Outcome Evaluation Report

Crisis Residential Programs

FY2015/16 Quarters 1-3

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A System of Care and Recovery

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Executive Summary

The Crisis Residential programs under the CHFFA SB 82 grant were implemented under a contract with Anka Behavioral Health in July 2015. The Santa Barbara program is funded through CHFFA SB 82 grant. Anka obtained a contract with Behavioral Wellness for the Santa Maria program. Although the SB 82 grant funded only the South County program, Behavioral Wellness is evaluating both programs. The Crisis Residential 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 the program, law enforcement satisfaction, and staff members' professional quality of life. Overall, clients in Santa Barbara strongly agreed that they were satisfied with the Crisis Residential program, and clients in Santa Maria agreed that they were satisfied with services. Early results from the Law Enforcement Satisfaction Survey indicate that officers are satisfied with the response of Behavioral Wellness Crisis staff when responding to a law enforcement call for service. In Santa Barbara, staff members reported feeling compassion satisfaction often, and burnout and secondary traumatic stress rarely. Staff members in Santa Maria reported feeling compassion satisfaction very often, and burnout and secondary traumatic stress rarely.

The Crisis Residential programs were also evaluated based on post grant award objectives, including improvement in active behavioral health symptoms, improvement in housing status, number of clients receiving outpatient referrals, and level of program participation. North and South Crisis Residential have successfully stabilized over 80% of clients in the community and without the need for costly inpatient hospitalizations.

In Santa Barbara, clients reported significant improvement in psychological distress, moving from moderate to low distress, $t(22) = 3.33$, $p = .003$. Clinicians reported significant improvement in clients' affective, behavioral, and cognitive impairment, $t(74) = 10.91$, $p < .001$. Clinicians also rated clients' level of risk at intake and discharge; improvement was significant, with clinicians rating clients to be at no risk at discharge, $t(20) = 5.22$, $p < .001$.

In Santa Maria, clients reported significant improvement in psychological distress, with clients reporting moderate distress at intake and low distress at discharge, $t(55) = 7.01$, $p < .001$. Clinicians also reported significant improvement in clients' affective, behavioral, and cognitive impairment, $t(140) = 11.02$, $p < .001$. Clinicians rated clients' level of risk at intake and discharge; improvement was not significant, but clinicians rated clients, on average, at a low level of risk at both intake and discharge, $t(28) = 1.38$, $p = .18$.

Progress was made toward improving clients' housing status, with 37.1% of clients in Santa Barbara and 40% in Santa Maria reporting stable or permanent housing at discharge. In Santa Barbara, 31% of clients were also connected with outpatient care. In Santa Maria, 30% of clients were connected with outpatient care. A total of 28.6% of clients in Santa Barbara and 35% in Santa Maria showed full engagement in program participation, with 54.3% of clients in Santa Barbara and 71.7% in Santa Maria engaged with group and individual programs to some extent.

In late summer 2016, Behavioral Wellness will conduct an evaluation of the entire crisis system. This project will include Mobile Crisis and Triage programs, Crisis Residential programs, Crisis Stabilization Unit, as well as the SAFTY program that serves children and families in crisis. The purpose will be to ascertain client outcomes and client flow through the system now that Behavioral Wellness has a full complement of crisis services throughout the county.

Methods

Data Collection

Crisis Residential Treatment Program

To evaluate the crisis residential treatment program, measures 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

Law Enforcement Satisfaction Survey.

This 5-item survey is completed by Santa Barbara County law enforcement officers following each Department of Behavioral Wellness Crisis and Recovery Emergency Services (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.

Consumer Satisfaction Survey.

This 18-item survey measures consumers' satisfaction with the Crisis Residential and Stabilization Units. 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 is a 30-item measure is used to assess staff members' professional quality of life at the Crisis Residential and Stabilization Units. 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 Crisis Residential Units and Crisis Stabilization Unit, pulls 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 Crisis Residential and Crisis Stabilization Units.

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 is 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 Crisis Residential programs includes the county's highest risk – low-income individuals with serious mental illness, often presenting with co-occurring substance abuse conditions. Through Quarter 3 of FY15/16, South County has served 70 clients, and North County has served 154 clients. Clients admit to the Crisis Residential program post-hospital discharge and from outpatient programs such as the Triage and Mobile Crisis teams, the Crisis Stabilization Unit, and outpatient clinics.

