

Contra Costa Behavioral Health Services Interim Report

Assisted Outpatient Treatment Program - Period Covered: February – July 2016

The Contra Costa County (County) Board of Supervisors (BOS) has authorized the program design and budget to implement Assisted Outpatient Treatment (AOT), and has requested an interim report after six months of operation.

AOT is civil court ordered treatment for persons with serious and persistent mental illness who demonstrate resistance to participating in services. The program design incorporated stakeholder input through a series of workgroup meetings, and consists of a partnership between, 1) the County's court system to adjudicate petitions for mandating mental health treatment, 2) Contra Costa Behavioral Health Services (CCBHS) staff to determine eligibility, ensure mental health care is provided, and initiate petitions, as appropriate, and, 3) a community based organization, Mental Health Systems' ACTiOn Team (MHS) to provide outreach, engagement and Assertive Community Treatment (ACT) level of care to individuals referred by CCBHS.

The program officially started on February 1, 2016 by opening a web site with a dedicated telephone line for referrals, and informing the community with promotional materials and approximately fifteen presentations to NAMI – Contra Costa, law enforcement agencies, and service providers that staff were hired, trained, and open for business. **(Attachments 1,2,3)**

Through the end of July, CCBHS has processed 101 qualified referral requests; 62 of the requests coming from family members, 16 from law enforcement, 16 from mental health service providers, and 7 from other sources. Geographical breakdown roughly approximates the respective populations of East, Central and West Contra Costa County. The rate of requests has been gradually increasing, with 26 of the requests still in the investigatory process. The length of time to determine AOT eligibility has ranged from a minimum of two weeks for cases currently open to CCBHS, to more than six weeks when information has to be obtained elsewhere. Of the 75 cases where a disposition has been established, 13 have been referred to MHS for outreach and engagement, 16 are receiving ACT services, and 3 petitions have been recently filed and are awaiting a first court appearance. 39 individuals were deemed not to be eligible, with 16 of these individuals connected to other appropriate mental health services, and one individual incarcerated. **(Attachment 4)**

The litigation, or court function of AOT, is new and in its early stages. A total of six court petitions have been filed, with three cases resulting in a settlement agreement where the individual is voluntarily participating in services, and three petitions have been recently been filed. The number of petitions filed appear to be low, as CCBHS and MHS staff appear to be successful in connecting individuals, whether eligible for AOT or not, to either the Adult Mental Health System of Care, or to Mental Health Systems' ACTiOn Team, depending upon the acuity level of their illness. For those AOT petitions that have gone to court, CCBHS staff, County Counsel, the Public Defender's Office and Superior Court staff have communicated and worked well together to benefit and complement the AOT program.

The above data reflects a start-up pattern consistent with other large counties who have implemented AOT; namely, program numbers start slow, accelerate at about the six month period, and then plateau. Also consistent is low court involvement, with the preponderance of referred individuals accepting mental health treatment.

CCBHS staff have worked hard to adapt to the role of expeditiously responding to referral requests, determining eligibility, and ensuring connection to the appropriate next steps; whether referral to MHS for outreach and engagement, engaging the court process, or ensuring individuals receive the right type of care, whether they are eligible for AOT or not. Staff report an increase over time in the quality of information and support supplied by qualified requestors. This is resulting in a greater rate of appropriate referrals that exhibit acute clinical need. Reported challenges include managing confidentiality while serving court summons to a service user in a treatment setting, adapting the original program design to day-to-day operations, and establishing a computerized data management system specific to AOT.

Mental Health Systems has achieved full staffing capacity to field a multi-disciplinary mobile team consisting of mental health clinicians, psychiatry, nursing, vocational and housing support, and peer and family partner providers. They have established a master-leased property that has the capacity to safely house up to seven non-crisis clients. Staff have undergone extensive trainings in the ACT model of treatment and various evidence based practices, such as various assessment tools and Motivational Interviewing. The ACTiOn Team has partnered with Contra Costa NAMI to develop supportive and collaborative relationships, and has provided a three part training series to assist family members have a better understanding of ethical, legal and cultural practices of care providers. Two written testimonials from family members have been received that attest to both the effectiveness of the care provided, as well as the support they have received during the process. Reported challenges include clarifying CCBHS's role as it affects day-to-day clinical care decision-making by the MHS ACTiOn Team, introducing the ACT model of care to this County, and housing clients who are not yet ready to safely maintain themselves in housing that is available.

In March of this year Resource Development Associates (RDA) was authorized to provide an independent quantitative and qualitative evaluation of Contra Costa's AOT Program, and to report on the program's programmatic and cost effectiveness. Since then RDA, CCBHS and MHS staff have together identified the data sources, methodology and time line to gather, analyze and report on the research questions of 1) how faithful are ACT services provided to the ACT model, 2) what are the outcomes for people who participate in AOT, 3) what are differences between people who voluntarily participate in AOT versus those who are court ordered, and 4) what are the differences between those who participate in AOT versus those who participate in the County's Full Service Partnership Programs. Recent and planned activities include a site visit to MHS by RDA in August that utilizes the Dartmouth University ACT Fidelity scale, collection of agreed upon data by RDA in September, analysis with participating partners in October, and a full report with data generated in November to CCBHS, the Mental Health Commission, and the Board of Supervisor's Family and Human Services Committee.