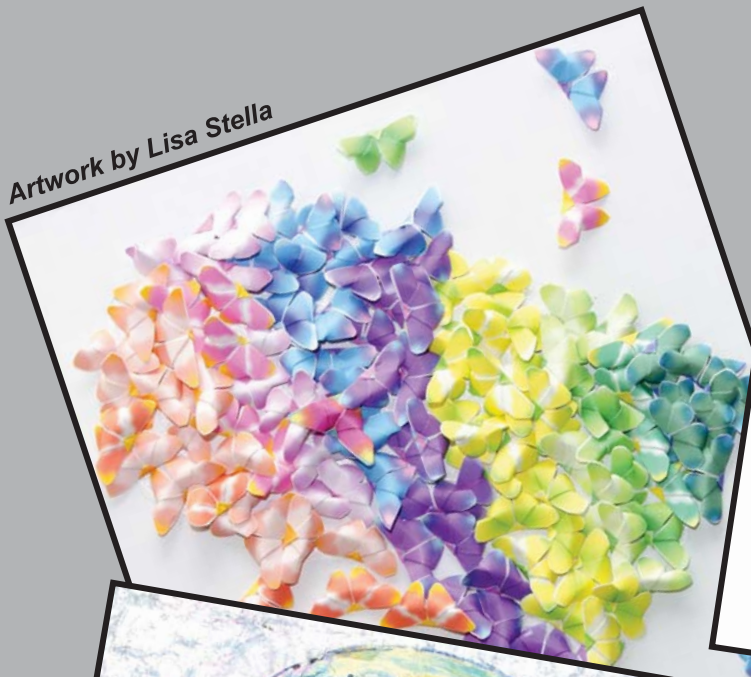
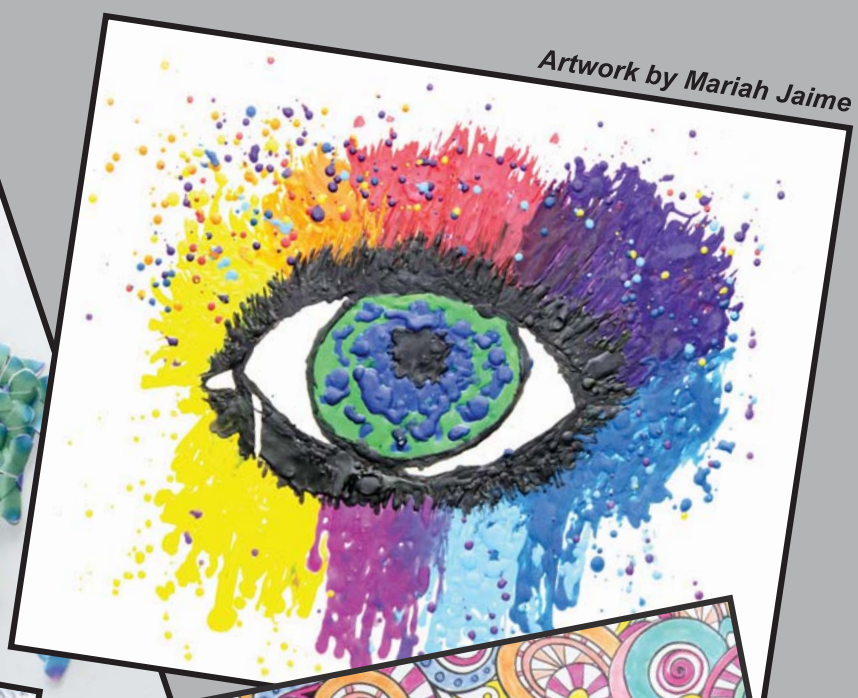


Artwork by Lisa Stella



Artwork by Mariah Jaime



Artwork by Peter Millar



Artwork by Betsy Pruitt



**The STAY** Final Report



Behavioral Health

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***“At first it seemed it was too good to be true,  
But as time went on these people seemed to be few,  
That would listen to your problems and all you had to say,  
And love you as a person whether straight or gay.”  
- The STAY resident***



# The STAY Final Report

## Literature Review

### Why a Transitional Age Youth (TAY) Crisis Residential Treatment (CRT) Center?

The STAY (Serving Transitional Age Youth) is a crisis residential treatment (CRT) project that is unique and innovative because of its focus on transitional age youth (TAY), ages 18-25. The STAY model tests the hypothesis that an age-specific CRT for TAY is effective and examines the factors that influence whether or not it is successful. Community stakeholder feedback, validated by a literature review (summarized in this report), revealed the need for an age specific CRT facility.

It is well-documented that adolescence and young adulthood are often challenging and turbulent development stages that can be intensified when an individual must address new or ongoing behavioral health issues and/or trauma. Given that the median age of onset for anxiety and impulse-control disorder is 11 years old, some TAY consumers (ages 16-25) have been addressing behavioral health issues and/or trauma in the children's system of care, foster care, and/or the juvenile justice system. Once these youth no longer qualify as "children" at age 18 then they will need help transitioning from the system(s) designed to serve minors to the health care, educational, and government systems designed to serve adults. In addition, given that the median age of onset for substance use disorders is 20 years old and the median age for mood disorders is 30 years old, other not yet system-involved TAY consumers are experiencing their first acute behavioral health episode, which makes timely access and engagement in effective services that aid in rehabilitation fundamental for long term recovery.



Independent from behavioral health issues, TAY consumers are also navigating the increasing freedoms and responsibilities that come with adulthood. TAY must learn how to understand and utilize emerging emotional and physical capacities while finding their identities, academic interests, and the professional endeavors that support the familial and financial responsibilities of adulthood. Many youth also find these tasks challenging due to the intersectionalities of their age, race, gender identity, sexual orientation, socio-economic status, disability, and single or multiple level system involvement (foster system, juvenile justice system, etc.), which can be factors that predispose consumers to be underserved and structurally more at risk for law enforcement involvement, homelessness, hospitalization, sexual exploitation, and violence. As the unique challenges faced by TAY with behavioral health issues face are increasingly acknowledged, it has become clear that services addressing these developmental and behavioral health issues in a holistic way have the potential to improve consumer outcomes and decrease future expenditures for acute behavioral health care (such as hospitalization).

### Early Residential Treatment

During the early 1940s the advent of "modern" psychiatric facilities came into existence. New Deal reforms led to the creation of new psychiatric and social services programs spread across the United States. Institutions that had been previously used to house dependent or delinquent youth transitioned to providing mental health services. Additionally, research supporting the added benefits of providing psychiatric care through a residential setting started to emerge, further supporting the shift in psychiatric treatment. From the 1950s through 70s, the concept of residential treatment (RT) had obtained increased support from experts, which included the development of mental health/psychiatric services offered through RT programs. A few years later, the 1970s and '80s gave rise to the term residential treatment, and defined it as an institution of psychiatric services. However, this success was also marred by numerous problems due to a lack of service

# The STAY Final Report

## Literature Review, *Continued*

and coordination standards between residential treatment centers (RTC). Early services provided through RTCs were highly criticized by many for their lack of consistency amongst service providers.

Additionally, critics claimed that RTCs lacked sophistication in treatment and the therapeutic programs that they provided. Furthermore, studies during this time suggested that although treatment via a RT setting was successful, youth who had received treatment through RTs failed to retain progress made due to a lack of family involvement. Other criticisms included how RT failed to teach adaptive skills, and had a high level of improper discharge planning. By the late '80s and early '90s, a series of scandals involving improper handling of RT programs saw their benefit as a form of treatment diminished.

### **Present Residential Treatment**

Given the problems and scrutiny of the previous decades, RTCs in the modern era have moved to improve their business practices and quality of services. Residential treatment has shifted from using large institutional settings that included extended treatment plans to small scale residential facilities with high quality, condensed treatment plans. RTCs today are generally comprised of multidisciplinary teams that provide a multitude of treatment options. Treatment plans in RTCs may consist of cognitive-behavioral treatment, psychodynamic milieu-therapy, psychoeducation, family and group therapy, and can include special education in order to improve treatment effectiveness for the youth admitted. Modern RTC have become increasingly important resources for mental health, child welfare and juvenile justice systems. As a result, it is estimated that RTCs provide out-of-home treatment for 15-30% of youth across the country. As it stands, modern residential treatment for youth across the U.S. is comprised of inpatient facilities where children and youth reside out of home, away from their families in a non-family setting, including 24 hour care but lacking hospital level medical care.



### **History of Youth Hostels**

Similar to the present day CRT model, the early hostel movement was characterized by smaller, intensive facilities and programming. The earliest documented history of youth hostels can be traced to the early 19th century German countryside. Youth in post World War I Germany were largely from scattered families as a result, youth lacked environmental structure and security during the critical developmental years transitioning to young adulthood. Youth hostels provided basic necessities such as kitchen, sanitary facilities, and gender segregated dormitories and were run by "hostel parents." The family environment was further supported by the hostel parents, who were an important part of the residents' growth and development. Hostel parents played an educational role by supervising chores, ensuring proper hygiene, and providing discipline when needed. Hostel parents would also facilitate and participate in recreational and entertainment activities.

# The STAY Final Report

## Literature Review, *Continued*

This support provided youth with guidance, attention, and understanding that enabled hostel youth to transition into adulthood. The family model in hostel environments continued until hostels began to grow rapidly after World War II, into the larger, more commercialized, and hotel-like facilities they largely are today.

The STAY model is based both on the current CRT best practices to provide high quality, condensed/time-limited treatment plans and the early hostel movement's intimate, nurturing family environment geared specifically to enable transitional age youth to develop the skills needed for independent adulthood. In addition, The STAY model is designed as a recovery-based crisis residential treatment (CRT) center. CRT is a successful tool that has been used to support behavioral health rehabilitation, especially since the 1978 Community Residential Treatment Systems Act. CRTs generally have a similar approach to treatment as RTCs, but are specifically for consumers currently experiencing or recovering from a behavioral health crisis. CRTs are increasingly embedded in behavioral health crisis systems of care to transition consumers out of hospitalization or homelessness in order to prevent future Emergency Department visits, hospitalizations, incarceration, or homelessness. CRT centers give consumers the time and space to stabilize on medications, become engaged in therapeutic activities, work on securing more permanent housing and employment, enhance their independent living skills, and become connected to the services that will allow them to be supported in their recovery after discharging from the CRT. An age-specific CRT is a model that enables recovery and rehabilitation activities to address the unique diagnostic trends of TAY consumers.

### **Different Diagnostic Trends: Adult vs TAY**

Studies have shown that diagnosis trends in CRTs vary between adults and TAY. This can be attributed to the unique challenges TAY face transitioning to adulthood. Issues such as graduating from high school, entering college, finding a job, living independently, forming relationships, and in some cases becoming a parent, play a part in the development of TAY behavioral health issues.

A random sample study of 398 adults revealed that the most common diagnosis for consumers in adult crisis residential treatment (CRT) included: mood disorders without substance abuse (30.5%), psychotic disorders without substance abuse (26.2%), and both of these disorders without comorbid substance abuse diagnosis (22.9%) with equal proportions amongst both groups.

Conversely, research indicates that most TAY admitted into CRTs suffer from a multitude of behavioral health problems. TAY with serious emotional disorders (SED) are amongst the largest population found at CRTs. These youth are commonly diagnosed with attention deficit disorder, conduct disorder, or anxiety disorders. Additionally, this population may also exhibit other characteristics such as chaotic behaviors, and lack of impulse control.

The prevalence of these types of behavioral health conditions amongst TAY is heavily supported by a 2006 study that examined the admission rates and patterns of mental health service use of 39,917 TAY in the United States. This research was based on data acquired through the United States Department of Health and Human Services, Center for Mental Health Services' (CMHS) 1997 Client/Patient Sample Survey (CPSS). Data collected by researchers indicated that the most common diagnosis trends and disorders amongst this age group were: mood (33.8%), adjustment (14.4%), psychotic (13.5%), alcohol and drug (10.2%), anxiety (6.6%), conduct (4.4%), personality (4.3%), social conditions (2.4%), pervasive/developmental (1.5%), attention deficit (1.5%), other (7.3%).

# The STAY Final Report

## Transitional Age Youth (TAY) Behavioral Health Hostel (Innovation-06) - **The STAY**

### Project Description

The Transitional Age Youth Behavioral Health Hostel (The STAY) is an innovation project created by San Bernardino County Department of Behavioral Health (SBC-DBH) with a focus on providing Transitional Aged Youth (TAY), ages 18-25, with crisis residential services tailored for their specific population. These services are provided with a Youth Hostel framework for TAY who are at risk of being a danger to themselves and/or others, and who need a higher level of care than a board and care residential, but a lower level of care than psychiatric hospitalization. The project aims to reach youth in multiple systems of care, including foster care and wards of the court. It also seeks to address the needs of the underserved and underrepresented Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) community. Once in The STAY, TAY are provided with crisis residential services that include: assessments, client treatment and rehabilitation plan development, medication services, nursing therapeutic services, and case management. The STAY's hostel environment aids youth in obtaining appropriate life-skills including interpersonal communication, and development of wellness and resiliency. Both the TAY and case manager work collaboratively to select services that were most appropriate for each TAY. The services of The STAY are a product of ongoing, diverse, culturally, and linguistically competent community stakeholder meetings.



*Artwork by Amie Stover*

The STAY project was submitted as part of San Bernardino County's Innovation Plan submitted in Fiscal Year 2011/12. The Mental Health Services Oversight and Accountability Commission (MHSOAC) approved the Project in July 2012.

The project ended as an Innovation project on March 31, 2017, and was transitioned to a Community Services and Supports (CSS) program.

The project addressed TAY experiencing mental health crises. Some of these crises stemmed from:

- Behavioral and/or emotional disorders
- Lack of purpose in life
- Sexual and gender identity issues
- Cultural identity issues
- Addiction

### Services Provided

The Transitional Age Youth (TAY) Behavioral Health Hostel (The STAY) provides short term crisis residential services (14 beds), to transitional age youth (TAY) ages 18 to 25 in crisis. Services provided are peer driven, voluntary and available 24 hours-a-day, 365 days-a-year. Service recipients include TAY transitioning from foster care or the juvenile justice system, including individuals who were recently released from an acute care psychiatric hospital. Services provided include but are not limited to behavioral health, individual and group counseling, assessment, plan development, therapy, medication support services, rehabilitation, case management, collateral, crisis intervention, discharge planning and referrals to assist residents in their transition back to community living.



# The STAY Final Report

## Target Population

The target population for this project was all San Bernardino County TAY (ages 18-25), former foster youth, former dependents, former wards of the court in out-of-home placement, and Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) youth.

## Purpose

The TAY Behavioral Health Hostel project was developed to explore and test innovative approaches to empower and support culturally and linguistically diverse TAY in the process of crisis stabilization and transition to adulthood. Within this diverse population, two groups were identified by stakeholders as needing specialized services. Former foster youth, dependents, and wards (collectively referred to as system involved youth) and LGBTQ TAY.

This project explored and tested the implementation of innovative residential services for youth who are at risk of being a danger to self and/or others, and who need a higher level of care than board and care residential, but a lower level of care than psychiatric hospitalization. Identifying a peer designed/supported culturally and linguistically competent model of residential services includes but is not limited to housing, mentorship activities, life skills, coaching, peer support networks, coping techniques, and community resource linkages.



To address these concerns, SBC-DBH engaged in a lengthy and inclusive stakeholder process to make informed decisions for all aspects of the Mental Health Services Act. Five public community input forums and 46 targeted forums were held over an eleven-month period throughout the County to gather input on the Innovation concept. Additionally, Innovation Work Group Committee members reviewed input received as a result of the Community Services and Supports component in 2005 and the Prevention and Early Intervention component in 2007 for comments germane to the Innovation component. In San Bernardino County, priority populations for Innovation projects include African Americans, Asian/Pacific Islanders, Latinos, and Native American/Tribal Communities along with the LGBTQ community, at-risk children and youth, aged out foster youth, and other underserved communities identified by stakeholder input and other data.

Through this process, the need to **increase access to underserved groups** was clearly articulated. In fact, 70 comments submitted through the input process called for increased access and services for these diverse TAY. Stakeholders identified the need for greater access for this underserved group. Stakeholders identified that the diverse TAY population is vulnerable and at risk of law enforcement involvement, homelessness, hospitalization, sexual exploitation, and violence. Further, stakeholders identified that the “basic needs” of TAY need to be met in order to effectively provide any other collaborative services. An increased focus on providing TAY with resources is needed to support the transition from foster youth to adulthood when necessary.

Crisis stabilization programs currently exist in the public behavioral health system as an alternative for adults who are suffering from a mental or emotional crisis. These programs are standard and do not provide the peer designed/supported, culturally and linguistically appropriate environment that SBC-DBH stakeholders have identified as a successful model for service delivery for TAY.



# The STAY Final Report

Due to the unique needs of the TAY population, it is imperative to have peer designed/supported, culturally and linguistically appropriate, TAY based programming in order to be effective. The TAY population has unique specific needs that must be addressed in either the adult or children's system of care.

## **The STAY project was developed to answer the following questions:**

- What happens with TAY who received services from a TAY focused peer designed/supported Behavioral Health Hostel that is different from receiving services from the traditional adult system of care?
- Which interventions have been found to be most effective and what role does culture play?
- Did the program and its services improve the TAYs transition to adulthood?
- In what ways is the project making a difference for the community?
- What did the TAY find most beneficial during their stay at the TAY Behavioral Health Hostel (The STAY)?

## **How did the Department address the research questions listed above with this project?**

The Department introduced a new mental health approach to San Bernardino County with the creation of The STAY. This project sought to create a TAY (ages 18-25) specific crisis residential treatment facility that:

- Introduced a peer designed and supported model.
- Establishment of an innovative TAY Behavioral Health Hostel model that supports diverse TAY during times of crisis while still allowing for freedom of choice.
- Design of an innovative culturally and linguistically appropriate TAY focused crisis stabilization program that allows for freedom of choice while focusing on wellness, recovery, and resilience.
- Development of innovative culturally and linguistically appropriate services for all TAY with targeted services for diverse former system involved youth and the LGBTQ population.



## **Referral Information:**

From the opening of STAY, residents were admitted from:

- Street or homeless shelters (60%)
- Home or independent living (27%)
- Acute hospital settings (10%)
- Jail (1%)
- Other (2%)

Many of those admitted from a hospital, jail or other treatment setting were homeless prior to those admissions and subsequent referrals to The STAY. Thus, approximately 75% of all admissions were individuals who were homeless or housing insecure, who also were experiencing a psychiatric crisis, and required medically necessary treatment.

# The STAY Final Report

## Population Served

The project was in progress as current Innovation Project regulations were issued in July 2015 and became effective on October 1, 2015. MHSOAC regulations require the Final Innovative Project Report to include demographic information regarding individuals served during the reporting period as specified in Section 3580.010, subdivision (a)(4).

Despite this transition in data collection, demographic information collected on individuals served through The STAY has remained in compliance with these demographic changes.

The following charts illustrate the demographic information collected by the contractor responsible for The STAY, Valley Star Behavioral Health, Inc. (Valley Star) throughout the duration of the project.



*Artwork by Betsy Pruitt*

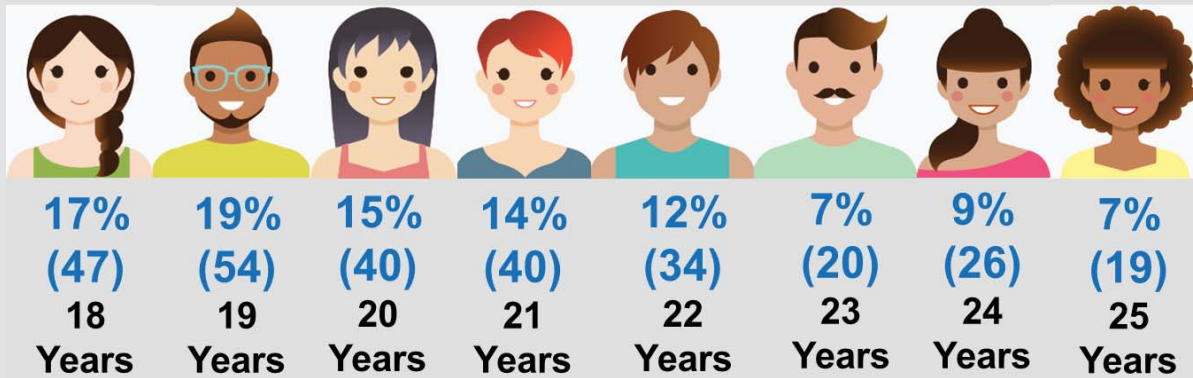
# The STAY Final Report

## Project Demographics

### Age

#### Total Consumers (N)= 280

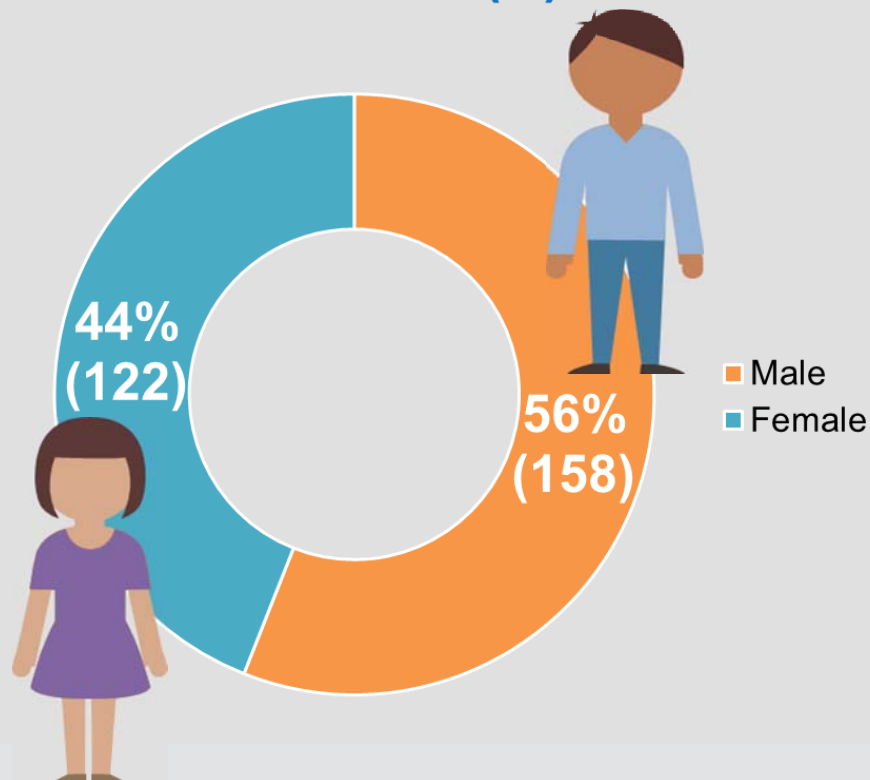
- 51% of the consumers fall within the 18-20 age range.



280 unduplicated consumers received services. Some had more than one case opened.

### Gender

#### Total Consumers (N)= 280



280 unduplicated consumers received services. Some had more than one case opened.

