Ventura County Behavioral Health Assisted Outpatient Treatment (AOT) Program Evaluation

Annual Report

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Background

California Assembly Bill 1421 (AB 1421), also known as Laura's Law, was passed in 2002 to address one of the largest issues facing the mental health community across the nation: the cycle of repetitive psychiatric crises and resulting hospitalizations and incarcerations of the most seriously mentally ill who struggle to engage in services. AB 1421 authorized the provision of Assisted Outpatient Treatment (AOT) in counties that adopt a resolution to implement AOT. The California Legislature developed AOT to "equitably assign high risk, hard to treat individuals with increased needs in a system with limited resources."[1]

AOT changes the mental health system in three ways:

- **Referrals**: AOT expands the referral process to allow "qualified requestors"[2] to refer someone to receive mental health services.
- **Outreach and Engagement**: AOT increases outreach and engagement to link clients to the appropriate level of mental health service.
- **Civil Court Involvement**: AOT introduces civil court involvement to compel eligible individuals to participate in outpatient mental health services.

AOT is intended to interrupt the cycle of hospitalization, incarceration, and homelessness for people with serious mental illness who have been unable and/or unwilling to participate in mental health services on a voluntary basis. AOT accomplishes this through expanded referral, assessment, and outreach and engagement services combined with civil court involvement, whereby a judge may order participation in outpatient treatment. AB 1421 defines the target population, intended goals, and the specific suite of services required to be available for AOT consumers in California.

Assist Program Overview

Objectives

In 2016, Ventura County's Board of Supervisors (BOS) approved the implementation of AOT in Ventura County through a program called Assist, led by Ventura County Behavioral Health (VCBH). Assist was designed to achieve three objectives:

[1] Le Melle, Stephanie. (2013). Assisted Outpatient Treatment, Kendra's Law, the New York Story. Paper presented at the SAMHSA Seminar on Assisted Outpatient Treatment on December 12, 2013; Rockville, Maryland.
[2] As specified in the Welfare and Institutions Code, Section 5346, "qualified requestors" include: An adult who lives with the individual; a parent, spouse, adult sibling, or adult child of the individual; the director of an institution or facility where the individual resides; the director of the hospital where the person is hospitalized; the treating or supervising mental health provider; or a probation, parole, or peace officer.

1. Increase the number of individuals with serious mental illness (SMI) receiving outpatient treatment by intervening with them and their families in ways that are effective and culturally informed.
2. Increase the number of persons with SMI receiving effective outpatient treatment by adding a means (i.e., court order) to intervene on their behalf when they are engaged in other systems (e.g., hospital, court, and jail).
3. Promote health, wellness and recovery to allow previously untreated persons to live a self-directed life while striving to reach their full potential.

VCBH expected that the individuals most likely to qualify and be enrolled in Assist would be those who have resisted treatment and whose loved ones were eager to help link them to treatment to promote their well-being. VCBH also estimated that Assist would provide opportunities to serve more of the county's low income and Latino residents who experience SMI but are not currently receiving treatment. Given that 42% of Ventura County's population is Latino, Assist was designed to conduct targeted efforts to reach the Latino community through culturally informed outreach, engagement, and rehabilitation strategies with bilingual and bicultural staff.

Collaborative Partnerships

Assist utilizes funds authorized by the Mental Health Services Act (MHSA) and a grant from the Substance Abuse and Mental Health Services Administration (SAMHSA). VCBH estimated that this funding level could support services for approximately 60-75 Assist program consumers per year. Assist was designed as a collaborative effort between VCBH and county stakeholders in the mental health community including the following service providers, state and local mental health agencies, civil courts, and law enforcement agencies:

- Ventura County Behavioral Health
- Telecare Corporation
- Ventura County Superior Court
- Public Defender
- County Counsel
- Patient Rights Advocate
- National Alliance on Mental Illness
- Behavioral Health Advisory Board
- City of Simi Valley Police Department
- Ventura County Medical Center
- Ventura County Public Health
- California State Department of Rehabilitation
- Ventura County Probation
- Ventura County Sheriff's Office
- Oxnard Police Department
- City of Ventura Police Department

Assist Program Services

The first stage of engagement with Assist occurs when a community member calls the VCBH's Rapid Integrated Support and Engagement (RISE) team to refer an individual for mental health treatment. RISE is one entry point to mental health services in Ventura County, and serves the key role of initial outreach and engagement of individuals referred for mental health services. If the referred individual qualifies, RISE then refers the individual to Assist.

Ventura County's Assist program focuses on using a consumer-centered approach to engage untreated individuals with SMI and helps them to recognize the benefit of participating in outpatient treatment. Specifically, Assist uses the Assertive Community Treatment (ACT) model, which includes a community-based, mobile, multidisciplinary, highly-trained mental health team that uses low staff-to-consumer ratios of no more than 10 consumers per team member and includes a personal service coordinator. (Additional information on the ACT model can be found in Appendix B, and on the Assist program in Appendix C).

When an individual is assessed to be eligible for Assist and is referred, their enrollment follows one of two processes depending on the individual's agreement or refusal to accept the mental health services offered:

- Voluntary Enrollment: If the person **voluntarily agrees to participate in Assist** during the assessment and outreach process, there is no court petition filed and no subsequent agreement with the court. When an individual is referred to Assist, they are informed that they will be petitioned to the court if they do not voluntarily agree to participate. Thus, although this initial enrollment process does not include court involvement, the possibility of it may be a factor in influencing or compelling the individual to agree to participate voluntarily.
- Court-Involved Enrollment: If Assist staff agree that a reasonable effort has been made to engage the individual to participate in the program, but they **refuse to voluntarily participate**, Assist can then employ a court-involved process to compel their participation. Assist staff provide a declaration to County Counsel, who files a petition with the courts. The individual is then notified of the hearing date and a Public Defender is assigned to work with them. During the court process, the individual either 1) enters into a voluntary settlement agreement to participate in Assist during the first hearing, or 2) contests the petition and the judge may issue a court order for them to participate during the second hearing. The individual then has an agreement with the court to participate in Assist for a period of six months.

Evaluation

This is the **second annual report** in a four-year evaluation designed to measure the implementation and outcomes of Ventura County's Assist program. It provides an analysis of Assist over the previous fiscal year (FY) from July 1, 2017 through June 30, 2018, drawing on data from multiple sources (see Appendix D). VCBH contracted Resource Development Associates (RDA) to plan evaluation activities, support data collection activities, and conduct analyses to evaluate Assist. This evaluation aims to achieve the following:

- Explore how Ventura County's Assist program engages consumers in mental health treatment services;
- Provide interim reports to support Ventura County and its partner agencies in a continuous quality improvement process to ensure that Assist is meeting its intended goals;
- Provide information to the BOS, VCBH, collaborating partners, and community stakeholders about the programmatic and cost effectiveness of Assist; and
- Meet the Department of Health Care Services (DHCS) and SAMHSA reporting requirements for the Assist program.

This evaluation is based on the Assist program's theory of change which maps each stage in the program to expected outcomes (Table 1)[3].

Table 1. Ventura County's Assist Program Theory of Change

Stage	Activity	Outcomes
Referral	Adults with SMI in need of AOT services are referred to RISE by qualified requestors	Who are the individuals being referred for services?
		Is there a diversity of referral sources?
Screening and Assessment	RISE assesses referred individuals and refers eligible individuals to Assist	Who are the individuals who meet the Assist program criteria?
		What is the disposition of individuals referred to Assist?
Outreach and Engagement	Assist staff provide outreach and engagement to support service acceptance	Do the Assist staff effectively engage adults with SMI?
		How does the Assist staff influence access and enrollment?
Assist Program Enrollment	Non-court-involved: Individuals agree to engage in treatment Court-involved: Individuals enter Assist through a voluntary settlement agreement or court order	Who participates in Assist and what services do they receive?
Assist Program Services	Individuals participate in Assist program services	Is there a reduction of negative individual-level outcomes (e.g., hospitalization)?
		Is there an increase in positive individual-level outcomes (e.g., independent living)?
		What are the program-level outcomes, including cost savings?

