

Santa Barbara County's Assisted Outpatient Treatment Program

2017 Annual Evaluation
Report

April 2018



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research


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



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Executive Summary



Santa Barbara County Department of Behavioral Wellness Assisted Outpatient Treatment Program Report | January - December 2017

The Santa Barbara County Board of Supervisors authorized the court-ordered Assisted Outpatient Treatment (AOT) program for individuals with mental illness who meet the criteria established by Laura's Law. The Department of Behavioral Wellness launched the AOT 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 presents findings from the first year of program implementation, January to December 2017.



Key Findings

48 people were referred to the AOT program for outreach and engagement services in the first year of implementation. On average, the program received 4 referrals per month. Of those referrals:



54% of the referrals were from family members.



85% of the referred had a dual diagnosis.



68% of the referred were under the age of 45.



57% of the referred were homeless.

On average, AOT staff reached out to individuals 2.4 times per week.

44% of individuals referred to the AOT program voluntarily accepted treatment.

AOT engagement efforts are reducing the number of negative life events for participants.

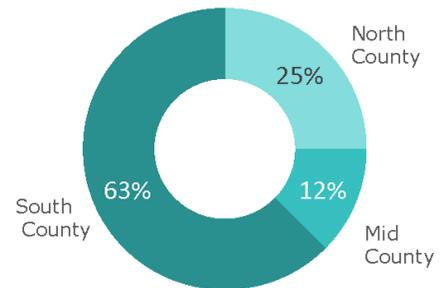
AOT Referrals by Month



Referral Trends

The number of referrals varied across the year. The largest number of referrals occurred during the first quarter (January-March). Most referrals came from South County communities.

AOT Referrals by Region



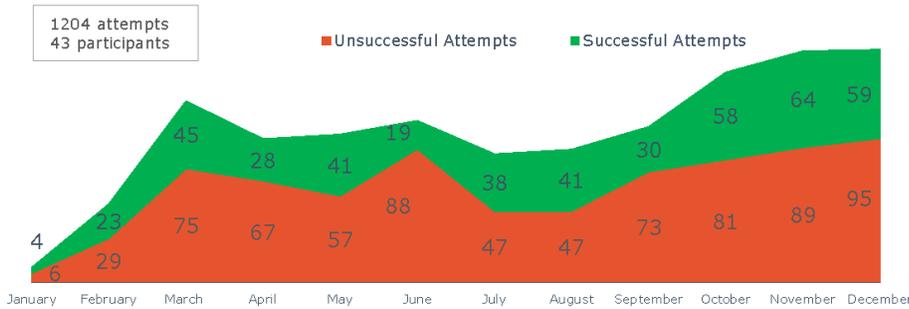
Who is being referred to the AOT program? Individuals referred to AOT ranged in age from 19 to 68 years with an average age of 39 years. Slightly less than two-thirds (62%) were male. Three-fifths (60%) identified as Caucasian, and approximately a quarter (23%) identified as Latino or Hispanic. At the time of referral, most (85%) had a dual-diagnosis, more than half (57%) were homeless, and almost half (49%) were on probation.

Engagement Efforts

How successful is AOT engagement? The individuals served by the AOT engagement staff are typically hard to reach. AOT staff aim to contact all referred clients 3 times a week to promote voluntary uptake of services. Data show a high level of engagement between the AOT team and referred individuals:

- AOT staff reported **1204** engagement attempts.
- Forty five percent (45%) of referred individuals have been contacted 3+ times a week (findings include people in the AOT program for over 1 week).

AOT Engagement Efforts by Month



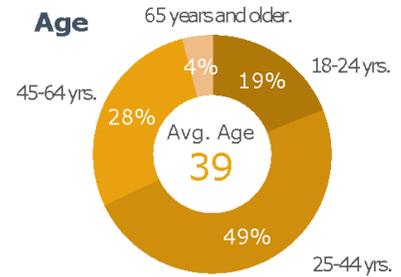
Characteristics

Gender

62% Male



Age



Race/Ethnicity

60%	Caucasian/White
23%	Latino/Hispanic
9%	Multiracial
4%	African-American/Black
4%	Asian

