

**Mental Health Services Oversight and
Accountability Commission (MHSOAC)
Personnel Grant (SB 82)**

**Outcome and Process Evaluation Report
County-wide Triage Teams**

Grant Years 1 and 2

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DEPARTMENT OF
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A System of Care and Recovery

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Executive Summary

The Triage Personnel Grant has allowed for increased access to crisis services, linkage to outpatient care, and warm hand-offs/transitions between inpatient and outpatient settings for clients who are experiencing difficulties with mental health and/or substance use. Data on the demographics of clients served through crisis Triage programs indicated that from Year 1 to Year 2, North and West Crisis Triage served more ethnically diverse clients, while South Crisis Triage was consistent in the proportion of clients served based on their identified ethnicity or cultural group. Representative of Santa Barbara County Census data in 2015, clients between the ages of 26 and 64 were most often served, followed by clients between the ages of 16 and 24, 65 years or older, and 15 years or younger.

Despite not meeting many of the outlined goals for the grant objectives, progress was made toward the grant-supported objectives. The Triage programs have, in general, increased the number of clients receiving crisis services; decreased the number of psychiatric hospital admissions and readmissions; decreased Emergency Department utilization; increased the number of clients connected to inpatient and outpatient care within 10 days of discharge; and maintained good relationships with law enforcement personnel.

The Department should develop new and/or modify the existing grant-supported objectives with more realistic expectations based on two years of experience operating Triage programs. Staff training may be needed to improve data collection and model fidelity. Programmatically, it will be important in subsequent years to identify methods for increasing the number of clients connected to long-term outpatient care within six months and reduce the Emergency Department outpatient and inpatient transfer wait times. Finally, the Triage teams should continue to outreach to underserved/unserved residents of Santa Barbara County to increase penetration rates into diverse communities.

Program Overview

In FY2014/15, Triage teams were established in Lompoc, Santa Barbara, and Santa Maria to provide a seamless array of services and supports to individuals experiencing mental health and/or substance use crises. Crisis Triage Teams provide field-based response in crisis situations that do not meet the criteria for a “5150” hold – an individual is a danger to self, gravely disabled, or danger to others. This adds an important preventive level of care likely to contribute to reduced rates of hospitalization, Emergency Department utilization, and incarceration among individuals with severe mental illness. The Triage program is intended to reduce costs associated with expensive inpatient and emergency room care by better serving people in the least restrictive manner possible, including individuals discharged from a hospital requiring transitional services.

The field-based Triage workforce engages in proactive case management, hospital discharge follow-up, peer support and clinical care before, during and after a behavioral health crisis. Each Triage team consists of two mental health practitioners, one mental health practitioner liaison, two caseworkers, three peer recovery assistants (PRAs), and part-time psychiatrists. The mental health practitioners lead responses to urgent calls, perform clinical assessment and diagnostic functions, develop stabilization plans, coordinate follow up linkage support, and act as active team/shift leads under guidance of the team supervisor. The mental health practitioner liaison provides direct client and family support, collaborates with outpatient service providers, and assists clients with preparation for hospital discharge. Caseworkers serve as front-line field staff with practitioners providing follow-up support by linking individuals to care, and in pre-crisis, early intervention, and urgent response situations. Peer Recovery Assistants provide individual mentorship, case management, and follow-up support to clients, as well as aid in “warm handoffs” for individuals in inpatient psychiatric treatment. Finally, the Triage team psychiatrists are available part-time to follow up on requests to evaluate individuals in the field that may be experiencing behavioral health crises.

Method

Participants

In order to assess if the individuals served by crisis Triage services were representative of the demographics in the county, the reported ethnicities/cultural groups and age of clients served prior to, and after, implementation of the Triage teams were compared to demographics in Santa Barbara County. According to U.S. Census Data, in 2015, it was estimated that 45.4% of Santa Barbara County residents were White, 44.8% were Hispanic/Latino, 2.4% were Black/African American, 5.8% were Asian Pacific Islander, and 2.2% were Native American. A total of 6.5% were under 5 years old, 22.6% were between 5 and 18 years old, 57.6% were between the ages of 18 and 64, and 13.3% were 65 years or older.

