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Community Treatment Teams in Allegheny County: Service Use and Outcomes

This is a summary of a full report published by Allegheny HealthChoices, Inc. Visit www.ahci.org to download a copy of the full report.

What is a Community Treatment Team (CTT)?

Community Treatment Teams (CTTs) provide community-based, intensive mental health and addiction treatment to people with serious and persistent mental illnesses in Allegheny County. CTTs go beyond helping clients to manage the symptoms of their illnesses to supporting clients in defining their hopes and goals and pursuing their personal recovery.

CTTs operate as a multidisciplinary team. Each team must include a team leader, peer support counselors, a psychiatrist, nurses, mental health professionals, drug and alcohol specialists, and vocational specialists. The expected ratio is one staff to ten clients with a total team capacity of 100 to 120 clients.

There are four Allegheny County CTTs, designed to follow the Assertive Community Treatment (ACT) model, an evidence-based practice in behavioral health treatment. Evidence-based practices (EBPs) are treatments that have demonstrated positive treatment outcomes in scientific research studies.

Research has demonstrated that clients on ACT teams:

- Stay in treatment
- Have fewer hospitalizations
- Spend more time living in the community rather than in an institution
- Improve their housing stability and live in more independent settings
- Experience positive employment outcomes

These services differ from traditional behavioral health services in many ways: contact with clients is more frequent, more contacts take place in the community, and staff share responsibilities, instead of having individual caseloads. The teams can rapidly adjust the frequency and intensity of contact with individual clients, based on clients' individual needs. Most CTT clients will need the service for long periods of time, so teams should have few discharges.

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Who do CTTs serve?

The four Allegheny County CTTs began accepting referrals late in 2001, and have served 390 clients from 2001 through March 2005. Mercy Behavioral Health, Residential Care Services, and Western Psychiatric Institute and Clinic (WPIC) each operate a team for adult consumers. Western Psychiatric Institute and Clinic also operates a team for transition age clients (ages 16-25 years).

Community Care Behavioral Health pays for the service for clients who are enrolled in Medical Assistance, and Allegheny County Office of Behavioral Health pays for the service for clients not eligible for Medical Assistance. Community Care manages all authorizations and referrals.

About 45% of clients are female and 55% male. About 42% of clients are African-American, 56% are Caucasian, and 2% are of other races. The most common primary diagnosis for clients is schizophrenia (51%), followed by bipolar disorder (15%) and major depression/ depressive disorders (16%, combined). Many clients have multiple mental health diagnoses as well as co-occurring substance use disorders and significant hospitalization histories. Because of their age, clients on the WPIC-Transition Team have some different diagnoses, including conduct and adjustment disorders.

People on CTTs have not usually engaged with or benefited from traditional services, and many have spent considerable time in state mental hospitals or community psychiatric hospitals before joining CTT.

What is a CTT?

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The teams provide a wide array of services directly to clients, including psychiatric evaluations, mental health and drug and alcohol therapy, medication management, case management, peer support, assistance with housing, crisis and hospital diversion services, vocational assessments and supported employment, and assistance in managing personal finances.

CTTs are required to provide services seven days per week, including services on evenings, weekends, and holidays. Teams provide on-call crisis support beyond these operating hours. At least 75% of contacts should be provided in the community (rather than the CTT office).

Service Facts: Allegheny County CTTs

- Clients currently active on a CTT have been enrolled an average of 2.3 years.
- Of the 390 clients who have enrolled with one of the CTTs, 317 (81%) continue to receive CTT services. Clients have been discharged voluntarily (9%) or because they moved (4%) or died (5%).
- Over 6-month treatment periods, teams have provided an average of **2.1 to 3.2 hours of service per week per client**. This service amount has been provided in about two contacts (two different days of service), on average, per week.
- The four CTTs have handled close to 200 after-hours crisis telephone calls per month.
- CTTs have also provided approximately 19 mobile face-to-face crisis interventions per month and 11 hospital diversions per month. This includes only those interventions done after usual operating hours.
- CTTs provide comprehensive services. However, some clients may need, and have used, additional services when they are in crisis (e.g., respite, diversion/acute stabilization) or for acute and severe substance abuse issues (e.g. detoxification, rehabilitation).

CTT: A Day in the Life

M. believes that he would have died while living on the street without CTT. While he was resistant to the team at first, they were able to help him get into rehab to treat his alcoholism and find him a place to live. M. is now the house manager of a sober-living house and has maintained his sobriety for many months.

M.'s experience and appreciation of CTT are far from unique. When clients are asked to explain how CTT helped them, clients talk about the teams' assistance in finding housing and helping them meet their daily needs. Clients talk about their trust in staff, and how accessible the team is (especially the psychiatrists, when compared to other services). They value staff's ability to see them quickly in the community, and staff's persistent efforts to reach them.

