Santa Barbara County Department of Behavioral Wellness

Semi-Annual Data Report FY 2019/20

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

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Santa Barbara County Department of Behavioral Wellness

The Santa Barbara County Department of Behavioral Wellness aims to continuously improve programs, practices, and policies. We recognize that we cannot improve what we do not measure; it is, therefore, important to thoughtfully collect and analyze data. As a part of our larger system change efforts, we are working to change our culture to be more data-driven in order to make better decisions (such as adjusting practices or altering resource allocation) and to increase our impact and effectiveness. Efforts to become more data driven, including this report, reflect our commitment to accountable stewardship of public resources, to continuous evaluation and improvement, and most importantly, to delivering on our mission, vision, and values.

In February 2016, the Board of Supervisors approved the Semi-Annual Metrics Report, which includes specific, thoughtfully chosen measures. This semi-annual report for fiscal year 19/20 includes all of those key performance measures, as well as some additional analyses. This report provides data on: who was served and where; crisis and inpatient services; access to and timeliness of services; youth and adult outcomes including client satisfaction and system performance; and comparisons to the previous semi-annual report. Many of these variables are also required data elements that are reported to the California Department of Health Care Services.

Client Demographics

In the first half of fiscal year 19/20, the Department served over nine thousand unique clients; a 2.6% decrease in total clients from the first half of FY 18/19. The Mental Health (MH) System served more than twice as many unique clients as the Alcohol and Drug Program (ADP) (about 6,535 in MH and 2,683 in ADP), as is usually the case.

Understanding Key Terms: “Unique Clients” vs. “Program Admissions”

Clients and services may be counted in different ways.

- A **unique client** is a single, unduplicated person. They may be unique to the system, or unique to the program.
- A **program admission** is counted each time a client is opened to a new program or service.
  - Ex: A client is open in an outpatient clinic, has one mobile crisis encounter, and has one inpatient hospital stay. She has three program admissions.
  - Ex: A client is in outpatient services, discharges, and then later returns to outpatient services in the same fiscal year. He has two program admissions.

By Age Group

Similar to past years, both MH and ADP served more adults compared to youth. While there was a decrease in clients served by ADP there was also a slight increase in clients served by MH thus resulting in an overall minor decrease (2.6%) in total unique clients served (less than the 6.8% decrease reported in the last semi-annual report).

There are several possible explanations for the decrease in unique clients served by ADP. However, a comparison to the first half of FY 18/19 is not entirely feasible due to the launch of Drug Medi-Cal Organized Delivery System (DMC-ODS). However, recent legislative and practice changes have meant fewer youth and adults are mandated and referred to participate in substance use disorder (SUD) treatment. There are also more options, particularly with regard to MAT, available for SUD clients outside of the Department’s continuum of care.

Unique Clients by System of Care 2019/20 (Q1 & Q2)

Q1 & Q2	ADP			MH			TOTAL**
	Youth	Adult	Total*	Youth	Adult	Total*	
FY 18 / 19	219	2,766	**2,987**	2,265	4,212	**6,481**	**9,468**
FY 19 / 20	193	2,487	**2,683**	2,374	4,152	**6,535**	**9,218**
% Change	**-11.9%**	**-10.1%**	**-10.2%**	**4.8%**	**-1.4%**	**0.8%**	**-2.6%**

**Note. Clients missing date of birth were included in total but not classified as adult or youth.*
***Note. If a client was open to both ADP and MH, they are duplicated (not all unique clients) in this total count.*

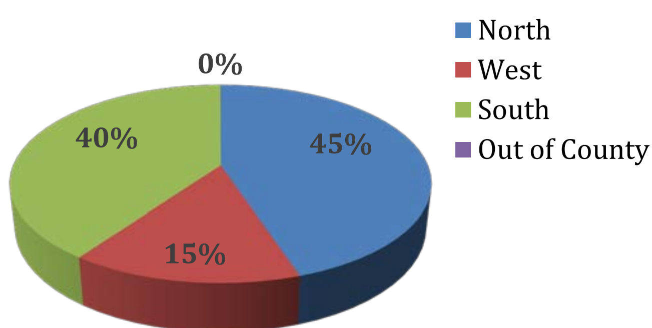
By Region

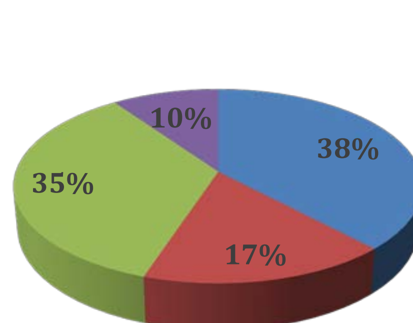
The table below displays the number of unduplicated clients served in each region with at least one or more program admissions during the fiscal year. A client may be counted in multiple regions. For example, if a client is seen by Mobile Crisis in North County and then admitted to the Psychiatric Health Facility (PHF) in South County, they are admitted to both programs and consequently counted in both regions. Overall, fewer ADP clients were served across South, West, and North County, whereas there were fewer MH clients served in South County and slightly more MH clients served in the other regions, during the first half of FY 19/20 compared to the first half of FY 18/19.

Unique Clients by Region of Service FY 19/20 (Q1 & Q2)

	ADP				MH			
Q1 & Q2	**South**	**West**	**North**	**O of C**	**South**	**West**	**North**	**O of C**
FY 18 / 19	1,125	540	1,399	0	2,697	1,230	2,762	683
FY 19 / 20	1,118	416	1,251	0	2,625	1,287	2,831	728
% Change	**-0.6%**	**-23.0%**	**-10.6%**	**0%**	**-2.7%**	**4.6%**	**2.5%**	**6.6%**

The majority of ADP clients were served in North County (45%) and South County (40%). Similar proportions of MH clients were served in North (38%) and South (35%) County. West County rates of service were similar for ADP (15%) and MH (17%).





Alcohol & Drug Programs (ADP)

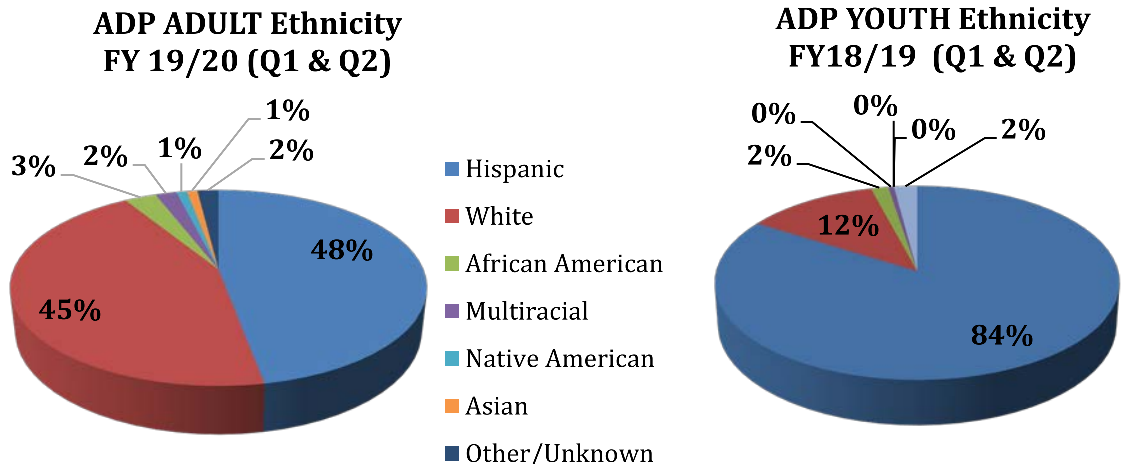
In the first half of FY 19/20, **2,683** unique clients were open to ADP: 93% adults and 7% youth. Among both adults and youth, about 63% of ADP clients were male. Age and gender demographics are similar to the first half of FY 18/19.

