



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: November 8, 2016
Placement:
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: Behavioral Wellness - Assisted Outpatient Treatment Program Design

County Counsel Concurrence

As to form: Yes

Other Concurrence:

As to form: Yes

Recommended Actions:

That the Board of Supervisors:

- A. Receive and file the program design for Assisted Outpatient Treatment (AOT) in Santa Barbara County from Department of Behavioral Wellness; and
- B. Determine that the proposed action is not subject to the California Environmental Quality Act (CEQA) pursuant to CEQA Guidelines Section 15378(b)(5) as it is an administrative action that will not result in direct or indirect changes to the environment.

Summary Text:

This item is on the agenda to update and inform the Board of Supervisors regarding the Assisted Outpatient Treatment (AOT) AB 1421 Pilot Project Implementation program design, philosophy, proposed community trainings and education as well as program evaluation.

Approval of the recommended action will allow Behavioral Wellness to begin implementation of the AOT program design and to begin training in accordance with Welfare and Institutions Code (WIC) Sections 5345-5349.5 (AB 1421/“Laura’s Law”).

Background:

On May 10, 2016 the Santa Barbara Board of Supervisors (BOS) approved and directed the Department of Behavioral Wellness to develop an Assisted Outpatient Treatment (AOT) three-year feasibility pilot program designed to serve approximately ten (10) persons per year. AOT provides for civil court-ordered treatment for persons with serious and persistent mental illnesses who meet specific criteria and demonstrate resistance to participating in services. It enables the county Department of Behavioral Wellness to seek AOT for qualified clients (age 18 and over) who are likely to benefit from a court-ordered “assisted outpatient treatment”. In order to qualify for AOT, clients must show a history of noncompliance with voluntary services, be clinically determined as “unlikely to survive safely in the community”, and be “substantially deteriorating” toward involuntary treatment hospitalization under WIC Section 5150.

Attached is the AOT proposed program design, which complies with the Board’s AOT Pilot Program Resolution, and incorporates stakeholder input and feedback from community providers, family members, Behavioral Wellness Clinical Staff as well as from the Courts, Probation, District Attorney’s Office, County Counsel, Public Guardian, Sheriff’s Department and CEO’s Office. The AOT program design has a “whatever-it-takes” philosophy and is a welcoming, client-focused, inclusive, culturally competent, and recovery-oriented program that takes place in the least restrictive environment. It will be centered on compassionate care to both our citizens, who are experiencing serious and persistent mental illness, and to their loved ones who are asking for help. The goal of the program, by increasing outreach and engagement in treatment and medication, is to improve the health, safety and quality of life, and to decrease involuntary hospitalization of individuals that meet the criteria. The Program is expected to start approximately January 2017.

The AOT Program Design is built on an outreach and engagement process which is essential to the program’s success. The Outreach and Engagement (OE) team will provide seamless support to clients and family members from the very first engagement to eventual connection to the appropriate levels of care and will work closely with current outreach providers in the community. All clinical evaluations will be conducted in the least restrictive environment possible and every attempt will be made to meet with the client in their preferred environment/location. A client may be taken to the Psychiatric Health Facility (PHF) for an assessment only if they meet W&I Code Section 5150 criteria. The staffing to client ratio will follow the 1:10 recommendation for ACT programs. The AOT team will be responsible for ensuring that the client’s rights are protected, and will provide appropriate advocacy resources. Upon the client consenting to or being court-ordered to AOT treatment, clients will be provided with ongoing services by the current in-house and contracted ACT team.

The AOT Program includes training and educational components provided to all Behavioral Wellness and contract provider direct service staff, and also to law enforcement officials, hospital administrators, and other community stakeholders. In addition, the program will utilize an external evaluator to provide an analysis of this project to best understand the role of AOT in Santa Barbara County’s system of care with annual reporting to the State Department of Health Care Services on the effectiveness of the pilot project. The evaluator will analyze data on a quarterly basis and will be available to provide quarterly updates to Mental Health Commission, with a focus on making recommendations and improvements and to the Board of Supervisors as needed.

