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

M E M O R A N D U M

Date: June 8, 2020

To: Honorable Gregg Hart, Chair, and Members of the Board of Supervisors, Mona Miyasato, CEO

From: Alice Gleghorn, PhD, Director

Subject: Assisted Outpatient Treatment Pilot Outcomes and Executive Summary

CC:

Recently questions have arisen about the results of the Pilot Assisted Outpatient Treatment (AOT) program.

Attached please find the final executive summary for the Assisted Outpatient Treatment program pilot conducted by the Department of Behavioral Wellness and evaluated by the independent research group- RDA.

The results confirm that the Department successfully implemented the AOT program with fidelity to the intended model, but few individuals actually (only 3 in 3 years) qualified for the court ordered treatment. This could be due in part to the high volume that *voluntarily* entered treatment after receiving Intensive Outreach and Engagement (IOE) services. These findings are in alignment with recent statements by the Governor to redesign AOT.

The results showed that Intensive Outreach and Engagement (typically 3+ contacts per week, average 39 total contacts) has positive benefit (reducing crisis calls and service, reduced incarceration) for the difficult-to-reach individuals targeted for the AOT program, however beyond IOE, there were no other significant effects of the AOT approach.

Community ACT services NOT associated with AOT showed positive outcomes; ACT services entered via AOT engagement did not show statistically significant findings.

In addition, specific AOT requirements for referral source and eligibility criteria prevented some clients from accessing services through the AOT team. Other elements (legal counsel, evaluation consultant) added costs to the program, but were underutilized or only needed for the pilot.

After reviewing the results, the Department is proposing that the effective IOE approach continue to be provided for the target population, but that a broader strategy be utilized for referrals- specifically,

additional referral source, beyond what is required for AOT, should be considered (i.e. concerned community members, teachers, neighbors, etc.), and that the AOT requirements be used as general criteria, not as strict exclusionary measures, so that referred individuals meeting just some of the criteria may also be considered for IOE. Since so many IOE clients ultimately accepted ACT level care voluntarily, the Department should continue to provide ACT referrals as an option for IOE identified clients.

Further, the Department proposes that additional engagement strategies (Mental Health and Law Enforcement Co-Response) be used to conduct outreach/crisis response to provide streamlined referrals to the Santa Barbara "Better Than AOT" program. Calls for AOT and Co-Response are all triaged through the same contact number, so coordination of responses may be easily achieved, and rapid screening of potential program participants can happen through co-response contact during crisis calls. There would be no additional cost for the proposed activities at this time due to existing grant funding.

Budget
Should the Board wish to continue the full AOT program, the **cost would be up to $162,000 annually** which includes required fidelity elements for AOT, with one estimated petition per year as well as ancillary legal services and data collection. This will fund the required AOT referral, screening and outreach elements for up to ten individuals at a time.

For next year, the County Executive Office has confirmed that there is sufficient fund balance set aside in the Behavioral Wellness PHF/IMD fund balance that can be applied for this use. This fund balance is designated in the General Fund for unexpected costs to cover overflow at the PHF, or other Institute for Mental Health (IMD) bed needs in any given year. The Board could fund this cost next year from this fund balance and direct the CEO to work with the department to identify an ongoing source of funds for future fiscal years.

Executive Summary

SANTA BARBARA COUNTY DEPARTMENT OF Behavioral Wellness
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Santa Barbara County Department of Behavioral Wellness

Assisted Outpatient Treatment Pilot Program Report | January 2017 - December 2019

The Santa Barbara County Board of Supervisors authorized the court-ordered Assisted Outpatient Treatment (AOT) Pilot Program for individuals with mental illness who meet the criteria established by Laura's Law. The Department of Behavioral Wellness launched the Pilot Program in January of 2017 and hired Harder+Company Community Research to conduct an external evaluation of the early implementation and initial outcomes. This report summarizes cumulative data for the full three years of the Pilot. A total of 138 individuals were referred to the Pilot Program for outreach and engagement services since its inception in January 2017. Even though 20 of these referrals were not opened (12 were received when the program was at capacity, 6 did not meet AOT criteria based on initial screening, and 2 were referred by a non-eligible party), program staff followed up with these individuals to provide information about other community resources available to them and/or ensure they were receiving the care needed. Unless otherwise noted, this report presents findings based on 118 referrals received from January 2017 to December 2019, which includes 8 individuals that have been referred to the Pilot Program more than once.