Alcohol and Drug Unique Client Demographics FY 19/20 (Q1 & Q2)

	ALL Adult & Youth		Adult		Youth		Missing DOB
	N	**%**	**N**	**%**	**N**	**%**	**N**
Male	1,680	63%	1,562	63%	117	61%	*
Female	993	37%	919	37%	74	38%	*
Missing/Other	10	0%	6	0%	2	1%	*
Total	2,683	100%	2,487	93%	193	7%	3
Race/Ethnicity							
Hispanic	1,346	50%	1,184	48%	162	84%	*
White	1,134	42%	1,111	45%	23	12%	*
African American	73	3%	70	3%	*	2%	*
Multiracial	47	2%	46	2%	*	1%	*
Native American	19	1%	19	1%	0	0%	*
Asian**	19	1%	19	1%	0	0%	*
Other/Unknown**	45	2%	38	2%	*	2%	*
Total	**2,683**		**2,487**		**193**		**3**

**Number not included due to small sample size*
***Note. Combined small sample sizes into a larger ethnic group for protection of client privacy*

Half (50%) of all APD clients served were Hispanic and 42% were White. As shown in the pie charts below, among adult ADP clients, ethnicity was nearly evenly divided between Hispanic (48%) and White (45%). This was not the case among ADP youth: 84% were Hispanic and 12% were White. The adult and youth ADP system of care served proportionally dissimilar ethnic populations, consistent with the first half of FY 18/19



Mental Health System

In the first half of FY 19/20**, 6,535** unique clients were open to the Mental Health system. Two-thirds were adults (4,152; 64%) and one-third were youth (2,374; 36%). Half (50%) of all MH clients were female. Age and gender demographics are similar to the first half of FY 18/19.

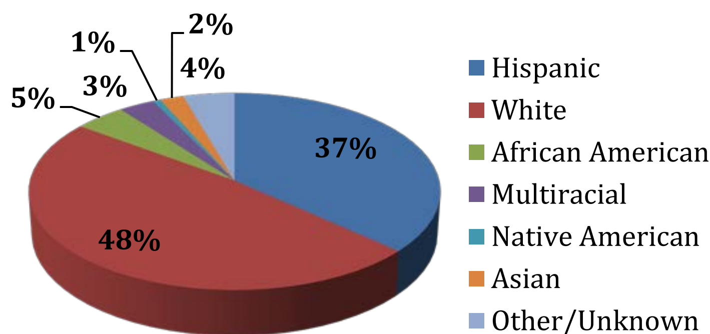
MH Unique Client Demographics FY 19/20 (Q1 & Q2)

	ALL Adult & Youth		Adult		Youth		Missing DOB
	N	**%**	**N**	**%**	**N**	**%**	**N**
Male	3,216	49%	2,055	49%	1,159	49%	*
Female	3,247	50%	2,069	50%	1,176	50%	*
Missing/Other	72	1%	28	1%	39	2%	*
Total	6,535		4,152	64%	2374	36%	*
Race/Ethnicity							
Hispanic	3,078	47%	1,524	37%	1,554	66%	*
White	2,471	38%	2,011	48%	459	19%	
African American	239	4%	187	5%	52	2%	
Multiracial	184	3%	130	3%	54	2%	
Native American	37	1%	28	1%	9	0%	
Asian**	100	2%	86	2%	13	1%	*
Other/Unknown**	426	7%	186	4%	233	10%	*
Total	**6,535**		**4,152**		**2,374**		**9**

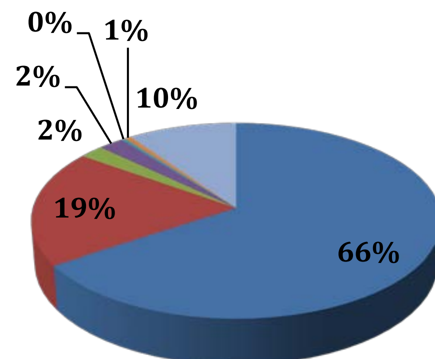
**Number not included due to small sample size*
***Note. Combined small sample sizes into a larger ethnic group for protection of client privacy*

The ethnicity of MH clients differed by age group: 37% of MH adults were Hispanic and 48% were White; 65% of MH youth were Hispanic and 19% were White. Consistent with the population served by ADP, the adult and youth MH systems of care served proportionally dissimilar ethnic populations.

MH ADULT Ethnicity FY19/20 (Q1 & Q2)



MH YOUTH Ethnicity FY19/20 (Q1 & Q2)



Client Service Settings

Behavioral Wellness and its partner agencies provide a variety of services in both inpatient and outpatient settings. Though most clients receive services in Santa Barbara County, due to limited in-County capacity (in number or kind), some clients are served at inpatient and residential facilities outside of the County. Clients may receive more than one service type during the fiscal year. For example, depending on individual treatment needs, a client may receive services in a Behavioral Wellness clinic and might also receive additional services from a crisis team or a partner organization in the community.

Alcohol & Drug Programs (ADP)

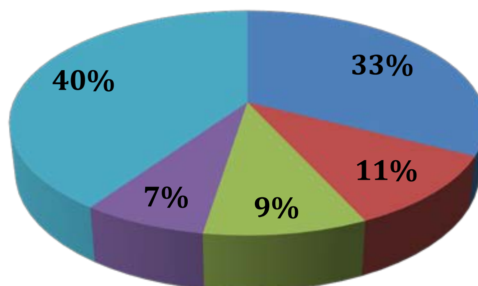
In 2015, the California Department of Health Care Services (DHCS) initiated an innovative pilot program called the Drug Medi-Cal Organized Delivery System (DMC-ODS). The program reorganized specialty substance use disorder (SUD) treatment in the state using the American Society of Addiction Medicine (ASAM) Criteria for SUD treatment. The ASAM is a multidimensional assessment of a client's needs and strengths and the results inform treatment placement and planning. The DMC-ODS pilot adds and expands DMC coverage of residential treatment services, case management, and recovery support services, enables selective provider contracting, supports coordination with managed care health plans, facilitates quality improvement, utilization management, evidence-based practices, and promotes use of a licensed workforce.[1]

Santa Barbara County went "live" with the DMC-ODS on December 1, 2018. Clients had to be administratively discharged and re-admitted to programs when ODS went "live"; therefore, comparisons to past year data are not feasible.

Behavioral Wellness contracts with community-based organizations to deliver alcohol and other drug prevention and treatment services. Forty percent of services were provided in outpatient Narcotic Treatment Program (NTP) (methadone) settings. About a third (33%) of adult substance abuse treatment services were provided in outpatient settings (Level 1.0). Intensive outpatient services (Level 2.1) accounted for 11% of all services, 9% were residential treatment services (Level 3.1), and 7% were withdrawal management services (Level 3.2). All youth substance abuse treatment services were provided in outpatient settings.

Adult Level of Care Admissions FY 19/20 (Q1 & Q2)

- Outpatient
- Intensive Outpatient
- Residential
- Withdrawal Management
- Narcotic Treatment Program



ADP YOUTH Treatment FY 19/20 Q1 & Q2

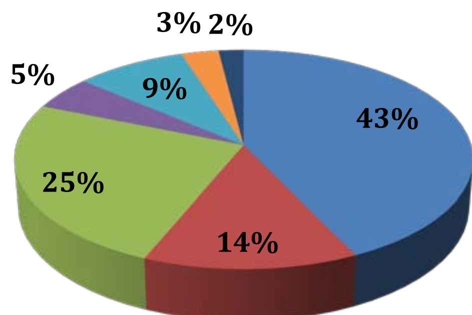
100% Outpatient

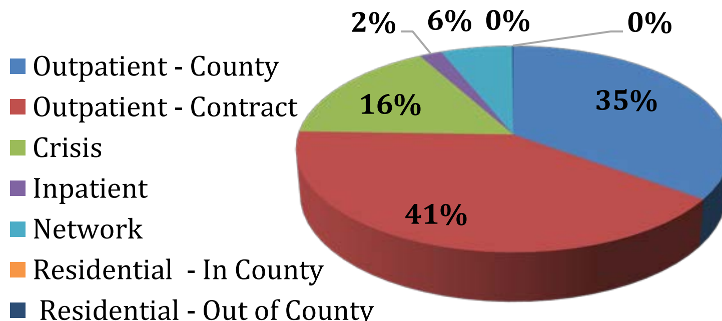
Mental Health System

Forty-three percent of mental health services for adults and 35% for youth are delivered by the county in outpatient settings. Fourteen percent of adult and 41% of youth services were provided by contracted outpatient services. The next largest service "setting" for both adults and youth are crisis services, which are most frequently delivered by Mobile Crisis teams in hospitals, in an office, over the phone, or in the community. Adults had a greater proportion of crisis care (25%) than youth (16%), though it should be noted that these numbers have steadily decreased over the past two fiscal years. Residential treatment programs and inpatient care are less frequent treatment settings (utilized by clients who need higher levels

[1] Source: Urada, D., Teruya, C., Antonini, V. P., Joshi, V., Padwa, H., Huang, D., Lee, A.B., Castro-Moino, K., & Tran, E. (2018). California Drug Medi-Cal Organized Delivery System, 2018 Evaluation Report. Los Angeles, CA: UCLA Integrated Substance Abuse Programs.

of care) and were only utilized by 3% of adult clients during the first half of FY 19/20. Less than 2% of adult clients received residential services out of county. For youth, no residential services are available in county and no out of county residential services were utilized during this reporting period.