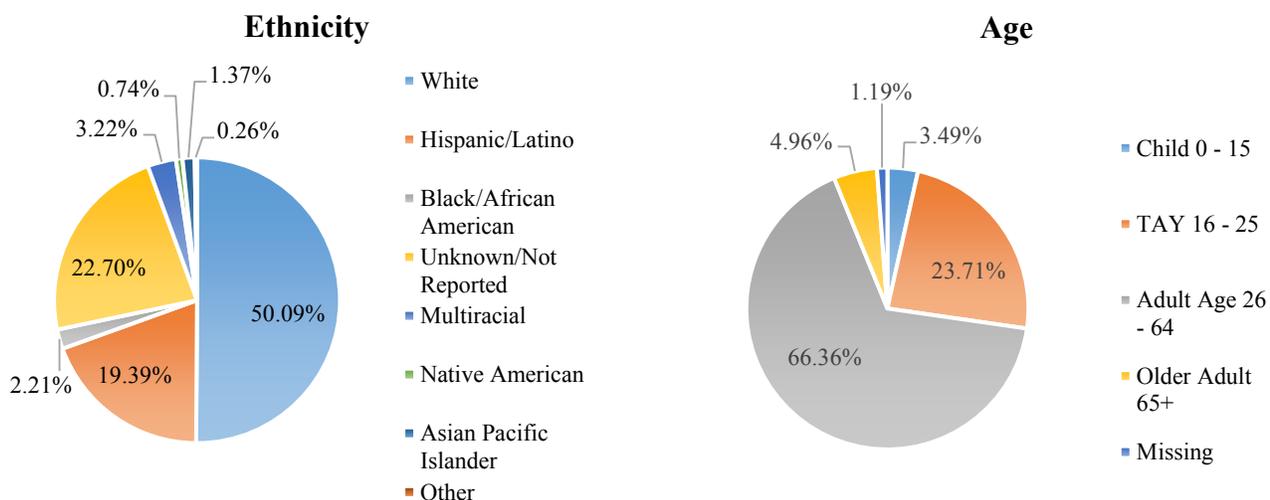
Overall, when comparing clients served by crisis Triage services (FY 2013/14 – FY 2015/16 Q1-3) to Santa Barbara County census data, clients whom identified as Hispanic/Latino, Asian/Pacific Islander, and Native American appeared to be underserved. The Crisis Triage – North program served clients most similar to or representative of census data. Consistent with census data, the majority of clients served by crisis Triage teams were between the ages of 26 and 64; however, clients 65 years and older were underrepresented in crisis Triage services. Crisis Triage services were provided to individuals who were diverse with respect to age and ethnicity/socio-cultural group.

Fiscal Year 2013/14

Fiscal Year 2013/14, prior to implementation of the Triage programs, was analyzed as the baseline year when examining participants and outcome measures. Crisis services included Mobile Crisis teams from Santa Barbara and Santa Maria.

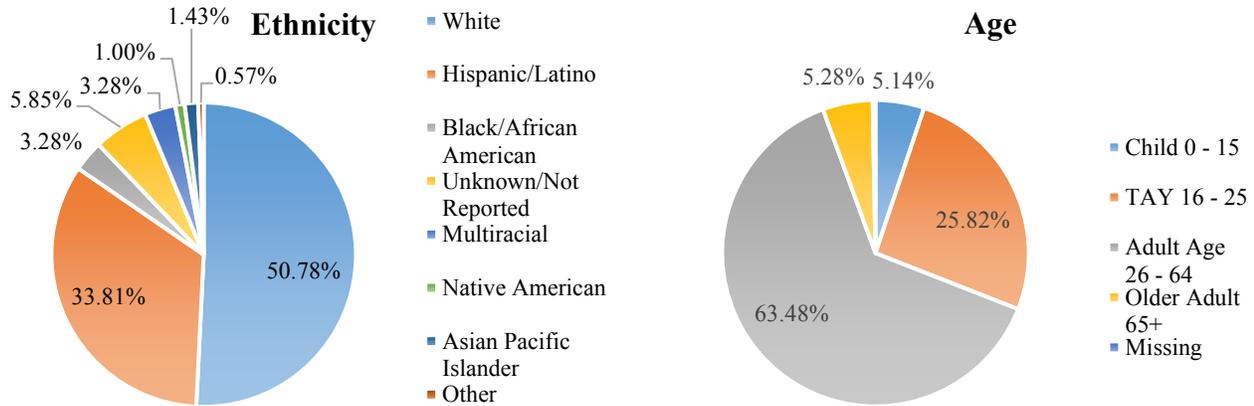
Mobile Crisis Team – Santa Barbara

A total of 1,088 unique clients were served by the Mobile Crisis Team in Santa Barbara during FY2013/14. Of these, 42.4% (n = 461) identified as female, 51.8% (n = 563) as male, and 5.9% (n = 64) did not have gender information reported. The ethnicity and ages of clients served were as follows:



Mobile Crisis Team – Santa Maria

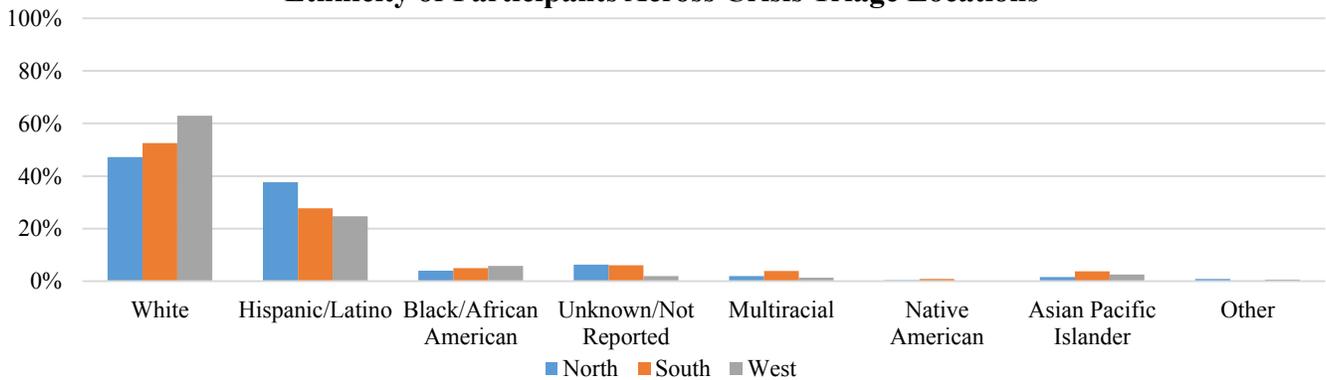
A total of 701 unique clients were served by the Mobile Crisis Team in Santa Maria. 55.4% (n = 388) of clients identified as female, 42.9% (n = 301) identified as male, and 1.6% (n = 11) did not have information on gender reported. The ethnicity and ages of clients served were as follows:



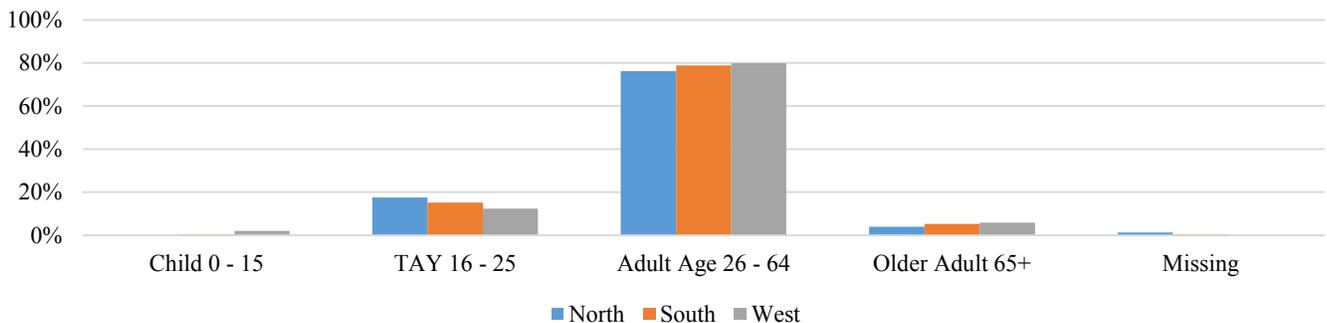
Fiscal Year 2014/15

During FY2014/15, a total of 817 unique clients were served by crisis Triage services.

Ethnicity of Participants Across Crisis Triage Locations



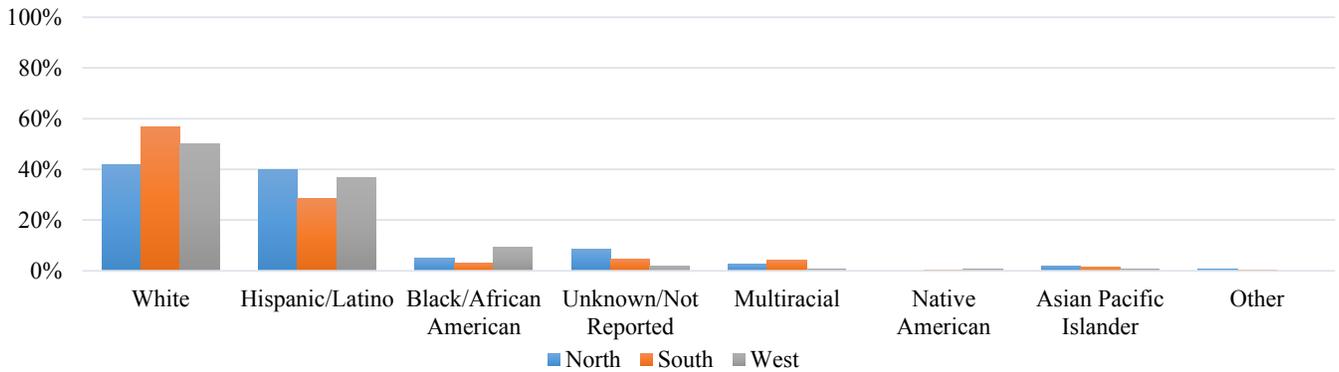
Age of Participants Across Crisis Triage Locations