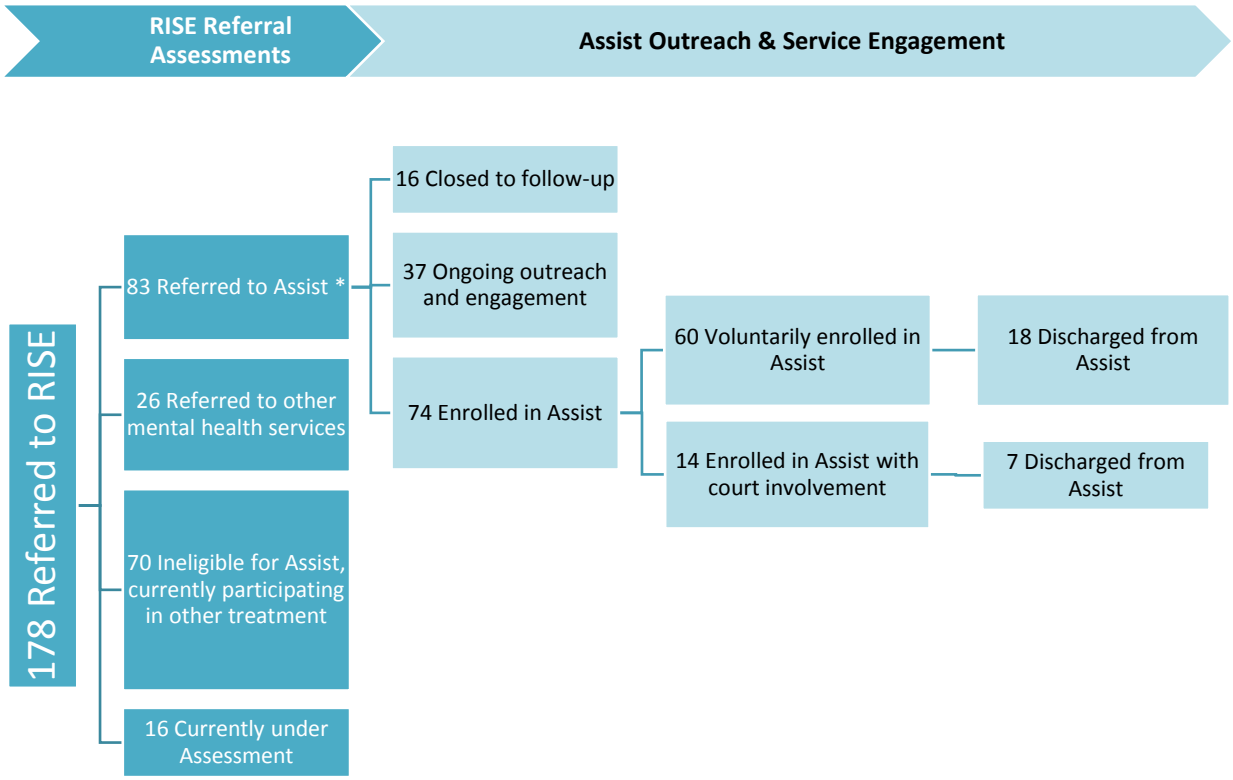
[3] See the "Ventura County AOT Evaluation Plan" submitted by RDA to VCBH in August 2017 for a detailed description of this four-year evaluation's planned methods, analyses and reporting activities.

Of note, the Assist program underwent a substantial change in July 2018. For the first two years of the program, Telecare, had been the contracted provider of Assist program services in Ventura County. Referrals come in to RISE, the county's main mental health referral service, and are routed to Telecare staff for outreach and enrollment in the Assist program. Beginning in July 2018, VCBH began providing Assist program services directly through the County, rather than contracting out to Telecare. Since this program change happened at the beginning of year three, this report includes the Assist services provided and reported by Telecare. Next year's report will reflect the services provided by VCBH's Assist program.

Assist Program Referral and Enrollment Findings

Figure below provides an overview of individuals with SMI who were referred to Assist during the FY 17/18 evaluation period (July 1, 2017 - June 30, 2018). During this time, RISE received mental health service referrals for 178 unique individuals. RISE then assessed and referred 83 individuals to Assist for further outreach and engagement to enroll in the Assist program. During the evaluation period, Assist conducted additional outreach and engagement services, resulting in 68 new consumers enrolling in the program and increasing the total number of Assist program participants to 74. Of those 74 consumers, 60 enrolled voluntarily and 14 were enrolled with court involvement. Since the program began, 25 consumers have been discharged from Assist and 49 consumers are currently enrolled and receiving services.

Figure 1. Assist Referrals and Enrollment Flow Chart (July 1, 2017–June 30, 2018)



*A total of 127 individuals have been referred by RISE to Assist. Thirty-eight individuals who received outreach and engagement services during the evaluation period were referred to Assist before July 2017. Six consumers who received Assist program services during the evaluation period were enrolled between April and June 2017. One consumer was discharged and then later re-enrolled.

RISE Referrals

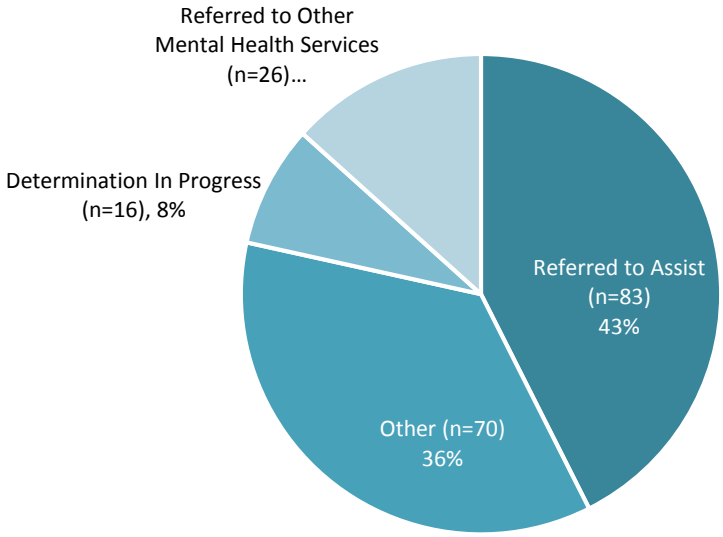
Almost half the individuals referred to RISE were assessed as eligible for Assist in approximately two weeks on average from their initial referral date.

RISE received 195 Assist program referrals for 178 unique individuals during the evaluation period. The majority (93%) of referred individuals spoke English, with 7% speaking Spanish. Individuals' ages ranged between 19 to 66 years old, with an average age of 37 years old. T**he majority of referrals were made by either a mental health treatment provider (68%) or family member (28%).** Most requestors had heard about Assist through a presentation, flyer, or clinic presentation.

After RISE receives a referral, they begin screening and assessment activities to determine the appropriate services for the referred individual. During the evaluation period, RISE provided a total of 1,617 outreach and engagement services totaling 1,676 hours. Most (79%) of RISE outreach and engagement activities involved direct contact with the individuals. RISE provided an average of six direct contact services with each referred individual, lasting an average of 66 minutes per encounter. In addition to direct contact services, RISE also conducted activities related to collateral contacts (e.g., friends, family, providers, law enforcement) to gather additional information to support the assessment of Assist program eligibility.

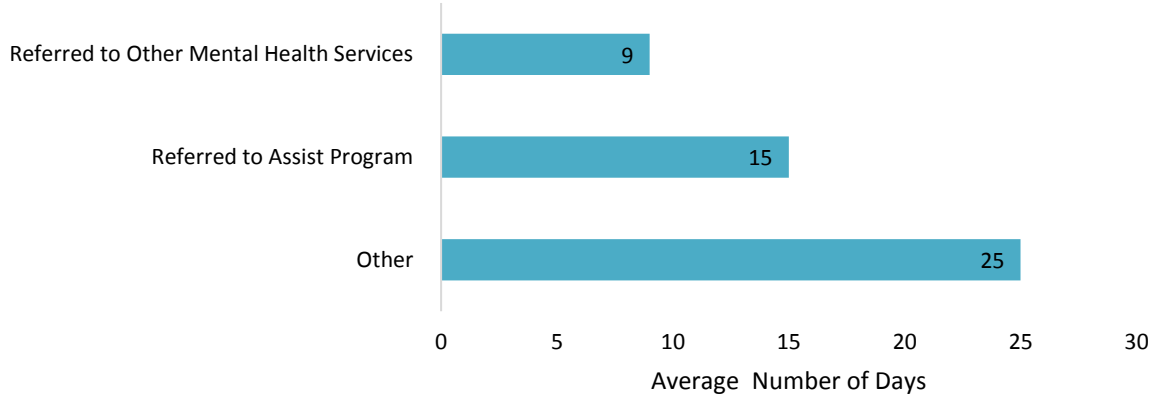
Overall, 43% of the individuals referred to RISE were referred to Assist to conduct further assessment and outreach. The remaining individuals who were not referred to Assist were referred to other appropriate services within or outside of RISE, or had an "Other" referral disposition (see Figure). Over half of the individuals with an "Other" disposition were not referred to Assist because they were already participating in programming (55%), while approximately one-third did not meet Assist criteria (32%). Only seven percent of individuals with an "Other" disposition were not referred to Assist because RISE could not locate the individual. These numbers indicate that the RISE team has been effective in locating the vast majority of individuals who have been referred, which may indicate both perseverance on the part of the team as well as strong collaborative relationships with other entities in the county, such as law enforcement.

Figure 2. RISE Referral Dispositions (July 1, 2017–June 30, 2018)



The average RISE referral disposition time period (from open to close) varied depending on the type of disposition. For those individuals referred to "Other Mental Health Services", the disposition period was the shortest (average 9 days, median 1 day, range 0-77 days). The average referral disposition time from RISE to Assist was approximately two weeks (15 days, median 10 days, range 0-71 days). The disposition period was generally longer for the individuals with dispositions marked as "Other", with an average length of 25 days (median 12 days, range 0-158 days) See Figure below.

Figure 3. Average RISE Referral Disposition Time Periods (N=165 Referrals[4])



[4] 30 RISE dispositions were missing referral open or close dates.

The 96 individuals who were not referred to Assist (i.e., referred to "other mental health dispositions or categorized as "Other") generally only met only six of the nine Assist eligibility criteria. These individuals typically did not meet criteria 7, 8 and 9 as listed in Table below.

Table 2. AOT Criteria Fulfillment for Consumers Not Referred to Assist (N=96)

	AOT Criteria	#	%
1	**18 Years of age or older**	96	100%
2	**Suffering from mental illness**	87	91%
3	**Unlikely to survive safely in the community without supervision**	73	76%
4	**Has a history of lack of compliance with treatment for their mental illness**	63	66%
5	**The person's condition is substantially deteriorating**	44	47%
6	**The person is in need of Assist treatment services in order to prevent a relapse or deterioration that would result to harm of one's self or other**	42	44%
7	**Participation in Assist would be the least restrictive placement necessary to ensure the person's recovery and stability**	37	39%
8	**The person has been offered an opportunity to participate in a treatment plan and continues to fail to engage in the treatment**	36	38%
9	**The person will benefit from Assist treatment services**	32	33%

Assist Outreach and Engagement

Over half (58%) the individuals who received Assist outreach and engagement services were enrolled.