Other Characteristics

85%	Dual diagnosis
57%	Homeless
49%	Probation

AOT Engagement Outcomes

Engagement Outcomes

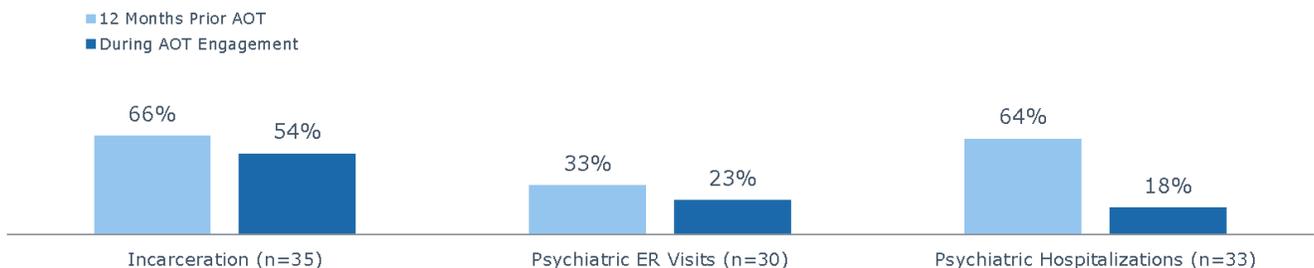
44%	Accepted voluntary treatment
31%	Continue to attempt to engage
0%	Settlement agreement
0%	Court petition filed
0%	Court ordered to treatment
25%	Closed*

What were the results of AOT engagement efforts?

Almost half of the people referred to AOT (44%) have accepted voluntary treatment and have not needed court intervention thus far.

*Unable to locate/Did not meet AOT criteria for court petition

Significant Life Events



What has changed for AOT participants? The goal of AOT 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. Data show that referred individuals have experienced decreases in incarcerations, emergency room visits, and psychiatric hospitalizations during the AOT outreach and engagement phase.

Introduction

Laura's Law

California State Assembly Bill 1421 (AB 1421) established the Assisted Outpatient Treatment Demonstration Project Act of 2002, more commonly referred to as "Laura's Law" (Welfare and Institutions Code (WIC) §§5345-5349.5). The purpose and intent of Assisted Outpatient Treatment (AOT) is to identify individuals with serious mental illness who are not engaged in treatment, assess if there is a substantial risk for deterioration and/or involuntary detention (under WIC § 5150) which could be mitigated by provision of appropriate services, and petition the court to order participation in such services if the individual is not able to be successfully engaged by other means. AB 1421 allows local Boards of Supervisors to adopt Assisted Outpatient Treatment in their respective counties.

Ultimately, AOT is intended to reduce:

- incarcerations
- use of psychiatric emergency services (PES)
- psychiatric hospitalizations.

Santa Barbara AOT Pilot Evaluation

In May 2016, the Santa Barbara County Board of Supervisors approved the design and implementation of a 10-person Assisted Outpatient Treatment pilot program which was launched in January 2017. As designed, the AOT pilot program seeks to improve participants' 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.

The Department of Behavioral Wellness hired Harder+Company Community Research to conduct an external evaluation of Santa Barbara's AOT Pilot Program. The evaluation utilized program data to examine the reach and impact of the pilot program.¹ Program data analyzed included demographics of referred individuals, engagement attempts, and significant life events (incarceration, use of psychiatric emergency services and psychiatric hospitalizations) tracked during their engagement in AOT.

This report describes the activities and outcomes from the first full year of Santa Barbara County's AOT pilot program, from January 1, 2017 through December 31, 2017.

AOT Eligibility Criteria

To be eligible for AOT services, individuals must meet the following criteria:

- Santa Barbara County resident.
- 18 years of age and older.
- Suffer from a mental illness (as defined by California code, Section 5600.3, subdivision b, paragraphs 2 and 3).
- Unlikely to survive safely in the community without supervision (based on clinical determination).
- History of lack of compliance with mental health treatment and at least one of the following is true about their mental illness:
 - A substantial factor in necessitating hospitalization, services in a mental health unit of a state correctional facility or local correctional facility, at least twice within the last 36 months; or
 - Resulted in one or more acts, attempts or threats of serious and violent behavior toward themselves or another within the last 48 months.
- Offered an opportunity to participate in a treatment plan by Behavioral Wellness Department, yet fails to engage in treatment.
- Condition is substantially deteriorating.
- Given their treatment history and current behavior, the person is in need of AOT in order to prevent a relapse or deterioration that would likely result in grave disability or serious harm to themselves, or to others (as defined in Section § 5150).
- AOT Program is the least restrictive placement necessary to ensure the person's recovery and stability.
- There will likely be a benefit from assisted outpatient treatment.

¹ In addition to program data, the report includes AOT staff's feedback regarding the successes and challenges they have experienced while implementing the program and the unsolicited feedback from the parents of 4 participants.

Limitations

With the exception of incarceration data, outcome findings are based on self-reported data, which may impact their accuracy. Information on the occurrence of psychiatric emergency room visits, psychiatric hospitalizations and incarceration for referred individuals after their referral date was only tracked during the engagement period. Depending on when a referred individual case was closed, the engagement period varied, with some participants being closed after a week and others being active after the 90-day engagement period.²

Overview of AOT Project

The AOT Team

In Santa Barbara County, the AOT team consists of 3 smaller teams assigned to each of the County's geographical regions: North County (Santa Maria AOT team), Mid County (Lompoc AOT team), and South County (Santa Barbara AOT team). With the exception of the Santa Maria AOT team which has an additional team member, each AOT team is comprised of three members.

