

# Outcome Evaluation Report SB82 Triage Personnel Grant Year 2

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

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# Outcome Evaluation Report

## Triage Personnel Grant Santa Barbara County

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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 mental health and/or substance use crises. Data on the demographics of clients served through crisis Triage programs indicated that in Year 2 and Year 3, North, South, and West Crisis Triage were 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 fully 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 Emergency Department (ED) utilization; decreased wait time from the ED to outpatient care; increased the number of clients connected to long-term outpatient care; and maintained good relationships with law enforcement personnel. It will be important to continue to identify methods for reducing hospital admissions and readmissions across hospital settings and reducing the Emergency Department inpatient transfer wait times. Finally, the Triage teams should continue 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 (West), Santa Barbara (South), and Santa Maria (North) to provide a seamless array of services and supports to individuals experiencing mental health and/or substance use crises. Crisis Triage Teams provide office- and field-based response in crisis situations that may or may 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 service for Behavioral Wellness that will likely 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 Department care by better serving people in the least restrictive manner possible, including individuals discharged from a hospital requiring transitional support to longer-term outpatient services.

The Triage teams engage in proactive case management, hospital discharge follow-up, peer support, and clinical care before, during and after a behavioral health crisis. Although staffing levels may vary, 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 to follow up on requests to evaluate individuals that may be experiencing behavioral health crises.

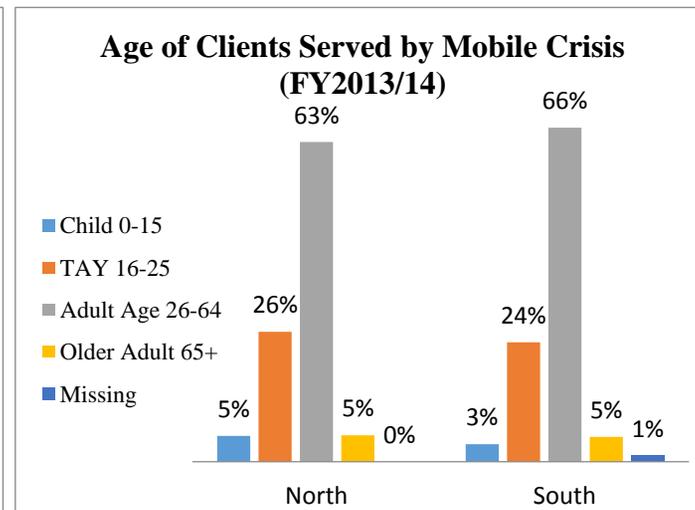
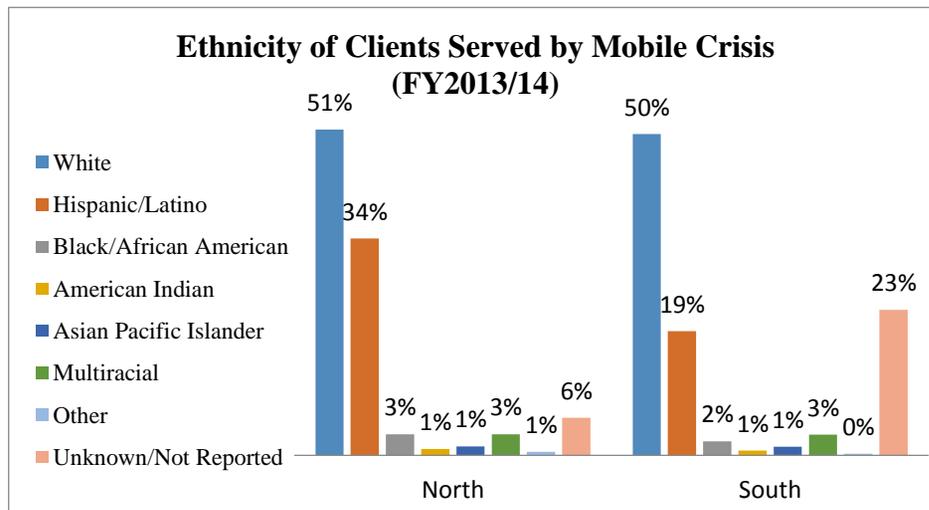
**Method**

**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 American Indian. 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 (FY2013/14 – FY2016/17, Q1-Q3) to Santa Barbara County census data, clients whom identified as Hispanic/Latino, Asian/Pacific Islander, and Native American appeared to be underserved by the Crisis Triage – South (Santa Barbara) and West (Lompoc). The Crisis Triage – North (Santa Maria) program served clients most similar to or representative of census data. Consistent with census data, most 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. Overall, despite some areas of underrepresentation, crisis Triage services were provided to individuals who were diverse with respect to age and ethnicity/socio-cultural group.