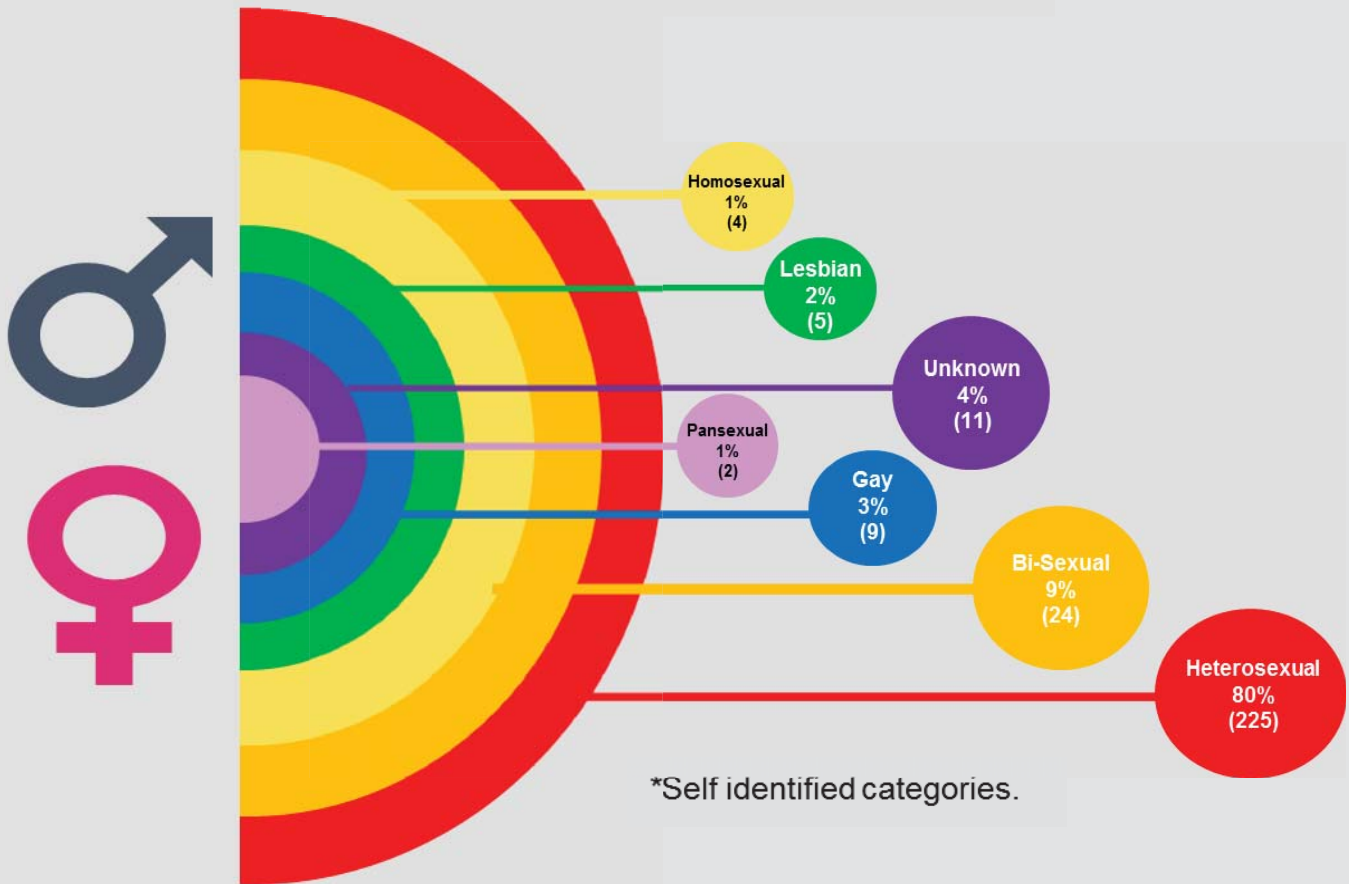


# The STAY Final Report

Project Demographics, *Continued*

Sexual Orientation

**Total Consumers (N)= 280**



280 unduplicated consumers received services. Some had more than one case opened.

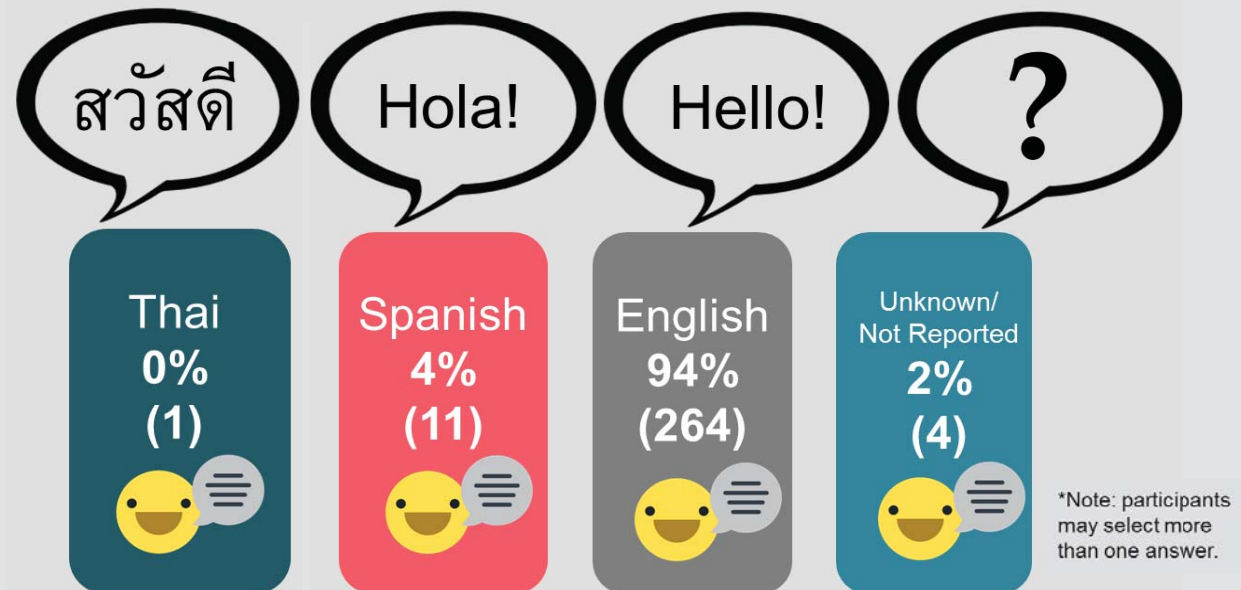
***“Because of The STAY I am a better person today than I was yesterday and even more prepared for greatness for tomorrow!”***  
***- The STAY resident***

# The STAY Final Report

## Project Demographics, *Continued*

### Language

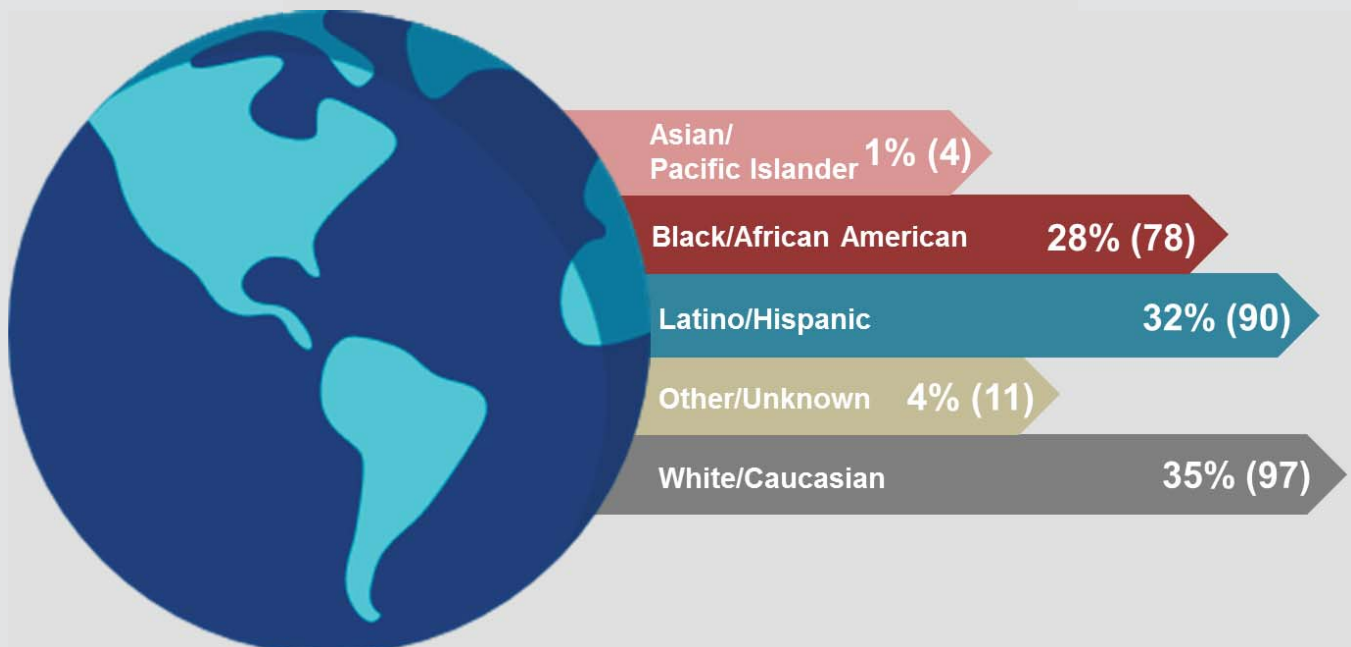
#### Total Consumers (N)= 280



280 unduplicated consumers received services. Some had more than one case opened.

### Race/Ethnicity

#### Total Consumers (N)= 280



280 unduplicated consumers received services. Some had more than one case opened.

# The STAY Final Report

## **Cultural Competence of Project Evaluation**

San Bernardino County's Department of Behavioral Health (SBC-DBH) knows and acknowledges that those who engage in evaluation do so from perspectives that reflect their values, their ways of seeing the world, and their culture. This culture can shape the ways in which evaluation questions are conceptualized, which in turn influences what data is collected, and how data is analyzed and interpreted. To draw valid conclusions, the evaluation must consider important contributors to human behavior, including those related to culture, personal habit, situational limitations, assimilation and acculturation, or the effect that the knowledge of observation can have on the observed (American Evaluation Association, Cultural Competence in Evaluation, 2011). Without accounting for the ways in which cultural can affect behavior, evaluations can arrive at flawed findings with potentially devastating consequences. Because of these concerns the SBC-DBH Office of Cultural Competency and Ethnic Services (OCCES) is a key partner in all innovation projects to ensure compliance with cultural competency standards and to ensure that the services provided address cultural and linguistic needs.

Issues of cultural diversity and the social norms of a specific cultural group may present a barrier to individuals participating in psychiatric treatment. As a result, SBC-DBH established 12 cultural subcommittees that meet monthly where information on this Innovation project was shared and feedback requested at the monthly meetings for each of these cultural subcommittees to ensure that the CPP included the voices of individuals who reflect the cultural, ethnic, and racial diversity that exists within San Bernardino County. The SBC-DBH OCCES was involved to ensure compliance with cultural competency standards and ensure that the services provided address cultural and linguistic needs. OCCES was available for consultation and to provide support to the teams regarding issues of diversity when necessary. Issues of cultural diversity and the social norms of a specific cultural group may present a barrier to a behaviorally ill individual participating in psychiatric treatment. These issues were explored with the OCCES as they developed in order to provide services to the community in a culturally and linguistically meaningful and appropriate manner. The SBC-DBH Office of Innovation partnered with the Subcommittees in a more active way (beyond an advisory capacity) that further ensured effective, culturally-sensitive interactions. These sub-committees were presented with the evaluation questions and results to ensure that the evaluation framework and outcome results are inclusive and foster learning across cultural boundaries while respecting different worldviews. Every effort was made so that staff teams were diverse and representative of the demographics of the Department's consumers. All materials were available in threshold languages and interpreter services were provided as needed.

## **Stakeholder Contribution to Project Evaluation**

The Department conducted an ongoing extensive Community Program Planning (CPP) process that involved stakeholders within the community contributing to the evaluation of the project, as consistent with MHSA regulations. In order to ensure a high level of stakeholder engagement, announcements were made available at all community and regularly occurring department meetings leading up to all previously mentioned stakeholder meetings that were conducted. Email announcements with stakeholder meeting information were sent to all SBC-DBH staff with instructions to disseminate to related interested parties. Meeting schedules were also emailed to regular attendees of all meetings, specifically Community Policy Advisory Committee (CPAC), Behavioral Health Commission, the District Advisory Committee (DAC) meetings, and Cultural Competence coalitions/subcommittees.

The County of San Bernardino obtained meaningful stakeholder involvement throughout the duration of The STAY project. From September 2014 through July 2017, a total of three (3) CPAC meetings were specifically dedicated to the presentation and discussion of collected data and project outcomes. In addition, Innovation (INN) project staff obtained stakeholder feedback from all regions of the county, by presenting project outcomes at four (4) DAC meetings, and twelve (12) cultural subcommittees between June 8, 2017 and July 19, 2017.



# The STAY Final Report

Innovation project staff provided an overview of the project, detailing the purpose, population(s) served, key activities, and preliminary outcomes. Throughout each meeting, participants were provided data in a simple, straightforward manner through PowerPoint presentations, handouts, and question and answer periods. Participants had an opportunity to ask clarifying questions directly to the project representative during and after each meeting. Contact information for the Innovation project staff was also provided to meeting attendees in case the attendee had additional questions later.

Throughout the process, participants were asked to share their perspective on the evaluation of the project and its effectiveness. They were encouraged to discuss what was learned from the project and comment on the community needs from their own perspective as a community member. This data was compiled, along with other stakeholder input received throughout the years.

An additional opportunity to provide written feedback during the meeting was provided to participants in the form of individual stakeholder comment forms. This was intended to aid in the collection of demographic information and to enable individuals attending the meeting to submit additional input and program ideas they may not have had the opportunity to offer during the small or large group discussions. The form asked a series of questions designed to parallel those asked in the facilitated process in the community meetings.

A Spanish-language interpreter was available at all community participation meetings, as well as American Sign Language (ASL) or any other language, upon request.



*Artwork by Vadim Firson*

# The STAY Final Report

## Dissemination of Innovation Project Results

The results from The STAY innovation project were disseminated using San Bernardino County's existing Community Program Planning (CPP) process. These results were communicated to 325 community stakeholders during a total of 19 meetings that were held between June 8, 2017 and July 20, 2017. The SBC-DBH Innovation Team used the existing cultural subcommittees meeting structure to present the innovation project outcomes to a diverse audience that reflected the diversity of San Bernardino County. At each meeting, an Innovation team member shared a summary of the outcomes from the project. All interested parties were encouraged to attend the July 2017 Community Policy Advisory Committee (CPAC) meeting where project outcomes were discussed in more detail and representatives from the project were available to provide more in-depth answers to community questions.

Throughout the stakeholder meetings, participants were asked to share their perspective on the evaluation of the project and its effectiveness. Meeting participants were encouraged to address the learned aspects of this project and comment on the community needs from their own perspective as a community member.

The Innovation stakeholder meetings attracted a diverse array of participants from throughout the County. Below is a listing of meetings and the number of attendees at each meeting:

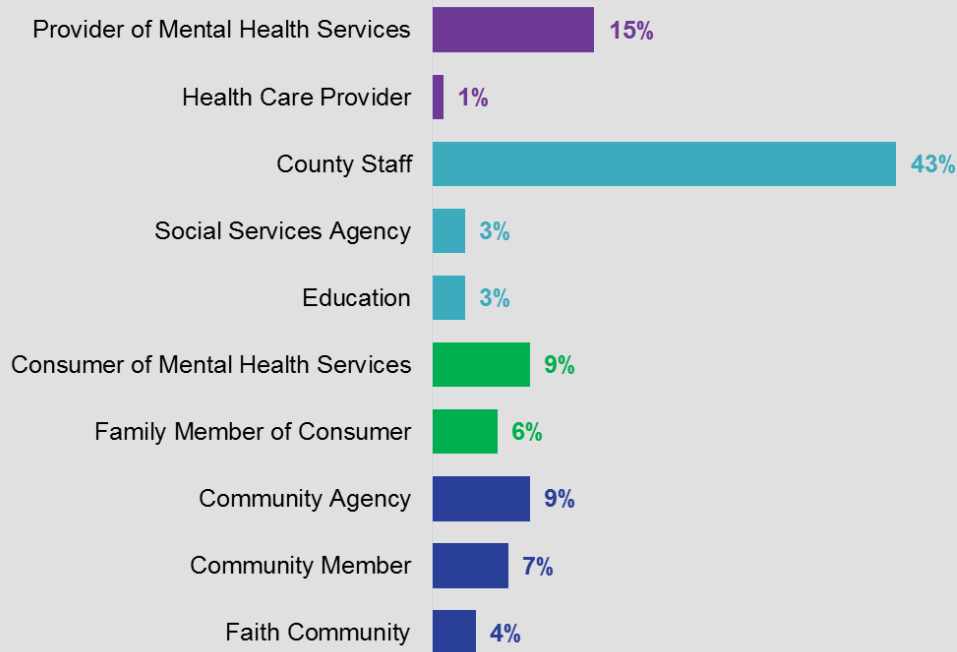
Meeting Name	Meeting Date	# of Attendees
<b>2nd &amp; 4th District Advisory Committee</b>	June 8, 2017	6
<b>Cultural Competency Advisory Committee (CCAC)</b>	June 15, 2017	38
<b>Co-Occurring and Substance Abuse (COSAC)</b>	June 15, 2017	9
<b>3rd District Advisory Committee</b>	June 19, 2017	23
<b>African American Awareness</b>	June 20, 2017	8
<b>Native American Awareness</b>	June 20, 2017	11
<b>1st District Advisory Committee</b>	June 21, 2017	12
<b>Disabilities Awareness</b>	June 21, 2017	7
<b>Older Adults Awareness</b>	June 22, 2017	9
<b>Latino Awareness</b>	June 22, 2017	13
<b>5th District Advisory Committee</b>	June 26, 2017	7
<b>Consumer and Family Awareness</b>	June 26, 2017	12
<b>LGBTQ Awareness</b>	June 27, 2017	14
<b>Women's Awareness</b>	June 28, 2017	8
<b>Veterans Awareness</b>	July 10, 2017	15
<b>Spirituality Awareness</b>	July 11, 2017	9
<b>Asian Pacific Islander Awareness</b>	July 14, 2017	13
<b>Transitional Age Youth (TAY) Awareness</b>	July 19, 2017	16
<b>Subtotal</b>		<b>230</b>
<b>Community Policy Advisory Committee (CPAC)</b>	July 20, 2017	95
<b>Total</b>		<b>325</b>

# The STAY Final Report

## Dissemination of Innovation Project Results, *Continued*

The quality of discussions which took place in these stakeholder meeting are a result of the diverse backgrounds of the meeting participants.

### Stakeholder Representation %



Source: 2017 The STAY Final Report Feedback Survey.





# The STAY Final Report

## Dissemination of Innovation Project Results, *Continued*

The ethnic breakdown of the meeting participants closely aligns with the ethnic breakdown of San Bernardino County for all reported groups.

## Stakeholder Ethnicity



Source: 2017 The STAY Final Report Feedback Survey.



Artwork by *Brandon Lopez*

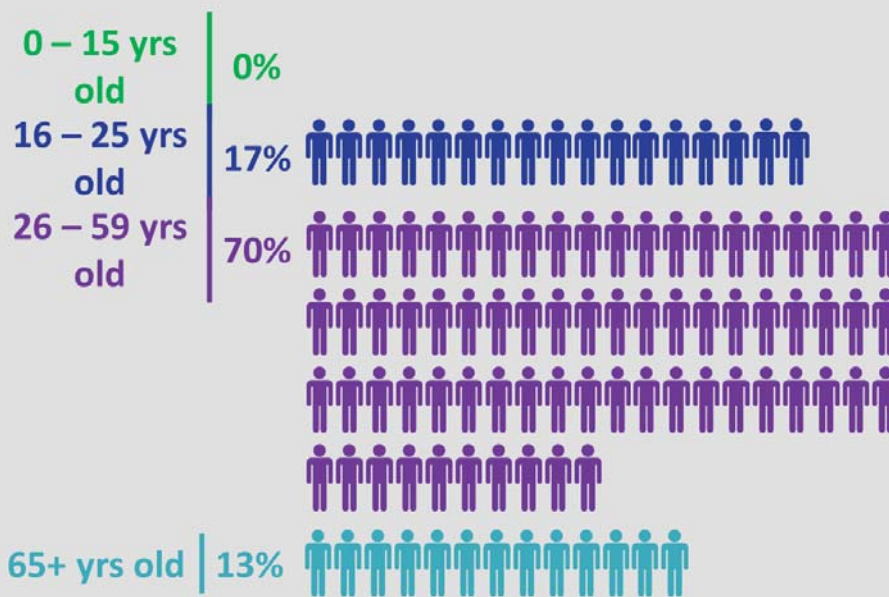
# The STAY Final Report

## Dissemination of Innovation Project Results, *Continued*

Meeting participants varied a fair amount in age. Although the largest portion fell in the age range of 26-59 (70 percent), there was good representation of older adults over 60 years of age (13 percent), and transitional-aged youth 16-25 years (17 percent). The meeting held at the San Bernardino Transitional Age Youth (TAY) Center was very effective in securing participation by youth and young adults.

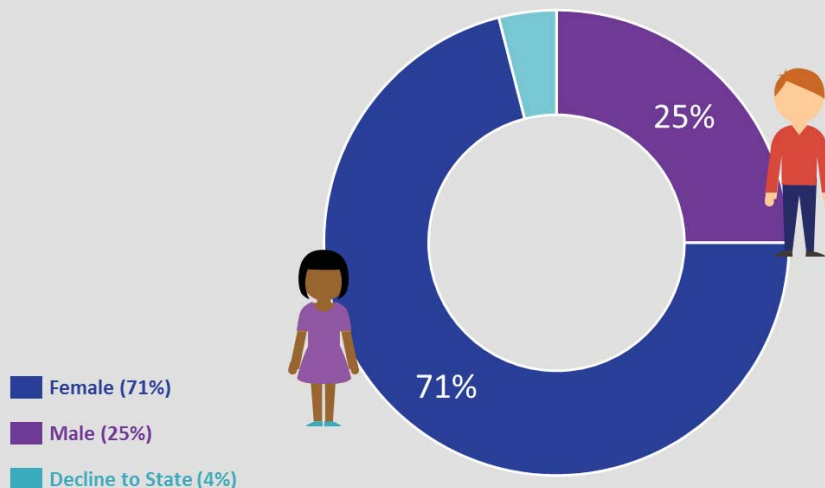
The breakdown of participants from the Innovation stakeholder meetings by gender is as follows: 71 percent of the participants are female, 25 percent of the participants are male, and 4 percent of the participants declined to state gender.

### Stakeholder Age



Source: 2017 The STAY Final Report Feedback Survey.

### Stakeholder Gender



Source: 2017 The STAY Final Report Feedback Survey.

# The STAY Final Report

## Learning Goals & New Goals Domains Overview

SBC-DBH developed an evaluation logic model (**Attachment A**) for The STAY as a guide for how the project goals and objectives connect to the strategies and measurements of the project as well as to ensure the project measured outcomes according to the goals identified in The STAY Work Plan. Also included in this section is “New Learning Goal” or a goal that emerged during the program implementation and early evaluation process.



### **Innovation Goal: Increase access to mental health services to underserved groups:**

- **Learning Goal 1:** Learn about and evaluate the effectiveness of having a TAY Behavioral Health Hostel run primarily by diverse peers.
- **Learning Goal 2:** Learn what type of support and training is needed for diverse peer staff to effectively provide a culturally and linguistically appropriate peer run Behavioral Health Hostel.
- **Learning Goal 3:** Evaluate if these new approaches, in addition to the Peer Advisory Board, leads to increased access to services and better outcomes with regards to crisis stabilization.

### **Innovation Goal: Increase Access to services:**

- **Learning Goal 4:** Learn if the innovative application of culturally specific crisis stabilization services is an effective model.

### **Innovation Goal: Increase the quality of services, including better outcomes:**

- **Learning Goal 5:** Determine if the high percentage of culturally diverse peers along with the availability of resources to local providers, fosters a more diverse environment in which multiple cultures within the TAY population can be served appropriately and concurrently out of one location with both western and traditional healing methods.
- **Learning Goal 6:** Determine if our unserved, underserved, and inappropriately served TAY populations have better outcomes while seeking crisis stabilization services in a Behavioral Health Hostel where the community determines the services offered, the majority of employees are peers, and where the County provides minimal direction.
- **Learning Goal 7:** Assess the benefits of joining multiple consumer, stakeholder, cultural groups into one community-driven setting to establish relevant peer support networks, resources, and linkages around their distinct resources and needs.
- **Learning Goal 8:** Learn if the identification and implementation of models to address issues of grief, loss, identity, and environmental trauma help to facilitate crisis stabilization with former system involved youth.
- **Learning Goal 9:** Learn if new innovative policies and procedures around the housing of LGBTQ TAY can help facilitate the crisis stabilization process for these TAY.
- **Learning Goal 10:** Learn the impacts of innovative policies and procedures around the housing of LGBTQ TAY on TAY who do not identify as LGBTQ.
- **New Learning Goal 11:** Learn if the use of TAY-specific crisis stabilization programming is effective in reducing the frequency of unnecessary hospitalizations.