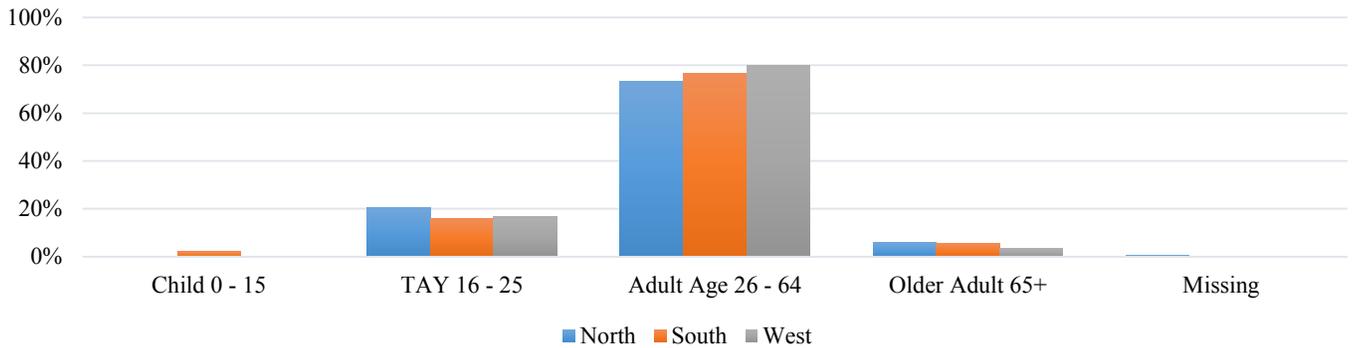
Fiscal Year 2015/16 (Q1-3)

In FY 2015/16 (Q1-3), a total of 847 unique clients were served by crisis Triage services.

Ethnicity of Participants Across Crisis Triage Locations



Age of Participants Across Crisis Triage Locations



Measures*Law Enforcement Satisfaction Survey.*

This 5-item survey is completed by Santa Barbara County law enforcement officers following each Dept. of Behavioral Wellness CARES response. Items ask law enforcement to rate the degree to which they were satisfied with the Dept. of Behavioral Wellness CARES crisis team's timeliness, helpfulness, collaboration, and ability to allow sheriffs/officers to focus on their role as law enforcement.

Analyses

Data were collected during FY2013/14, FY2014/15, and FY2015/16 (Q1-3). Outcomes from FY2013/14 were used as baseline data and compared to FY2014/15 (Year 1 of the grant) and FY2015/16 (Year 2).

Department of Behavioral Wellness Service Utilization

Client demographic, psychiatric hospital utilization and service data were drawn from the Department's electronic health record for analysis. Frequencies, mean scores, and percentages were calculated.

Law Enforcement Satisfaction

Participating law enforcement agencies include Santa Barbara Sheriff Department and Lompoc Police Department. Law enforcement personnel's satisfaction with response from the Mobile Crisis and Triage teams was measured by the Law Enforcement Satisfaction Survey as part of the required steps for officers following a mental health incident. The survey consists of five items. Frequencies of item responses were collected and mean scores were calculated.

Results and Discussion

Objective 1: Increase the number of Triage responses to crises that may not meet the 5150 criteria by 75% by the end of the first grant year.

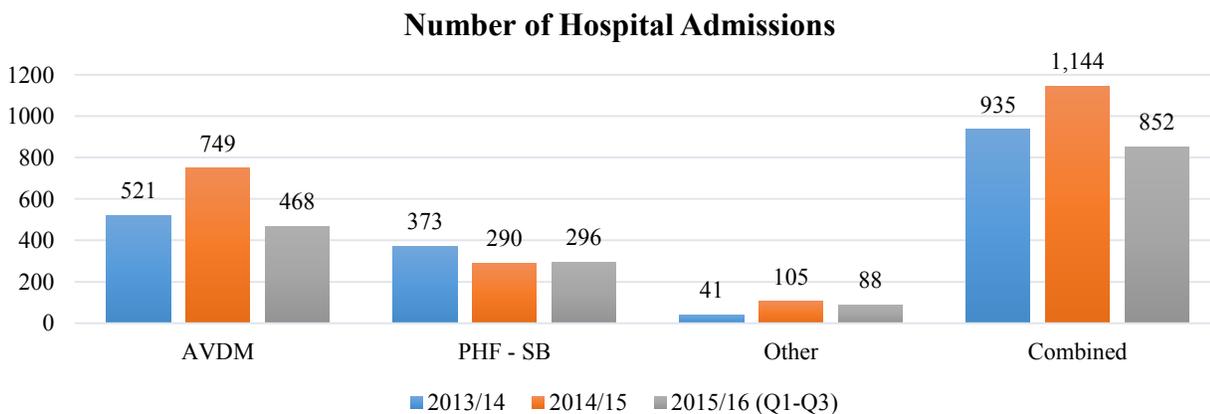
The percentage of responses by Triage teams that did not meet 5150 criteria/result in a hospitalization was very high across the regions and between fiscal years, suggesting that the Triage teams have been stabilizing clients in the community (See Table below).

