

STRIDES

Evaluation

Executive Summary

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EXECUTIVE SUMMARY

Background

Alameda County Behavioral Health Care Services contracted with Telecare Corporation to conduct a pilot program for thirty of its highest cost clients. The pilot program, STRIDES (Steps Toward Reaching Independence, Dignity, Empowerment, and Success), was modeled after the successful Program for Assertive Community Treatment (PACT) developed in Madison, Wisconsin, and the Integrated Service Agencies (ISAs) initiated in California as part of the AB 3777 demonstration program.

The pilot program is financed via capitation payments. STRIDES is paid a fixed sum per month by the county for each member who is enrolled. STRIDES is responsible for providing or purchasing all mental health services needed by its members. All mental health services are funded out of the capitation payment with the exception of inpatient services, the cost of which is shared by STRIDES and the county.

Programmatically, the central feature of the model is that a multidisciplinary team is the single point of responsibility for all service needs of each member. Staff are available 24 hours a day, seven days a week to deal with crises; and, staff do extensive outreach to members, so that most services are delivered in the settings in which clients live or recreate. While STRIDES could utilize its capitation payments to purchase services from other providers, the programmatic model is based on the interdisciplinary team providing as many services as possible, including vocational and substance abuse services. There is one line staff FTE for each 6.2 clients.

Participants for the pilot program were selected from volunteer Alameda County clients who had each used at least \$40,000 in services during two of the previous three years. At the start of the study, all study participants were residents in a Telecare locked 24-hour long-term care program (IMD) and volunteered to be in the study. All participants had been assessed as not ready for discharge to a community placement for at least four months. The hypothesis of the pilot was that with the STRIDES intensive community supports, clients could be discharged to the community sooner and would then use fewer inpatient and emergency services (thus saving money) while achieving a level of functioning and quality of life at least equal to that of clients served by the usual system.

Alameda County Behavioral Health Care Services and Telecare agreed to jointly sponsor a study to test this hypothesis. A total of 60 clients who met the study criteria were chosen; 30 were randomly assigned to the STRIDES program and 30 to a comparison group. The latter were to be treated in the usual fashion, that is, discharged from the locked 24-hour setting when county staff felt they were ready for community placement and then offered the usual county mental health services.

Findings

Community living

All of the demonstration clients had been discharged to the community within 116 days of study onset. In contrast, at the end of a year only 16 comparison clients had been discharged to the community (one other left the state AWOL). The average number of days in the community for demonstration clients was 314, compared to an average of 99 days for comparison clients. This difference is highly significant both statistically and substantively.

Clients were interviewed approximately 15 months after the start of the study. Of those clients living in the community at the time of the interview, six or 23 percent of demonstration clients but only one (4 percent) comparison client lived independently (alone or with roommate or a partner). The balance lived in supervised settings.

The vast majority of the clients in both groups expressed a preference for living in the community rather than the hospital. Of those clients living in the community, 94 percent of comparison clients and 80 percent of STRIDES members preferred the community, a non-significant difference.

Costs

The County paid significantly less for the STRIDES clients than for the comparison clients. The *net* average annual cost for the STRIDES clients was \$12,239 compared to a net average annual cost of \$39,396 for the demonstration clients, a net savings of 69 percent.

Part of the net savings for the County results from the fact that the locked 24-hour setting in which the clients resided at the beginning of the study is not a Medi-Cal reimbursable service; thus, the county must pay 100 percent of the cost of care. By contrast, community services like those offered by STRIDES, are Medi-Cal reimbursable so that the county is able to bill Medi-Cal and recoup Federal Financial Participation dollars for roughly half of the cost of the STRIDES services.

