



## ★ Star View Community Services ★

### **The Hot Spot!**

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

For more information, contact: Karyn Dresser, Ph.D. 510-635-9705 x207 **Jan 30, 2017**

The Transitional Age Youth (TAY) **Hot Spot** is a community based wellness center for older youth and young adults ages 15 to 25, who are enrolled with Star View Community Services including Teammates (SV/TMs), agencies of Stars Behavioral Health Group (SBHG) in Los Angeles County. At the center, young adult Peer Mentors are available to support older youth and young adults in learning about and making use of the wide range of resources, services and supports available both at the **Hot Spot** and in their local communities. A recently issued companion report addressed the utilization of the center by SV/TMs young adults, this **BRIEF REPORT** highlights the key role of peer staffs and program results since the **Hot Spot** opened in Sep. 2012 through Oct. 2016.

#### ***Peer Staffs Augment Mental Health Services:***

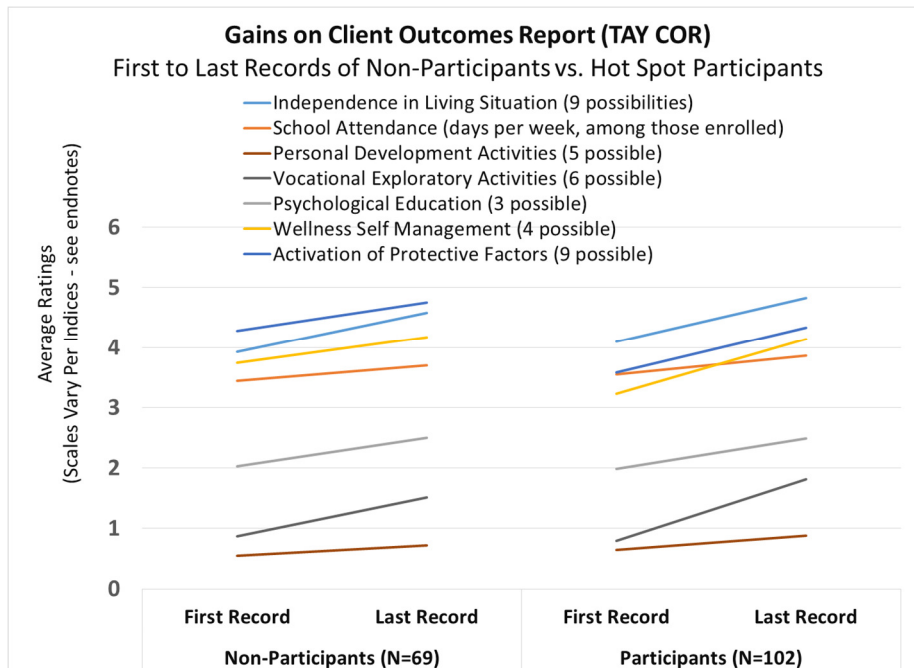
Recently, **Hot Spot** peer staffs (referred to as Peer Mentors) began piloting Activity Notes to record information about participants' need for, uses of, assistance provided, and experiences at the **Hot Spot**. The team is now implementing Activity Notes routinely, so there will be a note about each participant each week. From the pilot (230 records on 65 participants), we learned:

- ★ The young adults make use of the setting with one or more specific aims/goals in mind, all of which tie to their primary mental health referral. Most commonly, these goal areas are to obtain resource information and coaching support for school and/or work (77%); to improve an aspect of their wellness and mental health functioning (51%); and/or, for socialization opportunities (45%). Wellness goals pertain to learning how to deal with conflict; addressing relationship problems; improving anger control; reducing anxiety, psychoses symptoms and/or self-harm impulses; and/or, avoiding substance abuse. Regarding their current situation, most report something positive or constructive (77%) as well as something troublesome or problematic (70%) they faced during the week prior to their visit.
- ★ The time they spend at the **Hot Spot** during one visit ranges from a few minutes to all day, with an average of just under three hours. While in the setting, they young adults make use of varied resources, including a computer room, music room, kitchen, and multipurpose room. They gain tangible and socio-emotional assistance from Peer Mentors whom facilitate social connections with others in the setting; participation in classes, groups, treatment sessions, meetings, and outings; and, advancement on personal goals. Peer Mentors are trained in **Transition to Independence Process** (TIP) coaching methods including Strengths Discovery, Futures Planning, Rationales, Social Problem Solving and Risk Behavior Prevention Planning. For one domain of TIP, they also provide support for vocational exploration (school and work) which includes guiding resume writing, job searches, vocational/school planning, interest inventories, interview practice, on-line applications, etc. A one-on-one encounter with a Peer Mentor can range from a few minutes to three hours, with an average 40 minutes.