RISE's assessment efforts identified and referred 83 eligible individuals to Assist for additional outreach and engagement services. During the evaluation period of FY 17/18, Assist provided a total of 732 outreach and engagement services to these individuals totaling 389 hours (93 hours of which were direct contact service encounters). The average number of direct contact service encounters per person was 2.6, and the average length of each encounter was 30 minutes (median 26, range 1-97). In addition to direct contact services, Assist also conducted activities related to collateral contacts (e.g., friends, family, providers, law enforcement) to support their efforts to engage these potential consumers in Assist program services.

For the purpose of this evaluation, RDA established the following four eligibility status categories to reflect the disposition of referred individuals at the end of the evaluation period (Table). As of June 30, 2018, approximately one third (29%) were still receiving outreach services and 13% were closed to further outreach and engagement.[5]

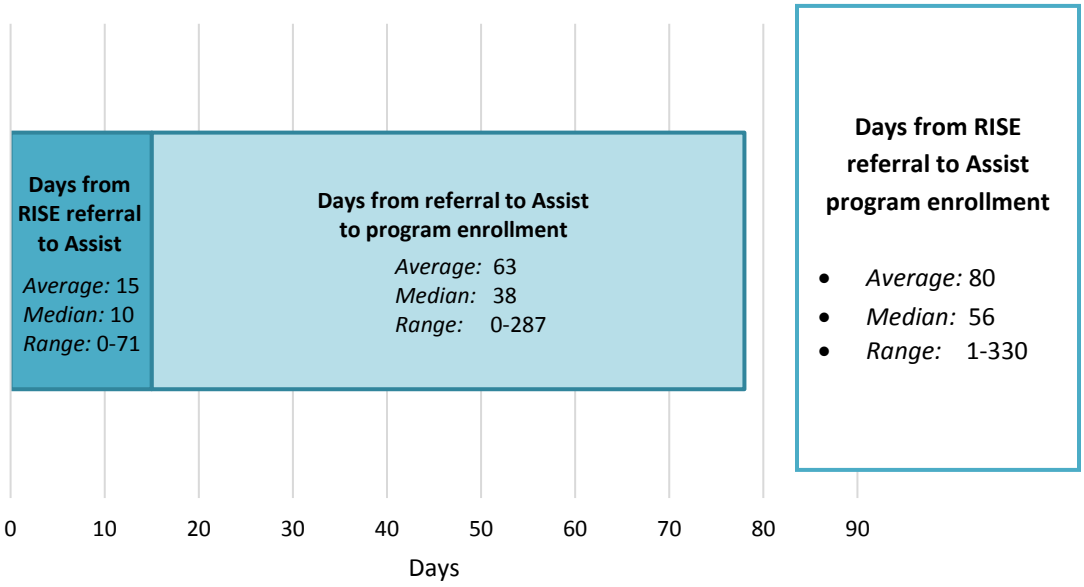
[5] The most common reasons for cases to be closed during Assist's outreach and engagement were: individual under conservatorship, individual facing charges, individual's whereabouts unknown or moved/moving out of the county, and individual successfully participating in other services.

Table 3. Eligibility Status of Individuals Referred to Assist (N=127)[6]

Eligibility Status	Description	# Consumers (%)
Enrolled in Assist Voluntarily	Consumers referred to Assist who enrolled and are receiving services voluntarily.	**60 (47%)**
Enrolled in Assist with Court Involvement	Consumers referred to Assist who needed court involvement to enroll and receive services.	**14 (11%)**
Ongoing Outreach and Engagement	Individuals currently engaged by Assist with the goal of enrolling them.	**37 (29%)**
Closed	Eligible individuals who were referred to Assist but closed in collaboration with Ventura County.	**16 (13%)**

For the 74 consumers enrolled in Assist, the average number of days from RISE referral to Assist enrollment was 80 days (see Figure). This represents a 20% decrease in Assist enrollment time from the 2017 annual report, which calculated an average of 96 days from RISE referral to Assist enrollment during January–September 30, 2017. However, on average, it is still taking two to three months to complete both RISE and Assist outreach and referral stages with referred individuals. Of the 60 consumers who enrolled in Assist voluntarily, 16 consumers (27%) took longer than 90 days from the time they were initially referred to RISE.

Figure 4. Number of Days from RISE Referral to Assist Enrollment (N=74)



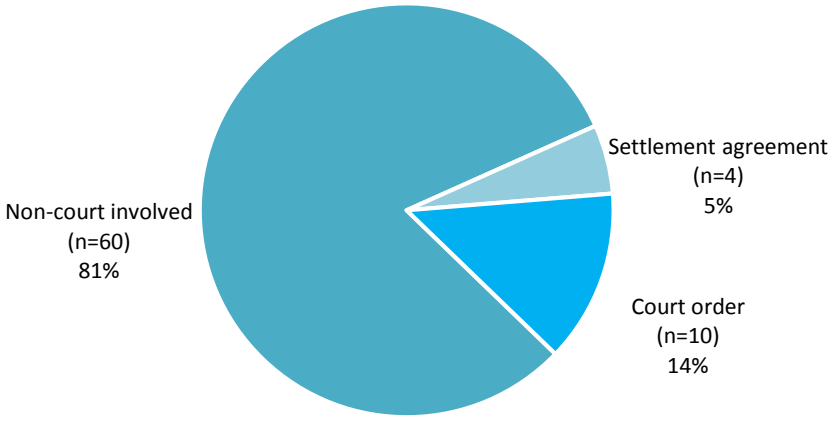
[6] This table reports on the eligibility status of the 83 individuals referred to Assist during the evaluation period; 38 of these individuals received Assist outreach and engagement services during the evaluation period and were referred to Assist before July 2017; six consumers enrolled in Assist prior to July 2017 and received program services during the evaluation period.

Assist Program Enrollment

Assist is supporting individuals to accept mental health treatment, primarily through voluntary enrollment; 81% of referred individuals agreed to participate voluntarily (n=60).

In total, 74 consumers participated in Assist during the evaluation period. A small subset of consumers (n=4, 5%) enrolled after reaching a voluntary settlement agreement with the court, and 14% (n=10) were court-ordered to enroll following a contested hearing (Figure).

Figure 5. Assist Enrollment Court Involvement (N=74)



Of these consumers, most (n=49, 66%) are still currently enrolled in Assist, while 25 were discharged. Table summarizes the status of all Assist enrollments.

Table 4. Status of All Assist Enrollments (N=74)

Consumer Enrollment	Consumers	% of Total
Non-Court-Involved Consumers	**60**	**81%**
Discharged	18	24%
Currently Enrolled	42	57%
Court-Involved	**14**	**19%**
Discharged	7	10%
Currently Enrolled	7	10%

Although the length of consumers' enrollment varies, they were enrolled for an average of 5.8 months (range 0.1-13.2 months). Of the 25 consumers who were discharged, the average enrollment period was 6.3 months (median 6.4 months, range 0.9-12.6 months). **Slightly more than half of all discharged consumers were enrolled in Assist for six or more months (56%), with slightly less than half (44%) prematurely discharged after less than six months** (see Table 5). Of the 18 non-court-involved consumers discharged, 50% (n=9) were prematurely discharged.

Table 5. Time Enrolled of All Assist Enrollments (N=74)

	Consumers	%
Enrolled Consumers	**49**	
Less than 6 months	27	56%

	Consumers	%
6-9 months	11	22%
>9 months	11	22%
Discharged Consumers	**25**	
Less than 6 months	11	44%
6-9 months	9	36%
>9 months	5	20%

Assist Program Consumer Profile

Ventura County's Assist program served 74 consumers during the evaluation period. Table below highlights the demographic information for these consumers. Most Assist consumers were male (59%) and reported their race or ethnicity as Caucasian (45%) or Latino/Hispanic (23%), while a smaller portion of consumers reported their race as African American (9%).[7] The average age of consumers was 37 years (ranging from 19 to 63). Similar to other California counties with AOT programs, a sizeable proportion (19%) of consumers are transition-age youth (TAY). However, as Assist is not specifically designed to serve this younger population, it may be worth exploring if it is the most appropriate for them.

Table 6. Assist Consumer Demographics (N=74)

Demographics	Consumers	% of Total
Gender		
Female	44	59%
Male	30	41%
Age Group		
TAY (19-25)	14	19%
26-35	27	36%
36-45	14	19%
46-55	12	16%
56-63	7	9%
Race and Ethnicity		
African American	7	9%
Caucasian	33	45%
Latino/Hispanic	17	23%
Other[8]	9	12%
Unknown	8	11%

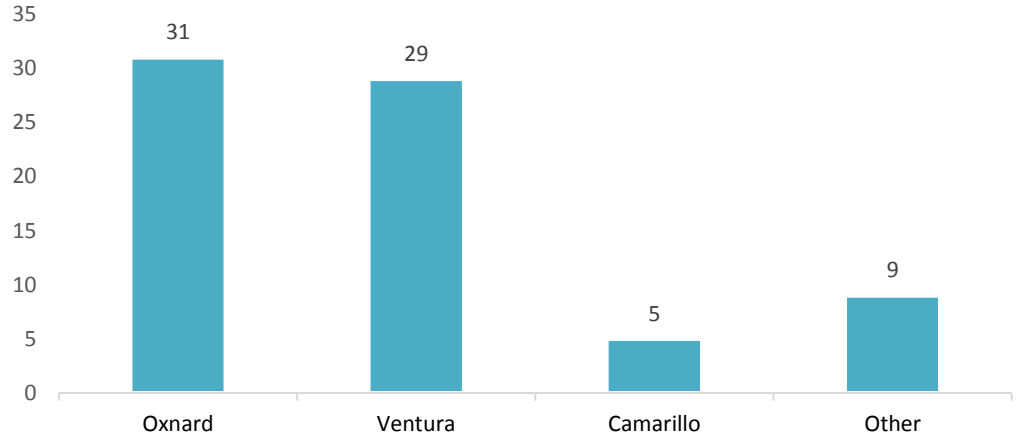
Slightly less than half (45%) of all Assist consumers identify as Caucasian, which is similar to Ventura County's demographic composition of 46% Caucasian, non-Hispanic residents.[9] Although Hispanic/Latino

[7] Demographic information was self-reported by consumers at Assist program enrollment
[8] Includes multi-racial, Asian, and Native American
[9] Ventura County population demographics were obtained from the U.S. Census Bureau's 2012-2016 American Community Survey 5-Year Estimates

residents make up 42% of Ventura County's population, they only make up 23% of Assist consumers. Additionally, Asian-Americans represent 1% of Assist program consumers but comprise approximately 7% of the county's population. Consumers who identified as African American represent a higher percentage of Assist consumers (9%) than the county's population (2%).

