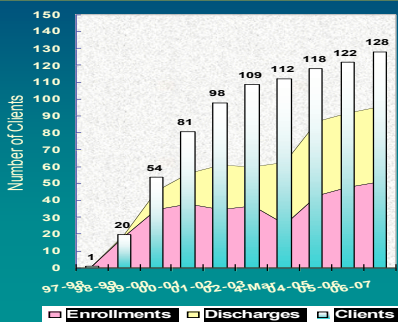## STARS CS Transitional Age Youth Program

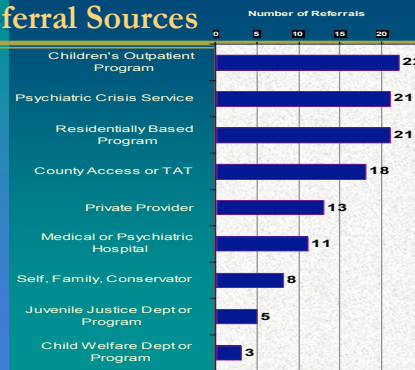February, 2008. Stars Behavioral Health Group

Introduction to the TAYP

- Began in 1998 as a collaboration of *Alameda County Behavioral Health Care Services* and *Stars Behavioral Health Group* (California)
- A Program of *STARS Community Services*
- Mental health and related services to 17 to 25 year olds with serious emotional and behavioral problems
- Historically high users of county crisis services, hospital, residential, and non-public school settings
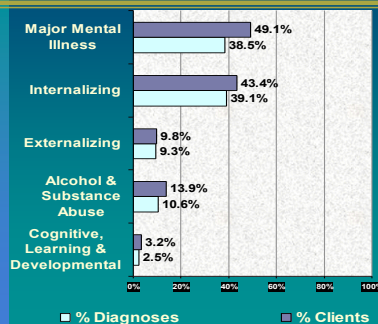
Utilization Over Time

Referral Sources

Number of Referrals

Referral Source	Number
Children's Outpatient Program	22
Psychiatric Crisis Service	21
Residentially Based Program	21
County Access or TAT	18
Private Provider	13
Medical or Psychiatric Hospital	11
Self, Family, Conservator	8
Juvenile Justice Dept or Program	5
Child Welfare Dept or Program	3

TAYP Demographics

	Ages 17 Thru 19		Ages 20 Thru 23*		Ethnic Sums:
	Males	Females	Males	Females	
African American	32	14	16	0	62 (51%)
Anglo American	11	10	5	1	27 (22%)
Asian American	5	3	1	1	10 (12%)
Latino/Hispanic	11	4	2	0	17 (14%)
Other/Unknown	4	0	1	1	6 (5%
Age-Gender Sums:	63 (52%)	31(25%)	25(21%)	3(3%)	122

*Eligibility age range recently increased to 25

Clinical Pathways (At Enrollment)

Category	% Clients	% Diagnoses
Major Mental Illness	49.1%	38.5%
Internalizing	43.4%	39.1%
Externalizing	9.8%	9.3%
Alcohol & Substance Abuse	13.9%	10.6%
Cognitive, Learning & Developmental	3.2%	2.5%

■ % Diagnoses   ■ % Clients

Prevalent Diagnoses

| MAJOR MENTAL ILLNESS	INTERNALIZING	EXTERNALIZING
Schizophrenia 18.9%	Bipolar Disorder 22.9%	Attention Deficit –Hyperactivity 4.9%
Psychosis 18.9%	Major Depression 11.5%	Oppositional-Defiant 4.2%
Schizoaffective 8.2%	Post Traumatic Stress 8.2%	Conduct Disorder 2.5%

Income, School & Work

INCOME		SCHOOL		WORK	
No Income	41.0%	Did Not Enter High School	18.9%	Paid Employment	2.5%
Wages or Salary	2.5%	Entered High School	40.2%	On-the-Job Training, Part Time	3.3%
Public Assistance	13.1%	Completed High School	13.1%	Full Time Student	8.2%
Other Sources	1.6%	Education or Training Beyond H.S.	3.3%	Unemployed or Not in Labor Force	50.0%

New procedures implemented in 2007 to improve data completeness.

