



# ★ Star View Community Services ★

## Full Service Partnership – Transitional Age Youth Program

**BRIEF REPORT** from the Department of Research and Program Practices

For more information contact: Karyn Dresser, Ph.D. 510-635-9705 x207

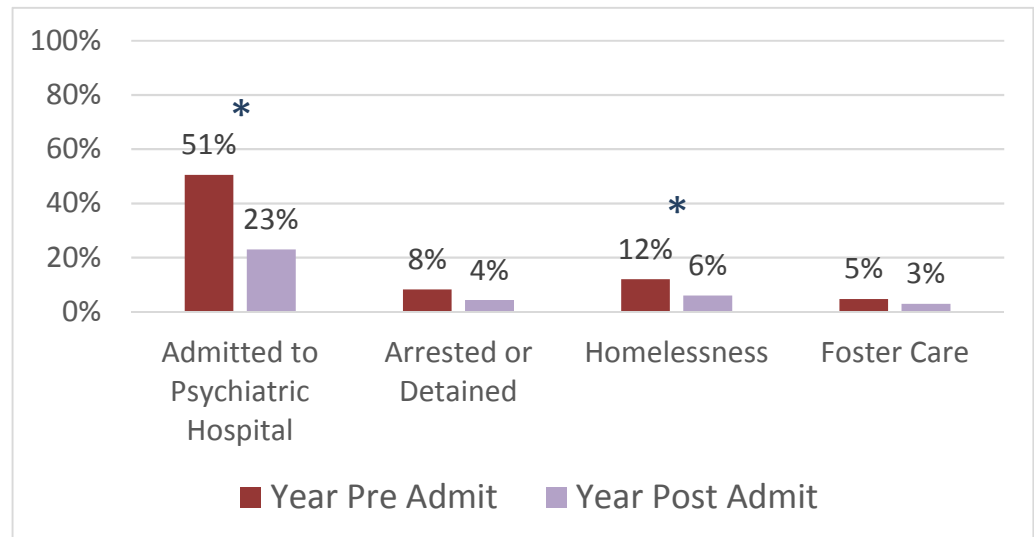
Star View Community Services<sup>i</sup> Mental Health Services Act Full Service Partnership (FSP) program for transitional age youth (TAY)<sup>ii</sup> in Los Angeles County served 707 young people, ages 15 to 25 since the program started in 2007. TAY FSPs provide an intensive level of services beyond the scope of a typical outpatient community service program to meet the complex and multi-faceted needs of referred young people and their families. Program services include psychotherapy; psychiatric rehabilitation and medication supports; crisis intervention; substance use treatment; assistance obtaining financial and health benefits; and, assessments with linkages to medical care, housing, educational and employment opportunities and a variety of other community resources. Within this comprehensive framework, staff are committed to helping young people achieve the goals that are important to them; additionally, Star View applies the evidence supported Transition to Independence Process<sup>TMiii</sup> model to assure their TAY FSP program is attuned fully to the developmental needs of young adults. This **BRIEF REPORT** presents outcomes across the last two years (December 2014 through May 2017). Reports for prior periods are also available.

### Participants:

During the report period (from December 2014 to May 2017), 240 young people were served in the Star View FSP TAY program; including 156 whom exited the program during this time. Youth and young adults were 15 to 25 years old at enrollment; 55% were 18 years or younger, 20% were ages 19 or 20 years and 25% were ages 21 and up. Young people were 51% female and 49% male; 57% were Latino, 26% were African American and 17% White (other, unknown, mixed 10%). Overall, the youngest group were Latino participants (median age=17; African American, White and other races and ethnicities were older (median age=20).

The young people’s mental health diagnoses were predominantly internalizing conditions: 79% of those served had one or more, including 56% with depressive disorders, 19% with trauma-related disorders, 16% bipolar; and, 9% anxiety disorders. A good number (29%) of the young people have diagnoses of schizophrenia or other psychotic disorders. Although few (12%) had a

***% Young People Experiencing  
Psychiatric Hospitalizations, Arrests/Detentions,  
Homelessness or Foster Care Placement  
Comparing the Year Prior to the Year Following  
Date of Program Enrollment (admit)<sup>viii</sup>***  
*(n=85; OMA; improvement seen as a decrease; \* significant improvement<sup>ix</sup>)*



substance related diagnoses (most commonly, alcohol or cannabis), many showed risk in this regard. From our additional assessments, 31% appear to be substantively challenged by substance related issues at the time of enrollment (chart “% Young People with Risk Behaviors”).

