SERVICE WORK PLAN

Agency: Resource Development Associates, Inc.
Contract: #24-716-1
Fiscal Year: 2015 -2016
Title of Program: Assisted Outpatient Treatment Program Evaluation

I. Scope of Services

Assisted Outpatient Treatment (AOT) is civil court ordered mental health treatment for persons with serious mental illness who demonstrate that they are resistant to voluntarily participating in services that have been offered. Treatment is provided in the community on an outpatient basis, and AB 1421, or Laura's Law, has based its minimum required treatment standards on the Assertive Community Treatment (ACT) model. ACT is intensive and highly integrated outpatient treatment for individuals whose symptoms of mental illness result in serious functioning difficulties in several major areas of life, often including work, social relationships, residential independence, money management, and physical health and wellness. An experienced, highly qualified multidisciplinary team consisting of a psychiatrist, nurse, behavioral health clinicians, peer providers, and other rehabilitation professionals provide 24/7 mobile, out-of-office interventions with a low participant to staff ratio. ACT is an evidenced based practice that is cited by AB 1421 as having been proven to be effective.

Contra Costa Behavioral Health Services (CCBHS, or the County) sought proposals from a qualified consultant and/or organization (applicant, or bidder) to develop a research design and provide analysis and evaluation of Assisted Outpatient Treatment services as provided in Contra Costa County. As the selected applicant, Resource Development Associates will 1) design and implement a program evaluation that determines the difference, if any, in program impact and cost savings to the County for individuals who are ordered to participate in behavioral health services versus those individuals who voluntarily participate in the same level and type of services, and 2) provide a comprehensive annual report to the County and the State Department of Health Care Services (DHCS) on or before a deadline set by DHCS. The variables for reporting are detailed in Welfare and Institutions Code Section 5348(d) (1-14), and require both quantitative and qualitative variables (including conducting interviews with behavioral health consumers and their families).

II. Types of Mental Health Support/Other Support-Related Activities

The total study period will be three years, with three cohorts representing the above groups established. Individuals will be matched by age, gender, race/ethnicity, diagnoses, level of severity of psychiatric disability, income level, and length of active participation in the program. For program and fiscal impact, cohorts will be compared at pre- and post-program intervention on the performance and cost indicators of 1) change in level of functioning, to include successful step down to lower levels of care, 2) number and cost of psychiatric crises interventions, such as the County's Psychiatric Emergency Service (PES), 3) days and cost of psychiatric hospital confinement (State and/or local) and incarceration, 4) incidence of engagement in significant, meaningful participation in the community, 5) engagement in conservatorship, and 6) return to previous level of functioning prior to AOT intervention (recidivism). For cost savings, cohorts will be compared at pre- and post-program intervention on County dollars spent on each cohort.

Initials: _____ _____
County / Contractor

SERVICE WORK PLAN

Agency: Resource Development Associates, Inc.
Contract: #24-716-1
Fiscal Year: 2015 -2016
Title of Program: Assisted Outpatient Treatment Program Evaluation

III. Program Settings/Hours of Operation /Staffing

1. Program Facilities Location

   Resource Development Associates
   230 4th Street
   Oakland, CA 94607

2. Contact Person, Phone Number, and Email

   Patricia Bennett, Ph.D.
   Phone: 510-488-4345 x105
   Email: pbennett@resourcedevelopment.net

3. Program Hours of Operation

   8:00 A.M. to 5:00 P.M. – not to exceed 8 hours per day.

4. Program Staffing for Duration of Three Year Study Period

   Project Director/Principal Investigator – 485 hours @ $175 per hour
   Project Manager – 802 hours @ $150 per hour
   Program Associate – 529 hours @ $125 per hour
   Research Associate – 865 hours @ $100 per hour
   Duke University – 211 hours @ $200 per hour

IV. Volume of Services to be Provided

CONTRACTOR shall:

1. Maintain regular contact, by telephone, e-mail or in person, with COUNTY.
2. Plan and implement a program evaluation process as described herein.
3. Attend all scheduled meetings with/between COUNTY, provider agencies and stakeholders, as directed by COUNTY. Frequency of meetings shall be mutually determined by COUNTY and CONTRACTOR;
4. Develop, implement and write semi-annual reports, to include a summary of the research study and activities. Semi-annual reports are due on or before July 31 and January 31 each year, with the first semi-annual report due July 31, 2016.
5. **Total Hours: 2892 for the duration of the three year study period.**
6. This agreement may not be assigned or subcontracted, in whole or in part, without the express written consent of the County.