In prior years, Santa Barbara County had separate Triage and Mobile Crisis teams. At the beginning of the 18/19 fiscal year, North and South County programs were restructured to form regional Crisis Services teams. The location of service delivery varies by region, reflecting the unique needs of the geographically diverse areas.

Location of Crisis Services, FY 19/20 (Q1 & Q2)

	West	South	North
Hospital	20%	10%	34%
Phone/Office	64%	68%	51%
Community	16%	15%	14%
Other	1%	1%	1%

Office/phone was the most common method of crisis service provision, at 68% of services delivered in South County, 64% in West County, and 51% in North County. Thirty-four percent of crisis services were delivered in a hospital in North County, while this was less common in West County (20%) and South County (10%).

Crisis Services

For the last several years, the Department of Behavioral Wellness has been working to enhance outpatient crisis services and to expand the continuum of care by creating more treatment options to appropriately serve client's needs with the ultimate goal of decreasing in-patient hospitalization. In 2014, a grant (SB82) was received that enabled the department to address critical gaps in the crisis system.

The grant supported the implementation of:

- **Crisis Triage** Teams based in Santa Barbara, Santa Maria, and Lompoc, all three by December 2014
- a **Mobile Crisis** Team in Lompoc serving West/Central County, December 2014
- a 30-day **Crisis Residential Treatment (CRT)** facility in Santa Barbara, July 2015
- a 23-hour **Crisis Stabilization Unit (CSU)** in Santa Barbara, January 2016

Crisis Services Continuum

There have been several recent enhancements to the crisis system of care. In July 2018, the Crisis Triage program integrated with Mobile Crisis in North and South County, and the SAFTY program (the youth equivalent to Mobile Crisis) changed its hours from 24 hours/day to 8am-8pm. Mobile Crisis began taking youth crisis calls from 8pm to 8am and is no longer a program solely serving adults.

Also, in September 2018, a Behavioral Wellness/Sheriff's Department Co-Response Team Pilot program was launched in South County. A Behavioral Wellness clinician accompanies law enforcement on mental health crisis calls up to forty hours per week with the goal of addressing mental health challenges and de-escalating situations in order to avoid law enforcement intervention and incarceration.

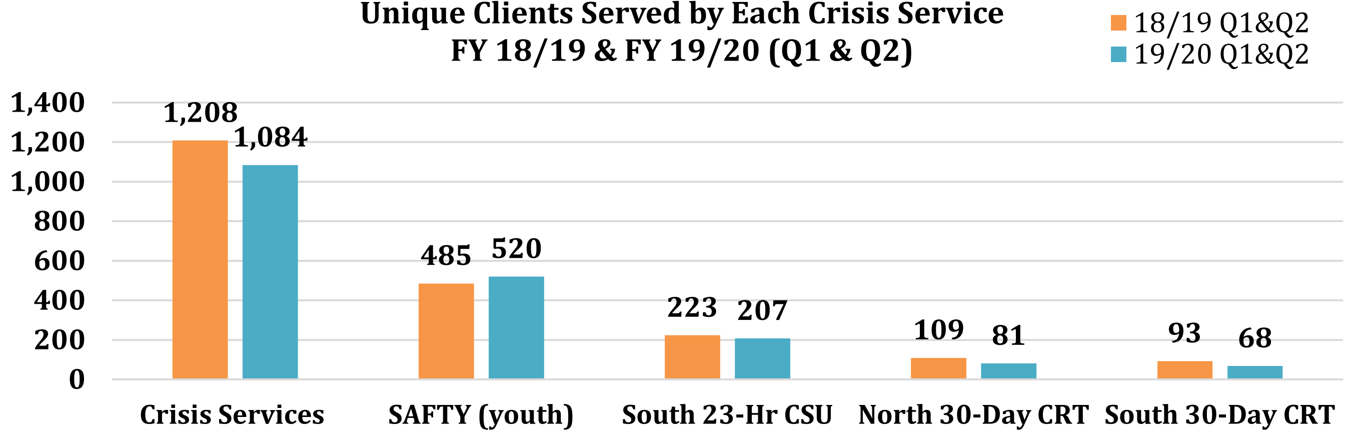
In December 2018, the Department of Behavioral Wellness started a Hospital 5150 Pilot program to train Emergency Department Psychiatrists to write and rescind 5150 and 5585 holds. Cottage Hospital psychiatrists were trained at the end of the year and Marian Regional Medical Center doctors were trained at the beginning of 2019. Enabling hospital doctors to write holds has meant that crisis staff (particularly in south county) have been able to respond more quickly to other calls in the field since they have had to write and rescind fewer holds in the hospitals.

Section 5150 is a section of the California Welfare and Institutions Code which authorizes a qualified officer or clinician to involuntarily confine a person suspected to have a mental disorder that makes him or her a danger to themselves, a danger to others, and/or gravely disabled. A qualified officer, which includes any California peace officer, as well as any specifically designated county clinician, can request the confinement after signing a written declaration.

Section 5585 is a section of the California Welfare and Institutions Code that authorizes a peace officer, member of the attending staff, as defined by regulation of an evaluation facility designated by the county, or other professional person designated by the county to, upon probable cause, to involuntarily confine a minor who as a result of mental disorder, is a danger to others, or to himself or herself, or gravely disabled, into custody in a facility designated by the county and approved by the State Department of Health Care Services as a facility for 72-hour treatment and evaluation of minors.

Clients Served

In the first half of FY 19/20, about the same number of unique clients received a crisis service, as compared to the first half of FY 18/19 (1,686 in the first half of FY 19/20 compared to 1,716 in the first half of FY 18/19). There have been some administrative changes that have impacted these numbers. Triage integrated with Mobile Crisis (now called North, South, and West County Crisis Services); therefore, many of the clients who may have been duplicated under Mobile Crisis/County Crisis Services and Triage in the past are now only counted under one program. Furthermore, because the organization that operated both CRTs went out of business in May 2019 and new providers were brought in to operate the sites, total numbers served was impacted.

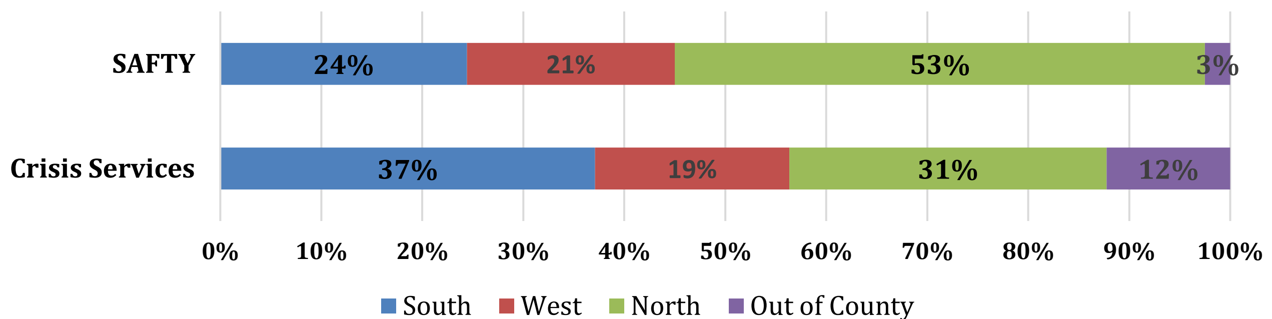


Co-Response

As previously mentioned, as part of the co-response pilot project between the Sheriff's Department and Behavioral Wellness, one full time Mobile Crisis staff spends 40 hours a week with a field Sheriff Deputy riding along and responding to community need. When not responding to crisis calls, the co-response team is able to provide outreach and engagement services. During Q1 and Q2 of FY 19/20 there were 4.8 calls per day, 207 calls (911 calls that are identified to dispatch as potential mental health issues) and 197 proactive engagement calls.

