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Outcome and Process Evaluation Report: Crisis Residential Programs

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A System of Care and Recovery

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Executive Summary

This outcome report provides an evaluation of the services provided by the Crisis Residential Treatment (CRT) programs during the 4th Quarter of the 2016-2017 Fiscal Year (i.e., services between April and June 2017). The CRT programs, under the CHFFA (SB 82) grant, began in Santa Barbara and Santa Maria in July 2015. The CRT programs allow clients in crisis with serious mental illness to receive treatment from mental health practitioners, caseworkers, peer recovery assistants, and psychiatrists while participating in various recovery programs. Clients have the option to stay at the facility for up to 30 days at a time and are allowed designated visitation hours.

Progress was made toward grant-supported objectives, including client satisfaction with both the program and also with staff members' professional quality of life. Overall, clients in Santa Barbara and Santa Maria agreed that they were satisfied with the CRT program. In both Santa Barbara and Santa Maria, staff members reported feeling compassion satisfaction often, and burnout and secondary traumatic stress rarely or never.

The CRT programs were also evaluated based on post-grant award objectives, including improvement in active behavioral health symptoms, improvement in housing situation, number of clients receiving outpatient referrals, and level of program participation.

In Santa Barbara, clients, on average, reported moderate distress at intake and low distress at discharge. Clinician-rated affective, behavioral, and cognitive impairment scores indicated that, on average, clients entered and left the program at a minimal level of risk, although evaluation outcomes were likely impacted by missing data at discharge. Clinicians also rated clients' level of risk at intake and discharge; clinicians rated clients at a similar level of risk at intake and discharge. Ongoing consultation with program staff suggests that since there is a significant amount of missing data, existing data do not reflect what is observed by program staff, which is that clients improve significantly during their stay at the CRT programs. The evaluation team continues to collaborate on new procedures to ensure that there will be less missing data and more consistent data collection methods, particularly for unplanned client discharges, at intake and discharge going forward.

Overall, outcomes in Santa Maria suggest that more objectives were successfully met than in Santa Barbara. In Santa Maria, clients reported significant improvement in psychological distress, with clients reporting moderate distress at intake and low distress at discharge, $t(64) = 4.30$, $p < .001$. Clinicians also reported significant improvement in clients' affective, behavioral, and cognitive impairment, $t(41) = 2.51$, $p < .05$. Clinicians rated clients' level of risk in the medium range at both intake and discharge, $t(48) = -1.97$, $p = .06$.

The Santa Barbara CRT program is relatively newer; it was implemented as part of the CHFFA (SB 82) grant. The CRT program in Santa Maria opened first, prior to the CHFFA (SB 82) grant. Additionally, the Santa Barbara CRT program has been consistently at capacity, with the 24-hour Crisis Stabilization Unit (CSU) referring clients to the Santa Barbara CRT more than the Santa Maria CRT.

Significant progress was made toward improving clients' housing situations at both sites, with 43.5% of clients in Santa Barbara and 55.2% in Santa Maria reporting stable or permanent housing at discharge, compared to 8.7% and 29.3% at intake, respectively. At both sites, more than 75% of clients were also connected with outpatient care upon discharge. A total of 72.7% of clients in Santa Barbara and 87.9% in Santa Maria showed high engagement in CRT services (i.e., fully or partially engaged). Overall, the CRT programs are continuing to meet client needs.

Methods

Data Collection

Crisis Residential Treatment Program

To evaluate the crisis residential treatment program, surveys were administered to clients upon intake and discharge from the facilities. Data were collected on clients' housing at intake and discharge, level of risk at intake and discharge, level of care needed at discharge, program participation, outpatient referrals, clinician- and client-reported behavioral health symptoms, and client satisfaction with the program. In addition to evaluation of the program's effectiveness on clients, staff members' professional quality of life was evaluated.

Evaluation Measures

Consumer Satisfaction Survey.

This 18-item survey measures consumers' satisfaction with the CRT program. Consumers are asked about their inclusion in treatment plans, services provided, conditions of the facilities, and respect shown by staff.

Professional Quality of Life Survey.

This 30-item measure is used to assess staff members' professional quality of life at the CRT program. The survey measures three domains: Compassion Satisfaction, Burnout, and Secondary Traumatic Stress.

Symptom Checklist.

This is a brief version of the Symptom Checklist-90 (SCL-90), which measures general psychological distress in heterogeneous clinical populations (Rosen et al., 2000). The 10-item scale, administered in the CRT Units, consists of items from each of the nine subscales used in the SCL-90: Depression, Psychoticism, Interpersonal Sensitivity, Anxiety, Obsessive-Compulsive, Somatic, Phobic, Hostility, and Paranoia.

Triage Severity Scale.

This is a 7-item measure to assess consumers' level of functioning at intake and discharge to the CRT program.

Risk Screening Version 2.

Clinicians reported clients' level of risk at intake and discharge using the Risk Screening Version 2 (12/1/15-Present). The Risk Screening Version 2 is a 16-item measure that uses a mathematical formula based on yes/no questions to determine risk. Clients' levels of risk are rated as 1 = *Low*, 2 = *Medium*, and 3 = *High*.

Adult Intake Assessment.

Anka Behavioral Health, Inc.'s Adult Intake Assessment is given upon intake at the Crisis Residential Treatment Program. The form provides a comprehensive assessment of impairment in life and community functioning, including: risk assessment of current and past harm; mental status exam of mood, anxiety, and somatic symptoms; medical history; substance use history; psychiatric history; current housing and employment situation; and family/caregiver history.

Discharge Summary.

A discharge summary ought to be completed by the clinician at client's discharge from the Crisis Residential Treatment Program. On this summary, clinician's note: services provided, level of achievement toward treatment plan goals, plans for outpatient care, level of program participation at the Crisis Residential facility, areas of functioning, discharge medications, and mental status at discharge.

Participants

The target population for the CHFFA programs includes the county's highest risk individuals – low-income with serious mental illness, often presenting with co-occurring substance abuse conditions. In general, CRT staff serve

individuals with mental illness who are: 1) brought to emergency departments in crisis, 2) have frequent contact with law enforcement or time in jail, 3) are discharged from psychiatric inpatient treatment, and/or 4) persons or family members who call the access line asking for crisis intervention that do not meet 5150 criteria[1].