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 Crisis Triage North and South. In FY2013/14, South Mobile Crisis served 1,088 unduplicated clients and North Mobile Crisis served 701 clients. The ethnicity and age of clients served by Mobile Crisis are presented below.



The Triage Teams were implemented over the course of late FY2014/15 and early FY2015/16. With the addition of these teams, Behavioral Wellness has the capacity to serve approximately double the number of clients in need of crisis services each fiscal year.

*Clients Served by Triage Teams*

	FY2014/15			FY2015/16			FY2016/17 (Q1-3)		
<b>Total Clients Served</b>	<b>817</b>			<b>1,158</b>			<b>883</b>		
<b>Ethnicity</b>	<b>North</b>	<b>South</b>	<b>West</b>	<b>North</b>	<b>South</b>	<b>West</b>	<b>North</b>	<b>South</b>	<b>West</b>
<b>White</b>	<b>47.2%</b>	<b>52.6%</b>	<b>63.0%</b>	<b>40.3%</b>	<b>55.8%</b>	<b>54.5%</b>	<b>43.1%</b>	<b>54.8%</b>	<b>55.1%</b>
<b>Hispanic/Latino</b>	<b>37.7%</b>	<b>27.7%</b>	<b>24.7%</b>	<b>43.7%</b>	<b>28.6%</b>	<b>33.6%</b>	<b>42.6%</b>	<b>28.8%</b>	<b>30.8%</b>
<b>Black/African American</b>	4.0%	5.0%	5.9%	3.6%	3.8%	8.9%	3.7%	3.9%	7.1%
<b>American Indian</b>	0.4%	0.8%	0.0%	0.4%	0.7%	0.4%	0.3%	0.9%	0.5%
<b>Asian Pacific Islander</b>	1.6%	3.7%	2.6%	2.4%	1.6%	0.9%	2.0%	2.4%	1.5%
<b>Multiracial</b>	2.0%	3.9%	1.3%	2.2%	4.5%	0.4%	2.3%	4.3%	4.0%
<b>Other</b>	0.8%	0.2%	0.7%	0.4%	0.3%	0.0%	6.0%	4.9%	0.5%
<b>Unknown/Not Reported</b>	6.4%	6.0%	1.9%	6.7%	4.7%	1.3%	0.0%	0.0%	0.5%
<b>Age</b>	<b>North</b>	<b>South</b>	<b>West</b>	<b>North</b>	<b>South</b>	<b>West</b>	<b>North</b>	<b>South</b>	<b>West</b>
<b>Child 0-15</b>	0.0%	41.0%	2.0%	0.2%	1.9%	0.0%	0.0%	1.3%	0.0%
<b>TAY 16-25</b>	17.5%	15.1%	12.3%	19.2%	17.7%	17.0%	15.8%	20.6%	17.2%
<b>Adult Age 26-64</b>	<b>76.2%</b>	<b>78.9%</b>	<b>79.9%</b>	<b>75.1%</b>	<b>75.2%</b>	<b>78.3%</b>	<b>75.2%</b>	<b>72.7%</b>	<b>78.3%</b>
<b>Older Adult 65+</b>	4.0%	5.2%	5.8%	4.9%	5.2%	4.7%	8.0%	5.2%	4.5%
<b>Missing</b>	1.2%	41.0%	0.0%	0.7%	0.0%	0.0%	1.0%	0.2%	0.0%

## 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. Item responses are on a five-point scale (1 = *Strongly disagree*, 2 = *Disagree*, 3 = *Neutral*, 4 = *Agree*, and 5 = *Strongly Agree*).

## Analyses

Data were collected during FY2013/14, FY2014/15, FY2015/16, and FY2016/17 (Q1-Q3). For most objectives, outcomes from FY2013/14 were used as baseline data and compared to FY2014/15 (Year 1 of the grant), FY2015/16 (Year 2), and FY2016/17 (Year 3). When data were not available for FY2013/14, FY2014/15 was treated as the baseline year.