- Santa Barbara AOT:
 - Team Lead: Licensed Marriage & Family Therapist (LMFT) / Waivered Psychologist
 - Substance Abuse Specialist (CAADE-CATC-III)
 - Recovery Assistant

- Santa Maria AOT:
 - Team Lead: Associate Marriage and Family Therapist (AMFT)
 - Licensed Psych Tech (LPT) / Master's (MA)
 - Vocational Support Specialist
 - Peer Support Specialist

- Lompoc AOT:
 - Team Lead: Licensed Marriage & Family Therapist (LMFT)
 - Case Worker
 - Case Worker

AOT Process

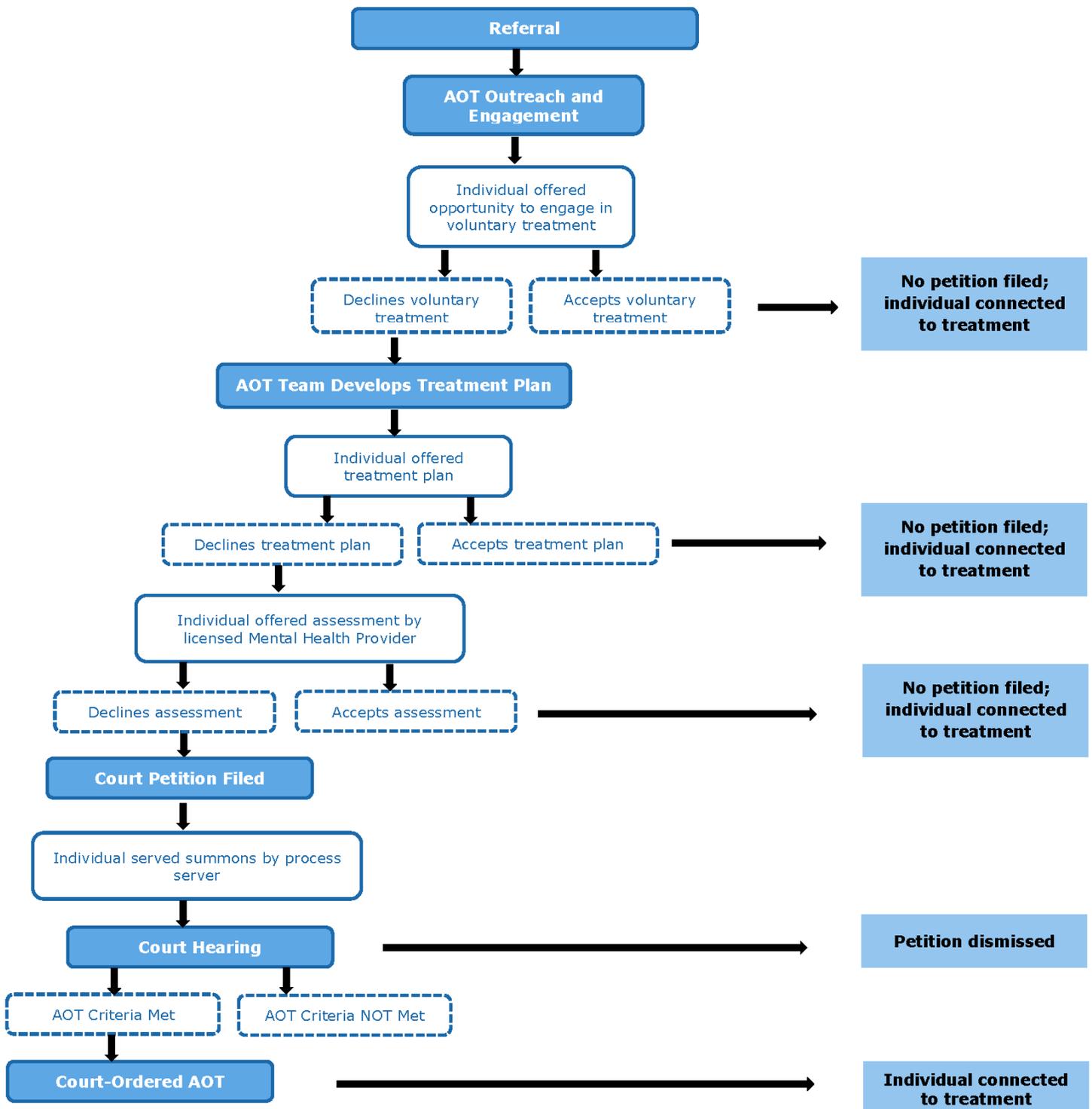
The AOT process starts with a referral from a qualified requesting party.³ After receiving a qualified referral, a member of the AOT team makes efforts to locate referred individuals to assess suitability for engagement and promote voluntary uptake of services.⁴ If the referred individual is already connected to services, the referral is closed. If the referred individual voluntarily accepts services, the AOT team links them to an appropriate provider and the AOT process concludes. If an AOT-referred individual refuses services, the AOT team continues to engage the referred individual and continues to offer linkage to services for a period of up to 90 days. The approximately 90-day engagement window is often extended if the client is hospitalized, incarcerated, or temporarily out of the area. At the end of the engagement period, if the individual has not voluntarily accepted services, the AOT team offers them a treatment plan and an opportunity to participate in treatment. If the individual chooses to not engage, they are offered a mental health assessment by a licensed provider. If the client appears to meet all AOT criteria and the case for AOT can be substantiated, a petition is filed with the court. Exhibit 1 provides an overview of the AOT process.