Pilot Referrals

Program staff received an average of three referrals per month.
Of those referrals:

52% were from family members, 27% from mental health providers and 18% from law enforcement

67% were under the age of 45

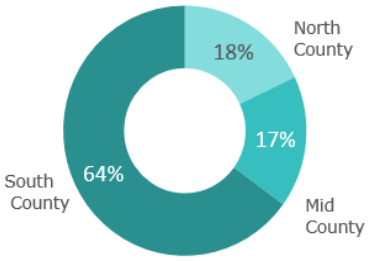
77% had a dual diagnosis

55% were homeless

Referral Trends

The largest number of referrals (17) was received between January-March 2017, the first quarter of the program. Across the pilot, an average of 3.3. referrals were received per month. Most referrals have come from South County.

Referrals by Region



Referrals by Month

Total Referrals: 118
Avg # Referrals/Month: 3.3

harder+co community research

Characteristics of Referred Individuals

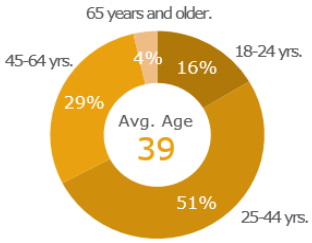
Who was referred to the Pilot Program? Eight individuals were referred to the Pilot Program more than once. These individuals were only counted once in demographic analyses. Referred individuals were, on average, 39 years old (with a range from 18 to 81). About two-thirds (67%) identified as White and 62% were male. At the time of referral, about three-fourths (77%) had a dual-diagnosis, about half (55%) were homeless and 38% were on probation.

