Full Service Partnerships for Transitional Age Youth

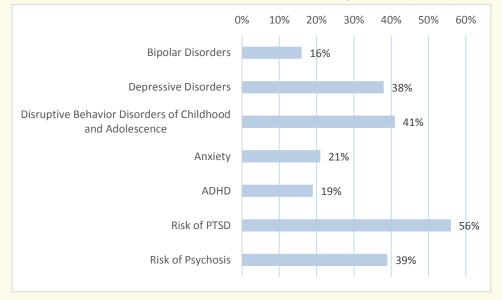
BRIEF REPORT from the Department of Research and Program Practices For more information contact: Karyn Dresser, Ph.D. 510-635-9705 x207 **Report Date: January 13, 2015**

Through the Mental Health Services Act-funded Full Service Partnership (FSP) program, Starlight Community Services has served transitional age youth (TAY) at risk for justice system experience and having serious emotional disturbance since 2008. California's *Mental Health Services Act* (MHSA) provides funds for community-based services for target populations with mental health conditions and considered to be at risk for incarceration or restrictive higher levels of care. These services include more than mental health treatment, and involve the service coordinator as an advocate in the partner's life. The transitional age youth in this FSP program have all had contact with the juvenile justice system. Here in this **BRIEF REPORT**, we present outcomes from the past three fiscal years (FY11-12 to November 2014).

Participants:

From the start of FY 11-12 to the present (November 2014), Starlight CS served 91 transitional age youth (TAY) in their Full Service Partnership program. Partners (as participants in Full Service Partnerships are known) were mostly Hispanic (64%), African American (12%) or White (18%), with 2% Asian and 1% American Indian (8% of members also identified a second race or ethnicity; 4% were unknown). The median age of youth at the start of services was 18 years old, with the youngest being 15 and the oldest 23 years old. They were 52% female and 48% male. On average, partners' length of stay was 340 days. At the start of services, most lived with family or on their own (83%), with 5% in licensed or unlicensed residential care, 5% in foster care homes, 2% detained by juvenile justice and 5% homeless.

- Youth participating had complex mental health issues; diagnoses included bipolar disorders (16%), depressive disorders (38%), disruptive behavior disorders from childhood or adolescence (41%), anxiety disorders (21%), and attention deficit disorders (19%). At admission, 56% of the youth were assessed as having traumatic histories that impacted their current mental health (n=58). In addition, 39% were assessed as being at significant risk for psychosis. In the year prior to admission, 31% of youth had had a mental health crisis requiring emergency services (n=22).
- At admission, 38% of youth had substance-related diagnoses among their mental health diagnoses (most commonly cannabis, 57%, and alcohol, 16%; n=91). According to the judgment of their service coordinator, 27% had an impairing co-occurring



Mental Health Conditions of Transitional Age Youth (n=91)

substance use problem at admission, which was untreated in 67% of cases at that time (n=22).

Many of the partners had had contact with the police in the 12 months before admission; 50% had at least one arrest during that time and 41% had been arrested prior to that year as well (n=22). At admission, 50% were on probation. In assessments, the percent of youth with the risk of dangerously impulsive behavior was at 45% of youth, n=32.

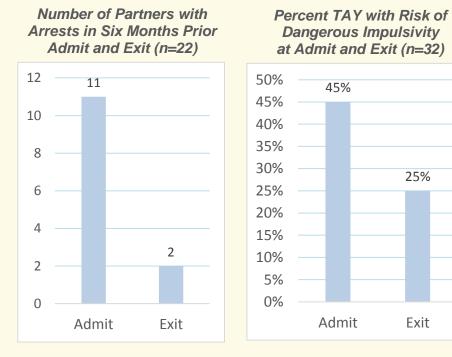
Outcomes for Full Service Partnerships at Starlight CS:

Mental Health Symptom Relief:

- The number of psychiatric hospitalizations can be considered a measure of severity of distress and risk to self. Psychiatric hospitalizations decreased after the start of treatment; overall, 34 hospitalizations had occurred in the six months prior to the start of the partnerships (11 youth), while 3 psychiatric hospitalizations occurred during the six months prior to discharge (one partner).
- As noted earlier, many partners had co-occurring substance use problems. After one year in treatment, 60% of partners with cooccurring substance use problems were in substance use treatment, as opposed to 33% at admission. There was a trend toward a decrease in the prevalence of serious substance use problems from 29% at admission to 19% at discharge (n=32).
- Dangerous impulsivity, which was high at admission (affecting 45% of partners), decreased significantly during the partnership (25% of partners at discharge). In addition, there was a trend toward a decrease in the risk of psychotic symptoms (39% of partners at admission and 23% at discharge).

Independent Community Functioning:

- Of the eleven partners who had been arrested in the year prior to the start of partnership, only two had been rearrested by the end of the first year in the partnership (a one-year recidivism rate of 18%). Only two partners had negative discharges or interruptions to the partnership involving justice placements (8% of exits).
- Of the eleven partners on probation at the start of their partnership, three successfully finished probation in the first year of their partnership, and one more finished in the second year.
- Conflict with family eased during treatment; 56% of partners were experiencing moderate to severe conflict with their families at the start of the partnership, while 40% were experiencing conflict by discharge.
- Of those partners 18 years and under (n=20), more were positively engaged in activities outside of school by the end of treatment, including sports, volunteer activities and vocational exploration (55% at admission, 73% at discharge).



Of partners 19 years and older, 100% had gained some vocational experience such as applications and interviewing coaching, and 31% were employed at discharge (n=12).

Positive Conclusion to the Full Service Partnership:

Of all partners, over 87% made progress toward their treatment goals and graduated from the program after an average of 11 months. 81% had created their own wellness goals; 92% had protective factors such as supports in the community, improved coping skills and having a close friend; finally, 54% successfully completed *all* of their partnership goals.

Starlight Community Services is part Stars Behavioral Health Group (SBHG), a statewide provider of behavioral health care and related educational and social services to children, adolescents, young adult and adults and their family members. Starlight CS is funded through a variety of sources including MHSA's support of the County of Santa Clara's Full Service Partnership programs for transitional age youth.