



★ *Starlight Community Services* ★

Raising Early Awareness and Creating Hope (REACH)

BRIEF REPORT from the Department of Research and Program Practices

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Starlight's **Raising Early Awareness and Creating Hope** (REACH) multidisciplinary team conducts extensive community outreach and education about the importance of early intervention regarding psychotic spectrum disorders and other mental illnesses; and, on how community programs can make referrals and access services as part of this *Santa Clara County Mental Health Department* collaborative effort. Funded through the *Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI)* program, Starlight's REACH team enrolls youth/young adults who are manifesting early onset of challenging conditions into treatment services, providing the individuals and their family members with supportive community-based care. Earlier reports describe the program and the performance of the REACH team further; this **BRIEF REPORT** offers information about treatment enrollments and related results through June 2016.ⁱⁱ

Participants and Treatment Services:

To date, Starlight's REACH program provided treatment services to 81 youth and young adults, ages 10-25 at enrollment with a majority (75%) under age 18. They were 58% males; with 64% Latino/ Hispanic, 10% Caucasian, and 10% Asian American, among other ethno-cultural backgrounds. Most were from San Jose (76%) with Cupertino, Gilroy, Milpitas, Morgan Hill, Mt. View, Santa Clara and Sunnyvale also represented. They were referred from other mental health providers or county mental health (35%), a family member (20%), another Starlight program (16%), local schools and colleges (11%), and varied other sources.

At or near the time of enrollment, the youth/young adults were living with their parents (81%), a relative or adult family friend (14%), while a few were on their own (2%) or in congregate care (2%). Most were not receiving public disability insurances, at enrollment (10% SSDI) nor at discharge (15%). Over the six months prior to REACH, 11% experienced one or more psychiatric hospitalizations lasting up to 6 days per episode. Regarding schooling, the majority (90%) had not yet matriculated from middle or high school.

On average, across all years of the program, the team welcomed 14 new youth and young adults into treatment services and discharged 9 per year, and maintained an active census of 31 individuals. All REACH services are voluntary. The average length of stay was 18 months, over which time each person received an intensive amount of service (2 hrs. weekly), with service contacts

occurring primarily in community (34%), home (22%) and office locations (24%), as well as on the phone (17%). Among the many types of services provided, individual therapy and rehabilitation, and case management were the most common modalities. The team routinely passes Medi-Cal documentation audits.

Treatment Results:

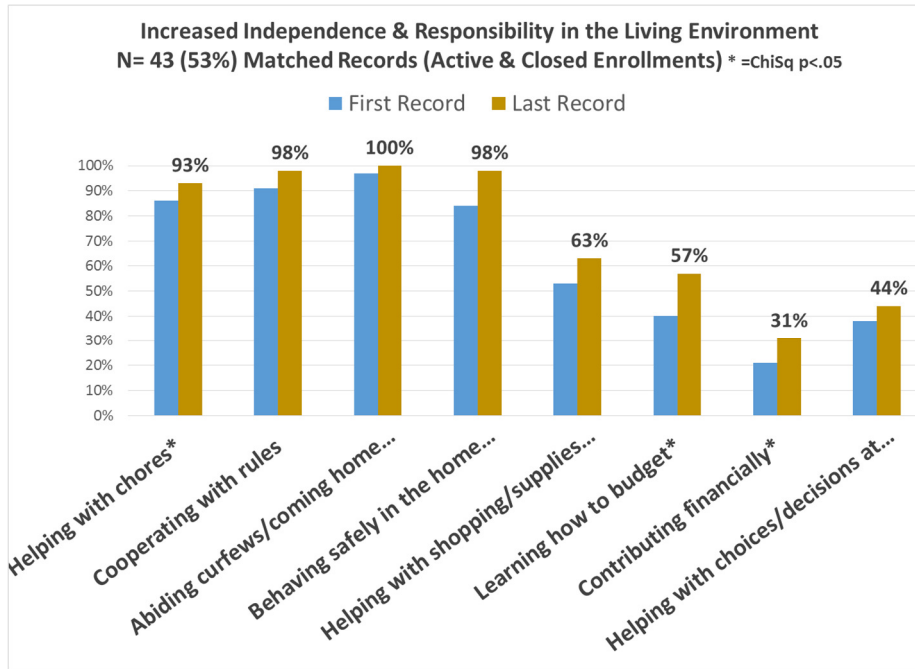
The team gathers valuable wellness and recovery information using SBHG's *Client Outcomes Report (COR)*, REACH version. Provided are highlights on 43 (53%) individuals comparing their first to last matched recordsⁱⁱⁱ:

HOME AND FAMILY

- ★ **A large majority (86%) sustain their living situation, mostly with family.** One person continued in congregate care (youth group home). Some transitioned away from a family home to an independent situation (7%, incl. one homeless) or to congregate care (5%). A few (2%) returned home after trying out independence.
- ★ There were **marked reductions in problems for the youth related to family conflicts**: 40% reported moderate to severe family conflict near the time of enrollment, this dropped to 10% at last assessment! Over 50% receive family treatment services, so this is a key outcome: ongoing family support is important to the long term outcomes of those with serious mental health conditions.

REACH Brief Report, Cont'd

- ★ There were consistently positive results across independence activities that demonstrate **increased responsibility of the youth/young adults in their home environment**, shown below:

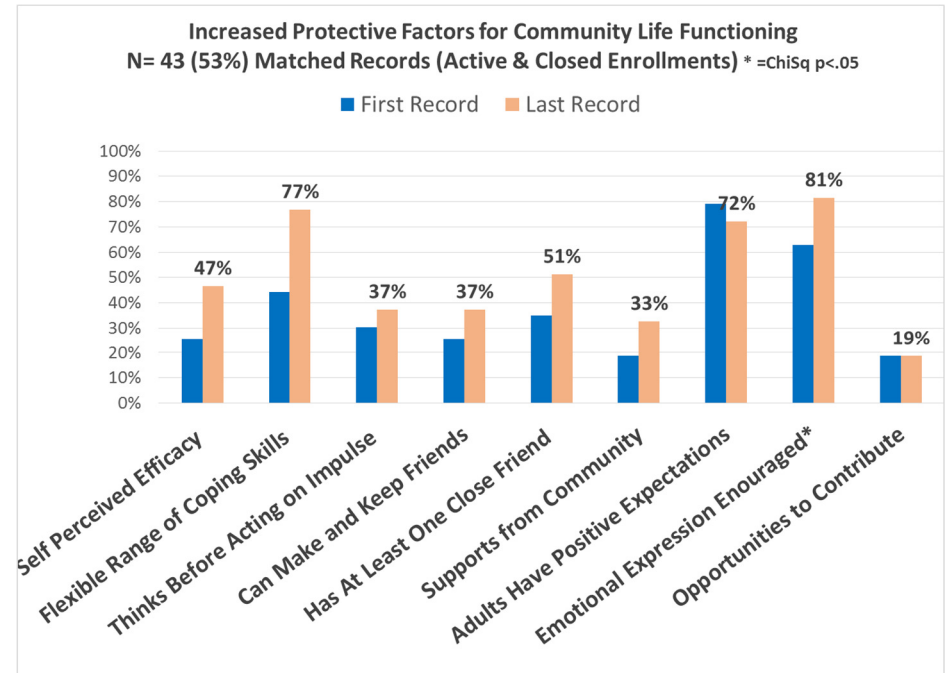


SCHOOL, COMMUNITY & VOCATION

- ★ As of their last assessment, 52% of REACH participants had **progressed one or more grade levels at school**, incl. 14% matriculating from middle to high school, or out of high school.
- ★ There were helpful **upticks in special education designations** with the needed testing, individualized instruction and placements this can bring – 40% to 54% shift in the proportion of those in special education, predominately in regular school settings.
- ★ There was an uptick from 7% to 14% in those becoming **engaged with GED preparation, vocational schools or AA degree programs**. Those not in school declined from 12% to 9%.

