

Santa Barbara County's Assisted Outpatient Treatment Program

2017-2018
Annual Evaluation Report

July 2019



harder  co | community
research


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



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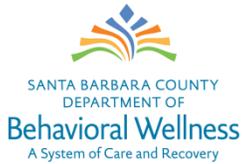
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Executive Summary



Santa Barbara County Department of Behavioral Wellness Assisted Outpatient Treatment Program Report | January 2017 - December 2018

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. A total of 99 individuals have been referred to the AOT program for outreach and engagement services since its inception in January 2017. Even though 11 of these referrals were not opened to AOT (7 when the program was at capacity, 2 were referred by a non-eligible party and 2 did not meet AOT criteria based on initial screening), AOT staff followed up with these individuals to provide information about other community resources available to them and/or ensure they were receiving the care/treatment needed. Unless otherwise noted, this report presents findings based on 88 referrals received from January 2017 to December 2018 which include 8 individuals that have been referred to the AOT more than once.



AOT Referrals

Since January 2017, AOT staff have conducted outreach to **88 individuals**, for an average of four referrals per month. Of those referrals:



49% of the referrals were from family members.



63% of those referred were under the age of 45.



79% of those referred had a dual diagnosis.

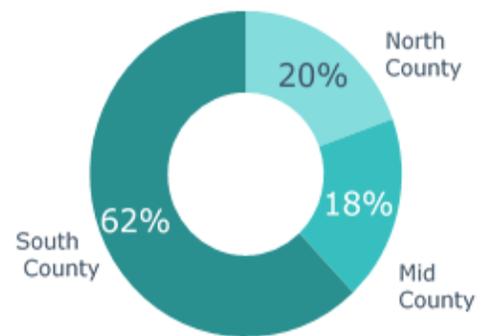


55% of those referred were homeless.

Referral Trends

The number of referrals per month received by the AOT program has varied. The largest number of referrals was received during the first quarter of Year 1 (January-March 2017). Most referrals have come from South County.

AOT Referrals by Region



On average, AOT staff reached out to individuals **three times a week**.

During 2018, on average, AOT staff reached out to individuals **four times a week**.

45% 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

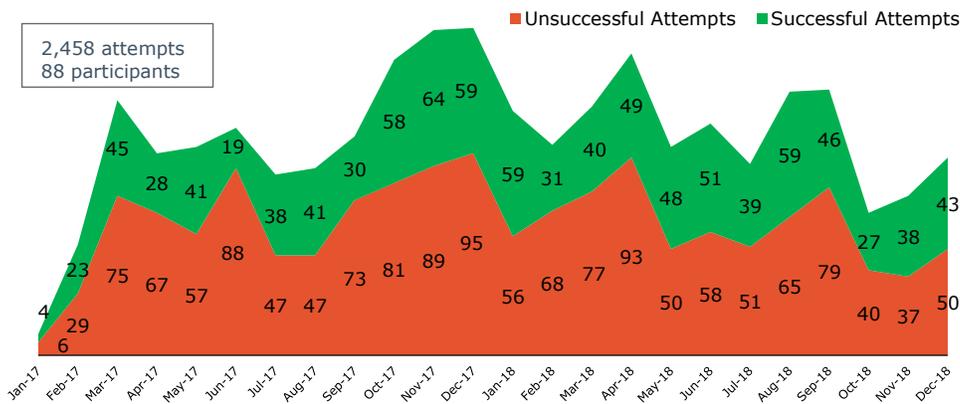


Total Referrals: 88
Avg # Referrals/Month: 3.7

Who is being referred to the AOT program? As of December 2018, eight individuals have been referred to the AOT program more than once and will not be included in the analysis of demographic characteristics. Unduplicated referred individuals ranged in age from 18 to 81 years, with an average age of 41 years. Slightly more than three-fifths (64%) identified as Caucasian and slightly less than three-fifths (59%) were male. At the time of referral, slightly more than three-fourths (79%) had a dual-diagnosis, and slightly less than three-fifths (55%) were homeless and over half (48%) were on probation.

Engagement Efforts

How successful is AOT engagement? Individuals referred to AOT are typically hard to reach and engage because they experience homelessness, incarceration, substance abuse, and/or mental health issues. With the exception of clients who became incarcerated during the engagement period, AOT staff aims to contact referred clients three times a week to promote voluntary uptake of services. Over half (56%) of referred individuals have been contacted three or more times a week (Finding for people whom have been in the program for at least one week and have not experienced incarceration).



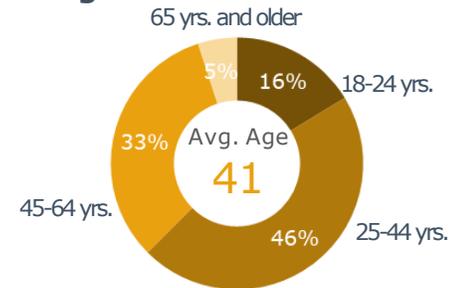
Characteristics (n=80)

Gender

59% Male



Age



Race/Ethnicity*

| | |
|-----|------------------------|
| 64% | Caucasian/White |
| 21% | Latino/Hispanic |
| 8% | Black/African-American |
| 4% | Asian |
| 4% | Multiracial |

* Percentages do not add up to 100 due to rounding.