Triage Services that did not Result in Hospitalization

	Percent of Total Services	
	FY 2014/15	FY 2015/16 (Q1-3)
Crisis Triage – Lompoc	99.1%	99.4%
Crisis Triage – Santa Barbara	99.1%	98.0%
Crisis Triage – Santa Maria	98.0%	98.7%
Total	98.7%	98.7%

Result: The objective of increasing the number of crisis responses that did not meet 5150 criteria was met in that Santa Barbara County has been able to respond to an increased number of crises that did not result in a hospitalization. In contrast, the Mobile Crisis Teams, not funded by this grant, respond to crises that do meet 5150-level, resulting in hospital admissions. Those teams average an 86% rate of community stabilization rate compared to 98.7% for the Triage teams. This objective, as written, was not met because the addition of the Triage teams did not increase non-5150 responses by 75%. With two fiscal years of experience, Santa Barbara County intends to revise this measure to better suit the program goals and structure.

Objective 2: Decrease psychiatric hospital admissions by 20% in Year 1, 35% by Year 2, and 50% by Year 3.

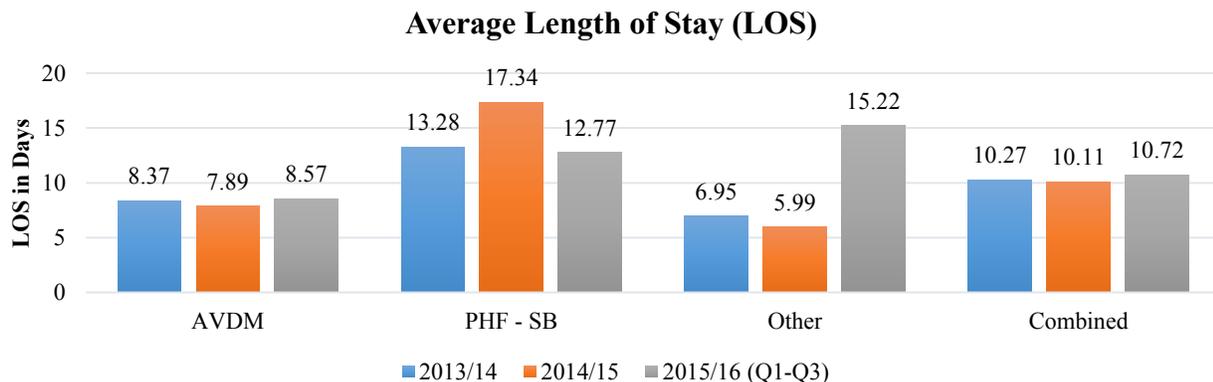


Note. AVDM = Aurora Vista Del Mar, PHF – SB = Psychiatric Health Facility – Santa Barbara, Other = All other hospitals, Combined = across all hospital settings.

Result: The objective for Year 1 was not met, but was met in Year 2. Hospital admissions increased by 22.4% between FY2013/14 and FY2014/15 (Year 1). This increase may have been due to increased access to services and/or to start-up challenges related to staff training on the role of Triage compared to Mobile Crisis services. Reviewing the data by hospital type in Year 1 indicates that the PHF experienced a decrease of 28.6% in admissions, but increased at AVDM and all other hospitals. Between Year 1 to Year 2 (through 3 quarters), combined hospital admissions decreased by 34.3%. During Year 2, AVDM and all other hospitals experienced decreases in hospital admissions, 60.0% and 19.3%, respectively. Hospital admissions at the PHF increased slightly (2.1%).

Objective 3: Decrease the average psychiatric hospitalization length of stay (LOS) by 50% by the end of Year 1. Particular attention will be paid to clients with psychotic diagnoses.

Baseline data (FY 2013/14) indicated that the average length of stay (LOS) across hospital types for clients was 10.3 days. In FY2014/15, the average LOS across hospitals decreased by 1.6%. At AVDM, the average LOS decreased by 6.1%, and the average LOS at the PHF increased by 30.6%. The average LOS at all other hospitals decreased by 16.0%. From FY2014/15 to FY2015/16 (Q1-3), the average LOS for clients across sites increased by 6.0%. Average LOS at AVDM increased by 8.6%; average LOS at the PHF decreased by 35.8%; and the average LOS at all other hospitals increased by 254% (See Table below).

