

Outcome Evaluation Report

Triage Personnel Grant

Santa Barbara County

2013 - 2017

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Executive Summary

The Triage Personnel Grant has allowed for access to crisis services for individuals experiencing mental health and/or substance use crises. Triage services were put in place in Lompoc, Santa Maria, and Santa Barbara in FY2014/15. This report details services provided for FY2014/15 (Year 1), FY2015/16 (Year 2), and FY2016/17 (Year 3). Improvements have been demonstrated in connections to outpatient care after hospital discharge, and warm hand-offs/transitions between inpatient and outpatient settings. Crisis triage teams were consistent in the proportion of clients served based on their identified ethnicity or cultural group across fiscal years. Clients between the ages of 26 and 64 were most often served by Crisis Triage services, followed by clients between the ages of 16 and 24, 65 years or older, and 15 years or younger.

Across grant years, progress was made toward many of the grant-supported objectives. Overall, the Crisis Triage programs have increased the number of clients receiving crisis services; decreased Emergency Department (ED) utilization; decreased wait time from the ED to outpatient care; decreased length of stay across hospitals; increased the percent of clients connected to long-term outpatient care in Year 2; and maintained effective and satisfactory relationships with law enforcement personnel. To continue to maintain and improve the implementation of crisis triage teams in Santa Barbara County beyond the grant cycle, strategies should be developed for increasing the percentage of clients connected to outpatient care within six months of Crisis Triage services, reducing hospital admissions and readmissions across hospital settings, and reducing the Emergency Department inpatient transfer wait times. Finally, Crisis Triage teams should continue outreach to Santa Barbara County residents in underserved and diverse communities representative of the county's population in each age group.

Program Overview

In FY2014/15, Crisis 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 Dept. of Behavioral Wellness that will likely contribute to reduced rates of hospitalization, Emergency Department utilization, and incarceration among individuals with severe mental illness. The Crisis 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 Crisis 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 Crisis 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. PRAs 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 Crisis Triage team psychiatrists are available to follow up on requests to evaluate individuals that may be experiencing behavioral health crises.

Method

Participants

The Crisis Triage Teams were implemented over the course of late FY2014/15 and early FY2015/16. The table below indicates that the Crisis Triage Teams have allowed for more clients to be served by the Dept. of Behavioral Wellness during each year of the grant. Overall, the largest percentage of clients served by the Crisis Triage Teams in North, South, and West Santa Barbara County identified as White, followed by Latinx or Hispanic, and Multiracial. At the North facility, the largest percentage of clients served identified as Latinx/o/a or Hispanic in Years 2 and 3. Most (about 75%) clients served were between the ages of 26 and 64 years old.

Clients Served by Triage Teams in Years 1, 2, and 3

	FY2014/15 (Year 1)			FY2015/16 (Year 2)			FY2016/17 (Year 3)		
Total Clients Served, N =	889			921			1,290		
Ethnicity	North	South	West	North	South	West	North	South	West
Clients Served, n =	252	483	154	312	440	169	413	623	254
Latinx/Hispanic	37.7%	27.7%	24.7%	43.7%	28.6%	33.6%	44.6%	27.8%	31.1%
White	47.2%	52.6%	63.0%	40.3%	55.8%	54.5%	42.1%	55.7%	54.7%
Black/African American	4.0%	5.0%	5.9%	3.6%	3.8%	8.9%	3.9%	3.9%	7.5%
American Indian	0.4%	0.8%	0.0%	0.4%	0.7%	0.4%	0.5%	0.8%	0.4%
Asian Pacific Islander	1.6%	3.7%	2.6%	2.4%	1.6%	0.9%	2.2%	2.4%	1.2%
Multiracial	2.0%	3.9%	1.3%	2.2%	4.5%	0.4%	2.2%	5.1%	3.1%
Other	0.8%	0.2%	0.7%	0.4%	0.3%	0.0%	0.0%	0.0%	0.4%
Unknown/Not Reported	6.4%	6.0%	1.9%	6.7%	4.7%	1.3%	4.6%	4.3%	1.6%
Age	North	South	West	North	South	West	North	South	West
Child 0-15	0.0%	41.0%	2.0%	0.2%	1.9%	0.0%	0.0%	1.1%	0.0%
TAY 16-25	17.5%	15.1%	12.3%	19.2%	17.7%	17.0%	17.2%	20.5%	18.5%
Adult Age 26-64	76.2%	78.9%	79.9%	75.1%	75.2%	78.3%	75.8%	72.9%	76.4%
Older Adult 65+	4.0%	5.2%	5.8%	4.9%	5.2%	4.7%	6.3%	5.3%	5.1%
Unknown/Not Reported	1.2%	41.0%	0.0%	0.7%	0.0%	0.0%	0.7%	0.2%	0.0%

