



BOARD OF SUPERVISORS  
AGENDA LETTER

Agenda Number:

Clerk of the Board of Supervisors  
105 E. Anapamu Street, Suite 407  
Santa Barbara, CA 93101  
(805) 568-2240

**Department Name:** Behavioral Wellness  
**Department No.:** 43  
**For Agenda Of:** May 16, 2017  
**Placement:** Departmental  
**Estimated Time:** N/A  
**Continued Item:** No  
**If Yes, date from:** N/A  
**Vote Required:** Majority

---

**TO:** Board of Supervisors  
**FROM:** Department Alice Gleghorn, Ph.D., Director  
Director(s) Behavioral Wellness, 805-681-5220  
Contact Info: Pam Fisher, PsyD, Deputy Director Clinical Operations  
Behavioral Wellness, 805-681-5449  
**SUBJECT:** Assisted Outpatient Treatment Program Update and Conceptual Direction

---

**County Counsel Concurrence**

As to form: Yes

**Other Concurrence:**

As to form: NA

**Auditor-Controller Concurrence**

As to form: NA

**Recommended Actions:**

That the Board of Supervisors:

- A. Receive and file the program update for Assisted Outpatient Treatment (AOT) in Santa Barbara County for the period January 1, 2017 through April 30, 2017 from Department of Behavioral Wellness; and
- B. Provide CEO with input for the County's June budget hearings about options for AOT, including:

**Option 1:**

**i) Continue funding AOT Pilot Project (serving approximately 10 persons at a time) for 6 months:** Requested General Fund Cost of \$331,858 in one-time funds for FY 17-18 (the amount of the remaining AOT General Fund Cost dollars allocated for FY 16-17) and \$74,304 in anticipated Medi-Cal revenue through December 31, 2017; or

**Option 2:**

**ii) Continue funding AOT Pilot Project for 12 months (to serve approximately 10 persons at a time):** Requested General Fund Cost of \$606,888 in one-time funds for FY 17-18 (\$331,858 unspent FY 16-17 and New General Fund Cost one-time funding of \$275,030) and \$141,603 in anticipated Medi-Cal revenue through June 30, 2018; or

**Option 3:**

**iii) Do not continue funding AOT Pilot Project for FY 17-18:** Do not appropriate funding for AOT services for FY 17-18. AOT services will no longer be available. The estimated unspent funds of \$331,858 return to the General Fund; and

- C. Determine that these activities are exempt from California Environmental Quality Act review per CEQA Guidelines Section 15378(b)(5) since the recommended actions are government administrative activities which do not involve commitment to any specific project which may result in potentially significant physical impact on the environment.

**Summary Text:**

This item is on the agenda per Board request during the April 2017 Budget Workshops to update and inform the Board of Supervisors regarding the Assisted Outpatient Treatment (AOT) (AB 1421/“Laura’s Law”) Pilot Project implementation progress, program evaluation available to date, and fiscal expenditures and year-end projections for FY 16-17. In addition, this item presents options to the Board of Supervisors to provide direction to the CEO for the upcoming June budget hearings in regards to AOT program funding for FY 17-18.

**Background:**

The Department of Behavioral Wellness provides a wide range of mental health, alcohol and other drug programs, promoting recovery, well-being through prevention, treatment and intervention. These programs include an array of services for adults, including those with severe mental health needs who are reluctant or resistant to receiving mental health services. In 2002, the California Legislature passed Assembly Bill 1421, an assisted outpatient treatment program designed to provide court-ordered treatment for this specific adult population.

On May 10, 2016 the Board of Supervisors (BOS) approved and directed the Department of Behavioral Wellness to develop and implement an Assisted Outpatient Treatment (AOT) three-year feasibility pilot project subject to annual appropriations and designed to serve approximately ten (10) persons at any given time. Funding for FY 16-17 was provided for the first year of the Pilot program authorized by the Board, which consisted of one-time General Fund expenditures of \$608,888 and total program cost of \$755,496 including \$148,608 in estimated Medi-Cal revenue.

Implementation and service delivery for AOT in Santa Barbara County began January 1, 2017. The services are provided on a voluntary basis to qualified candidates. The AOT model includes intensive outreach and engagement efforts, as well as wrap-around services, low client-to-staff ratios, provisions for housing, a team-based approach, access to 24/7 team response, and other services or supports provided through flexible funding. AOT services are designed to provide “whatever it takes” to keep an individual stable and functioning in a community setting. The AOT services reduce the need for costly, higher-level services such as involvement with police, probation, or courts, and/or IMD placement for this hard-to-reach and vulnerable population. It effectively treats the homeless and difficult to engage mentally ill population.

**Stakeholder Planning:**

In response to the Board of Supervisors’ May 10, 2016 direction to develop an AOT program, the Behavioral Wellness Department, with the assistance of the CEO’s office, convened eight stakeholder meetings which included family members, consumers, providers of Assertive Community Treatment (ACT), who would be responsible for providing AOT services, as well as key staff from the Courts, Probation, District Attorney’s Office, County Counsel, Public Guardian’s Office, Sheriff’s Department

and CEO's Office. Behavioral Wellness met with these groups on eight occasions to solicit recommendations with regard to program philosophy, treatment design, as well as to discuss the court processes and evaluation criteria and a detailed implementation plan was developed.