Initials: _____ _____
County / Contractor

V. Service Documentation

Progress toward deliverables will be documented by:

Phase I: Project Launch Evaluation Planning (November 2015 through April 2016)

Task 1.1: Project Kickoff Meeting with Client. The purpose of the project kickoff meeting is to meet with CCBHS program leadership to confirm the scope of work, discuss program implementation status as well as any updates or new information that would influence the evaluation, and establish roles, responsibilities, and communication pathways. At this meeting, we will also discuss the data and documentation request as well as begin to explore potential data that may be available and key informants knowledgeable about the data currently collected

Task 1.2 Review of Available Data and Documentation. At the project kickoff meeting, RDA will request any existing data and documentation that would inform the development of the evaluation plan. This includes any materials that describe the program (e.g., program reports), existing tracking mechanisms (e.g., tracking logs, AOT referral form, etc.), and other information identified in the kickoff meeting. This may also include communication from the Board, MHC, CPAW, or other bodies that may influence the evaluation plan development.

Task 1.3: Key Informant Interviews. RDA plans to engage in brief key informant interviews with CCBHS program leadership, AOT participating agencies, and contracted providers in order to understand what information is currently being collected, when, and in what ways. These key informant interviews will also support RDA to understand what kind and how much training and technical assistance will be necessary for data collection and evaluation implementation.

Task 1.4: Tool Development and Selection. Immediately following the evaluation work sessions, RDA will prepare draft evaluation tools. This includes client and family satisfaction surveys, protocols for focus groups and key informant interviews, secondary data requests and/or data queries, and adaptation of existing tools and/or selection of new tools to capture individual and program level outcomes.

Task 1.5: Data System and Data Sharing Development. RDA will work with each organization or division responsible for collecting and providing data to this evaluation to ensure that they have reasonable protocols in place to collect and transmit data to RDA. This may include:

- Survey Gizmo platform for the client and family satisfaction surveys
- Tracking logs and/or data queries for quantitative data
- Excel templates for client assessment interviews
- Secure file transmission process for quantitative data transfers

Task 1.6: Presentation of Draft Evaluation Plan. RDA will present the draft evaluation plan to CCBHS, the Evaluation Oversight Committee, and the Mental Health Commission for discussion and feedback. The purpose of

this presentation is to 1) provide information about CCBHS's progress, 2) receive feedback about the evaluation, and 3) build evaluation capacity for subsequent participation by the Commission.

Task 1.7: Evaluation Implementation Training. RDA plans to facilitate an evaluation implementation training session with relevant contracted providers and other departments, to equip them to gather data for the evaluation. Specific objectives of the training are to continue to build buy-in for the evaluation, maximize all existing data collection efforts, and prepare the providers to effectively gather high quality data.

Task 1.8: Draft and Final Evaluation Plan. RDA will provide a draft evaluation plan to CCBHS for review and feedback. The evaluation plan will specify:

- Purpose and scope of the evaluation
- Evaluation timeline, schedule, milestones and benchmarks
- Evaluation questions and logic model that includes individual, program, and systems-level outcomes and indicators
- Method, including data to be collected, data collection tools, process for data storage and transmission, and analytic approach
- Reporting mechanisms, including DHCS reports
- Technical assistance and training

Phase I Deliverable by April 30, 2016: Evaluation Plan, Training Materials

Phase II: Data Collection and Analysis (April 2016 through June 2016)

Task 2.1: Secondary Data Collection. RDA will request secondary data from CCBHS and other AOT participating agencies about service utilization, costs, and other variables defined in the evaluation plan at six month intervals. This data will include client demographic data, AOT and ACT service utilization data as well as utilization of other CCBHS funded services (e.g. PES encounters, inpatient bed days, CRT and other residential services, other outpatient services) and a variety of data from the Sheriff regarding bookings and jail days, courts, probation, and county counsel.