Analyses

Crisis Residential Treatment Program

Evaluation of the crisis residential facilities involved examining the number of clients served by each facility and descriptive statistics of each measure. Improvement scores were examined for active behavioral health symptoms, level of risk, and required level of care. Mean scores were generated for individual items on the Triage Severity Scale, Symptom Checklist, Consumer Satisfaction Survey, and Professional Quality of Life Survey. When sufficient data were available, paired samples t-tests were conducted to evaluate statistically significant changes in housing situation, symptoms, and level of risk at intake and discharge.

[1] Section 5150 is a section of the California Welfare and Institutions Code which authorizes a qualified officer or clinician to involuntarily confine a person suspected to have a mental disorder that makes them a danger to themselves, a danger to others, and/or gravely disabled.

Results: SB 82 Grant Supported Objectives

***Objective 1*:** Client perspective, experience in the program, and satisfaction with services provided at the CRT program by peer and non-peer staff will be high, and remain high throughout the grant cycle.

Measure: Client satisfaction with services received at the CRT program was evaluated using the Consumer Satisfaction Questionnaire (CSQ) at discharge. Items ask consumers to rate the degree to which they agree with each item using six choices: 1 = *Strongly Disagree*, 2 = *Disagree*, 3 = *Neutral*, 4 = *Agree*, 5 = *Strongly Agree*, and *Not Applicable*.

Results: Santa Barbara
A total of nine clients completed the survey in Quarter 4 FY16/17 in Santa Barbara. Mean scores on all domains indicated that clients agreed they were satisfied with services from the CRT program (Table 1). This is the first quarter that clients have received services from Telemedicine, and responses indicate that they are satisfied with this service. This objective was met for Santa Barbara.

Table 1
Client Satisfaction with the Santa Barbara Crisis Residential Treatment Program

Category	Description	Santa Barbara 2016, Q4; *n* = 9	
		Descriptor	**Mean**
EFFECTIVENESS	The program has helped me deal with my problems.	**Strongly Agree**	4.50
	The program helped me with my overall needs.	**Agree**	4.33
	Program staff worked with me to develop a written housing plan to follow upon discharge.	**Agree**	4.33
	The services I received have helped me to feel better about myself.	**Agree**	4.44
	I gained tools necessary for my recovery.	**Agree**	4.33
	I was offered assistance in obtaining employment or education.	**Agree**	3.86
	I was given assistance with obtaining benefits (Veterans, SSI/SSDI/Medicaid)	**Agree**	4.33
	EFFECTIVENESS	**Agree**	4.33
EFFICIENCY	I received the services as described to me at intake.	**Agree**	4.33
	The admission process was prompt and courteous.	**Agree**	4.33
	My questions were answered quickly.	**Agree**	4.44
	EFFICIENCY	**Agree**	4.37
CLIENT INVOLVEMENT	I was able to make choices in the services I received.	**Strongly Agree**	4.56
	I helped to develop my treatment plan.	**Agree**	4.22
	I am leaving the program with a clear discharge/follow up plan.	**Agree**	4.33
	I was able to participate in program activities such as chores and groups.	**Agree**	4.44
	CLIENT INVOLVEMENT	**Agree**	4.39
STAFF TREATMENT	Staff was sensitive to my cultural background (race, religion, language, etc.).	**Agree**	4.33
	I felt understood and respected by staff.	**Agree**	4.44
	STAFF TREATMENT	**Agree**	4.39
TELEMEDICINE EXPERIENCE	I saw the doctor using telemedicine and the experience was as good as seeing the doctor in person.	**Agree**	4.13
	I felt comfortable talking to the doctor using telemedicine.	**Agree**	4.29
	I would use telemedicine again.	**Agree**	4.33
	TELEMEDICINE EXPERIENCE	**Agree**	4.30
SATISFACTION ACCESSIBILITY	I was satisfied with the services I received.	**Agree**	4.33
	The facility was clean, comfortable, and inviting.	**Agree**	4.44
	OVERALL CONSUMER SATISFACTION	**Agree**	**4.37**

Results: Santa Maria

A total of 38 clients completed the Consumer Satisfaction Survey at discharge from the CRT program in Santa Maria. Mean scores in all domains indicated that clients agreed that they were satisfied with services (Table 2). Telemedicine is currently not implemented in Santa Maria.

Statements from Clients

"I am so thankful for the days and nights spent here."

"Anka is very safe, warm, and comforting."

Table 2

Client Satisfaction with the Santa Maria Crisis Residential Treatment Program

Category	Description	Santa Maria 2016, Q4; *n* = 38	
		Descriptor	**Mean**
EFFECTIVENESS	The program has helped me deal with my problems.	**Agree**	3.95
	The program helped me with my overall needs.	**Agree**	4.08
	Program staff worked with me to develop a written housing plan to follow upon discharge.	**Agree**	3.84
	The services I received have helped me to feel better about myself.	**Agree**	4.11
	I gained tools necessary for my recovery.	**Agree**	3.97
	I was offered assistance in obtaining employment or education.	**Agree**	3.52
	I was given assistance with obtaining benefits (Veterans, SSI/SSDI/Medicaid)	**I am neutral**	3.46
	EFFECTIVENESS	**Agree**	3.92
EFFICIENCY	I received the services as described to me at intake.	**Agree**	4.03
	The admission process was prompt and courteous.	**Agree**	4.00
	My questions were answered quickly.	**Agree**	4.03
	EFFICIENCY	**Agree**	4.02
CLIENT INVOLVEMENT	I was able to make choices in the services I received.	**Agree**	3.84
	I helped to develop my treatment plan.	**Agree**	3.84
	I am leaving the program with a clear discharge/follow up plan.	**Agree**	4.00
	I was able to participate in program activities such as chores and groups.	**Agree**	4.05
	CLIENT INVOLVEMENT	**Agree**	3.93
STAFF TREATMENT	Staff was sensitive to my cultural background (race, religion, language, etc.).	**Agree**	4.03
	I felt understood and respected by staff.	**Agree**	4.13
	STAFF TREATMENT	**Agree**	4.14
TELEMEDICINE EXPERIENCE	I saw the doctor using telemedicine and the experience was as good as seeing the doctor in person.	**N/A**	
	I felt comfortable talking to the doctor using telemedicine.	**N/A**	
	I would use telemedicine again.	**N/A**	
	TELEMEDICINE EXPERIENCE	N/A	N/A
SATISFACTION ACCESSIBILITY	I was satisfied with the services I received.	**Agree**	4.05
	The facility was clean, comfortable, and inviting.	**Agree**	4.08
	OVERALL CONSUMER SATISFACTION	**Agree**	**4.02**

Results: Post-SB 82 Grant Award Objectives

Following the award of the CHFFA grant, additional objectives were developed to evaluate the effectiveness of services provided by the CRT program.