- ★ For long term well-being, those with early onset conditions are well served by being **involved with normative youth developmental activities**. REACH staff's facilitate and assist, then track participation in fitness/sports, creative arts, clubs and organizations, community volunteering, and mentoring/tutoring. On average, participants increase their engagement from .95 to 1.6 ($p<.005$) among these five categories of activities.^{iv}

- ★ Normative development is also facilitated by **protective factors within the youth, their families and community**, such as shown:

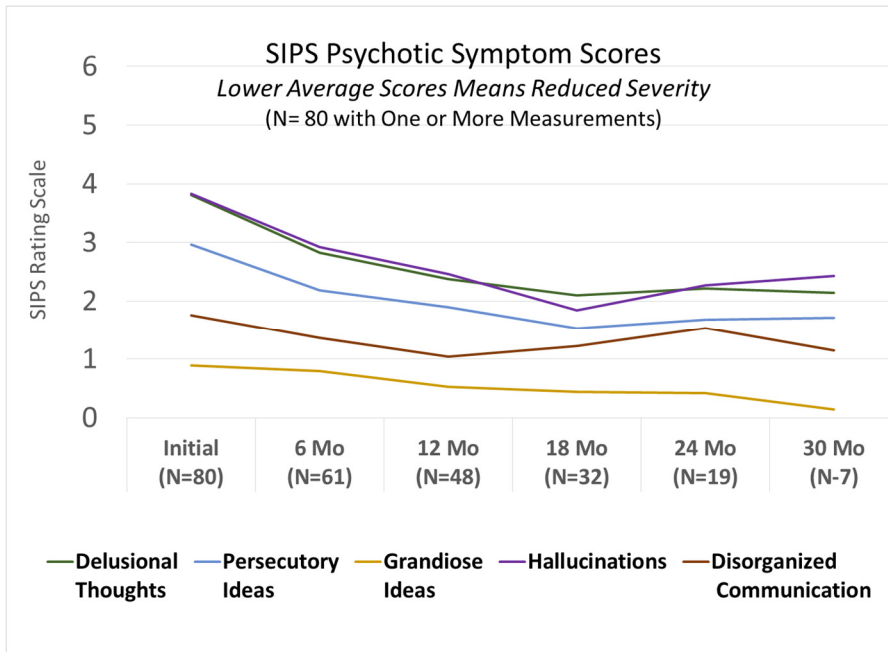


Many such protective factors are enhanced by the program; on average, participants had 3.4 (out of 9 measured) at the beginning of REACH, and 4.6 as of the last assessment ($p<.005$).

HEALTH & MENTAL HEALTH

- ★ Mission critical, REACH **reduced disabling psychotic symptoms**. These data are corroborated in matched records.^v

REACH Brief Report, Cont'd



- ★ There are gains^{vi} from enrollment to discharge in the proportions who **learn how to manage wellness** in varied ways:

