



The STAY Transitional Age Youth (TAY) Crisis Residential Treatment (CRT) Facility

BRIEF REPORT Part One - from the Department of Research and Program Practices

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The STAY is a 14-bed Crisis Residential Treatment (CRT) facility offering short-term care at a lower level than psychiatric hospitalization. For young people (ages 18 to 25 years) experiencing a mental health crisis in San Bernardino County, **The STAY** offers a safe, welcoming, voluntary crisis residential setting in which they may receive mental health treatment, medication support, and group services for rehabilitation in a peer-supported, culturally attuned environment. Through individually tailored discharge planning, young people obtain linkages to needed outpatient mental health services, and to housing, medical, and substance abuse recovery programs, among other types of services. **The STAY** was initially funded as a Mental Health Services Act (MHSA) Innovation (INN) project. The program served 247 clients in just over three and a half years since it opened in March 2013. Here in this **BRIEF REPORT**, we present outcomes focusing on the most recent 16 months (July 2015 to October 2016) since the last Brief Report (also available upon request), including analyses conducted by the San Bernardino County Department of Behavioral Health. Additional outcomes and satisfaction data will be issued very soon!

Residents:

In the period since the last report, 118 unduplicated young people resided at **The STAY**. Of these, 34% identified as African American, 24% as Hispanic/Latino, 34% as White, 4% as American Indian with another race or ethnicity, 1% as Asian, and 3% as other or unknown.ⁱ For these residents, the median age at entry was 21, with 44% between 18 and 20 years old and 56% between 21 and 25 years old.ⁱⁱ Their gender at birth was 57% male and 43% female, a similar distribution from the program's first opening. The sexual orientation of residents (known for 95% of residents) was 84% heterosexual, 6% homosexual, gay or lesbian, and 5% other (bi-sexual and pansexual).ⁱⁱⁱ The percent of residents by preferred language was 97% English and 3% Spanish. Their primary mental health diagnoses at admission included 31% with Schizophrenia or another psychotic disorder, 31% Bipolar Disorders, 14% Depressive disorders, 21% Mood disorders and 2% Anxiety and related disorders.^{iv}

Residents were admitted from (by percent of admissions) home or independent living (33%), acute hospital (15%), the street or homeless shelters (48%), jail (1%), or other (2%) including DBH housing, residential board & care and substance abuse treatment facility.^v

It is a priority to serve young people with prior human service system experiences. Among residents at **The STAY** during this time (for whom system involvement was known), 68% were involved with Child Welfare, 48% were justice-system involved and 16% were both.

Welcome to The STAY:

The STAY welcomes diverse young people age 18 to 25 in mental health crisis. Admission priorities include:

- Risk of acute crisis and/or psychiatric hospitalization
- Not currently violent
- Not sex offenders
- Able to share a living environment
- Willing to actively participate in developing their own recovery plan
- Human service system involvements (e.g., child welfare, foster care, justice system)
- LGBTQ

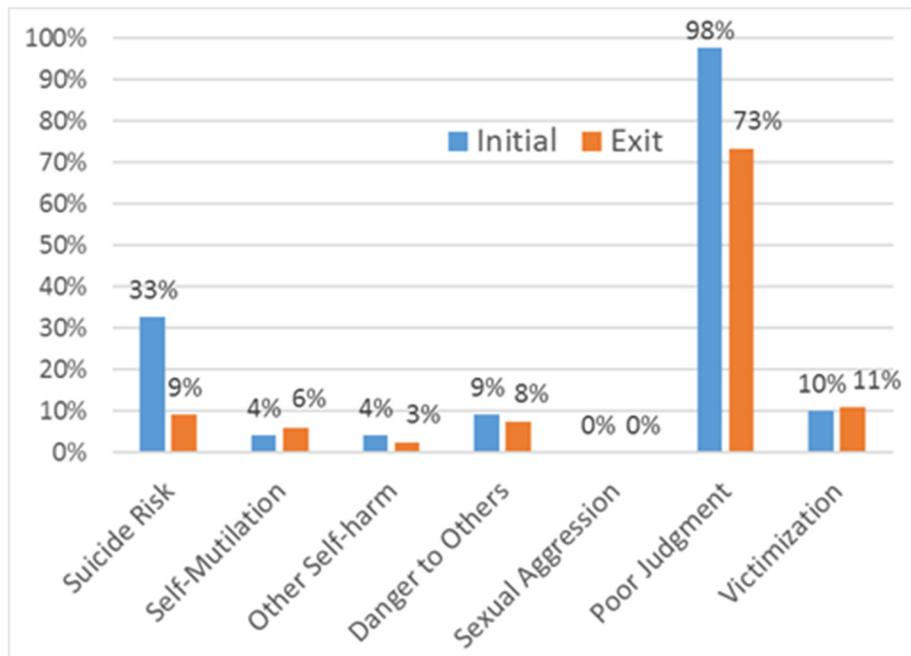
“Where would you be if you were not at The STAY?”

