

Plan for Maximum Enrollment of Persons Eligible for the AOT Program

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Issue: After 19 months of a 36 month project period the Assisted Outpatient Treatment (AOT) Program is reported to have had 47 individuals deemed eligible and in receipt of assertive community treatment. The AOT Program has a caseload capacity of 75 persons.

Goal: Increase mental health treatment enrollment numbers to ensure all eligible persons receive this service, and thus facilitate maximum program and cost effectiveness. In particular, ensure that all AOT eligible seriously mentally ill persons who are homeless or at risk for being homeless receive this service.

Plan:

1. **By December 30** the Health, Housing and Homeless Division (H3) will develop and implement a protocol by which staff identify and refer potential candidates for the AOT Program to H3's licensed mental health clinical staff, who can then act as Qualified Requestors to Contra Costa Behavioral Health Services Division (CCBHS) investigative staff. This protocol, with accompanying training, addresses the current statutory requirement that only a Qualified Requestor can make a request for an investigation.
2. **Effective immediately** CCBHS staff will regularly coordinate with H3 staff to a) meet on a monthly basis to address confidentiality constraints the investigative process imposes on the ability to share client information, b) provide quarterly outreach and training opportunities to housing and homeless service providers, such as homeless shelters and the homeless continuum of care, in order to educate them on Qualified Requestor requirements, and c) facilitate monthly case coordination meetings between housing and homeless providers and Mental Health Systems (MHS), the AOT Program treatment provider, in order to ensure each homeless person made eligible for the AOT Program has simultaneous access to the best available behavioral health and housing services.
3. AOT Program staff (CCBHS and MHS) will proactively continue to engage Detention Mental Health staff, and **by December 1** a) provide an update to appropriate staff to be effective Qualified Requestors, b) streamline referral protocol, and c) improve communication of timing of contact visits and the release of current and potential AOT Program participants.

4. AOT Program staff to increase outreach and education efforts to the community, such as police and sheriff departments, hospitals (to include Contra Costa's Regional Medical Center and Psychiatric Emergency Services), Community Connect, probation, district attorney and public defender offices, and appropriate community based organizations **(ongoing)**.
5. **Effective immediately** CCBHS and MHS staff will implement procedures that facilitate court petitions sooner and more frequently in order to address persons who remain resistive to treatment participation. These procedures include, a) instituting a 30 day review after referral to MHS to assess the need for a petition, b) CCBHS keeping charts open after referral to MHS to consider appropriateness for a petition on an ongoing basis, and c) adding petition consideration to the weekly CCBHS/MHS managers' meeting agenda. This strategy will be monitored to determine impact on overall enrollment into the program.

Challenges: The above plan implements procedures to maximize coordination and collaboration among programs and services that can impact positively on the population likely to benefit from the AOT Program. However, challenges remain that will require constant attention in order to mitigate their impact on full enrollment.

1. *Housing Availability.* Homeless individuals who are participating in the AOT Program because of serious and persistent mental illness face the same challenges as any homeless person; namely, the lack of affordable housing. Persons who are likely to be eligible for the AOT Program face additional challenges, as by definition their condition is deteriorating and are likely to pose a danger to themselves or others. This does not make the ideal candidate for the limited supportive housing services that are currently available.
2. *Resistance to Treatment.* Persons who are resistant to treatment often are not able or desirous to engage with the service or housing options available to them. An example would be programs that require abstinence and sober living as a pre-requisite to participation. During the AOT Program project period Resource Development Associates, via external evaluation, has been tasked with determining the efficacy of mandating treatment through a civil court process.
3. *Confidentiality.* Until they are in receipt of a signed consent form program staff are legally prohibited from sharing any client information after a request for investigation is made and during the investigation period for AOT eligibility. During this period mutual sharing of information to enable service coordination becomes a challenge.