If, as some expect, the restrictions on what is Medi-Cal reimbursable eventually becomes a moot issue under the state's managed care initiative, the county would be more concerned with the *gross* costs that it would incur in contracting with a program

like STRIDES. The *gross* cost consists of the total capitation payment the county pays for STRIDES program services plus any other services used by the clients. The gross average annual cost to the county for a STRIDES client was \$31,808 compared to a gross cost of \$42,535 for the comparison clients, or a hypothetical savings of 25 percent.¹

Level and continuity of services

Demonstration clients received significant amounts of service in each month. The smallest monthly amount of service received by any client in the 352 client-months during which clients were not in an IMD was \$216 in outpatient services. On average, demonstration clients received \$2,433 in non-emergent community services per month.

In contrast, in 21 (15 percent) of the 139 comparison client months when no IMD costs were incurred, there were no non-emergent service costs at all; in 31 (22 percent) of the months, costs were less than \$50. On average comparison clients received \$707 in non-emergent community services per month.

Use of acute services was low for both groups, but STRIDES clients had 1.75 psychiatric emergency service episodes per patient year of exposure compared to 0.63 episodes for comparison clients. Most significantly, there were no demonstration client readmissions to the IMD level of care while two comparison clients returned to an IMD after being discharged.

Demonstration clients received far more services (average of 24.9) in the 30 days prior to an inpatient episode than did comparison clients (average of 1.9); the same pattern obtained after the episode and when only services in the five days immediately before or after the episode were counted.

The overall pattern for demonstration clients is for consistently high levels of service that increase before and after an acute episode. For comparison clients living in the community, services are provided much less frequently overall and are often spotty, even before and after hospital and IMD episodes.

¹ The gross cost for the STRIDES clients in the baseline (the year before the study began) was \$ \$68,311 and for the comparison clients was \$72,607. Thus, the gross cost for both groups was less during the study year than the baseline year. The STRIDES clients' gross cost was reduced by 53 percent compared to a reduction for the comparison clients of 41 percent.

Client functioning

There were relatively few differences between groups in the measures of functioning.

- There were no differences between the groups in the percent reporting on the interview that they had been the victim of crime.²
- Interest and involvement with vocational activity was minimal for both groups. Five STRIDES clients received substantial amounts of vocational service as compared to one comparison client.
- The comparison clients reported in the interviews significantly more social and recreational activity than the STRIDES clients. On all other self-report measures (including health check-ups and homelessness) there were no apparent differences between the groups.

Using the Specific Level of Functioning (SLOF) scale, IMD staff rated client functioning at baseline; STRIDES staff performed ratings at six and 12 months into the study year. These ratings provide useful information on the pattern of functioning of STRIDES clients over time including the difficulties that many had initially in adjusting to the community setting. The ratings showed a number of STRIDES clients exhibiting decreases in functioning at the six month period compared to baseline; but by 12 months, all but one of these clients had regained or exceeded their baseline functional level. Functional levels overall increased significantly from baseline to one year.

Client satisfaction with quality of life and services

Client ratings of several measures concerning their quality of life tended to weakly favor the comparison clients. The interview results also showed comparison clients to be somewhat more satisfied with their services than demonstration clients. But none of the differences between the groups on quality of life or satisfaction with services approached statistical significance, and there is reason to doubt the reliability of the satisfaction with services responses.³

² While no comparable data is available for comparison clients, the STRIDES clients had minimal involvement with the law.

³ A second satisfaction scale administered only to STRIDES clients showed a much higher level of satisfaction than that expressed during the interview.

Summing up

The overall findings of this study are clear:

- The availability of the intensive community supports offered by the STRIDES program allowed clients to move quickly from a locked 24-hour setting to the community. On average, STRIDES clients spent substantially more time in the community (314 days) than comparison clients (99 days).
- The STRIDES program overall resulted in significant savings to the county—a 69 percent *net* savings (under the current capitation arrangements) and a hypothetical 25 percent *gross* savings (if the Medi-Cal eligibility of services were no longer an issue).
- Client functioning and quality of life showed STRIDES clients to be equivalent in most ways to comparison clients, but not consistently superior.