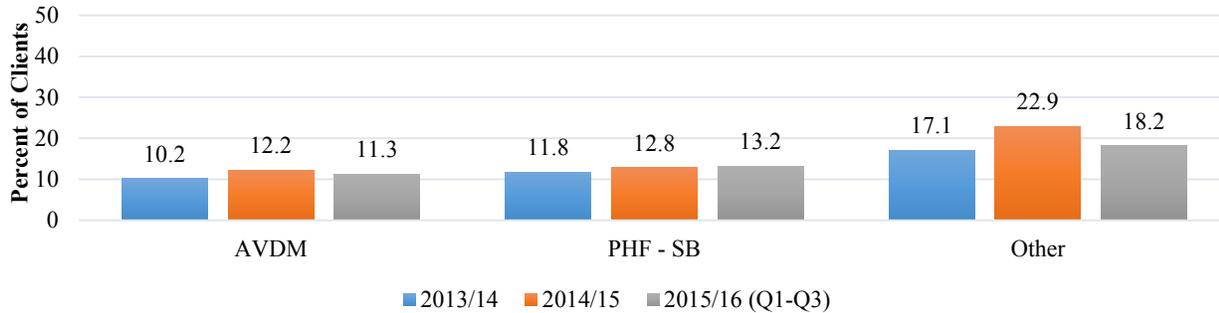


Note. AVDM = AVDM, PHF – SB = Psychiatric Health Facility – Santa Barbara, Other = All other hospitals, Combined = across all hospital settings.

Result: The objective was not met. The average LOS across all hospitals (‘combined’) decreased by 1.6% from the baseline year (10.3 days) to Year 1 (10.1 days), but increased by 6.0% from Year 1 to Year 2 (10.7 days). When examining changes in average LOS at individual hospitals, AVDM experienced a 6.1% decrease in hospitalizations during Year 1, the PHF experienced a 30.6% increase in hospitalizations during Year 1, which was likely due to increased volume of clients declared incompetent to stand trial (IST) and placed on the PHF for extended lengths of stay. All other hospitals experienced a 16.0% decrease in hospitalizations during Year 1. While average LOS of AVDM and all other hospitals increased in Year 2, average LOS at the PHF decreased by 35.8% during this year.

Objective 4: Decrease the number of hospital readmissions within 30 days by 50%, and between 31 days and one year by 50%, by the end of Year 1.

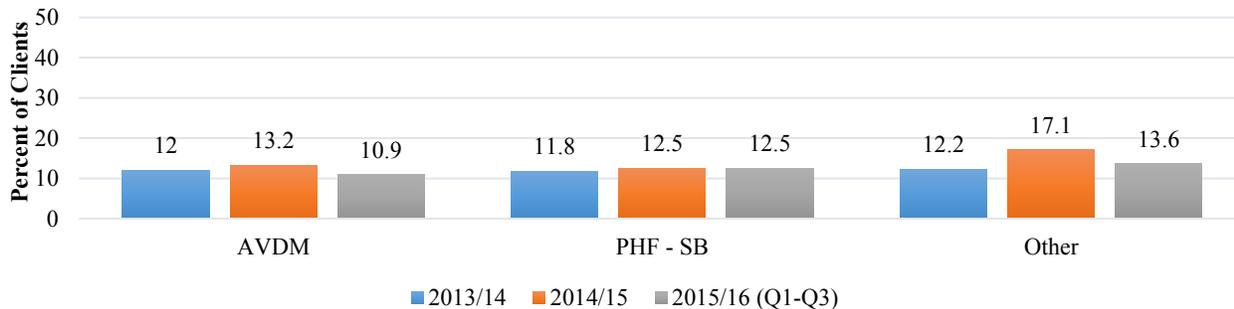
Hospital Readmissions within 30 Days



Note. AVDM = Aurora Vista Del Mar, PHF – SB = Psychiatric Health Facility – Santa Barbara, Other = All other hospitals, Combined = across all hospital settings.

Result: Objective 4 was not met for Year 1 or Year 2. The percent of hospital readmissions increased by 2% from baseline to Year 1 at AVDM, by 1% at the PHF, and by 5.8% at all other hospitals. However, from Year 1 to Year 2, AVDM and all other hospitals experienced decreases in readmissions within 30 days of 0.9% and 4.7%, respectively. Hospital readmissions at the PHF increased by 0.4% from Year 1 to Year 2.

Hospital Readmissions within 31 Days to One Year



Note. AVDM = Aurora Vista Del Mar, PHF – SB = Psychiatric Health Facility – Santa Barbara, Other = All other hospitals, Combined = across all hospital settings.

Result: The objective was not met. Improvements in number of hospital readmissions within 31 days to one year did not meet the goals outlined in Objective 4. Percentage of clients readmitted to the hospital within 31 days to one year slightly decreased at the PHF during Year 1 by 0.7%, while the percentage of clients readmitted at AVDM and all other hospitals increased by 1.2% and 4.9%, respectively. From Year 1 to Year 2, the percentage of clients readmitted to AVDM and all other hospitals decreased by 2.3% and 3.5%, respectively, while the percentage of clients readmitted at the PHF increased by 4.6%.