² Active referrals are closed when participants accept voluntary treatment, have left the service area, are unable to be located after several attempts, and do not meet AOT eligibility criteria for court petition.

³ Qualified requesting parties include immediate family members, an adult living with the individual, a licensed mental health professional, a director of a treatment agency, residential care facility, or hospital, or a peace, parole, or probation officer.

⁴ If the referral comes from a person who is not a qualified requesting party, a member of the AOT team will provide the referral source with information about other resources.

Exhibit 1. Overview of Santa Barbara County's AOT Process



Characteristics of AOT Referred Individuals

Characteristics of Referred Individuals

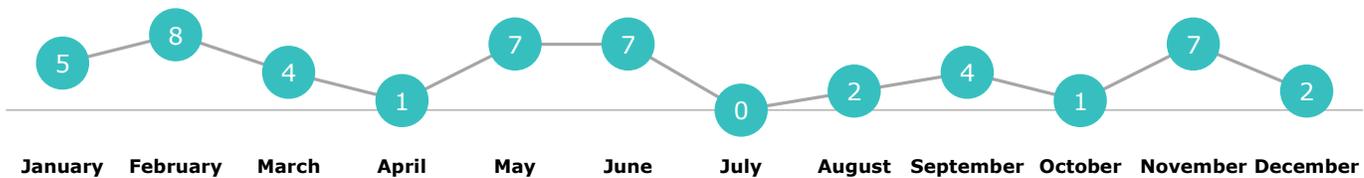
This section describes the number of AOT referrals received in year one of the pilot and the characteristics of referred individuals.

AOT Referrals

AOT Referrals by Month

From January 2017 to December 2017, the AOT team received a total of 48 referrals. The number of referrals received varied by month. The largest numbers of referrals were received in the months of February, May, June, and November.

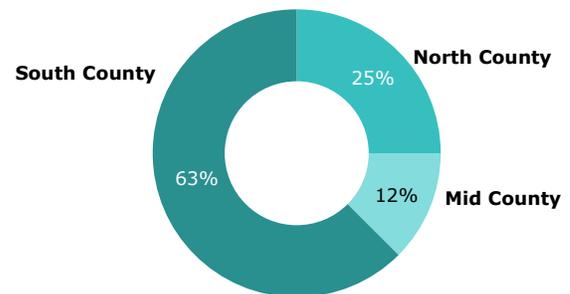
Exhibit 2. Number of AOT Referrals (n=48)⁵



AOT Referrals by Region

As of 2016, the estimated population in Santa Barbara County was 439,395.⁶ Santa Barbara County is divided in three major regions: North County, Mid County, and South County. A majority of referrals during 2017 came from South County communities, which include Carpinteria, Goleta, and Santa Barbara. The distribution of referrals observed across the 3 regions reflected the distribution of adults living in the County, with over half residing in South County.⁷

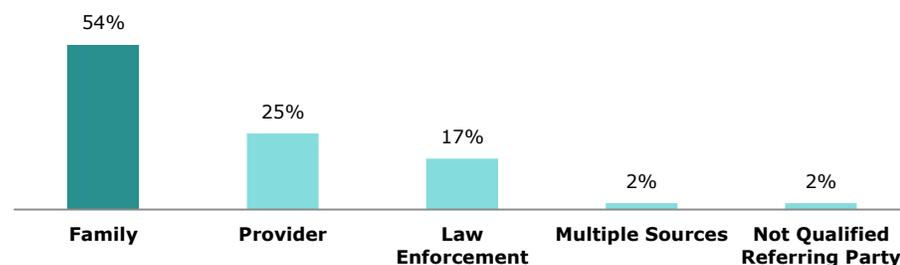
Exhibit 3. Origin of AOT Referrals (n=48)



AOT Referring Parties

As illustrated in Exhibit 4, the AOT program received referrals from a range of sources as intended in the program design. The most common source of referrals was family members (54%), but many (42%) referrals were also received from service providers and law enforcement.

