eligibility criteria, could not be located, or the qualified requestor was unavailable or withdrew the request.

Twenty-one percent of consumers were adherent with ACT services during FY 2018-19.

RDA's analysis of ACT services is based on MHS encounter data, which is entered into the County's ShareCare Billing System by MHS staff. During FY 2018-19, consumers received fewer ACT services based on the electronic health data provided. Almost half of consumers (n = 40) received less than one hour of face-to-face services per week and met with the ACT team face-to-face fewer than two times per week, on average. Only 18 ACT consumers (21%) were considered treatment adherent, receiving at least one hour of face-to-face engagement with their ACT team at least two times per week.

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, 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 expressed satisfaction with ACT services while enrolled in ACT. In survey responses, consumers rated their level of satisfaction very high (4.7 on average on a scale of 1 - 5). In particular, ACT consumers noted that MHS helped them with housing (n = 25), transportation (n = 28), counseling (n = 30), and medication support (n = 30).

AOT enforcement mechanisms were used for the first time during FY 2018-19.

A court order to meet with the treatment team was issued for less than give consumers during FY 2018-19. Notably, this was the first reporting period that Contra Costa County used an enforcement mechanism for the AOT program.

Appendices

Appendix I. AOT Eligibility Requirements[22]

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.

[22] 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 2018-19.

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 2018-19. 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 2018-19. 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 (DCR) 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 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. In addition, the data from consumers' MacArthur Abbreviated Community Violence Instrument was to address consumers' experiences of victimization and violence. MHS also provide the results of their annual consumer survey, which was used to determine consumer satisfaction with the ACT program.