By Region

Of those served by crisis services, there were some differences in clients' region of residence. Between 3% to 12% of clients served by each crisis service were out of county residents (often transient individuals or students). About half (53%) of SAFTY's services were provided to North County residents, which is consistent with the larger proportion of youth clients in North County. Crisis services served slightly more clients from South County compared to North County.



Stabilization Rates

Crisis programs continued to be successful in stabilizing clients and preventing hospitalizations:

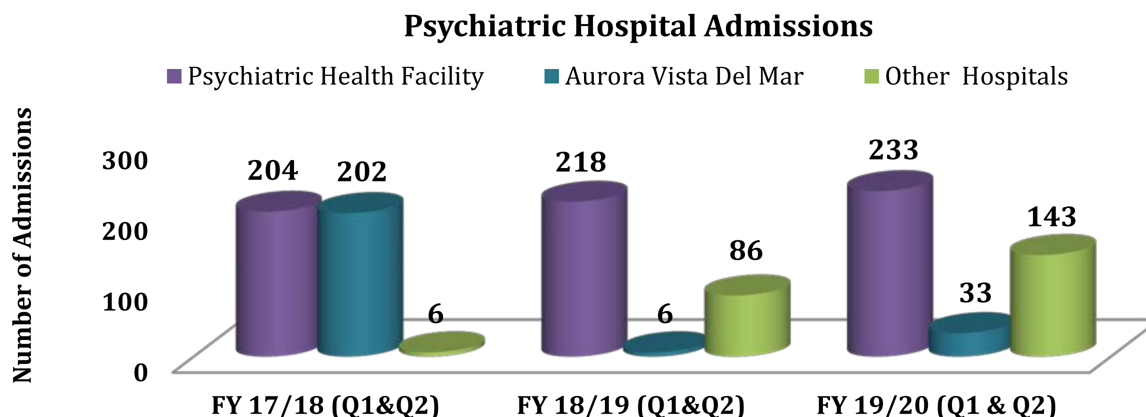
- ✓ **98%** of clients served by the **Crisis Stabilization Unit** were stabilized (did not need hospitalization) within 24 hours of CSU discharge.
- ✓ **91%** of clients discharged from the **Crisis Stabilization Unit** remained stabilized (did not need hospitalization) within 30 days of discharge.
- ✓ **84%** of clients served by the **Crisis Residential Treatment** (CRT) Programs were stabilized (did not need hospitalization) within 30 days of discharge; this is lower than the 92% that were stabilized in the first half of FY 18/19. This may be due to the organizational transition from Anka Behavioral Health, Inc, to Crestwood Behavioral Health.

Inpatient Utilization

Behavioral Wellness monitors inpatient services closely in order to assess and address utilization, client care, and fiscal impact. The department routinely tracks the number of inpatient psychiatric hospital admissions by age group, ethnicity, and region of the county. Hospital admission data are available for the County's Psychiatric Health Facility (PHF) and all other out-of-county hospitals that report admissions to the department. Through FY 16/17, acute inpatient hospital admissions were steadily increasing, which was attributed to increased court-mandated defendants who were declared "incompetent to stand trial".

Admissions

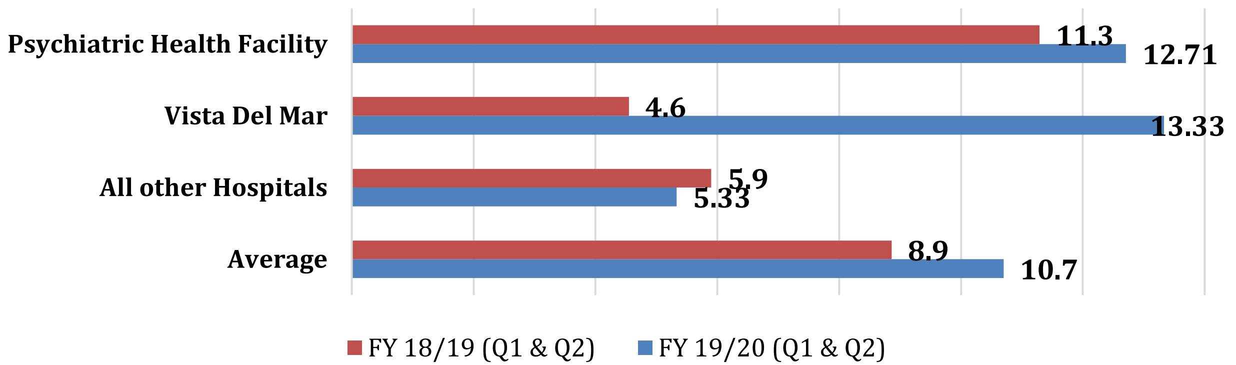
There were 409 psychiatric hospital admissions in in the first half of FY 19/20; this was higher than the 310 psychiatric hospital admissions in the first half of FY 18/19. While youth continue to access inpatient services at Aurora Vista del Mar, the county has begun sending adults to Aurora Las Encinas hospital instead of Aurora Vista del Mar, accounting for the increase in "other hospitals."



Length of Stay

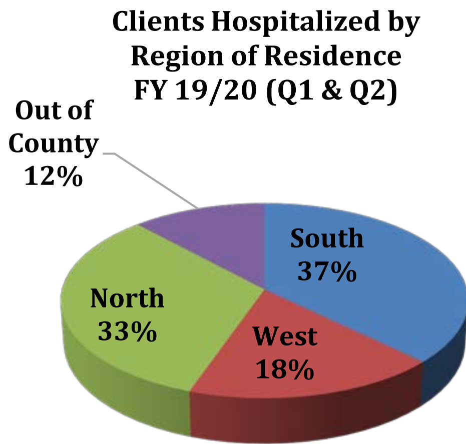
Across all hospitals, clients had an average length of stay of 8.9 days, which is almost two days shorter than the first half of FY 18/19's average length of stay (10.7 days). The Psychiatric Health Facility had the longest average length of stay (n = 233; LOS = 11.3 days), which includes both short-term psychiatric clients and longer term conserved or IST clients, while Vista Del Mar had the shortest length of stay (n = 33; LOS = 4.6 days).

Average Length of Stay (days)

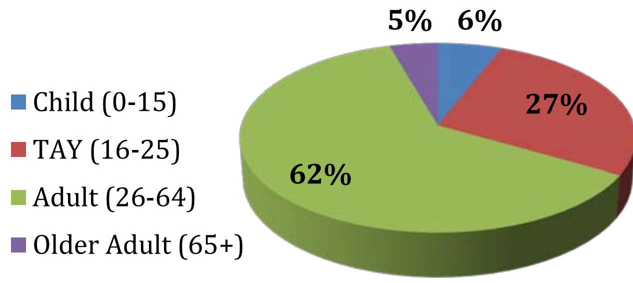


Demographics

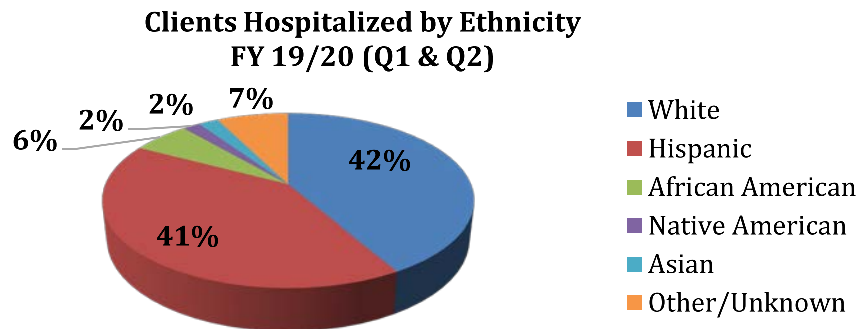
The largest percentage (37%) of hospitalized clients lived in South County. Most hospitalized clients (62%) were adults aged 26-64 and 27% were Transitional Age Youth (TAY; 16-25); few were under 15 (6%) or older than 65 (5%).