### *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.

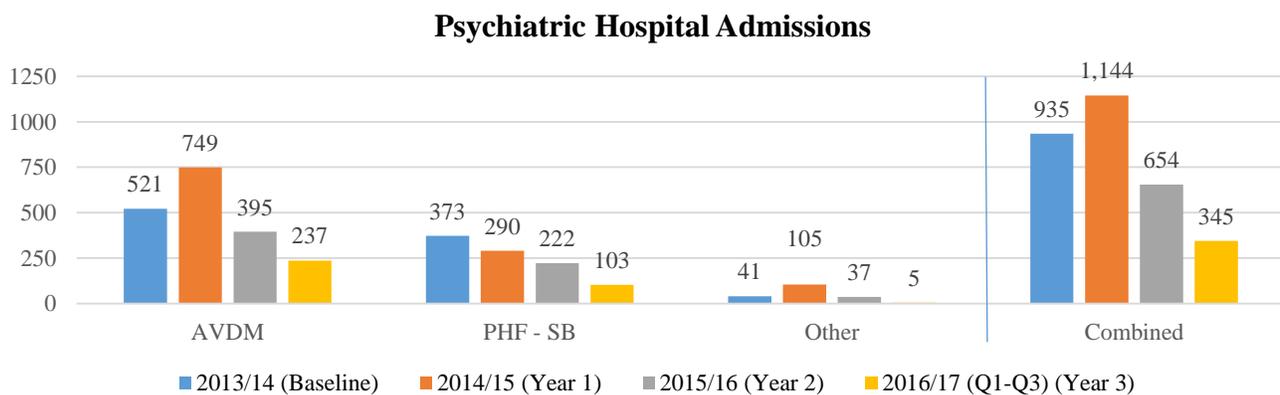
The percentage of responses by Triage teams that did not meet 5150 criteria/result in a hospitalization was very high across the regions and between fiscal years, suggesting that the Triage teams have been stabilizing clients in the community (See Table below).

**Triage Services that did not Result in Hospitalization**

	Percent of Total Services		
	FY 2014/15	FY 2015/16	FY2016/17 (Q1-3)
<b>Crisis Triage – Lompoc</b>	99%	98%	100%
<b>Crisis Triage – Santa Barbara</b>	99%	98%	97%
<b>Crisis Triage – Santa Maria</b>	98%	99%	99%
<b>Total</b>	<b>99%</b>	<b>99%</b>	<b>99%</b>

**Result:** The objective of increasing the number of crisis responses that did not meet 5150 criteria was met. Crisis Triage services across Santa Barbara County (Lompoc, Santa Barbara, and Santa Maria) have 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 crises resulting in hospital admissions. Those teams average an 86% rate of community stabilization compared to 99% 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%. However, with such high percentage of clients avoiding hospitalization, it is likely that the increase of 75% target may not be reached.

**Objective 2:** Decrease psychiatric hospital admissions by 20% from baseline (FY2013/14) to Year 1, 35% from baseline to Year 2, and 50% from baseline to Year 3.



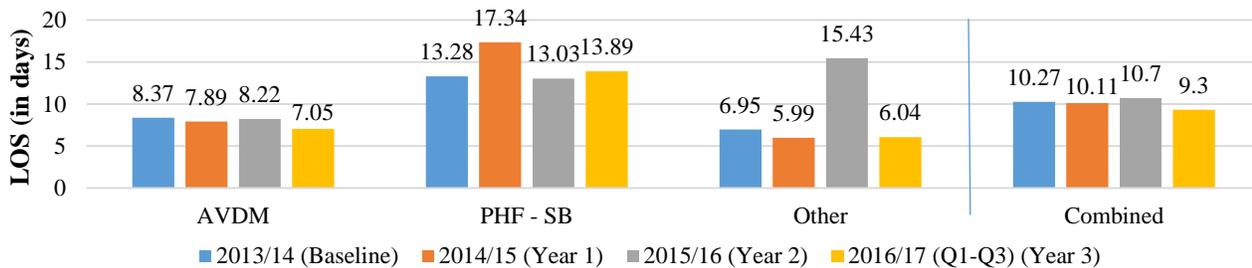
*Note.* AVDM = Aurora Vista Del Mar, PHF – SB = Psychiatric Health Facility – Santa Barbara, Other = All other hospitals, Combined = across all hospital settings.