Analyses
Crisis Residential Treatment Program
Evaluation of the Crisis Residential programs involved examining the number of clients served by each program and descriptive statistics from each evaluation 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 Symptom Checklist, Consumer Satisfaction Survey, Law Enforcement Satisfaction Survey, and Professional Quality of Life Survey. Paired samples t-tests were conducted to evaluate statistically significant changes in housing situation, symptoms, and level of risk at intake and discharge.

Results of Grant-Supported Objectives

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

Client Satisfaction

Client satisfaction with services received at the Crisis Residential Treatment 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: Strongly Disagree (1), Disagree (2), Neutral (3), Agree (4), Strongly Agree (5), and Not Applicable. Below is a summary of the results from Q1-3 of FY15/16.

Client Satisfaction with the Crisis Residential Treatment Programs for FY2015-2016

	Quarter 1		Quarter 2		Quarter 3	
Category	**North**	**South**	**North**	**South**	**North**	**South**
Program Effectiveness	Neutral 3.25	N/A	Agree 3.59	Strongly Agree 4.51	Agree 3.69	Agree 4.49
Staff/Program Efficiency	Agree 3.65	N/A	Agree 3.83	Strongly Agree 4.77	Agree 4.03	Strongly Agree 4.67
Client Involvement	Agree 3.62	N/A	Agree 3.85	Strongly Agree 4.75	Agree 4.00	Strongly Agree 4.75
Staff Treatment of Clients	Agree 3.65	N/A	Agree 3.87	Strongly Agree 4.88	Strongly Agree 4.07	Strongly Agree 4.75
Satisfaction with Services	Neutral 3.44	N/A	Agree 3.81	Strongly Agree 4.70	Strongly Agree 3.94	Strongly Agree 4.70
Accessibility & Welcoming	Agree 3.81	N/A	Agree 4.08	Strongly Agree 5.00	Strongly Agree 4.17	Strongly Agree 5.00
Overall Consumer Satisfaction	Agree 3.57	N/A	Agree 3.84	Strongly Agree 4.77	Agree 3.90	Strongly Agree 4.73

Family Member and Friend Satisfaction

Following the opening of the Crisis Residential Program and discussion with Anka Behavioral, Inc., it was determined that data collection of family member/friend satisfaction with the program may be difficult, as staff reported that family members/friends did not visit enough to respond to items on the Family Member and Friend Satisfaction Scale. Therefore, there are no data to report.

Staff Professional Quality of Life

Both peer and non-peer staff quality of life was evaluated using the Professional Quality of Life Scale (ProQOL). The ProQOL was administered to staff between 3/10/16 and 3/18/16. Staff members rate the frequency at which they experience each item using five choices: Never (1), Rarely (2), Sometimes (3), Often (4), and Very Often (5). In Quarter 3 (FY2015/16), eight (8) members completed the survey in Santa Barbara and nine (9) in Santa Maria. Below is a summary of the findings from Q1-3 of FY15/16.

Professional Quality of Life for FY2015-2016

	Quarter 1		Quarter 2		Quarter 3	
Category	**North**	**South**	**North**	**South**	**North**	**South**
Compassion Satisfaction	Very Often 4.68	Often 4.24	Very Often 4.60	Often 4.28	Very Often 4.51	Often 4.23
Burnout	Rarely 1.63	Rarely 2.06	Never 1.45	Rarely 1.71	Rarely 1.70	Rarely 1.67
Secondary Traumatic Stress	Rarely 1.64	Rarely 1.85	Rarely 1.59	Never 1.43	Rarely 1.56	Rarely 1.72

Staff members were given the option to disclose their identities as peer or non-peer staff. Out of eight (8) staff members, three (3) identified as peer staff, two (2) as non-peer staff, and three (3) chose not to identify. Staff members were also given the option of disclosing their work shift at the facility: AM, PM, or nocturnal. Three (3) staff members marked the AM shift, two (2) marked the PM shift, one (1) marked nocturnal, and two (2) did not indicate work shift.

