

Stars Behavioral Health Group
STARS Community Services
Transitional Age Youth Program
 Report Date: December 12, 2011

Introduction

This report aggregates information regarding STARS Community Services (STARS CS) *Transitional Age Youth Program* (TAYP), which operates in Alameda County, updated through fiscal year (FY) 2010-11.¹

The Transitional Age Youth Program (TAYP) is a collaborative effort designed to address the needs and aspirations of older youth and young adults (ages 18 to 25) with serious and persistent mental health problems. The TAYP is funded primarily with Medi-Cal dollars passed through *Alameda County Behavioral Health Care Services* (ACBHCS) where it is combined with county general funds (CGF) for mental health services to youth and young adults with low income in Alameda County. The TAYP is consistent with the mission of California citizens reflected in the 2004 passage of the *Mental Health Services Act* (MHSA), which encompasses transformative rehabilitation of transition age youth with serious mental health problems;² and with the ACBHCS *Transition Age Youth Services Strategic Plan*.³

The program team is especially appreciative of Michelle Burns NP, MPH, ACBHCS, Transition Age Youth (TAY) System of Care Director and Wayne Munchel, LCSW, Stars Behavioral Health Group (SBHG) TAY Services Director. Through their guidance, the TAYP in Alameda County is one of six agencies in the SBHG network implementing the national *Transition to Independence Process* (TIP) model developed by Hewitt (“Rusty”) Clark, Ph.D.; this makes available to the TAYP a broader community of learning with webinars, case-based reviews, TAY “Un-Conventions” and other TAY-focused activities that are part of the *Stars Academy for TIP* and *National Network on Youth Transition* (NNYT).⁴

In their pasts, and often quite recently, TAYPs transitional age youth and young adults (TAYYA) met medical necessity criteria for treatment in secure, structured settings such as psychiatric hospitals, group homes, residential treatment centers, or they were identified by crisis services or while in incarcerative settings. Many (60%) were recently situated in, referred by, and/or newly returning to community living from such settings at the time of enrollment into the TAYP⁵ and they may stay involved with the TAYP through early adulthood. They come from 14 different East Bay cities, commonly Oakland (36%), Hayward (16%), or San Leandro (15%).

TAYP staffs align to the young persons’ own wellness goals for successfully transitioning to adulthood, partnering to promote positive change with regards to their living situation, education and vocational development, employment, personal effectiveness, and community life functioning. TAYP staffs include licensed mental health clinicians (63%) and registered/supervised clinical interns and paraprofessionals (37%) providing mostly field-based services (home and community settings) and some outpatient clinic therapy appointments. Two staffs are bi-lingual (Spanish) and provide outreach to monolingual family members as needed; all clients speak English. The TAYP team is comparably stable with 29% turn-over in FY 10-11⁶. In addition to selecting, training, and supporting staff for expertise in the TIP model, the agency also applies *Motivational Interviewing* (MI), *Cognitive Behavior Therapy* (CBT), *Cultural Competency*, and *Trauma Informed Care*, among other relevant practices.⁷ Vital to the program mission and population, the team includes a psychiatrist, applying best practices of client engagement, medication education, collaborative teamwork, and judiciously mitered medication use with active, ongoing monitoring.

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TAYYA Profile

Demographics

FY 08-09, FY 09-10 & FY 10-11

	Ages 17 thru 20 (112, 66%)		Ages 21 thru 25 (58, 34%)		Ethnic Sums (Total %)
	Female	Male	Female	Male	
African American	15	40	6	17	78 (46%)
Anglo American	10	13	6	12	41 (24%)
Asian American	2	3	0	4	9 (5%)
Hispanic/Latino	4	11	3	6	24 (14%)
Mixed/Other	4	10	1	3	18 (11%)
Age by Gender:	35 (21%)	77 (45%)	16 (9%)	42 (25%)	170

At the time of program enrollment, the TAYYA range in age from 17 to 24, with an average age of 20 years. Many are African American (46%); others Caucasian (24%), Hispanic/Latino (14%), Mixed/Other (11%), or Asian American (5%). This profile is younger, and more African American, relative to the county's TAY population.⁸ Additional details are:

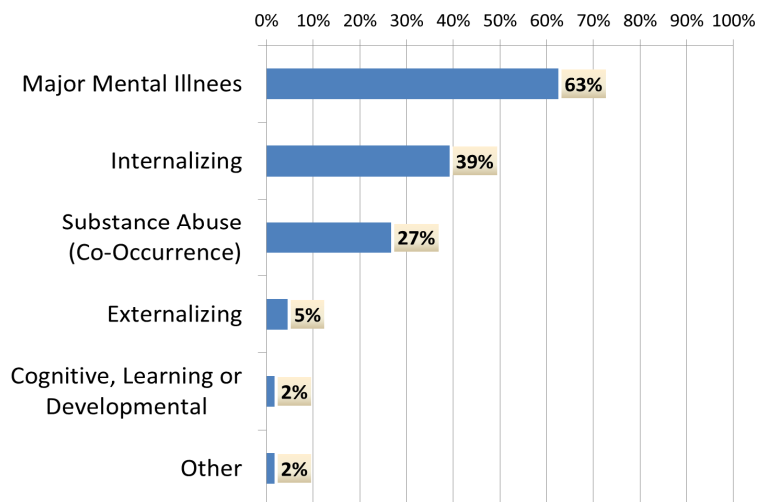
Asian American

Filipino (4), Chinese (3), Cambodian (1), Vietnamese (1)

Mixed/Other

Afr.-Asian (4), Ang.-Asian (3), Afghan (2), Ang.-Latino (2), Unspecified (2), Asian-Lat. (1), Creole (1), East Indian (1), Persian (1), Tongan (1)

Clinical Pathways

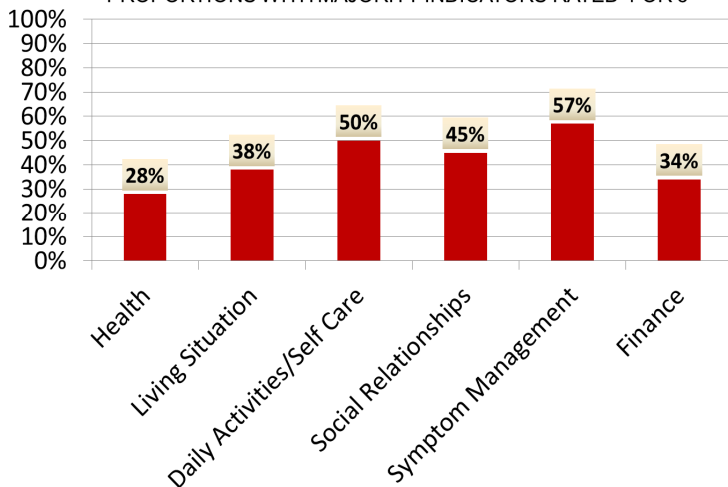


TAYP clinicians provide assessment and clinical diagnoses upon enrollment, which are organized into clinical pathways that guide and focus treatment interventions. Shown are the percentages of Axis I primary mental health diagnoses⁹ in the population, adding to more than 100% since some TAYYA (47%) have more than one diagnoses (average = 1.5).