Task 2.2: Qualitative Data Collection. RDA uses focus groups as one of its primary data collection methodologies. In our experience, focus groups provide a means of engaging people in a safe and interactive way while gathering critical feedback from key stakeholders. We find this especially pertinent for underserved or underrepresented groups. Often, the interplay of personalities and opinions spurs people to recall or say things that they may have forgotten were they to be interviewed one-on-one. In addition, the focus group format allows participants to be more open and less likely to respond to the facilitator as an authority figure. We supplement focus groups with key informant interviews for those individuals that are unlikely to attend a focus group or other discussion (e.g. Sheriff, County Counsel, Public Defender, Judge or other court representative, CCBHS leadership, etc). We will conduct ten KIIs with County and program staff, and focus groups with consumers, families/caregivers, and service providers on an annual basis.

Initials: _____ _____
County / Contractor

Task 2.3: AOT Stakeholder Survey Administration. We will develop a survey for the myriad AOT stakeholders. This survey will assess consumer and family member satisfaction with services received as well as include questions about implementation and perceived outcomes. The survey will be developed with some general questions for all AOT stakeholders as well as provide specific questions for different types of stakeholders (e.g. ACT team members, collaborative court treatment team members, AOT and ACT consumers, family members of AOT and ACT participants).

Task 2.4: ACT Fidelity Assessments. RDA will administer an ACT fidelity assessment for ACT and AOT services, based on the Dartmouth ACT Fidelity Scale and SAMHSA ACT Toolkit. This involves interviews with key program staff and consumers, collection of program delivery data, program observations, and scoring of the assessment tool. This will be administered by Drs. Hardy and Chambers on an annual basis to all providers providing ACT and AOT services under the scope of this evaluation.

Task 2.5: Data Analysis: Quantitative and qualitative data will be aggregated, analyzed, and synthesized according to the methods outlined in the evaluation plan and include descriptive and inferential statistics, qualitative content analysis, cost and revenue analysis, and integration of findings from the quantitative and qualitative analyses.

Task 2.6: Ongoing Training and Technical Assistance. On an ongoing basis, RDA will review all data transmitted for quality and completeness and to identify to improve the quality of the data being collected. We expect to provide some technical assistance in the form of ongoing evaluation coaching as a result of the data reviews. We expect this type of coaching will mostly occur in the quarterly CCBHS/provider meetings, although RDA can be available to provide more tailored evaluation coaching if the need is identified for a specific organization.

Phase II Deliverable by June 30, 2016: Data Workbooks

Phase III: Reporting (July 2016)

Task 3.1: Semi-Annual Evaluation Oversight Committee Meetings: RDA will facilitate semi-annual Evaluation Oversight Committee meetings. We expect that these meetings will include:

- Review of interim evaluation findings
- Data collection and transmission questions and issues
- Technical assistance to improve data quality
- Discussion of what's working, barriers and gaps, and any other issues that arise

Task 3.2: Presentation of Draft Evaluation Findings. On an annual basis, RDA plans to present evaluation findings for review and reflection to the CCBHS and the Evaluation Oversight Committee, the Board of Supervisors, the Mental Health Commission, and the Consolidated Planning Advisory Workgroup (CPAW). The meetings will serve to provide interim evaluation findings as well as provide a venue for additional data collection about 1) what is

working well; 2) barriers, needs, and gaps; and 3) other relevant questions. This is a key component for inclusion of stakeholders in the evaluation and will also serve as a form of qualitative data collection to enrich our shared understanding of the quantitative data.

Task 3.3: Draft and Final Evaluation Reports. RDA will prepare draft and final evaluation reports, according to the schedule and specifications set forth by the County and DHCS. We anticipate that reports will include a detailed evaluation report and PowerPoint presentation; we are also open to considering if there are other types of reporting and dissemination approaches that may be useful, including journal submissions, presentations, and/or accessible evaluation briefs for community education. RDA will provide draft evaluation reports to CCBHS for review and incorporate feedback prior to finalization.