Behavioral Wellness has already engaged in a wide range of activities and has communicated with outreach providers, stake holders and families in the community during the design and implementation of the AOT program. They will continue to work closely with the community partners, Behavioral Wellness staff and families to provide ongoing training, education, and referral process information through community groups and organizations prior to the launching the AOT program.

Performance Measure:

Performance measures and the report to the State associated will contain the following required information and measures in accordance with W&I Code Section 5348(d):

1. Reduction of homelessness;
2. Reduction of inpatient psychiatric hospitalizations; and
3. Reduction in incarcerations and law enforcement involvement.

Other indicators of success and reporting may also include the following, based on information that is available:

- i. Number of persons served by the program;
- ii. Number of persons in the program with contacts with local law enforcement;
- iii. Number of persons in the program participating in employment services programs, including competitive employment;
- iv. Days of hospitalization of persons in the program that have been reduced or avoided;
- v. Adherence to prescribed treatment by persons in the program;
- vi. Other indicators of successful engagement, if any, by persons in the program;
- vii. Victimization of persons in the program;
- viii. Violent behavior of persons in the program;
- ix. Substance abuse by persons in the program;
- x. Type, intensity, and frequency of treatment of persons in the program;
- xi. Extent to which enforcement mechanisms are used by the program, when applicable;
- xii. Social functioning of persons in the program;
- xiii. Skills in independent living of persons in the program; and
- xiv. Satisfaction with program services both by those receiving them and by their families, when relevant.

However, the evaluation and report shall also include the following additional measures identified by the Behavioral Wellness regarding persons in the program:

- a. Number of referrals received;
- b. Number of referrals that met criteria vs those that did not meet criteria;
- c. Number of outreach attempts per client;
- d. Number of outreach contacts per client;
- e. Number of clients accepting voluntary treatment;
- f. Number of clients entered into a Settlement Agreement;
- g. Number of clients “court-ordered” to treatment;
- h. Number of Emergency Room visits per client;
- i. Number of clients able to maintain housing; and
- j. Number of clients maintaining contact with treatment system.

Contract Renewals and Performance Outcomes:

This is a new program.

Fiscal and Facilities Impacts:

Budgeted: Yes

Fiscal Analysis:

<u>Funding Sources</u>	<u>Current FY 16-17 Cost:</u>	<u>Annualized On-going Cost:</u>	<u>Total One-Time Project Cost</u>
General Fund	\$ 606,888.00		
State			
Federal	\$ 148,608.00		
Fees			
Other:			
Total	\$ 755,496.00	\$ -	\$ -

Narrative: One-time General Funds were approved in the FY 16-17 budget process for the implementation of the three (3) year AOT pilot project. Total budget appropriation of the program for FY 16-17 will be \$755,496, funded by \$606,888 through General Funds and \$148,608 of anticipated Medi-Cal revenue. Funding for the project in subsequent years is subject to annual budget appropriations and approval for FY 17-18 and FY 18-19.

Behavioral Wellness will explore the options available through annual budget appropriations and or MHSA for sustainability of the AOT program beyond its initial year with the inclusion of MHSA stakeholders’ in the process. Existing MHSA programs cannot be reduced in order to fund AB 1421 services. While we will look at leveraging other funding resources (i.e. Medi-Cal, MHSA growth or Realignment growth) these are dependent on increased availability of funds through improved state income tax revenues, state sales tax, and other state determined resources that have unpredictable growth factors (i.e. realignment allocation formulas). Pending legislation may also impact the availability of growth and/or sustainable MHSA allocations by diverting county funds to specific statewide programs.

Key Contract Risks: N/A

Staffing Impacts:

Legal Positions:

FTEs:

.40

Special Instructions:

Please return one (1) scanned copy of the Minute Order to: dmorales@co.santa-barbara.ca.us.

Attachments:

Attachment A: Assisted Outpatient Treatment Proposed Program Design

Authored by:

Pam Fisher/Denise Morales