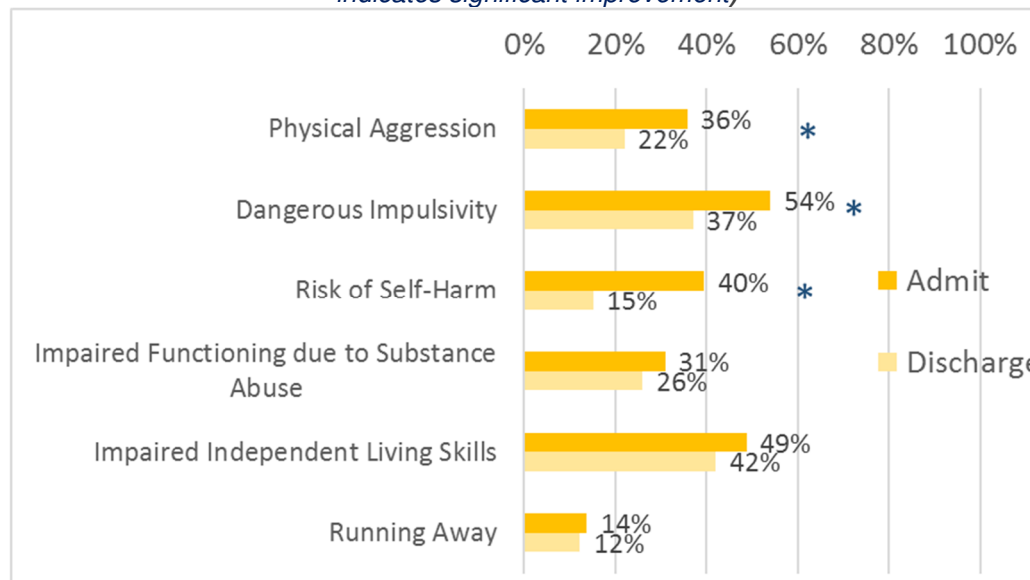
Upon enrollment, most young people lived in a family home (76%); others were in temporary housing (7%), residential care (6%), foster care (1%), justice facilities (1%), transitional housing (2%), or homeless (6%). Their families and caregivers also faced a range of challenges. Caregivers experienced severe poverty or homelessness (20%), mental health issues (20%), physical health issues (9%), or substance use (12%). Forty-four percent of the caregivers had parenting skills that needed improvement to a degree that it impacted their child’s mental health and/or treatment prognoses.

Young people entering Star View’s TAY FSP were at risk of hospitalizations, of losing their home placement, and of legal system involvement. Fifty-one percent had a psychiatric hospitalization at least once in the prior year (see chart on previous page; data from OMA system<sup>iv</sup>), with an average of two hospitalizations among those with one or more. In the year prior to treatment, eight percent had been in a justice facility at least once; twelve percent had been homeless at least once; and, five percent had been in foster care at some point.

**Utilization:**

While participating in the Star View FSP program, clients received an average of two therapy, rehabilitation and/or collateral contacts each week, reflecting the high intensity of these services.<sup>v</sup> The average span of time in the program was 416 days (14 mo.); and, the average length of their entire behavioral health treatment at Star View CS, including FSP TAY participation, was 506 days (17 mo.). The average month-end census this past year was 84 young adults.

**% Young People With Risk Behaviors**  
*(n=127, improvement seen as decrease from enrollment to discharge; \* indicates significant improvement)*