Gender

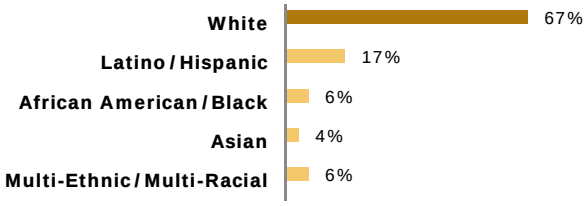
62%
Male

38%
Female

Age



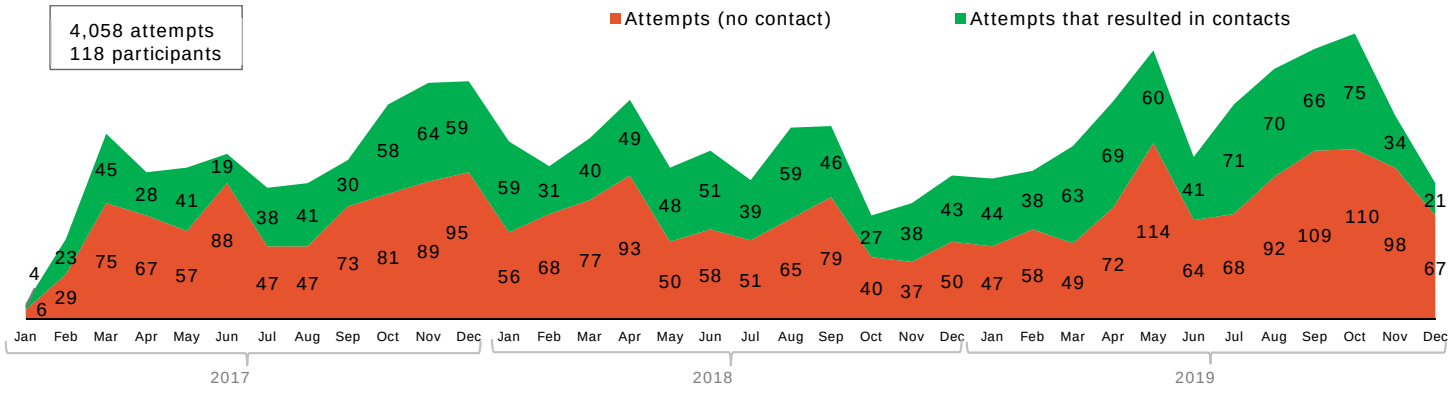
Race / Ethnicity



Intensive Outreach and Engagement Efforts

How successful was Intensive Outreach and Engagement efforts? Individuals referred to the Pilot Program are typically hard to engage because they experience homelessness, incarceration, substance abuse, and/or mental health issues. Staff followed personalized, assertive, frequent and positive engagement strategies using consistent staff based on existing homeless outreach methods in Santa Barbara. The goal of this approach is to build trust and support to facilitate engagement in appropriate and needed services. With the exception of clients who became incarcerated during the engagement period, Program staff aimed to contact referred clients three times a week to promote voluntary uptake of services. Three-fifths (60%) of referred individuals in the program at least one week and not incarcerated were contacted three or more times a week. Program staff reached out to individuals an average of 39 times (median 33, ranging from 1 to 234 engagement attempts).

Intensive Outreach and Engagement Efforts by Month



Intensive Outreach and Engagement Outcomes

41%	Accepted voluntary treatment
22%	Continue to attempt to engage through Intensive Outreach and Engagement services
0%	Settlement agreement
7%	Court petition filed
7%	Court ordered to treatment
30%	Closed – Referred individual initially contacted but then unable to locate/moved out of the area/refused to engage

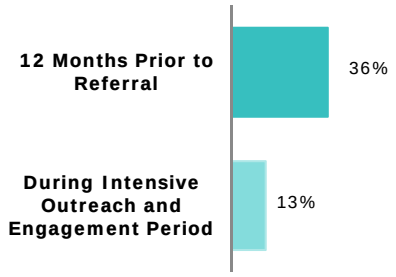
What was the result of Intensive Outreach and Engagement efforts?

Out of the 130 unduplicated individuals that were referred to the Pilot, 31 did not meet AOT criteria to file a court petition, 20 were not opened to the program, 17 were already linked to services, 13 were not located, and 3 were court-ordered to treatment through the IST (Incompetent to Stand Trial) process prior to a petition being filed by the Service Team. Of the remaining 46 individuals, 41% accepted treatment (voluntary) and 7% were AOT court-ordered to treatment.

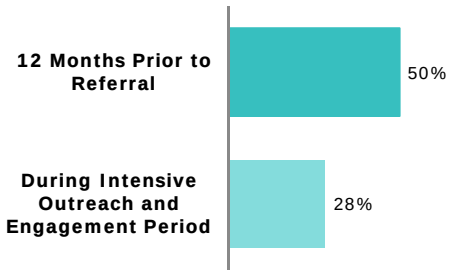
Significant Life Events

What impact did Intensive Outreach and Engagement have for referred individuals? The goal of the Pilot is to improve access and adherence to intensive behavioral health services in order to improve clients' quality of life, prevent decompensation, avert incarceration, and reduce utilization of acute services. Compared to the 12 months prior to receiving Intensive Outreach and Engagement (IOE) services, individuals referred to the Pilot Program experienced significant reduction in crisis calls, crisis services, and incarceration during the IOE period.[1]

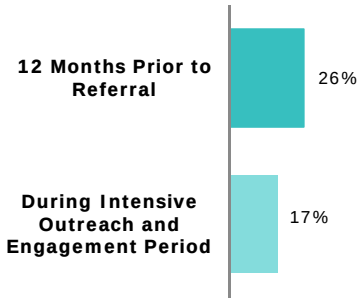
Crisis Calls. The percentage of individuals involved in crisis calls significantly dropped from 36% in the 12 months prior to participation in the IOE process, to 13% during the IOE phase (p<.001).



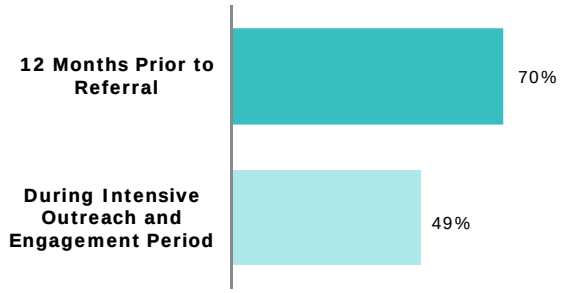
Crisis Services. The percentage of individuals who utilized crisis services significantly dropped from 50% in the 12 months prior to participation in the IOE process, to 28% during the IOE phase (p<.001).