Objective 2: Staff members' professional quality of life will be high and remain high throughout the grant cycle.

Measure: Both peer and non-peer staff quality of life were evaluated using the Professional Quality of Life Scale (ProQOL). The ProQOL was administered to staff between 7/01/17 and 7/21/17. Items ask staff members to rate the frequency at which they experience each item using five choices: 1 = *Never*, 2 = *Rarely*, 3 = *Sometimes*, 4 = *Often*, and 5 = *Very Often*. Five items in the Burnout domain are reverse scored (marked by *).

Results: Santa Barbara
Seven (7) of eighteen (1) staff members completed the ProQOL. In future quarters, survey administration protocols should be adjusted so that all staff members have an opportunity to complete the survey. Out of seven staff members, two identified as peer staff and five identified as non-peer staff. Staff members were also given the option of disclosing their work shift at the facility: AM, PM, or nocturnal. Five staff members reported working the AM shift, one the PM shift, and one the AM and PM shift. Overall mean scores indicated high professional quality of life for staff members (Table 3). This objective was met.

Table 3
Professional Quality of Life of Staff Members at the Santa Barbara Crisis Residential Unit

Category	Description	Santa Barbara FY16-17, Q4 *n* = 7	
		Descriptor	**Mean**
COMPASSION SATISFACTION	I get satisfaction from being able to help people.	**Very Often**	4.86
	I feel invigorated after working with those I help.	**Often**	4.29
	I like my work as a helper.	**Often**	4.29
	I am pleased with how I am able to keep up with helping techniques and protocols.	**Often**	4.29
	My work makes me feel satisfied.	**Often**	4.29
	I have happy thoughts and feelings about those I help and how I could help them.	**Often**	4.43
	I believe I can make a difference through my work.	**Very Often**	4.58
	I am proud of what I can do to help.	**Very Often**	4.58
	I have thoughts that I am a "success" as a helper.	**Often**	4.29
	I am happy that I chose to do this work.	**Very Often**	4.71
	COMPASSION SATISFACTION	**Often**	**4.46**
BURNOUT	I am happy. *	**Often**	1.71
	I feel connected to others.*	**Very Often**	1.42
	I am not as productive at work because I am losing sleep over traumatic experiences of a person I help.	**Never**	1.42
	I feel trapped by my job as a helper.	**Never**	1.29
	I have beliefs that sustain me.*	**Often**	2.00
	I am the person I always wanted to be.*	**Often**	2.00
	I feel worn out because of my work as a helper.	**Rarely**	2.14
	I feel overwhelmed because my case work load seems endless.	**Sometimes**	2.86
	I feel "bogged down" by the system.	**Sometimes**	2.57
	I am a very caring person.*	**Very Often**	1.43
	BURNOUT	**Rarely**	**1.89**
	I am preoccupied with more than one person I help.	**Rarely**	2.43
	I jump or am startled by unexpected sounds.	**Rarely**	2.29
	I find it difficult to separate my personal life from my life as a helper.	**Rarely**	1.86

Table 3 continued

Professional Quality of Life of Staff Members at the Santa Barbara Crisis Residential Unit

SECONDARY TRAUMATIC STRESS	I think that I might have been affected by the traumatic stress of those I help.	**Never**	1.29
	Because of my helping, I have felt "on edge" about various things.	**Rarely**	2.00
	I feel depressed because of the traumatic experiences of the people I help.	**Rarely**	1.57
	I feel as though I am experiencing the trauma of someone I have helped.	**Rarely**	1.71
	I avoid certain activities or situations because they remind me of frightening experiences of the people I help.	**Rarely**	1.57
	As a result of my helping, I have intrusive, frightening thoughts.	**Never**	1.14
	I can't recall important parts of my work with trauma victims.	**Rarely**	2.00
	SECONDARY TRAUMATIC STRESS	**Rarely**	**1.79**

*Items reverse scored.

Although overall mean scores for each item indicate high professional quality of life for staff members at the Santa Barbara CRT program, there were some items that received responses of possible concern. The responses below were uncommon but Anka staff should consider following up with staff, as it is likely that some staff members might be experiencing some stress related to their job functions.

Number of Staff Members with Notable Item Responses

Item	Very Often	Often
I feel overwhelmed because my caseload seems endless.	0	1
I am preoccupied with more than one person I help.	0	1
I jump or am startled by unexpected sounds.	0	1

Item	Never	Rarely
I like my work as a helper.	1	0
I have beliefs that sustain me.	1	0

Results: Santa Maria

Nine (9) of seventeen (17) staff completed the ProQOL. Like Santa Barbara, efforts should be made to ensure all staff members can complete the survey in future quarters. Out of nine staff members, one identified as peer staff, five as non-peer staff, and three chose not to disclose this information. Three staff members marked the AM shift, one marked the PM shift, two marked the nocturnal shift, one indicated working all three shifts, and two chose not to disclose this information. Overall mean scores for each item indicated high professional quality of life for staff members at the Santa Maria CRT program (Table 4). This objective was met.