Crises & Hospitalizations

Long Term Clients' Functioning
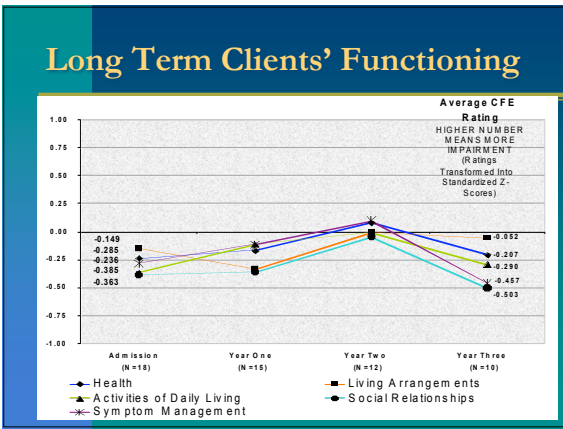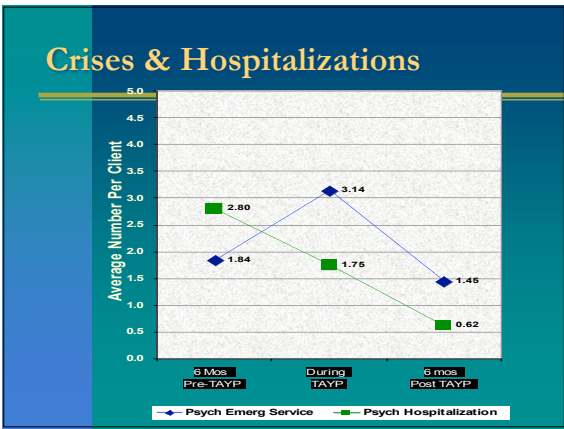
Results Stimulate QI Project

- Young adults involved in designing a housing survey that is focused on their needs & concerns
- Management team worked with housing providers over a two year period:
1. Site visited each provider
2. Explained client needs & preferences
3. Explained program supports to clients, incl. when at home

- QI Focus:
1. Increase mutual understanding about meeting housing needs of TAYP clients
2. Increase stock of housing providers willing & able to provide housing to the population

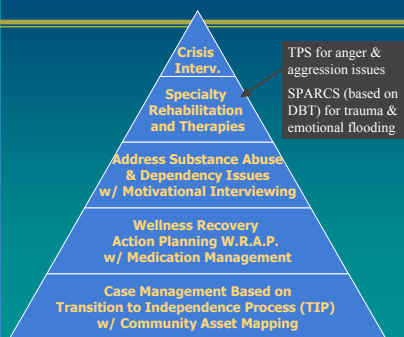- Overall aim: Improve clients housing options, situation & experience

TAYP Housing Surveys
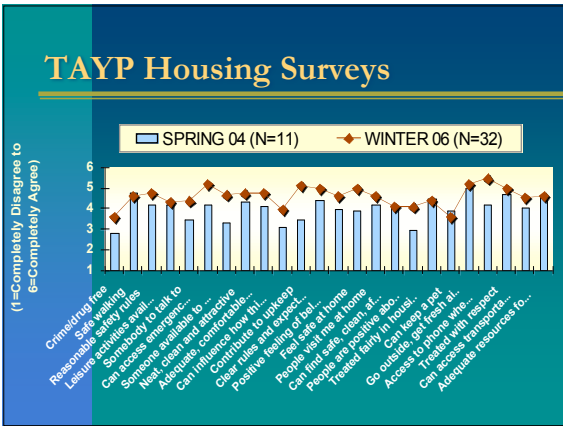
Next Focus was Program Model

- Cross-walk of TAYP contracted model to TIP
  -- consult from NCYT

- Development of TAYP *Professional Services Plan* (PSP)
  -- a multi-purpose document
  --co-designed by managers, staff & evaluator

- Recast of Contract Elements
  -- How the service process coheres from the young adult perspective over time in services and for aftercare
  -- Which EBPs are needed, supportable, and billable
  --- How to support TIP principles & practices without add'tl funding

TAYP Professional Services Plan

I. INTRODUCTION
- Client Population
- Organizational Mission
- Service Philosophy
- Measured Outcomes

II. SERVICES

A. *Individual Care Management*
- Referral and Eligibility
- Intake and Assessment
- Treatment Team & Treatment Plan
- Transition, Discharge and Aftercare

B. *Direct Services*
- Individual Therapy
- Group Therapy
- Family Therapy
- Rehabilitation
- Medication Support
- Crisis Intervention
- Case Management

C. *Collaborative Services*
- Treatment Services
- Housing and Placement
- Educational

- Vocational/Employment
- Financial Management
- Family Relationships
- Community Life

III. STAFF
- Staffing Plan
- Cultural Competency
- Training and Supervision

IV. QUALITY MANAGEMENT

A.*Continuous Quality Improvement*

B.*Quality Indicators and Measurements*
- Key Indicators
- Probes
- Quality Assurance, Utilization & Peer Review
- Outcomes Tracking

C. *SBHG Corporate Compliance*

V. APPENDICES
- Comparison of Program Models
- Sample Rehab Group Schedule
- Sample Staff Training Calendar
- Sample TQM Probes

TAYP PSP Components

Crisis Interv.