As reported in clinical notes, residents shared where they believed they would be and what they thought they might be involved in *if they were not at The STAY*. Seventy-three percent of residents said they might become homeless; 77% said they might be hospitalized; 15% said they might engage in criminal activity to support themselves; and 10% said they might be incarcerated. Sixty-five percent said they would be using drugs, 34% thought they might attempt suicide and 16% thought they might harm themselves.

High Risk Behaviors

The percent of residents with some risk of suicide or risky behaviors associated with poor judgment decreased significantly from admission to exit (Child and Adolescent Needs Scale CANS Risk Behavior domain and TAY domain; Suicide risk: 33% at admission, 9% at exit; Poor judgment: 98% at admission, 73% at exit, see chart below).

CANS High Risk Behaviors
% Residents with Significant Needs
(n=120 matched pairs;
improvement seen as decrease from initial to exit)



Programming tightly focused for the service population during an intensive short stay milieu program is a key to success. Thus, we base therapy and rehabilitation on **carefully selected evidence based practices** that are wellness focused, yet hardship and trauma-informed such as Seeking Safety and the use of Wellness Recovery Action Plans (WRAP). Group services are co-led by peer staff whom help residents to reduce their behavioral risks, care about personal safety, and whom can role model, teach and promote effective self-care. Fidelity measures show strong adherence to the practices; and, the fidelity surveys provide an opportunity for on-going coaching and skill development of staff.

Medication Adherence & Independent Living Skills

Medication adherence among residents increased during their time at **The STAY**; the percent of residents with significant need regarding medication compliance decreased from 69% at admission to 36% at exit. These results relate to: psychiatrists adjusting medications to residents' feedback and current needs; staff helping to monitor the efficacy of the medications and the presence of side-effects; and, programming focused on wellness education, including about medications and alternatives.

Independent living skills will take more time than a resident has at **The STAY** to fully develop; nonetheless, **the group activities and peer-supported environment help residents work on their independence skills**. The percent of residents with clinically actionable needs in this area decreased from 37% at admission to 23% by exit.

At Discharge

For residents leaving **The STAY** July 2015 forward, **82% made some or significant progress on their treatment goals!** **The STAY** is a voluntary crisis residential treatment facility; discharges may be planned or unplanned. When exiting **The STAY** during this reporting period, 57% of residents experienced planned discharges and 43% had unplanned discharges. Of those with unplanned discharges, 68% were discharged against clinical advice.

Those residents whose living situation after discharge was known were discharged to a family home or independent living (56%), residential board & care (14%), other Department of Behavioral Health housing (8%), substance abuse treatment facility (11%), homeless shelter (5%), jail (4%), or to a higher level of care such as a psychiatric health facility (1%).

Some clients return for further treatment. **The percent of clients returning for a second round at **The STAY** decreased from 32% of distinct clients during FY 14/15 to 19% of distinct clients during FY 15/16, a positive trend.**

Community Impacts

As part of the county's MHSA Innovations process, Valley Star and Stars Behavioral Health Group staffs worked collaboratively in a workgroup with the San Bernardino County Department of Behavioral Health to identify and frame further evaluative questions. Analyses were

then undertaken by the county's evaluators with access to varied types of county data on **The STAY** residents. More of these kinds of impact data will be issued by the county; some highlights are addressed below.

Outpatient services after *The STAY*?