Clients Hospitalized by Age Group FY 19/20 (Q1 & Q2)



A similar proportion of hospitalized clients were White (42%) and Hispanic (41%) during the first half of FY 19/20. In the first half of FY 18/19; there were slightly more White clients (47%) and less Hispanic clients (34%).



Timeliness of Care

In adherence with regulatory requirements, and to support system improvement efforts, Behavioral Wellness monitors numerous metrics related to timeliness of care. Ensuring that clients discharged from hospitals are connected to outpatient services is an important component of continuity of care and reducing hospital readmissions. Likewise, responding in a timely manner to Access Line calls, particularly those designated as *crisis* or *urgent*, can stabilize clients and help avoid hospitalization.

Access Timeliness

In FY15/16, the Department recognized the opportunity to improve the functioning of the Access line and the specificity of data collection. The electronic data collection form was redesigned and improved, and in October of 2016, Access staffing was centralized within Quality Care Management (QCM).

Timeliness from contact with the 24-hour Access Line to services are a critical set of metrics for the Department. Access calls/entries are categorized as follows for MH:

- **Crisis** calls/clients: Those who are at immediate risk of hospitalization (because they pose a danger to themselves or another).
- **Urgent** calls/clients: Those who, without assistance, would likely need inpatient hospitalization within 24 hours.
- **Routine** calls/clients: Those who are neither crisis nor urgent, but rather are seeking outpatient services. Callers typically received an assessment on the phone and are given an appointment with an appropriate clinic.
- **Information/Other** calls/clients: Those seeking information about services or referrals but not seeking an intake.

Access calls/entries are categorized as follows for ADP:

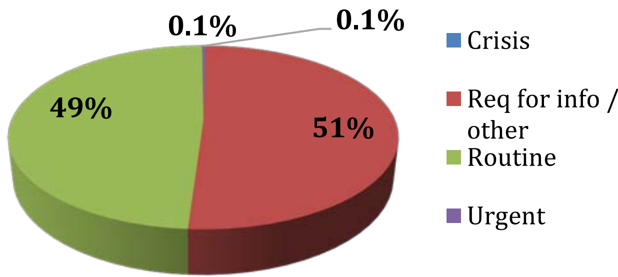
- **Crisis** calls/clients: Those who have a severity rating of 4 on ASAM Severity Rating Dimension 1-3.
- **Urgent** calls/clients: Those who have a severity rating of 3 or 4 on the ASAM Severity Rating Dimensions 1 through 6.
- **Routine** calls/clients: Those who are neither crisis nor urgent, but rather are seeking services.
- **Information/Other** calls/clients: Those seeking information about services or referrals but not seeking an intake.

Crisis appointments are scheduled within 24 hours. Urgent appointments are scheduled within 48 hours and Routine appointments are scheduled within 10 business days.

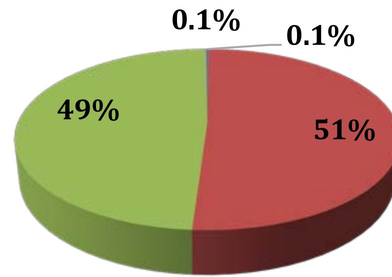
ADP Access Calls

ADP Organized Delivery System (ODS) was launched on December 1, 2018. During the first half of FY 19/20 there were 3,040 SUD Access calls. About half (49%) of all adult and youth calls were routine calls; the remaining half of calls were almost entirely requests for information (very few crisis or urgent) .

ADP Adult Access Calls by Type
FY 19/20 (Q1 & Q2)



ADP Youth Access Calls by Type
FY 19/20 (Q1 & Q2)

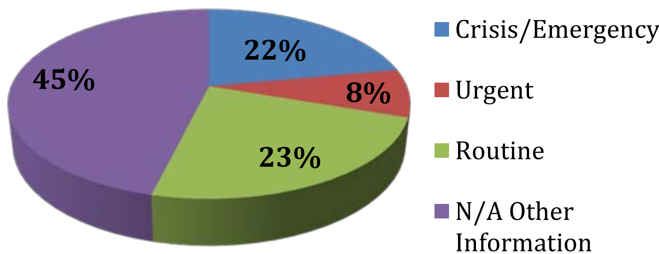


Mental Health Access Calls

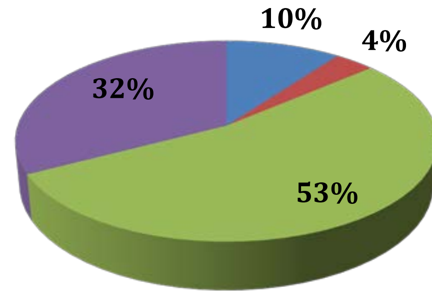
In the first half of FY 19/20, there were 4,085 Mental Health (MH) calls/entries, an average of 680 calls per month. These numbers are lower than the first half of FY 18/19. This may be due to people accessing the newly available ADP services rather than MH services.

Nearly half of all adult calls (45%) were to request information or "other", whereas about half of youth calls were routine. About one-fifth (22%) of adult calls were classified as crisis/emergencies while 10% of youth calls were for crisis/emergency. Eight percent of adults and 4% of youth calls were urgent calls. Routine calls were about one-quarter of all calls (23%) for adults and more than half (53%) of youth calls. These are similar proportions to last fiscal year. Calls are displayed below by age and type.

Adult MH Access Calls by Type
FY 19/20 (Q1 & Q2)



Youth MH Access Calls by Type
FY 19/20 (Q1 & Q2)



ADP Timeliness [New]

There were 3,040 calls during the first half of FY 19/20; of those, about half (1,500) were for information/other and no appointment was requested nor offered. The average number of days from Access call to offered appointment is calculated based on the remaining 1,540 adult and youth callers, which includes routine, urgent, and crisis calls. There were only two urgent calls during this time frame. QCM is following up with Access screeners to ensure that urgent calls are appropriately identified. The State standard is to offer an appointment within 10 days .

ADP Access Timeliness, FY 19/20 (Q1 & Q2)

	Adult	Youth
Routine (Screening and Referral) Calls		
AVG # Days: Call to Offered Appt	6.5 days	5 days
% w/in 10 Days: Call to Offered Appt	76%	84%

Mental Health Access Timeliness

During the first half of FY 19/20, of the *routine calls*, 88% were offered an appointment within 10 business days for adults (down from 98% from the first half of FY 18/19) and 93% for youth (up from 90%). For *urgent* calls, 96% were offered an appointment within the same/next day, which is comparable to the first half of FY 18/19. Seventy percent of urgent youth calls were offered an appointment within the same/next day; however, there were few urgent calls (small N), which allowed for Access screener training and subsequent review regarding definitions and timeliness standards. Finally, of the calls designated as *crisis* 99% were offered an appointment within the same/next day for adults and 99% for youth (comparable to the first half of FY 18/19).