Most Assist consumers live in either Oxnard or Ventura (n=60, 81%), indicating that Assist is largely concentrated within these two coastal cities (Figure). Although these are two of the largest cities within Ventura County, they only account for approximately 40% of the county's population. The nine consumers in the "other" category live in Thousand Oaks, Simi Valley, Fillmore, and Santa Paula.

Figure 6. Assist Consumers' City of Residence

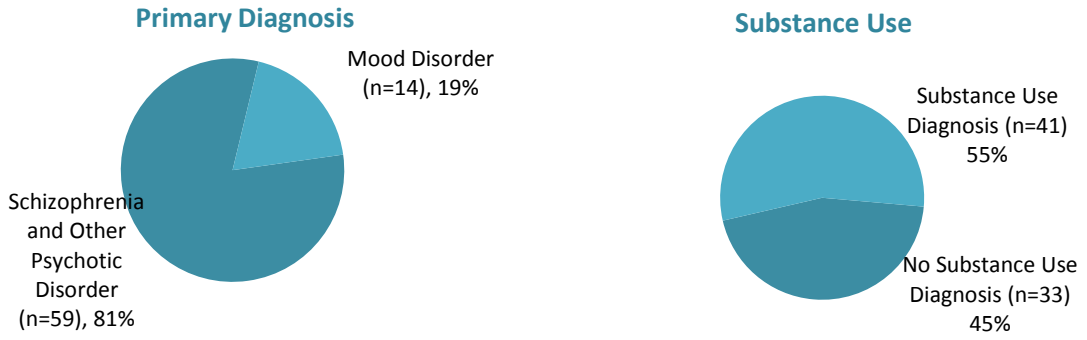


Mental Health Diagnosis and Substance Use

The majority of Assist program consumers have a primary diagnosis of schizophrenia or another psychotic disorder and approximately half have co-occurring substance use disorders.

As shown in Figure , the most common primary diagnosis of Assist program consumers is schizophrenia or another psychotic disorder (n=59, 81%). Substance use disorders include the recurrent use of alcohol and/or drugs that cause clinically and functionally significant impairment. Among the 74 Assist consumers, 55% had a co-occurring substance use disorder. Of the 64 consumers who completed GPRA NOMS at the time of enrollment, 41% (n=26) reported substance use within the past 30 days.

Figure 7. Primary Mental Health Diagnosis and Substance Use of Assist Consumers (N=74)[10]



Psychiatric Symptoms

The majority of Assist consumers experience a "very mild" to "mild" severity of psychiatric symptoms.

To access the severity of consumers' symptoms, Assist administered the Brief Psychiatric Rating Scale Expanded (BPRS-E), which is a rating scale for clinicians to measure psychiatric symptoms across a comprehensive set of common symptoms from one ("not present") to seven ("extremely severe") at the time of enrollment. At the end of the evaluation period, Assist had attempted to administer the BPRS-E to 74 consumers. Of these consumers, 16 either refused or were not assessed, while 8 consumers were still waiting to complete their scheduled assessments. The average scores for Assist consumers ranged between 2.0 ("very mild") for negative symptoms to 3.2 ("mild") for positive symptoms (see Table below). The majority of court-involved consumers refused or were not administered assessments. However, the court-involved consumers who were did respond to the assessment reported experiencing slightly more severe symptoms than the consumer population as a whole, but the relatively small number of these consumers may not capture the experience of all court-involved consumers.

Table 7: Assist Consumers' Enrollment BPRS-E Scores - Average Scores (N=50)

Symptom Domains	Subscale Items	Average Score
Affect	Anxiety, guilt, depression, suicidality	3.0
Positive Symptoms	Hallucinations, unusual thought content, suspiciousness, grandiosity	3.2
Disorganizations	Conceptual disorganization, disorientation, self-neglect, mannerisms-posturing	2.5
Negative Symptoms	Blunted affect, emotional withdrawal, motor retardation	2.0
Activation	Excitement, motor hyperactivity, elevated mood, distractibility	3.0

Legend:	1 = Not Present	2 = Very Mild	3 = Mild	4 = Moderate	5 = Moderately Severe	6 = Severe	7 = Extremely Severe

[10] One Assist consumer's primary mental health diagnosis is missing.

Insight and Awareness

The majority of Assist consumers have partial insight into their illness and need for treatment.

Consumers' awareness of their illness and insight into their necessity for treatment influences their treatment adherence and success. Assist implemented the Insight and Treatment Attitudes Questionnaire (ITAQ) which includes 11 questions designed to measure awareness of illness and insight into need for treatment among Assist consumers at enrollment. At the time of this report, Assist attempted to administer ITAQ to 74 consumers. Of these consumers, 11 refused and 8 are still waiting to complete their scheduled assessments. A total of 55 consumers completed the baseline ITAQ assessment, and the majority had partial insight into their illness and need for treatment (Table).[11]

Table 8: Assist Consumers' Enrollment Insight and Treatment Attitude Scores (N=55)

	Overall Average	Interpretation
Treatment Attitudes	1.1	0- No Insight 1- Partial Insight 2- Good Insight
Awareness of Illness	1.0	0- No Insight 1- Partial Insight 2- Good Insight

Violence and Victimization

Most Assist consumers reported that they did not experience violence or victimization during the 30 days prior to enrollment.

The Assist team implemented the Abbreviated MacArthur Community Violence Tool (MacArthur Tool) to assess the frequency of violence, victimization or perpetration of assaultive behavior experienced by consumers during the 30 days prior to their enrollment. Victimization and violent behavior include behavior that causes physical or emotional harm to themselves or others, ranging from verbal abuse to physical harm to self, others, or property.

At the time of this report, Assist attempted to administer the MacArthur Tool to 74 consumers. A total of 72 consumers completed the baseline MacArthur assessment at the time of enrollment. The majority of reported that they had not been victimized nor perpetrated violence towards someone in the month prior to enrollment (Table 9). Most court-involved consumers who responded to the assessment also reported that they did not experience violence and victimization or perpetration in the month prior to enrollment.

[11] There are currently not enough data for court-involved consumers to report on their insight and awareness outcomes during Assist enrollment in this evaluation.

Table 9: Consumers Experience of Violence and Victimization in the last 30-Days (N=72)

Domain	
Perpetrated Violence	15 (16%)
Experienced Victimization	16 (17%)

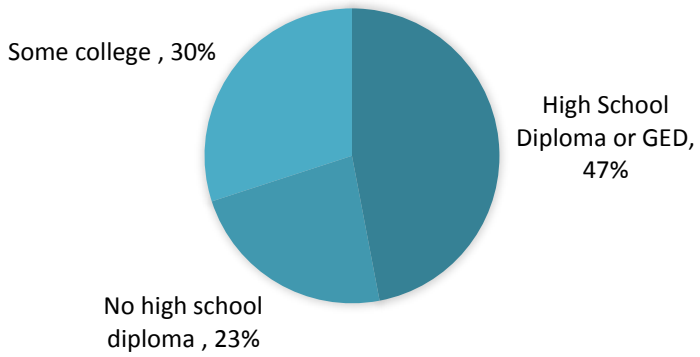
Assist Consumer Education and Employment Status

Assist consumers came to the program with wide a range of education levels, and the vast majority were not employed at enrollment.

Self-reported data were used to assess consumers' education and employment status at the time of their Assist enrollment. The vast majority of the consumers who responded reported that they were unemployed during the 30 days prior to enrollment.

Assist consumers' education level attainment at the time of enrollment included high school diploma or GED, vocational/technical diploma, and some college/university (Figure 8).[12]

Figure 8: Assist Consumers' Level of Educational Attainment (N=53)



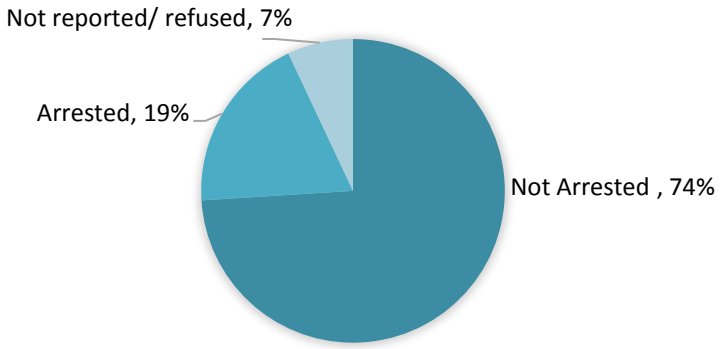
Criminal Justice Involvement

Most Assist consumers had not been arrested during the 30 days prior to enrollment.