Other Characteristics

| | |
|-----|----------------|
| 79% | Dual diagnosis |
| 55% | Homeless |
| 48% | Probation |

AOT Engagement Outcomes

45% Accepted voluntary treatment

18% Continue to attempt to engage

0% Settlement agreement

3% Court petition filed

3% Court ordered to treatment

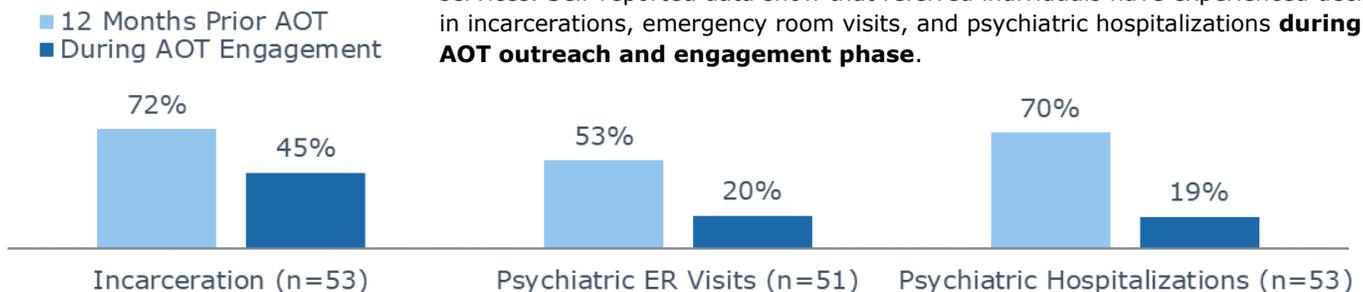
34% Closed – Referred individual initially contacted but then unable to locate/moved out of the area

What was the result of AOT engagement efforts?

Out of the 99 individuals that were referred to AOT, 28 did not meet AOT criteria to file a court petition, 13 were already linked to services, 11 were not opened to AOT, 6 were not located and 3 were court-ordered to treatment through the IST process prior to a petition being filed by the AOT team. Of the remaining 38 individuals, 45% accepted voluntary treatment and 3% were court-ordered treatment.

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. Self-reported 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 Assisted Outpatient Treatment (AOT) aims to identify individuals with serious mental illness who are not engaged in treatment. The treatment includes an assessment of a substantial risk for deterioration and/or involuntary detention of the individual (under WIC § 5150), in which appropriate services and a petition to the court to order participation in such services could be provided 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 aims to reduce:

- incarcerations
- emergency department visits due to psychiatric reasons
- psychiatric hospitalizations

Santa Barbara AOT Pilot Evaluation

In May 2016, the Santa Barbara County Board of Supervisors authorized the design and implementation of a 10-person Assisted Outpatient Treatment pilot program, which was launched in January 2017 by the Santa Barbara Department of Behavioral Wellness. As designed, the AOT pilot program aims to improve participants' quality of life, prevent decompensation, avert incarceration, and decrease utilization of acute services. The program provides services that participants can take voluntarily or mandatorily through a petition to 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 available 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. In addition, the evaluation included significant life events data after AOT for participants who

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.

received services.

This report describes the activities and outcomes from the first two years of implementation of the Santa Barbara County's AOT pilot program, from January 1, 2017 through December 31, 2018.

Limitations

Some limitations include the accuracy of historical significant life events data (incarceration, psychiatric emergency department visits and psychiatric hospitalizations) before referral to AOT are based on self-reported data. Significant life events data, tracked during the engagement period, covers the time from when an individual was referred to AOT (referral date) to when a referred individual was closed and is verified by the AOT team. In some cases, participants were closed after a week and others remained active after the 90-day engagement period.²

Overview of AOT Project

The AOT Team

In Santa Barbara County, AOT is implemented by three 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). Regional teams typically included a team lead and additional staff as needed including peer support specialists, substance abuse specialist, recovery assistants, vocational support specialists and case workers.

AOT Process

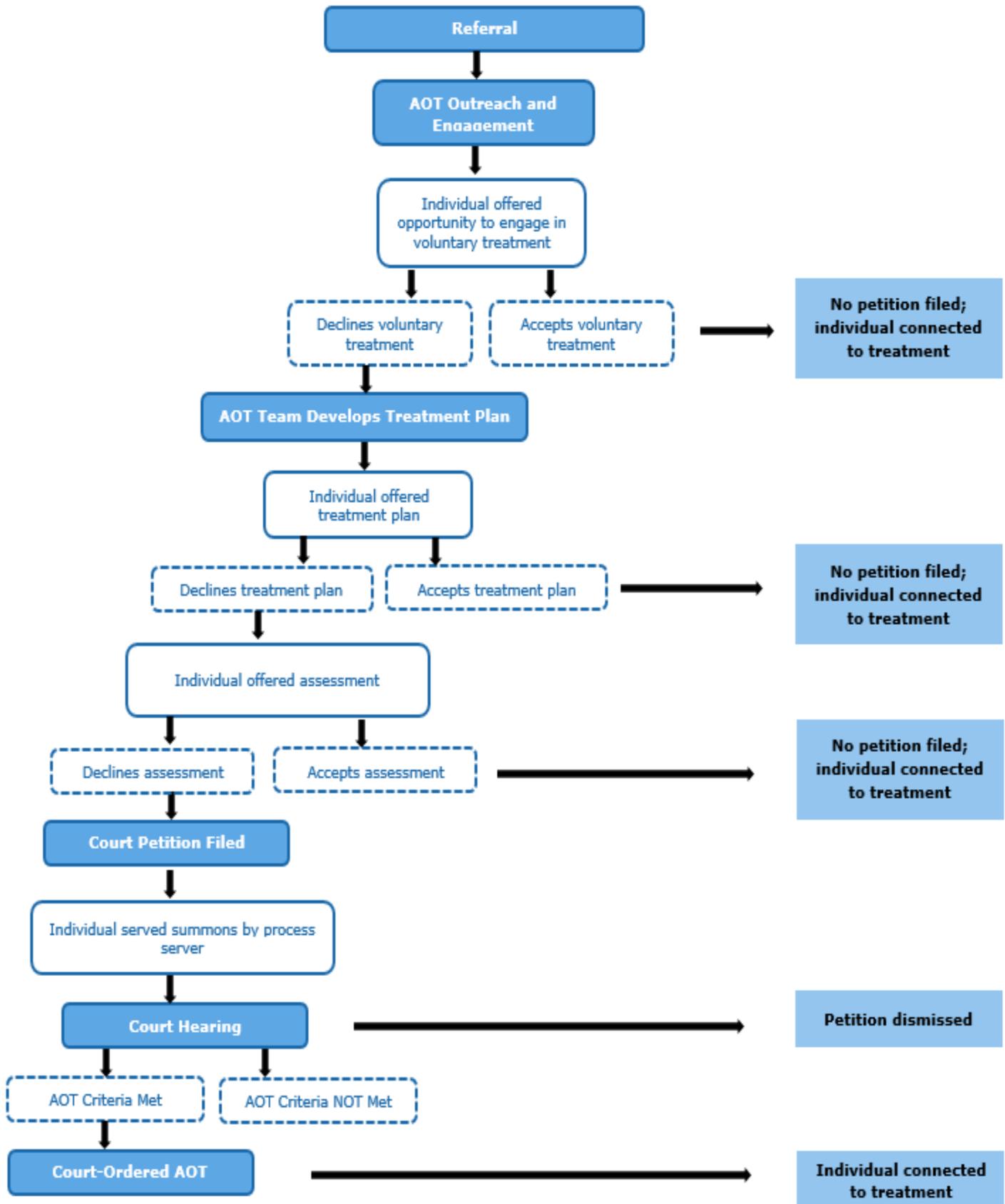
The AOT process is initiated through a referral from a qualified requesting party.³ After receiving a qualified referral, a member of the AOT team makes efforts to locate referred individuals to assess suitability for engagement and promote voluntary uptake of services.⁴ If the referred individual is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