**Outcomes:**

**Psychiatric Hospitalizations, Legal System Involvement, Homelessness and Foster Care Placement:**

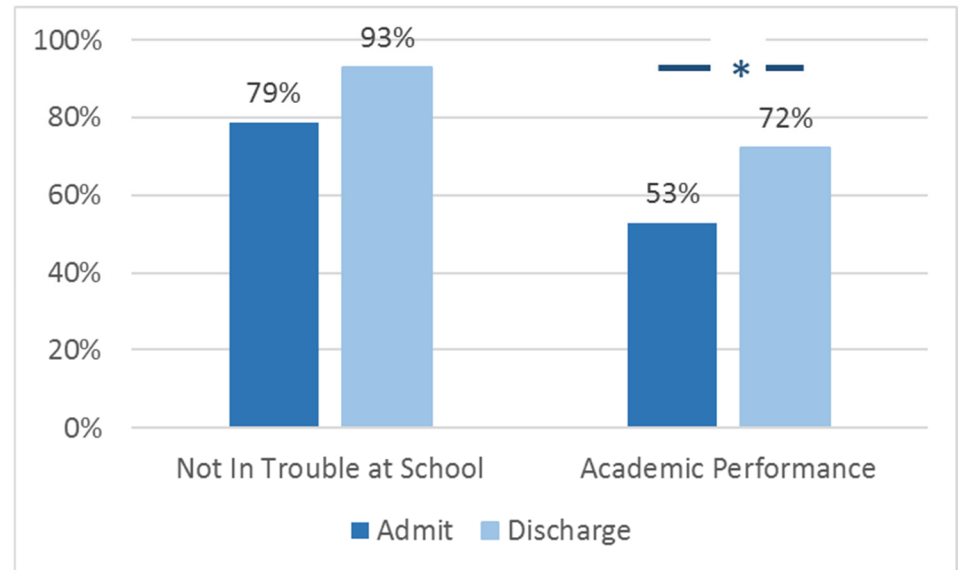
One of the goals of treatment is to decrease the need for psychiatric inpatient admissions, for arrests and for loss of placement in the family home in foster care, or homelessness. As can be seen in the chart on the previous page, there was a decrease in the hospitalization rate with treatment -- 51% of youth had at least one psychiatric inpatient hospitalization in the year pre-enrollment; 23% post-enrollment (54% reduction). The average hospital length of stay also decreased from 22 days in the year before the start of TAY FSP to 7 days in the year after the start of TAY FSP. The arrest and detention rate in the first year after TAY FSP enrollment trended toward a decrease (8% in year pre-enrollment; 4% in year post-enrollment). The percent of youth who had periods of homeless decreased during treatment (12% in year pre-enrollment; 6% post-enrollment). Finally, the percent of young adults who were placed outside family homes into foster care

trended toward a decrease (5% in year pre-enrollment; 3% post-enrollment).

**Behavioral Risks:** Engaging in risk behaviors such as aggressive behavior toward others, dangerously impulsive behavior and self-harm behavior increases the danger to the young person and to their family and friends, increases the risk of losing a safe, stable place to live, increases the likelihood of legal system involvement, and may result in lost time at school, at work and in the community. Thus, during TAY FSP participation, young people are supported to decrease risk behaviors and develop resiliency. In the chart on the previous page titled “% Young People with Risk Behaviors”, the percent of youth at risk of physical aggression toward others decreased from 36% at enrollment to the FSP TAY program to 22% at discharge. Those at risk of dangerously impulsive behavior decreased from 54% (admit) to 37% (discharge). Self-harm behaviors also decreased – 40% of youth were at risk of self-harm behaviors at enrollment, and 15% were at risk at discharge. Other risk behaviors such as substance use, poor independent living skills and running away also declined. Decreasing risk behaviors through treatment, as demonstrated here, is a critical part of helping young people take charge of their own lives.

**Education and Employment:** As can be seen in the chart titled “% Young People Doing Well at School,” the percent of those with good grades (“C’s” or better) increased significantly during treatment.<sup>vi</sup> Similarly, the percent of young people who were not in trouble at school trended positively during program participation. Younger TAY (up through 18 yrs., many still in high school) generally hold course with their schooling engagements (87% at admit; 86% at discharge), seen in the chart titled

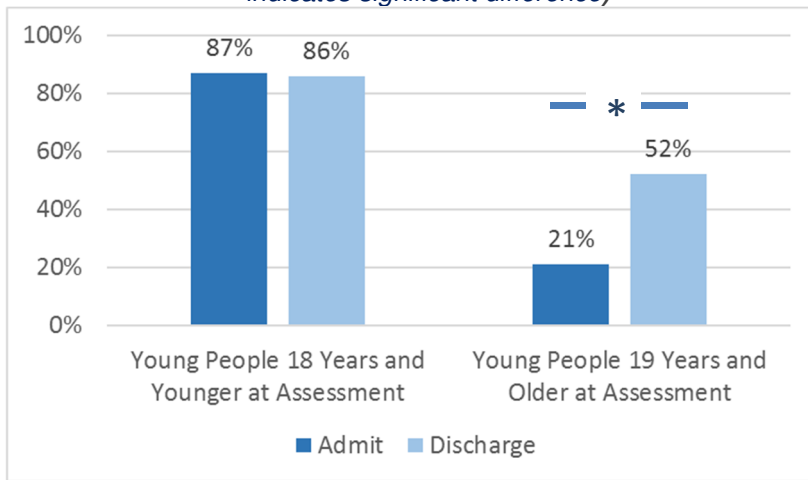
**% Young People  
Doing Well at School**  
(n=127 matched pairs; improvement seen as an increase between enrollment and discharge; \* indicates significant improvement)



“% Young People Engaged in Education and/or Employment”, next page.