This TAYYA population suffers primarily from major mental illnesses (psychotic spectrum disorders). There are also significant percentages with internalizing problems (e.g., anxiety, depression, moods), as well as co-occurring substance abuse.¹⁰

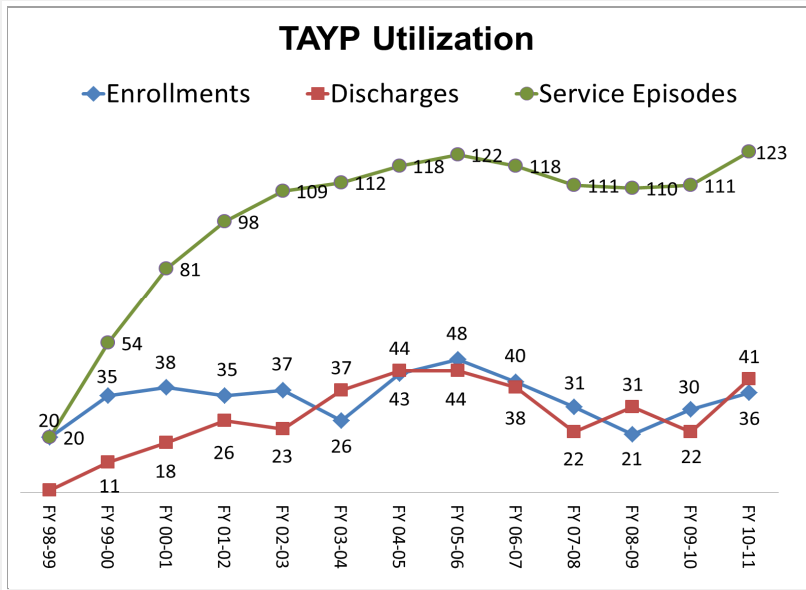
Baseline Community Functioning

PROPORTIONS WITH MAJORITY INDICATORS RATED 4 OR 5



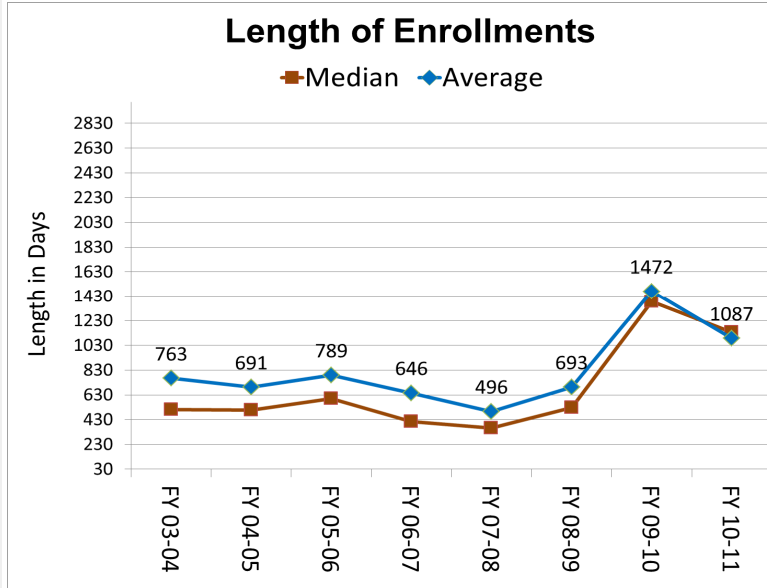
Initiated during intake, clinicians apply the ACBHCS *Community Functioning Evaluation* (CFE) to assess functioning in multiple domains, each with multiple indicators, rated on a scale from 0 to 5. Shown are the proportion of TAYYA with most (60% or more) indicators within a domain rated either 4 “needs supervision, moderate problems” or 5 “needs constant supervision, severe problems”. Symptom management issues relate to TAYYA having difficulty recognizing and coping with symptoms and understanding their diagnoses. Please see the endnotes for the specific problematic indicators across the other domains.¹¹

Service Utilization



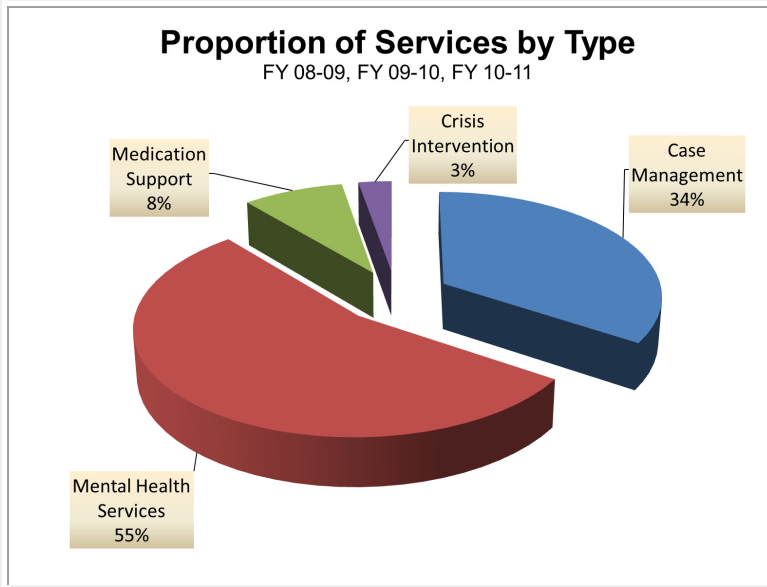
Since the program began, 413 unduplicated TAYYA enrolled in 467 episodes of care. A majority (88%) had only one service episode across all years (1.13 episodes on average).

For the last three fiscal years, on average, there were 29 enrollments, 31 discharges, 114 unduplicated clients and 115 service episodes each year. As of the end of FY 10-11, there were 83 TAYYA enrolled (open) in the program.¹²



The average length of program enrollment among those discharged within a fiscal year hovered around two years for many years (shown since FY 03-04), and then doubled during FY 09-10. This was due to a county-inspired utilization review effort resulting in discharges of long-enrolled TAYYA.

The decreasing gap between the average and median (50% above and below) reflects efforts to normalize the service process through discrete phases of care guided by recovery principles,¹³ thus helping to reduce outliers – those leaving early and those staying very long -- regarding service lengths.

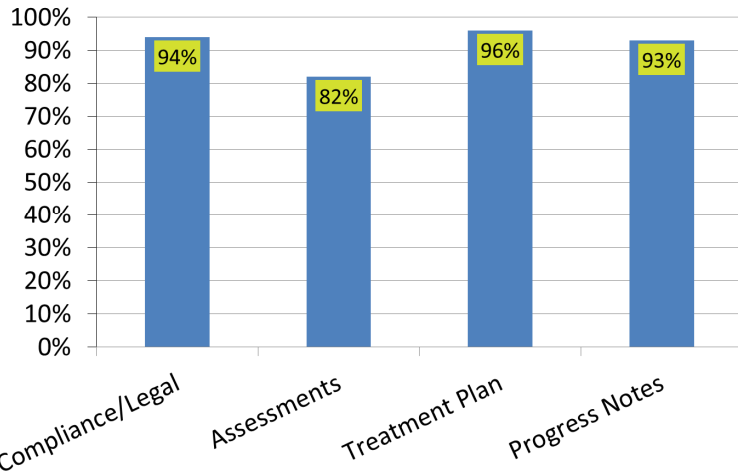


Shown are the proportions of service types delivered to TAYYA across the last three fiscal years. The team focuses interventions primarily on mental health treatment services (individual, group, family) and assertive, community-based case management.