Measures*Law Enforcement Satisfaction Survey.*

This 5-item survey is completed by Santa Barbara County law enforcement officers following each response from the Dept. of Behavioral Wellness' Crises and Recovery Emergency Services (CARES) team. Items ask law enforcement to rate the degree to which they were satisfied with the Dept. of Behavioral Wellness CARES Crisis Triage 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. 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.

Dept. of Behavioral Wellness Service Utilization

Client demographic, psychiatric hospital utilization, and service data were drawn from the Dept. of Behavioral Wellness' 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 CARES Crisis 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 Crisis Triage responses to crises that may not meet the 5150 criteria by 75% by the end of FY2014/15 (Year 1).

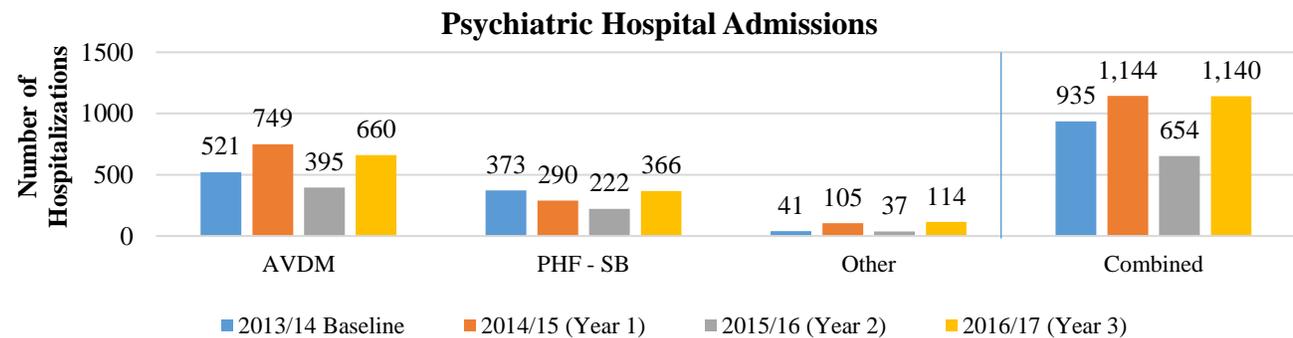
In order to evaluate this objective, data were collected on the percentage of Crisis Triage services that did not meet 5150 criteria/result in hospitalization. The percentage of responses by Triage teams that did not meet 5150 criteria/result in a hospitalization was very high across the regions and 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-Q3)
Crisis Triage – Lompoc	99%	98%	100%
Crisis Triage – Santa Barbara	99%	98%	97%
Crisis Triage – Santa Maria	98%	99%	99%
Total	99%	99%	99%

Result: Crisis Triage services across Santa Barbara County (Lompoc, Santa Barbara, and Santa Maria) have been able to respond to many crisis calls, nearly all of which did not result in a hospitalization. This objective was not met, as written - it was poorly stated - but clearly the objective of avoiding hospitalization was met.

Objective 2: Decrease psychiatric hospital admissions by 20% from baseline (FY2013/14) to Year 1 (FY 2014/15), 35% from baseline to Year 2 (FY 2015/16), and 50% from baseline to Year 3 (FY 2016/17).