This report includes data from the year prior to clients' enrollment with a CTT through March of 2005. Data sources include service utilization, hospital admissions, and CTT database records. Team staff and consumers also provided input.

CTTs are able to provide such individualized intervention, based on the daily changing needs of their clients, by working as a team and being flexible on a daily basis. CTTs are intended to be assertive and creative in their work with clients. Teams often make adjustments in treatment based on the principles of harm reduction and through discussions and negotiations with clients.

Each weekday begins with a team meeting. During the meeting, the entire list of clients on the team is reviewed. Staff briefly describe the previous day's contacts, any crisis interventions from the previous night, and discuss each client's status and needs for the day.

As a group, they prioritize the work for the day and make assignments. All team members, including the psychiatrists and specialists, share responsibility for seeing clients and performing case management tasks. In fact, case management is often used by specialists as a means to build relationships with clients and engage them in treatment. Clients will have visits in the community and some clients will come into the office for regularly scheduled appointments or groups.

Housing Independence Improves for CTT Clients

Ensuring clients have adequate housing in the community is an important objective for the teams. Access to safe and stable living arrangements is considered essential for recovery. Most CTT clients require assistance in both finding and maintaining housing. Over time, many CTT clients should improve their housing stability and live in more independent settings.

The wide variety of housing arrangements of CTT clients can be grouped into five categories:

- Temporary (homeless/staying in a shelter)
- Institutional, including state mental hospitals, jails, nursing homes, long-term structured residences
- Substantial care, including community residential rehabilitation (CRR), drug and alcohol residential rehabilitation programs, personal care homes
- Semi-Independent, including halfway houses, single room occupancies, supported apartments
- Independent, including family settings and living independently

Over time, many CTT clients either maintained their independent living status or moved into more independent settings, when compared to their housing status at the time of CTT enrollment:

- 31% were living in an independent setting when they enrolled with CTT and have maintained that independence
- 36% of CTT clients moved toward more independent settings
- 53% of CTT clients were living independently at the end of March 2005 (or at discharge from CTT)

However, some clients living in institutional (8%) or substantial care (11%) situations did not move toward more independent housing. Also, a significant number of clients (11%) moved into more restrictive settings.

For some clients, obtaining and remaining in a substantial care setting may be considered a positive outcome; other clients may be "stuck" in a more restrictive setting because other, less restrictive options are not available or the teams have not focused on helping the client find a more independent setting.

According to the teams, the County housing supply is lacking in two areas: affordable independent housing for clients and flexible housing programs with a harm-reduction philosophy. Allegheny County has recently completed a housing plan that seeks to address many of these housing concerns.

Employment Remains a Challenge for CTT Clients

Individuals with serious and persistent mental illnesses and co-occurring substance use disorders often struggle to find and keep jobs. However, when asked if they want to work, most do. Working can improve clients' feelings of life satisfaction and empowerment.

For many CTT clients, identifying and working toward vocational goals are important for their recovery. Most CTT clients (91%) were not employed when they started with CTT. As of March 2005:

- 64% of clients were unemployed
- 9% of clients were actively looking for a job
- 5% of clients were volunteering
- 12% of clients were in training, sheltered, transitional, or paid supported employment
- 10% of clients were competitively employed

Teams have developed some creative strategies to support clients in working. One provider has started a café in their office building to employ clients; other providers have created short-term jobs for clients including car washes, moving, and cleaning services. Clients' jobs include working at Easter Seals, Giant Eagle, Eat 'n Park, Schenley Park Café, Ron's Place Café, McDonalds and hairstyling.

Each CTT is required to include vocational specialists on staff to provide clients with a number of work-related services, including vocational counseling, training and job support activities. To help more clients find and keep work they value, teams will have to address the high turnover rate in vocational specialist staff and ensure adequate resources are available for vocational training and support.

Community Tenure Improves for CTT Clients

The most widely documented successes with the ACT/ CTT model have involved increased time in the community (community tenure). Clients have less frequent and shorter hospitalizations when compared to time periods before enrolling with a CTT.

The chart below shows that an increasing proportion of clients spent entire 6 month periods in the community after they enroll with CTT (yellow bars). The chart also shows that CTT clients, on average, spend more days in the community after they have been enrolled with CTT for more than six months (green line).

The teams should be commended for helping clients maintain their tenure in the community. Increasing the amount of time clients spend in the community and out of the hospital or jail improves the quality of life for clients. It also can reduce overall costs.

CTTs provide comprehensive, intensive services in the community so clients will rarely need the intensity and restrictiveness of a hospital setting. The CTTs help develop discharge plans for their clients in the state hospital, and work to engage clients before they are discharged. They also develop service plans and supports to divert their clients from the state hospital.