Each year there are approximately 370,000 units (minutes) of services delivered, an average of roughly 68 minutes per person per week. While there is variation and individualization of service delivery to acuity and need, this average represents a relatively trim volume of services per person given the clinical profile of the population.¹⁴

Program Quality and Fidelity

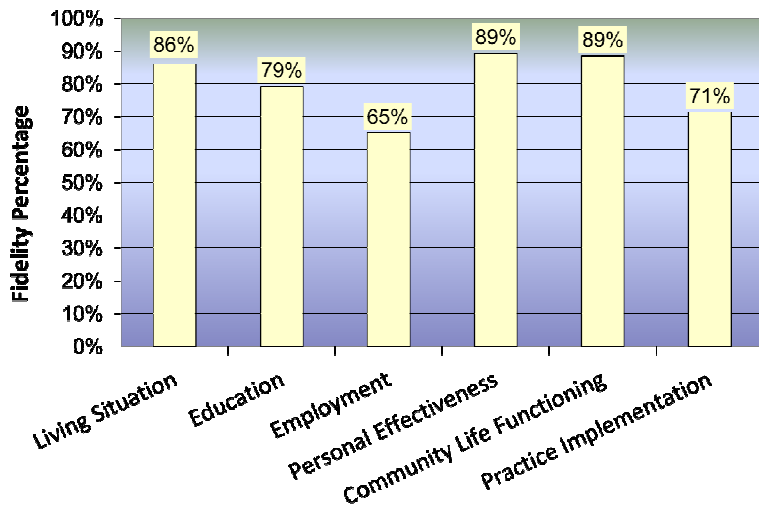
QA Audits - Service Documentation



STARS CS maintains ongoing attention to traditional quality assurance indicators. Highlights from among these activities over the past few years include:

- Systemization of monthly internal audits and utilization reviews;
- Ongoing SBHG’s QA audits. The graph summarizes results across recent reviews.¹⁵ Corrective plans are subsequently developed and monitored to completion; and,
- Implementation of peer reviews following Alameda County protocols and also applying a format for *Case-Based Reviews* (CBRs) specific to TIP.

Baseline TIP Fidelity Probes



With county support, program leadership and staff engagement, the TAYP is becoming a TIP-Informed program¹⁶ attending to TAYYA’s progress across transition domains (topics shown in graph). Highlights include:

- Full series of TIP core competency trainings delivered to all staff.¹⁷
- Organizational self-study of fidelity to the TIP model, using sanctioned fidelity tools (shown are some of their initial or baseline results).¹⁸
- A current *Quality Improvement Team* (QIT) is exploring ways to enhance TAYYA’s educational and employment obtainment.

Enhanced Peer Culture and Supports

- ★ Opened *STARS TAY Center*, a community space for TAYYA to meet-up for groups (four offerings per week), peer supports, and access to computers/internet and printed community resource materials.
- ★ Hired a *Peer Mentor* and launched a *Peer Alumni Program*; one Alumni currently volunteers at the TAY Center.
- ★ Ongoing facilitation of weekly *Family Support Groups*; and, explored *Be Present Family Camp* as a family resource.

Increased Resources Through Collaboration

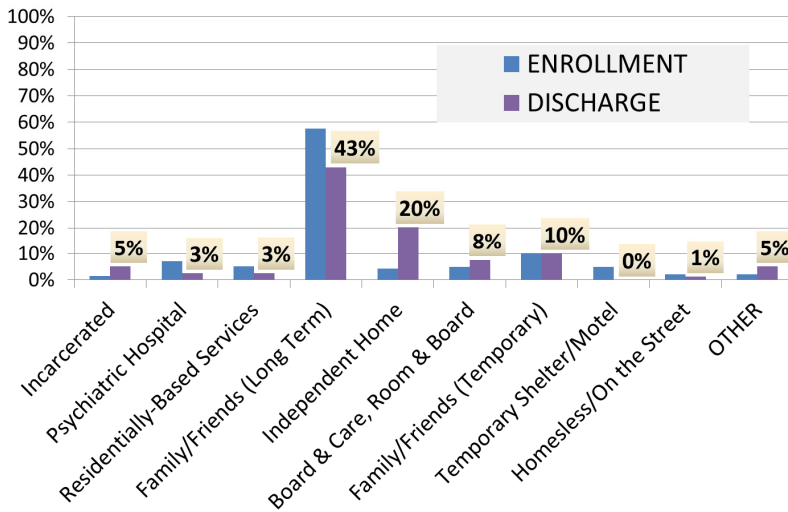
- ★ Collaboratively worked with several community partners¹⁹ –to identify, advance and/or coordinate resources for TAYYA.
- ★ Engaged in outreach at numerous local community events such as health fairs, and attended interagency meetings to promote services and linkages for TAYYA.

Summarized at left are examples of ways TAYP leadership and staff engage in additional planning with action steps and accomplishments to date, highly consistent with their overall TIP implementation to improve programming and resources for TAYYA and their families.

Also, notably, agency leadership and staff continue to distinguish themselves, receiving and fulfilling invitations to deliver trainings and presentations germane to TAYYA at other county agencies, in professional conferences, and varied advocacy forums.²⁰

TAYYA Outcomes

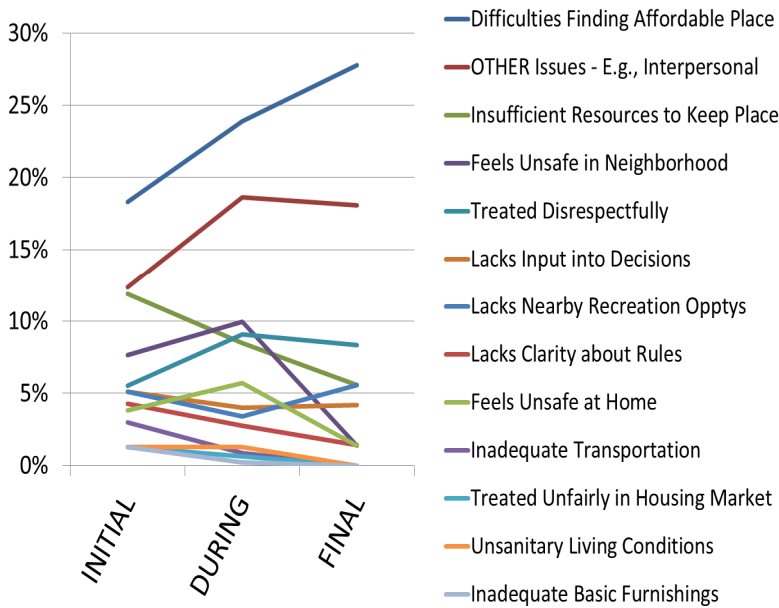
Transitioning To Independent Living



Staff support TAYYA in their goal setting, decision-making and resource acquisition to facilitate maintenance within or transitions to stable, community-based living, achieved for 70% of the TAYYA.²¹

Comparing aggregate admission to discharge data,²² there is a 10% reduction in high-end settings, temporary solutions, and homelessness. Although many TAYYA remain living with family, fewer do over time, which is normative for this age group.²³ Overall, 20% of TAYYA shift into independent settings (e.g., houses, apartments) or congregate community living (board & care, room & board) by discharge.