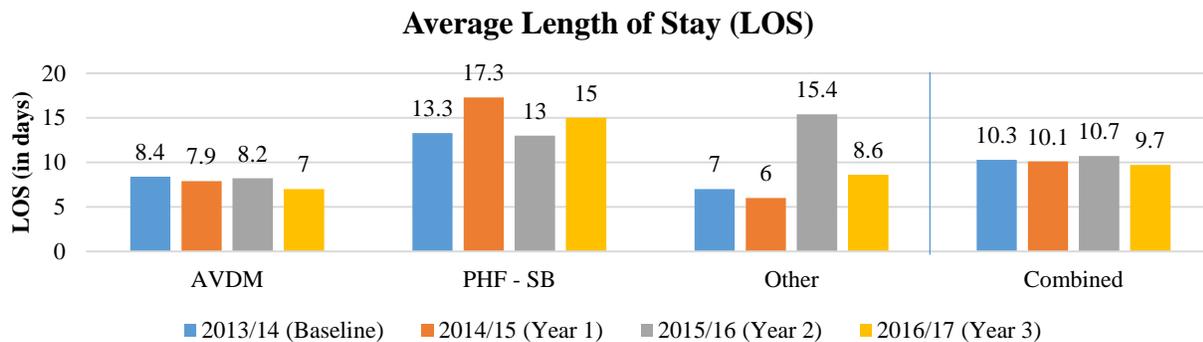


Note. AVDM = Aurora Vista Del Mar, PHF – SB = Psychiatric Health Facility – Santa Barbara, Other = All other hospitals, Combined = across all hospital settings.

Result: The objective was met in Year 2, but it was not met for Year 1 and Year 3. Using the combined data across all hospital settings, hospital admissions increased by 22.4% from FY2013/14 (baseline) to 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 Crisis Triage compared to Mobile Crisis services. However, due to differences among hospitals, it is more accurate to review the data by hospital type. 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 (i.e., “Other”). 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, hospital admissions increased by 21.9% from baseline across hospitals. At AVDM, there was a 26.7% increase in hospitalizations from baseline; at the PHF-SB, there was a 1.9% decrease in hospitalizations from baseline; and at all other hospitals, there was a 64.0% increase from baseline.

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

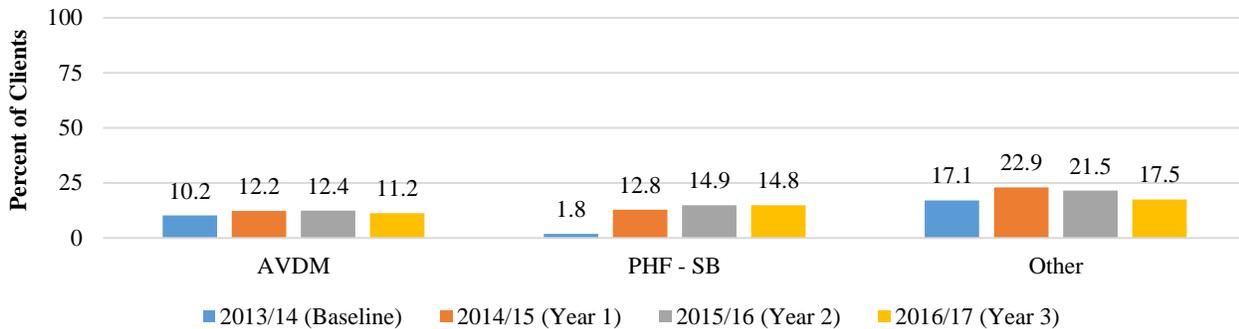


Note. AVDM = Aurora Vista Del Mar, PHF – SB = Psychiatric Health Facility – Santa Barbara, Other = All other hospitals, Combined = across all hospital settings.