As shown in Figure 9 below, 74% of Assist consumers had not been arrested during the 30 days prior to their enrollment in the program. There were not enough consumers available to complete a six-month reassessment to report on consumer outcomes for justice-involvement by the end of the evaluation period for this report. Future evaluation reports will present consumer justice-involvement data when more have had the opportunity to report this information.

[12] The majority of court-involved Assist consumers did not report their educational attainment.

Figure 9: Assist Consumers' Arrests Prior to Enrollment (N=58)



Service Participation

Assist provides an average of four direct services to consumers per month. [13]

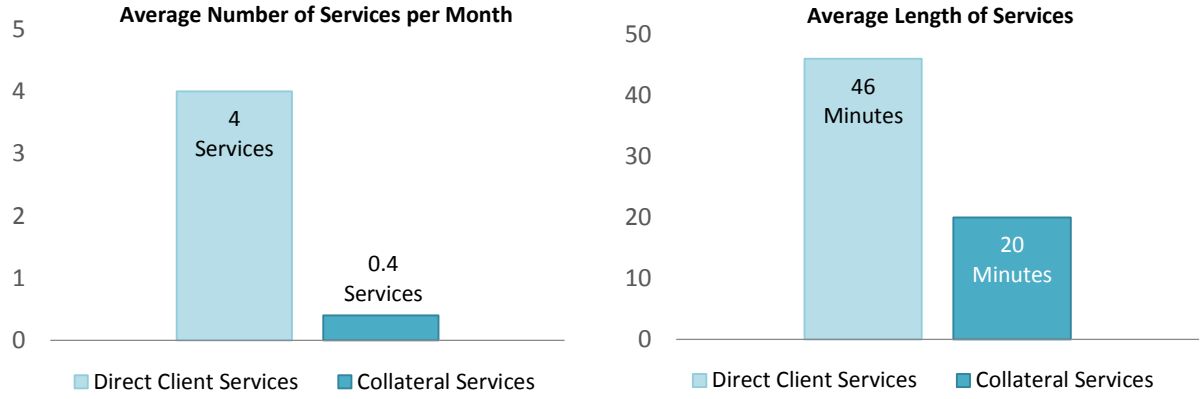
During the evaluation period, Assist provided a total of 2,346 services totaling 2,297 hours for 74 consumers, of which 888 hours were direct in-person contacts. In addition to the direct contact services, Assist conducted activities related to collateral contacts (e.g., friends, family, providers, and law enforcement) and documentation. Services were provided in an office setting (29%), in the community (23%), by phone (22%), at the consumer's home (16%), or at a jail or prison (3%).[14]

The ACT model of the Assist program is designed to provide intensive community-based treatment measured by: 1) the ***intensity*** of services, which is the amount of service an individual receives in a defined time period; and 2) the ***frequency*** of services, which is how often an individual receives services. Among the 71 consumers with at least one month of program participation, the Assist team provided each with an average of 4 direct contact services per month (median 2.8, range 0.4-16) for an average length of 46 minutes per encounter (median 45, range 2-163) as illustrated in Figure 10 below. Court-involved Assist consumers generally had slightly lower service engagement compared to non-court-involved Assist consumers.

[13] Direct contact services were provided directly to the consumer in person and do not include services provided over the phone

[14] An additional 7% of services were provided in a location coded as "Other"

Figure 2. Average Number and Length of Assist Program Services (N=71)



Treatment Adherence

The majority of Assist consumers are willing to participate in ongoing Assist services, although the level of treatment adherence varies.

Treatment adherence is defined as engaging consumers in direct in-person contact services provided by Assist at least twice per month.[15] To evaluate consumers' treatment adherence throughout their program enrollment period, the following adherence categories were created:

- **Always Adherent:** Consumer was adherent for every month enrolled in Assist.
- **Mostly Adherent:** Consumer was adherent for more than half of the months enrolled in Assist.
- **Sometimes Adherent:** Consumer was adherent for less than half of the months enrolled in Assist.
- **Not Adherent:** Consumer was adherent for none of the months enrolled in Assist.

Given that the definition for treatment adherence is based upon at least one month of Assist program services, the three consumers enrolled in the program for less than one month were excluded from this adherence analyses, limiting findings to 71 consumers.

As shown in Table below, approximately half (48%) of consumers were "mostly" or "always adherent" to treatment. The previous 2017 annual report found that significantly more consumers (82%) were adherent to treatment. However, the average length of program participation at that time was only two months compared to the current average of 6 months, indicating that consistently engaging the consumers in Assist services is more challenging over longer periods of time.

[15] The definition of treatment adherence does not include services provided over the phone with the Assist team.

Table 3. Treatment Adherence of Assist Program Consumers Enrolled At Least One Month

Adherence to Treatment Plan	All Consumers (N=71)	
	Consumers	% of Total
Always Adherent	12	17%
Mostly Adherent	22	31%
Sometimes Adherent	28	39%
Not Adherent	9	13%
Total	**39**	**100%**

33% of court-involved consumers were "mostly" or "always adherent". Within the non-court-involved consumer population, 63% of those enrolled for three months (n=46) were "not adherent. Of those enrolled in Assist for six or more months (n=29), an even larger proportion (72%) were "not adherent" in months 4-6. Almost all (94%) of the non-court-involved consumers who were "not adherent" to treatment in their first three months of the Assist program continued to be "not adherent" to treatment in months 4-6, indicating that **consumers who are "not adherent" in the beginning of the program are unlikely to become adherent later and may benefit from additional monitoring or court involvement.**

Assist Consumer Outcomes

The following section presents findings across a variety of outcomes experienced by Assist consumers. We first share Assist consumers' experiences of the main negative outcomes that Assist is intended to affect from a systems perspective – crises and psychiatric hospitalizations. Then, we present how Assist consumers' psychiatric symptoms, treatment attitudes, violence and victimization, social functioning and independent living skills, and housing situations have changed since their participation in Assist services. In subsequent evaluation reporting with more quality data, we will be able to conduct more robust analyses and report towards outcomes experienced over longer periods of time.

Because the average length of Assist program enrollment varied widely (average of 5.8 months), for most consumers there is a discrepancy in the time period for pre-Assist program enrollment outcomes (one year prior) and outcomes during Assist program participation. Given this difference in reporting periods and most consumers' relatively short enrollment periods, it is premature to draw definitive conclusions regarding reductions or avoidance of outcomes. Thus, these findings should be interpreted cautiously.

Crisis and Psychiatric Hospitalizations

Fewer consumers experienced crisis episodes and psychiatric hospitalization during Assist program participation.

Assist aims to reduce the level of crisis and hospitalization events among participating consumers. RDA compared consumers' service utilization history data for the year prior to their Assist program enrollment to the time period they were enrolled in the Assist (for all consumers enrolled at least 90 days). As shown

in Table 11, more than half (n=42, 79%) of these consumers experienced a crisis episode during the year prior to Assist enrollment. Of these 42 consumers, 9 had enrolled in Assist with court-involvement (90% of the court-involved population were enrolled at least 90 days). During Assist program enrollment, 21 consumers experienced a crisis episode (40%). For the consumers who experienced a crisis episode during Assist program enrollment, their rate of crisis episodes per 90 days remains similar for both before and after Assist program enrollment with a slight decrease in average length.

Table 4. Crisis Episodes Before and During Assist Program Enrollment

	Assist Consumers Enrolled ≥90 Days (N=53)	
	Before Enrollment	During Enrollment
Number of Consumers	n = 42	n = 21
Number of Episodes	0.9 episodes per 90 days	1.0 episodes per 90 days
Average Length	1.8 days	1.5 days

As shown in Table below, over half (n=35, 66%) of all consumers enrolled at least 90 days experienced at least one psychiatric hospitalization episode in the year prior to Assist program enrollment, with an average of 0.6 hospitalizations per 90 days and an average hospital length of stay of 16 days. During enrollment, 21 consumers (40%) experienced a psychiatric hospitalization, with an average of 0.6 hospitalizations per 90 days and an average stay of 12.1 days. For consumers who experienced a psychiatric hospitalization during Assist enrollment, the rate of psychiatric hospitalizations per 90 days remained the same as the year prior to their enrollment.

Table 5. Psychiatric Hospitalization Before and During Assist Program Enrollment

	Assist Consumers Enrolled ≥90 Days (n=53)	
	Before Enrollment	During Enrollment
Number of Consumers	n = 35	n = 21
Number of Episodes	0.6 episodes per 90 days	0.6 episodes per 90 days
Average Length of Stay	15.5 days	12.1 days

The decrease in the number of consumers experiencing any hospitalizations during enrollment in Assist may suggest that since consumers receive more frequent direct contact while in the care of a treatment team, treatment staff are able to identify and intervene earlier when they experience a crisis, compared to when they were not observed on a regular basis.

Additionally, among consumers who did experience a hospitalization, the average length of stay decreased slightly. One possible reason is that hospital staff may be more likely to discharge consumers sooner when they know that consumers will be discharged to an ACT team (Assist) who provides high-intensity, community-based care.

Psychiatric Symptoms

Overall, psychiatric symptom severity remained constant prior to and during Assist program enrollment.