While the majority of clients do not have any community psychiatric hospitalizations during a six month period once they have been with CTT at least one year, close to one third of CTT clients are still hospitalized during these later six month periods.

When Community Care alerts the CTT that a client is at an emergency room, the CTT should meet the client face-to-face at the hospital and work with the staff on a possible diversion. Some clients may routinely go to the ER as a way of coping when they have spent all their money, lack stable housing, or are intoxicated. Teams work very hard with clients to change these behaviors.

The CTTs should have significant influence in the admission decision for a community psychiatric hospitalization. Because the CTT knows the clients very well and has the capacity to provide intensive treatment, hospital staff need to involve the CTT and heavily weigh the CTT recommendations on the admission.

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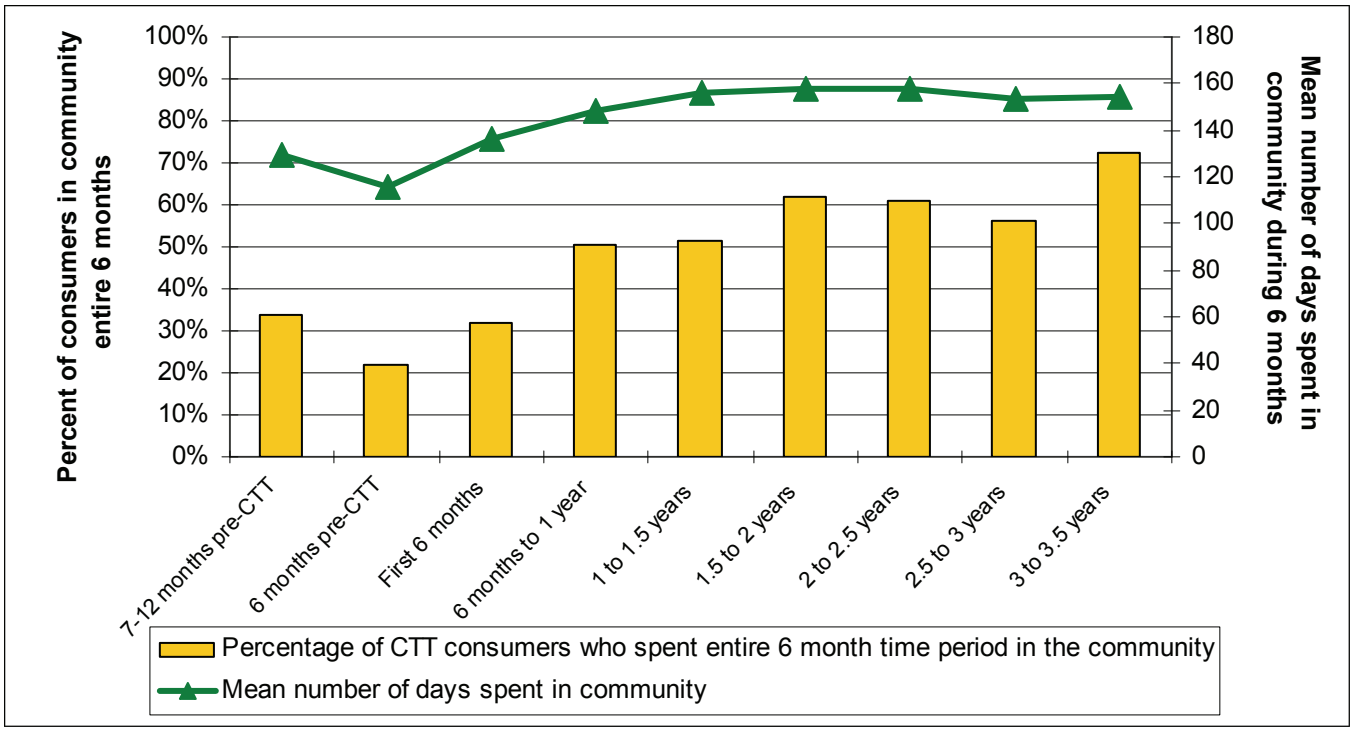
Community Tenure for CTT Clients Before and During CTT Enrollment



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In addition to state and community psychiatric hospitalizations, incarcerations also reduce community tenure. Many CTT clients are involved with the criminal justice system.

Funded with a grant, CTTs can employ forensic specialists to work with the mental health court, district attorneys, probation officers and the jail to ensure clients involved with the courts meet the requirements of their parole. They also serve as advocates when clients are arrested, visit clients in jail, and attend review hearings. Other team members also perform these tasks.