Addressing the Living Environment



Less normative may be the frequency of changes in living situation. Over the last three year period, based upon records completed every six months, an estimated 40% were relatively stable (none or only one move); another 40% moved about some (two to five moves); and 20% moved very often (five or more times).

Staffs pay close attention to TAYYA's experiences and perceptions about their living situations, surveying regularly and helping to problem-solve issues like those shown, tracked over TAYYA's time in the program.²⁴ There is continued need to help TAYYA find affordable housing; and, to help resolve interpersonal conflicts and issues that may compromise TAYYA's living situation.

★ See our exemplary clinical vignettes! STARS CS TAYP staff developed brief narratives about two of their TAYYA, found at the end of the report, to show how they focus and integrate services to client strengths and needs based on the *Transition to Independence Process* (TIP) model, and help individuals move forward with their goals across the transition domains -- despite the very serious mental health problems the young people must also learn to manage!

Promoting Education & Vocational Development

Currently Enrolled TAYYA:

AT ENROLLMENT:	AS OF MOST RECENT REPORT:
29 TAY (48%) were middle or high school grade level at the time of program enrollment.	Of these, 1 progressed to another grade level within high school, 4 are working on their GED, 3 completed high school, and 5 engaged in education/training beyond high school.
20 TAY (33%) had already completed high school.	Of these, 7 engaged in further educational or training activity.
12 TAY (19%) had already completed post-high school educational activity.	Of these, 10 continue with their education or training activities

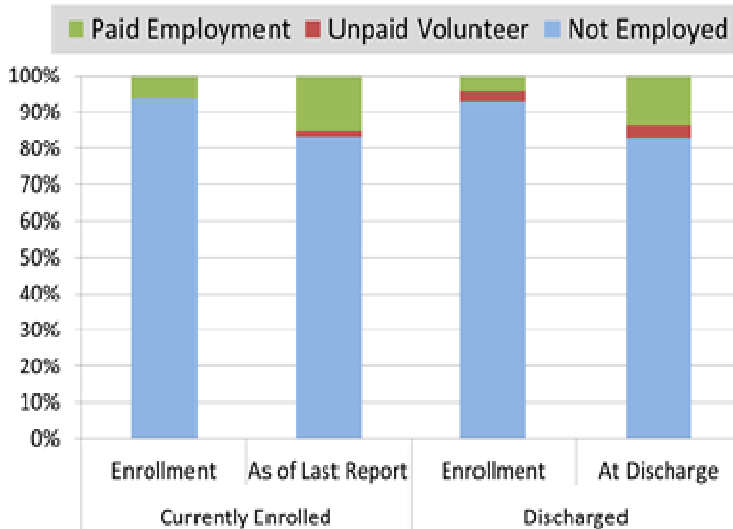
Discharged TAYYA:

AT ENROLLMENT:	BY DISCHARGE:
32 TAY (34%) were at middle or high school grade level at time of enrollment into TAYP.	Of these, by discharge, 4 progressed to another grade level within high school; 3 completed high school; and, 9 engaged in education/training beyond high school.
23 TAY (25%) had already completed high school at time of enrollment.	Of these, 5 had gone on to further educational/training activity by time of discharge.
5 TAY (8%) had already completed post-high school educational activity at time of enrollment.	Of these, 4 continue with their further education or training.

Based on available reports,²⁵ an estimated 49% of currently enrolled and 42% of discharged TAYYAs show(ed) progress with their schooling and vocational training. This includes a number whom successfully enrolled in local community colleges, trade schools, state colleges and universities, along with those whom engage in adult education or vocational training programs to advance themselves. Others persist with GED prep and/or grade level progression through high school.

The TAYP team, their county partners, and most importantly, the TAYYA deserve kudos for their accomplishments. Schooling is difficult for many young people,²⁶ and particularly challenging for those also learning how to manage major mental illnesses with sometimes acute and severe psychiatric symptoms. It can be done -- and this group is showing how -- with support and step-by-step forward progression.

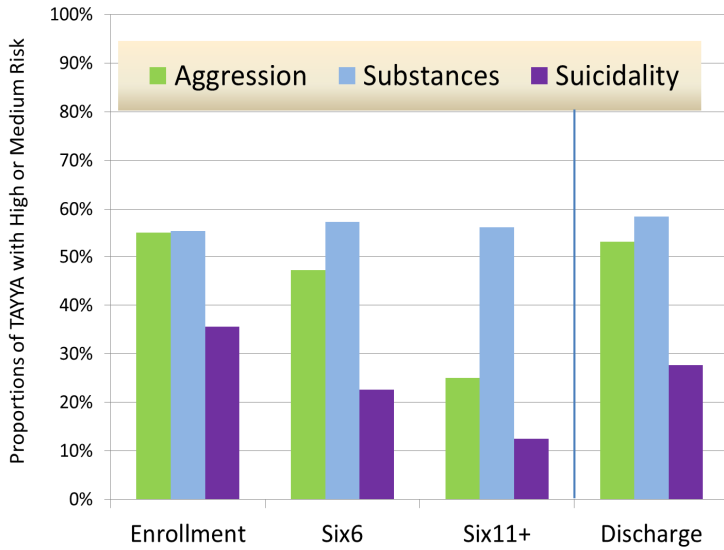
Joining the Labor Force



While this TAYYA service population is very challenged to join the labor force, there are modest (10%) increases in the proportions of TAYYA achieving paid employment or volunteer engagements over the course of services, both among currently active clients, and those discharged. The jobs are entry level positions in industries such as food service, janitorial/cleaning services, retail sales, auto mechanics and auto body repair.

Additionally, more hours (upwards of 30 to 40 hrs.) are worked each week among those working in the discharge cohort at discharge compared to when they began the program or to those currently enrolled.

Reducing High Risk Behaviors



Risk behaviors are rated by clinicians every six months, using a four point scale. Each risk level is anchored by a behavioral description. For example, with regard to self-harm/suicidal the ratings are: Not Applicable: No threat of injury or harm to self; Low Risk: One or a few mildly self-harmful thoughts or gestures with little potential for self-injury or physical illness; Medium Risk: At least one or more self-harmful thoughts or actions with potential self-injury, physical illness; or, High Risk: Specific, achievable suicide plan and/or at least one or more self-harmful actions resulting in self-injury, illness and/or death.