**Engagement After Age 18:** Many young people with behavioral health issues become disengaged from educational and employment opportunities as they age out of the school system and into adult responsibilities. In the chart “% Young People Engaged in Education and/or Employment”, the percent of young people 18 years old and younger engaged in school or work *at enrollment* was 87%, while the percent of young people 19 years old and older engaged *at enrollment* was 21%.<sup>x</sup> This difference reflects the age-related changes in a young person’s life. Star View’s TAY ages 19 years and older increased engagement (52% by discharge compared to 21% at enrollment) as they moved beyond high school and began to explore vocational opportunities and/or higher education. Through these results, we can see that Star View’s TIP model TAY FSP program supports vulnerable young people 19 years and older to engage in education and employment during this critical time of transition toward adulthood.

**% Young People  
Engaged in Education and/or Employment**  
(admit n=90; discharge n=119; higher percent is better;  
\* indicates significant difference)

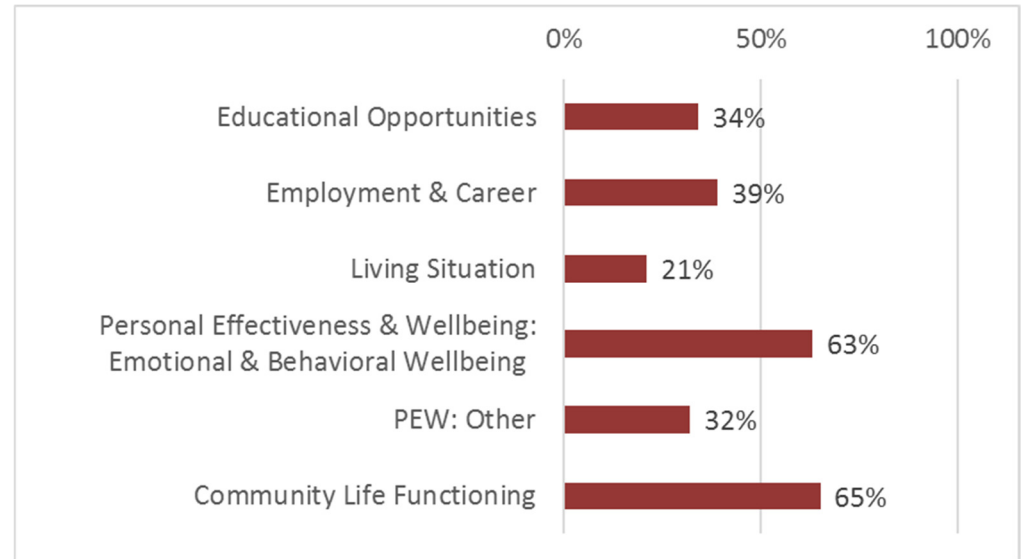


**Individual Goals:** The formation and achievement of individual goals is critical to young people on their path to independence. The TIP program model emphasizes the importance of progress toward independence in five life domains (Education, Employment & Career, Living Situation, Personal Effectiveness & Wellbeing, and Community Life Functioning). In the TAY FSP, young people master Strengths Discovery and Futures Planning, among other TIP skill sets, to form their own goals with concrete steps and time-lines to monitor success.

In a recently presented study<sup>vii</sup>, each youth formed three goals on average. Sixty-three percent of young people had success in at least one of their goals during the six-month study time frame (January to June of 2016). The domains with goals having the highest success rate related to Personal Effectiveness & Wellbeing – Emotional & Behavioral Wellbeing (success in 63% of goals) and Community Life Functioning (success in 65% of goals). See the chart titled “% Individual Goals Achieved in Six Months: TIP Model™ Life Domains of Goals”. All these

life domains were “on the radar” of the young people; the challenges they took on were real and made a difference in their lives.