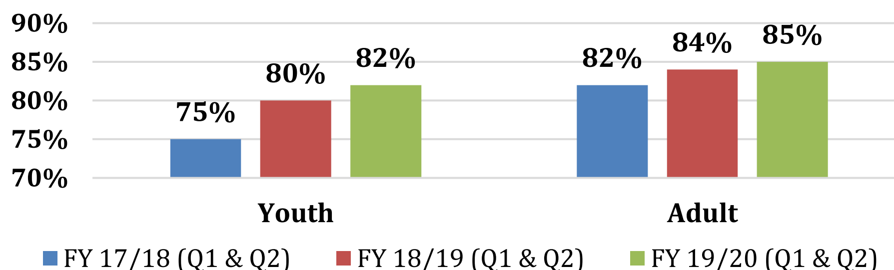
Mental Health Access Timeliness FY 19/20 (Q1 & Q2)

		Adult	Youth
Routine	offered an appointment within 10 business days	88%	93%
Urgent	offered an appointment within same/next day	96%	70%
Crisis	offered an appointment within same/next day	99%	99%

Outpatient Aftercare

Behavioral Wellness tracks the percent of clients receiving a Specialty Mental Health Service (SMHS) after a psychiatric hospital discharge. In the past we reported the percent of <u>all</u> clients who were hospitalized, rather than the percent of clients hospitalized who ever received subsequent SMHS from Behavioral Wellness. Many clients who are hospitalized may have a follow up appointment with a private insurance or other non-MediCal-funded provider, or may be transient and leave town following hospitalization, and we do not have knowledge of their subsequent mental health services. Clients may also choose not to attend a follow up SMHS, even though scheduled upon discharge. Therefore, in previous reports, we underreported our success in serving clients in a timely manner. We corrected this to specifically look at timeliness for clients ever subsequently served by Behavioral Wellness. There has been a slight improvement for both youth and adults during the first half of FY 19/20 compared to the first half of FY 18/19 and FY 17/18.

Specialty Mental Health Service within 7 days of Hospital Discharge (Q1 & Q2)



In the first half of FY 19/20, the average time from PHF discharge to a SMHS appointment was **7.6 days**. In the first half of FY 18/19, the average was **5.8 days** from PHF discharge to a SMHS. Though the time to SMHS appointment increased by almost two days from last fiscal year, more clients were seen within 7 days of discharge.

Psychiatry
Due to limited resources, psychiatric appointments must be prioritized. For example, adults with urgent medication needs are seen more quickly than routine appointments. Similarly, youth with urgent needs are scheduled with a psychiatrist after an assessment, whereas others might have several therapeutic sessions before they are referred to a psychiatrist (and some may never need to see a psychiatrist). The following data are from the point of referral to a psychiatry appointment:

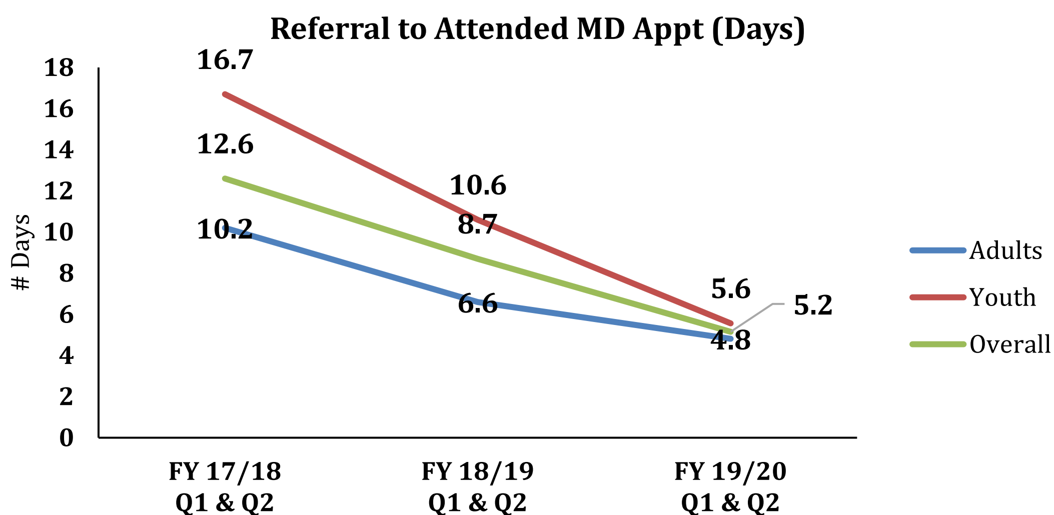
Psychiatry Timeliness FY 19/20 (Q1 & Q2)

	Unique Adults (n = 139)	Unique Youth (n = 102)	**Total Unique (n = 241)**
Referral to Offered			
Offered appt. within 15 calendar days*	82%	84%	**83%**
Average days to offered	5.4 days	6.7 days	**5.9 days**
Referral to Attended			
Attended appt. within 15 calendar days*	87%	93%	**90%**
Average days to attended	4.8 days	5.6 days	**5.2 days**

**Note.* Clients whose offered and attended dates were not recorded due to cancellation, no show, or not recording were counted as not within the 15-day window.

On average, 83% of clients were **offered** a psychiatry/MD appointment within 15 calendar days of referral, (up from 70% from the first half of FY 18/19) and 90% of clients **attended** a psychiatric/MD appointment within that time frame (up from 81% from the first half of FY 18/19).

In the last four years, we have improved timeliness to psychiatry. In the first half of FY 15/16 the average was 24 days to attended appointment for adults and 34 days for youth. The current average reflects a significant reduction: 8 days to attended appointment for adults and 5.6 days for youth. The current wait time for youth is partially a provider availability issue; there are fewer child psychiatrists and thus longer wait times. These wait times reflect a significant improvement over time (see below).



Child Outcomes

Child and Adolescent Needs and Strengths (CANS)

The CANS is a multi-purpose tool developed for children's service professionals to identify current needs and strengths of the child and family, to support treatment planning, facilitate quality improvement and to monitor outcomes.

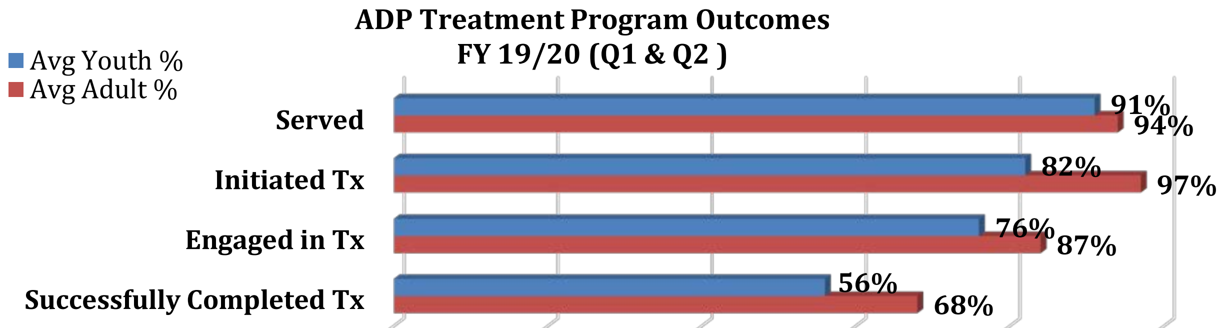
Due to a State mandated change, Santa Barbara County had to begin using a different version of the CANS in July 2018. This change in instrumentation made all existing CANS reports (such as compliance and outcomes) obsolete. Due to the analytic complexity of the CANS and the desire for clinicians and supervisors to be able to review their client strengths and needs over time, Santa Barbara County is in the process of contracting with a CANS and PSC software provider. This data chapter will be updated with the CANS Outcome data as soon as it is available.

Adult Outcomes

ADP

ODS went live in the middle of Q2 of FY 18/19 and clients had to be administratively closed and re-opened into the electronic health record at that time.

In the first half of FY 19/20, on average, 94% of client admissions were served; of those, on average, 96% initiated treatment. On average, 5% of admissions dropped (did not return for treatment). On average 87% engaged in treatment. The average successful completion of treatment was high, and exceeded goals at 67%, compared to 64% as reported in Q3 and Q4 of FY 2018/19.



Note: Served - of clients opened, those that received services; Initiate -of clients opened, those that initiated treatment within 14 days; Engaged - initiation + 2 services within 29 days after the first service.