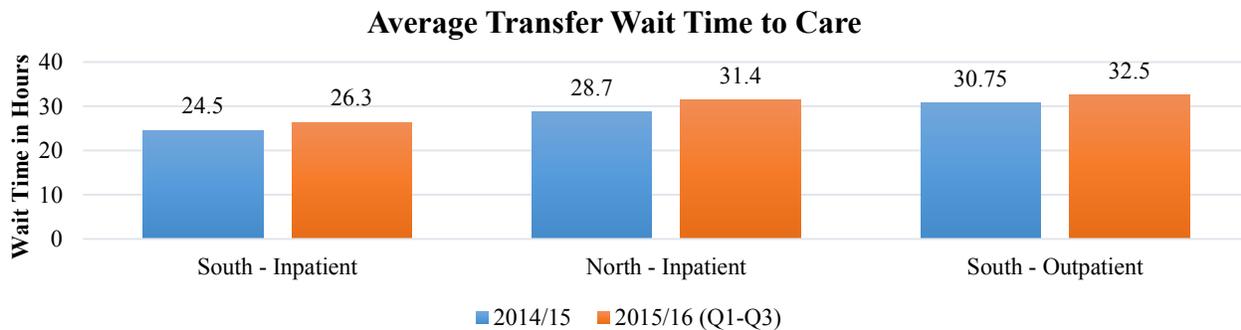
Objective 5: Decrease number of residents with mental health and/or substance abuse issues using the Emergency Department (ED) by 25% in Year 1, 40% in Year 2, and 50% in Year 3.

In FY 2014/15, the average number of behavioral health clients that entered the Emergency Department at Cottage Hospital (South County hospital) per month was 324.4 clients. From July 2015 through January 2016, the average number of behavioral health clients that entered the ED was 267.5 per month. At the time of this report, the North County hospital Emergency Department does not track the number of persons entering the ED with behavioral health problems.

Result: Objective was almost met for Year 1, but was not met for Years 2 or 3. Although data on the number of residents with mental health and/or substance abuse issues using the ED were not available for the baseline year, these data from Year 1 and Year 2 suggest that Year 2 experienced a decrease of 21.3% in ED utilization, which was approaching the goal outlined for the Year 1.

Objective 6: Reduce the time that clients wait in the Emergency Department (ED) before transferring to an inpatient setting or outpatient care. The average wait time for transfers to inpatient and outpatient care will be reduced by 50% by Year 1.

Inpatient care includes the Psychiatric Health Facility (PHF) and out-of-county contract hospital providers, while outpatient care includes services provided by the Department of Behavioral Wellness, including outpatient services, CARES and Mobile Crisis/Triage. See Table below for the average transfer wait time across sites and years.



Result: The objective was not met. Data from the baseline year, Year 1, and Year 2 indicate that average wait time to care from the ED increased slightly from Year 1 to Year 2 at each location. At the South County Hospital, average wait time to inpatient care increased by 6.8%, and at the North County Hospital wait time to inpatient care increased by 8.6%. Only the South County Hospital tracks wait time to outpatient services. Between Year 1 and 2, the average wait time to outpatient care increased by 5.4%.

Objective 7: Increase law enforcement partner satisfaction with response time to a crisis and successful intervention.

A law enforcement satisfaction survey was implemented in October 2015. Santa Barbara Sheriff and local police officers were asked to rate the degree to which they agree with the following items about the

response from the Dept. of Behavioral Wellness crisis (Triage) team. Between October 2015 and March 16, 2016 (Time 1) and March 17 – June 15, 2016 (Time 2), law enforcement members completed 146 case incident forms that involved mental health issues. The satisfaction survey was included in the incident forms. Item responses indicated that, on average, law enforcement agreed that they were satisfied with the crisis response from the Department of Behavioral Wellness.

Law Enforcement Satisfaction Survey, October 2015 – June 2016

Item	Descriptor	Time 1	Time 2	Mean
		<i>n</i> = 116	<i>n</i> = 30	
The crisis team responded in a timely manner.	Agree	3.82	Agree	3.97
The Department of Behavioral Wellness crisis team members were helpful to the client.	Agree	4.06	Agree	4.03
The Department of Behavioral Wellness crisis team allowed me to focus on my role as a Sheriff/Police Officer.	Agree	4.05	Agree	4.06
I was able to establish a good partnership/collaboration with the Department of Behavioral Wellness crisis team.	Agree	4.11	Agree	4.32
Overall, I was satisfied with the response from the Department of Behavioral Wellness crisis team.	Agree	4.04	Agree	4.06

Result: The objective was met. Results from the Law Enforcement Satisfaction Survey suggested that overall, law enforcement personnel agreed that the Department of Behavioral Wellness crisis teams have provided timely and helpful responses to crises while fostering good collaboration.