**% Individual Goals Achieved in Six Months  
TIP Model™ Life Domains of Goals**  
(n=76; “PEW: Other” defined in endnotes<sup>xi</sup>)



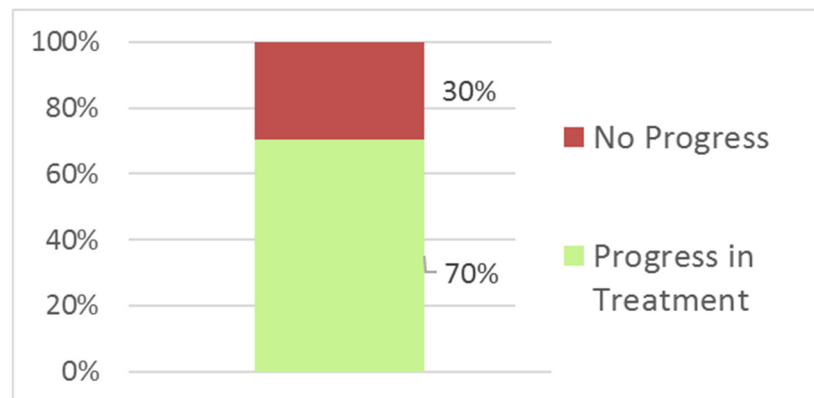
**Factors Affecting Success with Goals:** Do significant behavioral health issues that can result in hospitalizations, legal system involvement, and substance abuse affect a young person’s ability to pursue their goals? We ask this question because, often, in mental health services, there is a belief among providers that one must first address the mental health diagnoses *before* helping the person engage with life -- a treatment course is pursued but not always robust habilitation on life domains. There may be reluctance to help a recently hospitalized youth obtain a job, for example. The TIP model suggests otherwise: that symptom control and life progress can occur in tandem, and that feeling connecting and making progress in life can motivate self-management, or vice versa. In TIP, the practitioner follows the motivated lead of the young person when setting goals.

We compared subgroups of young people having hospitalizations, legal system involvement, or substance abuse before and during the six-

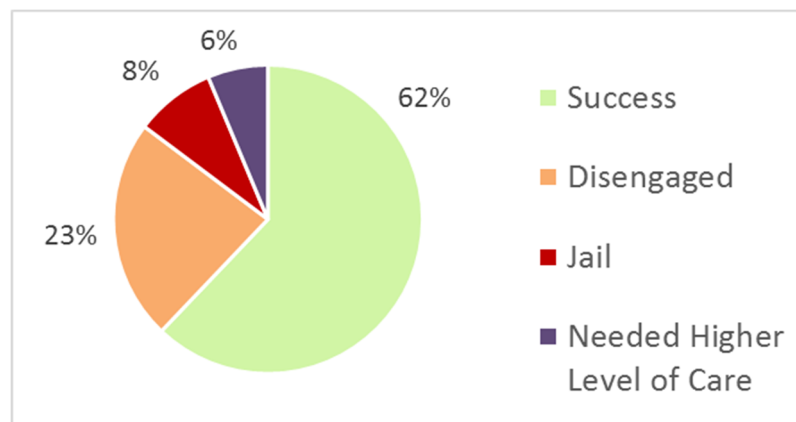
month study period on their ability to successfully form and complete at least one goal during the study period (see chart titled “% Young People with Success in at least One Goal During Study: Factors Affecting Success” on the next page). Interestingly, young people with hospitalizations, legal system involvement, or substance use issues *in the six months before the start of the study* were as likely to be successful than the overall group at achieving at least one of their goals. Yet, those hospitalized or using substances *during the study period* were significantly less likely to experience goal attainment during the study period, an obvious consequence.

The results highlight the importance of proactively addressing the challenges prompting hospitalizations and substance use while also helping and motivating individuals to pursue life goals related to independence and wellbeing. In the middle of acute challenges, some may become derailed on goal attainment, others not, yet recovery and capacity for pursuing goals can occur swiftly after acute risk subsides when such is supported.

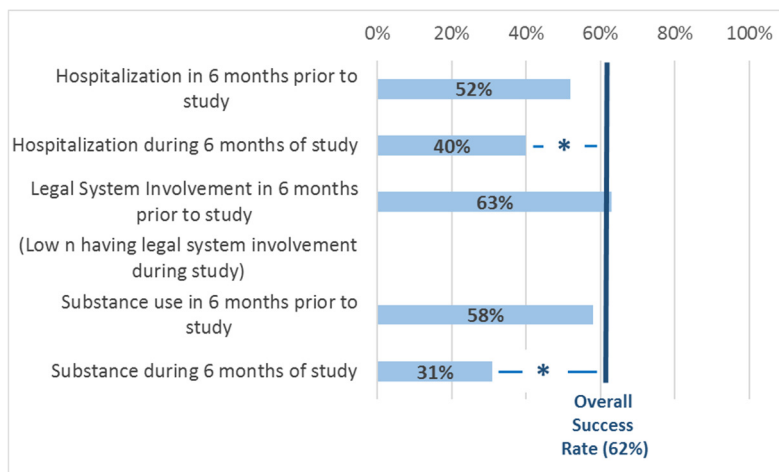
**% Young People Exiting from FSP TAY Program  
Progress in Treatment**  
(n=127)