Specialty Rehabilitation and Therapies

TPS for anger & aggression issues

SPARCS (based on DBT) for trauma & emotional flooding

Address Substance Abuse & Dependency Issues w/ Motivational Interviewing

Wellness Recovery Action Planning W.R.A.P. w/ Medication Management

Case Management Based on Transition to Independence Process (TIP) w/ Community Asset Mapping

TAYP Current "Growing Edges"

- Increasing youth/young adult engagement in program QI & county advocacy

- New trainings on case management & treatment team processes w/ stronger TIP infusion

- Management QI focus on building vocational rehabilitation & job placement network

- Implementing specific EBPs for MMI, Internalizing, Externalizing & AOD pathways

- Application of new TIP-oriented "probes"
1. Program Essentials
2. Engagement w/ Life Domains
3. Progress on Life Domains

The End….Thank You!

CLINICAL/PROGRAM PRACTICES   <u>TIP -- Progress on Life Domains</u>

<u>(Older Youth, Young Adults, Adult Clients)</u>

Month and Year: _____

Directions: The probe is completed according to the probe schedule. Conduct a review of five charts of clients in service for at least six months, selected at random. Enter a "Y" for "Yes" if the result meets compliance. Enter "N" for "No" if result does not meet compliance. Use "NA" for "not applicable" *only* upon instructions from the QA Director/Coordinator. Please record comments on the back of the page, noting question and documents as applicable.

Sample (Record #, Initials, etc.)	#1:	#2:	#3:	#4:	#5:
1. Look at the most recent treatment plan. Does the plan include specific and measurable objectives for the life domains,[1] listed below, that are in need of attention given the results of the most recent assessments (i.e., CFE & SDI)?					
a) *Health and Mental Health, incl. Substance Abuse*					
b) *Living Situation*					
c) *Education, incl. Vocational Training*					
d) *Employment*					
e) *Family and Community Life*					
2. Look at the progress notes (PNs) following the most recent treatment plan (at least one month worth of PN's should be reviewed). Does the service activity advance client's goals from the service plan in these life domains?					
a) *Health and Mental Health, incl. Substance Abuse*					
b) *Living Situation*					
c) *Education, incl. Vocational Training*					
d) *Employment*					
e) *Family and Community Life*					
3. From the prior cycle of PNs,[2] determine if there was evidence of either improvement or worsening in functioning across the life domains. Then, review the current treatment plan -- was it updated to reflect progress or lack of progress in these life domains?[3]					
a) *Health and Mental Health, incl. Substance Abuse*					
b) *Living Situation*					
c) *Education, incl. Vocational Training*					
d) *Employment*					
e) *Family and Community Life*					

Probe Calculation:	Calculation:
POSSIBLE POINTS: Multiply the number of probe questions by the sample size (omit "NA's") to get the number of possible points. Example: 10 questions times 5 records = 50 possible points.	
% COMPLIANCE: Add the number of "yes's". Divide the possible points (denominator) by the number of "yes's" (numerator). Example: 38 "yes's" divided by 50 points = 76% compliance.	

Recommendation for CQI:

Name:	Signature:	Date:
Staff Completing Probe:		
QA Coordinator:		

---

[1] Use "NA" for life domain(s) that are not in need of attention based upon formal assessments.
[2] PNs following the previous treatment plan, as distinct from the most recent treatment plan.
[3] Use "NA" if there was no change in functioning and the same service goal(s) continue, or if there is only one (initial) plan.

CLINICAL/PROGRAM PRACTICES

Directions: The probe is completed according to the probe schedule. Review administrative and program documents – ask to see written policies and procedures, manuals, forms, training schedules, attendance logs, etc. Enter a "Y" for "Yes" if the result meets compliance. Enter "N" for "No" if result does not meet compliance. Use "NA" for "not applicable" *only* upon instructions from the QA Director/Coordinator. Use the lightly shaded boxes to check and track sub-items that contribute to probe results. Please record comments on the back of the page, noting question and documents as applicable.