Table 4
Professional Quality of Life of Staff Members at the Santa Maria Crisis Residential Unit

Category	Description	Santa Maria FY16-17, Q4 *n* = 9	
		Descriptor	**Mean**
COMPASSION SATISFACTION	I get satisfaction from being able to help people.	**Often**	4.44
	I feel invigorated after working with those I help.	**Often**	4.22
	I like my work as a helper.	**Very Often**	4.56
	I am pleased with how I am able to keep up with helping techniques and protocols.	**Often**	3.67
	My work makes me feel satisfied.	**Often**	4.00
	I have happy thoughts and feelings about those I help and how I could help them.	**Often**	4.22
	I believe I can make a difference through my work.	**Often**	4.44
	I am proud of what I can do to help.	**Very Often**	4.67
	I have thoughts that I am a "success" as a helper.	**Often**	4.22
	I am happy that I chose to do this work.	**Very Often**	4.56
	COMPASSION SATISFACTION	**Often**	**4.30**
BURNOUT	I am happy.*	**Often**	2.00
	I feel connected to others.*	**Often**	2.00
	I am not as productive at work because I am losing sleep over traumatic experiences of a person I help.	**Rarely**	1.56
	I feel trapped by my job as a helper.	**Never**	1.44
	I have beliefs that sustain me. *	**Often**	2.00
	I am the person I always wanted to be.*	**Often**	1.89
	I feel worn out because of my work as a helper.	**Rarely**	2.33
	I feel overwhelmed because my case work load seems endless.	**Sometimes**	3.11
	I feel "bogged down" by the system.	**Rarely**	2.11
	I am a very caring person. *	**Very Often**	1.33
	BURNOUT	**Rarely**	**1.99**
SECONDARY TRAUMATIC STRESS	I am preoccupied with more than one person I help.	**Sometimes**	2.56
	I jump or am startled by unexpected sounds.	**Rarely**	2.33
	I find it difficult to separate my personal life from my life as a helper.	**Never**	1.33
	I think that I might have been affected by the traumatic stress of those I help.	**Never**	1.22
	Because of my helping, I have felt "on edge" about various things.	**Never**	1.44
	I feel depressed because of the traumatic experiences of the people I help.	**Never**	1.00
	I feel as though I am experiencing the trauma of someone I have helped.	**Never**	1.11
	I avoid certain activities or situations because they remind me of frightening experiences of the people I help.	**Never**	1.00
	As a result of my helping, I have intrusive, frightening thoughts.	**Never**	1.11
	I can't recall important parts of my work with trauma victims.	**Never**	1.33
	SECONDARY TRAUMATIC STRESS	**Never**	**1.44**

*Items reverse scored.

Although overall mean scores for each item indicate somewhat high professional quality of life for staff members at the Santa Maria CRT program, the items below received a few concerning responses that suggest some staff members might be experiencing lower professionally quality of life than other staff members, on average.

Number of Staff with Notable Item Responses

Item	Very Often	Often
I am not as productive at work because I am losing sleep over traumatic experiences of a person I help.	0	1
I feel trapped by my job as a helper.	0	1
I feel worn out because of my work as a helper.	1	0
I feel overwhelmed because my case work load seems endless.	2	1
I feel "bogged down" by the system.	1	1
I am preoccupied with more than person I help.	0	1
I jump or am startled by unexpected sounds.	1	1

Item	Never	Rarely
I am pleased with how I am able to keep up with helping techniques and protocols.	0	1
My work makes me feel satisfied.	0	1
I feel connected to others.	0	1
I have beliefs that sustain me.	0	1

***Objective 3*:** Reduce active behavioral health symptoms by 50%, as reported by **client**.

Measure: Individuals' self-reported active behavioral health symptoms were measured by the Symptom Checklist (SCL) at intake and discharge. The SCL asks clients to rate themselves on a four-point scale ranging from 0 = *Not at all*, 1 = *A little bit*, 2 = *Moderately*, 3 = *Quite a bit*, and 4 = *Extremely*. Clients are provided with two additional response options of *Not Applicable* and *Decline to State* (which do not contribute to an overall score). Clients' scores on each item were summed for an overall general psychological distress score ranging from 0-10 = *Low distress*, 10-20 = *Moderate distress*, 20-30 = *Quite a bit of distress*, and 30-40 = *Extremely distressed*.

Results: Santa Barbara
A total of 29 clients completed the SCL at intake and 10 at discharge. At intake, clients reported, on average, moderate (M = 15.48, SD = 9.26) levels of psychological distress. At discharge, clients reported, on average, low (M= 8.90, SD = 8.28) levels of distress. For the 10 clients with symptoms reported at both intake and discharge (matched sample), clients reported, on average, moderate levels of distress at intake (M = 14.50, SD = 9.60) and low levels of distress at discharge (M = 8.90, SD = 8.28), indicating a 38.6% reduction in symptoms of distress. The difference in average scores for these 10 clients was significant, $t(9) = 3.10$, $p < .05$.

Although these data indicate the objective was not met for these clients in Santa Barbara, active behavioral symptoms were significantly reduced. It is likely that missing data at discharge impacted evaluation results, as clients who leave the program unplanned may not complete all discharge procedures. Following staff trainings and consultation with staff, evaluators and staff are actively collaborating to identify solutions for unplanned discharges.

Out of the 10 clients that completed the SCL at both intake and discharge, eight (8) reported improved psychological distress levels while at the Crisis Residential Treatment Program and two (2) reported no change in active behavioral health symptoms. One of these clients reported no behavioral health symptoms at intake or discharge. Although any improvement is considered positive, it should be noted that some individuals experienced more improvement. This may be attributed to individuals' intake scores on the SCL, as a higher intake score allows for more improvement at discharge.

Frequency and Level of Improvement

Change from Intake to Discharge	Number of Clients
Symptoms Worsened	0
No Change	2
1-10 Point Improvement	6
11-20 Point Improvement	2

Results: Santa Maria
A total of 65 clients completed the SCL at intake and discharge in Santa Maria. At intake, clients reported, on average, moderate (M = 11.40, SD = 10.19) levels of psychological distress. At discharge, clients reported, on average, low *(*M= 4.95, SD = 6.96) levels of distress, indicating a 56.6% improvement in behavioral symptoms. The difference in average scores was statistically significant, t (64) = 4.30, $p < .001$, with individuals reporting lower levels of distress at discharge. This objective was met in Santa Maria.

Out of 65 clients that completed the SCL at both intake and discharge, 42 reported improved psychological distress levels, 10 reported stable distress levels, and 13 reported worse distress levels at discharge than intake. Many of the clients who reported stable or worsening distress levels at discharge entered the program with no to low distress levels at intake, suggesting that measured improvement on the SCL would be difficult if not impossible.

