

# Assisted Outpatient Treatment Pilot Program Update

July 2018



SANTA BARBARA COUNTY  
DEPARTMENT OF  
**Behavioral Wellness**  
A System of Care and Recovery

- In 2002, the California Legislature passed Assembly Bill 1421, an assisted outpatient treatment program designed to provide court-ordered treatment adults with serious mental illness who are experiencing repeated crisis events and who are not engaging in treatment on a voluntary basis.
- May 10, 2016 the Santa Barbara 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 program designed to serve approximately ten (10) persons at any given time.



# Stakeholder Process

With the assistance of the CEO's office, convened eight (8) stakeholder meetings which included representation from:

- Family members
  - Consumers
  - Providers of Assertive Community Treatment (ACT)
  - Courts
  - Probation
  - District Attorney's Office
  - County Counsel
  - Public Guardian
  - Sheriff's Department
  - CEO's Office
- Solicited recommendations with regard to program philosophy, treatment design, as well as discussed court processes and evaluation criteria. From these meetings a implementation plan was developed.



Santa Barbara's Assisted Outpatient Treatment Pilot program received a total of 65 referrals since its inception January 2017 and 2018 (first quarter January- March)

- 12 individuals were already linked to services
- 3 individuals were not located
- 4 referrals not opened
  - 2 referred from a non-eligible party
  - 2 referred when program was at capacity