**Result:** The objective for Year 1 was not met, but was met in Year 2 and Year 3. Hospital admissions increased by 22.4% from 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 Psychiatric Health Facility – Santa Barbara (PHF-SB) experienced a decrease of 28.6% in admissions, but there was an increase of 43.8% at Aurora Vista Del Mar (AVDM) and 156.1% at all other hospitals. From baseline to Year 2, combined hospital admissions decreased by 43%; AVDM, the PHF-SB, and all other hospitals experienced decreases in hospital admissions of 31.8%, 68%, and 10.8%, respectively. In Year 3, combined hospital admissions decreased by 63.1% from baseline. Hospital admissions at all hospitals decreased, with hospitalizations at the AVDM decreasing by 54.5%, at the PHF-SB by 72.4%, and at all other hospitals by 87.8%.

**Objective 3:** Decrease the average psychiatric hospitalization length of stay (LOS) by 50% from baseline (FY2013/14).

**Average Length of Stay (LOS)**

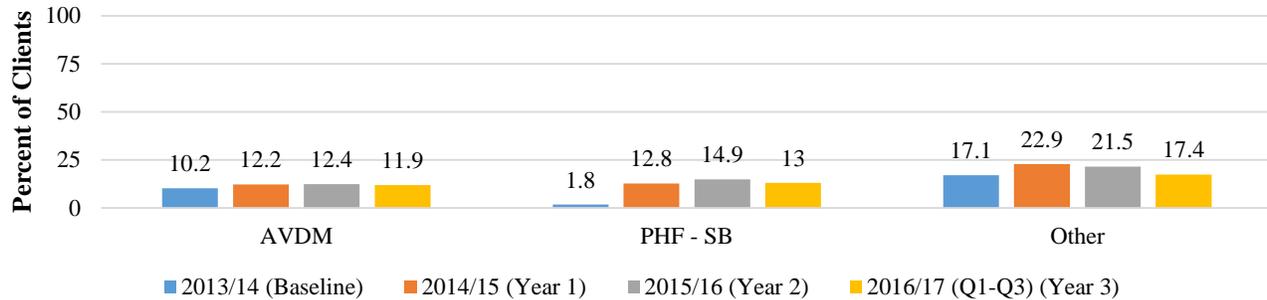


Note. AVDM = Aurora Vista Del Mar, PHF – SB = Psychiatric Health Facility – Santa Barbara, Other = All other hospitals, Combined = across all hospital settings.

**Result:** This objective was not met during Year 1, Year 2, or Year 3 (Q1-Q3). Baseline data (FY 2013/14) indicated that the average length of stay (LOS) across hospital types for clients was 10.27 days. The average LOS across all hospitals (‘combined’) decreased by 1.6% from the baseline year to Year 1, increased by 4.2% from baseline to Year 2, and decreased by 9.4% from baseline to Year 3 (Q1-Q3). When examining changes in average LOS at individual hospitals, AVDM experienced a 6.1% decrease in hospitalizations from baseline to Year 1, and the PHF-SB experienced a 30.6% increase in hospitalizations from baseline to Year 1, which was likely due to increased volume of clients declared incompetent to stand trial (IST) and placed at the PHF-SB for extended lengths of stay. All other hospitals experienced a 16.0% decrease in hospitalizations from baseline to Year 1. While average LOS at all other hospitals increased by 122% from baseline to Year 2, average LOS at AVDM and the PHF-SB decreased by 1.8% and 1.9%, respectively, from baseline to Year 2. The increase in LOS at Other Hospitals is likely due to compaction at PHF-SB, with clients staying longer at PHF-SB. In Year 3, average LOS across sites decreased by 10.4% from baseline to Year 3. From baseline to Year 3, the average LOS decreased by 18.7% at AVDM; increased by 4.6% at the PHF-SB; and decreased by 13.1% at all other hospitals.

**Objective 4:** Decrease the number of hospital readmissions within 30 days by 50%, and between 31 days and one year by 50% from baseline (FY2013/14).