**Program Design:**

The stakeholders agreed that the primary focus of the AOT program would be built around extensive outreach and engagement. The outreach and engagement staff would provide numerous outreach attempts per week and provide seamless support to candidates and their family members from the very first engagement to eventual connection to the appropriate levels of care. AOT staff would also work closely with current outreach providers in the community and with those who know the individual best and could provide the relational linkage to the AOT staff. If an individual were to rise to the level of needing a court petition, it was agreed that all clinical evaluations would be conducted in the least restrictive environment possible and every attempt would be made to meet with the candidate in his/her preferred environment/location. A candidate would be taken to a hospital facility for an assessment only if they met Welfare and Institutions Code (WIC) Section 5150 criteria. In order to conduct the extensive outreach, engagement and eventual treatment for a client court ordered into treatment; the staffing to client ratio would follow the 1:10 recommendation of the current Assertive Community Treatment (ACT) programs. The AOT staff would be responsible for ensuring that the client's rights were protected, and would provide or ensure appropriate advocacy resources. Upon the client consenting to or being court-ordered into AOT treatment, clients would be provided with ongoing services by the current in-house and/or contracted ACT teams.

On November 8, 2016 the Behavioral Wellness Department returned before the BOS with a complete program design and received approval to begin implementation of AOT program services starting January 1, 2017 and to begin AOT training in accordance with statutory requirements (WIC Sections 5345-5349.5).

**Training and Outreach:**

The Behavioral Wellness Department developed a training and educational PowerPoint outlining the parameters of AOT. This training PowerPoint included a review of who could legally make a request for AOT, criteria needed by candidates being referred, review of the toll free number and processes for making a referral, the AOT legal process, treatment provisions, and a review of AOT data points Behavioral Wellness would be collecting for reviewing program outcomes. Since November of 2016, this PowerPoint training has been made available and more than a dozen trainings have been provided in all three regions of the county and to more than 450 law enforcement officials, probation, hospital administrators, clinicians, parents/family members and other community stakeholders throughout the County of Santa Barbara.

**Data to Date:**

The data information that follows is an internal analysis of Santa Barbara's AOT program, and covers the first four months of operations from January 1, 2017 through April 30, 2017. As of yet, we have not received a AOT program evaluation and analysis report from our independent evaluator, Harder+Company, due to the program just completing the first quarter, but we anticipate the receipt of the 1<sup>st</sup> Quarterly report from Harder+Company at the end of May. However, the Harder+Company Community Research team did conduct the initial launch meeting with Behavioral Wellness in January 2017 to develop an evaluation plan and outcome matrix.

1. Since the inception of the AOT services on January 1, 2017 and during the first 4 months of implementation, the program has received 32 calls (average of 8 per month). From those calls, the phone line staff generated eighteen (18) referrals to the AOT Team. Calls that did not result in a referral were primarily informational calls from the community, from family members asking how to make a referral, or from agencies asking about how to schedule training.
2. Of the 18 referrals, 16 (89%), met all eligibility criteria and were determined to be potential AOT candidates. Data shows that 8 (50%) of the referrals have come from parents and family members, 4 (25%) came from Law Enforcement, and 4 (25%) came from Mental Health Professionals. By region, 14 (88%) of the referrals have come from the south county, 2 (12%) of referrals have come from the north county and 0 (0%) of the referrals have come from the west county.
3. Of the 16 candidates, 9 (56%) were males and 7 (44%) were females. At the time of referral, 12 of the 16 candidates (75%) were homeless.
4. 100% of those candidates identified as homeless were offered housing resources, 3 of those 12 (25%) agreed to temporary housing, and 1 of the 12 (8%) entered into a long-term lease.
5. Of the 16 candidates, 7 (44%) have successfully been linked to mental health services. No candidate (0%) has entered into an AOT settlement agreement and no candidate (0%) has been court ordered into treatment.

**Fiscal and Facilities Impacts:**

Budgeted: Yes, the program services were budgeted for FY 16-17. It is included in the Behavioral Wellness FY 17-18 budget contingent on Board of Supervisors approval in June 2017.

**Fiscal Analysis:**

<b><u>Funding Sources</u></b>	<b><u>Current FY 16-17:</u></b>
General Fund - One time fund	\$ 606,888.00
Medi-Cal Revenue	\$ 148,608.00
<b>Total</b>	<b>\$ 755,496.00</b>

Narrative: The chart above shows the AOT program funding authorized by the Board in the FY 16-17 budget. However, estimated 2016-17 fiscal year-end actuals to operate the program are projected to be \$275,030. The operating costs include outreach, housing, administrative, and contractual services. There is a \$480,466 savings of unspent budget. However, year to date, Behavioral Wellness has generated \$0 Medi-Cal revenue. We do not anticipate any Medi-Cal revenue will be generated for the current fiscal year due to the services not meeting Medi-Cal criteria for reimbursement. Therefore, the operating expenditures for FY 16-17 of \$275,030 will be coming out of the \$606,888 General Fund appropriation. The balance of General Fund dollars available for continued AOT services in FY 17-18 is estimated to be \$331,858. Funding for the project is subject to annual budget appropriations and approval for FY 17-18 and FY 18-19. If additional funds are not appropriated, the program services will no longer be available.

**Key Contract Risks:**

N/A

**Special Instructions:** Please return one (1) Minute Order for the above recommended action to Denise Morales: [dmorales@co.santa-barbara.ca.us](mailto:dmorales@co.santa-barbara.ca.us).

**Attachments:**

Attachment A: Assisted Outpatient Treatment Program Update FY 16-17 PowerPoint

**Authored by:**

Pam Fisher, PsyD/D. Morales