**% Young People Exiting from FSP TAY Program  
Discontinuation Reason**  
(n=95; source: OMA)



**% Young People with Success in at least One Goal  
Factors Affecting Success**  
(n=76; significantly below red line indicates factor had impact;  
\*indicates significant difference from overall success rate)



**Success!** The Star View CS staff of the FSP TAY program work to support young people with serious behavioral health issues and help them move through the transition to adulthood. Majorities make progress on treatment goals (70%) and experience a discharge related to successfully completing the program (62%).<sup>xii</sup> Those who exit without completing the program are welcome to return to this or another program for which they qualify; and, all have opportunities to benefit from referrals and linkages to other services.



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- <sup>i</sup> Star View Community Services is part of Star Behavioral Health Group (SBHG), a statewide provider of behavioral health care and related educational and social services to children, adolescents, young adults, adults and their family members. Star View CS is funded through a variety of sources including Los Angeles’ MHSAs funding of Full Service Partnerships.
- <sup>ii</sup> The Mental Health Services Act (MHSA) was created by California voter initiative, Proposition 63 in November 2004. Full Service Partnerships are a type of MHSA program for people with behavioral health issues that place them at risk of losing housing, of serving jail time, and/or being hospitalized for psychiatric crises.
- <sup>iii</sup> [www.TIPstars.org](http://www.TIPstars.org).
- <sup>iv</sup> OMA (Outcome Measurement Application) is Los Angeles County Department of Mental Health’s measurement and database system for managing data required by the state’s MHSA Data Collection and Reporting (DCR) protocols, along with additional county data fields used for monitoring and evaluating FSPs, among other types of programs.
- <sup>v</sup> For contrast, Star View’s Field Capable Clinical Services or Community Services TAYs received an average of one service contact per week during the same period.
- <sup>vi</sup> This data reflects comparison of assessments between those engaged with education or employment at enrollment to those so engaged by discharge, within age groups.
- <sup>vii</sup> C. Beck, H.B. Clark, & K. Dresser (2017) “Evaluation of Transition Programs through the Tracking of Young People’s Progress on Their Own Futures Planning Goals.” 30<sup>th</sup> Annual Research & Policy Conference on Child, Adolescent and Youth Adult Behavioral Health, March 5-8, 2017, Tampa, FL. <http://www.cmhnetwork.org/usfconference30th/agenda/ataglance>.
- <sup>viii</sup> Our data is consistent with patterns seen in statewide analyses of TAY FSP programs, comparing participants’ baselines prior to enrollment to their results at discharge from an FSP, reductions for: a) homelessness and shelter use – down 28%; b) emergency interventions -- 76%; c) psychiatric hospitalizations -- 41%; d) arrests -- 71%; and e) incarcerations -- 17%. Cf., Steinberg Institute & County Behavioral Health Directors Association, “Proposition 63 Review: Mental Health Services Aces Delivering on the Promise to Californians” (Mar 2015, FY 11-12 data). See: <http://steinberginstitute.org/wp-content/uploads/2015/02/SteinbergReport-Final-3112015.pdf>.
- <sup>ix</sup> Statistical analysis was done using directional (when applicable) chi-squared tests. In those comparisons where matched assessments were used, a pair-wise approach was employed. To control the probability of false positive errors, a conservative p value for significance was set < 0.001 for all tests used in this analysis.
- <sup>x</sup> Young people are considered engaged if they were enrolled in school and/or doing more than 10 hours a week of vocational support activities and/or had part or full-time work.
- <sup>xi</sup> “PEW: Other” is a collection of five subdomains in the TIP Model™ life domain Personal Effectiveness & Wellbeing (PEW) – Interpersonal Relationships: Friends, Family & Mentors; Self-Determination; Communication; Physical Health & Wellbeing; and, Parenting. The sixth PEW subdomain is Emotional & Behavioral Wellbeing, which is reported separately because many young people’s individual goals are focused in this subdomain.
- <sup>xii</sup> Sixty-two percent of the young people leaving the program from December 2014 to the present left because they had successfully completed the program. Others, 23% left because they became disengaged, 8% were detained by justice, and 6% went to a higher level of care; see chart titled “% Young People Exiting from FSP TAY Program: Discontinuation Reason”.