This section describes the number of AOT referrals received in the first two years of the pilot and the characteristics of referred individuals.

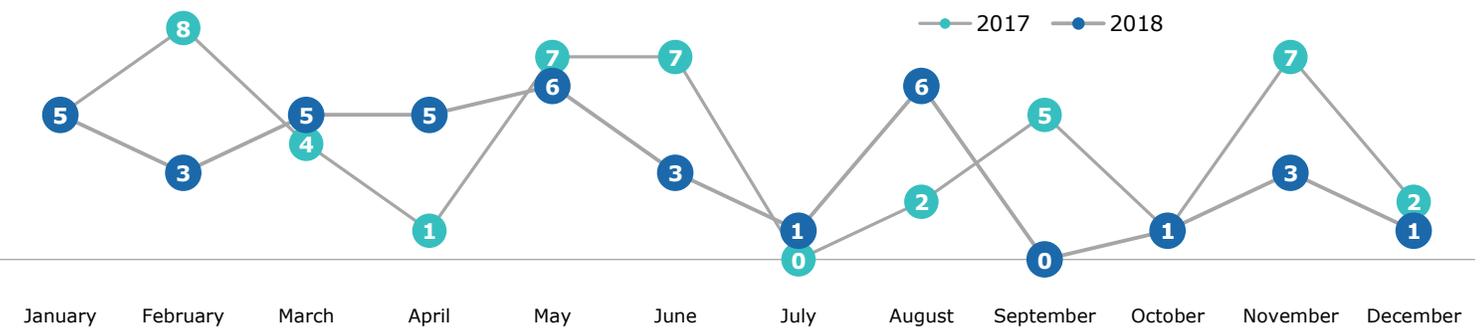
AOT Referrals

From January 2017 to December 2018, the AOT team received a total of 99 referrals. Of these, 11 individuals were not opened to AOT engagement process. Seven were referred when the program was at capacity, 2 were referred by a non-eligible party and 2 did not meet AOT criteria based on initial screening. In each case, AOT team members provided information about other community resources and/or ensured that they were connected to the treatment/services. This section provides information on the 88 referred individuals that were opened to the AOT engagement process.

AOT Referrals by Month

As exhibit 2 shows, since program inception, the AOT team received a total of 88 referrals. The number of referrals received varied by month. As expected, the AOT program received the largest number of participants referred in February of 2017, just after program inception.

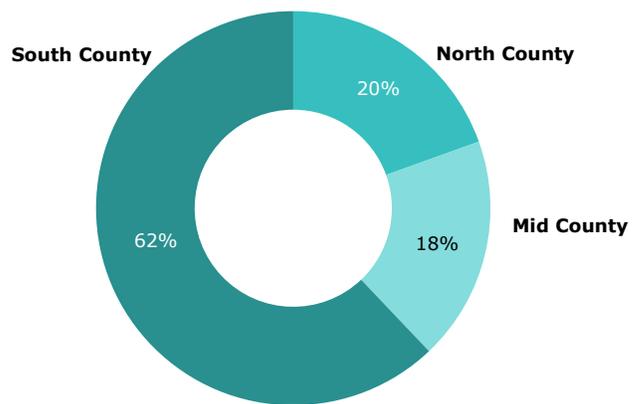
Exhibit 2. Number of AOT Referrals (n=88)⁵



AOT Referrals by Region

According to the U.S. Census Bureau, the estimated population in Santa Barbara County on July 1, 2018 was 446,527.⁶ Santa Barbara County is divided in three major regions: North County, Mid County, and South County. As illustrated in Exhibit 3, a majority of referrals during 2017-2018 came from South County communities, which include Carpinteria, Goleta, and Santa Barbara. The distribution of referrals observed across the 3 regions shows a slight over representation of referrals from South County (62%) compared to the distribution of total adults living in the County (51%).⁷

Exhibit 3. Origin of AOT Referrals (n=88)



⁵ The number of referrals for the months of Sep-17, Jan-18 and Jun-18 are slightly different from previously reported because they include updated referrals that were not initially reported. Based on initial assessment, individuals were initially identified as eligible but they might be found ineligible during outreach.