Result: This objective was not met during Year 1, Year 2, or Year 3. Baseline data (FY2013/14) 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 5.5% from baseline to Year 3. Again, differences across hospitals indicate that it is more accurate to review data separately for each individual hospital. When examining changes in average LOS at individual hospitals, AVDM experienced a 6.1% decrease from baseline to Year 1, and the PHF-SB experienced a 30.6% increase 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 LOS 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 a result of less room at PHF-SB, with clients permitted to stay longer at PHF-SB. In Year 3, on average, LOS decreased by 15.9% from baseline at AVDM; increased by 13.2% from baseline at the PHF-SB; and increased by 23.9% from baseline 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).

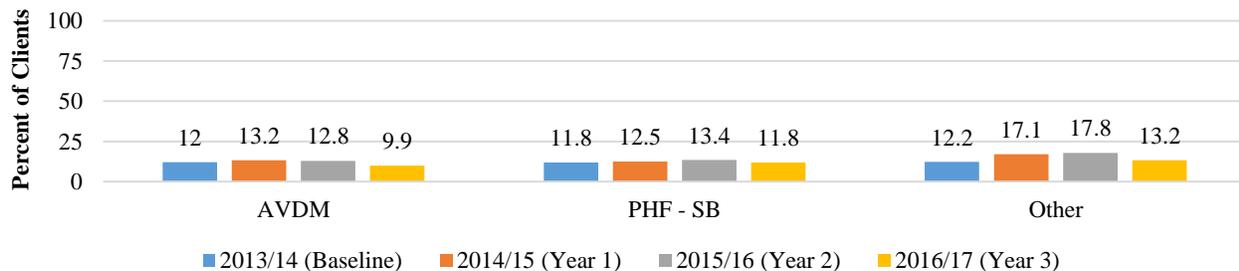
Psychiatric Hospital Readmissions within 30 Days



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

Result: Objective 4 was not met across hospitals for Years 1, 2, or 3. In Year 1, the percentage of hospital readmissions increased from baseline (FY2013/14) by 19.6% at AVDM, by 711% at the PHF-SB, and by 33.9% at all other hospitals. From baseline to Year 2, all other hospitals experienced increases in percentage 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, the percentage of clients readmitted within 30 days increased by 9.9% at AVDM, by 819% at the PHF-SB, and 2.5% at all other hospitals.

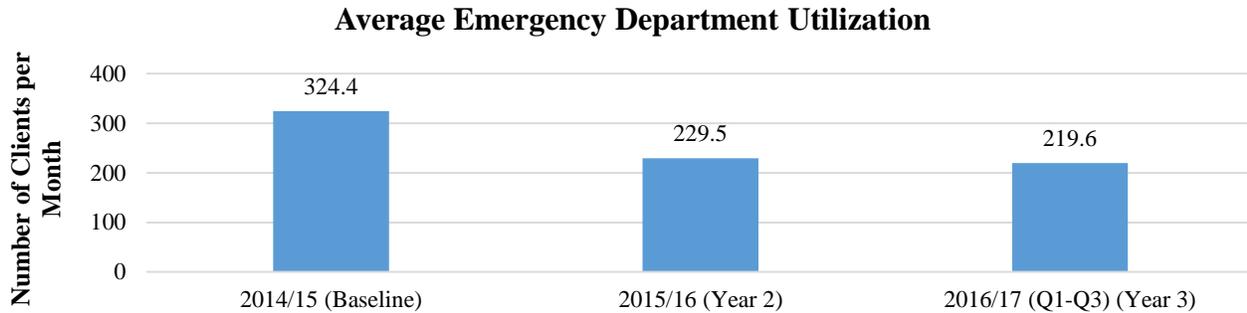
Psychiatric Hospital Readmissions within 31 Days to One Year



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

Result: Although the objective was not met across grant years, the percentage of hospital readmissions within 31 days to one year decreased at AVDM from baseline (FY2013/14) to Year 3. The percentage of clients readmitted to the hospital within 31 days to one year increased in Year 1 at all hospitals, with an increase of 5.9% at the PHF-SB, 10% at AVDM, and 40.2% at all other hospitals. From baseline to Year 2, the percentage of clients readmitted to AVDM increased by 6.7%. The percentage 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, percentage of hospital readmissions within 31 days to one year decreased by 17.9% at AVDM and by 0.5% at the PHF-SB. At all other hospitals, percentage of hospital readmissions increased slightly by 7.9%.