# The STAY Final Report

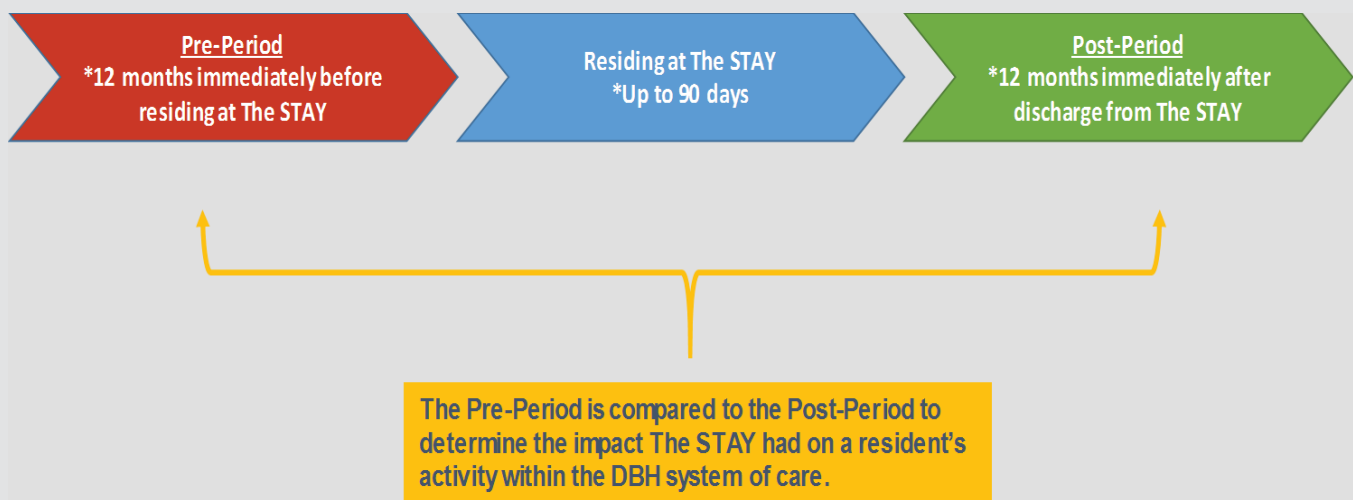
## Methodology Results & Discussion

### 3 Tier Utilization Analysis & Comparison

#### 3 Tier Utilization Methodology

The 3 Tier Utilization Analysis evaluates utilization of hospitalization, crisis services, and routine outpatient services in a pre and post intervention time period. For this particular analysis, residents who were discharged from The STAY on or before March 31, 2016, were included in the analysis in order to allow for both a one year pre-period and a one year post-period. For all those within this timeframe, an in-depth analysis was done on outcomes for the 12 months before and after their admission with The STAY (n=201). The one year pre-period was calculated as exactly one year before the first admission date (for the few residents who were admitted to The STAY more than once, for the purposes of this evaluation, the first admission date was the admission that was used). The one year post-period was calculated as exactly one year after the first discharge date from The STAY. All services in the time frame prior to the first admission date are used as a baseline encounter for residents' activity in the SBC-DBH system of care before The STAY program. All services in the time frame following the first discharge date are used to analyze residents' activity within the SBC-DBH system of care after The STAY program. Again, the specific SBC-DBH services examined in this analysis are inpatient psychiatric hospitalizations, crisis services, and routine outpatient services. This data, through exploring the impact The STAY may have had on residents' activity within the SBC-DBH system of care, addresses Learning Goals 3, 4, 7, and 11 by examining the following questions:

- Did these new approaches lead to increased access to services and better outcomes? (Learning Goal 3)
- Was the innovative application of culturally specific crisis stabilization services that The STAY provided an effective model? (Learning Goal 4)
- Were there benefits in joining multiple consumer, stakeholder, cultural groups into one community-driven setting to establish relevant peer support networks, resources, and linkages around their distinct resources and needs? (Learning Goal 7)
- Were unnecessary hospitalizations following The STAY admission and discharge reduced? (Learning Goal 11)

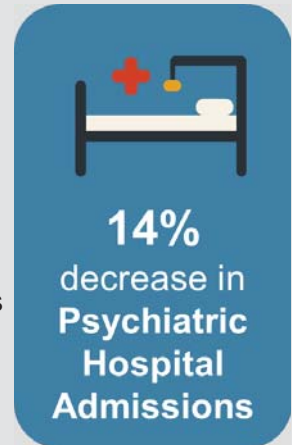


# The STAY Final Report

## Overall 3 Tier Analysis Results & Discussion

### Hospital Admissions

In the year before the first admission date to The STAY, and a year after the first discharge date, residents had an overall 14% decrease in their hospital admissions. Examining hospital admission trends is one way to explore if The STAY was effective with overall crisis stabilization strategies. The objective of Learning Goal 2 is to learn if the innovative application of culturally specific crisis stabilization services is an effective model and the objective of Learning Goal 4 is to evaluate if The STAY's approach leads to increased access to services and better outcomes with regards to crisis stabilization. The decrease seen here in hospital admissions supports the idea that The STAY's innovative way of delivering crisis stabilization is an effective model, with better outcomes with regards to crisis stabilization. This result also addresses Learning Goal 11, which is about learning if the use of TAY-specific crisis stabilization programming is effective in reducing the frequency of unnecessary hospitalizations. The 14% decrease also supports the expectation and goal that a visit to The STAY would help to lower the frequency of unnecessary hospitalizations in the year following their discharge from The STAY program.

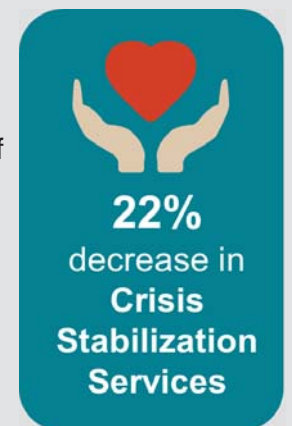


### Hospital Days

In the year before the first admission to The STAY, and a year after the first discharge date, these residents saw an overall 25% decrease in the number of days spent in the hospital. Hospital days and length of hospital stays are another way to explore if The STAY was an effective model. The objective of Learning Goal 2 is to learn if the innovative application of culturally specific crisis stabilization services is an effective model and the objective of Learning Goal 4 is to evaluate if The STAY's approach leads to increased access to services and better outcomes with regards to crisis stabilization. The decrease seen here in hospital days supports the idea that The STAY's innovative way of delivering crisis stabilization is an effective model with better outcomes associated to crisis stabilization.

### Crisis Stabilization Services

In the year before the first admission to The STAY, and a year after the first STAY discharge date, the residents saw an overall 22% decrease in their crisis stabilization services. Measuring the utilization of crisis stabilization services is another way to explore if The STAY was an effective model. Decreased crisis stabilization services can be a positive outcome, especially if these same residents are accessing more routine outpatient services than solely relying on the crisis system of care (see analysis regarding routine outpatient services). The objective of Learning Goal 2 is to learn if the innovative application of culturally specific crisis stabilization services is an effective model and the objective of Learning Goal 4 is to evaluate if The STAY's approach leads to increased access to services and better outcomes with regards to crisis stabilization. The decrease seen here in crisis stabilization services supports the idea that The STAY's innovative way of delivering crisis stabilization is an effective model and also shows better outcomes with regards to crisis stabilization.

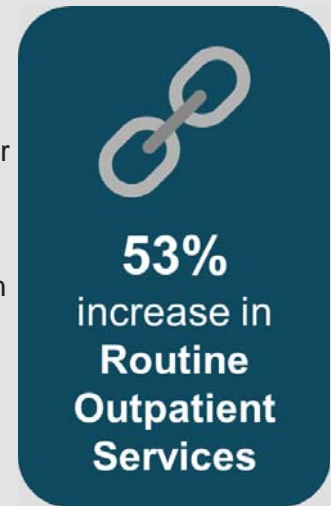


# The STAY Final Report

## Analysis Results & Discussion, *Continued*

### **Routine Outpatient Services**

The improvement seen here demonstrates that The STAY's approach led to increased access to services. In the year before the first admission date, and a year after the first discharge date, these residents saw an overall 53% increase in the utilization of routine outpatient services. The frequency with which residents access outpatient services before and after their time with The STAY is another way to explore if The STAY was an effective model for increasing access to services. The objective of Learning Goal 7 is to assess the benefits of joining multiple consumer, stakeholder, cultural groups into one community-driven setting to establish relevant peer support networks, resources, and linkages around their distinctive resources and needs and the objective of Learning Goal 4 is to evaluate if The STAY's approach leads to increased access to services and better outcomes with regards to crisis stabilization. When individuals are better linked within the SBC-DBH system of care, TAY are likely to access increased outpatient services. The increase seen here in routine outpatient services supports the idea that The STAY's inter-connected approach of linking residents' to resources within the SBC-DBH system of care is an effective model. This result demonstrates The STAY's ability to successfully transition residents to lower levels of care, which is sustained over time. This demonstrates that not only is The STAY directing TAY consumers away from unnecessary higher care of service, but also effectively linking them with sustainable levels of care. The STAY is particularly effective at linking residents post-discharge to the TAY facility where they are able to access a wide array of TAY-specific outpatient services such as group therapy, individual therapy, and community networking.



### **Diversion from Unnecessary Hospitalizations**

Once The STAY program was implemented, an additional goal was added to the overall framework of The STAY program and evaluation. The goal was to learn if the use of TAY-specific crisis stabilization programming is effective in reducing the frequency of unnecessary hospitalizations (Learning Goal 11).

This is a goal that is set for many of SBC-DBH's Community Services and Supports programs. In planning for sustainability, it was suggested that findings related to the goal of reduced hospitalizations could help determine most appropriate funding for the continuation of The STAY. Also, if The STAY is effective in reducing hospitalizations, it may provide justification for a new evidence-based practice to be adopted for other crisis stabilization models within our County. The STAY CRT itself essentially functions as a diversion from hospitalization. Instead of being hospitalized, individuals were routed to The STAY for intervention.

Therefore an admission to The STAY is considered a diversion from unnecessary hospitalization since the consumer can now be served at a lower level of care. When significant issues would arise with a resident during their time at The STAY, an incident report would be generated. Program staff reviewed all incident reports to determine how many of the incidents would have likely led to hospitalization had the resident not been at The STAY at the time of the incident. The variables used for this analysis include both admission to The STAY and incident reports. As a result of The STAY, there were a total of 398 diversions made from unnecessary hospitalizations (Admissions=266; Incident Reports=132). The results of this diversion analysis supports the new goal to reduce the frequency of unnecessary hospitalizations. Incident report numbers here reflect a crisis incident at The STAY that likely would have resulted in a psychiatric hospitalization if the resident has not been at The STAY. Therefore, these can also reflect avoided hospitalizations due to The STAY.

# The STAY Final Report

## Analysis Results & Discussion, *Continued*

### CANS-SB ANALYSIS

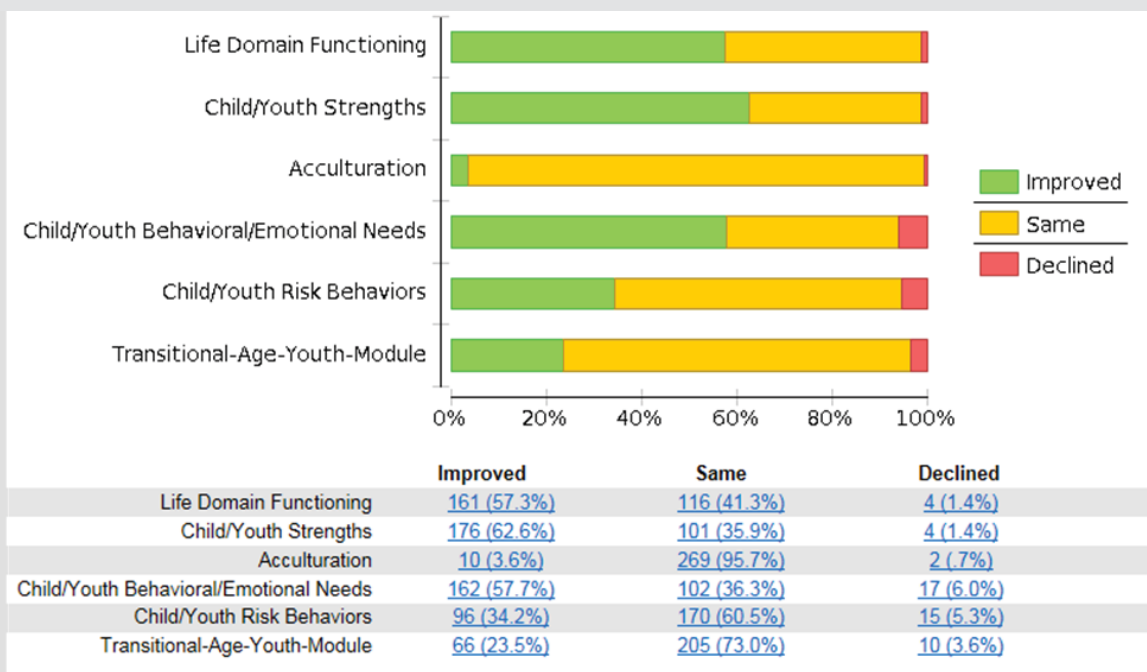
The Child and Adolescent Needs and Strength Assessment (CANS-SB) was utilized to track residents' progress while in The STAY. The tool assesses a variety of areas, such as Life Functioning, Strengths, Risk Behaviors, etc. The CANS-SB Assessment was used as a baseline as residents entered into The STAY and as a final indicator upon discharge from The STAY. The following analysis utilizes the pre and post CANS-SB scores to address Learning Goals 1, 2, 4, 6, 7, and 8 and help determine:

- The effectiveness of a TAY Behavioral Health Hostel run primarily by diverse peers. (Learning Goal 1)
- If the innovative application of culturally specific crisis stabilization services is an effective model. (Learning Goal 2)
- If these new approaches, in addition to the Peer Advisory Board, leads to increased access to services and better outcomes with regards to crisis stabilization. (Learning Goal 4)
- If our unserved, underserved, and inappropriately served TAY populations have better outcomes while seeking crisis stabilization services in a Behavioral Health Hostel where the community determines the services offered, the majority of employees are peers, and where the County provides minimal direction. (Learning Goal 6)
- The benefits of joining multiple consumer, stakeholder, cultural groups into one community driven setting to establish relevant peer support networks, resources, and linkages around their distinct resources and needs. (Learning Goal 7)
- If the identification and implementation of models to address issues of grief, loss, identity, and environmental trauma help to facilitate crisis stabilization with former system involved youth. (Learning Goal 8)

To evaluate pre and post STAY changes, a Reliable Change Index (RCI) report was used. This report was designed to provide an estimate of change within the program intervention period.

**Figure 1** below represents the results for residents who had planned discharges *and* residents who may have left against medical advice, resulting in an unplanned discharge.

Figure 1:





# The STAY Final Report

## Analysis Results & Discussion, *Continued*

Life Domain Functioning includes items such as Social Functioning, Family, and Living Situation. Results show that 57.3% of The STAY residents showed improvement in the areas of Life Domain Functioning upon discharging from The STAY. Child/Youth Strengths include items such as Resiliency, Wellness, Optimism, and Resourcefulness. Results show that 62.6% of The STAY residents showed improvement in these areas upon discharging from The STAY. Acculturation is a unique domain that measures only four items, including Language, Identity, Ritual, and Cultural Stress. Most residents' scores within this domain did not change. It is worth noting that programs within SBC-DBH rarely see movement on the Acculturation domain, which merits further investigation into why this might be. For the context of The STAY, it is unsurprising that these items changed, as they are generally long-term, enduring traits that are unlikely to be significantly affected in a short-term crisis setting.

Child/Youth Behavioral/Emotional Needs measures items such as Psychosis, Depression, Anxiety, Adjustment to Trauma, and Anger Control. Results show that 57.7% of residents showed improvement within this domain upon discharge from The STAY. Child/Youth Risk Behaviors includes items such as Runaway, Delinquency, and Self-Harm. Results show that 34.2% of residents showed improvement in this area upon discharge from The STAY. The majority of residents' scores within this domain stayed the same (60.5%). The TAY Module includes items such as Independent Living Skills, Medication Compliance and Educational Attainment. Results show that 23.5% of The STAY residents showed improvement in these areas upon discharge from The STAY. The majority of residents' scores within this domain stayed the same (73.0%). It is worth mentioning that some of the items (such as Educational Attainment, History of Victimization, and Personality Disorder) within the TAY Module are unlikely to shift or improve during a 90 day CRT stay.

As presented in **Figure 1**, on the prior page, the high percentages of improvement for Life Functioning, Strengths, and Behavioral/Emotional Needs are one way of demonstrating the effectiveness of the TAY Behavioral Health Hostel, run primarily by diverse peers applying innovative culturally specific crisis stabilization (Learning Goal 1, 2). The improvement in these domains also demonstrate that The STAY approach led to better outcomes overall by showing the change before and after participating in/residing at The STAY (Learning Goal 4, 6). Specific items included within the different domains also demonstrate that The STAY's approach to establishing a community driven setting lead to enhanced Social Functioning (improved by 54%) and Family Relationships (improved by 44%), along with increased Community Life (improved by 37%) and Relationship Permanence (improved by 39%).

***“It takes courage and hard work to become well.”***

***- The STAY resident***

These improvements point toward the establishment of greater support networks, resources and linkages (Learning Goal 7). There is a specific CANS item that measures Grief & Loss, and even though only 24% of The STAY residents saw an improvement in this area within their 90 day or less stay, over half of those who improved were identified as former system involved youth, either with probation or the foster care system (Learning Goal 8). This is significant as former system involved youth are more likely to have experiences around grief, loss, and trauma due to separation from families and communities. Even though 24% may seem modest, the fact that former system involved youth are experiencing improvement demonstrates The STAY is having an impact in addressing grief and loss and is also building social and community support systems in the process.

# The STAY Final Report

## Focus Groups

For the purpose of this analysis the following terms were used to describe individuals who took part in The STAY project:

- **Participants:** Took part in project focus groups.
- **Residents:** Received services at The STAY.
- **Consumers:** Received services through SBC-DBH.

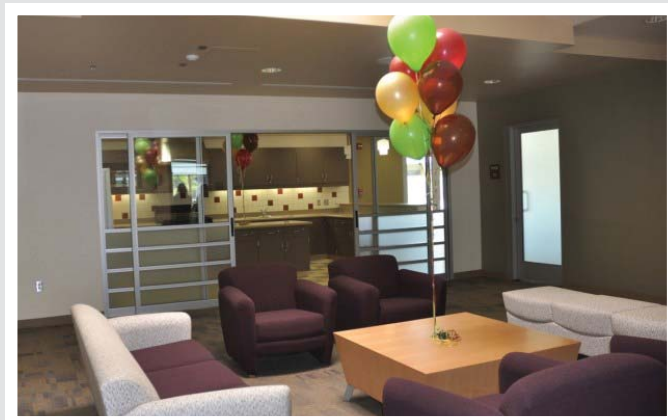
In order to create a better understanding of The STAY, focus groups were conducted to ensure that program efforts, successes and growth were captured from a qualitative perspective, in addition to a quantitative analysis of consumer outcomes. The purpose of the study was to understand participants' and staff members' experiences in working with The STAY project. In an effort to evaluate and improve the quality of the project, information was collected as to the strengths, areas of improvement, and generalizable feedback principles for other SBC-DBH programs.

Data emerging from these focus groups was utilized to influence future programming for The STAY, as well as future TAY specific and general CRT programs.

One of the focus groups was held with The STAY staff, and the other focus groups included either current or past residents. Focus groups ran approximately two hours, and participants were asked a series of questions regarding their experiences participating in The STAY programming. Focus group participants were encouraged to share their honest viewpoints and opinions regarding the effectiveness of the program, even when a perspective conflicted with other shared opinions. Focus group participants were provided the opportunity to privately share critiques of the program, if they did not feel comfortable discussing the topic with the group.



The staff focus group results are shown in the tables presented in the following pages. Participants in this focus group included staff members who have been working at The STAY for at least one year. Results of the focus groups include quotes from participants that particularly illustrate the discussion.



# The STAY Final Report

## Focus Groups, *Continued*

### Staff Focus Group Results:

In response to the question, “What do you feel worked well in terms of The STAY facilities? What do you feel could use improvement, and in what way?” The STAY Staff stated that a strength of The STAY facility was its home-like feel as it “[increased] interaction” between the residents. The most frequent responses in regards to improvements centered on amenity needs such as, “bigger space in laundry room for storage,” “having an identified space for left behind [items] or donations,” “bigger washers and dryers, more computers and a larger van to able to transport The STAY residents in one vehicle.” The next most frequent responses concerning improvements centered on staff needs such as needing a break room and making office space bigger. Other suggested improvements included that furniture not be made out of wood due to the ease of vandalism.

What do you feel worked well in terms of The STAY facilities? What do you feel could use improvement, and in what way?	Staff were in agreement that overall, The STAY has a very home-like feel. They noted some areas where the facilities could be improved in order to improve day to day living for the residents, conditions for the staff, and improve safety.	
	Strength most frequent response:  Area of need most frequent response:  Area of need next most frequent response:	Home-like feel  Amenity needs  Staff comfort



# The STAY Final Report

## Focus Groups, *Continued*

<p>What do you feel worked well in terms of The STAY layout? What do you feel could use improvement, and in what way?</p>	<p>Most staff reported that there are needs within the layout to assist with keeping confidentiality, but that there was exceptional accessibility for residents while at The STAY.</p>	
	<p>Strength most frequent response:</p> <p>Strength next most frequent:</p> <p>Area of need most frequent response:</p> <p>Area of need next most frequent:</p>	<p>Accessibility</p> <p>Home-like feel</p> <p>Additional therapy rooms &amp; offices</p> <p>Supervision</p>

When asked about The STAY layout, staff largely commented on the accessibility of finding staff members and the overall home-like feel of the facility, particularly noting that "it's easy to find someone to talk to when they come in" and "the kitchen being centralized was positive to make it feel more homey." Staff members also noted areas of improvement, especially in terms of having more designated private spaces for therapy. Some suggestions included adding more staff member offices and therapy rooms. Staff noted although this would be nice, staff can always meet in the nurse's station behind locked doors to maintain confidentiality of residents. They unanimously agreed that the facility is in need of a restroom specifically for visitors, especially on weekends when the co-located One Stop TAY building is not open for them to use. Some staff members also noted that supervision can be difficult at times because the residents' rooms are down a single hallway that is "tucked away." It was suggested that "more centralized bedrooms so they are all viewable from a middle location would be better."



*Artwork by Rachel Miller*





# The STAY Final Report

## Focus Groups, *Continued*

<p>What do you feel worked well in terms of The STAY safety? What do you feel could use improvement, and in what way?</p>	<p>The STAY Staff noted that overall, The STAY feels like a safe environment for residents and staff alike. They were able to provide suggestions on how safety and supervision could be improved.</p>	
	<p>Strength most frequent response:</p>	<p>Sense of safety</p>
	<p>Area of need most frequent response:</p>	<p>Cameras</p>
	<p>Area of need next most frequent:</p>	<p>Security needs</p>

Safety was an area where staff had some mixed feelings. Whereas most of them felt that, "overall it is a really safe place for residents and for staff," noting that the lighting in the parking lot as a particular addition that increased a sense of safety, they had several recommendations to help increase safety and supervision. Overwhelmingly, staff suggested the use of security cameras around the site for both security and supervision of areas that are not easily monitored. It was also suggested and agreed upon that The STAY is in need of designated security, especially for the timeframes when The One Stop TAY center closes, noting, "We need a designated security guard specific for The STAY. The security guard leaves at 6, but the visiting hours are from 6:00-8:00 p.m." Another staff member added that, "all The STAY staff are trained and certified Professional Assault Crisis Training (Pro-ACT), and are prepared on how to interact with combative clients. Also, all gates or doors that enter the facility or patio should be locked at all times which also assists with client/visitor safety."

<p>What do you feel worked well in terms of The STAY staffing? What do you feel could use improvement, and in what way?</p>	<p>Overwhelmingly, The STAY staff felt good about the current staffing within The STAY. They made positive comments about diversity amongst staff and the addition of several positions. They were also able to provide insight with areas of improvement, specifically additional staffing needs.</p>	
	<p>Strength most frequent response:</p>	<p>Staff positions &amp; diversity</p>
	<p>Area of need most frequent response:</p>	<p>Additional staffing needs</p>

When asked about staffing, the group commented on how beneficial it has been to have a Peer Mentor, a Resource Specialist, and overall diversity amongst staff. The staff unanimously agreed that "the introduction of a Peer Mentor position was a really good idea" and noted the need "for two Peer Mentor positions" as an area of need. It was also agreed upon that the diversity seen within the staff allowed for more relatability with the residents and provided a positive environment. In terms of areas of need, there was unanimous agreement that "it would be beneficial to have a therapist who is willing to work a night shift" to assist with crisis situations after normal work hours. Staff also mentioned that another Recovery Counselor position is needed, that there should be a shift lead for each position within The STAY, and that overall more staff are needed.

# The STAY Final Report

## Focus Groups, *Continued*

<p>What do you feel worked well in terms of The STAY training? What do you feel could use improvement, and in what way?</p>	<p>Staff unanimously agreed that training at The STAY has been beneficial for their needs as well as for assisting the residents. They noted enjoying the different learning platforms and different styles of presenters.</p>	
	<p>Strength most frequent response:</p>	<p>Diverse modalities &amp; ongoing training</p>

In regards to training, staff at The STAY felt like "training is excellent. It's ongoing." They mentioned that trainings were effective because they were presented in different modalities (ex: online and in person) and some of them appreciated the more experiential aspects of trainings. No improvements were recommended in this category.

