



Department of Health Care Services Community Services Division - Operations Branch



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Assisted Outpatient Treatment (AOT) 2nd Quarter Roundtable Meeting

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Housekeeping

- » All participants have been muted to enable the speakers to present without interruption.
- » Please reserve all questions for the Q & A section of the presentation.
- » For technical assistance related to this webinar please contact CAREMHSInfo@cars-rp.org

Agenda

- » Brief overview of the newly enacted Senate Bill 507
- » Developing effective program satisfaction surveys
 - » Review of county tools being developed and/or implemented
 - » Goals
 - » Considerations
 - » Cross-County Sharing
- » Accessing TA through DHCS and the CARE TA Center

Assisted Outpatient Treatment

Senate Bill (SB) 507

Senate Bill (SB) 507 amended the current legislation associated with the Assisted Outpatient Treatment (AOT) program.

SB 507 does the following:

- » Expands the criteria for when AOT services may be court-ordered to include the requirement that AOT is needed to prevent a relapse or deterioration that would be likely to result in grave disability or serious harm to the person or to others, without also requiring that a person's condition be substantially deteriorating.

Assisted Outpatient Treatment

Senate Bill (SB) 507

- » Requires the examining mental health professional to determine if the subject of the AOT petition has the capacity to give informed consent regarding psychotropic medication in their affidavit.
- » Allows the subject of the petition or the examining mental health professional to appear before the court for testimony by videoconferencing.

Overview of the CARE TA Center

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CARE TA Request Form



TA/Training Request Form for the Crisis and Recovery Enhancement (CARE) TA Center

Please fill out the form below if you would like to request trainings, technical assistance (TA), or consultation services. Tell us how we can help your local efforts to strengthen behavioral health care coordination, criminal justice diversion, and the crisis care continuum, including for youth and people experiencing homelessness.

The CARE TA Center supports Mental Health Services Act (MHSA)-funded community and county level programs including, but not limited to, county mental health departments, local mental health boards and commissions, community-based organizations (CBOs), and other key service agencies.

First Name *	Last Name *
<input type="text"/>	<input type="text"/>
Title or Role *	Organization *
<input type="text"/>	<input type="text"/>
City *	Zip Code *
<input type="text"/>	<input type="text"/>
County	State
<input type="text" value="Alameda"/>	<input type="text" value="California"/>
Phone *	Email *
<input type="text"/>	<input type="text"/>
Website	
<input type="text" value="http://"/>	

A. About Your Organization

1. Is the requesting organization an MHSA-funded county office or community-based provider for the crisis continuum or justice diversion services? *

(Select one)

Developing Effective Program Satisfaction Surveys

DHCS Survey Responses

- » Of the 31 County AOT Respondents:
- » 29% report administering an AOT Satisfaction Survey
- » 16% report developing an AOT Satisfaction Survey
- » 23% report using a satisfaction survey, which is either not AOT specific or AOT specific data is unidentifiable
- » 32% of respondents did not respond to the AOT Satisfaction Survey question

Highlighting California Counties' AOT Satisfaction Surveys

Alameda County

Los Angeles County

Marin County

San Diego County

San Francisco County

Synthesis of Surveys

- » Survey Administration
- » Survey Design
- » Question Themes / Question Type
- » Grouping of Question Themes:
 - Personal Impact
 - AOT Program Satisfaction
 - Experience as an AOT Client

Goals & Benefits

Satisfaction surveys allow us to track efficacy, progress, strengths, and areas of growth, as well as honor voices of those impacted.

Welfare and Institutions Code 5348(d)

(14) Satisfaction with program services both by those receiving them and by their families, when relevant.

Begin With the Goal in Mind

“What” are the variables we want to measure?

“Where” is the participant at in the AOT process?