Frequency and Level of Improvement

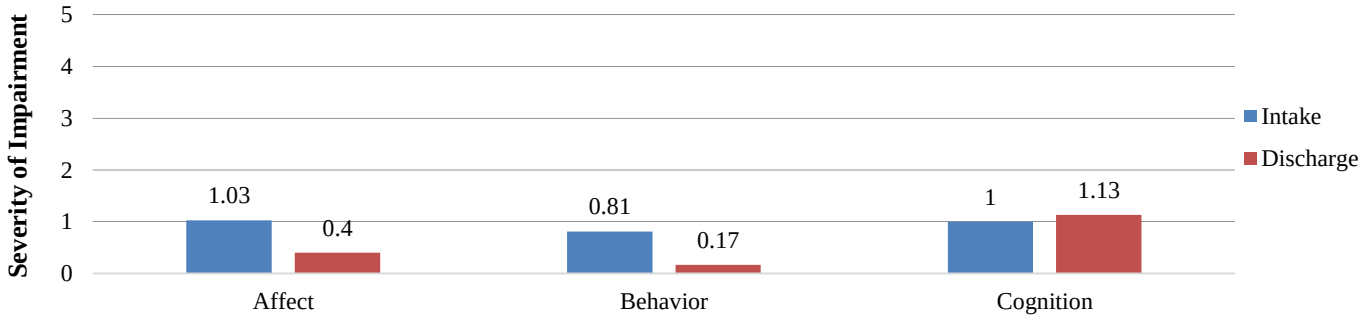
Change from Intake to Discharge	Number of Clients
Symptoms Worsened	13
No Change	10
1-10 Point Improvement	22
11-20 Point Improvement	12
> 20 Point Improvement	8

***Objective 4*:** Reduce active behavioral health symptoms by 50%, as reported by **clinician**.

Measure: The Triage Severity Scale (TSS) was administered to clients at intake and discharge to assess the severity of clients' active behavioral health symptoms, as rated by a clinician. Clinicians score consumers' level of impairment in affect, behavior, and cognition on a six-point scale where 0 = *No Impairment*, 1 = *Minimal Impairmen*t, 2 = *Low Impairment*, 3 = *Moderate Impairment*, 4 = *Marked Impairment,* and 5 = *Severe Impairment*.

Results: Santa Barbara
A total of 18 clients were administered the TSS at intake and 10 clients were scored on at least one domain from the TSS at discharge (unmatched sample). At intake, clinicians rated clients as having, on average, minimal impairment (M = 1.03, SD = .90) in affect, behavior (M = .81, SD = .67), and cognition (M = 1.00, SD = .69). At discharge, on average, clinicians rated clients as having no to minimal impairment in affect *(*M = .40, SD = .42) and behavior (M = .17, SD = .29), and minimal impairment in cognition (M = 1.13, SD = .71; see Figure 1). Overall, average scores indicated minimal impairment at intake (M =.94, SD = .60), and discharge (M = 1.02, SD = .72).

Figure 1
Clinician-reported active behavioral health symptoms at intake and discharge in Santa Barbara

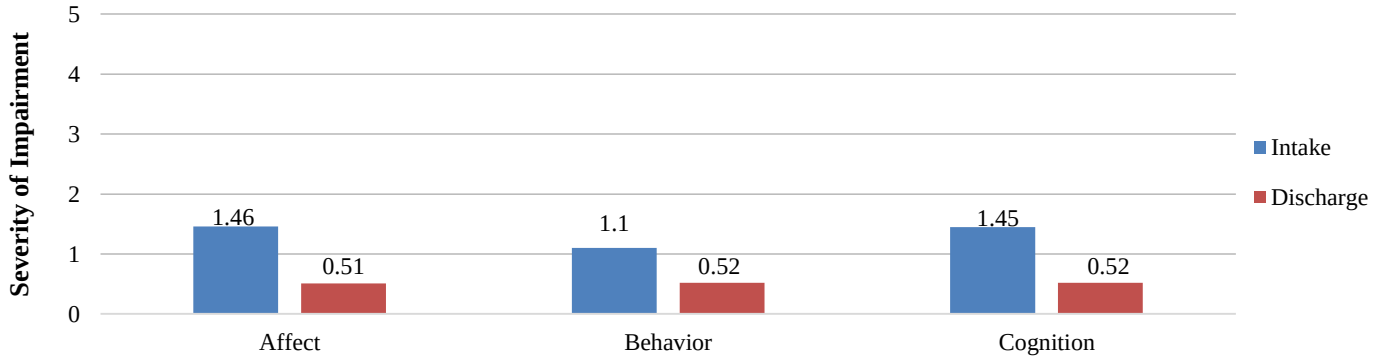


.*Note:* Results based on scores for 18 clients at intake and 10 clients at discharge (unmatched).

For clients who were administered the TSS at both intake and discharge (n = 10; matched sample), clinicians reported minimal impairment at intake (M = .69, SD = .37) and discharge (M = 1.02, SD = .23), with no significant difference between intake and discharge scores, t (10) = -1.09, p = .30. Overall, results indicate that this objective was not met. These findings may be due to missing data and ratings of minimal impairment at intake, providing little opportunity for significant growth on the TSS. During the staff training held in April 2017, evaluators learned that some clients did not have clinician-rated impairment reported at discharge because the mental health clinician was not on duty during discharge procedures, particularly when discharges were unplanned. Additionally, even when discharge information was provided, the information was often incomplete across all three domains (affective, behavioral, and cognitive). Evaluators and staff continue to collaborate on solutions to this problem.

Results: Santa Maria
A total of 42 clients were administered the TSS at intake and discharge. At intake, clinicians rated clients as having, on average, minimal impairment in affect (M = 1.05, SD = 1.13), behavior (M = .98, SD = 1.16), and cognition (M = 1.01, SD = 1.09). At discharge, on average, clinicians rated clients as having minimal impairment in affect (M = .50, SD = .97), behavior (M = .41, SD = .71), and cognition (M = .54, SD = .88; see Figure 2). Overall, average score at intake indicated minimal impairment (M = 1.01, SD = 1.05), and average score at discharge indicated no to minimal impairment (M = .48, SD = .81). The difference in overall intake and discharge scores was significant, t (41) = 2.51, p < .05, with a reduction in impairment of 52.4%. The objective was met.