The average lengths of stay (LOS) in days from July to December 2019 (Q1 & Q2) are as follows:

Level of Care	AVG LOS All (in days)	AVG LOS Discharged (in days)
Outpatient (1.0)	95	85
Intensive Outpatient (2.1)	65	59
Residential (3.1)	41	36.5
Intensive Residential (3.5)	30	30
Withdrawal Management (3.2)	7	6.2

We expect that for any given episode of treatment, some clients will have several admissions, at different levels of care – this is both appropriate and positive. For example, a client might initially be admitted to withdrawal management, then to residential, and later to outpatient treatment. To that end, 35.5% of clients were readmitted within 14 days after discharge from any/all levels of care, suggesting substantial utilization (step up or down) along the continuum of SUD care.

Mental Health System

Milestones of Recovery Scale (MORS)

The MORS is an 8-item tool for identifying stage of recovery. The MORS can be used to assign clients to appropriate levels of care, based on a person-centered assessment of where they are in their recovery process, and can also be used to measure progress towards recovery. Scores of 1-3 indicate extreme risk to high risk; 4-5 indicate poor coping; and, 6-8 indicate coping/rehabilitating and early or advanced recovery.

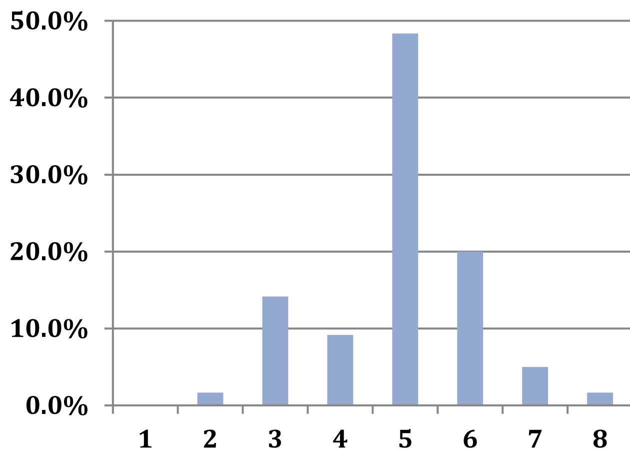
Risk/Need	MORS Scale	
	1	Extreme Risk
Highest	2	High Risk / Not Engaged
	3	High Risk / Engaged
Moderate	4	Poorly Coping / Not Engaged
	5	Poorly Coping / *Engaged*
	6	Coping / Rehabilitating
Least	7	Early Recovery
	8	Advanced Recovery

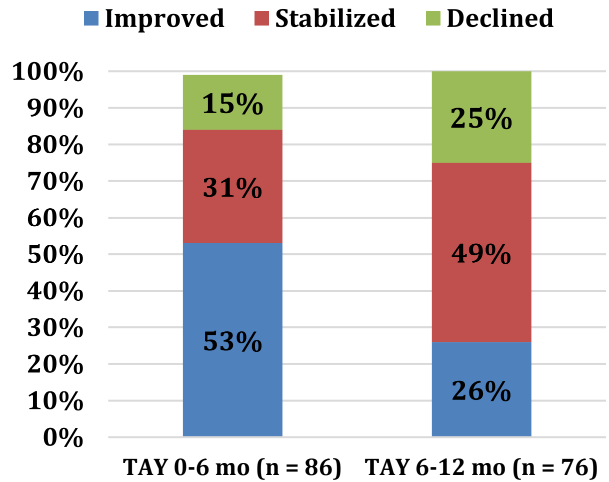
Improvement on the MORS (higher number) indicates that clients have increased their level of engagement, coping skills, and stage of recovery. Decreased scores indicate that clients have not improved and are less engaged (at increased risk). Results of MORS data analyses are reported here, separately, for Transitional Age Youth (TAY) programs, Adult Outpatient, and Assertive Community Treatment (ACT). TAY and adult outpatient MORS are administered every 6 months, while adult Full-Service Partnership (FSP) ACT clients are administered monthly. These analyses include clients with open admissions in the first half of FY 19/20, who had an intake/baseline MORS as well as MORS scores at 6- and 12-months.

Transitional Age Youth Programs

Of all open TAY (n = 214), 120 had a baseline MORS score (56%), which is less than the number of TAY who had a baseline score in the first half of FY 18/19 (n = 196; 80%). On July 1, 2019 a policy change went into effect: the CANS age range was expanded from 18 to 20 years. Clients who are 18-20 should be completing the CANS and the MORS. Staff are in the process of adopting this change, which has resulted in a reduction in the percent of TAY who appropriately received a MORS (compared to a CANS). Staff will receive additional training in order to increase their understanding that they need to complete both the CANS and MORS for TAY.

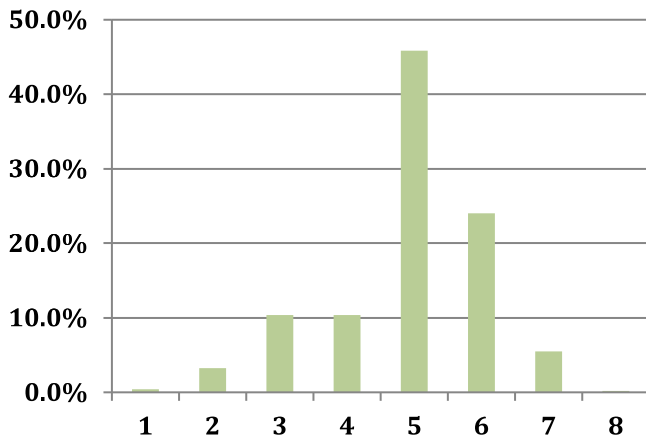
Of the TAY that had a baseline score, over two–thirds (68%) scored a five or six – poorly coping and engaged to coping and rehabilitating. Between baseline and 6 months, 53% improved, 31% stabilized (no change in score), and 15% declined in functioning (n = 86). Between 6 and 12 months, 26% improved, 49% stabilized, and 25% of clients declined (n = 76). Thus, in the first six months of treatment, 84% of TAY improved or stabilized (which is similar to the first half of FY 18/19), and in the next six months of treatment, 75% improved or stabilized, also similar to the first half of FY 18/19 (76%).

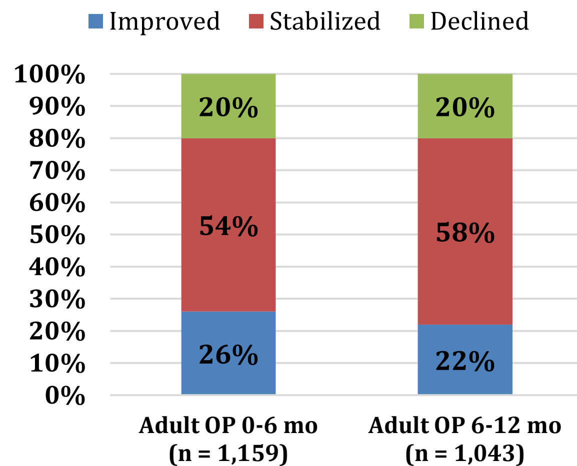




Adult Outpatient Programs

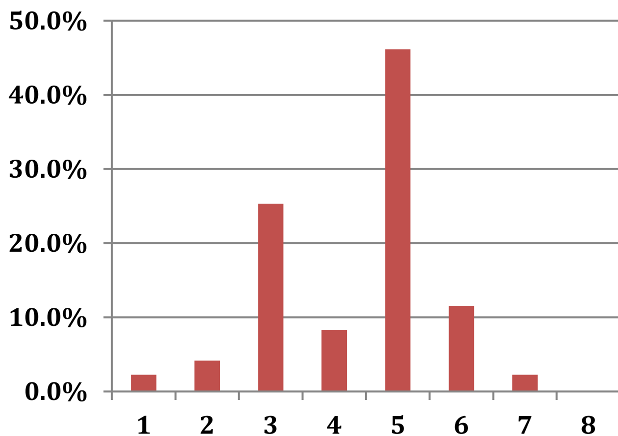
Of all open adult outpatient clients (n=1,786), 78% (1,387) had a baseline MORS score. Of those, the majority (70%) had a baseline MORS score of five or six – poorly coping and engaged to coping and rehabilitating. Between baseline and 6 months, 26% improved, 54% stabilized (no change in score), and 20% declined in functioning (n = 1,159). Between 6 and 12 months, 22% improved, 58% stabilized, and 20% of clients declined (n = 1,043). Thus, in the first six months of treatment, and in the subsequent 6 months of treatment , 80% of clients improved or stabilized.