Although overall mean scores for each item indicate high professional quality of life for staff members in both programs, there were a few items that received notable responses. The findings have been shared with Anka for consideration.

Number of Santa Barbara Staff with Notable Item Responses

Item	Very Often	Often
I am preoccupied with more than one person I help.	2	1
I jump or am startled by unexpected sounds.	2	1

Number of Santa Maria Staff Members with Notable Item Responses

Item	Very Often	Often
I am preoccupied with more than one person I help.	0	2
I feel overwhelmed because my case work load seems endless.	1	1

***Objective 2*:** Increase law enforcement partner satisfaction with crisis response time, successful intervention and alternatives to restrictive care.

A 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 team. Between October 2015 and March 2016, law enforcement members completed 116 case incident forms that involved mental health issues. 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

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

Results of Post-Grant Award Objectives

Following the award of the CHFFA grant, additional objectives were developed to evaluate the effectiveness of services provided by the Crisis Residential programs.

***Objective 1*:** Reduce active behavioral health symptoms by 50%, as reported by client.

The Crisis Residential Program was opened in July of 2015 to help improve the active behavioral health symptoms of individuals in crisis due to severe mental illness and substance use while connecting them to outpatient treatment and stable housing. Individuals' self-reported active behavioral health symptoms were measured by the Symptom Checklist (SCL) at intake and discharge. 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*, as well as *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*.

Santa Barbara

A total of 23 clients completed the SCL at both intake and discharge. At intake, clients reported, on average, Moderate (M = 10.04, SD = 6.73) levels of psychological distress. At discharge, clients reported, on average, Low (M= 4.87, SD = 5.68) levels of distress. This difference is statistically significant, $t(22) = 3.33$, $p = .003$, with individuals reporting lower levels of distress at discharge. Out of 23 clients that completed the SCL at both intake and discharge, 20 reported stable or improved psychological distress levels while at the Crisis Residential Program. 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	3
No Change	3
1-10 (Low)	12
11-20 (Moderate)	5

Santa Maria

A total of 56 clients completed the SCL at both intake and discharge. At intake, clients reported, on average, Moderate (M = 14.29, SD = 9.92) levels of psychological distress. At discharge, clients reported, on average, Low (M= 4.43, SD = .6.89) levels of distress. This difference is statistically significant, $t(55) = 7.01$, $p < .001$, with individuals reporting lower levels of distress at discharge. Out of 56 clients that completed the SCL at both intake and discharge, 50 reported stable or improved psychological distress levels while at Crisis Residential.

Frequency and Level of Improvement

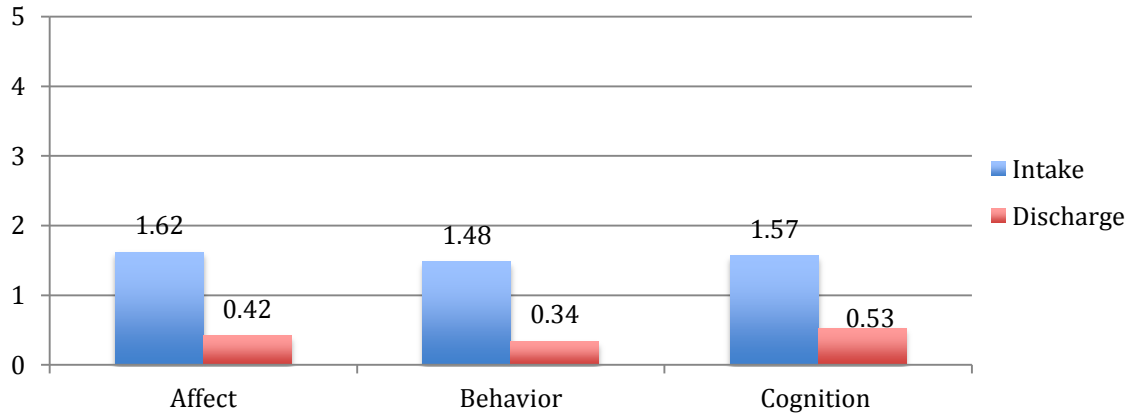
Change from Intake to Discharge	Number of Clients
Symptoms Worsened	6
No Change	5
1-10 (Low)	20
11-20 (Moderate)	14
>20 (Quite a bit - Extreme)	11

***Objective 2*:** Reduce active behavioral health symptoms by 50%, as reported by clinician.

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*.