The TAYP reduces TAYYA’s high risk behaviors over time in treatment, and comparing enrollment to discharge, with respect to aggression and suicidality/self-harm. However, substance use/abuse risk persists and too many TAYYA continue at medium or high risk across these three serious risk types at discharge, even when other treatment goals are met.²⁷

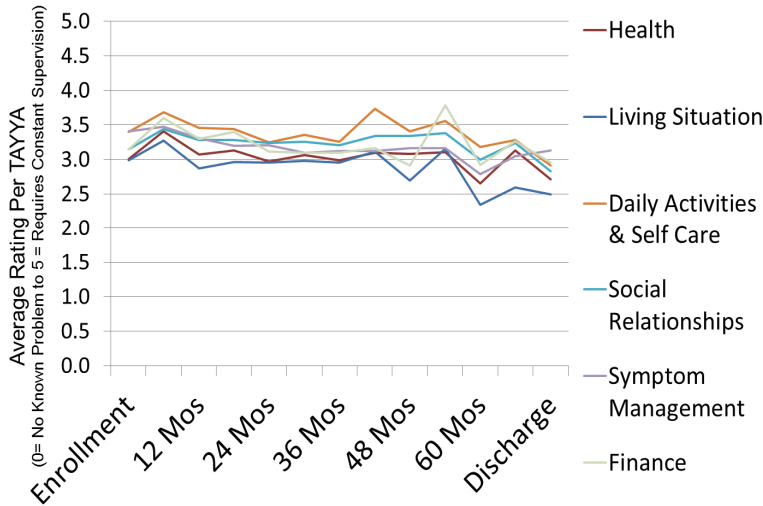
The graph shows aggregate, cross-sectional data based upon solid samples (80%) of clinicians’ risk assessments of both currently enrolled and discharged clients. Additional analyses of matched admission to discharge records suggest recent improvements in risk management: currently active clients show better results than those discharged over the last three years:²⁸

Average Risk Reduction
(4PT SCALE, NEGATIVE SCORES DESIRED)

	Aggr.	Subst.	Suici.
Active	-0.25	-0.03	-0.31
Discharged	0.15	0.33	-0.07
Combined	-0.06	0.14	-0.20

Improving Community Functioning

(Lower Scores Desirable)

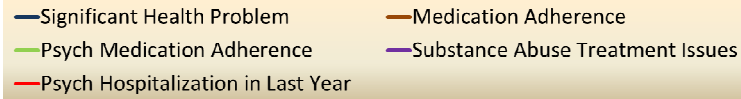


The ACBHS *Community Functioning Evaluation* (CFE) completed by clinicians reveals generally positive, modest downward trends in various problem areas. The graph depicts the average score (scale ranges from 0 to 5) per TAYYA for each subscale as an aggregated cross-sectional snapshot over time and exposure to program services.

Statistical testing on matched samples (admission to most recent CFE, or admission to discharge) reveals significant reductions in problems regarding health, living situation, activities of daily living and psychiatric symptom management – but not regarding social relationships and financial matters,²⁹ although these trend in desired direction.

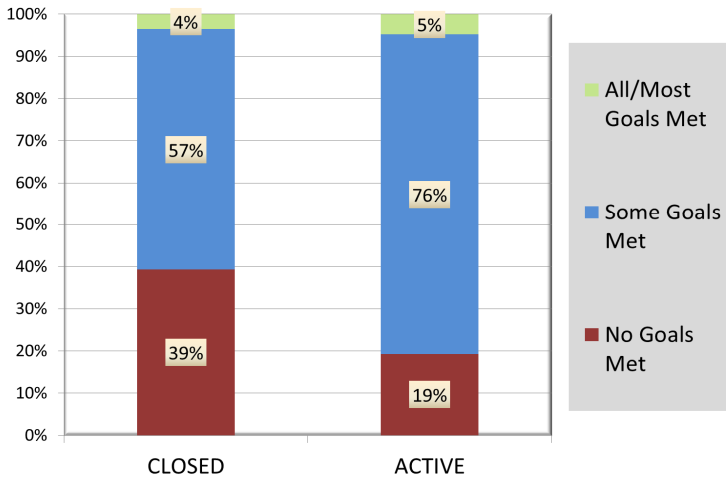
Managing Health and Wellness

Proportions with Some or Much Need of Supervision



The CFE assessment reflects both the seriousness of TAYYA’s problems and their ability to manage them without supervision. The proportions showing more independence in managing their health and wellness on select indicators of the CFE reveal important treatment gains³⁰ -- especially note the marked reductions in psychiatric hospitalizations³¹ -- but also suggest that many TAYYA’s need continued support by discharge and beyond. This appears to be especially true regarding adherence to medication and psychiatric medication protocols, and substance abuse treatment issues.

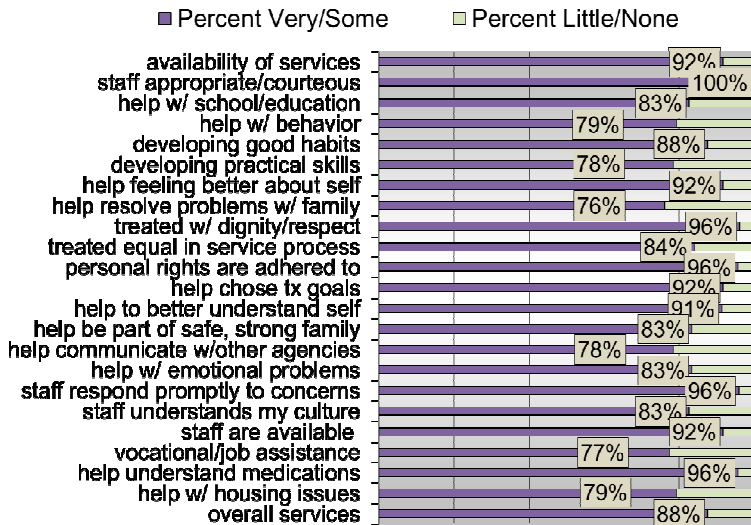
Achieving Treatment Goals



The proportion of TAYYA achieving some or most/all of the treatment goals specified on their individualized service plans is 75%. This proportion is higher among currently active/enrolled clients compared to those discharged over the last three years (81% compared to 61%), adding evidence of a recent uptick in program effectiveness.

Meeting Clients' Expectations

Spring 2010 SBHG Satisfaction Surveys (N=25)



The TAYP receives positive feedback from TAYYA, shown left -- overall 88% satisfaction at last survey (Spring 2010)³² with very high ratings (for example) regarding staff comportment and responsiveness, being treated with respect and dignity, and helping TAYYA understand medications.

From the TAYYAs perspective, areas for improvement (below 80%) match to themes identified from other measures reviewed in this report. TAYYA desire more help to address needs and issues regarding behavior, skills, family, vocation/jobs and housing, including help communicating with other agencies to access resources and make progress in these areas.