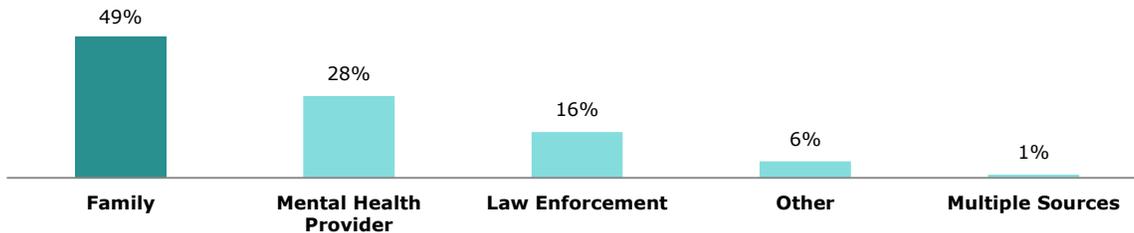
⁶ U.S. Census Bureau QuickFacts: Santa Barbara County, California. (n.d.). Retrieved from <https://www.census.gov/quickfacts/fact/table/santabarbaracountycalifornia/PST045218>

⁷ County of Santa Barbara. (n.d.). Retrieved from <http://www.countyofsb.org/searchresult.c?searchText=geography>

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 (49%), but many (38%) referrals were also received from service providers and law enforcement. Other referral sources include organizations such as Catholic Charities, Calle Real Outpatient Clinic and Department of Public Health.

Exhibit 4. AOT Referring Parties (n=88)



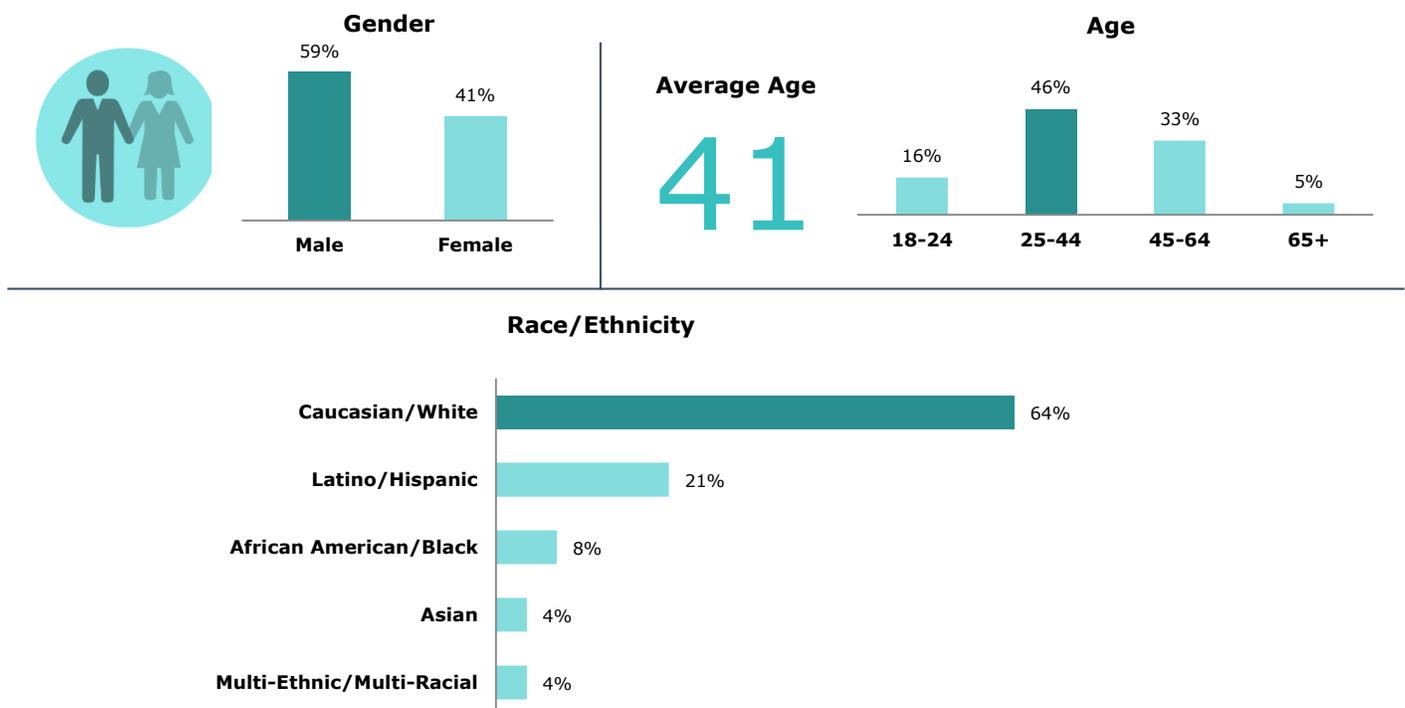
AOT Referred Individuals

In the first two years of the AOT pilot program, a total of 88 referred individuals were initially considered to be eligible for the AOT program. About 10% of these individuals (n=8) have been referred to the program more than once, including 3 individuals that have previously accepted voluntary treatment, 3 individuals that were unable to be located or moved out of the area, and 2 individuals that did not meet AOT criteria at the time of first referral. The pilot was designed to serve a maximum caseload of 10 clients at any given time. However, given the large volume of referrals, at times the actual caseload has been as large as 16 (November 2017 and January 2018).

Demographics

As Exhibit 5 shows, individuals referred to the AOT program were, on average, 41 years old (ranging from 18 to 81 years) and slightly less than two-thirds (59%) of referred individuals identified as male. About two-thirds (64%) identified as Caucasian and approximately a fifth (21%) 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 (59% compared with 50%) and identify as Caucasian (64% compared to 46%).