Exhibit 4. AOT Referring Parties (n=48)



⁵ The number of referrals for the months of May and June are slightly different than previously reported because they include additional referrals that were not initially reported.

⁶ <https://factfinder.census.gov/>

⁷ "Executive Summary Santa Barbara County Geography," County of Santa Barbara, accessed March 30, 2018.

<http://www.countyofsb.org/searchresult.c?searchText=geography>

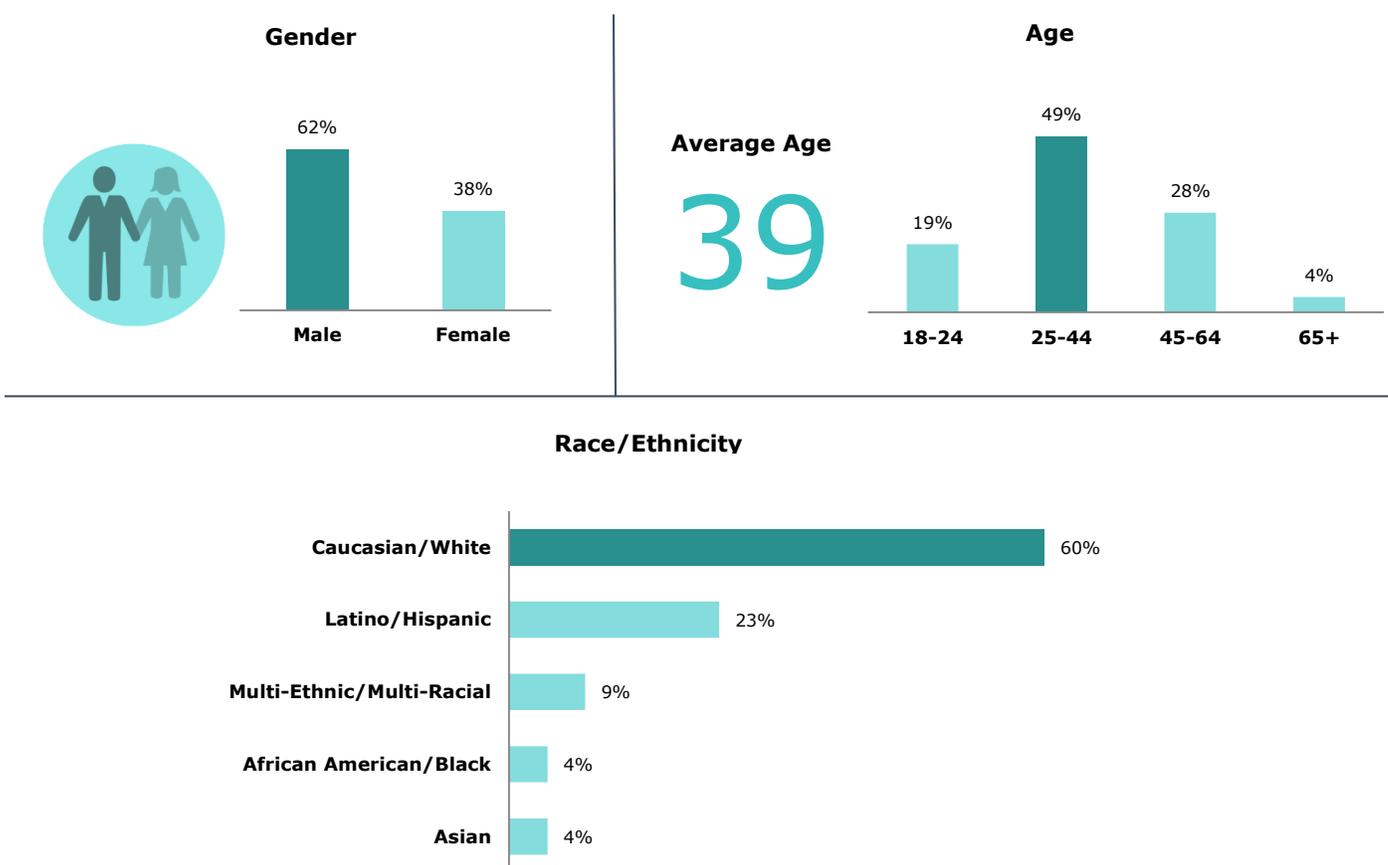
AOT Referred Individuals

In the first year of the AOT pilot program, there were a total of 47 unduplicated referred individuals who were initially considered to be eligible for the AOT program.⁸ The pilot was designed to accommodate a caseload of 10 clients at any given time. However, given the volume of referrals, at times the AOT team served more than 10 individuals at one time. At its peak, the AOT team served 16 individuals in November 2017.