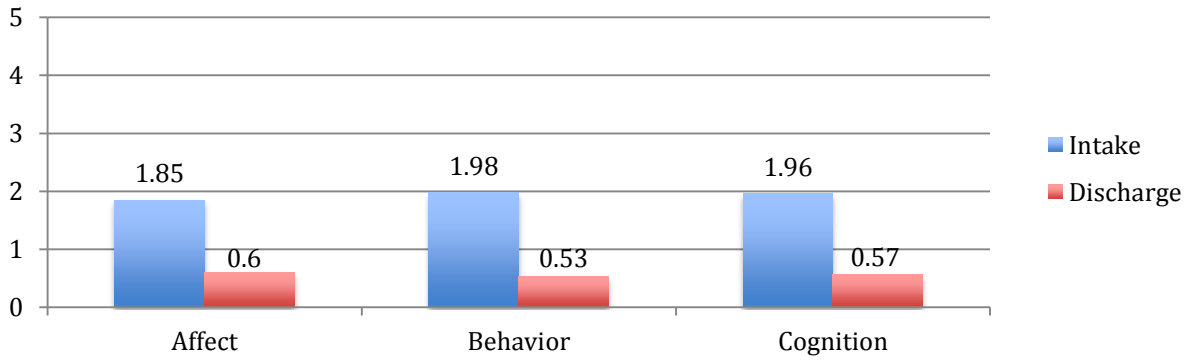
Santa Barbara

A total of seven clients were administered the TSS at both intake and discharge. At intake, clinicians rated clients as having, on average, low impairment ($M = 1.62$, $SD = .93$) in affect, minimal impairment ($M = 1.48$, $SD = .81$) in behavior, and low impairment ($M = 1.57$, $SD = .79$) in cognition. At discharge, on average, clinicians rated clients as having no to minimal impairment in affect ($M = .42$, $SD = .51$), behavior ($M = .34$, $SD = .45$), and cognition ($M = .53$, $SD = .75$). Overall, average scores at intake indicated minimal impairment ($M = 1.56$, $SD = .83$), and average scores at discharge indicated no to minimal impairment ($M = .43$, $SD = .58$). The difference in these overall average scores is significant ($t(74) = 10.91$, $p < .001$), with less impairment at discharge.



Santa Maria

A total of 47 clients were administered the TSS at both intake and discharge. At intake, clinicians rated clients as having, on average, low impairment in affect ($M = 1.85$, $SD = 1.43$), behavior ($M = 1.98$, $SD = 1.31$), and cognition ($M = 1.96$, $SD = 1.37$). At discharge, on average, clinicians rated clients as having minimal impairment in affect ($M = .60$, $SD = .95$), behavior ($M = .53$, $SD = .82$), and cognition ($M = .57$, $SD = .92$). Overall, average score at intake indicated low impairment ($M = 1.93$, $SD = 1.36$), and average score at discharge indicated minimal impairment ($M = .57$, $SD = .89$). The difference in these overall average scores is significant, $t(140) = 11.02$, $p < .001$, with less impairment at discharge.



