



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:** August 14, 2018  
**Placement:** Departmental  
**Estimated Time:** 45 min.  
**Continued Item:** No  
**If Yes, date from:** N/A  
**Vote Required:** Majority

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**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 2017 Annual Report

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**County Counsel Concurrence**

As to form: Yes

**Other Concurrence:**

As to form: NA

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**Auditor-Controller Concurrence**

As to form: NA

**Recommended Actions:**

That the Board of Supervisors:

- A. Receive and file an annual evaluation report for Assisted Outpatient Treatment (AOT) in Santa Barbara County for the period January 1, 2017 through December 31, 2017 from Department of Behavioral Wellness, and a summary Program Report for January 1, 2017 through March 31, 2018; and
- B. 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 to provide an overview of the 2017 Annual Evaluation Report to the Board of Supervisors of the activities and outcomes from the first full year of Santa Barbara County's Assisted Outpatient Treatment (AOT) (AB 1421/"Laura's Law") Pilot Project, in compliance with Welfare & Institutions Code section 5348(d).

**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, authorizing counties to implement an assisted outpatient treatment program designed to provide court-ordered treatment for this specific adult population.

In May 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. The Board of Supervisors approved the Behavioral Wellness Program Design in November 2016, and Program services began January 1, 2017. The AOT team served 61 individuals through March 2018, and at its peak served 16 individuals concurrently in November 2017. As designed, the AOT pilot program seeks to improve a participant's quality of life, prevent decompensation, avert incarceration, reduce utilization of acute services by offering voluntary services, and/or petitioning the court to order participation in such services. To date, no AOT program court petitions have been filed.

As required by state law, counties that implement AOT programs are required to evaluate the program annually based on 14 measures, as data is available. Data from January 1, 2017 through December 31, 2017 is presented in the attached 2017 Annual Evaluation Report from Harder + Company Community Research (Harder + Co.). Harder + Co. has also provided a first quarter 2018 addendum, including data from January 1, 2017 through March 31, 2018.

**Program Design:**

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 a “whatever it takes” model 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.

During the program design process, 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.

**Data to Date:**

The information that follows is an evaluation of Santa Barbara's AOT program, and covers not only the first year of activities, but also the first quarter of 2018. This evaluation and analysis was provided by an independent evaluator, Harder+Co., which was contracted to conduct an external evaluation of Santa Barbara's AOT Pilot program. Program data analyzed included demographics of referred individuals, engagement attempts, and significant life events tracked during their engagement in AOT. Since the inception of the AOT services on January 1, 2017 and during the first 3 months of 2018, a total of 65 individuals have been referred to the AOT program for outreach and engagement services ( 2 were referred by non-qualified parties and 2 were referred to Triage because the AOT program was full). Unless otherwise noted, this data contains findings based on the 61 referrals received from January 2017 thru March 2018.

1. Of the 61 referrals opened to AOT, 12 were already linked to services and 3 individuals were not located. Of the remaining 46 individuals, data indicated that 54% of the referrals have come from parents and family members, 17% came from Law Enforcement, and 25% came from Mental Health Professionals.
2. By region, 61% of the referrals have come from the south county, 23% of referrals have come from the north county and 16% of the referrals have come from the west county.
3. Of the 61 referrals, 59% were males and 41% were females.
4. Average age of an AOT client referred was 39 years (with age ranging from 19 to 68 years). 64% of the referred identified as Caucasian and approximately 23% of the referred identified as Latino or Hispanic.
5. At the time of referral, 59% of the individuals were homeless, 82% had a dual diagnosis and 50% were on Probation.
6. AOT staff report 1535 engagement attempts over the past 15 months. Of these, 580 attempts were successful, translating to roughly 4 successful visits for every 10 engagement attempts.
7. On average, referred individuals were engaged for a period of 12 weeks. Compared to the 12 months prior to AOT participation, the number of individuals who experienced Psychiatric Emergency Services dropped from 44% to 22%. The number of individuals experiencing arrests or incarceration dropped from 77% to 56% and the number of individuals experiencing at least one psychiatric hospitalization dropped from 62% to 21%..
8. AOT engagement outcomes show that 34% of the referred candidates accepted services, 27% continue to attempt to engage, 0%, have entered into a settlement agreement, 0% have had a court petition filed. However 2 clients were ordered to treatment during the engagement phase through the Incompetent to Stand Trial Process (IST).

**Fiscal and Facilities Impacts:**

Budgeted: Yes

**Fiscal Analysis:**

<b><u>Funding Sources</u></b>	<b><u>FY 17-18 Budget</u></b>	<b><u>FY 18-19 Budget</u></b>
General Fund - One time fund	\$ 606,888.00	429,300.00
Medi-Cal Revenue	\$ 141,603.00	0
<b>Total</b>	<b>\$ 748,491.00</b>	<b>429,300.00</b>

Narrative: AOT services were budgeted in FY 2017-18 and funding for these services is again included in the FY 2018-19 adopted budget. The chart above shows the AOT program funding authorized by the Board for these two budget periods. Actual costs to operate the program in FY 2017-18 were approximately \$300,000, nearly half of the one-time budgeted General Fund allocation. Operating costs include outreach, housing, administrative, and contractual services. The FY 2017-18 budget anticipated that Medi-Cal revenue would be generated for some services; however, actual services provided did not meet Medi-Cal criteria for reimbursement. Prior year unspent funds allocated to the AOT program are carried over to the next fiscal year. The FY 2018-19 budget includes funding of approximately \$430,000 in unspent carryover funding.

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

**Attachments:**

Attachment A: Assisted Outpatient Treatment Program Update FY 17-18 PowerPoint

Attachment B: Santa Barbara County’s Assisted Outpatient Treatment Program 2017 Annual Report Harder+Company

Attachment C: Santa Barbara County Department of Behavioral Wellness Assisted Outpatient Report January 2017-March 2018

**Authored by:**

Pam Fisher, PsyD