Figure 2
Clinician-reported active behavioral health symptoms at intake and discharge in Santa Maria.



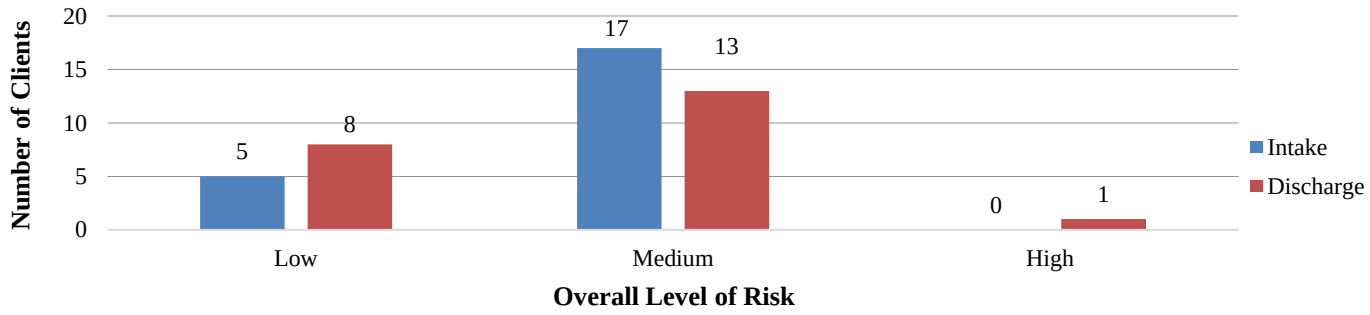
***Objective 5*:** Reduce clients' levels of risk, as reported by **clinician**.

Measure: At intake, clients were evaluated on their risk for AWOL, self-injury, need for a 5150 consultation, suicide, and violence. Each area of risk was rated on a scale of 1 – 20: *Low* (0), *Medium* (1 – 4), and *High* (5 – 20). At discharge, clients were rated for their overall level of risk on the same 20-point scale.

Results: Santa Barbara
A total of 28 clients were assessed for level of risk at intake and 22 were assessed at discharge. Mean scores at intake on each area indicated that clients experienced medium risk for suicide (*M* = 2.04, *SD* = 1.55), self-injury (*M* =.71, *SD* = 1.14), and violence (*M* = 1.14, *SD* = 1.80), and low level of risk of AWOL (*M* =.46, *SD* = 1.14) and 5150 consultation (*M* = .00, *SD* = .00). Average overall scores at intake indicated that clients entered at a medium level of risk (*M* = .87, *SD* = .56). At discharge, clients were also rated, on average, at a medium level of risk (*M* = 1.41, *SD* = 2.32).

For clients who were administered a risk assessment at both intake and discharge (*n* = 22), average overall scores at intake and discharge were compared, with no significant difference in scores at intake and discharge, t (21) = -1.43, *p* = .33. The objective was not met for these 22 clients (see Figure 3).

Figure 3
***Client level of risk at intake and discharge in Santa Barbara*.**

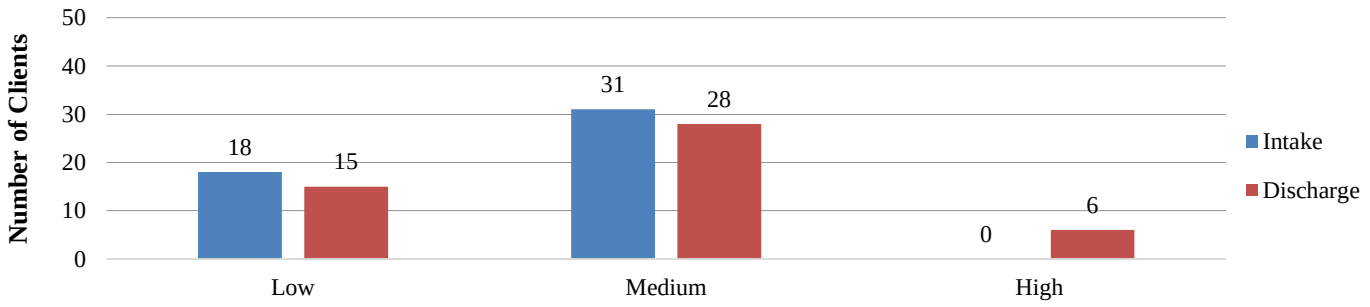


Note: Results based on scores for 22 clients with matched data at intake and discharge (matched).

Results: Santa Maria
A total of 54 clients were assessed for level of risk at intake and 49 at discharge. Mean scores in each area at intake indicated that clients experienced no to low risk of AWOL (*M* =.11, *SD* = .32) and 5150 consultation (*M* = .22, *SD* = 1.00), and medium risk of suicide (*M* = 1.89, *SD* = 2.01), self-injury (*M* = 1.52, *SD* = 1.78), and violence (*M* = 1.07, *SD* = 2.04). Average overall scores indicated that individuals entered the program at a medium level of risk (*M* = .96, *SD* = .85) and left at a medium level of risk (*M* = 1.35, *SD* = 1.58).

For clients with risk scores at both intake and discharge (*n* = 49), there was no significant difference between the average score at intake and discharge, t (48) = -1.97, *p* = .06. Thus, the objective was not met for these 49 clients in Santa Maria (see Figure 4).

Figure 4
Overall Risk: Client level of risk at intake and discharge in Santa Maria.



Note: Results based on scores for 49 clients with matched data at intake and discharge (matched).

