Recent Evaluation Highlights

**STARS Community Services**

**Transitional Age Youth Program**

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Primarily FY 06-07 & 07-08 Data

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**TAYP Program Profile**

- Operated by Stars Behavioral Health Group (SBHG) in Alameda County, California, since 1998 (one among 4 TAY-focused programs affiliated with SBHG statewide)
- 86 older youth & young adults served annually (on average), increased to 114 in recent years, with 37 newly enrolled and 34 discharges per year
- Community referrals from psychiatric hospitals (27%), crisis services (15%), child outpatient providers (15%), residential providers (10%) and equal numbers from child welfare, juvenile justice, private practitioners, self/family and the mental health access unit (6% each)
- All referrals screened for eligibility through the county-operated multi-agency Transition Age Team (TAT)
- One other TAY-focused mental health program exists in the county (not operated by SBHG), and serves many homeless youth in Berkeley

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**Demographic Profile**

**Age Upon Enrollment**

- **Ages 17-24** (Median = 19; Average = 19.5)
- 71% Male
- 29% Female
- 43% African American
- 27% Anglo American
- 18% Latino/Hispanic
- 10% Asian American

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**Transition Profile**

**Status Upon Enrollment**

- **Living Situations:**
  - Institutional Settings 16%
  - Community Settings 76%
  - No Secure Housing 8%
- **Adult Supports:**
  - Family Available 85%
  - Other Adult Available 92%
  - Death/Lost Someone 11%
  - Problem Relationship 30%
- **Education/Vocation:**
  - High School Grad 45%
  - Vocational Training 36%
  - Volunteer Service 5%
  - Paid Employment 8%
- **Health & Functioning:**
  - Aggressive Behaviors 48%
  - Substance Abuse Risk 53%
  - Self-Harm Risk 26%
  - Arrests or Detentions 15%
Diagnostic Profile
Prevalent Diagnoses Upon Enrollment
- Major Mental Illnesses (57%)
  - Psychotic Disorders 31%
  - Schizophrenia 19%
  - Schizoaffective 8%
- Internalizing Problems (46%)
  - Bipolar Disorder 16%
  - Depression NOS 8%
  - Major Depression 8%
  - Post Traumatic Stress 7%
- Externalizing Problems (11%)
  - Conduct Disorder 5%
  - Attention Deficit Hyperactivity 4%
  - Oppositional Defiant 2%
- Co-Occurring Substance Use/Abuse/Dependency (23%)
  - Primarily Alcohol, Cannabis, and/or Amphetamines, some Opioids

Utilization: Units of Service
- TAYP young adults combined received roughly 400,000 units (minutes) of billed services per year
- This reflects a little over one hour each of service contact per week, on average (varies by client and over time in program).
- Service intensity is lower than we would expect by need, and lower than is provided to similar populations in our other TAY programs.

Transition Outcomes: Education/Vocation
Active (2 Yrs+)
19 Matched Records
ED/VOC PROGRESS INDEX = 47%
The older youth/young adults were not working as of the two year report; 1 was volunteering in the community.
Eight were engaged in educational or vocational training, including 5 whom completed their GED and enrolled in a local college.

Discharges
19 Matched Records
ED/VOC PROGRESS INDEX = 53%
Most of the older youth/young adults were not working as of discharge; 2 had paid employment and 1 was volunteering in the community.
Seven made educational or vocational progress, including 2 advanced their grade level achievement toward completing a GED, 3 completed their GED, and 2 enrolled in college.

Utilization: Census
- Steady modest capacity increases over the first years (not shown), and some ups and downs in utilization over the past four years (shown).
- The dip in mid-2006 was related to management changes that brought more active oversight to closing out inactive cases.
- The county built capacity, increasing the contracted census (now at 100) to help meet service demands.
- However, the recent county fiscal crisis and budget problems could reduce the FY 09-10 contract.

Transition Outcomes: Living Situation
Active (2 Yrs+)
19 Matched Records
Discharges
19 Matched Records
- Institutional Setting 11% 20%
- Community Living 68% 53%
- No Secure Housing 32% 11%
- Other Circumstance 0% 5%

Graphed data are from 13 item questionnaire on housing problems, as reported by young people

Transition Outcomes: Adult Supports
Active (2 Yrs+)
19 Matched Records
Discharges
19 Matched Records
- POSITIVE RELATIONSHIPS = 76%
  - Sixteen maintained family supports; 2 continued without family support; 1 unknown.
  - Sixteen maintained adult supports; 2 developed adult support person where none existed; 1 unknown.
  - Three youth experienced additional death/loss of someone close to them.
  - Eleven maintained an absence of a negative relationship; 4 developed new negative relationships; 2 maintained negative relationships; 1 transformed a negative into a positive; 1 unknown.

- POSITIVE RELATIONSHIPS = 75%
  - Twelve maintained family supports; 1 developed family support where none had existed; 1 lost family support where it had existed; 5 unknown.
  - Fourteen maintained adult supports; 5 unknown.
  - No one of this group lost an additional person.
  - Eight maintained an absence of a negative relationship; 3 maintained negative relationships; 3 transformed a negative into a positive relationship; 3 unknown.
Transition Outcomes: Risk Behaviors

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<tr>
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<th>Active (2 Yrs+)</th>
<th>Discharges</th>
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<tbody>
<tr>
<td>Percent with Medium to High Risk:</td>
<td>19 Matched Records</td>
<td>19 Matched Records</td>
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<td>By 2 yrs:</td>
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<tr>
<td>Aggression</td>
<td>26%</td>
<td>26%</td>
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<tr>
<td>Substance Abuse</td>
<td>37%</td>
<td>42%</td>
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<td>Self-Harm</td>
<td>11%</td>
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<td>Arrests/Detentions</td>
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<td>Percent with Medium to High Risk:</td>
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<tr>
<td>Discharge:</td>
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<tr>
<td>Aggression</td>
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<td>Substance Abuse</td>
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<tr>
<td>Self-Harm</td>
<td>26%</td>
<td>32%</td>
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<tr>
<td>Arrests/Detentions</td>
<td>26%</td>
<td>16%</td>
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</tbody>
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Risk ratings completed by clinicians on 4 point scale none, low, medium, high.

Areas for Quality Improvement

- Review, refine & test risk behavior ratings and explore correlates & predictors of risk behaviors, including clinical, ecological and socio-cultural factors
- QIT on motivating youth to attend group services to full benefit
- Increase staff use of senior SBHG clinical consultation
- Continue high level of participation with county COD initiatives and trainings
- Continue to pursue funding for full TIP implementation and increased average utilization

The End

- Thank you for listening!