*Does **The STAY** facilitate the use of routine outpatient behavioral health care after a resident leaves the facility?*

Analysts at the San Bernardino County Department of Behavioral Health examined the outpatient county behavioral health records of 159 residents, one year before and one year after their opening date at **The STAY**. They found the **volume of outpatient visits increased** from 2,069 to 2,694 (an increase of 30%, see graph at right) between the year before **The STAY** residents' opening date and the year after their opening date.

Additionally, the **number of residents who engaged at all in routine outpatient behavioral health services increased** from a pre-opening count of 69 unduplicated persons to a post-opening count of 102. This is a 48% increase (see chart at right) in the year after their opening date of residents engaging with the outpatient mental health system.

These results represent exactly what the STAY was intended to achieve – effective linkage to outpatient services for a very troubled and high risk young adult population.

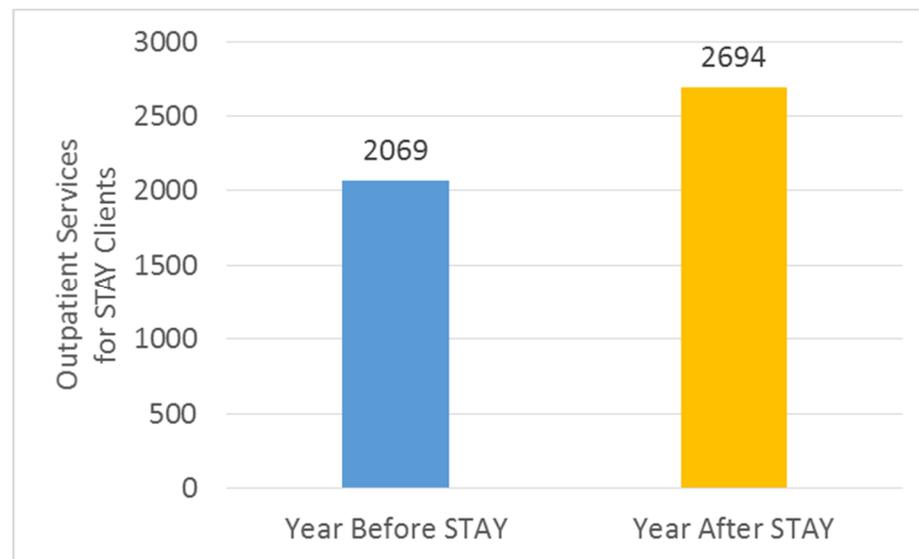
Hospitalizations after *The STAY*?

*Does **The STAY** decrease use of higher level inpatient psychiatric health facilities?*

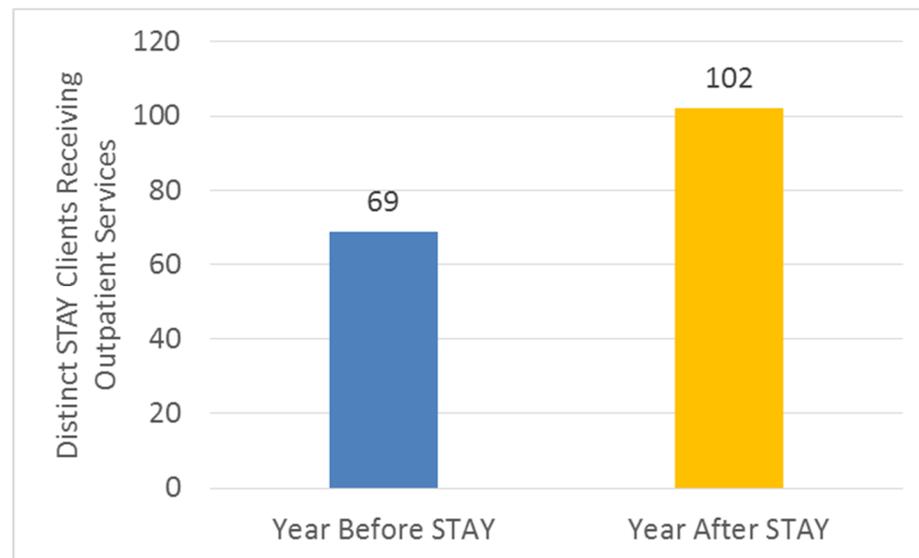
San Bernardino County analysts examined the hospitalizations of 159 residents for the year before and the year after their opening date at **The STAY**. They found a **27% decrease in the year after *The STAY*'s opening date in the number of residents with psychiatric admissions and a 27% decrease in the count of admissions** as well (see graphs on next page).