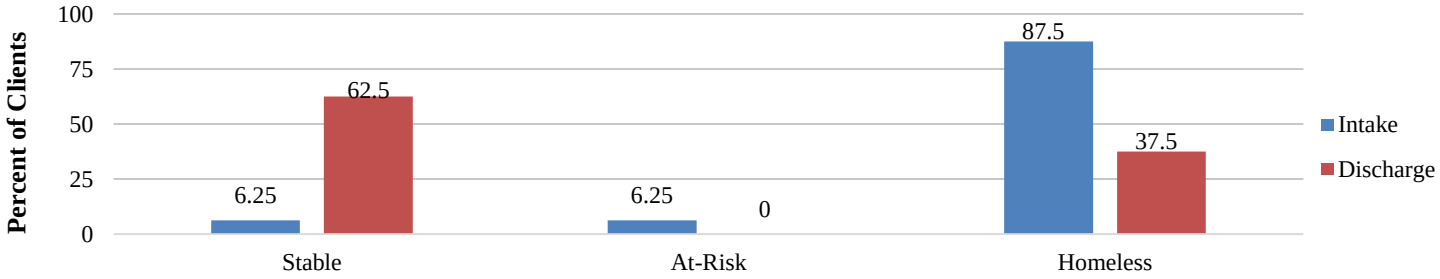
***Objective 6*:** 75% of clients will leave the Crisis Residential Unit with a plan for stable or permanent housing.

Measure: Clinicians reported clients' housing at intake and discharge using the Adult Intake Assessment and Discharge Summary. Clinicians rate housing as 1 = *Stable/Permanent*, 2 = *At-Risk*, and 3 = *Homeless*.

Results: Santa Barbara
As reported by clinicians on the Adult Intake Assessment, at intake, 8.7% (n = 2) of clients had stable or permanent housing, 78.3% (n = 18) of clients were homeless, and 8.7% (n = 2) of clients were at-risk for losing their homes. Housing status for one client was unknown. At discharge, 43.5% (n = 10) of clients left the program with stable or permanent housing, 30.4% (n = 7) left without housing, and one client was reported to be AWOL prior to discharge. Five clients did not have housing status reported at discharge.

When examining all clients who had housing recorded at both intake and discharge (n = 16), the difference in mean housing at intake (M = 2.81, SD = .54) and mean housing at discharge (M = 1.75, SD = 1.00) was statistically significant, t (15) = 4.26, p < .01, with more clients leaving with stable or permanent housing than when they entered. Although this objective was not met for 75% of the clients, more clients left the Crisis Residential Program with stable or permanent housing (see Figure 5). It is important to note that many clients were placed on a waiting list for housing programs when being discharged from the CRT program, but their housing status is recorded as "homeless" in the evaluation system, even if there is a likely plan for housing.

Figure 5
Type of Housing: Mean housing status at intake and discharge in Santa Barbara.



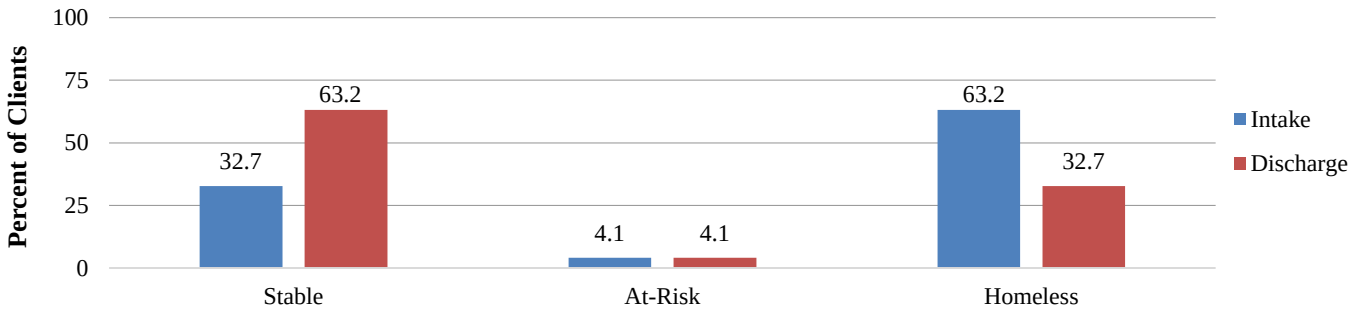
Note: Results based on scores for 16 clients with matched data at intake and discharge (matched).

Results: Santa Maria
At intake, 29.3% (*n* = 17) of clients had stable or permanent housing, 63.8% (*n* = 37) of clients were homeless, and 3.4% (*n* = 2) of clients were at-risk of losing housing, as reported by clinicians on the Adult Intake Assessment. Two (2) clients did not have housing reported at intake. At discharge, 55.2% (*n* = 32) of clients left the program with stable or permanent housing, 29.3% (*n* = 17) of clients left without housing, and 3.4% (*n* =2) were at-risk of homelessness, as reported by clinicians on the Discharge Summary. Seven (7) clients did not have housing reported at discharge.

For clients with housing status recorded at intake and discharge (*n* = 49), the difference in mean housing at intake (*M* = 2.31, *SD* = .94) and discharge (*M* = 1.69, *SD* = .94) was statistically significant, t (48) = 4.40, *p* < .001, with fewer clients experiencing homelessness at discharge. Although this objective was not met in Santa Maria, the majority of clients left the Crisis Residential Unit with stable or permanent housing (see Figure 6).

Ultimately, the goal is to assist each client with a plan for stable or permanent housing. However, considering the level of crisis among many of the CRT participants, a functional goal of 75% seems to have been overly optimistic, and in fact unrealistic. The CRT staff are actively committed to, and working with clients to plan for stable and/or permanent housing.

Figure 6.
Housing: Mean housing status at intake and discharge in Santa Maria.



Note: Results based on scores for 49 clients with matched data at intake and discharge (matched).

***Objective 7*:** 75% of clients will be connected to long-term outpatient care after their stay at the CRT program. This includes outpatient mental health services and case management services. It is important to note that some clients were already connected to outpatient care upon arrival to the program and are included in the number of clients who left the program with an outpatient referral.

Measure: Information on if clients received a referral and if so, where, is recorded by clinicians at discharge. If clients are already connected to outpatient care through the crisis system, no new referral is made.

Results: Santa Barbara
Of the 23 clients who went through discharge procedures during Quarter 4 of Fiscal Year 2016 – 2017, 43.5% (*n* = 10) were offered outpatient referrals, 43.5% (*n* = 10) were not connected to outpatient care through the crisis system, and 13% (*n* = 3) did not have this information noted. Although some clients were discharged to family or friends' homes, these placements were not considered to be outpatient care. Therefore, the objective was not met.