- Beginning: At the point of referral or entry
- Mid-point: What is the program timeline
- End: Graduation, discharge, or 6 mo. post discharge

Additional Clinical Variables:

- Symptoms
- Volunteer vs. Mandated Participation

Considerations at Design Stage

- » Who will be involved in **survey design**?
- » Who will **administer the survey**?
- » Who will **analyze survey** results?
- » **Ethical considerations**

Success Strategies to Survey Administration

- » Timeline
- » Reminder systems
- » When and how survey is administered (e.g., during case management, before court)
- » Integration with other county surveys
- » Internal goal setting for process improvement

Developing Effective Program Satisfaction Surveys

The survey will:

- » Be organized with clear instructions
- » Include reference materials needed for completion
- » Provide information regarding voluntary participation
- » Provide information regarding how identifying information will be tracked OR not require identifying information
- » Not create a risk for the participant
- » Be pilot-tested

(Yuen, Terao, Schmidt, 2009; World Health Organization, 2000)

Developing Effective Program Satisfaction Surveys

The survey participants will be:

- » Informed of the purpose
- » Informed how their responses will be used
- » Informed that their participation is voluntary
- » Provided a safe space and sufficient time to participate meaningfully in the survey
- » Be able to access the survey
 - » ADA, language, reading level, technology, etc.

Developing Effective Program Satisfaction Surveys

Questions will be:

- » Relevant
- » Clearly stated
- » Possible to answer for the participant
 - » Include an option if they do not know the answer
- » Non-stigmatizing

(Yuen, Terao, Schmidt, 2009; World Health Organization, 2000)

Type of Example Survey Questions and Responses

Question Type	Categorical (close-ended)	Interval/ Ratio (close-ended)	Open-ended
Sub-types	<p>Dichotomous (yes/no) questions</p> <p>Multiple-Choice (Choose one option)</p> <p>Checkbox (Can choose more than one option)</p>	<p>Rating Scale</p> <p>Likert-Scale</p> <p>Matrix</p>	<p>Short answer, long answer questions, fill in the blank</p>

Type of Example Survey Questions and Responses

Categorical	Pro/Con/Considerations	Example
Dichotomous (yes/no) questions	Pro- Easy to create, answer, and analyze Con- Limits the voice of the participants to predetermined responses Consideration- It is recommended to include an “I don’t know” option to avoid people skipping the question	Do you have an AOT Case Manager? <input type="checkbox"/> Yes <input type="checkbox"/> No

Type of Example Survey Questions and Responses

Categorical	Pro/Con/Considerations	Example
<p>Multiple-Choice (One choice)</p> <p>Checkbox (Can choose more than one option)</p>	<p>Pro- Easy to create, answer, and analyze</p> <p>Con- Limits the voice of the participants to predetermined responses</p> <p>Consideration- It is recommended to include an “I don’t know” option to avoid people skipping the question</p>	<p>Which AOT services have you used?</p> <p><input type="checkbox"/> Case Management</p> <p><input type="checkbox"/> Medication</p> <p><input type="checkbox"/> Housing</p>

Type of Example Survey Questions and Responses

Interval/ Ratio	Pro/Con/ Considerations	Example
Rating Scale	Pro- Collects a range of responses based on predetermined categories Con- some limitation of voice Consideration- Be clear with the value each number holds. Be consistent by using the same scale system throughout.	How would you rate your satisfaction with AOT? 0= Not at all satisfied 1= Somewhat satisfied 2= Moderately satisfied 3= Very satisfied 4= Extremely satisfied

Type of Example Survey Questions and Responses

Interval/Ratio	Pro/Con/Considerations
Likert-Scale	<p>Pro- Collects a range of responses, but still based on a predetermined set of response options which are easy to analyze</p> <p>Con- some limitation of voice</p> <p>Consideration- Be clear with the value each number holds. Be consistent by using the same scale system throughout.</p>

Source: [8 Types of Survey Questions to Get You All the Data You Need \(leadquizzes.com\)](https://leadquizzes.com)

Example of Interval/Ratio Question set

B. When answering the following questions, please think about your main service provider at this agency – the person who spends the most time with you on your treatment or service goals. Please mark the choice that best describe your feelings:

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
16. My service provider and I agree about the things I will need to do in order to improve my situation.		[Select Response]			
17. What I am doing with my service provider gives me new ways of looking at my problems.		[Select Response]			
18. I believe my service provider likes me.		[Select Response]			
19. My service provider does not understand what I am trying to accomplish in treatment.		[Select Response]			
20. I am confident in my service provider's ability to help me.		[Select Response]			
21. My service provider and I are working toward mutually agreed upon goals.		[Select Response]			

Source: [Los Angeles County AOT Program Satisfaction Survey](#)

Type of Example Survey Questions and Responses

Open- Ended	Pro/Con/Considerations	Example
Open- Ended	<p>Pro- Does not limit the voice of participants</p> <p>Con- These require more effort from the participants to answer, and more resources to analyze</p> <p>Consideration- limit the quantity of open-ended questions</p>	How can we improve our AOT services?