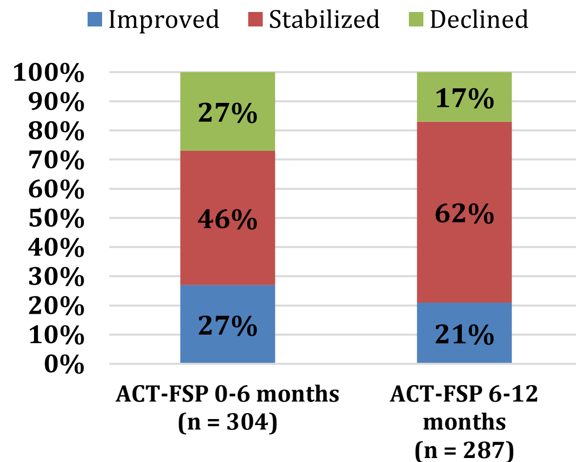




Assertive Community Treatment Programs

All open Assertive Community Treatment (ACT) program clients (n =312) had a baseline MORS score. As we might expect, the vast majority (80%) had a baseline MORS score of three to five, lower than TAY and other adult outpatient clients. Between baseline and 6 months, 27% improved, 46% stabilized (no change in score), and 27% declined in functioning (n = 304). Between 6 and 12 months, 21% improved, 62% stabilized, and 17% of clients declined (n = 287). Thus, in the first six months of treatment, 73% of ACT clients improved or stabilized, and in the next six months of treatment, 83% improved or stabilized. These results are similar to the first half of FY 18/19.

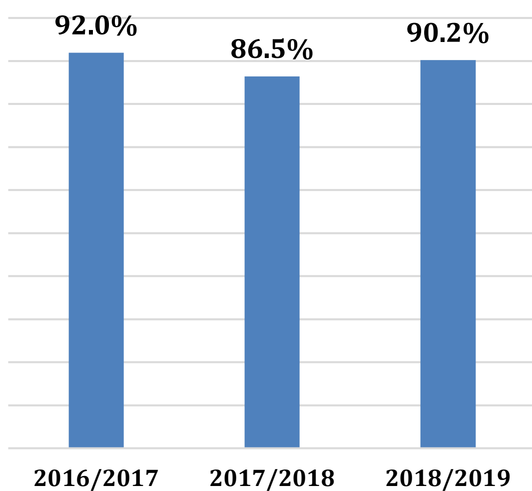


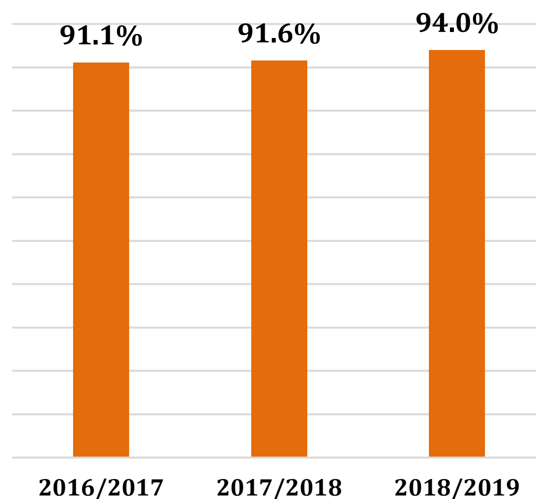


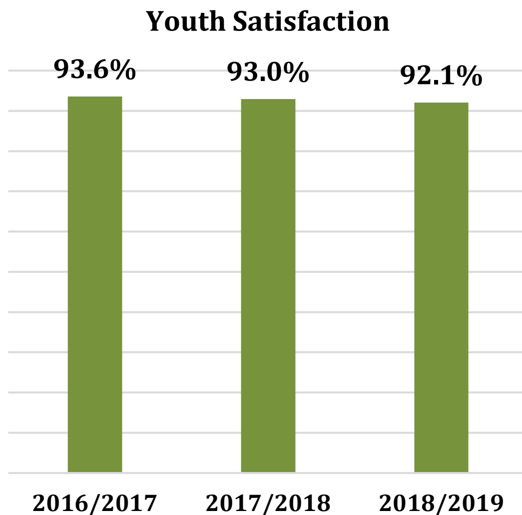
CPS – Client Satisfaction

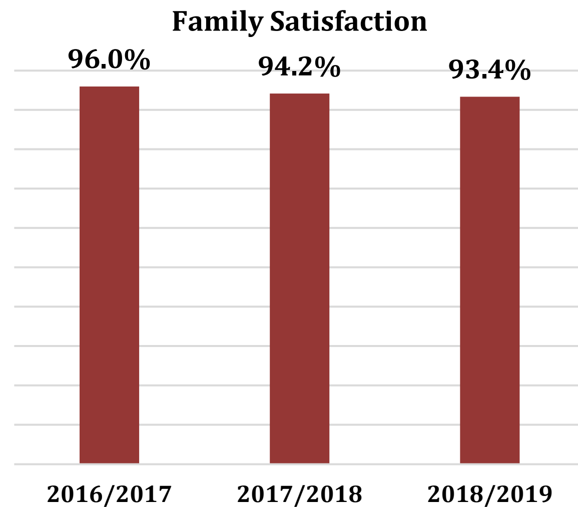
The Consumer Perception Survey is administered to a sample of outpatient mental health (not ADP) clients in May and November of every year, including clients served in County operated programs and those served by community-based partners. There are separate, but similar, surveys given to adults, older adults, youth, and parents/guardians. Clients report on their satisfaction with services. The graphs below indicate the percent of clients who ***agree to strongly agree*** that, *"Overall, I am satisfied with the services I/my child received,"* or *"I like the services that I receive here".*

Data from fall 2019 is not available. Presented below are the average satisfaction ratings by fiscal year, which are high and relatively stable (small <3% fluctuations over time).









ADP - TPS Satisfaction [NEW]

As part of the DMC-ODS evaluation, counties are required to administer the client Treatment Perceptions Survey (TPS) on an annual basis. The TPS was administered for the first time in November 2019. Clients answered four questions related to satisfaction. About 90% or more agreed or strongly agreed they felt welcome, were satisfied with services, got the help they needed and would recommend their treatment provider.

Adult - TPS, Fall 2019 Domain: General Satisfaction	Agree - Strongly Agree
Felt Welcomed	93.5%
Overall Satisfied with Services	91.3%
Got the Help I Needed	89.4%
Recommend Agency	90.8%

Staff Activity

The Department designed a new report for managers and supervisors in order to help them monitor and support higher levels of client engagement. Data are drawn from employee's timesheets and the report provides both the number and percentage of time recorded on different types of activities, such as time spent in trainings, meetings and providing services. The total is the sum of direct and non-direct services, training and meeting hours. The Managed Care Final Rule has necessitated some changes in how staff code and complete timecards. As more training is provided for staff and timecards are more accurately completed, we expect that documented staff activities will increase.

The total average documented time for staff of outpatient clinics was 49% (comparable to the first half of FY 18/19); for Crisis staff, it was 34.9% (which increased from 29% since the first half of FY 18/19). Crisis numbers are expected to be lower because their work is responsive to demand, not scheduled as in outpatient settings. Only finalized notes are included; that is, pending and draft notes are not accounted for in direct services.

	% Meetings/Training	% Direct/Client Support	% Total
Outpatient Clinics	10.3%	38.7%	49.0%
Crisis/Triage Services	10.5%	24.4%	34.9%

Current Treatment Plans

An important indicator of our performance as a system is the extent to which we have current clinical treatment/care plans for clients. As part of Quality Improvement (QI) efforts, Quality Care Management Coordinators perform randomly selected internal chart audits. In the first half of FY 19/20, 110 charts were reviewed and 109 of those (99%) had a current treatment plan.