Exhibit 5. Demographics of Referred Individuals (n=80)

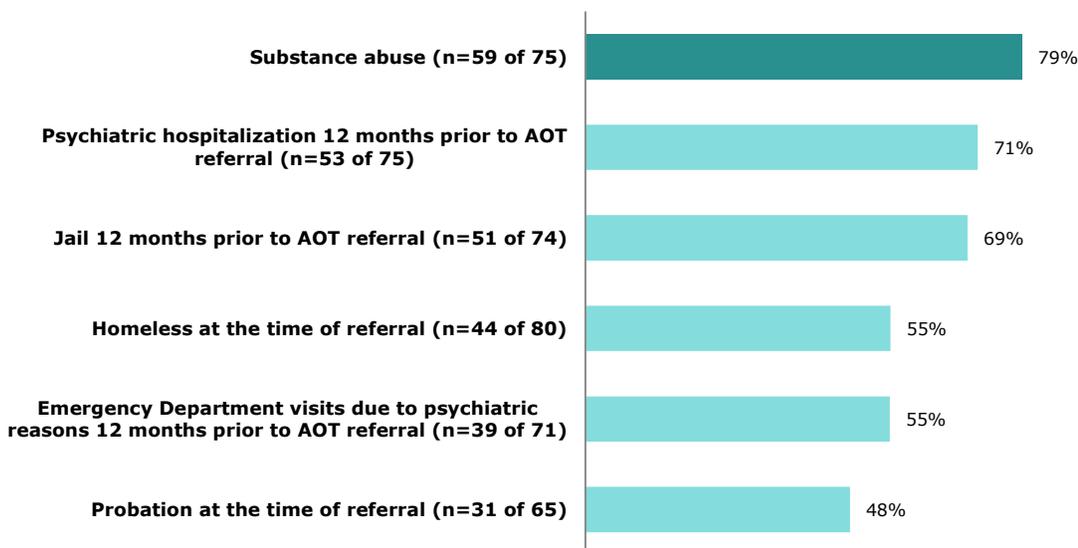


Risk Factors

Individuals with mental health issues are at risk of experiencing substance abuse, homelessness, incarceration, high utilization of emergency room services for psychiatric reasons, and inpatient psychiatric hospitalization. The prevalence of homelessness among individuals experiencing schizophrenia, bipolar disorder, or major depression was 15%.⁸ According to the National Institute on Drug Abuse, there is a high prevalence of comorbid drug use and mental health issues.⁹ In the general population, approximately 20% of all individuals with a current substance use disorder had at least one current mood disorder and 18% had an anxiety disorder.¹⁰ The prevalence of current or previous involvement with the criminal justice system is higher for individuals with serious mental illness than for individuals with no serious mental illness, with approximately a quarter of individuals with serious mental illness have been arrested at least once over a ten year period in Los Angeles County.¹¹ Research has shown that individuals with mental and substance abuse issues are frequent users of all types of medical services, with 24% of services provided by family doctors were due to mental health related conditions.¹²

As illustrated in Exhibit 6, individuals referred to the AOT program reported many of these risk factors prior to AOT engagement. Just over half (55%) reported being homeless at the time of their referral. Substance abuse was a significant issue among referred individuals, with 79% of referrals reporting the use of alcohol and/or other substances. Almost three-quarters (71%) of individuals experienced incarceration in the 12 months prior to referral and almost half (48%) were on probation at the time of referral. Referred individuals have also utilized emergency room and necessitated hospitalization due to psychiatric reasons. Over half (55%) visited the emergency department and almost three-quarters (71%) had a psychiatric hospitalized in the 12 months prior to referral.

Exhibit 6. Client Risk Factors at the Time of Referral¹³



⁸ Folsom, D. P., Hawthorne, W., Lindamer, L., Gilmer, T., Bailey, A., Golshan, S., Jeste, D. V. (2005). Prevalence and Risk Factors for Homelessness and Utilization of Mental Health Services Among 10,340 Patients With Serious Mental Illness in a Large Public Mental Health System. *American Journal of Psychiatry*, 162(2), 370-376. doi:10.1176/appi.ajp.162.2.370

⁹ National Institute on Drug Abuse. (2012, December 14) Comorbidity: Addiction and Other Mental Illness. Retrieved from <https://www.drugabuse.gov/sites/default/files/rrcomorbidity.pdf>

¹⁰ Mericle, A. A., Park, V. M., Holck, P., & Arria, A. M. (2012). Prevalence, patterns, and correlates of co-occurring substance use and mental disorders in the United States: Variations by race/ethnicity. *Comprehensive Psychiatry*, 53(6), 657-665. doi:10.1016/j.comppsy.2011.10.002

¹¹ Cuellar, A. E., Snowden, L. M., & Ewing, T. (2007). Criminal Records of Persons Served in the Public Mental Health System. *Psychiatric Services*, 58(1), 114-120. doi:10.1176/ps.2007.58.1.114

¹² Graham, K., Cheng, J., Bernards, S., Wells, S., Rehm, J., & Kurdyak, P. (2016). How Much Do Mental Health and Substance Use/Addiction Affect Use of General Medical Services? Extent of Use, Reason for Use, and Associated Costs. *The Canadian Journal of Psychiatry*, 62(1), 48-56. doi:10.1177/0706743716664884

¹³ Client risks factors at the time of referral are based on self-reported data.