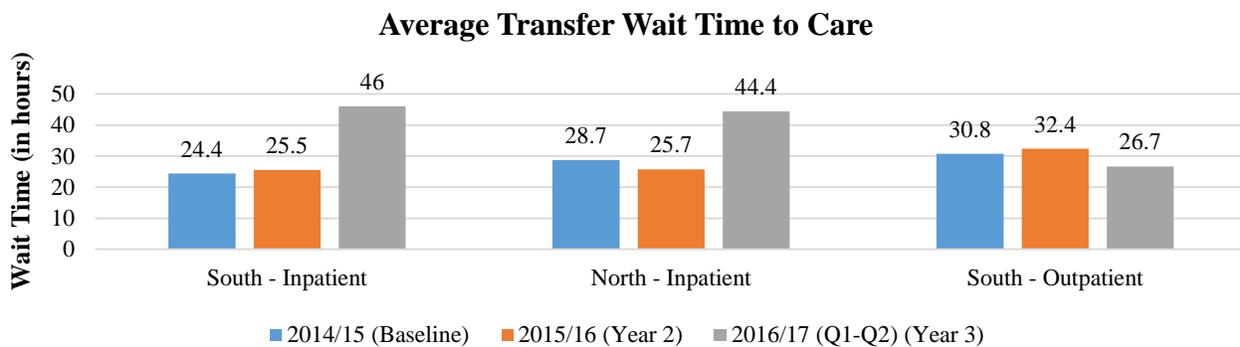
Objective 5: Decrease number of residents with mental health and/or substance abuse issues using the Emergency Department (ED) by 25% from baseline (FY2014/15) to Year 2 (FY2015/16), and 40% from baseline to Year 3 (FY2016/17).



Result: The objective was met for Year 2 (FY2015/16) and nearly met for Year 3 (FY2016/17, Q1-Q3). In FY2014/15 (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 FY2015/16, representing a 29.3% decrease from baseline. In FY2016/17 (Q1-Q3), an average of 219.6 clients entered the ED per month, representing a 32.3% decrease from baseline. Data for this objective were not available for Quarter 4 of Year 3. Additionally, the North County hospital Emergency Department did not track the number of persons entering the ED with behavioral health problems, so this objective could not be evaluated for the North County ED.

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. Outpatient care includes outpatient clinic-based services, CARES, Mobile Crisis and Triage Teams.



Result: The objective was not met in Year 2 or Year 3 (Quarters 1 and 2). Data for this objective were not available for Quarters 3 and 4 of Year 3. In FY2015/16, data indicate that average wait time to care from the ED increased at the South-Inpatient hospital by 4.5%, decreased at the North-Inpatient hospital

by 10.5%, and increased at the South-Outpatient hospital by 5.2%. From baseline to Year 3 (Q1-Q2), wait time decreased by 13.3% from baseline to Year 3 (Q1-Q2) at the South-Outpatient hospital. From baseline to Year 3 (Q1-Q2), wait time increased by 88.5% at the South-Inpatient hospital and by 54.7% at the North-Inpatient hospital. It is likely that the increase in wait time at the inpatient hospitals was due to a shortage of beds across the state and an increase in demand, particularly after Vista Del Mar psychiatric hospital shut down in January following damage from the Thomas Fire in Ventura and Santa Barbara Counties. Moreover, it is probable that American Medical Response's (AMR) response time to transport patients to a bed was longer than optimal.

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 CARES team (1 = *Strongly Disagree* to 5 = *Strongly Agree*). Between October 2015 and June 2017, law enforcement members completed 316 case incident forms that involved mental health issues. The satisfaction survey was included in the incident forms.

