



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

BRIEF REPORT Continued! - from the Department of Research and Program Practices

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This is the second part to our recently issued Brief Report on **The STAY**; the first part was distributed mid-January 2017. This report continues with additional information about outcomes and client satisfaction. **The STAY** is anchored in a foundation of cultural attunement to young adult needs, peer support and engaging wellness-focused therapeutic and recovery programming for young people during a behavioral health crisis. The program's outcome data and the independent county analysis (shared in the first part of the report) demonstrates that **The STAY deserves to stay beyond Innovations funding** to meet the promise of mental health crisis recovery, improved linkage to outpatient services, and reduced use and costs associated with psychiatric hospitalizations. Together we can be proud about supporting young people toward fulfilling adult lives in the community.

Life Functioning

Residents exiting **The STAY** (both planned and unplanned discharges) from July 2015 to October 2016 showed significant improvement overall in the Life Functioning domain of the Child and Adolescent Needs and Strengths (CANS) scale. When compared to admission, **a significantly lower percent of residents had need for further clinical intervention** at exit with regard to (see graph at right):

- Family (56% in need at admission to 38% at exit)
- Living Situation (92% at admission to 54% at exit)
- Social Functioning (83% at admission to 49% at exit)
- Recreation (83% at admission to 57% at exit)
- Sleep (17% at admission to 3% at exit)

Importantly, the subset of **residents with the most severe needs also improved**; this demonstrates that **The STAY** provides excellent support to those who needed it most. The percent of residents who needed the highest level of intervention also decreased from admission to exit in the areas of Family (decreased from 18% to 9%), Living Situation (decreased from 33% to 12%), and Social Functioning (14% to 8%).

Behaviors and Emotions

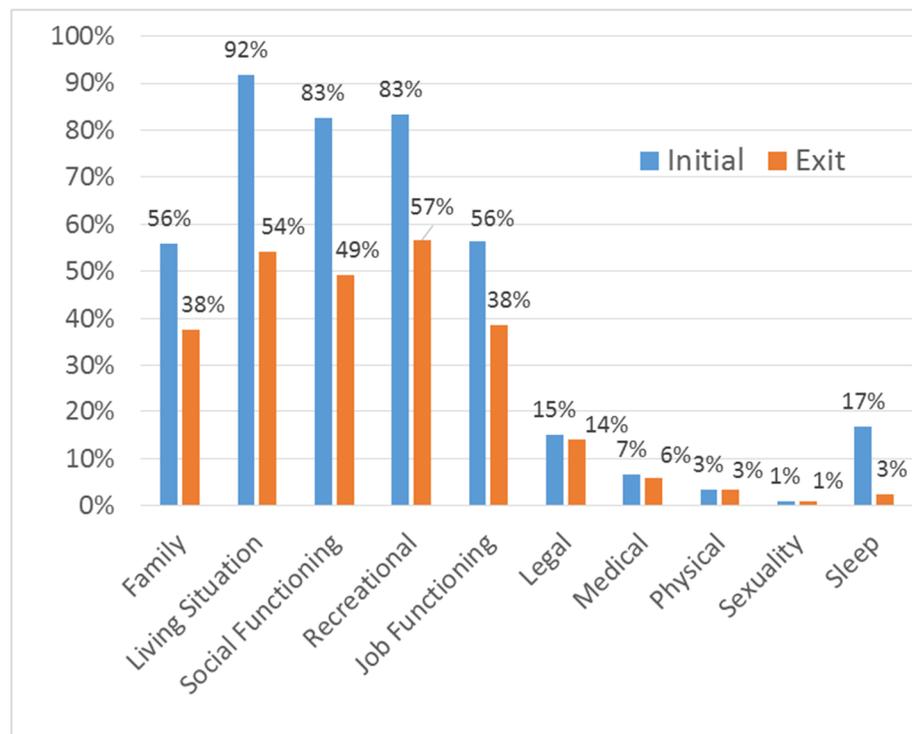
Per CANS clinical assessments, **behavioral and emotional issues impaired a lower percent of residents at exit than admission**. The percent of residents significantly affected by depression, anxiety, impulsivity, anger-control issues, and affect dysregulation all decreased

CANS Life Functioning

% Residents with Significant Needs

(n=120 matched pairs;