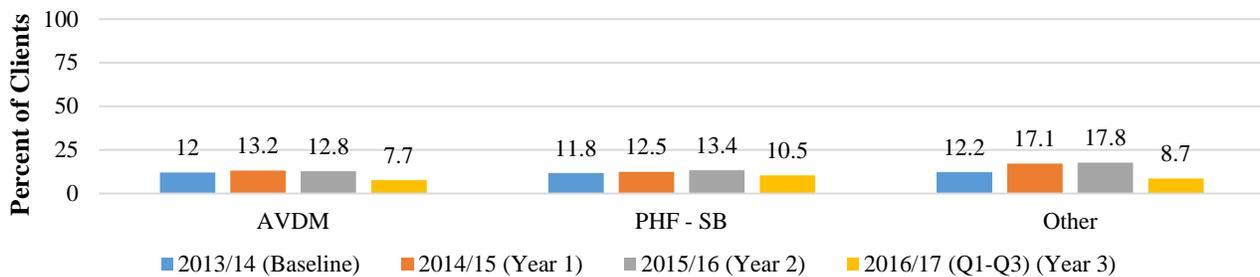
**Psychiatric Hospital Readmissions within 30 Days**



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 across hospitals for Years 1, 2, or 3. In Year 1, the percent of hospital readmissions increased by 2% at AVDM, by 11% at the PHF-SB, and by 5.8% at all other hospitals. From baseline to Year 2, all other hospitals experienced increases in percent of hospital readmissions within 30 days of 25.7%. Hospital readmissions at AVDM and the PHF-SB increased by 21% and 827.8%, respectively, from baseline to Year 2. From baseline to Year 3, readmissions within 30 days increased by 16.7% at AVDM, 722.2% at the PHF-SB, and 1.7% at all other hospitals.

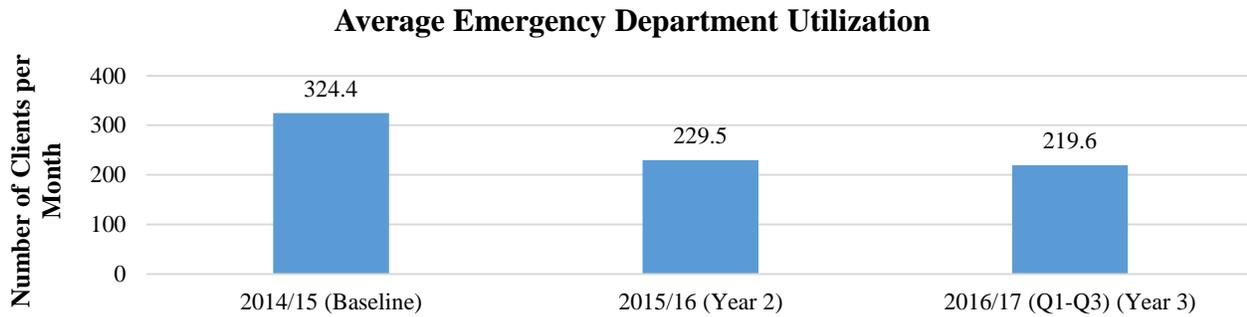
**Hospital Readmissions within 31 Days to One Year**



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

**Result:** Although the objective was not met across grant years, the percent of hospital readmissions within 31 days to one year decreased across all hospitals from baseline to Year 3. The percentage of clients readmitted to the hospital within 31 days to one year slightly decreased at the PHF-SB in 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 baseline to Year 2, the percentage of clients readmitted to AVDM increased by 6.7%. Percent of readmissions at the PHF-SB and all other hospitals increased by 13.6% and 45.9% from baseline to Year 2, respectively. From baseline to Year 3, hospital readmissions at AVDM declined by 35.8%, at the PHF-SB by 11%, and at all other hospitals by 28.7%.

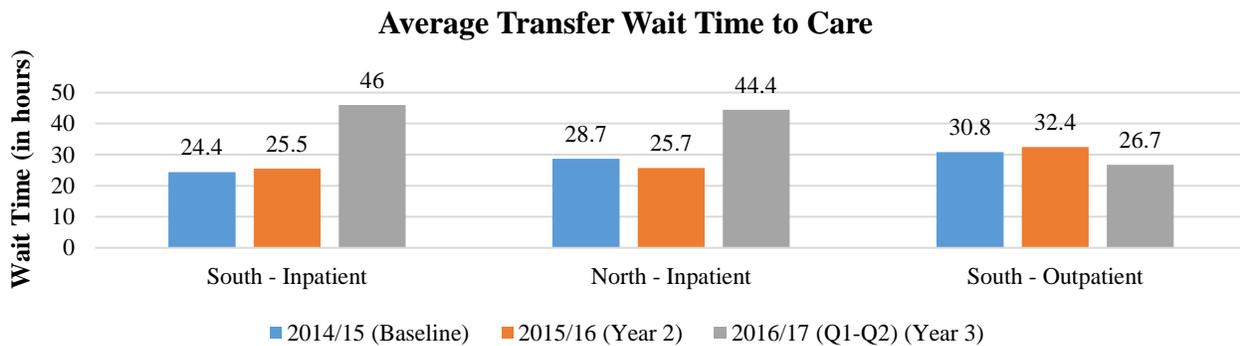
**Objective 5:** Decrease number of residents with mental health and/or substance abuse issues using the Emergency Department (ED) by 25% from baseline (FY2014/15) to Year 1, 40% from baseline to Year 2, and 50% from baseline to Year 3.