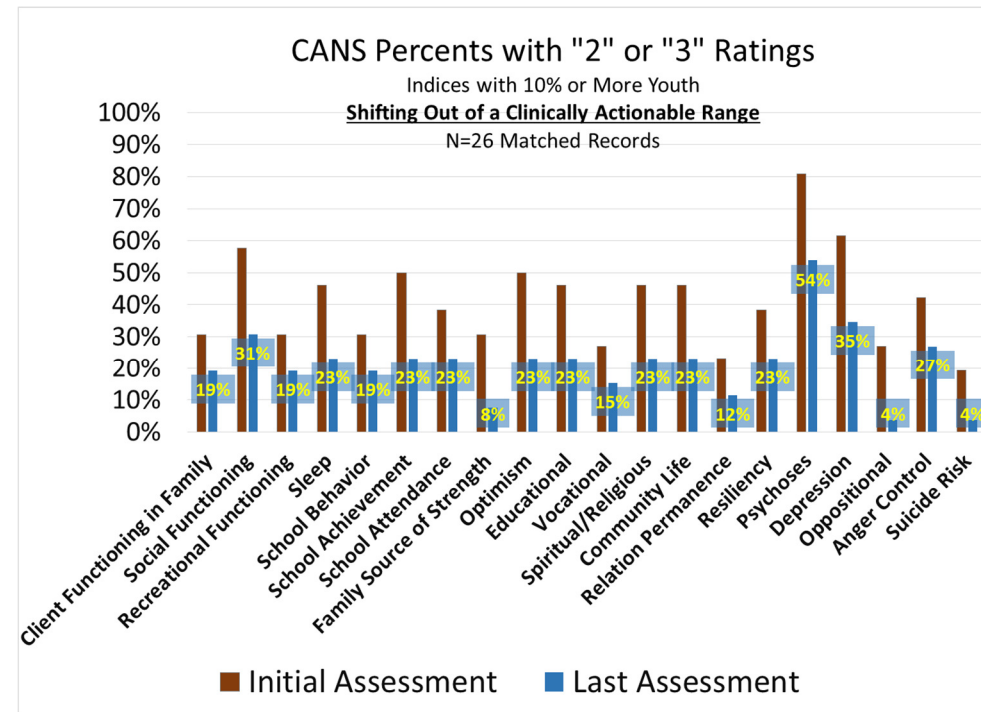
- Initiate wellness research and bring in information (30% to 65%)
- Integrate & apply wellness information from staff (74% to 98%)
- Identify their own mental health symptoms (86% to 100%)
- Manage symptoms well with available services & supports (74% to 98%)
- Participate in therapy & take ownership of the process (91% to 100%)
- Author & work on their own wellness goals (86% to 98%)

- ★ Adherence to medication prescriptions increases from enrollment to discharge (from 35% to 40%); as does the proportion **reporting benefits from psychiatric medications** (from 19% to 33%).^{vii}
- ★ By discharge 75% **met most/all of their individualized treatment goals** and the rest (25%) met at least some of their goals.

Preliminary CANS Data:

Starting March 2014, the team implemented the county mandated *Child and Adolescent Needs and Strengths (CANS)* tool; preliminary data^{viii} are shown below for CANS indices that are a primary focus of REACH treatment. The items fall within specific CANS measurement areas and corroborate some of the information already presented. The overall percent of indices per area that show desirable shifts are: Life Domains (64%), Caregiver Strengths and Needs (55%), Youth Strengths (73%), Emotional and Behavioral Problems (89%), and Behavioral Risks (89%).

The graph shows the subset of indices with **good sized desirable downward shifts in the proportions at clinically actionable levels of concern**. The percentages on the second (blue) bar of each pair (last available assessment) are those that remain at clinical levels: most (73%) of the young people are still enrolled.



ⁱ Starlight Community Services is an agency of Stars Behavioral Health Group (SBHG). Starlight's REACH program is a county-wide PEI collaborative effort with Momentum for Mental Health. The clients reported upon here are from Starlight's program only.

ⁱⁱ A prior report was issued April 2014, with information from start-up (Nov 2010) through December 2013. Another recent Brief Report that addressed outreach and other topics was issued October, 2016. Please contact the author for a copy.

REACH Brief Report, Cont'd

- iii The COR was implemented prospectively (admission forward), after REACH began. Data include admit to most recent update on 25 active; and, admit to discharge on 18 discharged clients; there were at least 150 days between the first and last records.
- iv For example, the percent engaged in fitness/sports rose from 40% to 51%; creative arts 35% to 51%; and, being in a club or organization from 9% to 23%.
- v Except for disorganized communication (however, it also trends in desired direction), the paired samples tests are statistically significant ($p < .05$) on $N=60$ with an initial and subsequent measurement.
- vi Most of these gains are statistically significant, not chance findings (ChiSq $p < .05$).
- vii The team is conservative with psychiatric medications: there are 10% fewer with such prescriptions by discharge, as well as fewer prescriptions per client.
- viii The available sample is a subset of REACH clients with a matched record set (32%), whether currently active or closed, with at least 150 days between a baseline and subsequent measurement. The small service population size and prospective implementation of the CANS means we are currently underpowered to perform statistical tests.