## Type of Referral

54% of the referrals come from parents and family members

25% Mental Health Professionals

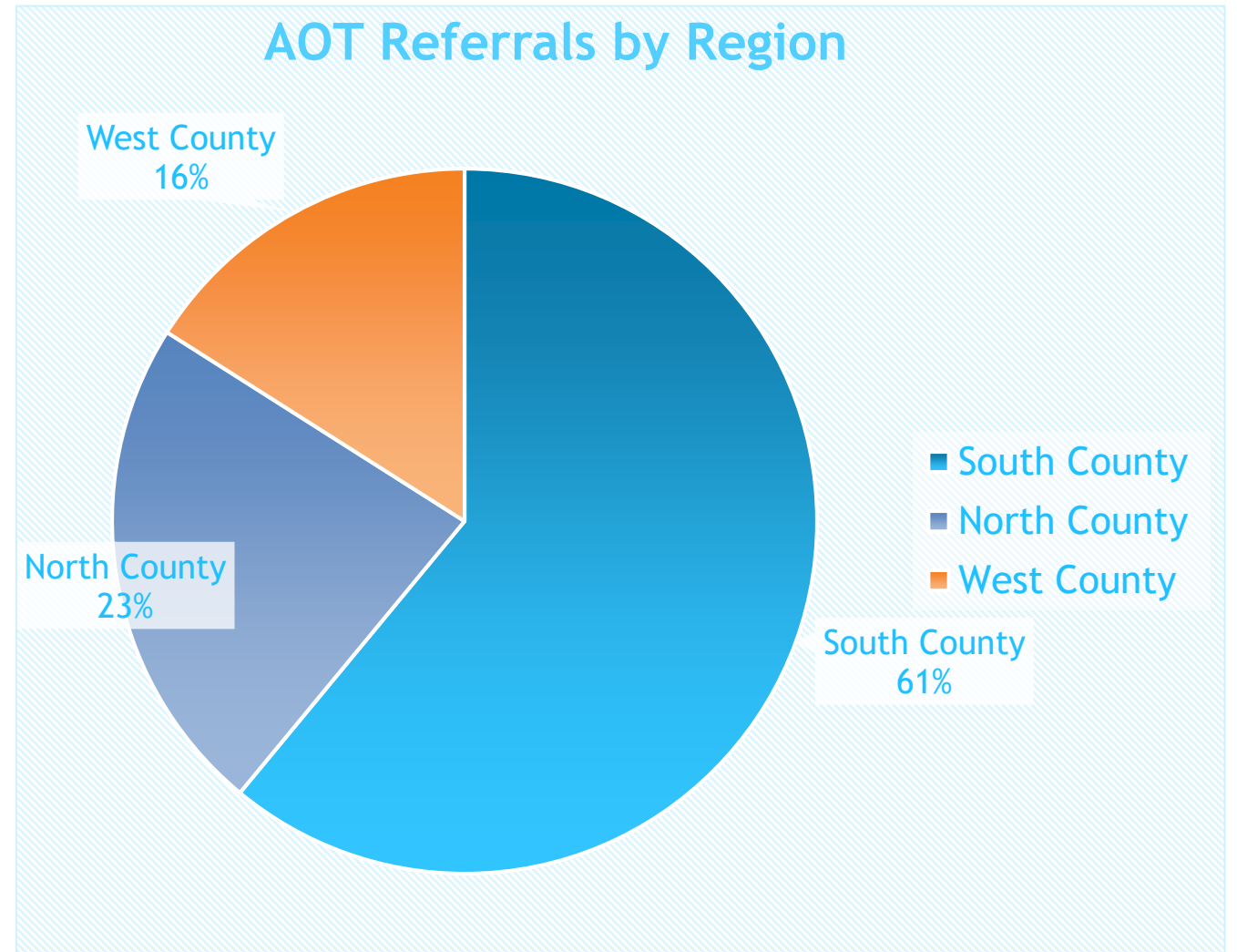
17% came from Law Enforcement

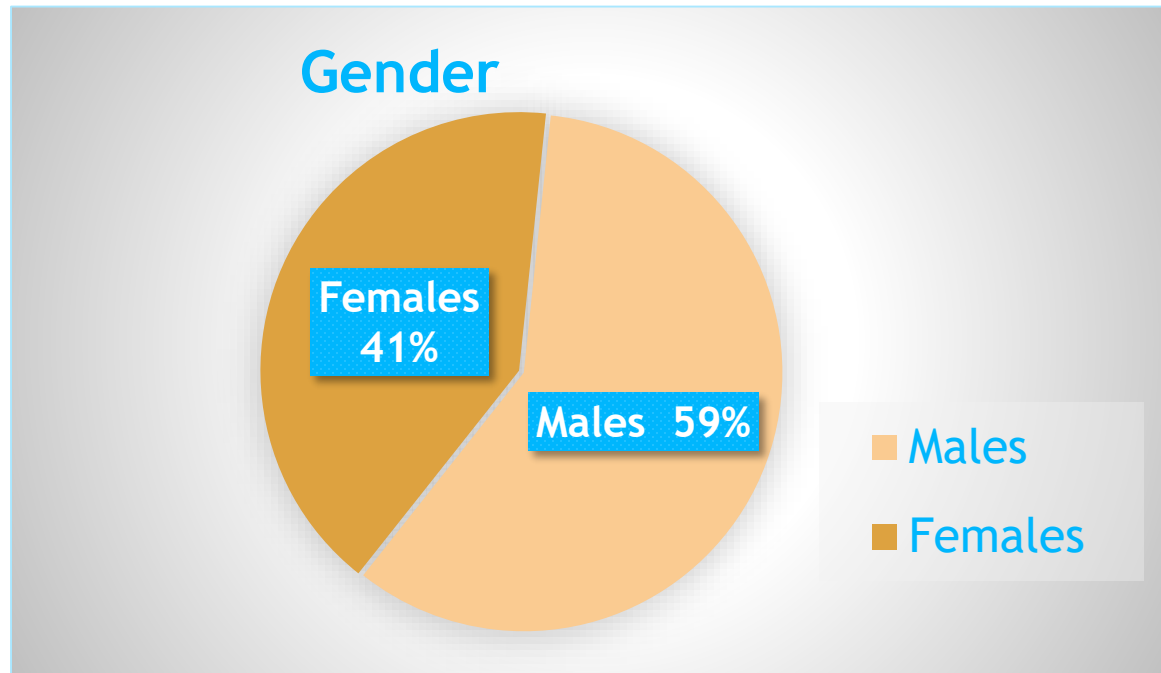
2% came from multiple sources

2% came from ineligible referring party

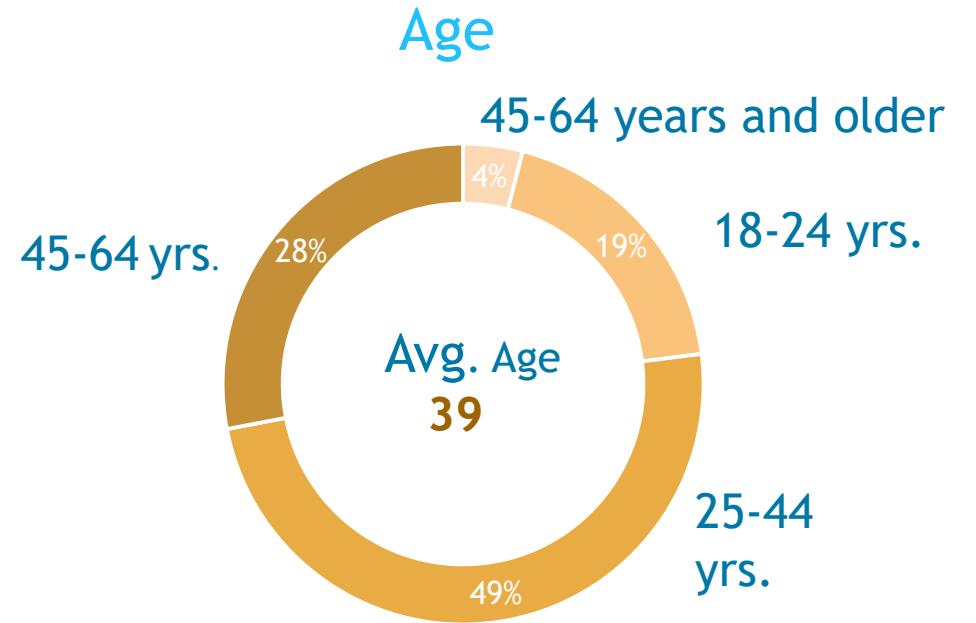


Referral trends varied greatly from month to month. The largest number of referrals occurred during the first quarter of Year 1 (January-March 2017). On average the program received 4 referrals per month.





- Of the 61 referrals 59% were male and 41% female



- Average age of an AOT client referred was 39 years with age ranging from 19 to 68 years.