<p>What do you feel worked well in terms of The STAY group programming? What do you feel could use improvement, and in what way?</p>	<p>Staff agreed that group programming offered a lot of flexibility and cited this as a significant benefit. They were also able to provide suggestions for groups that were needed within The STAY and assistance for residents transitioning out.</p>	
	<p>Strength most frequent response:</p> <p>Area of need most frequent response:</p> <p>Area of need next most frequent:</p>	<p>Flexibility</p> <p>Additional needed groups</p> <p>Transitioning out</p>

When asked about group programming at The STAY, staff were in agreement that there is a lot of flexibility built into the program itself and that there is "freedom to do what's necessary in the moment" and to "mix it up based on the dynamics of the group and what matters to them that week." They also had some suggestions for ways to improve group programming at The STAY. Particularly, they mentioned items in two categories: groups that were needed and ways to assist resident with transitioning out of the CRT. Under additional needed groups, the staff unanimously agreed that a "Grief and Loss" group was needed to provide the residents with necessary services. Other suggestions for groups included: more women-specific and men-specific groups, parenting, smoking cessation, and medication management (taught by a nurse). One staff member shared that they "do have gender-specific group activities GQ and Vogue," and noted how much residents appear to enjoy having these groups and that we could perhaps conduct them more often. In regards to transitioning out, staff specifically mentioned that residents were in need of groups that "teach them how to use their medication" and more independent living skills. One participant shared that "the nurses and doctors are constantly educating the clients on medication management; individual therapy services encourage open discussion with the psychiatrist to learn about their medications, and weekly treatment teams are conducted with the Program Manager/Licensed Vocational Nurse who discusses medication." Another staff member noted that "we do have four Independent Living Skill activities each week focused on budgeting, housing, employment, and transportation." Staff also were in agreement that there was a need for more evidence-based groups and less time in groups focused on individual goal work.

# The STAY Final Report

## Focus Groups, *Continued*

<p>In your experience, was a TAY CRT run primarily by diverse staff effective in reducing the mental health crisis of its clients? If so, how? If not, how, and how could it be improved?</p>	<p>Staff unanimously agreed on the benefit of having a diverse team at The STAY. They discussed how having multiple disciplines in house was valuable in providing residents with access to needed services, aiding in the prevention of further crises, and providing residents with a sense of stability.</p>	
	<p>Strength most frequent response:</p>	<p>Access to services</p>
	<p>Strength next most frequent:</p>	<p>Prevention</p>
	<p>Strength next most frequent:</p>	<p>Stability</p>

Staff felt that having a diverse staff was effective in reducing the mental health crises of the residents. They were in unanimous agreement that The STAY provided access to services as well as assisted in preventing future mental health crises. Specifically, they agreed that "on-site psychiatrists and 24 hour nurses" were particularly beneficial in providing access to services to support stability. Staff also agreed that The STAY was effective in providing residents with secure room and board to further assist in reducing their crisis situation. There were no areas of improvement suggested.

<p>In your experience, were culturally specific services utilized to improve the mental health stability of the clients? If so, how? If not, how, and how could this be improved?</p>	<p>Overwhelmingly, The STAY staff agreed that services at The STAY honors and respects diversity. The staff were especially proud of the LGBTQ services and the efforts to provide a home-like feel at The STAY. They also noted that diversity at The STAY provided residents with exposure to different cultures.</p>	
	<p>Strength most frequent response:</p>	<p>Honoring diversity</p>
	<p>Strength next most frequent:</p>	<p>LGBTQ services, home-like feel, exposure</p>

When asked about providing culturally-specific services to improve mental health stability, staff believed this was a main strength of The STAY. When discussing cultural events, all staff agreed that they "celebrate all the cultural backgrounds and holidays" and "try to create a home environment on holidays." They stressed their focus on all aspects of culture, which was evident in the statements they are "able to take them to church on Sundays to honor their religious beliefs if that's important to them" and that "the LGBTQ groups are helpful, especially for clients who are coming out." Staff also agreed that "exposure to diverse cultures in staff and different approaches will help when they go out to the community." There were no suggestions for improvement provided.



# The STAY Final Report

## Focus Groups, *Continued*

<p>Did you learn what type of support and training is needed for diverse staff to be able to effectively provide services to clients in a mental health crisis? If so, can you give examples? If not, please explain.</p>	<p>Staff reported that they were fully supported in attending any training they needed to fulfill their position at The STAY and were also supported in attending trainings that were of special interest to them.</p>	
	<p>Strength most frequent Response:</p>	<p>Training supported</p>
	<p>Strength next most frequent:</p>	<p>Trainings given</p>

In regards to the question about support and training needed for diverse staff to effectively provide services to clients in a mental health crisis, staff stated that they were “sent to the trainings they needed.” They also expressed that support was provided when they were interested in specific trainings. No suggestions were given in this area.

<p>Did the Resident Council assist with creating new activities within the program and add responsibilities to the clients to assist with crisis stabilization? If so, can you give examples? If not, please explain.</p>	<p>The STAY staff overwhelmingly reported that the Resident Council was a source of empowerment for the residents that provided them with hands-on life skills training.</p>	
	<p>Strength most frequent response:</p>	<p>Empowerment</p>
	<p>Strength next most frequent:</p>	<p>Like skills</p>

When asked whether the Resident Council (RC) assisted adding to the program through new activities and responsibilities given to the residents, staff reported that that the RC provided residents with a sense of empowerment and provided them with life skills as “they get to have a voice in their wellness.” They expressed that the members of the RC “have an active role and can get into leadership positions ... which can help them with confidence and self-esteem.” They went on to say that the residents “are able to provide feedback and we try to accommodate it, “which provides them with “a voice in their wellness.”





# The STAY Final Report

## Focus Groups, *Continued*

<p>In your experience, did The STAY assist clients with increased access to mental health services post discharge? If so, can you give examples? If not, please explain.</p>	<p>The staff were in agreement that The STAY assisted residents with access to mental health services and increased their utilization of services after leaving The STAY.</p>	
	<p>Strength most frequent response:</p>	<p>Access to services</p>
	<p>Strength next most frequent:</p>	<p>Utilization of services</p>

Staff were in agreement that being a TAY CRT assisted residents in both accessing and utilizing behavioral health services once they were discharged from The STAY. They expressed that "there is a huge increase in access and utilization of MH services after leaving The STAY." It was specifically pointed out that "every client who leaves the program is connected to an outpatient mental health program, drug treatment program, or an inpatient program.

<p>Do you feel the high percentage of culturally diverse staff of similar age to the clients helped to foster a more diverse environment for the TAY in which multiple cultures can be served appropriately with both western and alternative health methods? If so, can you give examples? If not, please explain.</p>	<p>Cultural diversity of staff and having staff members close in age to the residents was seen as a means of providing residents with inspiration and role-models. It was also agreed upon that having older staff members was beneficial in providing a sort of parental role for residents. There seemed to be differences between staff opinion on what constituted alternative interventions.</p>	
	<p>Strength most frequent Responses:</p>	<p>Role-models, inspiration</p>
	<p>Strength next most frequent:</p>	<p>Parental role</p>
	<p>Area of need most frequent response:</p>	<p>Alternative methods</p>

When asked whether the high percentage of culturally diverse staff of similar age to the clients helped foster a more diverse environment for the TAY in which multiple cultures can be served appropriately with both western and alternative health methods, the staff agreed that it was "helpful for residents to see people in their age group that they can relate to, especially peer mentors." Staff explained that having peer mentors gave the clients "hope" and provided them with role-models. Overall it was agreed upon that peer mentors added a level of accessibility to the staff. It was mentioned that "it helps [residents] to see staff members who are working and going to college. They can say "I want to be like that staff member." Staff also noted that older staff was beneficial in their ability to offer "a parental role" which provided residents with "a corrective experience." In regards to improvements, staff noted that "overall, [the STAY program does not] have a blend of western and alternative methods" suggesting a further need for alternative interventions. Yet, another staff member stated that they do have movement, meditative, and nature/animal-based therapies "conduct hip-hop dance group and yoga each three times a week, and we have used equine therapy in the past but discontinued [it] and are now working on pet therapy services." It seems like staff had different interpretations over what might constitute an alternative health method.

# The STAY Final Report

## Focus Groups, *Continued*

<p>In your experiences, do TAY populations (especially those typically unserved, underserved and/or inappropriately served) have better outcomes while seeking crisis stabilization services at a CRT vs more common services such as a psychiatric hospitalization and outpatient services? If so, can you give examples? If not, please explain.</p>	<p>Staff agreed that having a TAY-oriented CRT promoted better outcomes than other services during a crisis through a more individualized approach. They also noted that The STAY provided residents with a chance to be involved in their own care and that it assisted them in building skills to more effectively cope with crises. Additionally, staff shared that The STAY provides residents with wraparound services that focuses on all aspects of their mental health and assists in preventing future hospitalizations.</p>	
	<p>Strength most frequent response:</p> <p>Strength next most frequent:</p>	<p>Individualized approach</p> <p>Empowerment, engagement, skill-building</p>

One of the main benefits staff saw about The STAY versus other treatments for TAY populations is the individualized approach and the ability for residents to “be a part of their own treatment.” They expressed that at The STAY, “treatment is more personal and more individually focused” and they unanimously agreed that the residents “have individual treatment goals, peers to relate to, and staff who are more accessible” than services elsewhere. It was also stated that having a longer duration of services at The STAY “improves their ability to internalize skills long term” and it was unanimously agreed upon that The STAY “gives them the skills to handle things better so they don’t have as many future hospitalizations.” Staff also agreed that The STAY provides residents with wrap-around services as there is an “all-around focus on their mental health.”

<p>Do you feel there were benefits to specifically joining TAY (18-25 years of age) in a mental health crisis into one setting to establish relevant peer supports, resourcing, and linkages around their distinct needs? If so, what were they? If not, please explain.</p>	<p>Staff were in agreement that having a CRT specifically focused on TAY was beneficial in serving their distinct needs by providing residents with a sense of unity and support with each other.</p>	
	<p>Strength most frequent responses:</p>	<p>Unity, support</p>

Staff agreed that by putting TAY individuals who are in crisis together in one setting provided the residents with the opportunity to build supports and provided them with a sense of unity. They unanimously agreed that having a TAY-specific CRT “helps build friendships, strengthen their social supports. It helps them when they go out to community.” It was expressed that since the residents are going through the same developmental changes and life stage situations, they are more willing to join with each other and “they’re more willing to listen to each other. If they were housed with older people, they couldn’t relate as much.”

# The STAY Final Report

## Focus Groups, *Continued*

Were models implemented at The STAY to address issues of grief, loss, identity, and trauma in a way that helped to facilitate crisis stabilization? If so, what were they? If not, please explain.	Overall, staff agreed that the STAY has a strong program focused on identity, but that there needs to be a group focused on grief and loss, as well as trauma.	
	Strength most frequent response:	Identity models
	Area of need most frequent response:	Grief and loss groups

When asked about models implemented at The STAY to address issues of identity, grief and loss, and trauma, staff were in agreement that The STAY has "various evidence-based group activities around identity," and that this is a strength of the program. They also expressed that the issue of trauma is addressed in individual therapy, but currently there is not a group that is trauma-focused. Another staff member stated that "Seeking Safety is conducted three times a week and is trauma-focused." Grief and loss was an area where the staff felt The STAY is currently lacking and it was suggested by staff members to create a grief and loss group. One participant shared that they were in the process of adding a Grief and Loss group curriculum to the schedule.

In your experience, were policies and procedures around the housing of LGBTQ TAY helpful in facilitating the crisis stabilization process for LGBTQ TAY? If so, how? If not, how, and how could this be improved?	Staff felt that the way housing LGBTQ-identified residents was handled was beneficial in facilitating stabilization by reducing stigma and providing a sense of safety.	
	Strength most frequent Response:	Reducing stigma
	Strength next most frequent:	Safety

The STAY staff were in agreement that The STAY is a positive place for individuals who identify along the LGBTQ spectrum. Rather than a specific room set aside for LGBTQ-identified residents, the staff initiated a safe zone at The STAY, which pointed out the level of sensitivity placed on the comfort and safety of all residents. It was noted that "the transgender/LGBTQ room was never used for that purpose. Having a specific room was more stigmatizing." Staff unanimously agreed that "there's been positive effects even for those who don't identify as LGBTQ" by creating a safe space for all residents to be open about their sexual orientations and gender identities.

### **Current Residents Focus Group Results:**

The focus groups conducted with The STAY residents were separated into two different groups current residents and past residents. There were multiple reasons for conducting two separate focus groups. One of the reasons was to ask past residents additional questions about the type of treatment they had been involved with after leaving The STAY. Another reason was to increase participant comfort, as current residents had a more developed rapport with one another and many of them did not know past residents, so it was determined that a focus group limited to current

# The STAY Final Report

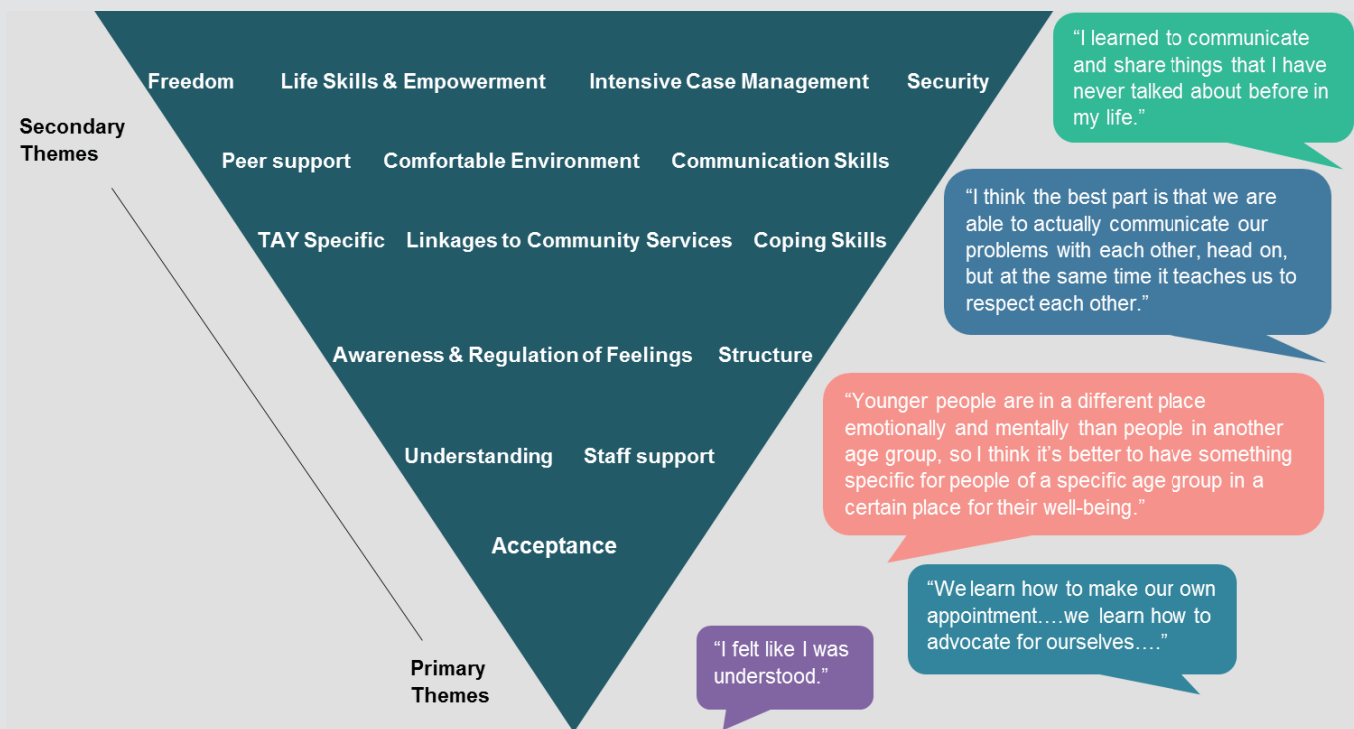
## Focus Groups, *Continued*

residents may help to increase their ability to share openly with the focus group facilitators. A final reason for conducting two separate focus groups was to keep the size of each focus group under 12 participants. The results from the current resident focus groups are presented below.

Participants in this focus group had already been in The STAY a minimum of 30 days in order to ensure they had enough of a foundation to meaningfully participate in the focus group.

**Figure 2** is a visual representation of the various components that focus group respondents felt led to the overall success of the STAY program:

Figure 2:





# The STAY Final Report

## Focus Groups, *Continued*

What brought you to The STAY?	Most individuals reported that they came to the STAY in order to address their mental health issues and receive proper treatment.	
	Most frequent response:	Mental health issues
	Next most frequent response:	Substance use issues

Most participants reported that they came to The STAY following “a mental breakdown” in order to receive proper treatment for their mental health issues including depression, suicidal ideation and/or attempt, homicidal ideation, and psychotic symptoms. Several participants also noted their history of substance use issues and stated that they sought treatment to “get stabilized” and learn good coping skills.

Where do you feel you are today because of The STAY?	Most individuals reported that The STAY has helped them improve constructive emotional expression through open communication and tools for regulation.	
	Most frequent response:	Improved constructive emotional expression and regulation

In response to the question “Where do you feel you are today because of The STAY?” the participants shared that The STAY has helped them in developing constructive emotional expression, stating that they were able to “open up to The STAY staff about my feelings,” and that The STAY has helped with anger management and “given me a lot of tools to help myself have control.” Other responses to the impact of The STAY was that it helped to increase optimism and clarity, improve understanding of relationships, develop coping tools, and establish stability with medications.



*Artwork by Raymond Geisel*



# The STAY Final Report

## Focus Groups, *Continued*

Where do you think you might be if The STAY didn't exist?	Most individuals reported that they would be either dead or homeless had The STAY not been an available option.  (Participant responses were equally represented)	
	Most frequent response:	Dead
	Most frequent response:	Homeless

When asked about the perceptions of possible outcomes without the existence of The STAY facility, the participants reported that they would be either dead or homeless had The STAY not been an available option, as their family was unwilling or unable to support them and they did not know how to live life independently. Another response was “I would be back home, probably doing drugs.”

Do you feel it is important to have a Crisis Residential Treatment Center for your age group? If so, why?	Current residents unanimously agreed on the importance of having a TAY specific CRT center. Many individuals reported that the TAY population has distinct needs that are best to be addressed during the transitioning phase.	
	Most frequent response:	Transition to adulthood (and needs specific to TAY)

***“I never pictured having to put myself through a program that would in the end change my life for the best. If I didn't put myself through this program, who knows what may have happened.”***

***-The STAY resident***

Participants indicated that the TAY age group comes with unique challenges and expectations (e.g. starting a career, going to college), and the TAY period is a transition from youth to adulthood. Participants shared that a TAY-specific CRT was important because “there's that stigma where our age group is either in college or grad school or working full time or starting a career and sometimes people our age just aren't ready for that.” Participants also reported that the CRT being TAY-specific assisted with building healthy relationships, the chance for earlier interventions, enhancing cognitive development, and providing the space needed to grow at their

own pace in a stable environment. Participants agreed that having a CRT Center specific to TAY population would allow more opportunity for these individuals to have their unique needs met.

# The STAY Final Report

## Focus Groups, *Continued*

Is there anyone here who has stayed at an adult or adolescent inpatient psychiatric facility? If so, how did your time at The STAY compare to your experience there?	Most individuals reported prior involvement with other inpatient psychiatric facilities. They identified having more freedom (e.g., access to the outdoors) as the major difference between The STAY and other inpatient psychiatric facilities.	
	Most frequent response:	Freedom
	Next most frequent response:	Less Decompensation

Participants agreed that what differentiated adult/adolescent inpatient psychiatric facilities and The STAY was the freedoms that they were able to obtain at The STAY, stating “here you can actually have a choice of whether you want to be here or not. You are not stuck inside where staff is telling you that you can’t leave.” Participants reported appreciating the opportunity to have outside access, saying “here you can actually go outside” and “you are not locked down or deprived of your outside time.” Participants also noted the more comfortable environment that The STAY offers. In the same vein, participants reported that being in an inpatient facility (both adolescent and adult) “is a lockdown” and often caused decompensation, sharing “you get more and more depressed” as it perpetuated feelings of depression and loneliness. In contrast, at The STAY, participants stated that they did not feel isolated, but instead met “people I can relate to” sharing that “it’s a team and individual environment to get ourselves better.”

If you were involved with other systems (examples given), where else were you referred to for resources and services within those systems? How did The STAY compare to the services where you were referred?	Participants reported some degree of involvement with jail and juvenile system of care. Compared to The STAY, they stated that The STAY was a good environment.	
	Most frequent response:	Jail
	Next most frequent response:	Juvenile Hall

For participants with justice system involvement, their perceptions of the justice system were shaped by their experience prior to coming to The STAY. They expressed feelings that their behavioral health needs were not addressed and felt that jail and juvenile hall was a much harsher, less supportive environment. One participant expressed that he/she felt The STAY staff were more caring and involved.

# The STAY Final Report

## Focus Groups, *Continued*

Did The STAY impact access and use of other services? Did The STAY help or not help you with other services and systems?	Many individuals reported that The STAY has helped them to connect to other services. They also stated that The STAY has taught them necessary life skills (e.g., making appointments, renting a house, and advocating for themselves) including utilizing other services.	
	Most frequent response:	Intensive case management
	Next most frequent response:	Life skills & empowerment

Participants were able to identify the ways in which The STAY has helped them in obtaining services from other agencies, stating that “they walk you through all of what to do,” and “they direct me to the place that is needed.” Participants reported being linked to where they need services, whether it is at the One Stop TAY Center or somewhere like Cedar House. In addition to intensive case management, participants reported that they were not only linked to services, but also taught how to request services and navigate the system themselves in order to increase independence in the future. Responses included we “learn how to make our own appointments,” and we “learn how to advocate for ourselves.” Participants also noted the assistance received from the Resource Specialist and how quickly their needs were met sharing that “it’s a fast process” and that it “takes a very short amount of time to get your ID...social security...proper identification for...employment or school.”

One of the goals of The STAY was to create a place that was safe for everyone, LGBTQ and non-LGBTQ alike. What things, if any, made it feel like a safe place? What things, if any, made it feel like an unsafe place?	Most individuals reported that the diverse and relatable staff as well as the understanding atmosphere amongst the residents allowed them to feel safe.	
	Most frequent response:	Understanding/accepting atmosphere
	Next most frequent response:	Diverse & relatable staff

The participants unanimously agreed that The STAY is a safe place and that they feel comfortable to be themselves at The STAY. Participants reported an understanding and accepting atmosphere, sharing that “people are very understanding” and “I felt like I was understood,” leading to a non-judgmental atmosphere the other residents create amongst themselves. Other aspects of The STAY participants identified as promoting safety included The STAY staff who “are very approachable” and “have a positive open ear...no matter what you need to talk about.” Participants also commented on the diversity and relatability of the staff stating that the “best support is that there are lesbian and bisexual staff here...helps the residents to be themselves,” and “they [staff] relate to them [residents] so much.”



# The STAY Final Report

## Focus Groups, *Continued*

Have you been able to use any of the skills you have learned during your time with The STAY?	Participants reported various skills that they learned at The STAY. Out of all the skills current residents have learned during their time with The STAY, anger management was identified as the tool that they utilize most frequently.	
	Most frequent response:	Anger management
	Next most frequent response:	Communication skills

The participants were able to identify the specific skills acquired through their engagement with The STAY programs. Out of all the skills learned, anger management was identified as the tool that they utilize most frequently, stating “I really think that my anger has calmed down a lot,” “it helps people cope with their anger,” and realizing that “it’s not worth getting angry about.” Participants also reported learning coping skills at The STAY such as positive talk and self-soothing and identified these as contributing to their anger management, sharing that “I can take a step back and think “is it worth it,” and “is it going to be positive for me,” and “it’s not worth blowing up over...I don’t need to get angry...self-soothing sort of things I’ve learned in that group.” Participants also expressed that simply being a part of multiple groups a day allowed them to develop and strengthen skills that were not a part of the actual group content, such as being able to sit and “express oneself” within a group setting. Participants also shared about learning new “vocabulary” words, contributing to their intellectual development-stating “our vocabulary has expanded a lot more because they [staff]use big words...we wonder what they said and they will explain it to us.” Participants shared other ways their communication developed as a result of The STAY saying “we can sit here and talk to you in an adult manner, raise our hand, we don’t just storm off and leave.”



*Artwork by Barbara Mason*

# The STAY Final Report

## Focus Groups, *Continued*

<p>How are you getting mental health care now and what services have you received? What have been your experiences with services outside of The STAY?</p>	<p>Most individuals reported that The STAY is different from other mental health facilities based on the types of rules that are enforced.</p> <p>(Response 2 &amp; 3 are equally represented)</p>	
	<p>Most frequent response:</p>	<p>Rules</p>
	<p>Response 2:</p>	<p>Structure</p>
	<p>Response 3:</p>	<p>Groups</p>

When asked about the differences between The STAY and other mental health facilities, participants reported some differences between other facilities where they received mental health services. The STAY and other facilities differed in some of the rules required of its clients. Specifically, “cigarette breaks were a little more there” referring to the other mental health facility. Participants appreciated that The STAY allows its residents to keep their phones with them, as “I’ve been to places where they keep it for like 30 to 45 days.” Being able to keep their phone allowed participants the opportunity to stay connected to their family. Lastly, participants also described the other mental health facilities they encountered, which were inpatient in nature, as “...a little bit more structured” compared to The STAY.