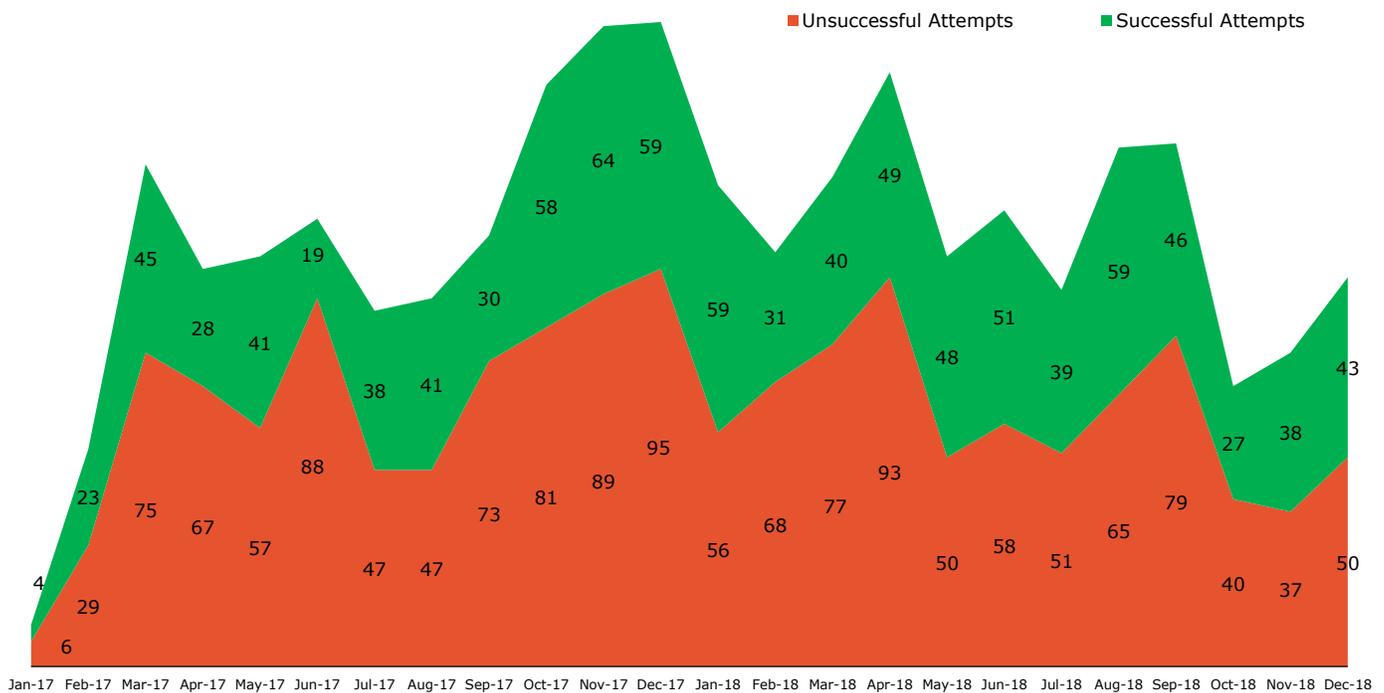
AOT Engagement Efforts and Outcomes

Outreach to individuals referred during AOT is often difficult because they are homeless, transient, and many experience challenges 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 or as long as it is clinically indicated. AOT staff conducted in-person visits aiming to engage individuals in voluntary treatment. If the referred individual was not found, the AOT team made attempts to contact them via phone or through the referral source. Although not all attempts of engagement were successful in making contact, AOT staff actively sought a high level of engagement with referred individuals as illustrated in Exhibit 7:

- AOT staff reported a total of 2,458 engagement attempts in 2017 and 2018.¹⁴ Out of these, 980 attempts resulted in contact with clients.¹⁵ This translates roughly to 4 contacts for every 10 attempts.
- AOT outreach efforts have increased over the life of the program. While the two year average is 3 outreach attempts per client each week, the 2018 average was 4 outreach attempts per client per week.

Exhibit 7. AOT Engagement Efforts by Month in 2017-2018¹⁶



¹⁴ The number of total engagement attempts was revised on September 27th, 2019.

¹⁵ An attempt was classified as successful when the AOT team member was able to make contact with the referred individual.

¹⁶ 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.

AOT Engagement Outcomes

Since its inception, the AOT program has received a total of 99 referrals. Approximately a tenth of these referrals (n=11) were not opened to AOT due to the various reasons including the program was at capacity (n=7), referred by a non-eligible party (n=2) and not meeting AOT criteria based on initial screening (n=2). Out of those that were opened to AOT, 28 did not meet AOT criteria for court petition, 13 were already linked to services, 6 were never located and 3 were court-mandated to treatment through the IST process prior to a petition being filed by the AOT team. As illustrated in Exhibit 8, about half (45%) of people opened to AOT have accepted voluntary treatment and have not needed court intervention thus far 3 percent have been court ordered to treatment. At the end of 2018, about less than a fifth (18%) of referred individuals were active cases.¹⁷

Exhibit 8. Engagement Outcomes (n=38)¹⁸

| Outcome | % | n |
|--|-----|----|
| Accepted voluntary treatment | 45% | 17 |
| Closed – referred individual initially contacted but then unable to locate or move out of the area | 34% | 13 |
| Continue to attempt to engage | 18% | 7 |
| Court Petition Filed | 3% | 1 |
| Court Ordered to Treatment | 3% | 1 |
| Settlement Agreement | 0% | 0 |

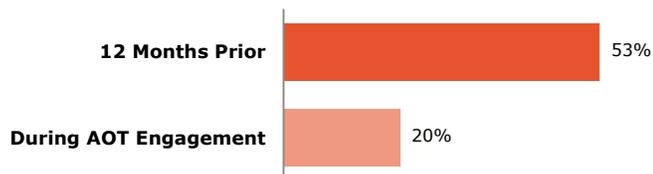
Outcomes During AOT Engagement Period¹⁹

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 which is verified by AOT staff, individuals referred to AOT experienced a reduction in psychiatric emergency department visits, psychiatric hospitalization, and incarceration during the outreach and engagement period compared to the 12 months prior to AOT engagement.²⁰

Emergency Department Visits due to Psychiatric Reasons

As illustrated in Exhibit 9, the number of individuals who experienced emergency department visits due to psychiatric reasons dropped from 27 (53%) in the 12 months prior to AOT participation, to 10 (20%) during the AOT engagement phase.

Exhibit 9. Psychiatric Emergency Department Visits Occurrence 12 Months Prior and During AOT Engagement Period (n=51)²¹



¹⁷ On average, these active clients have been in the AOT program for 113 days, ranging from 3 to 306 days. Slightly less than two-fifths of active cases have been in the AOT program for 100+ days.

¹⁸ Out of the 99 individuals referred to AOT, 19 were not eligible for AOT (13 were already linked to services and 6 resided/moved out of the area). Outcomes are not mutually exclusive for individuals court ordered to treatment as they are also included in the count of individuals for whom a court petition was filed.