Summary

STARS Community Services *Transitional Age Youth Program* (TAYP) is based on national best practices for comprehensive, coordinated and individualized services to transition age youth and young adults (TAYYA), focused specifically for those with serious and persistent mental illnesses, primarily psychotic spectrum disorders. In partnership with county agencies, program staffs work intensively to address TAYYAs transition toward adulthood, integrating evidentiary practices for mental health treatment with assertive care management, including medication support services, to promote progress in living situation, education/vocation, employment, personal effectiveness, and community life functioning. The TAYP team makes every effort to put needed supports in place prior to discharging any young person.

Among those served are many TAYYA experiencing incremental steps forward and/or transition successes regarding their living situations; educational/vocational progression; self-management of risk behaviors and mental health symptoms; and the skills, resources and connections needed for independent community living. Also, and important -- addressed in this report and covered more extensively in prior reports --- this program significantly reduces TAYYA’s reliance on crisis/hospital services at considerable cost-benefit to the county. At the same time, by discharge and beyond, many of the TAYYA will continue to need support and intervention for behavioral risk management especially regarding substance use/abuse co-mingling with their psychiatric conditions, coupled with lack of adherence to prescribed medications. A good number could also benefit from sustained support to maintain gains and/or persist toward transition successes across all domains. In particular, the employment situation of the population is unfavorable.³³

STARS leadership and team continuously strive for quality improvements through a built capacity to measure, track, report out, reflect upon and act on profile, utilization, quality, outcomes and satisfaction data. This is accomplished through the SBHG *Total Quality Management* (TQM) program with stakeholders such as staff, TAYYA, families and agency partners invited to the table during tri-annual quality councils. From this report, there are recent gains evident as well as important threads to follow regarding making quality improvements; the latter includes giving even more attention to TAYYAs’ interpersonal challenges and social relationships, to their motivation to address substance abuse/dependency, and to the ecological issues (e.g., affordable, safe places to live; access to educational/vocational/employment opportunities) affecting their life situations. The TAYP truly embodies the agency mission of “Partnering with People for Positive Change” and we invite you to attend and participate in our forums for doing so.

Karly Abner
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Michelle McDonald
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Stars Behavioral Health Group

Peter Zucker
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Executive Officer
Stars Behavioral Health Group

Stars Behavioral Health Group

“Partnering with People for Positive Change”



SBHG Core Values

- Equip People with Skills and Appreciate their Strengths**
- Enhance the Lives of Individuals and Families**
- Embrace Cultural Diversity**
- Act with Integrity**

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TAYYA Narratives

Alondra. At the beginning of her adolescence, Alondra was a popular honor roll student who was the captain of her basketball and track teams and served in her school's student government. She dreamed of attending college. Her symptoms began to emerge at age 12 and soon became barriers to her schooling activities, hopes and dreams as did her faltering self-perception and confidence from receiving a psychiatric diagnosis. By 2007 when she started services with the TAYP program at age 18, Alondra was an extremely shy young woman who feared leaving her house or taking public transportation without accompaniment, and she worried about potential ridicule and rejection from others due to her mental health condition.

Using strengths discovery and futures planning, TAYP staff elicited Alondra's goals and dreams and helped her identify achievable discrete steps to accomplish them. Alondra took full advantage of the range of psychiatric services, individual case management, therapy and rehabilitative services offered by the TAYP team. She worked consistently with her psychiatrist, and with her staff who used a series of in vivo excursions into the community so Alondra could explore and overcome her fears of leaving home, taking public transportation, and being in unfamiliar environments, such as a college campus. Within months of starting the in vivo work, Alondra began traveling independently on public transit to area locations, including crossing the bay into San Francisco. She learned coping skills to self-check and self-challenge maladaptive thoughts and to manage anxiety in public settings and when speaking to unfamiliar people. As Alondra explored her personal strengths, past trauma, and other facets of her life experiences in therapy, she developed an identity separate from her diagnosis and opened up to working on improving her relationships with others, an important growing edge for her. She began learning and practicing social problem-solving skills and took advantage of social mediation offered by staff to resolve difficulties with intimates.

Participating in treatment and being increasingly willing to take healthy risks, Alondra took major strides towards independence in her final year in the TAYP. She connected with housing resources in the community and secured her first apartment. She independently registered at a local community college and linked up with available campus supports and student advising departments. Alondra transitioned to a lower level of TAYP services (fewer, briefer contacts); and, as of fall 2011 she is progressing through her first semester of college, on her way to realizing her dream!

Remy. Remy enrolled in the TAYP program in July 2010, after his studies at a local college and part-time job were interrupted by the most recent in a series of psychiatric hospitalizations. He struggled with episodes of acute psychotic symptoms including paranoia, disorganized thinking, and auditory hallucinations. The stress of these episodes put pressure on his family relationships, compromised his housing, and disrupted his school and work goals. Using rationales and a risk behavior prevention protocol, TAYP's clinician met regularly with Remy to help him understand his symptoms, and related worries, and improve his ability to manage them. With his symptoms stabilized through medication and therapy, Remy resumed working part-time again, and re-engaged in school.

Then, during the winter of 2011, Remy experienced a series of life stressors and setbacks that triggered an increase in psychotic symptoms. With the support of the TAYP team, he connected to crisis intervention and stabilization programs in the county, and took a leave of absence from work and school. The team continued to work with Remy to strengthen his personal effectiveness, especially relationships skills, and community life functioning. Mental health treatment and forays into the community using in vivo skill building integrated into his daily life while in a residential placement. Nine months later, with improved relationships, he returned to living with his mom, where he has been stably and successfully living for some months. He also recently achieved his longest run at holding a part-time job to date (reason for the team to celebrate!), and is planning on going back to school this spring. Remy and his treatment team recognize the recursive nature of his illness, and aim to manage it so there are increasingly longer periods of stability affording normal transition progress, and fewer psychotic episodes with each diminished in acuity and capacity to derail him from his life goals and activities.

Endnotes

¹ The last TAYP report published January 2009 and addressed FYs 2006-2007 and 2007-2008; prior to that a comprehensive STARS CS Report (all programs within the agency, including TAYP) published September, 2007 and included historical trends since TAYPs inception in late 1998. The current report focuses primarily on data for FYs 2008-2009, 2009-2010, and 2010-2011, unless otherwise noted. Fiscal year cycles run July through June. The data reflect complete population values (100% samples), unless specifically annotated with sampling information.

² However, the TAYP began before the California initiative, and does not currently receive MHSA funding.

³ For information about the strategic plan contact ACBHCS 2000 Embarcadero Cove, Oakland, CA 94606, 510-567-9100.

⁴ For more information about the TIP model and effective services for transition age youth please see the many resources available from *Transition to Independence Process (TIP) model* website at <http://NNYT.TIPstars.org>, and this recent book, Clark, H.B., & D.K. Unruh, D.K. (Eds.) *Transition of Youth & Young Adults with Emotional or Behavioral Difficulties: An Evidence Supported Handbook* (2010) Baltimore: Paul H. Brooks.

⁵ For the 176 TAYYA served during the three fiscal years in focus for this report, referral sources were: self/family (4.8%); private provider (3.0%); community-based organization (4.8%); outpatient clinic (10.8%); day rehab or treatment (3.0%); mental health or social services department, including children specialized services and/or county case management unit (13.9%); drug treatment program (1.8%); crisis services or emergency psychiatric services (20.5%); group home or residential treatment (4.8%); hospital or state hospital (30.7%); and, jail/prison (1.8%). The high-end services are the last five setting types combined. At enrollment 15% of the TAYYA are living in a high end setting; the others recently returned to the community from such.