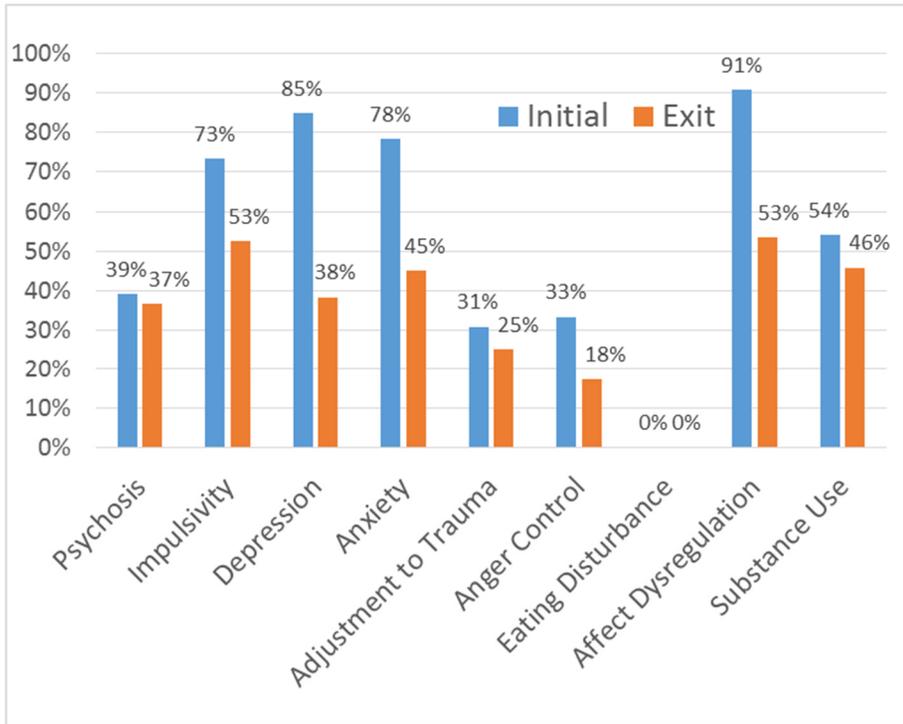
improvement seen as decrease from Initial to Exit)



markedly (see graph below). The evidence-based practice Aggression Replacement Training™ is one example of a group service at **The STAY**. Fidelity surveys regularly performed by the clinical manager help group facilitators stay on track with the practice. Such programming

CANS Behavior / Emotions % Residents with Significant Needs

(n=120 matched pairs; improvement seen as a decrease from initial to exit)



helps young people with wellness skills, in this case in learning how to manage anger, stop aggressive behavior, think through one's choices, engage in moral reasoning, and improve social functioning.

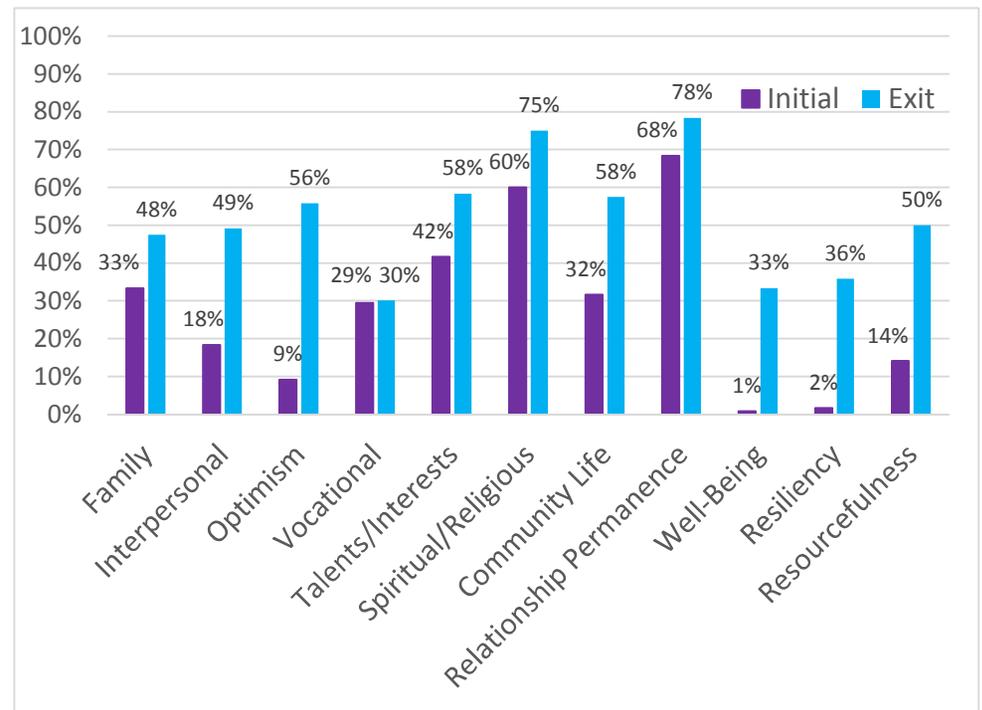
While not obvious in the above graph (which combines moderate and severe ratings), **the severity of psychosis also decreased during treatment.** The percent of residents with severe ratings on psychosis decreased from 23% at admission to 13% by exit.