Review of Existing Survey Tools

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Client Satisfaction Questionnaire

CSQ-8
CSQ-18
CSQ-31

CSQ-8 English



CLIENT SATISFACTION QUESTIONNAIRE CSQ-8

Please help us improve our program by answering some questions about the services you have received. We are interested in your honest opinions, whether they are positive or negative. *Please answer all of the questions.* We also welcome your comments and suggestions. Thank you very much. We appreciate your help.

CIRCLE YOUR ANSWERS

1. How would you rate the quality of service you received?

4 <i>Excellent</i>	3 <i>Good</i>	2 <i>Fair</i>	1 <i>Poor</i>
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2. Did you get the kind of service you wanted?

1 <i>No, definitely not</i>	2 <i>No, not really</i>	3 <i>Yes, generally</i>	4 <i>Yes, definitely</i>
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3. To what extent has our program met your needs?

4 <i>Almost all of my needs have been met</i>	3 <i>Most of my needs have been met</i>	2 <i>Only a few of my needs have been met</i>	1 <i>None of my needs have been met</i>
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4. If a friend were in need of similar help, would you recommend our program to him or her?

1 <i>No, definitely not</i>	2 <i>No, I don't think so</i>	3 <i>Yes, I think so</i>	4 <i>Yes, definitely</i>
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5. How satisfied are you with the amount of help you received?

1 <i>Quite dissatisfied</i>	2 <i>Indifferent or mildly dissatisfied</i>	3 <i>Mostly satisfied</i>	4 <i>Very satisfied</i>
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6. Have the services you received helped you to deal more effectively with your problems?

Source: Client Satisfaction Questionnaire - Quality Life (heartsinhealthcare.com)

References

[8 Types of Survey Questions to Get You All the Data You Need \(leadquizzes.com\)](#)

[AlCo AOT-Evaluation 2019 DHCS-Public-Report 201908701 STC.pdf \(acbhcs.org\)](#)

California Legislative Information [Bill Text - AB-1421 Mental health: involuntary treatment. \(ca.gov\)](#)

[Client Satisfaction Questionnaire - Quality Life \(heartsinhealthcare.com\)](#)

[Los Angeles County AOT Program Satisfaction Survey](#)

World Health Organization (WHO) Client Satisfaction Evaluations
[WHO MSD MSB 00.2g.pdf;sequence=7](#)

Yuen, F. K., Terao, K. L., & Schmidt, A. M. (2013). Effective grant writing and program evaluation for human service professionals. John Wiley & Sons.

Cross-County Sharing

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Training and Technical Assistance

- » For assistance with AOT implementation and reporting requirements, please contact DHCSAOT@dhcs.ca.gov
- » DHCS AOT Webpage
 - » <https://www.dhcs.ca.gov/formsandpubs/Pages/Assisted-Outpatient-Treatment-Program.aspx>
- » CARE TA Center: CARE-MHSA.org

Additional DHCS TA and Resources

- » Mental Health Block Grant: MHBG@dhcs.ca.gov
- » Mental Health Services Act: MHSA@dhcs.ca.gov
- » Behavioral Health Medi-Cal County Customer Services:
MedCCC@dhcs.ca.gov
- » COVID related Informational Notice (IN):
<https://www.dhcs.ca.gov/Documents/COVID-19/BHIN-20-009-COVID-19-Guidance-and-FAQs-update-07232020.pdf>

Questions?

Next AOT Roundtable

The 3rd Quarter Roundtable is scheduled for
Wednesday, March 23, 2022
10:30 AM -12 PM

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10:30 AM -12 PM

The background of the slide is a purple-tinted image featuring a stethoscope on the right side and a line graph on the left. The graph has a vertical axis with numerical markers at 3, 6, 9, 12, and 15. The text 'Thank You!' is centered in the middle of the image in a white, bold, sans-serif font.

Thank You!