¹⁹ 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)

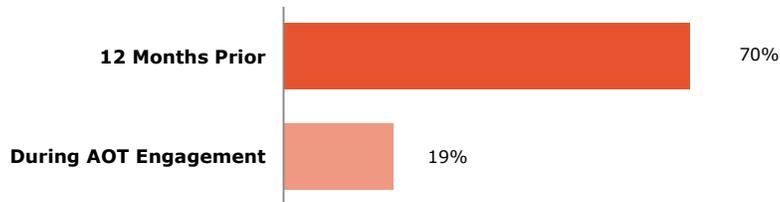
²⁰ In addition to self-reported data, whenever available incarceration data has been supplemented with data pulled from Santa Barbara County Jail system.

²¹ Significantly different, p-value<.001

Psychiatric Hospitalization

As Exhibit 10 shows, the number of individuals experiencing at least one hospitalization due to psychiatric reasons dropped from 37 (70%) before AOT contact, to 10 (19%) during the AOT engagement period. The observed difference in the percent of individuals experiencing psychiatric hospitalizations was statistically significant.

Exhibit 10. Hospitalization 12 Months Prior and During AOT Engagement Period (n=53)²²



Incarceration

As illustrated in Exhibit 11, the number of individuals who were arrested and/or incarcerated dropped from 38 (72%) prior to AOT contact, to 24 (45%) during the AOT engagement period. The observed difference in the percent of individuals experiencing incarceration was statistically significant.

Exhibit 11. Incarceration 12 Months Prior and During AOT Engagement Period (n=53)²³



Outcomes for participants connected to treatment²⁴

At the end of year two of the AOT program, a total of 17 participants have voluntarily accepted treatment through the AOT process and 1 had been court-mandated to treatment. Individuals who accepted voluntary treatment were, on average, 44 years old (ranging from 19 to 69 years). To prevent sharing identifiable information, the age of the individual who was court mandated will not be disclosed in this section of the report.

Substance abuse was a significant issue among participants connected to treatment, with 82% of individuals who accepted voluntary treatment and the individual who was court-mandated to treatment reporting the use of alcohol and/or other substances. In addition to having a co-occurring disorder, clients connected to treatment have experienced homelessness and involvement with the criminal justice system at the time of the referral. Almost half (47%) of the individuals who accepted voluntary treatment and the individual who was court-mandated to treatment were on probation at the time of referral. Slightly less than three-quarters (71%) of individuals that accepted voluntary treatment and the individual who was court mandated were homeless at the time of their referral.

Significant life events data was examined to illustrate the impact of treatment. Even though significant life events are presented separately for those who voluntarily accepted treatment and those who were mandated to treatment, comparisons should be made cautiously as group sizes, especially because at the end of 2018, only one individual have been court-mandated to treatment. Additionally, these two groups also have different pre-AOT histories in terms of key outcomes and age.

²² Significantly different, p-value<.001

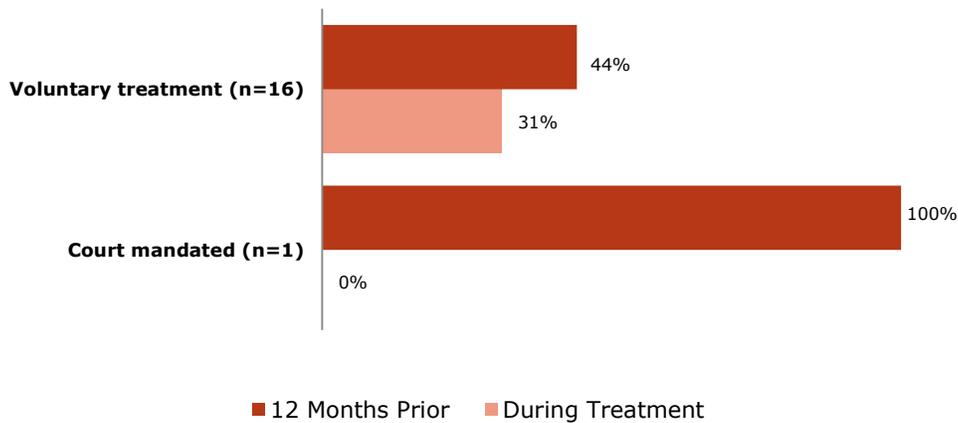
²³ Significantly different, p-value<.001

²⁴ Analysis of significant life events is based on matched cases. The number of cases available for analysis varies by indicator.

Emergency Department Visits due to Psychiatric Reasons

As Exhibit 12 shows, among individuals who accepted voluntary treatment²⁵, the number of clients accessing psychiatric emergency department services dropped from 7 in the 12 months prior to AOT participation (44%) to 5 during treatment (31%). The individual who was court-mandated to treatment accessed psychiatric emergency services in the 12 months prior to AOT participation but did not require emergency room visits while in treatment.

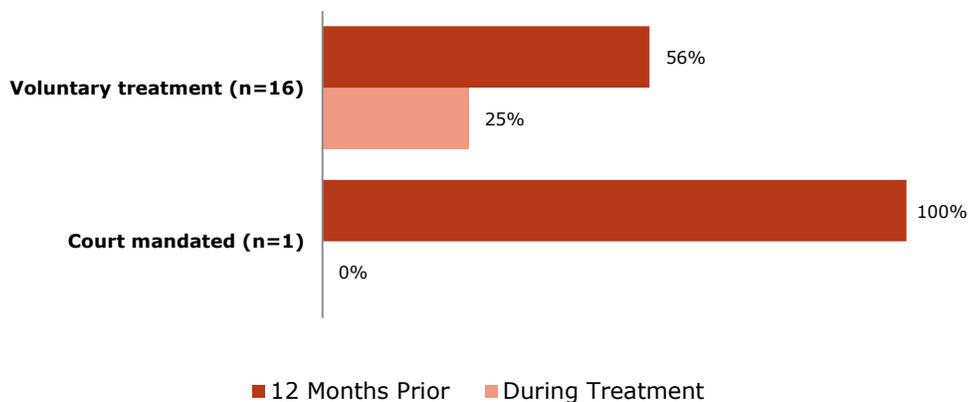
Exhibit 12. Psychiatric Emergency Services Occurrence 12 Months Prior and During Treatment²⁶



Psychiatric Hospitalization

As illustrated in Exhibit 13, among individuals who accepted voluntary treatment²⁷, the number of psychiatric hospitalizations dropped from 9 before AOT contact (56%), to 4 once engaged in mental health services (25%). The individual who was court-mandated to treatment did not require hospitalization due to psychiatric reasons while connected to treatment.