Law Enforcement Satisfaction Survey, October 2015 – June 2017

Item	FY2015/2016 n = 146		FY2016/2017 n = 170	
	Descriptor	Mean	Descriptor	Mean
The crisis team responded in a timely manner.	Agree	3.90	Agree	3.72
The Department of Behavioral Wellness crisis team members were helpful to the client.	Agree	4.05	Agree	3.88
The Department of Behavioral Wellness crisis team allowed me to focus on my role as a Sheriff/Police Officer.	Agree	4.06	Agree	3.94
I was able to establish a good partnership/collaboration with the Department of Behavioral Wellness crisis team.	Agree	4.22	Agree	3.84
Overall, I was satisfied with the response from the Department of Behavioral Wellness crisis team.	Agree	4.06	Agree	3.74

Result: Since there is no baseline for this objective, it is impossible to evaluate if law enforcement personnel satisfaction with the CARES teams increased during Year 2 and 3 of the grant. However, average item responses indicated that law enforcement was consistently satisfied with the CARES response. Therefore, the objective as it was intended to be interpreted was met in FY2015/16 and FY2016/17. Results from the Law Enforcement Satisfaction Survey suggested that, on average, law enforcement personnel agreed that the Dept. of Behavioral Wellness CARES teams 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 (FY2014/15), 40% from baseline to Year 2 (FY2015/16), and 50% from baseline to Year 3 (FY2016/17).

Clients Connected to Outpatient Care Following Discharge from Crisis Services

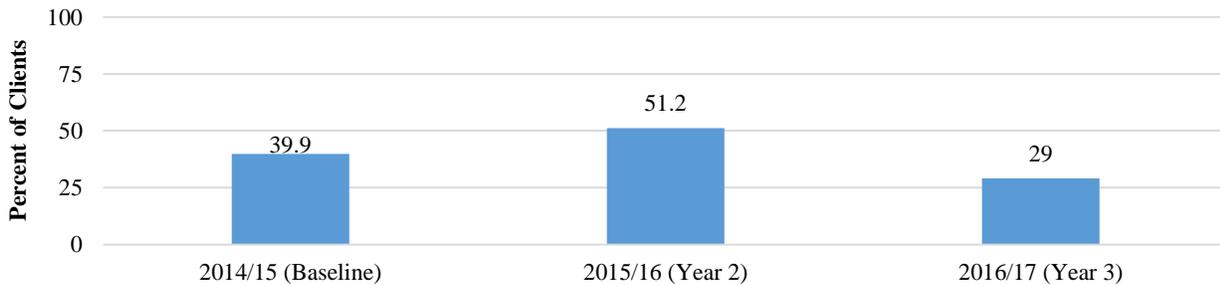
Fiscal Year	Total # of Unique Clients	% of Clients Connected within 10 Days of Discharge	Avg. Wait Time to Care (in days)*
2013/14 (Baseline)	721	40%	4.16
2014/15 (Year 1)	839	45%	3.65
2015/16 (Year 2)	834	47%	2.98
2016/17 (Year 3)	866	48%	3.56

*For clients connected to outpatient care within 10 days.

Result: The objective was not met in Year 1, Year 2, or Year 3; however, 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 28.5% from baseline to Year 2, and by 14.4% from baseline to Year 3.

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

Clients Connected to Outpatient Care



Result: This objective was met in Year 2 but was not met in Year 3. 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, and in FY2016/2017 (Q1-Q3), 29.0% of clients were connected to outpatient care within six months. The percentage of clients served by Crisis Triage teams connected to long-term outpatient care within six months increased by 28.3% from baseline to Year 2 and decreased by 43.4% from Year 2 to Year 3.

Summary

The summary table below indicates that although no objectives were met in Year 1, four objectives were met in Year 2, and two were met in Year 3. Since data were not available for Quarter 4 of Year 3 for three objectives, it is possible that more objectives would have been met in this year. 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 since baseline, and decline in number of clients utilizing the ED. 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 since baseline and Year 1. Additionally, targets set prior to grant implementation are in need of revision to more accurately reflect positive growth evidenced throughout the implementation of Crisis Triage services. At times, the objectives appear unrealistic. Therefore, it is important to examine progress made above and beyond whether the objective was or was not met. The objectives will be revised for future fiscal years.