Objective 8: Decrease the wait time to first outpatient appointment after discharge from the hospital by 30% by Year 1, 40% by Year 2, and 50% by Year 3.

The percentage of clients that were connected to outpatient care within 10 days of discharge from crisis services increased slightly each year. Among clients that were connected to outpatient care within 10 days, the mean number of days to first outpatient service was 4.2 days in FY2013/14, 3.7 days in FY2014/15, and 3.0 days in FY2015/16 (Q1-3), indicating that an increasing percentage of clients were connected to outpatient care in less time than the previous year.

Clients Connected to Outpatient Care Following Discharge from Crisis Services

Fiscal Year	Total # of Unique Clients	% of Clients	
		Connected within 10 Days of Discharge	Seen within 10 Days – Average Time to care
2013/14	721	40.1	4.16
2014/15	839	44.6	3.65
2015/16 (Q1 – Q3)	647	45.9	2.98

Result: The objective was not met. Data from the baseline year, Year 1, and Year 2 suggested that each year experienced an increase in the percentage of clients connected to outpatient care within 10 days, as well as a decrease in the average time these clients waited for outpatient services. For clients who were connected to outpatient services within 10 days of discharge, average wait time decreased by 13.9%

from baseline to Year 1, and by 22.5% from Year 1 to Year 2. Although Objective 8 called for a larger decrease in wait time for outpatient services, it is worth noting that wait time decreased over the past three years. However, the number of clients served by crisis Triage services that were connected to long-term, outpatient care within six months decreased by 6.7% from Year 1 to Year 2.

Objective 9: Increase the number of clients served by crisis Triage services connected to long-term, outpatient care within six months.

Fiscal Year 2014/15 and 2015/16 were evaluated for the number of clients connected to long-term, outpatient care within six months of crisis Triage services. The number of clients served by Triage teams connected to long-term outpatient care within six months decreased by 6.7% from Year 1 to Year 2. Baseline data were collected in FY2014/15 and indicated that 39.9% of clients were connected to long-term outpatient care within six months of receiving crisis services. In FY2015/16, 33.2% of clients were connected to this type of outpatient care within six months.

Result: This objective was not met. The number of clients connected to long-term outpatient care decreased by 6.7%.

Limitations

Evaluation of Crisis Triage services for Year 1 and 2 of the Triage Personnel Grant were impacted by several limitations. For example, as no previous experience data were available to inform objectives, the goals established for Year 1 and 2 may have been unrealistic. Now, with two fiscal years of experience and baseline data to inform objectives, Santa Barbara County intends to revise target objectives to better match the program goals and structure, and to ensure that future, realistic progress towards goals are made. Additionally, data on the number of residents using the Emergency Department and wait times to inpatient and outpatient care during FY2013/14 were not available; therefore, FY2014/15 was evaluated as the baseline year for Objectives 5 and 6. In addition, the types of data collected by the primary hospitals in the county varied, which limited comparability and complete reporting. Similarly, data on law enforcement personnel's satisfaction with responses from the Triage teams were also limited, as only Santa Barbara County Sheriff and Lompoc Police Department currently complete the Law Enforcement Satisfaction Survey following incidents involving mental health and/or substance use. The number of clients served by crisis Triage services whom did not meet the criteria for a 5150 (Objective 1) was calculated by subtracting the number of clients hospitalized from the total number of unique clients served, as it may be assumed that if clients were not hospitalized, then they were not a danger to themselves or others. However, this may not be an accurate representation of the desired outcome. There were also some challenges due to lengthy and uneven program start-up that compromised some data collection efforts. Despite these challenges, the Triage Personnel Grant has allowed for increased access to crisis Triage, inpatient, and outpatient services for clients who are experiencing difficulties with mental health and/or substance use.

Recommendations and Future Directions

Future directions should focus on revising the objectives of the Triage Personnel Grant in order to set new goals for Year 3 (FY2016/17). For example, objectives may be added to evaluate service utilization based on clients' severity of affective, behavioral, and cognitive impairment with the Triage Severity Scale. Staff training on completing the Triage Severity scale will be a critical aspect to implementing the measures, but if successfully completed it could provide a more robust evaluation of client progress. Steps should be taken to decrease clients' utilization of psychiatric hospital and Emergency Department services, as well as average hospital length of stay, rate of admission and readmission to the hospital. The Department of Behavioral Wellness should work closely with the primary hospitals to improve data collection on wait times for transfers to inpatient and outpatient services, which may aid in client recovery and resiliency. In order to improve internal data collection, additional staff training may be helpful, as well as modifications to the electronic health record to make it easier for staff to collect information. Additionally, Triage teams should continue to outreach efforts in order to increase penetration rates in diverse communities of Santa Barbara County. Finally, revised objectives and improved procedures for data collection will be critical to further evaluate the effectiveness of the Triage Personnel Grant in meeting the stated objectives.