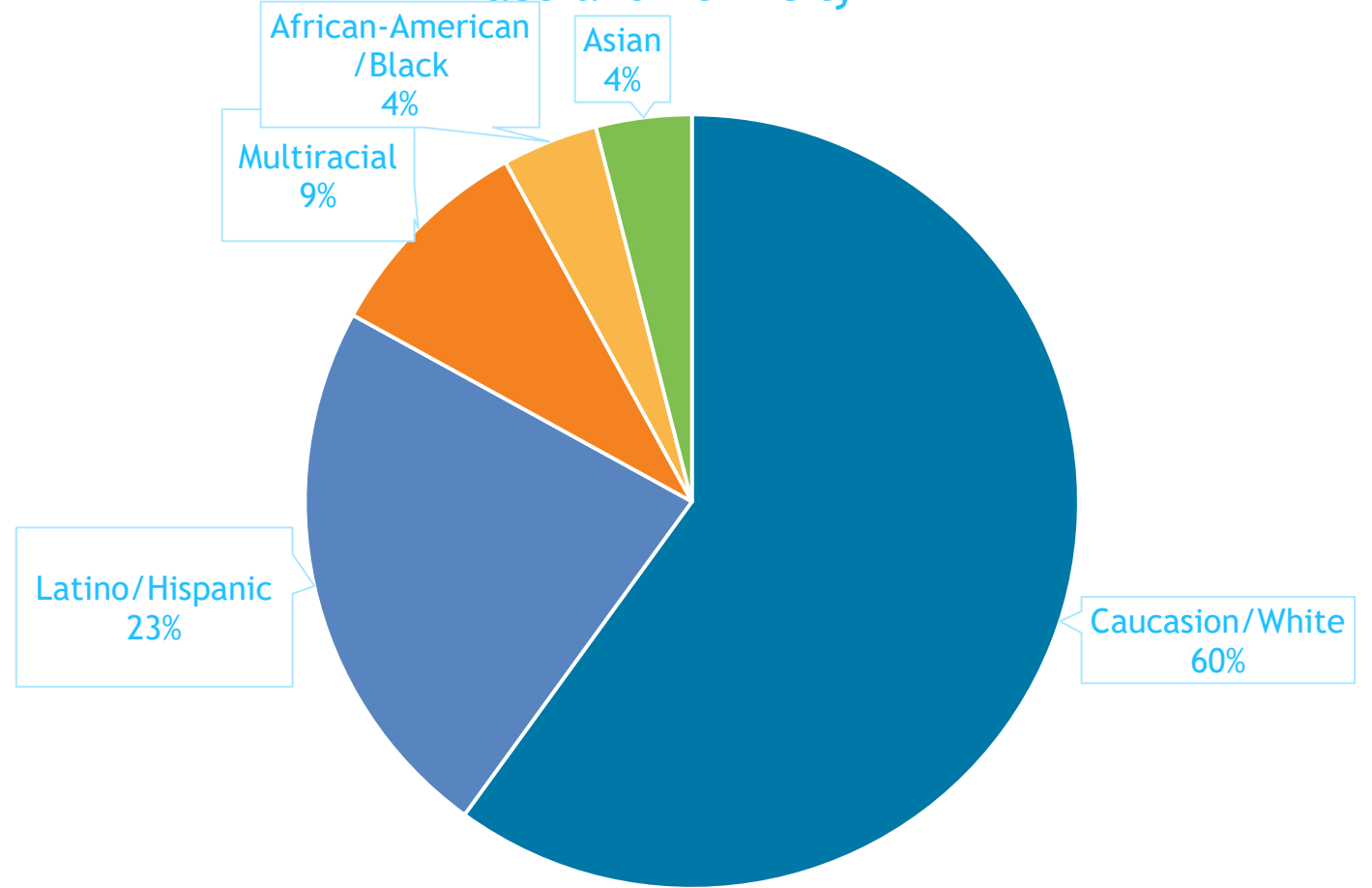
## Characteristics

82% Dual Diagnosis

59% Homeless

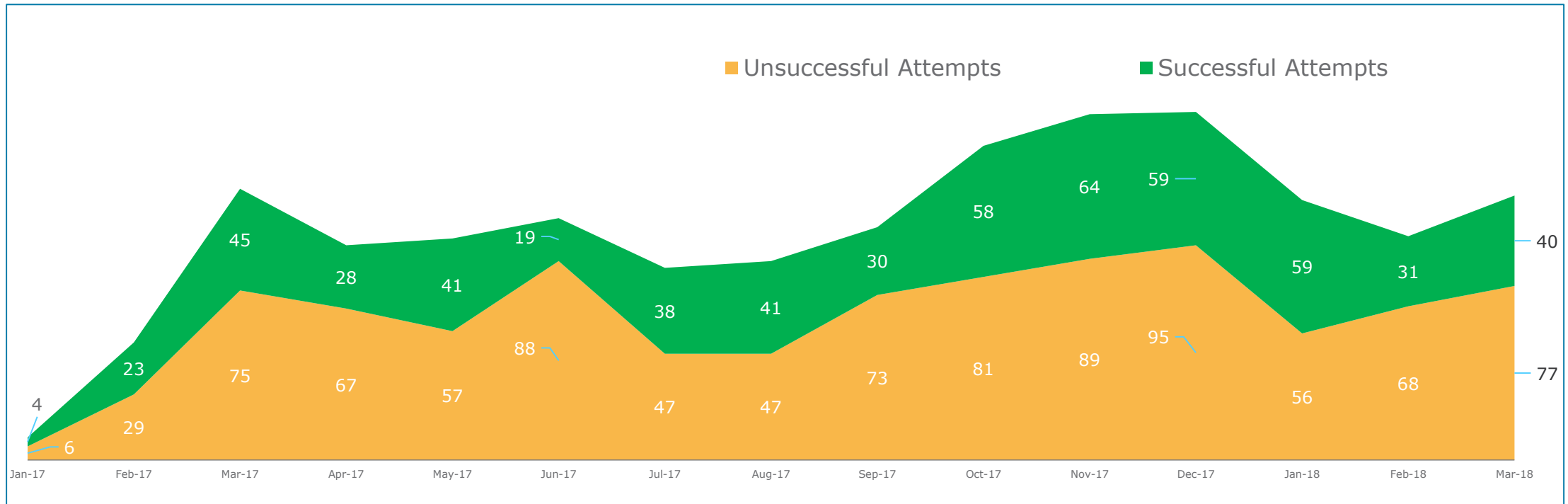
50% Probation

## Race and Ethnicity



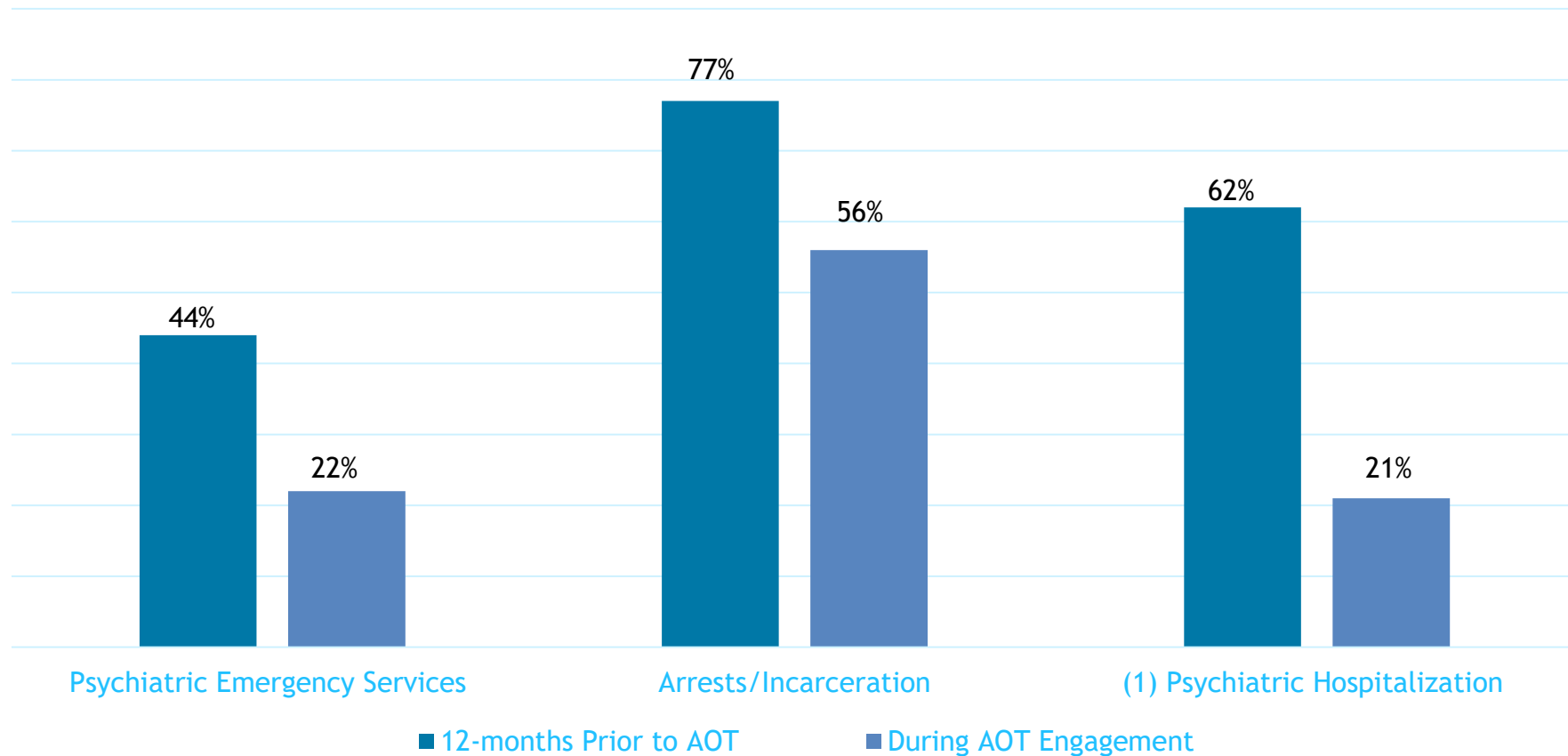
AOT staff report 1535 engagement attempts over the past 15 months. Of these, 580 attempts were successful, translating to roughly 4 successful visits for every 10 engagement groups