Assist staff conducted an enrollment and a six-month interim BPRS-E assessment for 20 consumers. The average scores for all consumers ranged between 2.1 ("very mild") for negative related symptoms to 3.0 ("mild") for positive-related symptoms and affect-related symptoms. After six months of Assist program participation, the overall average severity score decreased slightly for affect- and activation-related symptoms, while the average severity score for positive related symptoms, disorganization, and negative related symptoms increased slightly.[16]

Table 6. Assist Consumers' BPRS-E Scores at Enrollment and 6-Month Interim (N=20)

Symptom Domains	Subscale Items	Enrollment	Interim
Affect	Anxiety, guilt, depression, suicidality	3.0	2.9
Positive Symptoms	Hallucinations, unusual thought content, suspiciousness, grandiosity	2.7	3.0
Disorganizations	Conceptual disorganization, disorientation, self-neglect, mannerisms-posturing	2.2	2.4
Negative Symptoms	Blunted affect, emotional withdrawal, motor retardation	2.1	2.3
Activation	Excitement, motor hyperactivity, elevated mood, distractibility	2.7	2.6

Legend:	1 = Not Present	2 = Very Mild	3 = Mild	4 = Moderate	5 = Moderately Severe	6 = Severe	7 = Extremely Severe

Insight and Awareness

Overall, the insight and treatment attitudes of consumers stayed constant before and during Assist program enrollment.

Consumers' awareness of their illness and insight into the necessity for treatment influences treatment adherence and success. To assess the awareness of illness and treatment attitudes, Assist staff conducted an ITAQ assessment for 20 consumers at the time of their enrollment and again six months later. The majority of these consumers had partial insight into their illness and need for treatment (Table 14). [17]

[16] There are currently not enough data for court-involved consumers to report on their psychiatric symptom outcomes during Assist enrollment in this evaluation.

[17]There are currently not enough data for court-involved consumers to report on their insight and awareness outcomes during Assist enrollment in this evaluation.

Table 7: Assist Program Consumers' Enrollment and Six-Month Interim Insight and Treatment Attitude Scores (N=20)

Domain	Enrollment	Interim	Interpretation
Treatment Attitudes	1.1	1.1	1- No Insight 2- Partial Insight 3- Good Insight
Awareness of Illness	0.9	1.0	1- No Insight 2- Partial Insight 3- Good Insight

Violence and Victimization

Most Assist program consumers did not report experiencing violence or victimization before and during Assist program enrollment.

As mentioned earlier in this report, Assist implemented the MacArthur Tool to assess experiences of violence and victimization by consumers. During the assessment period, 39 consumers completed the MacArthur Tool at the time of their program enrollment and again after six months.[18]

The majority of the Assist program consumers at both baseline and after six months of being enrolled in the program reported that they had not been victimized or perpetrated violence towards someone during the previous 30 days. While still low, the percentage of consumers who did report experiencing victimization in the previous month increased from 13% to 22% after being enrolled six months. However, this may also indicate that program involvement is increasing awareness about being victimized or that Assist consumers are more willing to disclose reports of victimization after they are comfortable in the program.

Table 8: Consumers' Experience of Violence and Victimization (Previous 30 Days)

Domain	Enrollment (N=39)	Interim (N=39)
Perpetrated Violence	9 (17%)	6 (11%)
Experienced Victimization	7 (13%)	12 (22%)

Social Functioning and Independent Living Skills

Overall, consumers reported that their social functioning and independent living skills have improved during Assist enrollment.

"Social functioning" refers to the ability of a person to engage in social interactions, interpersonal relationships, and activities of meaningful engagement within communities. "Social connectedness" describes indicators such as a sense of belonging and the ability to maintain meaningful friendships. Table

[18] There are currently not enough data for court-involved consumers to report on their violence and victimization outcomes during Assist enrollment in this evaluation.

18 and Table 19 below show the social functioning and social connectedness outcomes reported by all Assist consumers who responded to both the initial enrollment and 6-month assessments (n=31).

As shown in Table 16, the percentage of consumers reporting positively about their social functioning increased for 5 of the 8 indicators, such as dealing with daily problems and daily crisis, doing well in social situations and satisfactory housing.

Table 9: Assist Consumers' Social Functioning at Enrollment and Six-Month Interim

	All Consumers (N=31)		
Independent Living Skills Indicators	**Enrollment**	**Interim**	**% Change**
Functioning in everyday life*			
I deal effectively with daily problems.	65%	68%	5%
I am able to control my life.	65%	68%	5%
I am able to deal with crisis.	60%	73%	18%
I am getting along with family.	58%	57%	-2%
I do well in social situations.	71%	86%	18%
I do well in school and/or work.	74%	71%	-4%
My housing situation is satisfactory.	40%	59%	32%
My symptoms are not bothering me.	100%	100%	0%

Table 17 shows that the percentage of consumers reporting positively about their social connectedness increased for 4 of the 6 indicators, including being happy with friendships and belonging to a community. However, of note, consumers reported a significant decrease in one area regarding having the support they would need from family and friends during a crisis. VCBH will want to work with consumers to ensure that as they become more involved in Assist programming and make changes in their life, that they are continuing to work on strengthening their natural support network of family and friends.

Table 10: Assist Consumers' Social Connectedness at Enrollment and Six-Month Interim

	All Consumers (N=31)		
Social Functioning Indicators	**Enrollment**	**Interim**	**% Change**
Social connectedness*			
I am happy with the friendships I have.	55%	68%	19%
I have people with whom I can do enjoyable things.	59%	55%	-7%
I feel I belong in my community.	55%	64%	13%
In a crisis, I would have the support I need from family or friends.	70%	50%	-41%
I have family or friends that are supportive of my recovery.	64%	68%	6%
I generally accomplish what I set out to do.	64%	82%	21%

Housing and Homelessness

Consumers reported that they are experiencing improved housing situations during Assist enrollment.

In addition to improving consumers' mental health outcomes, Assist is designed to support consumers in attaining suitable housing situations that support their community mental health treatment. Consumers' housing stability is measured at the point of enrollment and at six-month intervals following Assist enrollment. Assist consumers reported improvements in their experiences finding and staying in permanent housing. At six months post-enrollment, the number of clients in permanent housing increased by 100%. Additionally, at six months post-enrollment, fewer consumers reported spending any nights on the street, in a detox/correctional facility, or hospital for mental health care, indicating an increase in housing stability.

Table 18: Assist Consumers' Housing Stability at Enrollment and Six Months Interim (Previous 30 Days)

	Consumers (N=22)		
Housing Stability Indicators	Enrollment	Interim	% Change
In the past 30 days, I have spent 0 nights on the street, in a detox facility, correctional facility, or hospital for mental health care.	13.6%	27.3%	100%
In the past 30 days, I have had permanent housing.	4.5%	9.1%	100%

Discussion

Through Assist, Ventura County has added a completely new level of service for their communities that targets and serves consumers experiencing serious mental health issues that do not want to engage in mental health services. While outpatient psychiatric services are still the most appropriate level of treatment for these consumers, their history of non-engagement make them a particularly difficult population to serve, thus requiring the more intense and personalized services that ACT provides along with the added participation that comes with services being ordered through civil court.

It is important to note that VCBH made a substantial change to their implementation of AOT immediately following this evaluation year. In response to concerns that eligible consumers were not being enrolled in Assist services and that those who were enrolled were not receiving the overall service expected from an ACT program implemented to fidelity, VCBH decided to provide Assist program services directly rather than contracting again with Telecare Corporation. Since this change occurred in July 2018, this report reflects the final year of Telecare's Assist program services and provides suggestions to support VCBH as they begin to implement Assist "in-house".

Following the first fifteen months of Assist program implementation in Ventura County, several key takeaways emerged:

Referrals to RISE

RISE receives regular referrals from qualified requestors and has been successfully connecting referred individuals to Assist. During the evaluation period, RISE received an average of 16 referrals per month. The majority of referrals came from a mental health treatment provider, indicating that providers are aware of and utilizing the RISE referral process to refer individuals for services. RISE provided strong initial engagement with an average of six direct service contacts per referred individual during the evaluation period, lasting an average of 66 minutes each. The RISE team connected 43% of referred individuals to Assist within of two weeks on average and has been effective in locating the vast majority of individuals who have been referred. This may indicate both perseverance on the part of the RISE team as well as strong collaborative relationships with other entities in the county, such as law enforcement.

There appears to be a strong level of awareness of Assist within the mental health treatment provider community, but far fewer referrals from family and other qualified requestor types. Additionally, compared to the county population, Hispanic/Latino individuals are notably underrepresented in Assist and the majority of consumers (80%) live in either Oxnard or Ventura. This suggests there may be an opportunity to **expand and diversify Assist's outreach efforts.** To ensure that Assist is available to all Ventura County residents who qualify for the program, we recommend expanding outreach outside these cities, raising awareness in all communities about the referral process, and ensuring that the outreach is culturally responsive to the needs of the Hispanic/Latino community, including Spanish-language services.

Assist Outreach and Engagement

Almost half of the individuals who were deemed eligible for Assist and referred from RISE never enrolled. As of June 30, 2018, approximately one third (29%) of individuals referred from RISE were still receiving outreach services and 13% were closed to investigation. The remaining 58% of the individuals who received outreach and engagement services from Assist were enrolled. Assist conducted an average of 2.6 direct in-person contacts (on average 30 minutes each) with each referred individual over a period of two months; these data suggests that Assist was providing a lower amount of outreach and engagement than required to maximize enrollment for this population.

With the transition of Assist services provision, there may be opportunities to capitalize on the changes and streamline Assist's outreach and engagement services. Now that Assist services will also be provided by VCBH, there may be an opportunity for the Assist team to work more closely with RISE to increase the efficiency and effectiveness of their outreach and engagement in order to reduce the time it takes to enroll eligible individuals (63 days in FY 17/18) and further reduce the number of individuals who could not be located. Having both programs operating under VCBH may help leverage RISE's outreach efforts to facilitate warm handoffs and speedier enrollments in Assist.