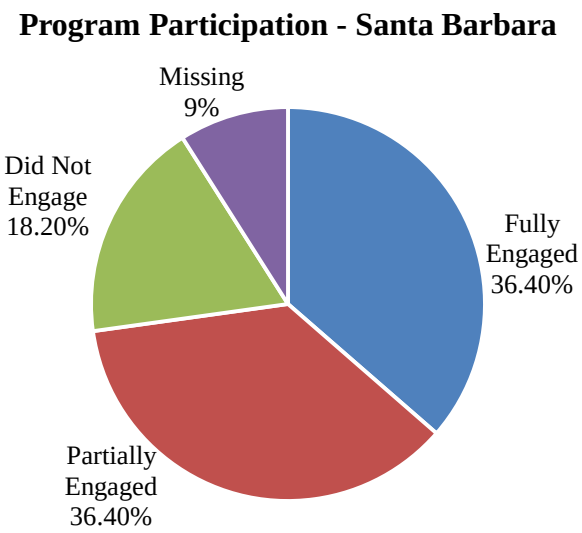
Results: Santa Maria
Of the 56 clients who went through discharge procedures during Quarter 4 of Fiscal Year 2016 – 2017, 42.9% (*n* = 28) were offered outpatient referrals, 46.4% (*n* = 26) were not connected to long-term outpatient care, and 10.7% (*n* = 6) refused outpatient referrals. Therefore, the objective was not met.

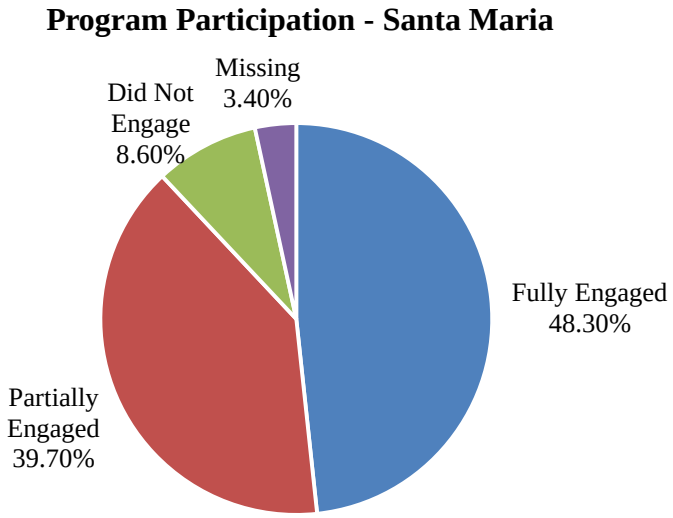
***Objective 8*:** 75% of patients will show a high level of individual and group program participation at discharge.

Measure: Clinicians rated clients' program participation on the Discharge Summary form. Clinicians rated clients as 1 = *Did not engage*, 2 = *Partially engaged*, and 3 = *Fully engaged.* Clients that were rated as partially engaged (2) or fully engaged (3) were considered to be demonstrating high levels of program participation.

Results: Santa Barbara
A total of 36.4% (*n* = 8) of clients were rated by clinicians as fully engaging in group programs, 36.4% (*n* = 8) were rated as partially engaging in group programs, 18.2% (*n* = 4) did not engage in group programs, and 9% (*n* = 2) had missing information for this item. One client spent approximately six hours at the CRT and is not included in analyses. A total of 72.7% (*n* = 16) of clients were either partially or fully engaged; therefore, this objective was almost met in Santa Barbara (Figure 8).

Figures 7 & 8
Clients' program participation, Quarter 4, FY16-17.





Results: Santa Maria
A total of 48.3% (*n* = 28) of clients were rated by clinicians as fully engaging in group programs, 39.7% (*n* = 23) were rated as partially engaging in group programs, 8.6% (*n* = 5) did not engage in group programs, and two had missing information. A total of 87.9% (*n* = 51) of clients were either partially or fully engaged; therefore, this objective was met in Santa Maria (Figure 9).

Summary and Next Steps

The summary table below (Table 6) indicates that three out of the eight objectives were met by Santa Barbara and six were met by Santa Maria. It is probable that differences between sites continue to be affected by the length of time each site has been open, capacity at which they were operating, and type of clients referred to each site. Missing data at discharge continues to impact evaluation outcomes in Santa Barbara. Further consultation with Anka staff in Santa Barbara indicated that completion of data collection protocols is negatively impacted by unplanned client discharges. Still, evaluation outcomes from both facilities suggest high program satisfaction from clients and staff. Anka staff and evaluators continue to collaborate on notable areas of improvement.

Table 6

Summary of Grant and Post-Grant Award Objectives for Quarter 4, FY2016 – 2017

Objective	*Met?*	*Notes*
1. Client Satisfaction		
Santa Barbara	Yes	Item responses indicate high levels of client satisfaction
Santa Maria	Yes	Item responses indicate high levels of client satisfaction Telemedicine services were not evaluated
2. Professional Quality of Life		
Santa Barbara	Yes	Item responses indicate high levels of satisfaction
Santa Maria	Yes	Item responses indicate high levels of satisfaction
3. Client-Reported Symptoms		
Santa Barbara	No	Average improvement in symptoms of 38.6%; Significant missing data at discharge
Santa Maria	Yes	Average improvement in symptoms of 56.6%
4. Clinician-Reported Symptoms		
Santa Barbara	No	Significant missing data at discharge
Santa Maria	Yes	Average reduction in impairment of 52.4%
5. Level of Risk		
Santa Barbara	No	No significant difference in level of risk at intake and discharge
Santa Maria	No	No significant difference in level of risk at intake and discharge
6. Housing		
Santa Barbara	No	But, significant positive change; 43.5% left the program with stable or permanent housing
Santa Maria	No	But, significant positive change; 55.2% left the program with stable or permanent housing
7. Outpatient Referrals		
Santa Barbara	No	43.5% of clients were connected to outpatient care.
Santa Maria	No	42.9% of clients were connected to outpatient care
8. Program Participation		
Santa Barbara	No	Objective was functionally met; 72.7% of clients were fully or partially engaged
Santa Maria	Yes	87.9% of clients were fully or partially engaged