Community Tenure Facts: Allegheny County CTTs

- Clients averaged 1.68 discharges and 20 inpatient days in the six months before CTT, and 0.85 discharges and 12 inpatient days in the six months after CTT enrollment.
- During their first six months on teams, average hospitalization costs for CTT clients decreased 28% when compared to the time period before CTT. During the second six months on CTT, hospitalization costs decreased 51% when compared to pre-CTT. For later periods, hospitalization costs remained 64% to 70% below pre-CTT costs.
- In Allegheny County, 36% of CTT clients spent some time in the state mental hospital *during the year* before enrolling with CTT.
- The 27% of CTT clients who were *living in the state hospital* at the time of their enrollment with CTT spent an average of 158 days in the state hospital before being discharged.
- After their first six months with CTT, more than 90% of CTT clients do not spend any time in the state hospital during six month treatment periods. About 11% of CTT clients have been admitted to the state hospital after enrolling with CTT.
- During each six-month time period while on CTT, between 87% and 91% of clients do not spend any time in jail. For those who are incarcerated, offenses range from drug charges and prostitution to weapons possession and car theft.

Support Systems for CTT Clients

For clients, developing supports outside of treatment services is a large part of finding an identity for themselves in the community. For many clients who are moving toward recovery, they want to do "normal" activities in the community, including starting relationships with friends and significant others, attending church, shopping, eating in restaurants, and going to the gym.

The CTTs track data related to a number of non-behavioral health supports clients have or may develop over time. About 86% of clients had at least monthly contact or support from family or friends. So far, participation on the teams seems to have had very little impact on clients' development of recreational, peer, and self-help supports outside of the CTT. According to CTT records, as of March 2005:

- 86% of CTT clients had no recreational activities
- 78% had no peer supports
- 90% had no self-help supports

Peer specialists play a unique and essential role on the teams. In addition to sharing staff responsibilities, they organize and run peer activities in the office and community.

Peer specialists work patiently to engage clients in peer activities. Many clients feel vulnerable and uncomfortable while in the community; peer activities organized by the teams help clients to feel more at ease and to develop social skills and relationships.

Teams have started a wide range of activities: spirituality groups, arts and crafts activities, cooking groups, social groups held at local restaurants, bingo, shopping trips, special outings, and more. Teams have also helped individual clients find peer opportunities, from connecting clients to AA or NA to getting scholarships for a gym.

Despite these successes, peer specialists feel restricted in the activities they can organize by a lack of funds and transportation. Clients also feel restricted by a lack of disposable income.

Future Developments for CTTs

The four CTTs in Allegheny County should be commended for their hard work. Continued training of the teams and attending to system issues should result in further improvements in service delivery and consequently consumer outcomes.

Training and technical assistance. The teams would benefit from ongoing training in several areas:

- Managing their caseload according to the ACT model in order to insure overall service provision meets the standards of an ACT program.
- Implementing other best practices within the ACT model. Teams would benefit from training in implementing dialectical behavior therapy, dual diagnosis treatment and supportive employment best practices within the teams.
- Following the key components of the ACT model. In particular, teams should focus on further developing the specialists' roles (substance abuse, vocational, peer, and forensics). Teams must take the time to complete individualized assessments, crisis plans and treatment plans. Focusing on housing, vocational and supports goals is essential for clients as they move toward recovery.

Addressing system barriers. The behavioral health system should address the following barriers:

- Teams have limited influence and options for diverting hospital admissions. More proactive and direct communication between team staff, Community Care, and inpatient units must be instituted to allow CTTs to take responsibility for diversions. Also, the lack of a crisis system outside of emergency rooms and inpatient facilities should be addressed.
- Also, teams and clients have identified unmet housing needs. Hopefully, the implementation of the Allegheny County Office of Behavioral Health Permanent Supportive Housing Strategic Plan will help meet some of these needs.
- Peer programs also should be supported by the system and funds for activities should be secured.

In order to implement these recommendations, AHCI, the County, and Community Care need to develop a detailed plan to support and monitor the teams. As the plan is implemented, data reports should be used to develop priorities and interventions.

As the teams approach their capacity, Community Care will need to consider expanding the service to reach more individuals in need.

CTTs provide an essential service with positive outcomes demonstrated extensively in research. The teams need to be trained, supported, monitored and held accountable if we are to expect continued and additional positive outcomes in Allegheny County.

Allegheny HealthChoices, Inc. (AHCI) is a contract agency for the Allegheny County Department of Human Services' HealthChoices Program.

AHCI is a private, not-for-profit organization. Our mission is to assure equitable access to quality, cost-effective behavioral health care that promotes positive clinical outcomes, recovery, and resiliency. AHCI's services include information systems, monitoring and oversight, analysis, training, and technical assistance. We also operate the Ombudsman service for the HealthChoices behavioral health program in Allegheny County.

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