Assist Program Services

Assist appears to be enrolling the target population. The Assist program is intended to serve individuals with SMI who are not engaging in services and are experiencing repetitive hospitalizations, justice system involvement, and homelessness. The majority of Assist consumers (81%) had schizophrenia or another psychotic disorder as a primary diagnosis and more than half (55%) had co-occurring substance use disorders. For all Assist program consumers, in the year prior to program enrollment most (79%) had at least one crisis episode and more than half (66%) experienced hospitalization.

Preliminary outcome analyses suggest consumer improvement in a number of areas for those participating in Assist.

- Compared to the year prior to enrollment, **fewer consumers experienced crisis episodes and psychiatric hospitalization** during their Assist program enrollment. In the year prior to enrollment, 79% of consumers experienced a crisis episode compared to 40% during Assist program enrollment. Similarly, 66% of consumers experienced at least one psychiatric hospitalization in the year prior to enrollment; this number dropped to 40% during program enrollment. This may suggest that treatment staff are providing support to consumers and are able to identify and intervene earlier when consumers experience a crisis, compared to when consumers were not observed on a regular basis.
- **Consumers reported that they are experiencing improved housing situations during Assist enrollment.** Assist consumers reported improvements in their experiences finding and staying in permanent housing. At six months post-enrollment, the number of consumers in permanent housing increased by 100%. Additionally, at six-months post-enrollment, fewer consumers

reported spending any nights on the street, in a detox/correctional facility, or hospital for mental health care, indicating an increase in housing stability.

- **Overall, consumers reported that their social functioning and independent living skills have improved during Assist enrollment.** The percentage of consumers reporting positively about their social functioning increased for several indicators, such as dealing with daily problems and daily crisis, doing well in social situations and satisfactory housing. Similarly, the percentage of consumers reporting positively about their social connectedness increased for several indicators, including being happy with friendships and belonging to a community. However, of note, consumers reported a significant decrease in one area regarding having the support they would need from family and friends during a crisis. VCBH will want to work with consumers to ensure that as they become more involved in Assist programming and make changes in their life, that they are continuing to work on strengthening their natural support network of family and friends.
- **Currently, only 19% of Assist program consumers are court-involved. This presents an opportunity to leverage more court involvement to increase consumer treatment adherence.** Almost one-third of non-court-involved consumers (27%) took over three months to enroll in Assist; more than half (63%) were "not adherent" during the first three months of enrollment; and half (50%) were prematurely discharged from the program. In particular, consumers "not adherent" in the beginning of the program are unlikely to later become adherent and may benefit from additional monitoring or consideration of a court petition. VCBH may also consider reviewing non-court-involved consumers who are not regularly engaging in Assist services for opportunities to utilize the court intervention incentive.

System-wide

RISE and Assist staff currently collect a range of process and outcome measures that document how the program is operating and its impacts. Expanding data collection to capture the following data points will help ensure that the Assist program is meeting its intended goals. RDA recommends that:

- RISE collect the race/ethnicity of all individuals referred to them.
- RISE document the specific details for dispositions instead of using the category of "Other"
- Assist document more detailed information about consumer discharges: specifically, Assist should document the exit type (i.e., whether a discharge was successful or not) and the reason for discharge.

Appendix A: Target Population and Eligibility Criteria

According to the Welfare and Institutions Code (WIC) section 5346, in order to be eligible for AOT, the person must be referred by a "qualified requestor"[19] and meet all of the defined criteria:

1. The person is 18 years of age or older.
2. The person is suffering from a mental illness.
3. There has been a clinical determination that the person is unlikely to survive safely in the community without supervision.
4. 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 two 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.
5. 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, and the person continues to fail to engage in treatment.
6. The person's condition is substantially deteriorating.
7. Participation in the assisted outpatient treatment program would be the least restrictive placement necessary to ensure the person's recovery and stability.
8. 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.
9. It is likely that the person will benefit from assisted outpatient treatment.

[19] 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.

Appendix B: Assertive Community Treatment (ACT) Model

Assertive Community Treatment (ACT) is an evidence-based behavioral health program for people with SMI who are at-risk of or would otherwise be served in institutional settings (e.g. hospitals, jails/prisons) or experience homelessness.[20] ACT has the strongest evidence base of any mental health practice for people with SMI, which dates back to the 1970s.[21] When done to fidelity, ACT produces reliable results that improve psychosocial outcomes and decrease consumers' negative outcomes such as hospitalization, incarceration, and homelessness.

The ACT model is a comprehensive community-based model of treatment, support, and rehabilitation for individuals who have serious and persistent mental illness, and who do not seek-out support and/or have trouble engaging in traditional office-based programming. Often referred to as a "hospital without walls" in which the ACT team itself provides the community support, ACT teams are characterized by:

- An interdisciplinary team with a low staff to consumer ratio that includes specific positions, including team leader, psychiatrist (1:100) ratio, nurse (1:50), vocational and substance abuse specialists (1:50), and peer counselor.
- A team approach to care in which: 1) all ACT team members know and work with all ACT consumers , and 2) a practicing ACT team leader spends more than 50% of his/her time providing direct services to ACT consumers.
- A high frequency and intensity of community-based services with at least four face-to-face contacts per week for a minimum of two hours total per week, and where at least 80% of services are provided in the community, as opposed to in the office.
- Assertive engagement mechanisms that allow for longer periods of outreach prior to treatment admission, including street outreach, working with informal support networks (e.g., family, landlord, employer), and coordination of legal mechanisms such as outpatient commitment and court orders.
- ACT teams assuming total responsibility for treatment services, including crisis response, so that all service needs can be met by ACT staff members who are available 24 hours per day, 7 days per week, 365 days per year.
- Time-unlimited services, which allow ACT consumers to receive ACT services for as long as they are a part of their county's ACT program.

[20] Bond, G.R., Drake R.E., Mueser, K.T., and Latimer, E. Assertive Community Treatment for People with Severe Mental Illness: Critical Ingredients and Impact on Patients. March 2001. Disease Management and Health Outcomes. 9:3(141-159).

[21] Stein, L. I., & Santos, A. B. (1998). Assertive community treatment of persons with severe mental illness. New York, NY, US: W W Norton & Co.

When the ACT model is modified, the reliability of expected outcomes is lessened. In other words, modified ACT programs are still likely to produce similar results, but to a lesser degree and with less consistency.[22]

[22] Bond, G.R., Drake R.E., Mueser, K.T., and Latimer, E. Assertive Community Treatment for People with Severe Mental Illness: Critical Ingredients and Impact on Patients. March 2001. Disease Management and Health Outcomes. 9:3(141-159).

Appendix C: Assist Program and Process Flow

Ventura County's Assist program uses a consumer-centered approach to engage, enroll, and serve individuals with SMI and help them recognize the benefit of participating in outpatient treatment.

Referral to Assist Program

The first stage of engagement with the Assist program occurs when a community member calls the Rapid Integrated Support and Engagement (RISE) team to refer an individual for mental health treatment. RISE is one entry point to mental health services in Ventura County, and serves the key role of initial outreach and engagement of individuals referred for mental health services.

RISE assesses individuals to determine the appropriate level of care needed, and then conducts referrals and warm hand-offs as needed to appropriate services, which may include Assist program services. During the referral call, RISE staff gather information about the caller to determine if they are eligible to refer an individual to Assist. If the caller is qualified to make the referral, RISE staff then ask the caller questions to determine if the individual they are referring appears to meet the criteria to participate in Assist. Throughout this process, RISE follows their standard follow-up protocols for outreach and engagement to support the referral process.

Screening and Assessment

Once RISE determines that a referred individual may meet criteria to receive mental health treatment through Assist, a RISE team member arranges an in-person assessment with the referred individual. The RISE team member and a clinician then discuss the information gathered and make a determination about whether the referred individual qualifies for Assist. If the individual qualifies, RISE refers them to Assist. To ensure continuity of care, RISE provides Assist with the individual's screening form, documentation of contact, history of VCBH treatment, and documentation of any successful or failed attempts of outreach and engagement. When possible and appropriate, RISE also facilitates a warm hand-off, which involves an in-person meeting with the individual, Assist, and RISE.

Outreach and Engagement

Once the referral to Assist is complete, Assist staff attempt to arrange a face-to-face meeting with the referred individual with the primary goal of encouraging them to participate in Assist treatment services. Assist staff take an intensive, consumer-centered approach to engagement and vary their approach or frequency based on the individual's needs. For example, if Assist staff cannot reach a potential consumer by phone, they may visit the their home or places that they spend time at during the day to gradually build trust and encourage the individual to participate in treatment. If the individual does not agree to services, Assist staff continue to engage them for up to 90 days to encourage their participation in services. If at any point the Assist staff determine that their outreach and engagement efforts are not effective, they may refer the individual back to RISE to begin the court process.