<p>Have you ever gone to crisis facilities such as Crisis Walk-In Clinic for meds and services instead of scheduling appointments at the outpatient clinics with therapists/psychiatrists? If so, why? Where do you usually go for your behavioral health services?</p>	<p>Many individuals reported that they either seek med services from their primary care or receive no med services at all.</p> <p>(Participant responses were equally represented)</p>	
	<p>Response 1:</p>	<p>Primary Care or Psychiatrist</p>
	<p>Response 2:</p>	<p>No Care</p>

Most participants did not report using crisis facilities in order to obtain their medications or mental health services. Some participants reported receiving their medications through their primary care doctor, which had “the pharmacist in the same building.” Another participant reported seeing a psychiatrist for medications. Other participants reported not being connected to a primary care doctor, which resulted in their going to the hospital in order to get their medications. Others had not yet established a place to get medications from and one participant shared “I’ll talk to The STAY and see if they have recommendations of what primary doctor I’m going to get set up with.”

# The STAY Final Report

## Focus Groups, *Continued*

<p>What has been your experience with The STAY being run primarily by staff and peer mentors? What are the differences if any between their groups?</p>	<p>All the participants reported positive experiences with both staff and peer leaders and stated that it is easier to build relationships with peers as they are similar in age.  (Participant responses were equally represented)</p>	
	<p>Response 1:</p>	<p>Comfort level</p>
	<p>Response 2:</p>	<p>Understanding</p>

Participants reported having a positive experience with peer mentors. Participants reported feeling comfortable talking to the peer mentors and feeling as if they genuinely cared about their wellbeing. However, participants noted the differences in their interactions based on if it was a peer mentor or staff. Participants stated, “When we are with the mentors we are a lot more interactive. You feel more comfortable speaking about things you know you aren’t as pressured to say what the person wants to hear.” The closeness in age between peer mentors and residents of The STAY allowed them to feel more understood and increased level of comfort. One participant noted, “they care so much...they’ve experienced some of the things you’ve experienced and you relate to them.” When comparing staff with peers, a participant states, “when there is staff-led groups it’s kind of more a teacher-student kind of thing...when we are with the mentors it’s a lot more interactive.”



Artwork by Brad Borrero

# The STAY Final Report

## Focus Groups, *Continued*

<p>What are the most useful components of The STAY and where could it improve?</p>	<p>Participants identified medication services and open communications among the residents as the most useful components of The STAY. Participants suggested the need to extend how long residents can be at The STAY, as well as to increase the number of beds to accept more residents.</p> <p>(All participant responses were equally represented)</p>	
	<p>Response 1 (Most useful):</p>	<p>Medication</p>
	<p>Response 2 (Most useful):</p>	<p>Communication</p>
	<p>Response 3 (Improve):</p>	<p>Timeline</p>
	<p>Response 4 (Improve):</p>	<p>Openings/number of beds</p>

When asked about the useful components of The STAY, participants identified medication services as one of the useful components of The STAY, stating, “I give it up to The STAY [medical team]. ... Their pharmacists are really legit and you get what you need.” Participants also commented on the communicative environment of The STAY and reported that “I think the best part is that we are able to actually communicate our problems with each other, head on, but at the same time it teaches us to respect each other.” In regards to the areas of improvements, participants commented on the short timeline (90 day max) of The STAY and suggested that The STAY “could improve by the amount of time we have here...” Participants recognized that the extended timeline would allow the residents to “figure out where we are going to go” and arrange plans for themselves following the discharge. Participants also made a suggestion regarding the number of beds in The STAY and stated that it would be helpful to expand the size of the facility in order to accommodate more people.

<p>How do you feel about the building – the physical space and design of The STAY building?</p>	<p>Most participants agreed that The STAY building is comfortable and home-like.</p>	
	<p>Most frequent response:</p>	<p>Comfortable home-like facility</p>
	<p>Next most frequent response:</p>	<p>Room size</p>

In response to the question “How do you feel about the building” many participants agreed that the way the facility is structured makes them feel comfortable and relaxed, stating that The STAY is “more of a home feeling,” and “like a house full of family.” Participants also shared “love that we’re not controlled like robots. We eat together....we go play outside, we have each other’s backs....love the space, I was amazed.” Another participant commented about having easy access to multiple entertainment options, such as “to watch TV as a group, put on a movie together, to go on the computer and we can use it for resources, as well as to play games and do something different,” which allow them to socialize with other residents and “just to be young adults and have fun.” There was also a comment that “the rooms are small” when asked about improvements that could be made to The STAY.



# The STAY Final Report

## Focus Groups, *Continued*

### Past Residents Focus Groups Results:

Past residents were recruited from the One Stop TAY Center, a specialty clinic for TAY that is co-located in the same building as The STAY facility. Differing from The STAY, the One Stop TAY Centers provide San Bernardino County residents ages 16 to 26th birthday (youth) with outpatient mental health (Full Service Partnership), case-management and placement services. TAY Centers coordinate the transition of youth from child to adult services and assist youth in adjusting to the new, adult environment. TAY Centers receive referrals from crisis residential facilities, hospitals and self-referrals from youth. Given that a significant proportion of the TAY client population are former residents of The STAY, TAY staff were asked to inform clients of the opportunity to voluntarily participate in The STAY focus group. As compensation for their time, participants were given “TAY dollars,” a form of currency used at the One Stop TAY Center’s in-house store where the consumer can buy snacks and other convenience items.

What brought you to The STAY?	Most individuals reported that they came to The STAY as a result of homelessness with no other shelter options.	
	Response 1:	Homelessness
	Response 2:	Mental health issues
	Response 3:	Familial influence
	(Homelessness & mental health issues equally represented)	

Identified homelessness was one of the stressors and concerns for the TAY at The STAY. As participants shared their thoughts on homelessness, they also described the relationship between homelessness and suicidality they experienced while homeless. One participant stated that without The STAY, “well, if there are no options, then if I kill myself, I don’t have to face homelessness.” Another highly noted issue that led to participants’ coming to The STAY was mental health issues. One participant stated “I was having hallucinations, so they brought me from the homeless shelter to The STAY in order to level me out.” Lastly, several focus group members identified family influence as a strong factor that led them to The STAY. One participant shared “I’m a dual diagnosis drug addict and I was homeless before going to The STAY...then my cousin found the program and dropped me off there.” Another participant shared that “I was getting into fights all of the time and that’s when my family decided to get some help.”



**Artwork by Brandi Hebel**

# The STAY Final Report

## Focus Groups, *Continued*

Where do you think you would be today without The STAY?	Most individuals reported that they would have continued to be homeless had The STAY not been an available option.	
	Most frequent response:	Homelessness
	Next most frequent response:	Dead
	Next most frequent response:	Incarceration

Most group participants expressed that, without the existence of The STAY facility, they would have become, or continued to be, homeless. One participant shared that “I would be on the streets with nothing.” Past residents of The STAY noted feeling that they had no other housing options at the time of admittance to the STAY. Another participant shared “I’d probably be off my meds...and I’d be homeless and probably somewhere like prison.” Participants shared the gravity of the situations they faced prior to The STAY in regards to their feelings that homelessness, incarceration, or even death by suicide were what they would experience if not for coming to The STAY. In the words of one resident, the severity of their situation is evident as he/she said that without The STAY: “I would probably be dead,” “I would be dead from suicide or strung out,” and “I would have killed myself or I would have been murdered on the street trying to make it being homeless.”



*Artwork by Carlos Casanova II*



***“Being at The STAY has been a reliever because I can express myself and this is a place where I can start healing.”***

***- The STAY resident***

# The STAY Final Report

## Focus Groups, *Continued*

<p>Do you feel it is important to have a Crisis Residential Treatment Center for your age group? If so, why?</p> <p>Is there anyone here who has stayed at an adult or adolescent inpatient psychiatric facility? If so, how did your time at The STAY compare to your experience there?</p>	<p>Participants reported that developmental factors were important for having a TAY specific CRT. They also reported that diagnoses manifest differently in TAY age youth as compared to other adults.</p>	
	<p>Most frequent response:</p>	<p>Developmental factors unique to TAY population</p>
	<p>Next most frequent response:</p>	<p>Impact of age on diagnoses progression</p>

When asked to describe their perception of the need for a TAY specific Crisis Residential Treatment center, participants expressed feeling that there are developmental factors unique to their age group (18-25) that are better addressed in a TAY specific setting, stating that “younger people are in a different place emotionally and mentally than people in another age group, so I think it’s better to have something specific for people of a specific age group in a certain place for their well-being.” Participants also reported age difference in how diagnoses can manifest, stating “the age thing is perfect too. Because after a certain age, I believe that the illnesses get worse to some degree and it just wouldn’t be ideal.” When asked how The STAY compares to other similar services, such as adult and/or adolescent inpatient psychiatric facilities, a participant responded stating “I’ve stayed at a few [adult and adolescent inpatient psychiatric facilities]. There was one in Sacramento that was just amazing. The food was so good but they didn’t provide everything that The STAY provides. They don’t offer clothes, etc. I can promise you The STAY is a place you want to live. It’s immaculate at all times. The STAY is very clean compared to other places. Food is good too.”



*Artwork by Barbara Mason*



# The STAY Final Report

## Focus Groups, *Continued*

If you were involved with other systems (examples given), where else were you referred to for resources and services within those systems?	Most individuals reported some degree of involvement with other community health programs such as Valley Star, [Yucca Valley TAY,] and the San Bernardino One Stop TAY facility.	
	Most frequent response:	Community mental health program
	Next most frequent response:	Probation / foster care

Most group participants noted some degree of involvement with community health programs during their time at The STAY facility, examples include The Valley Star Community Services One Stop TAY Center in Morongo basin. Other participants also reported being involved with both Probation and the Foster Care System prior to and during their admittance to The STAY. When asked if The STAY helped with being in other systems, one participant responded saying “yes, because I’m in extended foster care right now and [The STAY] helped me see that there is a reason for everything even if it doesn’t seem like it.

How did The STAY compare to the other services above?	Most individuals reported that The STAY provided more services than other systems that the participants were involved with, particularly supportive linkage services and legal benefits.	
	Most frequent response:	Differences in amount of services provided – intensive case management
	Next most frequent response:	Probation assistance

Focus group participants most frequently reported that The STAY provided more services than other systems which they may have had prior involvement with. They identified intensive case management and linkage services as being a stand-out service of The STAY, stating “[The STAY

has] the connections. The connections to actually make sure you have what you need,” and “they make sure that they line up everything for you. The STAY helped me with TAY housing, and other needs, so I think that they really care about you. The STAY is more organized.” Past residents involved with the legal system expressed that the possibility of having their case transferred over to TAY’s in-house Probation liaison (given admittance to the TAY) is another supportive element of The STAY program.





# The STAY Final Report

## Focus Groups, *Continued*

<p>One of the goals of The STAY was to create a place that was safe for everyone, LGBTQ and non-LGBTQ alike. What things, if any, made it feel like a safe place? What things, if any, made it feel like an unsafe place?</p>	<p>Most individuals reported that the locked doors, safety drills, and management of “lockdowns” allowed them to feel safe.</p>	
	<p>Most frequent response:</p>	<p>Security</p>
	<p>Next most frequent response:</p>	<p>Acceptance</p>

Focus group participants reported that The STAY security measures were the primary factor that made them feel safe while living at The STAY. They noted that staff ensured that doors remained locked, held safety drills, and, in the event of a “lockdown,” staff handled the situation professionally. Also, past residents expressed that simply having a place of shelter made them feel safe as many participants had been homeless prior to coming to The STAY. Participants also felt that The STAY had a non-judgmental and accepting environment. When asked what other aspects of The STAY contributed to a sense of safety participants stated that “the LGBTQ group that we had where we could talk about anything without judgement...and we could get everything out in the open.” Another participant shared that “there was someone in the LGBTQ group who was nervous about expressing himself. So the staff bought him make-up and I have never seen him so happy.”

<p>What things, if any, made it feel like an unsafe place?</p>	<p>Most individuals reported that they did not feel ready to transition out of The STAY at the time of their 90 day completion of the program.</p>	
	<p>Most frequent response:</p>	<p>Time restraint on maximum amount of time an individual can reside at STAY.</p>
	<p>Next most frequent response:</p>	<p>Lack of staff intervention concerning discord between STAY participants.</p>

Several of the focus group participants noted that they felt unprepared to leave The STAY at the culmination of their time at the facility. One participant shared, “I think I was moved too soon and it actually has caused me to feel depressed because I wasn’t ready.” While they acknowledged that The STAY provided them with linkage to other facilities, such as the One Stop TAY center, they also reported feeling replaceable due to the nature of the time-limited 90 day program. Some participants also addressed how staff approached conflict between residents, and felt that staff, at times, could have been more proactive in resolving issues between roommates.

# The STAY Final Report

## Focus Groups, *Continued*

Have you been able to use any of the skills you have learned during your time with The STAY?	All participants noted their ability to use skills learned at The STAY after leaving The STAY, and all participants also identified coping skills as the tool that they utilize most frequently.	
	Most frequent response:	Coping skills
	Next most frequent response:	Communication skills

When asked if participants had been able to use skills learned at The STAY after leaving, and if they felt more in control of their emotions and more confident handling challenging situations as a result of The STAY, all participants reported yes to all questions. Participants were encouraged to identify skills learned at the STAY that have continued to be utilized in other contexts. All participants identified coping skills as the primary type of skill they have continued to use after leaving The STAY, which included examples such as using art, acceptance, and anger management skills to tolerate distressful events. One participant shared “I used to cut once a week, and I learned to do art or write as a coping skill.” Additionally, a common theme for skills that the participants have continued to use were interpersonal connections and communication skills, citing how the model provided by staff helped several clients repair important relationships and turn to others for support. A participant stated that “I learned how to communicate and share things that I have never talked about before in my life.”

Do you feel The STAY addressed issues of grief, loss, and challenges you may or may not have been experiencing and if so, how? If not, how?	All participants agreed that The STAY helped them to address issues of grief, loss and challenges. Participants also described staff and peer support as equally helpful.  (Participant responses were equally represented)	
	Response 1:	Staff support
	Response 2:	Peer support

One common theme with clients who utilize crisis residential treatment facility such as The STAY is they are more likely to have histories and extensive experiences with grief, loss, and emotional challenges. All participants agreed that The STAY helped them to address these issues. Participants shared that the most helpful elements at The STAY when addressing these issues was the support provided by the staff members. One participant shared that “whenever someone was dealing with something staff would pull them aside. If it was a big enough issue they would let us know how we could help the person grieving.” Participants stated that staff support also included teaching residents coping skills and how to develop healthy relationships. Likewise, supportive peer relationships were also key for the participants in addressing issues of loss and grief.

# The STAY Final Report

## Focus Groups, *Continued*

<p>How has The STAY impacted your use of other services? Do you feel connected to your community and its resources? Did The STAY help in transitioning you to other needed services?</p>	<p>Many participants were connected to medical and medication services through The STAY. Residents were also linked to transportation and other benefits.</p> <p>(Responses 2 and 3 were equally represented)</p>	
	<p>Most frequent response:</p>	<p>Connection to medical &amp; medication services</p>
	<p>Response 2:</p>	<p>Transportation assistance</p>
	<p>Response 3:</p>	<p>Social Security/payee linkage</p>

A major inquiry of the focus group was to assess the resident’s utilization of behavioral health and community resources outside of The STAY, as a result of the participants’ time in the residential crisis unit. The most frequently reported linkages that The STAY made for participants’ was connections to medical and medication services. A participant shared “[I was going to the doctor] every two months before The STAY...that was not helping. The STAY helped link me to more behavioral health facilities so that I can get my meds more.” Most of the participants expressed that their ability to physically access other mental health services can be challenging due to limited or ineffectual transportation means. The transportation assistance The STAY provided was instrumental for many of the clients in meeting resource linkages for medical, identification, and financial needs. Furthermore, many clients identified housing and Social Security/payee linkage as resources they were equipped to access as a result of The STAY. One participant shared that “They helped me get an ID at the DMV. They helped me get SSI as my own payee because I was struggling with my old payee. It made things easier for me.” Participants also reported being linked to housing and other behavioral healthcare linkages, stating “I got housing now because of them so that’s a good thing. I’m not homeless. It made it easier because if I didn’t go to The STAY I wouldn’t have been able to go to Cedar House [substance abuse rehabilitation facility], and get the treatment I needed.”



*Artwork by Jose Mendez*

# The STAY Final Report

## Focus Groups, *Continued*

<p>Have you ever gone to crisis facilities such as Crisis Walk-In Clinic (CWIC) for meds and services instead of scheduling appointments at the outpatient clinics with therapists/psychiatrists? If so, why? Where do you usually go for your behavioral health services?</p>	<p>Participants reported frequenting both Phoenix Community Counseling Center and CWIC clinics. They also reported preference for accessing meds via a psychiatrist over going to CWIC. Challenges they reported in accessing behavioral health services were insurance, transportation, and memory issues.</p>	
	<p>Most frequent response (Location of services):</p>	<p>CWIC</p>
	<p>Most frequent response (Medication location):</p>	<p>Psychiatrist</p>
	<p>Most frequent response (Challenges to access):</p>	<p>Insurance, Transportation, Memory</p>

In reporting where past residents are receiving services now, they stated they are accessing CWIC most frequently, followed by Phoenix Community Counseling Center. When asked about their experience where they are receiving services, participants shared that “[CWIC] was pretty good” and that Phoenix Community Counseling Center has “great service and they take you right in,” with another participant adding that “they try to get you in as fast as they can.” The participants were asked to compare and contrast their utilization of psychiatry appointments and other mental health locations such as CWIC to refill their medication. The participants expressed that while they have used resources such as CWIC in the past to refill their medication, they primarily preferred utilizing their psychiatrist for medication refills due to the structure of the consistent appointments and due to the knowledge of a consistent psychiatrist to the participants’ medication needs. Challenges were reported equally and included insurance, transportation, and memory issues, with one participant sharing, “My problem is transportation. Like where I’m located, I feel disconnected from everything.”



*Artwork by Linda Ballard*



# The STAY Final Report

## Focus Groups, *Continued*

<p>What has been your experience with The STAY being run primarily by staff and peer mentors? What are the differences if any between their groups?</p>	<p>While half of the participants who answered noted a preference for peer led groups, others expressed no preference and one noted that it was the facilitator's personality, as opposed to status, that most affected their enjoyment of the group.</p> <p>(Participant responses were equally represented)</p>	
	<p>Response 1:</p>	<p>Prefer peer led groups</p>
	<p>Response 2:</p>	<p>No preference</p>

The participants were asked about their experiences with both staff and peer led groups. The participants were divided as to who they preferred to lead treatment groups. About half of the participants cited that they preferred peer led groups, due to feeling that their peers understood the nuances of their particular struggles, sharing that “the personalities of the staff are completely different so that would vary, but whenever peers led it, it was always fun.” The other half of the participants expressed that they were less preoccupied with who led the group. Rather, they felt that they learned the most from groups where the facilitator was engaging stating “there wasn’t really a difference except those who were leading it.” Participants felt that both peer led and staff led groups were important.

<p>What are the most useful components of The STAY and where could it improve?</p>	<p>Participants expressed the importance and need for fresh food (fruit specifically) at The STAY facility.</p> <p>(Responses 2, 3, and 4 were equally represented)</p>	
	<p>Most frequent response:</p>	<p>Quality/freshness of the food</p>
	<p>Response 2:</p>	<p>Timing of smoke breaks</p>
	<p>Response 3:</p>	<p>Frequency of recreational activities</p>
	<p>Response 4:</p>	<p>Staff training</p>

The participants were asked to provide feedback as to the components of The STAY that could be improved. Many participants cited the lack of fresh food, specifically fruits as something that could be improved at STAY. Past residents also shared that the structure of the schedule could be improved, especially related to smoke breaks and recreational activities. Participants shared “I personally am a smoker....they have smoke breaks before you eat [but smokers prefer after].”

# The STAY Final Report

## Focus Groups & Learning Goals Discussion

Focus Group feedback spoke to the effectiveness of having a Behavioral Health TAY-CRT (Learning Goal 1), particularly the feedback from residents who stressed the importance of this model for a CRT and how significant it is for the developmental factors that are unique to the TAY population. A notable finding from the focus groups was the report on where residents would be without The STAY, with many said they would be “on the streets,” “homeless,” “in jail” or “dead.” When asked about what type of support and training was needed to effectively provide a culturally and linguistically appropriate peer-run Behavioral Health Hostel (Learning Goal 3), staff responded by saying they were sent to needed trainings, they were supported in receiving training that they were interested in, and thought that certain additional training topics could be useful for enhancing The STAY program. Learning Goal 3 was a more difficult one to answer, leading to some unique learning as a result of the evaluation process.

One of the valuable pieces of learning that emerged from this project was the importance of clarity in the wording of learning goals themselves, and the usefulness in limiting the number of proposed learning goals moving forward. By simplifying learning goals, the goals can be more effectively used for program evaluation and to actively guide the everyday activities and decisions made for the program by all program staff. When staff was asked “does the high percentage of culturally diverse peers along with availability of resources to local providers foster a more diverse environment in which multiple cultures within the TAY population could be served appropriately and concurrently out of one location with both western and traditional healing methods?,” staff responses were mixed (Learning Goal 5). One staff member initially thought that there were no alternative methods offered, while another staff member noted alternative methods such as yoga and equine therapy. Based on additional feedback, there is support for meeting the multiple cultures out of one location with a mix of healing methods. This can relate back to the earlier point of the importance of having clear and simply stated learning goals, in an effort to enhance staff understanding of the learning goals and the program activities that are used to meet the learning goals.



*Artwork by Gerard McDearmon*

When asked about issues of grief, loss, identity and trauma, participants (some of whom were former system involved youth), responded positively stating that The STAY had helped begin to address these issues (Learning Goal 8). When evaluating the impact of new innovative policies and procedures around the housing of LGBTQ TAY on both LGBTQ and non-LGBTQ youth, residents were asked about how these policies played out (Learning Goal 9 & 10). Participants overwhelmingly shared that the way The STAY model approached these policies led to greater acceptance, understanding and general openness. When the staff were asked about this, they stated that LGBTQ residents had benefitted, but added that there had definitely been positive effects for those who were non-LGBTQ as well (Learning Goal 9 & 10). Overall, the focus groups indicated that The STAY was an effective and successful model for operating a diverse and innovative TAY-CRT facility.

# The STAY Final Report

## Provider Survey Analysis

### Provider Survey Results

Seventeen staff surveys were collected and analyzed. Surveys consisted of multiple choice Likert scale questions and space to leave written feedback either directly related to multiple choice questions or to capture other types of information (such as a consumer success story). Staff responses are overwhelmingly positive, as described by **Figure 3**, **Figure 4**, **Figure 5**, and **Figure 6**.