Strengths

Residents gained in strengths during their time at The STAY, such as regarding interpersonal relationships and community life, as measured in the CANS Strengths domain. Building strengths is mission critical for mental health recovery and for preparing residents to return to the community.

CANS Strengths % Residents with Significant Strengths

(n=120 matched pairs; improvement seen as an increase from Initial to Exit)



Even the kinds of strengths seen in very few residents initially were apparent in many more residents by exit:

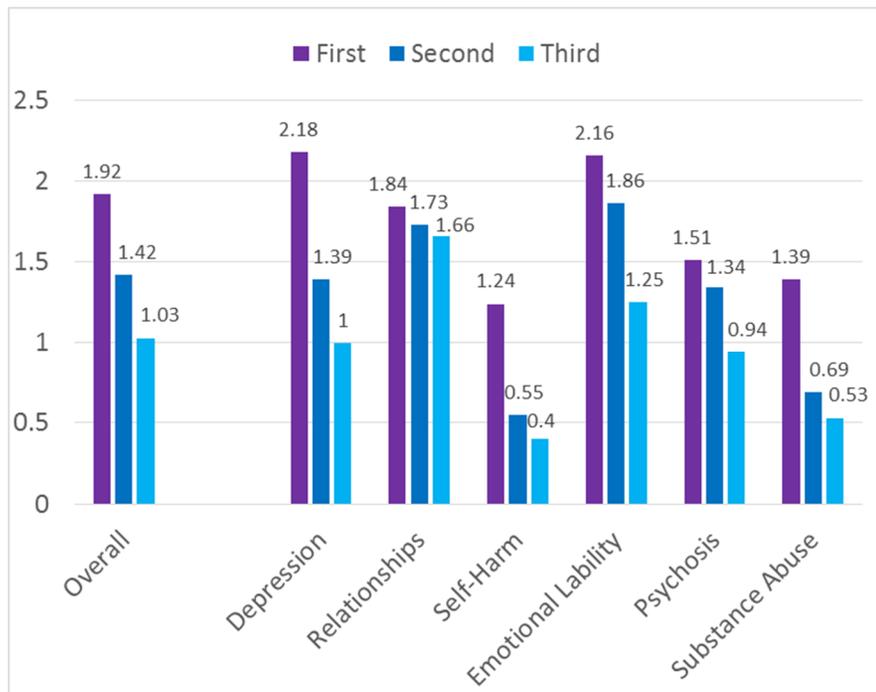
- Optimism (9% at admission to 56% at exit)
- Well-Being (1% to 33%)
- Resiliency (2% to 36%)
- Resourcefulness (14% to 50%)

Self-Report of Behaviors and Symptoms

Clinician's ratings are complemented by having residents complete the brief Behavior and Symptom Identification Scale (BASIS-24) about themselves.¹ **The reduced severity of behavioral and emotional needs as assessed by clinicians' is corroborated by residents' self-reported decreases in distress and dysfunction over time at The STAY** (see graph below).

BASIS-24 Self-Report of Behaviors and Symptoms

(n=59, November 2015 to June 2016, 1st, 2nd and 3rd monthly surveys;
Improvement seen as decrease in score;
Analysis by Dept. of Behavioral Health, County of San Bernardino)



Young adult perceptions about getting help?

Is **The STAY** valued by the residents?

The program team continuously and randomly samples exiting residents about their experiences, recent years' results shown at right. Such results reflect much appreciation from a young adult population.

The Stay Resident Surveys

Nov 2015 to Dec 2016 (N=27)

0% 20% 40% 60% 80% 100%



The Stay Resident Surveys

Nov 2015 to Dec 2016 (N=27)

0% 50% 100%



Having positive mental health treatment experiences can help improve good will toward health and human services generally, and increase the likelihood that young adults will seek help when in need, proactively and preventatively, which is a very good thing for a community overall.

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 The BERS was implemented prospectively November 2015 with residents providing self-reports upon admission, monthly and exit.