### AOT Engagement Efforts by 15-Months





### AOT Referred Engagement Outcomes



## AOT Engagement Outcomes

34.1% Accepted voluntary treatment
27.3% Continue to attempt to engage
27.3% Closed - Referred individual did not meet AOT criteria to file petition
11.3% Closed - Referred individual initially contacted but then unable to locate/moved out of the area
0% Settlement agreement
0% Court petition filed



# Budget Summary

AOT FISCAL SUMMARY (REVISED 6/30/18)	
Actual Yr. 1 (FY 2016-17) AOT total GFC Allocated:	\$606,888
Actual Yr. 1 (FY 2016-17) GFC Expended	(\$83,414)
<b>Remaining Balance of GFC (Avail for Yr. 2)</b>	<b>\$523,474</b>
Actual Yr. 1 (FY 2016-17) AOT total GFC Carry-forward:	\$523,474
Actual Yr. 2 (FY 2017-18) AOT total GFC Allocated:	\$275,030
Actual Yr. 2 (FY 2017-18) AOT Expended	(\$290,468)
<b>Remaining Balance of GFC (Avail for Yr. 3)</b>	<b>\$508,036</b>
Actual Yr. 2 (FY 2017-18) AOT total GFC Carry-forward:	\$508,036
Additional GFC Allocated for Year 3	\$0
Budgeted Yr. 3 (FY 2018-19) AOT Expended	(\$429,204)
<b>Est. Balance of GFC (Avail for Yr. 4)</b>	<b>\$78,832</b>

- The board adopted pilot of Assisted Outpatient Treatment (AOT) services for an initial 3 year period and was subject to annual appropriations.
- The operating costs Actuals for 17-18 was \$275,030.
- The operating costs include outreach, housing, administrative, and contractual services.
- The program will end unless additional general funds are allocated.



Client A was referred as experiencing psychosis, disorganization and delusions after walking into a business with a weapon. Police were called, and he was arrested. Client remained hospitalized for several months. AOT staff visited him several times per week to establish rapport and encouraged him to work with the courts. Client was eventually released to his parent's home. With the help of AOT staff he has stayed clean and sober, graduated from Mental Health Treatment Court and agreed to continue with mental health treatment services. Today he is connected with resources and takes part in activities, and is taking martial arts classes. He listens to music and has goals to attend local sporting events. He has his own apartment, and frequently spends time with his parents who are very happy with AOT, and reports that without our help, he would not have made the progress he has made.



Client B was referred to us for being highly delusional, paranoid, and medically compromised. To compound issues, this individual wheelchair bound and was frequently reported to by police by concerned citizens due to her physical condition and behaviors. AOT staff engaged with the individual , worked on building rapport and eventually found housing for her in her own, unshared apartment. After much engagement, staff were also able to get this individual to agree to services with our Assertive Community Treatment (ACT) team. This client has been receiving our services for approximately one year and is now also beginning to follow through with her medical appointments. She continues to meeting with one of our ACT staff on a weekly basis and is allowing homeless a oriented health outreach group to tend to her serious health concerns.



Client C was referred to AOT for engagement due to his psychosis and his abuse of drugs and alcohol. He was referred by parents who were very concerned and somewhat estranged from the individual. AOT staff met with this individual and his parents and discussed his goals of becoming clean and sober and returning to school. After some time, the individual agreed to link to mental health services where he received treatment for his mental health and substance abuse issues. He has since gone back to school, is working, and is re-unified with his family. At last report this client continues to be clean and sober.



## Recommended Actions

- 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.
- 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.