⁶ In California, turn-over among similar types of provider agencies is 28% based on data from two distinct sources: 1) *California Alliance for Children and Family Services (CACFS) Behavioral Pathway Systems (BPS) benchmarking report*, June 2011, for agencies of same budget size as STARS CS; and, 2) *Bureau of Labor Statistics*, report for western region, healthcare and social assistance labor market, June 2011, www.bls.gov.

⁷ The agency sponsors trainings beyond initial orientation, county-mandated and elective trainings, and trainings available through e-Learning. The team applies internal or external subject matter experts and source materials for the development and delivery of enriched, interactive trainings on a range of topics, including those listed, among many others. For example, with regards to *Motivational Interviewing (MI)*, an evidentiary practice for addressing substance abuse and/or dependency, TAYP staff participated in county-sponsored trainings with the MI originators, and pursued guided study and practice review using the originators' video series, as part of structured clinical supervision. For another example, STARS CS adopted the *California Brief Multi-cultural Competency Scale (CBMCS)* curriculum for intensive cultural competency training which was developed by university-based research teams through contracts with the *California State Department of Mental Health*; SBHG sponsored three trainers for external certification in this curriculum whom in turn support local trainers in delivery, such as at STARS CS.

⁸ Based on 2010 U.S. census data, comparable proportions in the Alameda County TAYYA population ages 17 thru 25 are as follows. There are multiple methods of categorization used in the census; the table below reflects the method that maps closest to the way STARS CS collects such information.

	Ages 17 thru 20 (84,362, 44%)		Ages 21 thru 25 (107076, 56%)		Ethnic Sums
	Female	Male	Female	Male	
African American	5718	5881	6580	5992	24171 (13%)
Anglo American	10811	11333	15347	16025	53516 (28%)
Asian American	10517	10764	13338	13481	48100 (25%)
Hispanic/Latino	11528	12018	14078	15749	53373 (28%)
Mixed/Other	2514	2443	2815	2590	10362 (5%)
Native American or Pacific Islander	427	408	545	536	1916 (1%)
Age by Gender:	41515 (22%)	42847 (22%)	52703 (28%)	54373 (28%)	191438

To locate census reports, visit: http://www.dof.ca.gov/research/demographic/state_census_data_center/census_2010 or <http://quickfacts.census.gov/qfd/states/06/06085.html>

⁹ Per nomenclature of the American Psychiatric Association (2000), Diagnostic and Statistical Manual of Mental Disorders, DSM-IV-TR.

¹⁰ The most common diagnostic groups (at least 5% of the service population) within clinical pathways, in descending order are: MAJOR MENTAL ILLNESS = Psychotic Disorder NOS (28%); Schizophrenia (22%), and Schizoaffective (9%)

INTERNALIZING = Bipolar Illness (25%); Major Depression (11%); Mood, Dysthymia, Depression NOS (10%); and Post Traumatic Stress (5%); NOTE: These total to more than proportion of clients in graph because 10% of clients have more than one internalizing condition.

SUBSTANCES = Cannabis Abuse/Dependency (12%); Polysubstance Abuse/Dependency (7%); Amphetamines or Caffeine (5%).

Additionally, 7% have Axis II (personality) disorders; and 30% have deferred (possible, emergent) Axis II diagnoses.

¹¹ Indicators with highest average ratings (most problematic) among TAYYA at intake by CFE domain are:

- Health – personal safety, medication adherence
- Living Situation – maintaining housing, changing living situation
- Daily Activities/Self Care – education/training/employment, use of leisure time
- Social Relationships – social interactions, social/recreational participation
- Symptom Management – psychiatric symptoms, understanding diagnoses
- Finance – handling income/entitlements

¹² The study sample for the profile and outcomes portions of this report encompasses: 87 enrollments, 94 discharges, 170 unduplicated TAYYA, and 176 service episodes.

¹³ This initiative includes both articulating sequential phases of programming – meet, teach/treat, and connect; and, a current renegotiation of the contract to allow for two tiers of service intensity based upon differential needs of subgroups of clients.

¹⁴ For example, TAYYA in FSP funded programs operated by *Stars Behavioral Health Group* agencies that serve comparably challenged clients receive over twice this volume of services per week on average (more initially, then titrating over time).

¹⁵ Random sample reviews conducted Feb 2010 and Nov 2010 by an independent SBHG regional Quality Assurance Manager. SBHG's audits address a range of factors that bear directly upon the veracity and quality of client care. This process helps the program manage effectively (check the checker) because, for example, in a state audit, if Medi-Cal compliance/legal elements (first bar on the graph) are not found sufficient, amounts paid through Medi-Cal must be returned to the state and the provider absorbs the costs of the services (which have already been delivered). Examples of the range of quality factors assessed include: whether there are informed consents for treatment signed by the legal guardian and/or TAYYA; whether assessments consider client/family culture and build upon strengths; whether diagnoses are correct given presenting symptoms and behaviors; and, whether there is coherence between the statement of needs/problems, goals, objectives, and interventions, including the specificity of planned interventions and documentation of follow-through on the interventions.

¹⁶ Based upon standards and guidelines developed by the *National Network for Youth Transition* (NNYT) and the STARS Academy for TIP (see: <http://NNYT.TIPstars.org>) agencies might elect to become either a TIP-Informed or a TIP Full Fidelity Program. The latter requires an intensive review and certification process that confirms whether the funding and program model meets national evidentiary and best practice standards for serving TAYYA most effectively. At this juncture, SBHG and STARS CS leadership perceive the current TAYP funding model does not permit the rich fullness of staffing and service intensity required per client to achieve full fidelity; nonetheless, they strive to approximate the model as much as possible.

¹⁷ Additionally, the team now has capacity to offer TIP trainings to newly hired staff, and to support ongoing in-services -- refresher classes or topically focused (e.g., by transition-domain) sessions requested by supervisors and/or staff.

¹⁸ The NNYT and STARS Academy fidelity tools encompass a range of methods including those programs may use for self-study and internal fidelity monitoring; and, those used by NNYT/Academy reviewers to assess a site for potential TIP Full Fidelity certification. The TIP Fidelity Probes are brief interviews with Transition Facilitators (in this case, TAYP program staff) focused for each of the five transition domains that address: a) their knowledge of the history, experiences, aims and goals of the TAYYA regarding the transition domain; b) their understanding (case formulation) of the TAYYA's strengths, risks, challenges and barriers regarding making progress; and, c) their use of TIP core competencies to advance TAYYA's progress. In addition to applying the probes, STARS CS conducted the multi-dimensional TIP Organizational Survey with staff and managers' responses aggregating to 78% overall fidelity as of Spring 2011.