	Results:	
1. The program has regular opportunities for client/consumer input and feedback as evidenced by at least four of the following:		
a) Clients/Consumers Serve on CQI or Steering Committee(s)		
b) Formal Complaint/Grievance Process		
c) Monthly Community Meeting with Staff and Clients Together		
d) Periodic QITs or Focus Groups Include Clients/Consumers		
e) Satisfaction Surveys Applied to QI		
f) Visible Suggestion Box with Actions/Results Posted		
2. The program sponsors or supports at least one paid peer advocate position.		
3. Program staff is trained on TIP practices, including specific curricula used to support life domain planning, interventions, and life skill development of clients in each of the following areas:	▨	
a) Health and Mental Health, incl. Substance Abuse		
b) Living Situation		
c) Education, incl. Vocational Training		
d) Employment		
e) Family and Community Life		
4. The program offers rehabilitative and/or therapeutic groups on a regular, posted schedule; groups are offered at least twice a week.		
5. Rehabilitative and/or therapy groups focus on advancing client progress in the life domains below, with each domain addressed at least three times over the past quarter:	▨	
a) Health and Mental Health, incl. Substance Abuse		
b) Living Situation		
c) Education, incl. Vocational Training		
d) Employment		
e) Family and Community Life		
6. Group attendance logs for the quarter document that at least 50% of the caseload is attending 50% of offered group rehabilitative or treatment sessions.		
7. The program maintains an up-to-date community resource directory that is readily accessible to both staff and client/consumers.		
8. The resource directory includes peer-to-peer supports and services with descriptions and mechanisms of how referrals to such services are provided to clients/consumers by program staff.		

Probe Calculation:	Calculation:
POSSIBLE POINTS: Multiply the number of probe questions by the sample size (omit "NA's") to get the number of possible points. Example: 10 questions times 5 records = 50 possible points.	
% COMPLIANCE: Add the number of "yes's". Divide the possible points (denominator) by the number of "yes's" (numerator). Example: 38 "yes's" divided by 50 points = 76% compliance.	

Recommendation for CQI:

Name:	Signature:	Date:
Staff Completing Probe:		
QA Coordinator:		

CLINICAL/PROGRAM PRACTICES

TIP -- Engagement with Life Domains
(Older Youth, Young Adults, Adult Clients)
Month and Year: _____

Directions: The probe is completed according to the probe schedule. Conduct an interview with five clients in service for at least six months, selected at random. Enter a "Y" for "Yes" if the result meets compliance. Enter "N" for "No" if result does not meet compliance. Use "NA" for "not applicable" *only* upon instructions from the QA Director/Coordinator. Use the lightly shaded boxes to check and track topics that contribute to probe results. Please record comments on the back of the page, noting question and documents as applicable.

Sample (Record #, Initials, etc.)	#1:	#2:	#3:	#4:	#5:
1. I am going to list some areas in which you might have life goals and some current treatment goals. Let me know if you do, and what they are. CRITERIA FOR SCORING "Y": CLIENT HAS GOAL(S) IN ONE OR MORE DOMAIN AND IS ABLE TO STATE WHAT THEY ARE.					
a) Health and Mental Health, incl. Substance Abuse					
b) Living Situation					
c) Education, incl. Vocational Training					
d) Employment					
e) Family and Community Life					
2. If you do not have life goals or treatment goals in one or the other of the areas we just discussed, do you think it would be helpful to set one or more goal(s)? How would that help? CRITERIA FOR SCORING "Y": CLIENT PERCEIVES VALUE OF SETTING GOAL(S) AND CAN ARTICULATE HOW HAVING GOAL(S) WOULD BE HELPFUL.					
a) Health and Mental Health, incl. Substance Abuse					
b) Living Situation					
c) Education, incl. Vocational Training					
d) Employment					
e) Family and Community Life					
3. Are your case manager and treatment team helping you to achieve your life goals and treatment goals in these areas? If so, what are they doing? CRITERIA FOR SCORING "Y": CLIENT CAN DESCRIBE HOW STAFF ARE HELPING THEM WORK TOWARD THEIR GOALS.					
a) Health and Mental Health, incl. Substance Abuse					
b) Living Situation					
c) Education, incl. Vocational Training					
d) Employment					
e) Family and Community Life					
4. How might you communicate and advocate for yourself, if there are other ways in which the program could help you make progress on your goals? CRITERIA FOR SCORING "Y": CLIENT CAN DESCRIBE HOW TO USE AVAILABLE PROGRAM MECHANISMS (E.G., TREATMENT TEAM) TO SELF-ADVOCATE.					
a) Health and Mental Health, incl. Substance Abuse					
b) Living Situation					
c) Education, incl. Vocational Training					
d) Employment					
e) Family and Community Life					

Probe Calculation:	Calculation:
POSSIBLE POINTS: Multiply the number of probe questions by the sample size (omit "NA's") to get the number of possible points. Example: 10 questions times 5 records = 50 possible points.	
% COMPLIANCE: Add the number of "yes's". Divide the possible points (denominator) by the number of "yes's" (numerator). Example: 38 "yes's" divided by 50 points = 76% compliance.	

Recommendation for CQI:

	Name:	Signature:	Date:
Staff Completing Probe:			
QA Coordinator:			