Psychiatric Hospitalization. The percentage of individuals experiencing at least one psychiatric hospitalization dropped from 26% in the 12 months prior to IOE contact, to 17% during the IOE period. However, this decrease was not statistically significant.



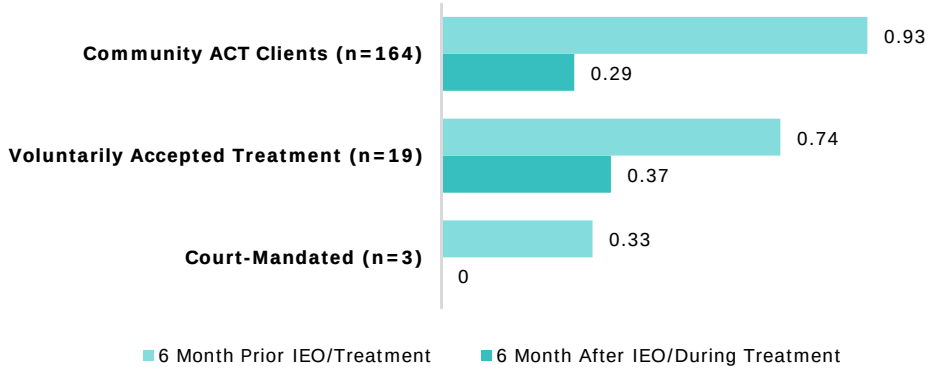
Incarceration. The percentage of individuals who were arrested and/or incarcerated significantly dropped from 70% in the 12 months prior to IOE contact, to 49% during the IOE period (p<.05).



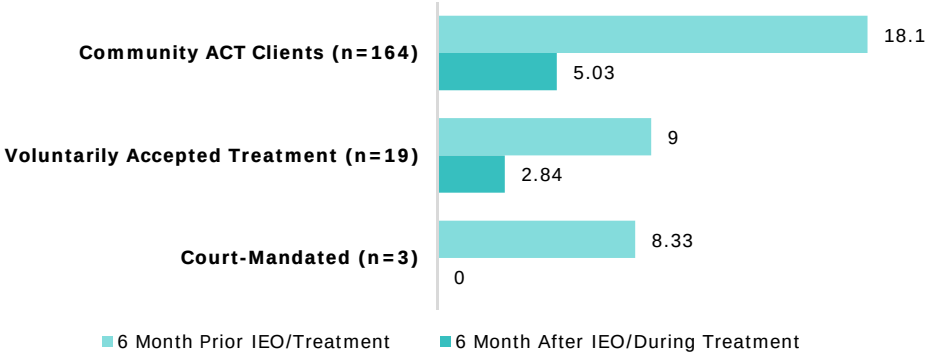
Were Outcomes from the AOT pilot comparable to the Community ACT program? To provide an additional point of comparison, outcomes were compared between individuals connected to Assertive Community Treatment (ACT) programs throughout Santa Barbara County and individuals connected to ACT through this pilot. These comparisons should be considered exploratory in nature, as group sizes are small, especially among those court-mandated to treatment and the scope of this evaluation did not allow for rigorous analysis of differences between community ACT clients and those receiving ACT because of the AOT IOE process; thus differences in outcomes could be the result of preexisting differences among groups. Although data shows that individuals who have been connected to treatment through the pilot experienced decreases in crisis calls, crisis services, and psychiatric hospitalizations after the Outreach and Engagement period/treatment, these decreases were not statistically significant. The only significant findings were found with the community ACT clients.