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- ★ Peer Mentors’ perceive that most of the young adults’ generally respond positively to the setting; they also document to tough standards so as to monitor and continuously strive to improve their work. For example, they report that a few young adults become easily frustrated and are unable to stay on task (2% of Activity Notes); may seem disengaged and unable to concentrate (6%); and/or, come in only to access the computers to play on-line games (4%). Their Activity Notes indicate that only 25% of visits evidence a high level of engagement, participation, and successful interactions with peers.
- ★ Do those with recurring visits align to the culture and intentional programming over time, and learn how to make good use of the setting? Preliminary analyses of the subset of Activity Notes available on 36 individuals with multiple visits reveal a mastery over time of task-related frustration (19 initial notes show poor frustration tolerance but none of these individuals’ last notes indicate this); and, a cessation in attempting to use the computers for on-line gaming (19→0)! However, peer interactions appear to get stickier, with 13 initially recorded as successful in this arena, but only 4 successful as of their last record.<sup>i</sup> This is a current focus for program quality improvement.
- ★ **Hot Spot** Peer Mentors are persistent – they embrace and enact the value of never giving up, and doing whatever it takes to help the young adults move forward in their lives. Thus, they communicate their hope to see the young person again and they try to set a specific date for a return visit (57% are willing) and they arrange for a personal follow-up call or text (20% are willing). The Peer Mentors are also trained to communicate directly about a visit, difficulty or request with the primary mental health staff (observed in 14% of Activity Notes) and/or the Center Coordinator (5%) – preferably, when agreed to by the young person but always if there is an urgency. This helps facilitate coordination of efforts among team members on the young person’s behalf, especially important when there are risk behavior issues or acute mental health needs to address.

### **The Hot Spot Amplifies the Value of Mental Health Services:**



We explore whether **Hot Spot** participants obtain better results than do non-participants.<sup>ii</sup> The indicators are recorded on the SBHG Transitional Age Youth Client Outcomes Report (TAY COR)<sup>iii</sup> contained in the company’s electronic health record and completed by the primary mental health clinician. Preliminary results, at left, show gains across multiple transition indices among the general populations served in referring programs, including those using the **Hot Spot**.<sup>iv</sup> Please note the indices have different scales, so are not to be compared to each other. For each indicator, an increase is desirable (e.g., more activities observed) and the slopes of the lines reflect a slightly larger average change score between the first to last records among **Hot Spot** Participants. This is most noticeable regarding Vocational Exploratory Activities (dark grey line) and Wellness Self-Management (bright yellow)<sup>v</sup>, but is true across the board. In fact, the first to last average change scores are statistically significant for all the indices shown, in the **Hot Spot** Participant population.<sup>vi</sup>

Star View, including Teammates 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. Star View programs are funded through a variety of sources including Medicaid/Medi-Cal, California's Mental Health Services Act and Department of Children and Family Services (DCFS). For more information, please visit SBHG's website: <http://www.starsinc.com/>.

<sup>i</sup> Among those with more than one Activity Note, their first and last records were selected for analyses; the selected records were 348 days apart on average (median = 160 days). Record pairings with elapsed time of less than 30 days were not included.

<sup>ii</sup> Paired Transitional Age Youth Client Outcome Reports (COR) are available on 69 (46%) Non Participants and 102 (41%) Hot Spot Participants from time of their pertinent -- Hot Spot catchment -- PM enrollment through their last available record. The records are primarily discharge or last six month CORs compared to admission CORs; there must be at least 90 days between CORs to be included in study.

<sup>iii</sup> For more information about COR measurements, components and scaling, please contact the author.

<sup>iv</sup> Not shown, but also true - crises episodes, hospitalizations and arrests are reduced in the overall populations and among Hot Spot participants (at roughly the same rates). Additional outcome data for the separate programs making up the Hot Spot catchment area are contained in other reports, available upon request.

<sup>v</sup> Vocational Exploratory Activities are: Student internship; Preparing/applying for college; Vocational classes/field placement; Used internet, workshop, etc., to learn about options; Practiced resume writing, job interviewing; and, Applied/interviewed for internships, training programs etc. Staff record whether the TAY "Started", "Continued", "Completed" or "None" such activity during the time period. Wellness Self-Management are: Identified own health and mental health symptoms; Managed symptoms well, using available services and supports; Participated in therapy, taking ownership of the process; and, Authored/worked on their own goals in a wellness plan. Staff record "No", "Some/somewhat" or "Yes" for each wellness item.

<sup>vi</sup> Results are shown below. Note there is a potential for capitalizing on chance findings when running multiple repeat measures tests. That said, only two of the below indices were statistically significant in the non-Hot Spot group.

<b>TIP Indices when an Increase = Desired</b>							
Hot Spot Participants with Matched Records (N=102)							
	First Record	Last Record	Mean Diff	StdError Mean Diff	t	Significance	
Independence in Living Situation (9 possibilities)	4.10	4.83	0.735	0.297	2.477	0.015	
School Attendance (days per week, among those enrolled)	3.55	3.86	0.315	0.139	2.264	0.027	
Personal Development Activities (5 possible)	0.64	0.88	0.245	0.477	2.096	0.039	
Vocational Exploratory Activities (6 possible)	0.80	1.81	1.010	0.176	5.739	0.000	
Psychological Education (3 possible)	1.99	2.49	0.495	0.168	2.946	0.004	
Wellness Self Management (4 possible)	3.23	4.14	0.912	0.291	3.137	0.002	
Activation of Protective Factors (9 possible)	3.58	4.33	0.755	0.327	2.307	0.023	
* Numbers enrolled in school: N=47 (68%) Non-Participants; N=73 (72%) Participants							