Importantly, even the length of the hospital admissions that occurred was affected positively: the average length of stay in an inpatient psychiatric hospital decreased from 3.7 days in the year before the opening date of **The STAY** to 2.0 days in the year after. In total, for

Volume of Routine Outpatient Services Received
*Year Before vs Year After **The STAY** (n=159)*



Number of Residents with Outpatient Services
*Year Before vs Year After **The STAY** (n=159)*



these 159 residents, the number of hospital days decreased from 820 in the year before to 510 days in the year after the opening date at **The STAY**. This represents a 38% drop in hospital days.

Again, these results embody what **The STAY** was intended to do – help young people stay out of higher levels of care, and keep them closer to their family and community.

Number of Psychiatric Hospital Bed Days
Year Before vs Year After **The STAY** (n=159)



People Amidst the Numbers!

“They helped me with anything I had my mind on that bothered me and helped me change my perspective on life.” – Resident, discharged Jul. 2015

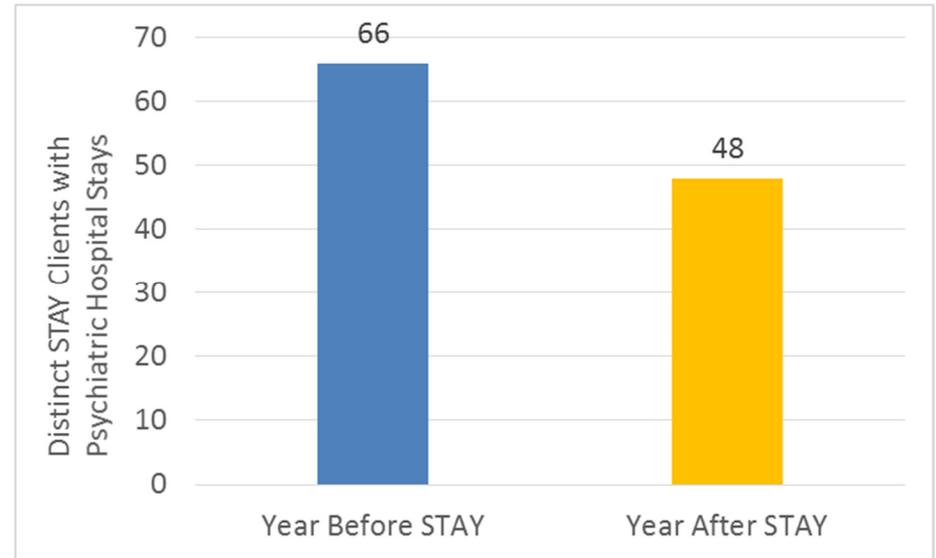
[I got help with] “Coping skills, triggers, anxiety/panic attacks. My anger was holding me back, taking me outside, sober for 90 days.” – Resident, dc’d Dec 2015

“[Staff person] was awesome. He was able to help a lot, especially because he was once a resident. He understood being in my place and was able to give me great advice.” – Resident, dc’d Nov. 2016