**Result:** The objective was met for Year 2 (FY2015/16) and Year 3 (FY2016/17, Q1-Q3). In FY 2014/15 (baseline for this objective), the average number of behavioral health clients that entered the ED at Cottage Hospital (South County hospital) per month was 324.4 clients. The average number of behavioral health clients that entered the ED was 229.5 per month in FY 2015/16, representing a 41.4% decrease from baseline. In FY 2016/17 (Q1-Q2), an average of 219.6 clients entered the ED per month, representing a 67.7% decrease from baseline to Year 2. 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.

**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% from baseline (FY2014/15).

Inpatient care includes the PHF-SB and out-of-county contract hospital providers, while outpatient care includes outpatient clinic-based services, CARES, Mobile Crisis and Triage Teams.



**Result:** The objective was not met. In FY2015/16, data indicate that average wait time to care from the ED decreased at the North-Inpatient hospital by 11.7%, increased at the South-Inpatient hospital by 4.3%, and increased at the South-Outpatient hospital by 4.9%. From baseline to Year 3 (Q1-Q2), wait time at the South-Inpatient hospital increased by 88.5%, and wait time at the North-Inpatient hospital

increased by 54.7%. At the South-Outpatient hospital, wait time declined by 13.3% from baseline to Year 3 (Q1-Q2).

**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 (1 = *Strongly Disagree* to 5 = *Strongly Agree*). Between October 2015 and December 2016, law enforcement members completed 228 case incident forms that involved mental health issues. The satisfaction survey was included in the incident forms.

*Law Enforcement Satisfaction Survey, October 2015 – December 2016*

Item	Descriptor	FY2015/2016 n = 146		FY2016/2017 (Q1-Q2) n = 82	
		Mean	Descriptor	Mean	Descriptor
The crisis team responded in a timely manner.	Agree	3.90	Agree	3.93	
The Department of Behavioral Wellness crisis team members were helpful to the client.	Agree	4.05	Agree	4.07	
The Department of Behavioral Wellness crisis team allowed me to focus on my role as a Sheriff/Police Officer.	Agree	4.06	Agree	4.21	
I was able to establish a good partnership/collaboration with the Department of Behavioral Wellness crisis team.	Agree	4.22	Agree	4.15	
Overall, I was satisfied with the response from the Department of Behavioral Wellness crisis team.	Agree	4.06	Agree	4.12	

**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.

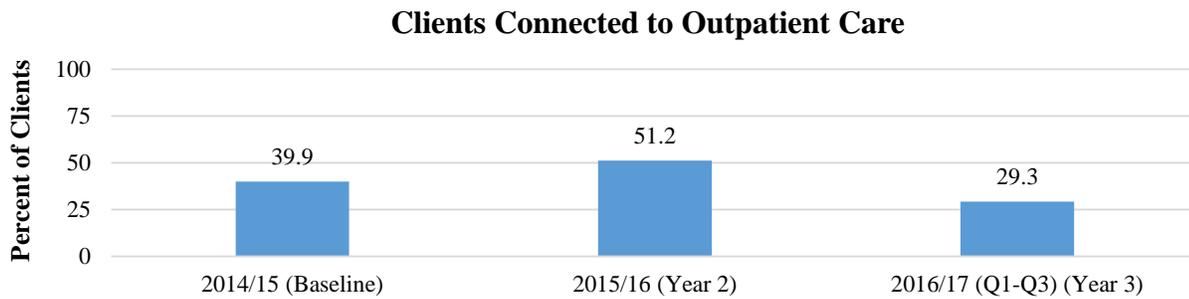
**Objective 8:** Decrease the wait time to first outpatient appointment after hospital discharge by 30% from baseline (FY2013/14) to Year 1, 40% from baseline to Year 2, and 50% from baseline to Year 3.