Phase III Deliverable by July 31, 2016: Evaluation Reports

Phase IV: Project Management and Communications (Ongoing)

Task 4.1: Monthly CCBHS Project Meetings/Calls. RDA will schedule monthly calls with CCBHS to review project status, provide program and evaluation updates, coordinate logistics and timelines, and identify and address any issues as they arise.

Task 4.2: Project Management: RDA will provide ongoing project management, overseeing day-to-day tasks to ensure that project components are executed on time. Our collaborative approach ensures that individuals with the greatest knowledge and skills are used to benefit the project, and that all projects are guided and monitored for quality assurance. In addition, a senior staff serves as a project manager and is responsible for day-to day project activities, staff accountability, and communication with our client.

Task 4.3: Evaluation Team Communications: RDA will communicate internally at regular intervals about the project, through team meetings to discuss updates and progress. We will also have scheduled, ongoing communications with Drs. Swanson and Swartz from Duke, at every stage of the evaluation. This team approach ensures that all activities can be completed in a timely fashion and minimizes communication gaps. RDA's project manager will develop a work plan, which specifies timelines, products, processes, and check-in points along the way, which will be updated throughout the project to ensure that the project stays on track.

Phase IV Deliverables: Project call agendas, minutes, and other meeting materials

*At the end of FY 2015-2016, RDA will repeat Phases II- IV for each subsequent year with **Data Collection and Analysis** occurring in April - June and October - December and **Reporting** in July and January.

VI. Billing Procedure

Agency: Resource Development Associates, Inc.
Contract: #24-716-1
Fiscal Year: 2015 -2016
Title of Program: Assisted Outpatient Treatment Program Evaluation

Contractor shall submit a Demand for Payment (Form: D15.19) for services rendered to Contra Costa Behavioral Health Services. Contractor shall attach to the billing a Monthly Contract Service/Expenditure Summary with 1) actual expenditure information for the billing period, and 2) A report of monthly progress toward achievement of Phase I through IV deliverables.

Demands for payment should be submitted by mail to:

Michelle Nobori, Health Services Planner/Evaluator
Contra Costa Mental Health
1340 Arnold Drive, Suite 200
Martinez, CA 94553
(925) 957-5148

Contractor shall attach to the billing a Monthly Contract Service /Expenditure Summary with the total number of services and hours provided for the month.

VII. Contract Goal

RDA will provide CBHS with a collaborative evaluation that complies with DHCS reporting requirements; provides information about the implementation, individual, systems-level, and cost outcomes of AOT implementation.

VIII. Performance Outcome Measure

RDA seeks to answer the following overarching questions related to the implementation of Assisted Outpatient Treatment/Assertive Community Treatment:

1. How faithful are ACT services to the ACT model?
2. What are the outcomes for people who participate in AOT, including the DHCS required outcomes?
3. What are the differences in demographics, service patterns, psychosocial outcomes, and cost between those who agree to participate in ACT services without court involvement and those who participate with an AOT court order or voluntary settlement agreement?
4. What are the differences in demographics, service utilization, psychosocial outcomes, and cost between those who engage in existing full service partnership services and those who receive ACT services?

The above forms/reports are submitted by fax, mail or email to:

Michelle Nobori, Health Services Planner/Evaluator
Contra Costa Mental Health
1340 Arnold Drive, Suite 200

Initials: _____ _____
County / Contractor

Martinez, CA 94553
(925) 957-5148

IX. Reports Required

CONTRACTOR is asked to submit a final report no later than the conclusion of the contract, to document the outcomes as defined by the CONTRACTOR and approved by the COUNTY. Please submit final report via email to:

Michelle Nobori, Health Services Planner/Evaluator
Contra Costa Mental Health
1340 Arnold Drive, Suite 200
Martinez, CA 94553
Telephone: (925) 957-5148
Fax: (925) 957-5156
Email: Michelle.Nobori@hsd.cccounty.us

X. Other

Promotional materials for the program should identify the funding source: "Funded by the Mental Health Services Act in partnership with Contra Costa Mental Health".

Initials: _____ _____
County / Contractor