Figure 3:

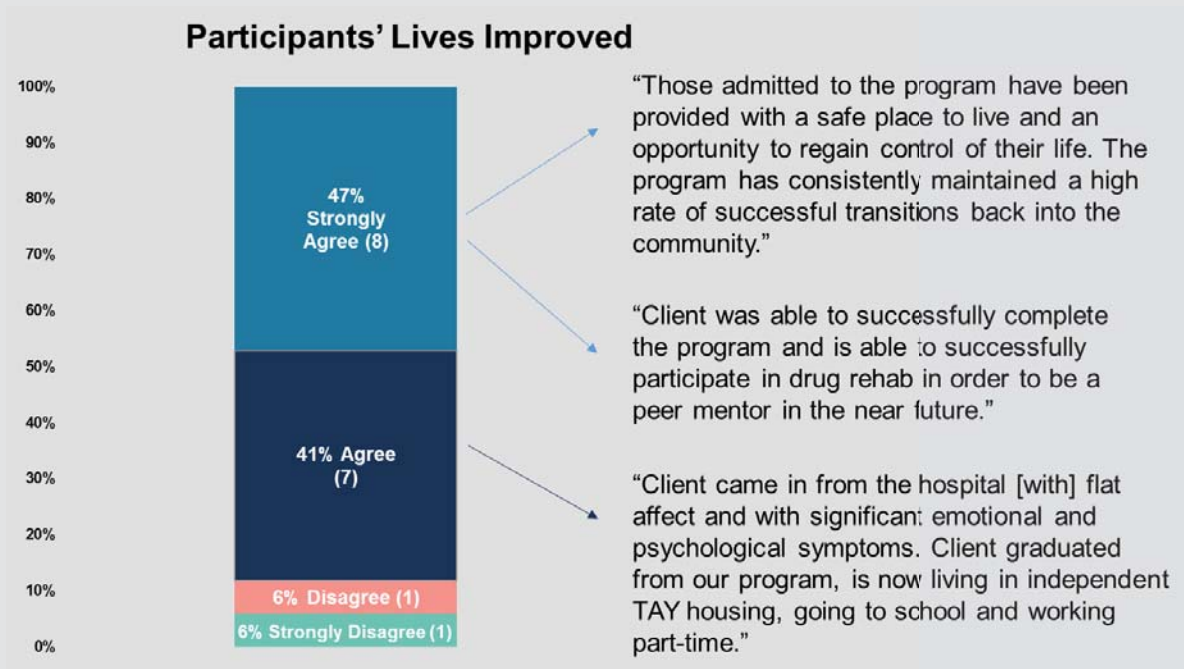
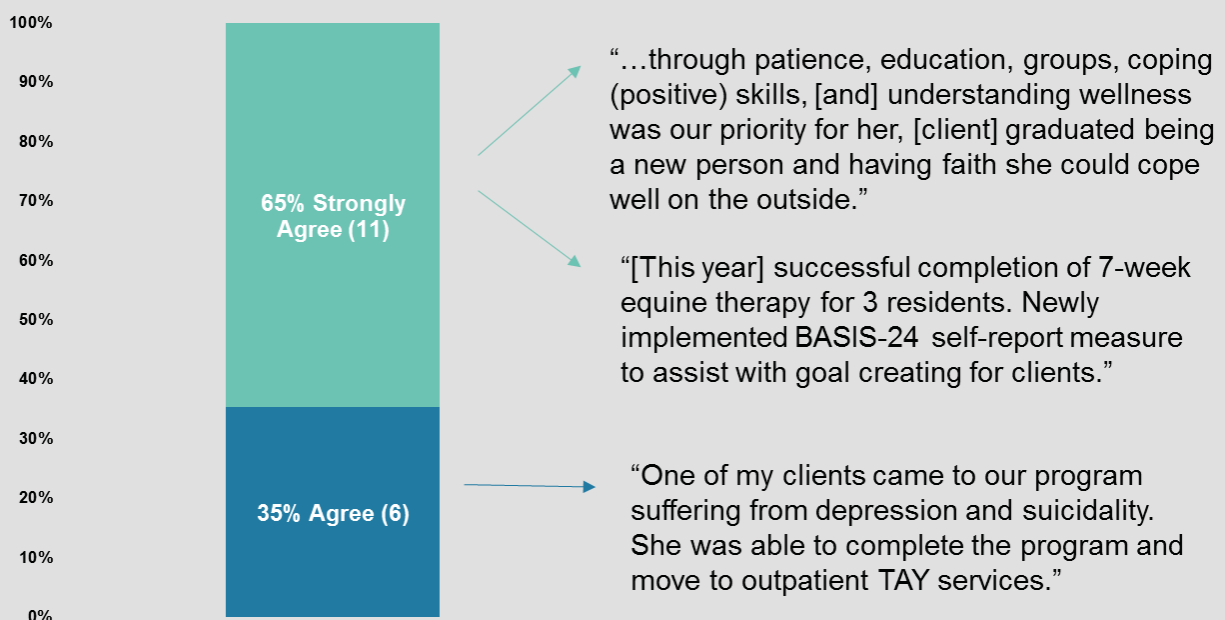


Figure 4:

### Participants Have Received Counseling and Other Services



# The STAY Final Report

## Provider Survey Analysis, *Continued*

Figure 5:

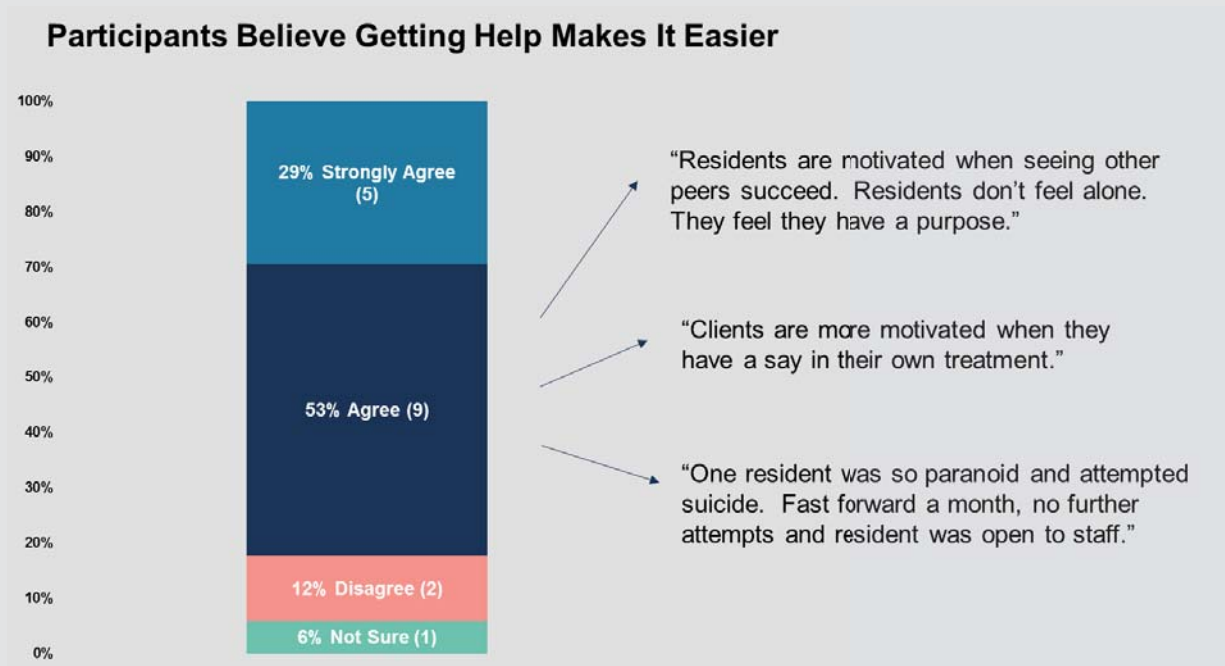
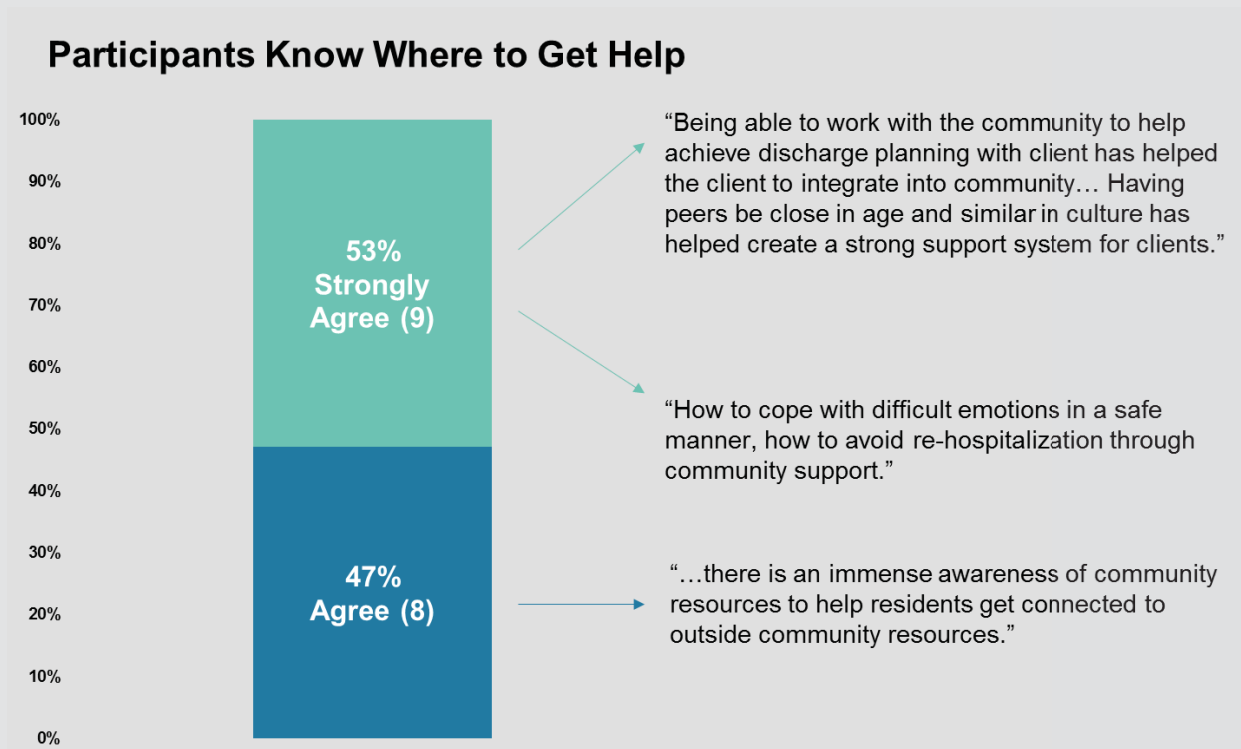


Figure 6:





# The STAY Final Report

## Provider Survey Analysis, *Continued*

Staff responses to the survey were also analyzed in relation to the project Learning Goals. Staff reflections related to what made a TAY Behavioral Health Hostel run primarily by diverse peers effective (Learning Goal 1) and if the innovative application of culturally specific crisis stabilization services is an effective model (Learning Goal 4) included information about how diverse peers and cultural specificity leads to strong interpersonal relationships that are often the foundation for the consumer being more open to treatment. Regarding the effectiveness of diverse peers in informal interactions, staff member feedback included:

- “Cultural diversity is effective when trying to relate to a diverse group of residents.”
- “Clients able to relate, more open to treatment.”
- “Having diverse staff helps our diverse clients feel more comfortable.”
- “Clients feel that they have a diverse staff to reach out to when experiencing a crisis.”

Yet staff feedback also acknowledged the highly relational aspect can also be tricky to navigate. One staff member wrote:

“Participants tend to respond to peers with the same background...Participants sometimes forget the professional relationships/boundaries.”



*Artwork by Alexandra Bear*

Beyond informal interactions, the diversity of the staff allowed the program to effectively implement a wide variety of groups and other services. One staff member wrote:

“Diverse peers bring in diverse opinions and ways of running groups, counseling residents, etc.”

Groups (group therapy sessions) are another reason The STAY was effective. Groups are a large part of the well-rounded programming that was intentionally designed to assist consumers in holistic recovery, rehabilitation, and development. One staff member wrote:

“[The] Goal is to assist each person that comes into The STAY to equip them with coping skills, weakness skills, educate them through social interaction with other peers, to cope with positive coping skills when triggered, anger, mood instabilities, psychosis, etc... The STAY provides ten daily groups to clients that assist in their wellness program. Clients are introduced to outings that most have never been a part of [n]or would be subject to be a part of if not for The STAY. The independent living skills provided to clients will give them tools to operate when they transition out from [The] STAY. The courage all staff give to them to be their personal best provides them to know we care. Overall it's not how they start (broken, lost, addiction, triggers etc.), it's how they finish.”

Lessons were also learned about how to enhance the effectiveness of programming from a program design point of view. For example, in order to make programming even more successful, schedules were adjusted. One staff member wrote:

“The group schedule has been reorganized to create a better balance of clients' time so that they do not become overwhelmed.”

The success of The STAY model comes from the diverse and supportive environment, which had an impact on consumers both informally (informal conversations and activities) and formally (groups, individual therapy, other more structured rehabilitative activities). The success of The STAY model can also be attributed to changes in programming based on challenges staff and consumers faced, such as boundaries and creating more balanced schedules.

# The STAY Final Report

## Provider Survey Analysis, *Continued*

Staff reflections related to what type of support and training is needed for diverse peer staff to effectively provide a culturally and linguistically appropriate peer run Behavioral Health Hostel (Learning Goal 2) included themes of cultural competency, agency consistency, crises, and resources for leading groups.

Staff feedback indicated that cultural competency training was provided, but is always a work in progress that is also informed by lived experience. One staff member wrote:

“Some training on cultural diversity was effective but I believe you learn different techniques by experience.”

Some staff members suggested that ways to improve The STAY model would be additional training and support to achieve agency consistency. A couple staff members suggested:

“Have a very specific rule book that everyone follows.”

“Consistent rules and regulations implemented.”

Consistency was also a theme in feedback on the training and support staff members receive for leading groups. In case staff members need to lead a group on behalf of a colleague, training on had been provided. One staff member explained:

“Floor staff have been trained thoroughly in Wellness Recovery Action Plan (WRAP), and seeking safety so that when therapist are unable to run the group the other staff feel confident to run it in an interactive manner.”

Yet running groups are what several staff members suggested providing more training and support for. One staff member wrote:

“At times, finding material or coming up with material on my own to run groups has been challenging. I have used outside sources on what I believe to be helpful to the residents as group material in order to teach them independent living skills and positive coping skills... I would recommend having structured group material for all the groups that are run and even training on groups that don't have trainings already.”

Another wrote that a challenge is

“Not having daily material provided daily to staff. [In those cases] your personal experience and guidance is the material you provide to clients. Having a diverse group many of times hinder the group if the info [staff members] provide to clients [isn't] in conjunction to their wellness.”

Additional training was seen as beneficial for both staff and consumers. One staff member wrote:

“At times, clients struggle with participating in the six group minimum per day. Since, we have done two trainings with staff on how to run more interactive and fun groups while still upholding psychoeducational themes of mental health.”

Another staff member suggested:

“Continue to change groups and train staff to try to reduce burn out and keep programming interesting for repeat clients.”

# The STAY Final Report

## Provider Survey Analysis, *Continued*

Overall, staff members expressed valuing training opportunities. A few staff members were interested in additional training, others appreciated training for crisis stabilizations, and others appreciated being exposed to a wide variety of communication techniques.

Staff reflections related to which approaches, in addition to the Peer Advisory Board, led to increased access to services and better outcomes with regards to crisis stabilization (Learning Goal 3) and if unserved, underserved, and inappropriately served TAY populations have better outcomes while seeking crisis stabilization services in a Behavioral Health Hostel where the community determines the services offered, the majority of the employees are peers, and where the County provides minimal direction (Learning Goal 6) focused on the importance and effectiveness of client-driven services and recovery.

Staff largely found the Resident Council highly effective for both implementing program change and letting consumers have a louder voice in their recovery. One staff member wrote:

“Resident Council helped add Hip Hop, yoga and community breaks. Residents thoughts and opinions are heard.”

In addition, the Resident Council also provides leadership opportunities in The STAY model. One staff member wrote:

“President and secretary of the Resident Council can suggest activities for the residents to do and propose possible volunteer work opportunities.”

The rehabilitative effect that comes from having a voice in programming was expressed. One staff member wrote:

“Peer Advisory Board helped improve client’s participation in structure of program resulting in increased self-esteem and stabilization.”

Although most staff had positive feedback about the Resident Council, one staff member did not think the suggestions from the consumers had been implemented or had been effective.

Nevertheless, having a voice about programming in The STAY model is the communal equivalent of consumer-driven treatment. In addition, staff member feedback indicates the interaction between the communal and the individual is foundational in The STAY model. In The STAY model, peer consumers create a support system that is part of the consumers’ rehabilitation. One staff member wrote:

“Having peers be close in age and similar in culture has help create a strong support system for clients.”

Staff feedback also shows that The STAY model provides many opportunities for the larger peer community to influence individual consumers, including when it comes to individual motivation to more fully engage in consumer-driven treatment. One staff member wrote:

“Residents are motivated when seeing other peers succeed. Residents don’t feel alone. They feel they have a purpose.”

# The STAY Final Report

## Provider Survey Analysis, *Continued*



**Artwork by Isabel Figueroa**

When consumers succeed in their consumer-driven treatment they inspire others to take a more active role in their treatment. Ultimately, consumer-driven treatment is the only way recovery and rehabilitation can be sustainable. Consistent with this theme, one staff member wrote:

“Clients are more motivated when they have a say in their own treatment.”

Another staff member noticed:

“Clients appear to do better in an environment where they can voice their own opinion about their treatment.”

And another staff member highlighted all the opportunities in which consumers are encouraged to play an active role in their recovery. The staff member wrote:

“TAY populations who have completed The STAY programming have had better outcomes through crisis stabilization, completing crisis action plans, creating client recovery plans to work towards successful crisis stabilization.”

This feedback indicates consumer-driven treatment is mutually reinforcing with the other activities The STAY model facilitates to empower consumers to develop the skills needed to be an independent adult.

Staff reflections related to whether the high percentage of culturally diverse peers along with the availability of resources to local providers fosters a more diverse environment in which multiple cultures within the TAY population can be served appropriately and concurrently out of one location with both western and traditional healing methods (Learning Goal 5) included the themes of openness and increased variety of therapy or healing methods amongst largely western methods. One staff member explains:

“Typically, our facility utilize psychotropic medication and therapeutic counseling as healing methods. However, we also use hip-hop dancing and yoga lessons as positive coping skills.”

In addition, if a consumer already used traditional healing methods, they were encouraged to continue during their time at The STAY. One staff member wrote:

“Western healing methods of meds and therapy predominantly used; however, all clients with traditional healing methods were encouraged and allowed to do so.”

Part of The STAY model was to integrate the topic of traditional healing practices into their business practices. One staff member wrote:

“Clients are asked about any special healing practices during their assessment to help the facility better accommodate them.”



# The STAY Final Report

## Provider Survey Analysis, *Continued*

Another perspective from a staff member began to bridge the gap between the use of existing traditional healing methods and learning more about traditional healing methods, in part from a cultural competency perspective. The staff member said The STAY had started

“Focusing groups on cultural diversity related issues, inclusive with specific holiday celebrations to create opportunities for growth and learning about traditions and highlighting important topics.”

Additionally, another staff member suggests that consumers learning about traditional healing methods has potential. The staff member writes:

“I would recommend for the program to incorporate spiritual groups to help clients reconnect with strained spiritual connections.”

The STAY model demonstrates that a mix of western and traditional healing methods can be effective, and there is room to further explore the potential additional healing methods and spirituality have in enhancing recovery and rehabilitation.

Staff reflections related to the benefits of joining multiple consumer, stakeholder, cultural groups into one community-driven setting to establish relevant peer support networks, resources, and linkages around their distinct resources and needs (Learning Goal 7) primarily focused on the theme of community integration while consumers were at The STAY in preparation for their time after The STAY.

Connecting consumers with outside resources is central to The STAY model. One staff member wrote:

“There is an immense awareness and community resources to help residents get connected to outside community resources.”

Once consumers complete their stay at The STAY they usually step down to lower levels of care and must figure out how to integrate into the community. Since the peer learning and support component of The STAY model is so effective, consumers may be linked to other TAY-specific (or substance use) services to facilitate this process. One staff member writes that The STAY’s connection to other programs allows an:

“Easier transition into outpatient programs such as TAY and residential substance use programs.”

Other suggestions for strengthening The STAY model is integrating consumers into the community through community service activities. One staff member wrote:

“I would recommend more volunteering opportunities be given to the residents so they have a chance to give back to the community. I would also recommend having more peer mentors to assist the recovery counselors and therapists in daily tasks.”

The STAY model connects consumers to many of the routine outpatient services they will need to continue to use after their time at The STAY ends. Community integration is an important part of wellness and recovery, and staff have ideas that could strengthen the model.

# The STAY Final Report

## Provider Survey Analysis, *Continued*

Staff reflections related to the identification and implementation of models to address issues of grief, loss, identity, and environmental trauma help to facilitate crisis stabilization with former system involved youth (Learning Goal 8) included the growth of the program to include a group focused on the aforementioned issues in addition to how these issues are addressed in individual therapy.

Staff reflections related to learning if new innovative policies and procedures around the housing of LGBTQ TAY can help facilitate the crisis stabilization process for these TAY (Learning Goal 9) and learning if the impacts of innovative policies and procedures around the housing of LGBTQ TAY on TAY who do not identify as LGBTQ (Learning Goal 9) included creating a safe space by simultaneously enhancing cultural competency and in order to create equality. Staff members overwhelmingly report that LGBTQ TAY feel safe in the facility and in the program. Staff indicated that creating a safe space for LGBTQ consumers was approached from cultural competency perspective in some programming. It was important to The STAY model that the program as a whole was a safe space, which included enhancing the understanding non-LGBTQ consumers have about the issues LGBTQ consumers face as well as fostering respect by framing sexuality in general as a type of diversity. One staff member wrote:

“LGBTQ groups are run at the facility to foster inclusion and embrace sexual identity differences/tolerance.”

Another staff member wrote that The STAY model:

“Gave a better understanding of the LBGTQ Community for others.”

In The STAY model, one staff member explained:

“LGBTQ populations are housed with peers to facilitate and embrace cultural diversity.”

And another staff member wrote:

“LGBTQ consumers/residents are not housed differently than other residents so as to not create stigma or differences among other residents.”

This is in part possible because the bathrooms are unisex, non-gender specific. In addition to an atmosphere of safety and equality, the group for LGBTQ consumers is seen by staff members as a success, though one staff member suggested there be more LGBTQ groups.

Provider surveys reflect that The STAY model is robust, yet dynamic in enhancing access to behavioral health services and serving consumers more effectively. Through feedback mechanisms built into the program, such as the Resident Council, the program is able to adapt and change to meet the needs of the consumers. In addition, diversity, an environment of acceptance, and a focus on consumer-driven recovery empower consumers to begin to navigate their behavioral health challenges as well as the challenge of young adulthood.



*Artwork by Jason Baldrige*

# The STAY Final Report

## Consumer Legacy and Survey Results

Fifty-one written reflections (“Legacies”) on consumers’ experience at The STAY were analyzed for common themes as they related to the Learning Goals. In addition, 120 responses to a consumer experience survey that was administered at discharge were also analyzed.

The content of the consumer Legacies document the lessons learned about the effectiveness of a TAY Behavioral Health Hostel run primarily by diverse peers (Learning Goal 1). In addition, the consumer Legacies provide details about why unserved, underserved, and inappropriately served TAY populations have better outcomes while seeking crisis stabilization services in a Behavioral Health Hostel where the community determines the services offered, the majority of employees are peers, and where the County provides minimal direction (Learning Goal 6). More specifically, the rehabilitative element of respect and open communication between staff, peer staff, and peer consumers was a central component of most consumers’ reflection on their time at The STAY.

On the impact of staff members showing respect to consumers, one consumer wrote:

“When I came to The STAY Program I was very depressed, very angry, anxious, and lost. I knew I needed help but I did not know how to get it. My coping skills were doing drugs, drinking alcohol, and making money illegally... I was angry and frustrated that nothing had worked. In the previous programs I was in, I was not happy with the staff. I thought the groups did not help. I felt trapped all the time and I was treated like an animal... The STAY was the first place that I had been to where the groups were great, they kept me busy, it had me thinking, and they taught me good coping skills. I liked that the staff treated everyone with dignity and respect. Although there were times when people would disrespect staff, staff would still treat them with respect. No matter what, staff was always there to help the residents.”

Another consumer wrote:

“I instantly created a strong and healthy bond and support system I’d never thought I’d have. Respect, honesty, and hard work can take you far if you let it.”

The importance of peer staff specifically, was also a theme in the Legacies. One consumer wrote:

“When I first came to The STAY it was hard for me to adjust to all the rules and changes so I kept to myself until I felt like I knew how to act around everyone. I also didn’t know what to make of the staff around here until I started talking to them all and found out how much a lot of the Recovery Counselors are like us or have been in a lot of similar situations and can relate to us on a different level.”

Another consumer wrote:

“Sometimes hearing advice from someone your own age is more appealing than hearing it from an older person who you cannot relate to; especially knowing that I have been in the same predicament as them, homeless... Even though I have been through a lot The STAY really opened up my eyes to believing that I can be successful because a lot of the successful staff members at The STAY went through similar experiences to the residents and they didn’t let it be their downfall.”

And another consumer wrote:

“My favorite part was the interaction with my peers and mentors. Living with thirteen other residents was overwhelming at first, but I got to know everybody and made a lot of friends... I have learned a lot from my peers and mentors, and I plan on using the skills I have picked up here in order to live a better life.”

# The STAY Final Report

## Consumer Legacy and Survey Results, *Continued*

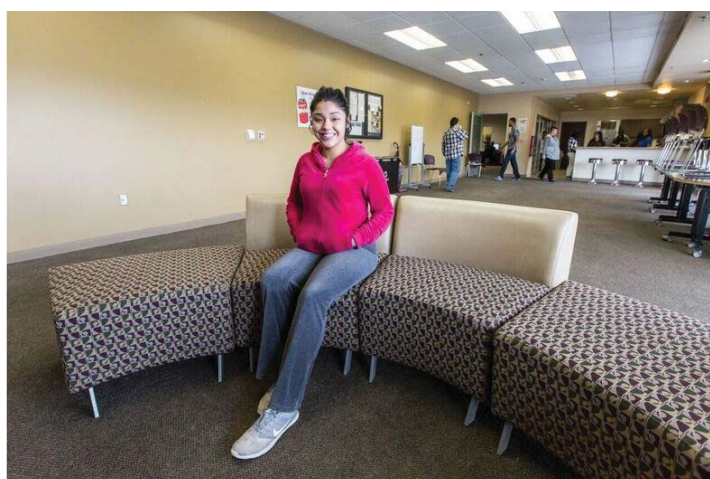
Consistent with this feedback from the Legacies, 92.5% of consumers at the time of discharge Strongly Agreed or Agreed that they feel they can go to a counselor for help. Similarly, 78.3% of consumers at the time of discharge Strongly Agreed or Agreed that they can reach out to a friend for help. In addition, 91.6% of consumers Strongly Agreed or Agreed at the time of discharge that they feel people care about them, and 91.67% of consumers at the time of discharge Strongly Agreed or Agreed that people listen to them.