*Clients Connected to Outpatient Care Following Discharge from Crisis Services*

Fiscal Year	Total # of Unique Clients	% of Clients Connected within 10 Days of Discharge	Of Clients Seen within 10 Days: Average Time to care
2013/14 (Baseline)	721	40%	4.2%
2014/15 (Year 1)	839	45%	3.7%
2015/16 (Year 2)	834	47%	3.1%
2016/17 (Q1-Q3; Year 3)	648	46%	3.6%

**Result:** The objective was not met in Year 1, Year 2, or Year 3 (Q1-Q3). The percentage of clients that were connected to outpatient care within 10 days of discharge from crisis services increased from baseline to Years 1, 2, and 3. Among clients that were connected to outpatient care within 10 days, the mean number of days to first outpatient service has decreased since FY2013/14. For clients who were connected to outpatient services within 10 days of discharge, average wait time decreased by 12.3% from baseline to Year 1, by 25% from baseline to Year 2, and by 13.2% from baseline to Year 3 (Q1-Q3). Although average wait time to outpatient care increased from Year 2 to Year 3, it is worth noting that data for Quarter 4 of Year 3 have yet to be collected.

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



**Result:** This objective was met in Year 2 but was not met in Year 3 (Q1-Q3). Fiscal Year 2014/15, 2015/16, and 2016/2017 (Q1-Q3) were evaluated for the percentage of clients connected to long-term, outpatient care within six months of crisis Triage services. The percentage of clients served by Triage teams connected to long-term outpatient care within six months increased by 11.3% from Year 1 to Year 2 and decreased by 21.9% from Year 2 to Year 3 (Q1-Q3). 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, 51.2% of clients were connected to this type of outpatient care within six months. Finally, in FY2016/2017 (Q1-Q3), 29.3% of clients were connected to outpatient care within six months.

### Summary

The summary table below indicates that three objectives have been met in Year 3 (Q1-Q3). Evaluation outcomes suggest high levels of satisfaction with crisis Triage services from law enforcement personnel, improvement in wait time from the ED to outpatient care, decline in number of clients utilizing the ED, and an increase in the number of clients connected to long-term, outpatient care. There are notable areas for continued improvement, including the number of hospital admissions and readmissions, wait time from the ED to inpatient care, and wait time to outpatient care from a hospital setting, though this has improved.

#### Summary of Grant Award Objectives for Year 1, Year 2, and Year 3 (Q1-Q3)

Objective	Met?	Notes
<i>1. Triage Responses</i>		
Year 1	No	The target was set prior to grant implementation. A high percentage of clients served by Triage are not hospitalized, meaning they are stabilized in the community. Target likely set too high.
Year 2	No	
Year 3	No	
<i>2. Psychiatric Hospital Admissions</i>		
Year 1	No	
Year 2	Yes	
Year 3	Yes	
<i>3. Length of Stay</i>		
Year 1	No	Increase in number of clients declared IST Decrease of 25% at the PHF – SB Objective met for all other hospitals
Year 2	No	
Year 3	No	
<i>4. Psychiatric Hospital Readmissions</i>		
Year 1	No	All hospitals experienced decreases in readmissions from baseline
Year 2	No	
Year 3	No	
<i>5. Emergency Department Utilization</i>		
Year 1	N/A	Baseline
Year 2	Yes	
Year 3	Yes	
<i>6. Transfer to Inpatient and Outpatient Care</i>		
Year 1	N/A	Baseline Wait time to outpatient care decreased
Year 2	No	
Year 3	No	
<i>7. Law Enforcement Satisfaction</i>		
Year 1	N/A	
Year 2	Yes	
Year 3	Yes	
<i>8. Wait time to Outpatient Care</i>		
Year 1	No	Decrease in wait time from baseline year Decrease in wait time from Year 1
Year 2	No	
Year 3	No	
<i>9. Connection to Outpatient Care</i>		
Year 1	N/A	Baseline
Year 2	Yes	
Year 3	No	

### **Limitations**

Evaluation of Crisis Triage services of the Triage Personnel Grant were impacted by several limitations. Outcomes for Year 3 are based on data from Quarters 1 through 3, which may have an impact on whether objectives were met. Additionally, data on the number of residents using the ED 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. 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**

Steps should be taken to decrease clients' utilization of psychiatric hospital and ED services, as well as average hospital length of stay and rate of admission and readmission to the hospital. The Department of Behavioral Wellness should continue to 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 stabilization and recovery. 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. Finally, Triage teams should continue outreach efforts to increase utilization rates in diverse communities of Santa Barbara County.