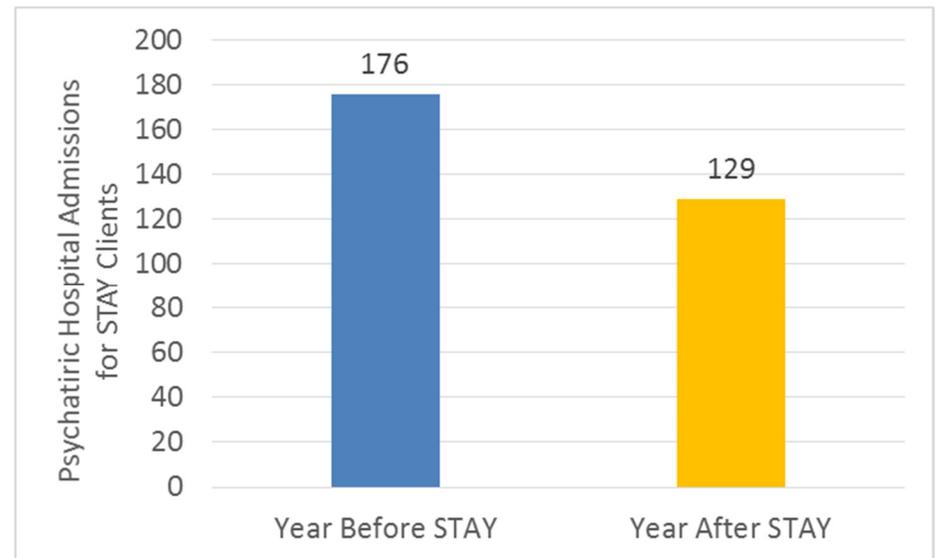
[I most liked] the “room, relationships and stability” – Resident, dc’d Sep 2016

“The Stay helped me within myself with things I couldn't overcome before.” – Resident, dc’d Dec. 2016

Number of Residents with Psychiatric Hospitalizations
Year Before vs Year After **The STAY** (n=159)



Number of Psychiatric Hospital Admissions
Year Before vs Year After **The STAY** (n=159)



How does *The STAY CRT* impact the bottom line?

By analyzing the outpatient and inpatient activity of **The STAY** residents from the start of operations through June 2016, San Bernardino County Department of Behavioral Health analysts estimated **The STAY saved the county \$2.8 million dollars in hospital bed days over its years of operation. It accomplished this by:**

- Diverting behavioral health clients to **The STAY** who might have otherwise returned for more expensive psychiatric hospital stays;
- Contributing directly to the residents' psychiatric rehabilitation; and,
- Linking former residents with needed routine (non-crisis) outpatient services to further support their recovery.

In fact, the analysts suggested that \$2.8 million is an underestimate of cost savings, as it does not include police and emergency responders, among other costs within the traditional arc of managing psychiatric crises.

The STAY is an INNOVATIONS project of the San Bernardino Department of Mental Health, funded by the Mental Health Services Act (MHSA). Valley Star Behavioral Health is a part of *Stars Behavioral Health Group* (SBHG), a statewide provider of behavioral health care and related educational and social services to children, adolescents, young adults and adults and their family members.

ⁱ From the opening of the CRT (March 2013 to November 15 2016), race/ethnicity of 247 distinct residents (similar to the distribution of the residents since July 2015):

Race/Ethnicity	# Residents	% Residents
African American/Black	87	35%
Asian or Pacific Islander	1	0%
White/Caucasian	79	32%
Latino/Hispanic	65	26%
American Indian with other	6	3%
Other	6	3%
Unknown	3	1%
Total	247	100%

ⁱⁱ From the opening of the CRT (March 2013 to November 15 2016), the age of 247 distinct residents (residents since July 2015 are somewhat older):

Median Age: 21 years

52% started between 18 and 20 years of age

48% started between 21 and 25 years of age.

ⁱⁱⁱ From the opening of the CRT (March 2013 to November 15 2016), the sexual orientation of 247 distinct residents

Sexual Orientation	# Residents	% Residents
Heterosexual	200	81%
Homosexual, Gay, Lesbian	20	8%
Other (Bi-Sexual, Pansexual)	27	11%

^{iv} From the opening of the CRT (March 2013 to November 15 2016), the primary diagnoses of residents at admission were 23% Schizophrenia and related disorders, 33% Bipolar disorders, 13% Depressive disorders, 8% Anxiety disorders, 20% undifferentiated mood disorders and 3% other.

^v From the opening of the CRT (March 2013 to November 15 2016), residents were admitted from (by percent of admissions) home or independent living (27%), street or homeless shelters (60%), acute hospital (10%), jail (1%), and others (2%). Please note that many of those admitted from a hospital, jail or other treatment setting were homeless prior to those admissions and subsequent referrals to The Stay. Thus, we estimate that close to 75% of all admissions are of individuals who are homeless or housing insecure.