The consumer Legacies reflect many ways that the innovative application of culturally specific crisis stabilization services is an effective model (Learning Goal 4). In addition, the content of the consumer Legacies document the benefits of joining multiple consumer, stakeholder, cultural groups into one community-driven setting to establish relevant peer support networks, resources, and linkages around their distinct resources and needs (Learning Goal 7). More specifically, the themes of maturity, resiliency, and consumer-driven recovery were relevant to these learning goals that are found throughout consumers' Legacies, and often developed through being in a diverse, yet age-specific program. For example, one consumer wrote about the process that went into establishing a consumer-driven awareness of past trauma and the motivation to develop the coping skills that empower him/her to be a successful, independent adult:

"I came into this program lost and didn't know what I was going to do with my life. I thought that I had nothing to offer in life, and that I was going to be angry and mean all my life... I didn't have any self-confidence in myself at all nor did I have any self-esteem... I really thought in my heart that I couldn't change the way I had been acting most of my life... I decided that it was time to make a change in my life and that I was sick of being mad and angry all the time, and that something had to give real soon. So one night I was outside talking to a staff member for a few hours. When that talk was over I made my mind up that I was going to change myself completely. I was no longer going to slam doors or get into any verbal altercations with any other residents here at The STAY... I started talking to my therapist about issues that were bothering me for many years that I had never talked about before. I started taking some of his advice about ways that I could lower my anxiety level, so I could go out and find a job."

The interconnected themes of resiliency and consumer-driven recovery were also prevalent in consumer's Legacies. One consumer wrote:

"...the only way I can change my future is if I quit repeating mistakes from my past. I realized it doesn't matter how many times a person falls, it only matters how many times you get back up again."



Similarly, another consumer wrote:

"When I first got to The STAY I was extremely depressed and sad and angry, I just had so many emotions and I couldn't control them... I had some ups and downs but everybody does. You just have to stand back up again and keep moving forward. The more I improved at The STAY the more things I got back, like my family."



# The STAY Final Report

## Consumer Legacy and Survey Results, *Continued*

The experiences of resiliency and consumer-driven recovery were also seen in consumers' reflections about early discharge and re-admission to The STAY. One consumer wrote:

"Being here was hard in the beginning all I wanted to do was go home to my mom. I started attending groups and interacting with the other residents. I had a lot of problems with other residents because I wasn't used to living with 13 other people. I got upset one night and decided to discharge. While I was walking to my mom's house I realized this isn't for me. I'm not about the streets [any] more. The next day I went back to The STAY and got readmitted. This time around I took it seriously and got started on reaching my goals."

Another consumer wrote:

"After the effects of the drug use taking its toll in my life and my psychosis kicking in, it was a recipe for disaster. I lost everything, my house, my job, my family and my mind. It wasn't until I was so beaten up mentally, emotionally, physically, and spiritually that I made the conscious decision to check myself into The STAY. My first time at The STAY, I was a resident for a short period of time. I thought I was equipped with the tools I needed but found out shortly after that I needed to check myself back in to the program; this time I would finish and complete this program that would get me on my road to wellness."

Resiliency and recovery were also important themes that are related to an increased sense of efficacy in taking control of recovery and wellness after consumers' time at The STAY. One consumer wrote:

"I came to The STAY because my anxiety was not allowing me to move forward in my life. I was using drugs every day to cope with my anxiety and to get through each day. It caused me to drop out of college, lose my living situation, and lose my job. I was homeless, lost, and in a vicious cycle of addiction and bad choices. Being here helped me not only handle my anxiety but taught me healthy coping mechanisms and how to see the warning signs of my anxiety. It wasn't easy because it meant dealing with a lot of pent up emotions which I didn't want to face... Thanks to this facility I am back in college, working towards my chemistry major, and not being held back by my anxiety."



**Artwork by George Davis**

Consistent with this feedback from the Legacies, 92.5% of consumers at the time of discharge Strongly Agreed or Agreed that treatment helps. In addition, 97.5% of consumers at the time of discharge Strongly Agreed or Agreed that treatment plans are useful. As a testament to the effectiveness of the program and the linkages to outside service providers, 91.7% of consumers, at the time of discharge, Strongly Agreed or Agreed that they know where to get help, and 96.6% of all consumers Strongly Agreed or Agreed that they had plans for the future.

# The STAY Final Report

## Consumer Legacy and Survey Results, *Continued*

An analysis of the consumer Legacies led to learning that the identification and implementation of models to address issues of grief, loss, identity, and environmental trauma help to facilitate the crisis stabilization with former system involved youth (Learning Goal 8). System involved youth often faced similar struggles such as housing, security and not having family to support them with other basic needs and documents. In addition, becoming a “good” or “productive” member of society were common themes for those with involvement in the criminal justice system. One consumer who participated in The STAY immediately after being released from jail wrote:

“When I first arrived at The STAY I felt hopeless and lost looking for a place to stay... When I first arrived to The Stay I had just gotten out of county jail with nowhere else to go and no way of communicating with my family. After about a week The STAY helped me get in touch with my family, helped me receive new clothes because I had no clothes and provided me with a place to stay because I was homeless... [The STAY] allowed me to accept myself as a person. The STAY also showed me the courage that I can become a decent person in the community that I live in and a productive member in society... While at The STAY I have accomplished a lot of things like obtaining my birth certificate, receiving my social security card, and obtaining my General Education Diploma. The STAY allowed me to sign up for college and helped practice for [driving] permit.”

Another criminal justice involved consumer wrote about the struggle of trying to change old habits when returning to the community after incarceration:

“Before I came to The STAY I was staying at a homeless shelter a few days after I got released from jail and on probation I didn’t want to live on the streets or go back to living a gang member lifestyle... I found myself getting discouraged in the process of trying to do the right thing and began to consider giving up on trying to live right and go back to my gang and street life but I was determined to give this [right] life one more try... my Probation Officer referred me to The STAY program... At first I thought this program was going to be pointless and a waste of time but I eventually began recognizing that if I truly want to change I would have to try new things even if I didn’t think it would benefit me. I began attending my groups on a daily basis and tried to learn something from each group; I started learning different types of coping skills that I can apply to several situations... they also assisted me with some things I really struggled with and didn’t think I was able to do and that was completing a resume and paying for my high school diploma due to some book fees... After this program I will have to complete another program due to my substance abuse history but my determination will get me through it. Once I reach TAY housing I will begin college and begin searching for employment.”

Similarly, another criminal justice system involved consumer wrote about how his/her struggle with substance use and learning to live with other residents at The STAY eventually led to motivation for recovery:

“Before I came to The STAY program, I was a big time drug addict. I couldn’t stay clean even though I wanted to. I was ashamed of myself because I couldn’t stay clean. I couldn’t be trusted with freedom and I knew that I had to be locked up and told what to do. I hated myself because I was my own worst enemy... As soon as I got into the program I went to groups and applied everything I learned to my problems. I had an altercation with another resident here and wanted to leave because I felt like I couldn’t make it here, but the staff wouldn’t let me accept failure. I learned that even if I mess up, I continue to move forward regardless of the circumstances.”

# The STAY Final Report

## Consumer Legacy and Survey Results, *Continued*

Former foster system involved consumers also faced specific struggles and issues, particularly when it came to organizing personal documentation, managing medication, and adhering to treatment plans in their transition into adulthood and out of former systems of care. The STAY empowered these consumers to engage in treatment and activities that would help establish stability and independence in their lives. One consumer wrote:

“Before I was welcomed into The STAY Program, I was very unstable on my medication and very rude to people. I was bouncing from house to house. I heard about The STAY through Safe House, which is a transitional housing program for former foster youth... The STAY Program was able to provide me with the proper medical assessment that I needed for my physical health and wellness. The psychiatrist helped me stabilize my medication so my mood and wellness became manageable again. They also provided me with the essential clothing that I needed for my basic daily living. They provided me with transportation to appointments that I had obtained myself... [They] helped me obtain my birth certificate that I needed for the P.A.L. (Provisional Accelerated Learning) Center to start the enrollment process for the Certified Nursing Assistant (C.N.A.) Program.”

Another former foster involved consumer wrote about their struggle to maintain their treatment plan as an independent adult who ended up homeless after aging out of the foster system. The consumer wrote:

“As time went on, I started the struggle of trying to stay alive out on the streets, not only that but to stay sane also. At the time, [I] wasn't able to keep on a steady pace with my meds, so I started losing sleep, weight, and my physical body was getting worse because the excessive amount of walking, lack of food and hygiene weren't being taken care of. I started losing myself then finally came to a decision that I needed to find help for myself... Even though I left The STAY twice this time with the help of God and all these people that he placed in my path, I finished this fight.”

Consistent with this feedback from system involved consumers, 89.2% of all consumers at the time of discharge Strongly Agreed or Agreed that their life had improved and 90.8% of all consumers at the time of discharge Strongly Agreed or Agreed that their wellbeing had improved. In addition, 79.8% of all consumers, at the time of discharge, Strongly Agreed or Agreed that they can better handle grief. Similarly, 85.7% of all consumers at the time of discharge Strongly Agreed or Agreed that they feel less alone, 80.8% Strongly Agreed or Agreed that they feel less sad, and 78.3% Strongly Agreed or Agreed that they feel less worried.

***“I have gained the strength and confidence to walk the path of sobriety.”***

***- The STAY resident***

# The STAY Final Report

## Consumer Legacy and Survey Results, *Continued*



**Artwork by Linda James**

An analysis of the consumer Legacies led to learning about how the peer run Behavioral Health Hostel and the Peer Advisory Board, led to increased access to services and better outcomes with regards to crisis stabilization (Learning Goal 3). In addition, the content of the consumer Legacies demonstrates that the high percentage of culturally diverse peers along with the availability of resources to local providers, fosters a more diverse environment in which multiple cultures within the TAY population can be served appropriately and concurrently out of one location with both western and traditional healing methods (Learning Goal 5). Consumers were invited to participate in a wide variety of groups and therapies while at the STAY. Some groups, such as hip hop dance therapy, were established at the request of residents themselves, and other groups used a wide variety of approaches to wellness and healing. One consumer wrote about the importance of the meditation group in becoming more comfortable at The STAY:

“[In the beginning] I was shy around everyone and afraid to [say] anything. I remember attending the meditation group and started... to feel more comfortable around everyone. The staff also wanted to get to know me more as well... [They] always lifted me up and told me ‘you can do it’ every day.”

Similarly, another consumer wrote about the importance of art therapy, both while at The STAY and into the future:

“I had no clue they would give me the best coping skill I could apply in my life to be able to express how I was feeling in a way that wouldn’t hurt myself anymore with anger and depression... [In the Expressive Arts group] I did my first stepping stone and had a moment of clarity. I couldn’t believe it at first but everything I was mad or angry about left my mind and I didn’t hurt myself or someone else. When life seems to knock me down whether I’m worried or angry, I could put all my frustration into art!”

As a testament to the effectiveness of treatment and groups, 96.7% of consumers at the time of discharge Strongly Agreed or Agreed that their participation at The STAY made it easier to cope with the challenges in their lives, and 84.9% Strongly Agreed or Agreed they can better control anger after participation in the program. Similarly, 87.4% of consumers at the time of discharge Strongly Agreed or Agreed that they felt proud, and 85.5% Strongly Agreed or Agreed that they felt hopeful. In addition, 95.8% of consumers at the time of discharge Strongly Agreed or Agreed that they learned something through the program.

An analysis of the consumer Legacies led to learning that new innovative policies and procedures around the housing of LGBTQ TAY can help facilitate the crisis stabilization process for these TAY consumers (Learning Goal 9). An analysis of the consumer Legacies led to learning about the impacts of innovative policies and procedures around the housing of LGBTQ TAY on TAY who do not identify as LGBTQ (Learning Goal 10). Although none of the Legacies discussed the individual consumer’s experience as an LGBTQ TAY, the theme of LGBTQ TAY and sexuality in general did emerge. For example, one consumer wrote about how a particular staff member was a good resource:

“...if you’re worried about sexuality or gender specifics she’s really a good person to go to and she will spend time with you to help you with those feelings.”



# The STAY Final Report

## Consumer Legacy and Survey Results, *Continued*

An analysis of the consumer Legacies led to learning about what type of support and training is needed for diverse peer staff to effectively provide a culturally and linguistically appropriate peer run Behavioral Health Hostel (Learning Goal 2). The cultural and linguistic appropriateness of the program is clear in consumers' thankfulness for the unconditional support and acceptance they received from staff, therefore training on how to create an environment that promotes acceptance is essential. Consumers observed the importance of staff being able to address the wide variety of challenges the residents needed support with at any given time at The STAY and the success staff had in addressing all of these challenges. One consumer wrote:

"Staff has all been trained in how to deal with any type of problems. I would have to say that The STAY is a place that I can call safe and comfortable."

Perhaps the most significant way consumers felt the program was successful according to their Legacies is the training staff received to that enabled them to create an atmosphere of acceptance and unconditional support. Examples of what consumers write include:

"They took my fighting, yelling and bad attitude and let me know that it was ok to feel that way at that time, but the only way to get through it all was coping skills... The staff never gave up on me... She let me scream and cry and showed patience I needed."

"As the days went by, I felt stronger as a person and closer in my relationship with staff. I started to see they wouldn't judge me for whatever I did in my life... The people here really care about you and you will start to care about them in the same way. Even when you have bad days, they are still going to be there for you no matter what happens."

Themes of honesty, accountability, and acceptance also emerged due to consumers feeling accepted at the program. One consumer wrote:

"I really felt like I could trust her [staff member] and go to her with anything, even if it meant I might get in trouble. She became like a second mother to me and helped me feel loved and accepted."

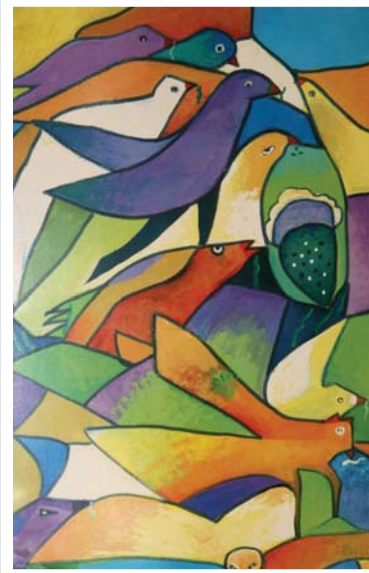
Likewise, the environment of acceptance empowered consumers to work towards employment and other goals. One consumer wrote:

"While at The STAY, I learned to trust people again, but more importantly I learned to love and trust myself. I had a hard time accepting myself for who I was at first but with the love and support of my peers and staff I can to understand that I could make it somewhere and do anything once I put my mind to it. The STAY helped me go to job interviews, drove me to doctor's appointments but most importantly they showed me that someone still cared for me and believed in me."



# The STAY Final Report

## Consumer Legacy and Survey Results, *Continued*



**Artwork by Eneida Reboucas**

Another important theme related to the aforementioned learning goal was that consumers thought the program was successful through helpful, relevant groups. This supports the best practice that staff receive training for developing and leading dynamic groups. One consumer wrote:

“I had a very rough first week as I got into countless arguments with staff and residents...I had a rough time adjusting to all the rules and groups The STAY had but soon learned how to co-exist with residents and get along with staff. Groups then came to make sense and seemed to be more relevant that I thought they would...Now that I am transitioning out of The STAY I am a strong, happy, hopeful, and respectful young woman that plans on doing many things with my life. I now have a sense of relief knowing that I can control my anger, my attitude and be able to be everything that I want to be in my future. My outlook on life is positive and I know that if I continue using the tools that The STAY gave me I will be able to prosper fully. I have grown to know my emotions and control them.”

Relevant groups also lead to more motivation and treatment engagement, which is central to resilience in overcoming difficulties. One consumer wrote:

“[Staff Member] was running the group and it was called N/A it was all about going through change and how you can cope. I really understood all that he was saying and wanted to change my life. From then on I went to almost all of my groups. Now don't get me wrong it wasn't a miracle cure or anything this kind of change takes time. There were times when it was like I was taking five steps forward and ten steps back. But I kept going.”

Consumers also felt staff were able to create an environment where peer residents were also supportive, a skill that takes institutional support and staff training. One consumer wrote:

“In the groups I was able to express myself in a constructive manner. Groups helped me vent and release some of the trauma I was going through... Groups helped me obtain different positive coping skills that will stay with me for a while. It also helped me build relationships with some of the other residents at The STAY.”

Consistent with this feedback from the consumer Legacies, 93.3% of consumers at the time of discharge Strongly Agreed or Agreed that they overall liked the program. In addition, 90.8% of consumers at the time of discharge Strongly Agreed or Agreed that they would recommend the program to others.



# The STAY Final Report

## Evolution & Recommendations

Before The STAY, TAY consumers in crisis over the age of 18 needed to navigate the adult system of care to receive behavioral health services. Unfortunately, the crisis services in the adult system of care are often a mismatch to the psychological and developmental and needs of consumers entering young adulthood. In addition, if consumers were unable to engage in the adult system of care, they were vulnerable to homelessness and/or involvement in the criminal justice system. Outcomes from The STAY demonstrate that the diverse, peer-run crisis residential model effectively assists consumers in engaging in recovery-orientated treatment while simultaneously making progress on establishing the skills to successfully embrace both the responsibilities and freedoms of adulthood.

Services that address both behavioral health and TAY psychosocial development were successful when time and space, which are fundamental to the crisis residential hostel model, were available to allow consumers to take ownership of their recovery. Consumers reported that working through behavioral health crises with a strong support network was a turning point as at they began to experience the rehabilitative potential active recovery has. Once consumers became active in their own recovery, they were able to see the value of the group activities and other therapeutic services that were available to them at The STAY. In addition, through The STAY's integration with outpatient behavioral health services and support, many consumers were able to successfully transition into the adult system of care at discharge.

### Project Sustainability

The STAY or the Transitional Age Youth Behavioral Health Hostel ended as an Innovation Project on March 31, 2017. Due to the project's success since it began in July 2012, funding has been allocated under the Community Services and Supports (CSS) Component for a Transitional Age Youth Crisis Residential Treatment (TAY CRT) program utilizing the Scope of Work of The STAY Innovation project. As noted in the Community Program Planning section an extensive stakeholder engagement process was maintained throughout the duration of this project. DBH maintained ongoing communication with the community throughout the implementation of the project with regular report out at community meetings. Specifically prior to the project ending a special Community Policy Advisory Committee (CPAC) meeting was conducted on August 18, 2016 to share project outcomes at that point and gather stakeholder feedback regarding the project and potential continuation of the project. A total of 44 surveys were completed and collected during this community meeting, with the feedback providing overwhelming support for ongoing funding of The STAY.

Upon the completion of The STAY as an Innovation project, The STAY transitioned to CSS and has continued under the Crisis System of Care Programs. Under its new home in the Crisis Residential Treatment umbrella of the Crisis System of Care it is now a Transitional Age Youth Crisis Residential Treatment program. Although the funding stream and place in the continuum of care has changed the name for the facility has not and continues to be called The STAY, using the same Scope of Work that was originally designed. Services have remained uninterrupted as Valley Star has been the contracted provider since the beginning of the project.

# The STAY Final Report

## In Summary

From July 2012 through March 2017, the San Bernardino County Department of Behavioral Health implemented the Behavioral Health Youth Hostel known as The STAY as a Mental Health Services Act (MHSA) Innovation project. The STAY model provides short term crisis residential treatment (CRT) services to transitional age youth (TAY) ages 18-25 with a focus on consumer-driven recovery, rehabilitation, and the use of a diverse peer staff. TAY who are at risk of being a danger to themselves and/or others and who need a higher level of care than a board and care residential, but a lower level of care than psychiatric hospitalization are eligible for The STAY for up to 90 days. The STAY programming was designed to address the unique needs of TAY consumers, with diversity and underserved and underrepresented groups such as foster care, wards of the court, criminal justice system, homeless, and/or the Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) community at the forefront of program design. At The STAY consumers are engaged in several group therapies and activities on a daily basis and work on developing the skills they need to live independently.

As an MHSA Innovation project, evaluation outcomes from The STAY addressed the hypothesis that an age-specific CRT with diverse peer staff would be effective for serving TAY consumers. The four overarching themes of the project learning goals were to learn if The STAY model increases access to mental health services to underserved groups, increases access to services overall, increases the quality of services and leads to better outcomes, and decreases unnecessary hospitalizations. Analysis of both qualitative and quantitative data demonstrate that The STAY model is successful at meeting all of the project's learning goals. After discharge from The STAY, consumers had a 14% decrease in psychiatric hospitalizations, a 25% decrease in psychiatric hospital days, a 22% decrease in crisis stabilization services, and 53% increase in routine behavioral health outpatient services. The STAY was also able to divert 398 incidents from hospitalization that were better suited for crisis residential treatment. In addition, consumers had a 57.3% improvement in Life Domain Functioning on the Child and Adolescent Needs and Strength Assessment (CANS-SB) and a 57.7% improvement on the Emotional Needs CANS-SB Assessment, which measures items such as Psychosis, Depression, Anxiety, Adjustment to Trauma, and Anger Control. In addition, focus groups and narratives from consumers and staff members describe how The STAY model provides the time and space for consumers to stabilize and begin integration into the wider community.

Based on these successful outcomes, funding has been allocated under MHSA Community Services and Supports (CSS) Component for a TAY CRT using The STAY model. In addition, The STAY model is being adapted for future CRT facilities across San Bernardino County and additional feedback on The STAY was collected at a special Community Policy Advisory Committee (CPAC) meeting to inform future projects.



# The STAY Final Report

## Definitions

**Resident Council-** is comprised of the Resident President, Resident Secretary, and the rest of The STAY residents. It is an opportunity for residents to hold a scheduled meeting (built into the program) where they can vote on who will be Resident President and Secretary; as well as voice anything they would like about the program. They frequently discuss group activities and how program staff can add specific programming to the schedule to make it more enjoyable/educational for them, they provide ideas for different types of outings they would like to attend, discuss common issues related to 14 people sharing a living space, etc.

**Wellness Recovery Action Plan (WRAP)-** is one of the Evidence-Based Practices that focuses on learning more about one's personal triggers for their specific mental health symptoms and how to utilize self-regulatory skills in a safe and healthy manner as to avoid impulsive decision making that may be harmful or an exacerbation of their mental health symptoms. It also focuses on learning two types of skills to avoid igniting a mental health crisis and how to prepare just in case residents find themselves in a mental health crisis and how they can rely on their support systems for help.

**Provisional Accelerated Learning Center (P.A.L Center)-** provides education and employment services in a non-threatening environment that is easily accessible to culturally-diverse -at-risk populations.

**Mind, Body, and Soul-** is a hip-hop dance group where the program contracts with a dance instructor who comes to The STAY to teach dance routings 3 times per week.

**Wellness and Exercise-** involves a certified yoga instructor who visits The STAY and runs yoga 3 times per week. When Wellness and Exercise is conducted on the weekends it is typically outside activities getting the residents to move their bodies in games such as basketball, Frisbee, soccer, volleyball, etc.

**MingleMingle-** is a social skills building group led by The STAY recovery counselors focusing on client's ability to learn how to build positive relationships with others in their lives to enhance their support system.

**Individual Goal Work-** is an opportunity for the residents to meet with the Resource Specialist or other staff to get assistance with accomplishment of personal goals; such as obtaining legal documentation, transcripts, working on therapeutic homework, applying for government funded services like SSI or EBT, etc.

**Vogue/GQ-** is a group activity where clients are separated by gender identity to discuss topics more personal to males and females that they may not feel comfortable expressing in front of the opposite gender.

**On My Way Out/Now That I'm Here-** is an opportunity for program staff to separate the residents for those who are newer to the program and those that are further along in their discharge planning. It's an opportunity for the new clients to discuss common feelings about getting acquainted to the program (etc. . .), and longer residents to discuss feelings about pending discharge etc.

**Seeking Safety-** is a group focused on the connection between history of trauma, substance use, and their current effect on mental health symptoms.

# The STAY Final Report

## Definitions, *Continued*

**Aggression Replacement Training-** is an anger management group that focuses on frustration tolerance skills and learning how to express feelings of anger verbally, in a constructive and safe manner as opposed to acting out anger behaviorally, often in an unsafe manner.