Demographics

Individuals referred to the AOT program were, on average, 39 years old (ranging from 19 to 68 years) and slightly less than two-thirds (62%) of referred individuals identified as male. Three-fifths (60%) identified as Caucasian and approximately a quarter (23%) identified as Latino or Hispanic. Compared to the demographic characteristics of residents of the County as a whole, individuals referred to AOT were more likely to be male (62% compared with 50%) and identify as Caucasian (60% compared to 46%).

Exhibit 5. Demographics of Referred Individuals (n=47)



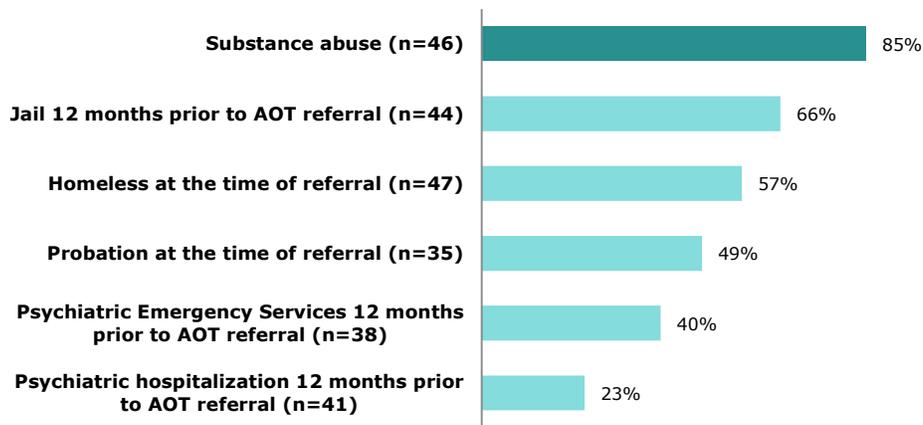
Risk Factors

Individuals referred to the AOT program were at risk of substance abuse, homelessness, incarceration, utilization of Psychiatric Emergency Services (PES), and inpatient psychiatric hospitalization. Substance abuse was a significant issue among referred individuals, with 85% of referrals reporting the use of alcohol and/or other substances. AOT referred individuals also reported involvement with the criminal justice system in the year prior to AOT and/or at the time of their referral. Two-thirds (66%) of individuals experienced incarceration in the 12 months prior to referral and half (50%) were on probation at the time of referral. Slightly less than three-fifths (57%) reported being homeless at the time of their referral. Referred individuals have also utilized emergency room and necessitated hospitalization due to psychiatric reasons. Two-

⁸ The AOT team received a total of 48 referrals. However, one of those referrals came from a non-qualified referring party. Therefore, it is not included in the analyses.

fifths (40%) visited the emergency services and almost a quarter (23%) had a psychiatric hospitalized in the 12 months prior to referral.

Exhibit 6. Risk Factors at the Time of Referral



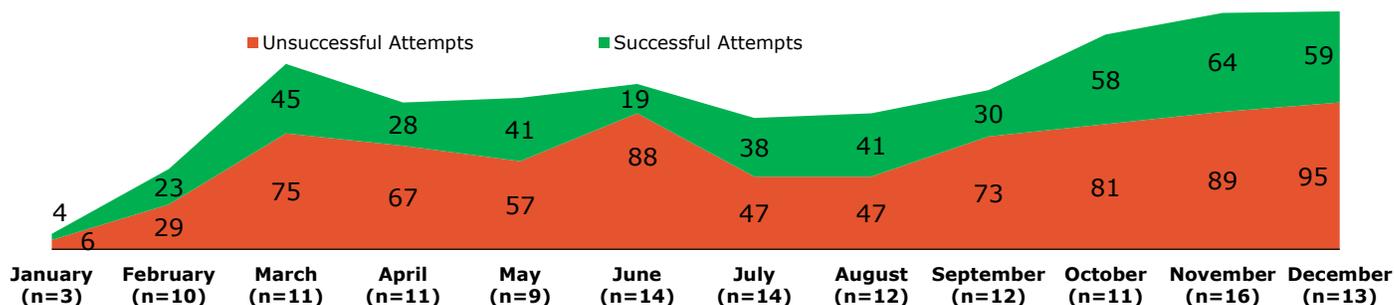
AOT Engagement Efforts and Outcomes

Individuals referred to AOT are typically hard to reach because they are often homeless, transient, and many experience difficulty with both substance abuse and mental health. The AOT team utilizes a strength-based, client-centered, recovery-focused approach.