¹⁹ These include but are not limited to: a) the Painted Brain and Youth Uprising (young adult advocacy groups); b) Department of Rehabilitation and Alameda County Vocational Program (vocational/job supports for TAYYA); c) Alameda County Department of Mental Health, including their collaborative TAY Initiative and Pool of Consumer Champions, TAY (consumer advocacy, educational and input processes); and, d) Berkeley Mental Health Department, Fred Finch Youth Center, Casa de la Vida, and Bonita House (service partners).

²⁰ In the past year, these include: a) trainings conducted by TAYP leadership at Casa de la Vida and at a workshop at the *California Mental Health Advocacy for Children* (CMHACY) annual conference; b) presentations and training by the SBHG TAY Services Director, Wayne Munchel, for Alameda County and nationally as part of the STARS Academy for TIP, and his lead authorship of the recently issued *California Institute of Mental Health* (CIMH) TAY Full Service Partnership (FSP) Toolkit; and, c) TAY-focused

presentations of the SBHG Research and Program Practices Department head in collaboration with Dr. Rusty Clark (TIP developer) at the *Florida Mental Health Institute* (FMHI), Annual System of Care Research and Training Conference.

²¹ Estimate based on sample of discharged TAYYA (60%) with both enrollment and discharge SBHG *Client Outcomes Report s* (COR) regarding their living situation, reflecting maintenance within or transition to independent home/apartments, family/friends (long term arrangement), or congregated community living (board & care, room & board).

²² The graph is based on cross-sectional data from the COR: 78% available admission records; and, 84% available discharge records. The “other” category represents unknowns due to AWOLs or missing information; and, there were three client deaths over the three years covered in this report. The complete circumstances of each of these unfortunate deaths are not fully known. Two appear to be medically related (possibly a seizure and the other cardiac arrest). The most recent death was from community violence (young man gunned down in East Oakland, one day after discharging from a local treatment facility). His mother continues to attend the TAYP’s family support group.

²³ Less normative may be the frequency of changes in living situation. Based on available COR records (completed every six months), an estimated 40% are relatively stable (none or only one move); another 40% move about some (two to five moves); and 20% move very often (five or more times over roughly three years on average).

²⁴ Based on COR data, collected every six months. Samples are: INITIAL (96%) with input at admission and/or six months, DURING (97%) with input on multiple occasions during services; and FINAL (90%) with input at discharge. The survey elements were those identified by TAYYA themselves during a focus group a number of years ago, as the important factors that affect their stability, choices, and perspectives about their living situation.

²⁵ STARS CS continues to make improvements to data collection; over the time period of this report the samples available for schooling and employment data include 74% complete records among currently enrolled TAYYA; and, 64% complete records among discharged clients. Complete records mean matched sets of admission to last expected six-month COR or admission to discharge COR for each client, so that we can track individuals’ progression over time.

²⁶ Analyses reveals specific opportunities for program quality improvement – the subgroups of TAYYA working their way through high school and those already engaged in additional educational/vocational activities beyond high school at the time of enrollment are progressing more than are the TAYYA whom start TAYP’s services with high school degrees but no further involvements (Pearson Chi Square $p < .00$ for Active; and $p < .01$ for Discharged). This may be because the schooling/training structures are already somewhat in place for the first two groups, but not the latter – these TAYYA are truly in a transition phase having finished high school, and not yet focused or committed to a next step. The STARS CS team might increase their overall program outcomes by focusing more on this particular subgroup.

²⁷ These risk statuses are measured on the COR, independently of whether TAYYA meet their other treatment goals: the data trend in the direction of showing reduced risk among those meeting some/most goals compared to those not, but the pattern is not statistically significant at this time (given available sample). As a routine program practice, TAYYA participate in discharge planning with staff, and for those with continued high risk, discharge planning may involve many, varied community connections, services and supports arranged for by the team.

²⁸ Significant ANOVA, active compared to discharge, for aggression ($p < .02$); substances ($p < .07$); and, total risk ($p < .01$).

²⁹ Paired samples T test (N=120, 68% sample), results below:

	Paired Differences					t	df	Sig. (2-tailed)
	Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
				Lower	Upper			
Health	-.2303	1.0082	.0920	-.0480	-.4125	2.502	119	.014
Living Situation	-.2688	1.6218	.1481	.0244	-.5619	1.815	119	.072
Daily Activities/ Self Care	-.4804	1.2650	.1155	-.2518	-.7091	4.160	119	.000
Social Relationships	-.1600	1.1148	.1018	.0415	-.3615	1.572	119	.119
Symptom Management	-.2189	.9572	.0874	-.0459	-.3920	2.505	119	.014
Finance	-.2458	1.6816	.1535	.0581	-.5498	1.601	119	.112

³⁰ Analyses based on matched samples of TAYYA with both admission and the most recent expected CFE (57% matched sample) or discharge CFE (78% matched sample) -- with the specific ratings shown completed (probabilities from $p < .05$ to $p < .000$).

³¹ The 74% and 45% reductions in psychiatric hospitalizations, respectively, are statistically significant ($p < .000$); the overall pattern of there being reductions is verified in a second dataset (COR, comparing data over a six month period prior to admission

and then discharge, showing 65% reduction); and, corroborates analyses included in prior program reports that additionally tracked hospitalizations for six months beyond program discharge in a hospitalization dataset on TAYP clients provided by Alameda County. Nationally, (as of 2008) the psychiatric hospitalization base cost is \$615/day not counting local geographic, patient, and labor market adjustments, which likely result in higher costs in the Bay Area. For more about cost estimates please see: http://www.medpac.gov/documents/MedPAC_Payment_Basics_07_psych.pdf. Based on prior analyses demonstrating both reductions in psychiatric hospital episode counts per client and in episode lengths comparing six months before, during and six months following discharge, the TAYP (conservatively) saves the county \$22,000 dollars per enrolled client for the duration of their enrollment; and \$27,000 per client for a period of six months post discharge – altogether, roughly \$50,000 dollars per client compared to a period when the same individuals were not assertively and intensively case managed with effective treatment, recovery and transition services and supports.

³² STARS CS participates in *California State Department of Mental Health, Performance Outcomes and Quality Improvement (POQI) Surveys*, which have been on hold, under revision, and are currently resuming. During the hiatus, STARS CS ran surveys using an SBHG tool, the data shown.

³³ The SBHG *Research and Program Practices Department* welcomes opportunities to develop meaningful comparisons of the TAYP outcomes to similar programs in Alameda, and/or statewide. It is difficult to anchor the results reported here to relevant comparisons and we look forward to more datasets and/or reports becoming available from among the county/state's *Full Service Partnership (FSP)* programs, for example. Compared to multiple TAY FSPs in focus in one county report (in Riverside, reporting through September 2010), with less prevalence of psychotic spectrum disorders in their population, the TAYP does well at reducing hospitalizations (65% reduction compared to 58%), reducing need for additional, follow-up substance abuse services (44% needed versus 61%), meeting treatment goals (75% compared to 17%) and tracking transition-related goals through accomplishments (e.g., 50% of active clients demonstrating steps forward with education, compared to 60% simply identifying this as a recovery goal during their enrollment). However, the underlying samples, metrics and methods of analyses may vary in ways not currently understood, so such comparisons are tentative.