Summary of Grant Award Objectives for Year 1, Year 2, and Year 3

Objective	Met?	Notes
<i>1. Triage Responses</i>		
	Year 1	No
	Year 2	No
	Year 3 ^a	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.		
<i>2. Psychiatric Hospital Admissions</i>		
	Year 1	No
	Year 2	Yes
	Year 3	No
Hospital admissions decreased at the PHF-SB by 28.6%. Hospital admissions decreased at the PHF-SB by 1.9%.		
<i>3. Length of Stay</i>		
	Year 1	No
	Year 2	No
	Year 3	No
Increase in number of clients declared IST. Decrease of 25% at the PHF – SB. Decrease of 5.5% across hospitals.		
<i>4. Psychiatric Hospital Readmissions</i>		
	Year 1	No
	Year 2	No
	Year 3	No
All hospitals experienced increases in readmissions in Years 1 and 2. Decrease in hospital readmissions at AVDM and the PHF within 31 days and one year.		
<i>5. Emergency Department Utilization</i>		
	Year 1	N/A
	Year 2	Yes
	Year 3 ^a	No
Baseline Decrease in ED utilization by 29.3%. Decrease in ED utilization by 32.3%; objective was nearly met.		
<i>6. Transfer to Inpatient and Outpatient Care</i>		
	Year 1	N/A
	Year 2	No
	Year 3 ^b	No
Baseline Decreased by 10.5% at the North-Inpatient hospital. Wait time to outpatient care decreased.		
<i>7. Law Enforcement Satisfaction</i>		
	Year 1	N/A
Average item responses indicated satisfaction		

	Year 2	Yes	across years.
	Year 3 ^b	Yes	
<i>8. Wait time to Outpatient Care</i>			
	Year 1	No	Decrease in wait time from baseline year.
	Year 2	No	Decrease in wait time from baseline and Year 1.
	Year 3	No	Decrease in wait time from baseline and Year 1.
<i>9. Connection to Outpatient Care</i>			
	Year 1	N/A	Baseline
	Year 2	Yes	51.2% of clients connected to long-term outpatient care within six months.
	Year 3	No	29% of clients connected to long-term outpatient care within six months.

^aBased on Quarters 1 through Quarters 3. ^bBased on Quarters 1 through Quarters 2.

Limitations

Evaluation of Crisis Triage services of the Triage Personnel Grant were impacted by several limitations. 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. Similarly, data for Quarter 4 of Objective 1 and 5, and Quarters 3 and 4 of Objective 6 were not available, which likely impeded evaluation efforts to fully demonstrate the positive impact of the Triage Personnel Grant. Additionally, data on law enforcement personnel's satisfaction with responses from the CARES teams were also limited, as only Santa Barbara County Sheriff and Lompoc Police Department completed the Law Enforcement Satisfaction Survey following incidents involving mental health and/or substance use. Due to changes in positions at the Santa Barbara County Sheriff Department, Santa Maria and Santa Barbara Police Departments were never successfully connected with this process after initial implementation at the beginning of Year 2 of the grant. Moreover, some objectives were found to be unrealistic or impossible to evaluate as written. Still, the Triage Personnel Grant facilitated greater access to crisis Triage services for clients who were experiencing difficulties with mental health and/or substance use.

Recommendations and Future Directions

Crisis teams should continue to maintain strong relationships with Santa Barbara County law enforcement, as this appears to be a positive working collaboration between agencies. Moving forward, all Triage services will be incorporated into the new Crisis Services Program, which also includes all Mobile Crisis programs. Services will be delineated by South, West, and North County Crisis Services. The Crisis Services Program is focused on greater integration and cross training across programs and regions. With these changes, there will be a new protocol which will allow for accurate tracking of data, including total number of crisis evaluations within any time period, number of evaluations resulting in 5150 or 5585, number of holds that are rescinded or placed in an LPS, and the origin of a request for evaluation (e.g., law enforcement agency, Access, etc.). Additionally, objectives will be re-written to facilitate evaluation efforts, which will allow for a more accurate assessment of Crisis Triage Services.