The AOT team aims to contact all referred clients three times a week during the 90-day engagement period. AOT staff conducted in-person visits with the goal of having individuals accept voluntary treatment. If the referred individual was not found, the AOT team made attempts to contact them via phone or through the referral source. As illustrated in Exhibit 9, AOT staff actively sought a high level of engagement with referred individuals, although not all attempts were successful:

- AOT staff reported a total of 1,204 engagement attempts over the first twelve months. Out of these, 450 attempts were successful.⁹ This translates roughly to 4 successful attempts for every 10 attempts.
- On average, clients were reached out to 2.4 times a week.
- Based on individual case reviews, about half (47%) of referred individuals were successfully contacted 3 or more times a week.

Exhibit 7. AOT Engagement Efforts by Month¹⁰



AOT Engagement Outcomes

Engagement outcomes data show that almost half (44%) of people referred to AOT have accepted voluntary treatment and have not needed court intervention thus far. Slightly less than a third (31%) of referred individuals were active cases at the end of 2017. On average, these active clients have been in the AOT program for 93 days, ranging from 28 to 226 days.¹¹

Exhibit 8. Engagement Outcomes (n=39)¹²

Outcome	%	n
Accepted voluntary treatment	44%	17
Continue to attempt to engage	31%	12
Settlement Agreement	0%	0
Court Petition Filed	0%	0
Court Ordered to Treatment	0%	0
Closed (unable to locate)	15%	6
Closed (did not meet AOT criteria for court petition)	10%	4

⁹ An attempt was classified as successful when the AOT team member was able to make contact with the referred individual.

¹⁰ Engagement attempts findings are based on engagement efforts data collected for AOT referred individuals who were in the AOT program for at least 1 week. The data included may slightly differ from what has previously been reported in the Quarterly Reports as the referral dates and closed dates have been revised for some participants.

¹¹ Half of active cases have been in the AOT program for 100+ days.

¹² Out of the 47 individuals referred to AOT, 8 were not eligible for AOT (4 were already linked to services and 4 resided/moved out of the area).

Outcomes During AOT Engagement Period¹³

The goal of AOT is to improve access and adherence to intensive behavioral health services in order to avert arrest, incarceration, relapse, and reduce utilization of acute services and inpatient hospitalizations. Based on self-reported data, individuals referred to AOT experienced a reduction in Psychiatric Emergency Services visits, psychiatric hospitalization, and incarceration during the outreach and engagement period compared to the 12 months prior to AOT engagement.¹⁴ On average, referred individuals were engaged for a period of 12 weeks, ranging from 1 to 32 weeks.

Psychiatric Emergency Services

The number of individuals who experienced Psychiatric Emergency Services visits dropped from 10 (33%) in the 12 months prior to AOT participation, to 7 (23%) during the AOT engagement phase.

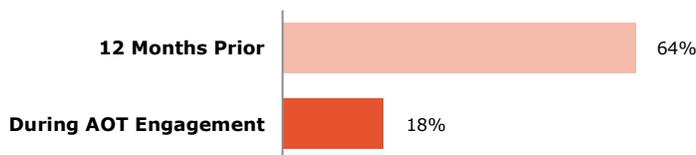
Exhibit 9. Psychiatric Emergency Services Occurrence 12 Months Prior and During AOT Engagement Period (n=30)¹⁵



Psychiatric Hospitalization

The number of individuals experiencing at least one hospitalization due to psychiatric reasons dropped from 21 (64%) before AOT contact, to 6 (18%) during the AOT engagement period. An exact McNemar's test was conducted to determine if the observed difference in the percent of individuals experiencing psychiatric hospitalizations was statistically significant. The test showed that the two proportions were significantly different, $p < .001$.

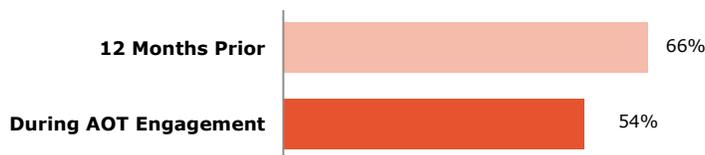
Exhibit 10. Hospitalization 12 Months Prior and During AOT Engagement Period (n=33)¹⁶



Incarceration

The number of individuals who were arrested and/or incarcerated dropped from 23 (66%) prior to AOT contact, to 19 (54%) during the AOT engagement period.

Exhibit 11. Incarceration 12 Months Prior and During AOT Engagement Period (n=35)¹⁷



¹³ Outcomes during AOT findings are based on matched data for AOT referred individuals who have been successfully engaged at least once during the AOT engagement period. McNemar tests were conducted to test if any of the observed reductions were significant. The McNemar test is used to determine if there are differences on a dichotomous dependent variable (yes, no) from baseline (Prior to AOT) to post (during AOT)

¹⁴ In addition to self-reported data, whenever available incarceration data has been supplemented with data pulled from Santa Barbara County Jail system.