Exhibit 13. Hospitalization 12 Months Prior and During Treatment²⁸



²⁵ There was not information available about emergency department visits due to psychiatric reasons prior to AOT participation for one participant

²⁶ Voluntary treatment: Not significantly different, p-value=0.687. Court mandated: Not measures of association is computed

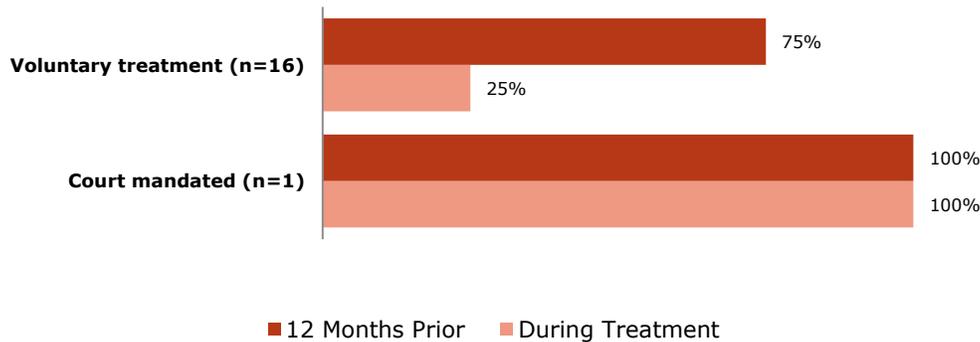
²⁷ For one the participants that accepted voluntary treatment, there is not information about psychiatric hospitalizations prior to AOT participation

²⁸ Voluntary treatment: Not significantly different, p-value=.125. Court mandated: Not measures of association is computed

Incarceration

As shown in Exhibit 14, among individuals who accepted voluntary treatment²⁹, the number of individuals that have been arrested and/or incarcerated dropped from 12 prior to AOT contact (75%) to 4 during treatment (25%). The individual who was court-mandated to treatment experienced incarceration during the 12 months prior to AOT participation and while connected to treatment.

Exhibit 14. Incarceration 12 Months Prior and During Treatment³⁰



Other Evidence of Impact

Over the two years of AOT, program staff have received unsolicited feedback from family members about the value of the AOT program. The unsolicited thank you note below is typical of that feedback. In year three, the evaluation team and program staff members hope to include more systematic data from clients, their family members and referral partners to tell the full story of the AOT program in Santa Barbara County.

“My sister has been in the AOT program, and our family is so thankful for the wonderful assistance, care, and compassion provided by AOT staff. The AOT program works in providing stability and a better quality of life for those with mental health illness. For those who oversee and are involved in administering the AOT program, the positive difference you make in the lives of those with mental illness is immeasurable. Thank you for all your outstanding work.”



²⁹ There was not information about incarceration prior to AOT participation for one participant.
³⁰ Voluntary treatment: Significantly different, p-value<.001. Court mandated: No measure of association is computed.

Early Evidence of Impact

Following two full years of implementation, AOT shows promising signs of impact in four key areas: Referrals, engagement, uptake of treatment and reduction in use of emergency services and incarcerations.

Effective system of referrals. The AOT team's outreach and education efforts have built a highly effective referral system. The majority of AOT referrals are *appropriate*, meaning that most individuals who are referred are found to meet criteria for AOT involvement once the individual is located and fully assessed. In addition, the AOT team's work to create awareness of the program is evident in the fact that referrals to AOT have come from a variety of sources, including family members, service providers and law enforcement. Family members have expressed their unsolicited and deep appreciation for the work of the AOT team.

Ongoing engagement. The AOT team is largely meeting, and often exceeding, the goal of engaging AOT participants three times a week. In fact, in 2018 the average number of outreach attempts was four times a week per client. This is impressive given the fact that many individuals referred to AOT can be difficult to locate and engage over time. The team has maintained this level of engagement even in periods of time when the program was at 160% of intended capacity, showing the deep commitment of the AOT team to this work. The approach of employing regional teams who can focus on particular geographic areas of the county in this work is a clear strength of the program and should be retained moving forward.

Supporting uptake of services. AOT has been highly successful at supporting individuals in voluntarily choosing treatment services. To date, only three individuals were court-ordered into treatment. This demonstrates that AOT staff are able to build relationships with individuals during the engagement period and successfully support them to choose to engage in treatment.

Reduction in use of emergency services and incarcerations. To date, the ability to evaluate the impact of AOT on the use of emergency services and incarcerations has been limited to self-reported information due to systems limitations within the county. This self-reported data suggests meaningful reduction in use of emergency services and incarcerations both during the AOT engagement period and well after AOT for those who voluntarily opt to engage in services. Given that only three individuals have been court-ordered into treatment, it is difficult to draw conclusions about this group at this time, but preliminary data suggests at least some reduction in negative outcomes.

Future Considerations

At the end of the second year of program implementation, we offer the following recommendations to strengthen the data available to capture program experience and impact moving forward:

- **Secure administrative data to verify AOT clients self-reported service utilization outcomes.** This will require coordination and collaboration with medical and psychiatric providers 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 of incarceration and medical services usage and the duration/intensity of each.
- **Incorporate a qualitative data collection component.** Complement current evaluation efforts by incorporating a qualitative component that seeks to gather information on AOT participants' attitudes and experiences with the AOT program. Client's perspective will help identify gaps, improve service delivery, and provide context to explain quantitative findings. Additionally, we recommend providing opportunities for families to capture the range of experiences and satisfaction levels with the AOT program. 📌

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