***Objective 3*:** Reduce clients' levels of risk, as reported by clinician.

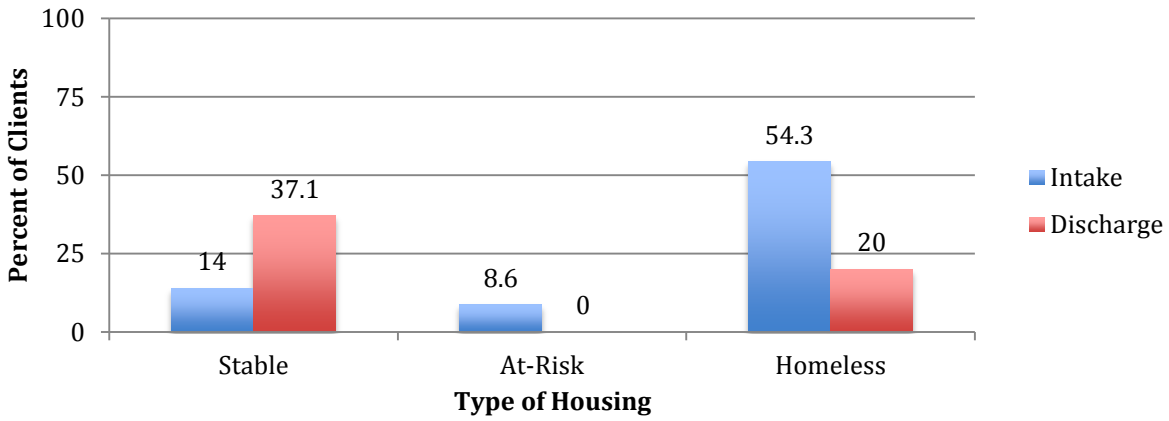
Santa Barbara
A total of 21 clients were assessed for level of risk at intake and discharge. At intake, clients were evaluated on their risk for AWOL, self-injury, need for a 5150 consultation, suicide, and violence. Each area of risk was rated on a 3-point scale: 1=*Low*, 2=*Medium*, and 3=*High*. Mean scores on each area indicate that clients experienced low risk of AWOL (M =.38, SD = .81), low risk of self-injury (M =.52, SD = 1.12), no need for a 5150 consultation (M = .00, SD = .00), low risk for suicide (M =1.38, SD = 1.72), and low risk for violence (M = .95, SD = 1.72). At discharge, clients were rated for overall level of risk (M = .00, SD =.00). Average overall score at discharge was compared to average score at intake, with average score at intake significantly higher than at discharge, t(20) = 5.22, p <.001 which shows that clients' level of risk decreased during treatment.

Santa Maria
A total of 42 clients were assessed for level of risk at intake and discharge. Mean scores on each area indicate that clients experienced low risk of AWOL (M =.43, SD = 1.13), low to medium risk of self-injury (M =1.62, SD = 2.02), low need for a 5150 consultation (M = .24, SD = .79), medium risk for suicide (M =1.74, SD = 1.42), and medium to high risk for violence (M = 1.86, SD = 2.43). At discharge, clients were rated for overall level of risk (M = 1.07, SD =.26). The average overall score at discharge was compared to the average score at intake, with the average score at intake not significantly higher than the score at discharge, t(28) = 1.38, p=.18

***Objective 4*:** 75% of clients will leave the Crisis Residential program with a plan for stable or permanent housing.

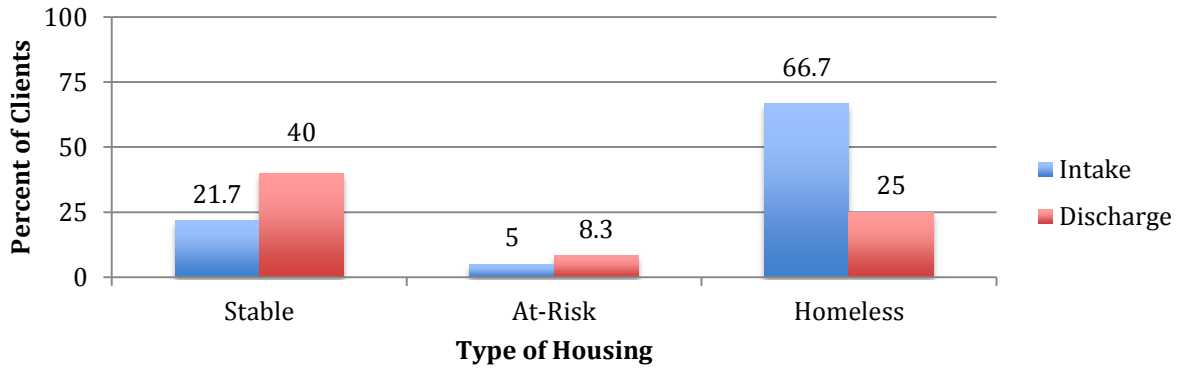
Clinicians reported clients' housing at intake and discharge using the Adult Intake Assessment and Discharge Summary. Clinicians rate housing as 1 = *Stable/Permanent,* 2 = *At-Risk*, and 3 = *Homeless*.