¹⁵ Not significantly different, $p\text{-value} = .375$.

¹⁶ Significantly different, $p\text{-value} < .001$

¹⁷ Not significantly different, $p\text{-value} = .219$

AOT Staff and Consumer Perspectives

As part of this evaluation, AOT staff provided their insights regarding the successes and challenges they experienced during the implementation of the AOT pilot program. In addition, the program also received unsolicited feedback from family members of four referred individuals, all of whom were extremely satisfied with the support received.

Program Successes

Laura's Law funding allows for increased outreach and engagement. The funding received for the AOT program allows providers to continually outreach to clients to encourage them to engage:

"This program allows the additional funding needed to have more staff out on the streets doing the outreach. In traditional outpatient clinics, all services are voluntary, so clients are not continually outreached to get them to engage. Because the AOT program can offer engagement three times a week or more for individuals who have not yet agreed to treatment, it affords more opportunity to develop the rapport that is so important for them to agree to services." – AOT Team Member

"It can be very frustrating working with our son because he doesn't seem to be able to connect the dots; but [Case worker] has consistently shown understanding ... He has shared his story about 'having been there' which has helped a great deal to build up trust with our son." – Parent of Referred Individual

AOT outreach and engagement services improved access to services by promoting uptake of voluntary treatment. As part of the AOT outreach and engagement process, referred individuals are offered and encouraged to accept voluntary services. Clients that voluntarily agreed to receive services are connected to services:

"My son ... is taking his medications, is back in Phoenix House and doing well." – Parent of Referred Individual

AOT engagement and linkage to treatment provided an alternative to incarceration and/or psychiatric hospitalizations. Parents reported reductions in the incidence of incarceration and psychiatric hospitalizations:

"My son would probably be back in PHF (Psychiatric Health Facility) or in jail if it was not for AOT, I'm so grateful how they helped him through his challenges." – Parent of Referred Individual

"It is really sad to see my son thrown in jail in an isolation cell for weeks without treatment or counseling while waiting for a bed to open at the Psychiatric Health Facility ... Because of Laura's Law and the funding it has received, he was able to get counseling from the Assertive [sic] Outpatient Treatment. I see an amazing difference." – Parent of Referred Individual

Challenges

The AOT participant population is difficult to reach. As seen in the engagement attempts data, on average, the ratio of successful to unsuccessful engagement attempts was 4 to 10. As one AOT team member pointed out, it takes a considerable amount of effort to locate and engage referred individuals:

"One of the challenges is not being able to locate/engage the clients. Sometimes it feels like so much time/energy has been expended trying to find a referral only to have to close them due to lack of contact." – AOT Team Member

AOT outreach and engagement requirement of 3 times a week is not feasible for every referred individual. While a high level of contact helps build rapport, some referred individuals are reluctant to meet 3 times a week.

"It would be good for us to be able to use our clinical judgement versus being required to make the same [number of] attempts or face-to-face for each individual once we have an understanding of who they are and their comfort level with contact." – AOT Team Member 🍷

Future Considerations

The high-contact nature of the AOT outreach and engagement phase was instrumental in successfully connecting referred individuals with appropriate mental health services within this evaluation period. As AOT staff pointed out, successful engagement with AOT clients requires multiple attempts, especially when working with referred individuals that are homeless and/or hard to locate. We recommend drawing on these early lessons to inform program implementation, particularly around engagement and treatment promotion. As the program progresses into year two of implementation, we offer the following recommendations to strengthen the data available to capture program experience and impact moving forward:

- **Incorporate client perspective.** Conduct satisfaction surveys and/or in-depth interviews with participants to gather information on their attitudes and experiences with AOT program. Client's perspective will help identify gaps, improve service delivery, and provide context to explain quantitative findings.
- **Systematically incorporate family perspective.** It is important to provide opportunities to all families, or alternatively, to a representative sample of families, to capture the range of experiences and satisfaction levels with the AOT program. Unsolicited data runs the risk of being biased.
- **Secure administrative data to assess outcomes.** It will be important to verify client self-report data with administrative data to increase the credibility of these findings. This will require coordination and collaboration with law enforcement and providers (medical, psychiatric) to improve AOT staff's access to administrative data, reduce the burden placed on the AOT team to gather outcome data from different sources, and improve the quality of the data. It will also allow for more detailed data that captures the number of incidents and the duration/intensity of each.
- **Track AOT outcomes post AOT engagement phase.** Track outcomes (use of psychiatric emergency services, psychiatric hospitalizations and incarceration) for AOT referred individuals both during AOT engagement, post engagement/treatment phases. This will help determine whether program participants showed significant reductions in the utilization of psychiatric emergency services, inpatient hospitalizations, and incarcerations beyond their AOT engagement phase once they entered treatment. ■

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