[1] Significant life events data are based on self-reported information that has been independently confirmed by program staff. Outcomes during Intensive Outreach and Engagement period are based on matched data for individually engaged at least once during the period. McNemar tests were used to determine if there were differences on a dichotomous dependent variable (yes, no) from baseline (prior to referral) to post (during IOE)

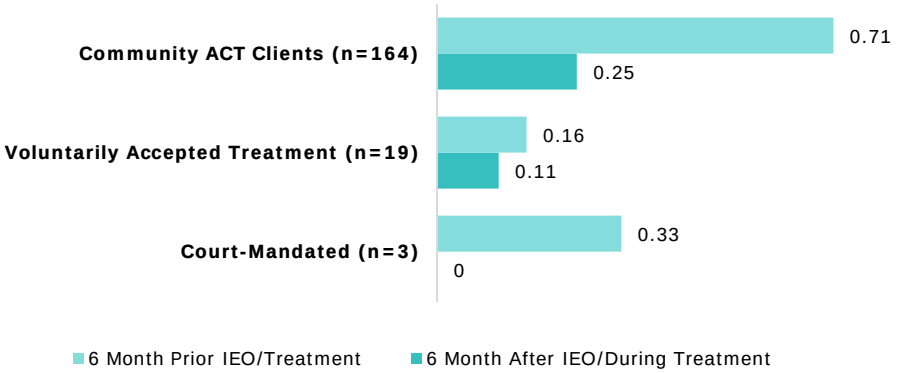
Crisis Calls. The average number of crisis calls per person among ACT clients decreased significantly, from .93 before starting treatment to .29 during treatment ($p<.001$). The average number of crisis calls for those who voluntarily accepted treatment dropped from .74 prior to IOE contact to .37 during treatment. For court-mandated individuals, the number of crisis calls dropped from .33 prior to referral to 0 during treatment. The decreases for clients that voluntarily accepted treatment and those court-mandated to treatment were not statistically significant.



Crisis services. The average number of crisis services per person among ACT clients decreased significantly, from 18.1 before starting treatment to 5 during treatment ($p<.001$). The average number of crisis calls for those who voluntarily accepted treatment dropped from 9 to 2.8 during treatment. For court-mandated participants, the number of crisis services dropped from 8.3 prior to referral to 0 during treatment. The observed decreases for clients that voluntarily accepted treatment and those court-mandated to treatment were not statistically significant.



Psychiatric Hospitalization. The average number of hospitalizations per person among ACT clients decreased significantly, from .71 before starting treatment to .25 during treatment ($p<.001$). The average number of psychiatric hospitalizations per participants who voluntarily accepted treatment dropped from .16 to .11 during treatment. The number of court-mandated individuals requiring psychiatric hospitalizations dropped from 33% prior to referral to 0% during treatment. The decreases in the number of hospitalizations per person were not statistically significant for clients that voluntarily accepted treatment and those court-mandated to treatment.



Evidence of Impact

Following three full years of implementation, the services provided in the Pilot Program show signs of impact in four key areas:

- **Effective system of referrals.** The Pilot Program's intensive outreach and education efforts have built a highly effective referral system. The majority of referrals to the pilot are *appropriate*, meaning that most individuals who are referred are found to meet criteria for program involvement once the individual is located and fully assessed.

- **Ongoing engagement.** The Pilot Service Team is largely meeting, and often exceeding, the goal of engaging Pilot Program participants three times a week.

- **Supporting voluntary uptake of services.** The Intensive Outreach and Engagement efforts have been highly successful at supporting individuals in voluntarily choosing treatment services. At the end of 2019, 19 individuals had accepted voluntary treatment and only three individuals were court-ordered into treatment through the AOT process. This demonstrates that program staff are able to build relationships with individuals during the Intensive Outreach and Engagement period and successfully support them in choosing to engage in treatment.

- **Reduction in use of crisis calls, crisis services and incarcerations for individuals participating in Intensive Outreach and Engagement services and once connected to treatment.** Although these decreases were not statistically significant once pilot clients were connected to treatment through the IOE or the AOT court mandated process, there is preliminary evidence showing that individuals who received ongoing outreach and support experienced some decreases in crisis calls, crisis services and incarcerations during the engagement period. Community ACT clients experienced statistically significant reductions in use of crisis calls, crisis services and psychiatric hospitalizations after being connected to treatment.