Assist Court Services

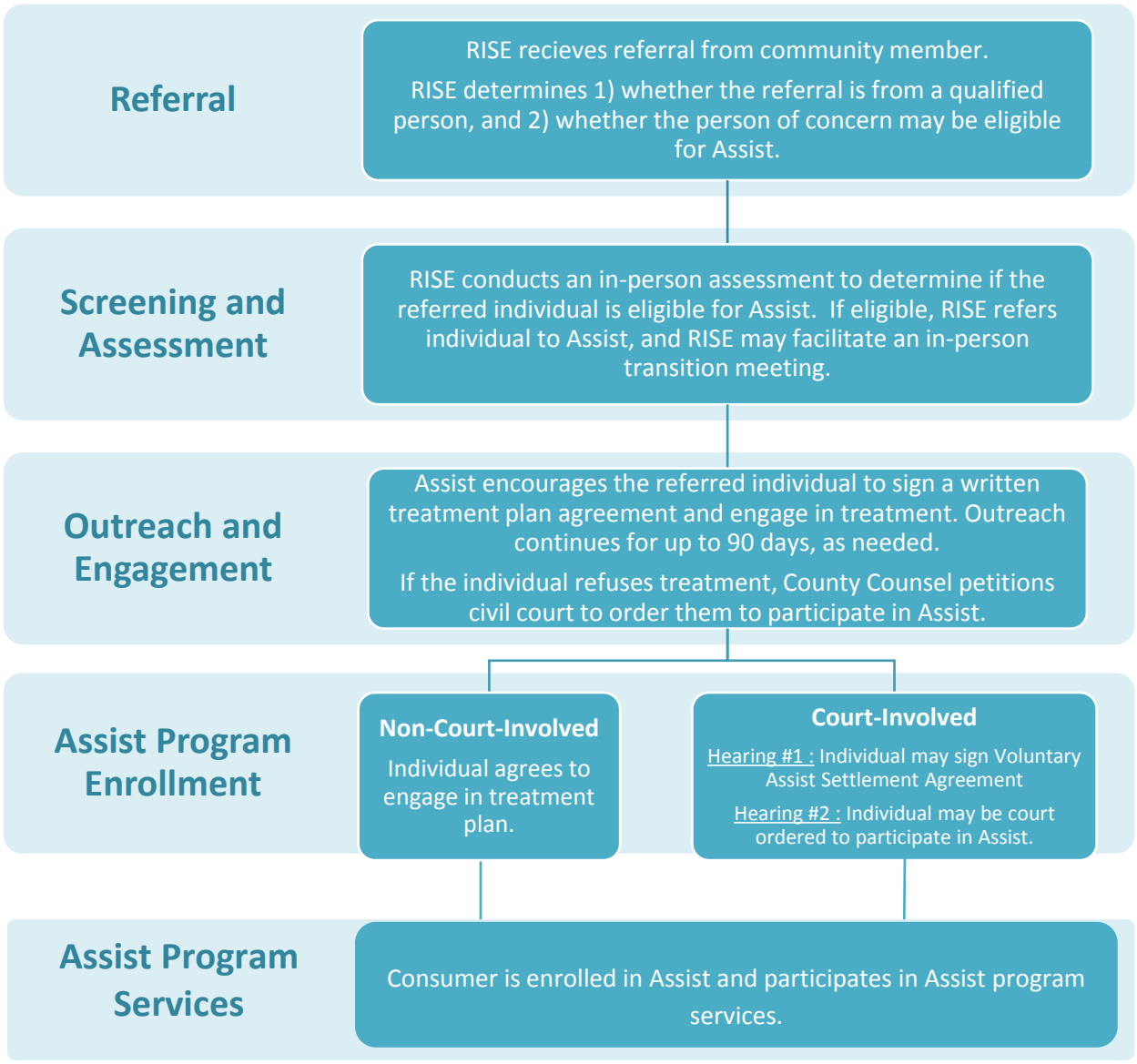
When an individual is assessed to be eligible for Assist and is referred, their enrollment follows one of two processes depending on the individual's agreement or refusal to accept the mental health services offered:

- Voluntary Enrollment: If the person **voluntarily agrees to participate in Assist** during the assessment and outreach process, there is no court petition filed and no subsequent agreement with the court. When an individual is referred to Assist, they are informed that they will be petitioned to the court if they do not voluntarily agree to participate. Thus, although this initial enrollment process does not include court involvement, the possibility of it may be a factor in influencing or compelling the individual to agree to participate voluntarily.
- Court-Involved Enrollment: If the Assist staff agree that a reasonable effort has been made to engage the individual to participate in the program, but they **refuse to voluntarily participate**, Assist can then employ a court-involved process to compel their participation. Assist staff provide a declaration to County Counsel, who files a petition with the courts. The individual is then notified of the hearing date and a Public Defender is assigned to work with them. During the court process, the individual either 1) enters into a voluntary settlement agreement to participate in Assist during the first hearing, or 2) contests the petition and the judge may issue a court order for them to participate during the second hearing. The individual then has an agreement with the court to participate in Assist for a period of six months.

Assist Program Services

After the individual is enrolled in Assist, the staff provide ACT services for a period of six months, at which point a determination is made to file a petition for a second term of Assist enrollment, continue participation in Assist on a voluntary basis, or support the consumer to transition from the Assist program. Assist staff use a variety of assessment tools at the time of initial enrollment and at six-month intervals to monitor progress and meet SAMHSA reporting requirements.

Assist Program Process Flow



Appendix D: Data Sources and Limitations

For the purposes of this evaluation, RDA analyzed quantitative data (e.g., medical records, referral tracking spreadsheet, assessments) using descriptive statistics. In addition to evaluating outcomes, RDA analyzed data to describe implementation progress and characterize the population served. To accomplish this, RDA utilized data sources that fall into two main categories: **1) service delivery data** and **2) consumer profile and assessment**. Sources for these data are listed in the table below.

Service delivery data encompass information about the specific mental health services consumers engaged in before and during Assist program enrollment. Ventura County and Telecare tracked service data for each consumer and all encounters in its electronic health record systems, Avatar and Caminar. Ventura County and Telecare also tracked data related to referrals, court involvement, and other administrative aspects of the Assist program in customized tracking tools and databases. RDA utilized these data to calculate the frequency and intensity of Assist program services provided and describe how consumers move through the Assist program.

Consumer profile and assessment data characterizes Assist program consumers by providing information about their demographics, service history, diagnoses, and living situation (e.g., housing, employment, educational attainment.) Consumer assessment data include information about changes in indicators of consumers' wellbeing before and during Assist program enrollment. These encompass consumers' episodes of hospitalization and crisis, criminal justice involvement, violence and victimization, housing and homelessness, social functioning and independent living skills, and their psychiatric symptoms. These data are collected by Assist through assessment tools administered with consumers at intake and periodically throughout treatment, usually every six months.

Data Sources

Data Tool		Frequency
Avatar (Electronic Health Record System)	This dataset is managed by VCBH and contains information on encounters for Assist and non-Assist mental health-related services (including crisis services and hospitalizations) during and up to one year prior to their enrollment. These data includes consumers' demographics, primary diagnosis, and substance abuse diagnosis.	Data recorded at each service encounter.
Caminar (Electronic Health Record System)	This dataset is managed by Assist and contains information on Assist AOT services delivered during program enrollment.	Data recorded at each service encounter.
Government and Performance Results Act National Outcomes Measures (GPRA NOMs)	The GPRA NOMs is an assessment of behavioral health outcomes required by SAMHSA. Assist uses it to collect data on consumer outcomes across ten domains that encompass recovery, resilience, employment, quality of life, and community integration.	Completed at intake, every six months, and at discharge.
Brief Psychiatric Rating Scale Expanded (BPRS-E)	The BPRS-E assesses the severity of consumers' symptoms, which rates the severity of consumers' experience of symptoms from one ("not present") to seven ("severe").	Completed at intake and every six months.

MacArthur Community Violence Instrument (MacArthur)	The MacArthur Tool includes 17 questions that assess the frequency of violent victimization or perpetration of assaultive behavior by consumers during the 30 days prior to the assessment.	Completed at intake and every six months.
Insight and Treatment Attitudes Questionnaire (ITAQ)	The ITAQ assesses consumers' recognition of their mental illness and their attitudes towards medication, hospitalization, and follow-up evaluation. The questionnaire consists of a semi-structured interview from which 11 items are scored on a scale of zero ("no insight"), one ("partial insight"), or two ("good insight").	Completed at intake and every six months.

Limitations and Considerations

As with all evaluations, there are important limitations to consider. The Ventura County Assist program is in its second year of implementation and sufficient data are not yet available that would allow RDA to conduct a robust analysis of trends over time. This evaluation report presents preliminary pre- and during-program descriptive statistics that assess changes in client outcomes before and during participation in Assist.

One limitation of pre-/post- analyses is that there is a **small sample of Assist clients who have completed assessments during intake and interim time periods**, ranging from 20 to 38 individuals. The small population sample prevented RDA from conducting analyses about certain client outcomes and characteristics because doing so would compromise the privacy of individual clients and yield unstable estimates. To address these issues, RDA presented findings in broader categories.

This evaluation utilized consumer outcome data collected through multiple consumer outcome assessments (e.g., GPRA NOMs, MacArthur) which rely on **self-reported information from the consumer**. While self-report measures may serve as a proxy for verified events, they are not ideal measures and may limit the accuracy of the analyses. Collecting self-report data was sometimes challenging and some consumers refused to participate, which decreased the sample size of consumer assessment data.

Additionally, several consumers have 6 months or less of outcome information during program participation, compared to 12 months of baseline information. Owing to the shorter duration of the reporting period during their Assist enrollment, consumers have **less opportunity to experience events such as crisis episodes and psychiatric hospitalization**. As a result, outcomes during program participation may be underestimated, particularly for infrequent events.

Despite these limitations, this evaluation report will support Ventura County in identifying the successes and challenges of its Assist program implementation thus far, as well as to highlight the profile and level of service engagement of Assist program consumers in FY 17/18. In future evaluations, RDA will continue addressing the limitations described above. In addition, as Assist continues to enroll clients and current clients are in treatment for longer periods of time, more data will become available for RDA to develop recommendations to support Ventura County in effectively serving their consumers.