Santa Barbara
As reported on the Adult Intake Assessment, 14% (n = 5) of clients had stable or permanent housing, 54.3% (n = 19) of clients were homeless, 8.6% (n = 3) of clients were at-risk. Eight (8) clients did not have housing reported at intake. At discharge, 37.1% (n = 13) of clients left the program with stable or permanent housing and 20% (n = 7) of clients left without housing, as reported by clinicians on the Discharge Summary. Fifteen (15) clients did not have housing reported at discharge. The difference in mean housing at intake (M = 2.47, SD = .83) and mean housing at discharge (M = 1.67, SD = .98) was statistically significant, t(14) = 2.35, p =.03, with more clients leaving with stable or permanent housing than when they entered.



Santa Maria

At intake, 21.7% (*n* = 13) of clients had stable or permanent housing, 66.7% (*n* = 40) of clients were homeless, and 5% (*n* = 3) of clients were at-risk, as reported on the Adult Intake Assessment. Four (4) clients did not have housing reported at intake. At discharge, 40% (*n* = 24) of clients left the program with stable or permanent housing, 25% (*n* = 15) of clients left without housing, and 8.3% (*n* =5) were at-risk of homelessness, as reported by clinicians on the Discharge Summary. Sixteen (16) clients did not have housing reported at discharge. The difference in mean housing at intake (*M* = 2.48, *SD* = .85) and mean housing at discharge (*M* = .93, *SD* = .43) was statistically significant, t(41) = 3.67, *p* =.001, with fewer clients experiencing homelessness at discharge.



***Objective 5*:** 75% of clients will be connected to long-term outpatient care after their stay at the Crisis Residential program. This includes outpatient mental health and case management services.

Over the first 3 Quarters of FY15/16, 135 clients went through the discharge process in Santa Maria and 60 clients went through discharge in Santa Barbara. Below are summaries of referral process and the types of referrals provided to clients.

	Quarter 1		Quarter 2		Quarter 3	
	North	**South**	**North**	**South**	**North**	**South**
Accepted Outpatient Referral or placed on 5150 Hold	82% (*n*=27)	No data	71% (*n*=30)	84% (*n* = 21)	30% (*n*=18)	31% (*n*=11)
Denied Referrals	15% (*n*=5)	No data	19% (*n*=8)	0%	0%	0%
No Referral Noted	3% (*n*=1)	No data	10% (*n*=4)	16% (*n*=4)	70% (*n*=42)	69% (*n*=24)

Types of Referrals Provided to Clients at Discharge

	North	South			North	South
Alcoholics Anonymous	0	25		Shelter/Rescue Mission	2	2
Mental Wellness Center	0	22		Inpatient/5150 Hold	7	0
Jail	1	1		CBO Provider	5	15
Behavioral Wellness Outpatient	8	5		Out-of-County Services	10	1
Behavioral Wellness Crisis Service	19	23		Other		

***Objective 6*:** 75% of patients will show a high level of individual and group program participation at discharge.

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.*

Santa Barbara
A total of 28.6% (*n* = 10) of clients were rated by clinicians as fully engaging in group programs, 25.7% (*n* = 9) were rated as partially engaging in group programs, 8.6% (*n* = 3) did not engage in group programs, and 37% (*n* =13) had missing information for this item.

Santa Maria
A total of 35% (*n* = 21) of clients were rated by clinicians as fully engaging in group programs, 36.7% (*n* = 22) were rated as partially engaging in group programs, 6.7% (*n* = 4) did not engage in group programs, and 21.7% (*n* =13) had missing information for this item.

Client Flow and Hospitalizations

During the first 3 Quarters of FY15/16, Crisis Residential was successful in helping 89% of South clients and 82% of North clients stabilize and advance their recovery without being hospitalized with 30 days of their discharge from Crisis Residential.

In FY15/16, 28% of clients were hospitalized within 24 hours of discharge from the Crisis Residential programs. Santa Maria Crisis Residential had a higher rate of hospitalizations compared to Santa Barbara.