**Peer Mentor-** is a staff who has lived experience with mental health and has gone through the same/similar struggles as The STAY residents. Preferably, the peer mentor is a resident who has completed the program, demonstrated stability, has remain connected to county resources, and demonstrates employment qualities to return to The STAY.

**Safe Zone-** is the description for The STAY facility in regards to LGBTQ youth. It's a statement that The STAY is welcoming and supportive of LGBTQ individuals in the program and that The STAY will advocate for them and help protect them from any discrimination from peers.

**Wraparound-** is a program collaboratively implemented by SBC-DBH, Child and Family Services (CFS), and Probation to reduce the risk of out-of-home placement and recidivism by bringing individuals, agencies and the community together as the decision making team with the central focus being to meet the needs of the child and family. The Wraparound family actively participates in identifying their strengths and needs. Individualized services and supports (both formal and informal) are then developed and provided to meet each of the identified needs.

# The STAY Final Report

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## Attachments





STAY Youth Hostel Logic Model

Domains	Goals	Objectives	Strategies	Interim Outcomes (IO)	IO Measurement	Key Outcomes (KO)	KO Measurement
DBH Domains	Funding Source-Specific Goal	Specific Objective that Theoretically Supports Goal INN Learning Goals	EBPs, Treatment Approaches, Interventions	Interim Outcomes (IO)	Measurement Method or Tool and Frequency of Administration	As Relates to Goal(s)	Measurement Method or Tool and Frequency of Administration
Access	Increase Access to Underserved Groups (Primary INN goal)	1. To learn what type of support and training is needed for diverse peer staff to effectively provide a culturally & linguistically appropriate peer run Behavioral Health Hostel	Culturally and linguistically competent services as well as targeted services for the for diverse former system involved youth and the LGBTQ population	Provider and training participant observation of what type of training allowed for peer staff to effectively provide a culturally & linguistically appropriate peer run Behavioral Health Hostel	<ul style="list-style-type: none"> <li>• EVALCORP Provider Survey (both quantitative endorsement of objective met and qualitative responses)</li> <li>• Training Participant Surveys</li> </ul>	As Relates to Goal(s)	<ul style="list-style-type: none"> <li>• Participant tracking data (Need proper way of identifying Sexual Orientation, LGBTQ, etc.)</li> <li>• EVALCORP Surveys</li> <li>• CANS-SB (Initial and Discharge)</li> </ul>
		2. Evaluate if these new approaches, in addition to the Peer Advisory Board leads to increased access to services and better outcomes with regard to crisis stabilization		<ul style="list-style-type: none"> <li>• Provider reported understanding whether new approaches lead to increased access and better outcomes with regard to crisis stabilization</li> <li>• Participants decreased emotional and behavioral difficulties</li> </ul>	<ul style="list-style-type: none"> <li>• EVALCORP Provider Survey (both quantitative endorsement of objective met and qualitative responses)</li> <li>• EVALCORP Participant Survey</li> <li>• CANS-SB (Life Functioning, Behavioral/Emotional and Risk Factor Domains)</li> </ul>	As Relates to Goal(s)	
		3. Determine if the high percentage of culturally diverse peers along with the availability of resources to local providers fosters a more diverse environment in which multiple cultures within the TAY population can be served appropriately and concurrently out of one location with both western and traditional healing methods		<ul style="list-style-type: none"> <li>• Provider and participant observation that the diversity of peers and availability of resources fosters a more diverse environment which serves multiple cultures within the TAY population</li> </ul>	<ul style="list-style-type: none"> <li>• EVALCORP Provider Survey (both quantitative endorsement of objective met and qualitative responses)</li> <li>• EVALCORP Participant Survey</li> </ul>	As Relates to Goal(s)	
		4. Assess the benefits of joining multiple consumer, stakeholder, cultural groups into one community-driven setting to establish relevant peer support networks, resources, linkages around their distinct resources and needs		<ul style="list-style-type: none"> <li>• Provider and participant observation that there is a benefit of joining multiple consumer, stakeholder, cultural groups into one community driven setting</li> </ul>	<ul style="list-style-type: none"> <li>• EVALCORP Provider Survey (both quantitative endorsement of objective met and qualitative responses)</li> <li>• EVALCORP Participant Survey</li> <li>• Comparison of outcomes to Treatment as Usual (outpatient MH Svcs in Central Valley)</li> </ul>	As Relates to Goal(s)	
Domains	Goals	Objectives	Strategies	Interim Outcomes (IO)	IO Measurement	Key Outcomes (KO)	KO Measurement
	Increase Access to Services (CSS)		TAY Crisis Residential Facility		<ul style="list-style-type: none"> <li>• CANS-SB</li> <li>• BASIS 24</li> </ul>	<ul style="list-style-type: none"> <li>• Increase the number of clients served</li> <li>• Increase penetration rates</li> </ul>	<ul style="list-style-type: none"> <li>• CSI</li> <li>• SIMON Data</li> <li>• CANS-SB (Initial and Discharge)</li> <li>• Medical penetration rate</li> <li>• BASIS 24</li> </ul>

DBH Domains	Funding-Source-Specific Goal	Specific Objective that Theoretically Supports Goal INN Learning Goals	EBRs, Treatment Approaches, Interventions	As Relates to Objective(s)	Measurement Method or Tool and Frequency of Administration	As Relates to Goal(s)	Measurement Method or Tool and Frequency of Administration
Service Effectiveness	Increase Quality of Services, Including Better Outcomes (INN)	5. To learn about and evaluate the effectiveness of having TAY Behavioral Health Hostel run primarily by diverse peers		<ul style="list-style-type: none"> <li>Provider and participant observation that having a Behavioral Health Hostel run primarily by diverse peers is effective</li> <li>Participants decrease behavioral and emotional problems</li> </ul>	<ul style="list-style-type: none"> <li>EVALCORP Provider Survey (both quantitative endorsement of objective met and qualitative responses)</li> <li>EVALCORP Participant Survey</li> <li>CANS-SB (Life Functioning, Strengths, Behavioral/Emotional Domains)</li> </ul>		
		6. To learn if the innovative application of culturally specific crisis stabilization is an effective model		<ul style="list-style-type: none"> <li>Provider and participant observation that the innovative application of culturally specific crisis stabilization is an effective model</li> <li>Participants decreased behavioral and emotional problems</li> </ul>	<ul style="list-style-type: none"> <li>EVALCORP Provider Survey (both quantitative endorsement of objective met and qualitative responses)</li> <li>EVALCORP Participant Survey</li> <li>CANS-SB (Behavioral/Emotional Domain)</li> </ul>		
		7. Determine if our underserved, and inappropriately served TAY populations are having better outcomes while seeking crisis stabilization in a Behavioral Health Hostel where the community determines the services offered, the majority of employees are peers, and where the County provides minimal direction	Crisis stabilization services with an emphasis on choice, wellness, recovery and resilience as defined by the client	<ul style="list-style-type: none"> <li>Provider observation that our underserved, underserved, and inappropriately served TAY populations are having better outcomes while seeking crisis stabilization in a Behavioral Health Hostel where the community determines the services offered, the majority of employees are peers, and where the County provides minimal direction</li> <li>Participants decreased behavioral and emotional problems</li> <li>Successfully transitioning from hostel</li> <li>Minimized hospitalizations</li> </ul>	<ul style="list-style-type: none"> <li>EVALCORP Provider Survey (both quantitative endorsement of objective met and qualitative responses)</li> <li>EVALCORP Participant Survey</li> <li>CANS-SB (Life Functioning, Strengths, Emotional/Behavioral and Risk Factor Domains)</li> </ul>	<ul style="list-style-type: none"> <li>Regular collection, analysis, and reporting of data to improve the program</li> <li>Improved year-over-year outcomes</li> <li>Improved outcomes compared to standard services (outpatient MH Svcs in Central Valley)</li> </ul>	<ul style="list-style-type: none"> <li>CANS-SB (Initial and Discharge)</li> <li>Participant Survey (post only)</li> <li>EVALCORP Surveys</li> <li>OSHPD</li> <li>DBH TAR Logs</li> </ul>
		8. To learn if the identification and implementation of models to address issues of grief, loss, identity, and environmental trauma help facilitate crisis stabilization with former system involved youth		<ul style="list-style-type: none"> <li>Provider observation that the identification and implementation of models to address issues of grief, loss, identity, and environmental trauma help facilitate crisis stabilization with former system involved youth</li> <li>Decrease behavioral and emotional problems</li> <li>Hope for successfully transitioning from hostel</li> </ul>	<ul style="list-style-type: none"> <li>EVALCORP Provider Survey (both quantitative endorsement of objective met and qualitative responses)</li> <li>EVALCORP Participant Survey</li> <li>CANS-SB (Behavioral/Emotional Domain)</li> </ul>		
9. To learn if new innovative policies and procedures around the housing of LGBTQ TAY can help facilitate the crisis stabilization process for these TAY			<ul style="list-style-type: none"> <li>Provider observation that new innovative policies and procedures around the housing of LGBTQ TAY can help facilitate the crisis stabilization process for these TAY</li> <li>Participants decreased behavioral and emotional problems</li> <li>Hope for successfully transitioning from hostel</li> </ul>	<ul style="list-style-type: none"> <li>EVALCORP Provider Survey (both quantitative endorsement of objective met and qualitative responses)</li> <li>EVALCORP Participant Survey</li> <li>CANS-SB (Behavioral/Emotional Domain)</li> </ul>			

Domains	Goals	Objectives	Strategies	Interim Outcomes (IO)	IO Measurement	Key Outcomes (KO)	KO Measurement
		10. To learn the impacts of innovative policies and procedures around the housing of LGBTQ TAY on TAY who do not identify as LGBTQ		<ul style="list-style-type: none"> <li>Provider observation of the impacts of innovative policies and procedures around the housing of LGBTQ TAY on TAY who do not identify as LGBTQ</li> <li>Participants decreased behavioral and emotional problems</li> </ul>	<ul style="list-style-type: none"> <li>EVALCORP Provider Survey (both quantitative endorsement of objective met and qualitative responses)</li> <li>EVALCORP Participant Survey</li> <li>CANS-SB (Behavioral/Emotional Domain)</li> </ul>		
DBH Domains	Funding-Source-Specific Goal	Specific Objective that Theoretically Supports Goal INN Learning Goals	EBPs, Treatment Approaches, Interventions	As Relates to Objective(s)	Measurement Method or Tool and Frequency of Administration	As Relates to Goal(s)	Measurement Method or Tool and Frequency of Administration
Service Appropriateness	Reduce the frequency of emergency room visits and unnecessary hospitalizations (CSS)		TAY Crisis Residential Treatment Facility		<ul style="list-style-type: none"> <li>EVALCORP Provider Survey (both quantitative endorsement of objective met and qualitative responses)</li> <li>CANS-SB</li> <li>EVALCORP Participant Survey</li> </ul>	<ul style="list-style-type: none"> <li>Reduced number of emergency room visits for mental health concerns</li> <li>Reduced administrative hospital days</li> <li>Increased use of alternative crisis interventions (e.g. CWIC, CCRT, SCU)</li> <li>Increased number of individuals diverted from hospitalization</li> </ul>	<ul style="list-style-type: none"> <li>DBH TAR Logs</li> <li>OSHPPD</li> <li>EVALCORP Surveys</li> </ul>
Provide cost-effective services			TAY Crisis Residential Treatment Facility				<ul style="list-style-type: none"> <li>DBH TAR Logs</li> <li>OSHPPD</li> <li>DBH Fiscal</li> </ul>

# INNOVATION: Pathway to Learning


Community Policy Advisory Committee (CPAC)  
September 18, 2014



1

## Presentation Objectives

- Review Innovation (INN) legislative requirements
- Overview of Evaluation Approach
- Review of current INN project
  - IYRT




2

## INN LEGISLATIVE REQUIREMENTS WIC 5830, Part 3.2

Address one of the following learning purposes as its primary purpose:

- (1) To increase access to underserved groups.
- (2) To increase the quality of services, including better outcomes.
- (3) To promote interagency collaboration.
- (4) To increase access to services.




3

## INN LEGISLATIVE REQUIREMENTS WIC 5830, Part 3.2

Support innovative approaches by doing one of the following:


- (A) Introducing new mental health practices or approaches, including, but not limited to, prevention and early intervention.
- (B) Making a change to an existing mental health practice or approach, including, but not limited to, adaptation for a new setting or community.
- (C) Introducing a new application to the mental health system of a promising community-driven practice or an approach that has been successful in non-mental health contexts or settings.



4

## INN LEGISLATIVE REQUIREMENTS WIC 5830, Part 3.2


- An Innovation project is defined, for purposes of these guidelines, as one that contributes to learning rather than a primary focus on providing a service.
- County mental health programs shall expend funds for their innovation programs upon approval by the Mental Health Services Oversight and Accountability Commission.



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## EVALUATION APPROACH Mental Health Services Oversight and Accountability Commission (MHSOAC)

- From Innovation Evaluation RFP:
  - Purpose is “designing, piloting, and evaluating the efficacy of new or changed mental health approaches”
  - Evaluation is at the core of all Innovative Projects



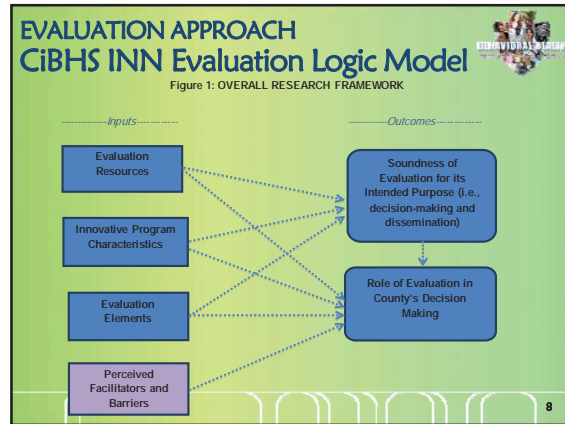
6



### EVALUATION APPROACH MHSOAC

- Overall trend of increased oversight, especially with regard to evaluation activities
- California Institute of Behavioral Health Solutions (CiBHS) contract: Evaluation of Innovation Evaluation
  - Inventory of evaluation approaches
  - Evaluation of the efficacy of the evaluation approaches

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### EVALUATION APPROACH Pending Regulations

- MHSOAC has proposed draft regulations for Innovation, per AB 82
- The draft regulations are outcomes-focused
  - Emphasis on research, testing, and learning
- Language moving from “program” to “project”

\*All information on this slide is proposed and subject to change as proposed legislation goes through legislative review.

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### EVALUATION APPROACH Pending Regulations

#### Time-limited Pilot Project

- Maximum of 4 years from the start date of the project
- Successful strategies of the project may continue under a different funding source or be incorporated into existing services
- Projects may be terminated prior to planned end date

\*All information on this slide is proposed and subject to change as proposed legislation goes through legislative review.

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### Innovation Presentations to Date (CPAC)

- INN -01 Online Diverse Communities Experiences (ODCE)
- INN -02 Coalition Against Sexual Exploitation (CASE)
- INN -03 Community Resiliency Model (CRM)
- INN -04 Holistic Campus
- INN -05 Interagency Youth Resiliency Team (IYRT)

Be sure to attend CPAC and other DBH stakeholder meetings to get updated information!

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### BEHAVIORAL HEALTH


## INN 06 – TAY Behavioral Health Hostel

André Bossieux , Program Manager II  
Department of Behavioral Health  
County of San Bernardino

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## Overview


- Background/History/Learning
- Target Population
- The STAY
- Service Status
- Outcomes and Evaluation
- Lessons Learned
- Sustainability



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## Background


- Project Plan was submitted with MHSA Annual Update FY 11/12
- 10 Learning Goals to determine if a peer run, culturally specific crisis stabilization behavioral health youth hostel would achieve the following MHSA legislative purpose:
  - Increase Access to Underserved Groups
- Legislative Innovation Contribution to Learning:
  - Make a specific change to an existing mental health practice



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## Target Population


- Diverse TAY ages 18-25 in mental health crisis
- TAY at risk of experiencing an acute psychiatric episode or crisis
- Non-violent and not sex offenders
- TAY appropriate for shared living environment
- TAY who are willing to actively participate in developing their own plans for recovery
- Priority is given to at-risk, system involved youth (dependents and wards)
- LGBTQ



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## The STAY


- Valley Star Children and Family Services
- Opened March 21, 2013
  - Voluntary
  - Peer Driven
  - 14 Bed
  - 24 hours a day, 365 days a year
  - Up to 90 day stay



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## Program


- Valley Star has developed a psychiatric rehabilitation program for the STAY that is a comprehensive multidisciplinary/interdisciplinary program designed to meet the following objectives:
  1. Improve residents' adaptive functioning through their acquisition of skills essential for successful independent or semi-independent living in the community or/and
  2. Prevent residents' regression to a lower level of functioning through their acquisition of skills essential for not returning to a higher level of care (acute or State hospitalization)
- Valley Stars' goal is to divert TAYs in crisis from acute hospitalizations.



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## Program, cont.

- Services include:
  - Individual and Group Therapy
  - Crisis Intervention
  - Rehabilitation/Recovery (daily living skills)
  - Assistance in creating client-driven Wellness Recovery Action Plans
  - Medication Support
  - Drug and alcohol counseling/referrals
  - Recreational Therapy
  - Prevocational preparation
  - Prerelease/discharge preparation and planning



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## Peer Driven

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## WELL STAY Wellness Schedule

TIME	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
8:00 AM - 8:45 AM	Individual Goal Work	Individual Goal Work	Individual Goal Work	Individual Goal Work	Individual Goal Work	Individual Goal Work
8:45 AM - 9:30 AM	Community meeting	Community meeting	Community meeting	Community meeting	Community meeting	Community meeting
9:30 AM - 10:00 AM	Individual Goal Work	Individual Goal Work	Individual Goal Work	Individual Goal Work	Individual Goal Work	Individual Goal Work
10:00 AM - 10:30 AM	Individual Goal Work	Individual Goal Work	Individual Goal Work	Individual Goal Work	Individual Goal Work	Individual Goal Work
10:30 AM - 11:00 AM	Individual Goal Work	Individual Goal Work	Individual Goal Work	Individual Goal Work	Individual Goal Work	Individual Goal Work
11:00 AM - 11:30 AM	Individual Goal Work	Individual Goal Work	Individual Goal Work	Individual Goal Work	Individual Goal Work	Individual Goal Work
11:30 AM - 12:00 PM	Individual Goal Work	Individual Goal Work	Individual Goal Work	Individual Goal Work	Individual Goal Work	Individual Goal Work
12:00 PM - 12:30 PM	Individual Goal Work	Individual Goal Work	Individual Goal Work	Individual Goal Work	Individual Goal Work	Individual Goal Work
12:30 PM - 1:00 PM	Individual Goal Work	Individual Goal Work	Individual Goal Work	Individual Goal Work	Individual Goal Work	Individual Goal Work
1:00 PM - 1:30 PM	Individual Goal Work	Individual Goal Work	Individual Goal Work	Individual Goal Work	Individual Goal Work	Individual Goal Work
1:30 PM - 2:00 PM	Individual Goal Work	Individual Goal Work	Individual Goal Work	Individual Goal Work	Individual Goal Work	Individual Goal Work
2:00 PM - 2:30 PM	Individual Goal Work	Individual Goal Work	Individual Goal Work	Individual Goal Work	Individual Goal Work	Individual Goal Work
2:30 PM - 3:00 PM	Individual Goal Work	Individual Goal Work	Individual Goal Work	Individual Goal Work	Individual Goal Work	Individual Goal Work
3:00 PM - 3:30 PM	Individual Goal Work	Individual Goal Work	Individual Goal Work	Individual Goal Work	Individual Goal Work	Individual Goal Work
3:30 PM - 4:00 PM	Individual Goal Work	Individual Goal Work	Individual Goal Work	Individual Goal Work	Individual Goal Work	Individual Goal Work
4:00 PM - 4:30 PM	Individual Goal Work	Individual Goal Work	Individual Goal Work	Individual Goal Work	Individual Goal Work	Individual Goal Work
4:30 PM - 5:00 PM	Individual Goal Work	Individual Goal Work	Individual Goal Work	Individual Goal Work	Individual Goal Work	Individual Goal Work
5:00 PM - 5:30 PM	Individual Goal Work	Individual Goal Work	Individual Goal Work	Individual Goal Work	Individual Goal Work	Individual Goal Work
5:30 PM - 6:00 PM	Individual Goal Work	Individual Goal Work	Individual Goal Work	Individual Goal Work	Individual Goal Work	Individual Goal Work
6:00 PM - 6:30 PM	Individual Goal Work	Individual Goal Work	Individual Goal Work	Individual Goal Work	Individual Goal Work	Individual Goal Work
6:30 PM - 7:00 PM	Individual Goal Work	Individual Goal Work	Individual Goal Work	Individual Goal Work	Individual Goal Work	Individual Goal Work
7:00 PM - 7:30 PM	Individual Goal Work	Individual Goal Work	Individual Goal Work	Individual Goal Work	Individual Goal Work	Individual Goal Work
7:30 PM - 8:00 PM	Individual Goal Work	Individual Goal Work	Individual Goal Work	Individual Goal Work	Individual Goal Work	Individual Goal Work

\*\*RESIDENT COUNCIL HELD AT 7:00 PM ON THE 1<sup>ST</sup> AND 3<sup>RD</sup> FRIDAY OF EVERY MONTH\*\*  
 \*\*NA MEETINGS HELD OFF SITE ON TUESDAY AND THURSDAY AT 7:00 PM - FOR THOSE ON DISCHARGE TRANSITION PLAN\*\*

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## EBPs

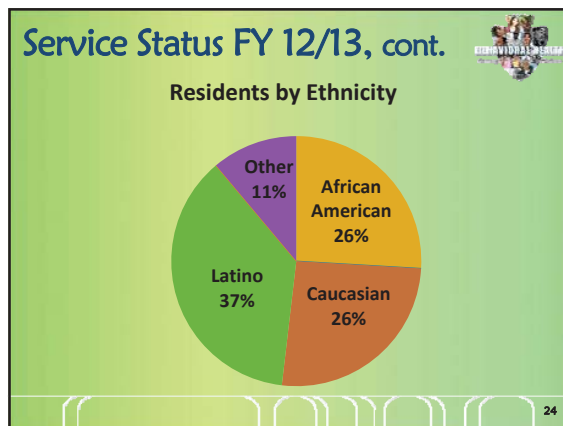
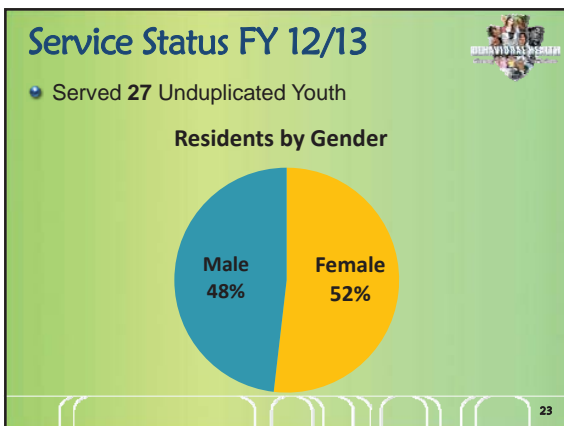
- Wellness Action Recovery Plan (WRAP)
- Seeking Safety
- Aggression Replacement Therapy
- MIMS (My Identity, My Self)

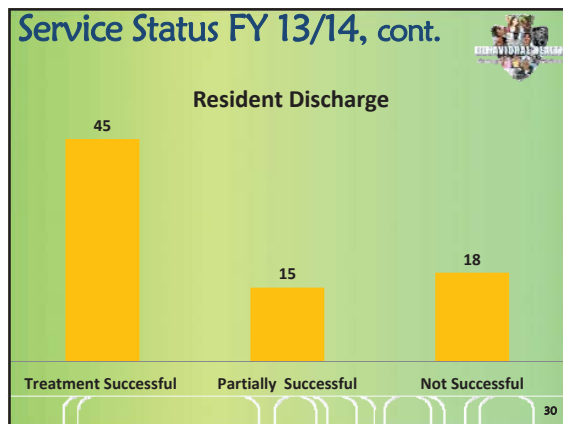
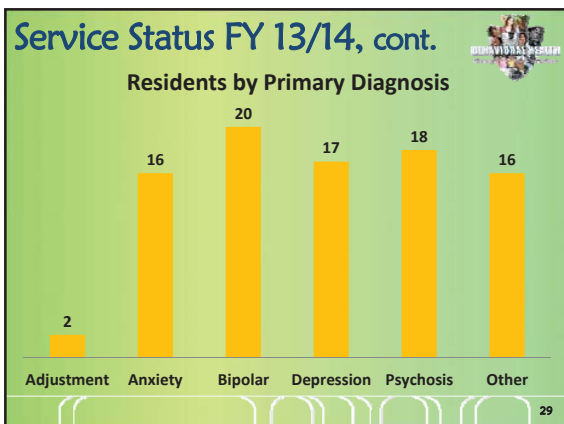
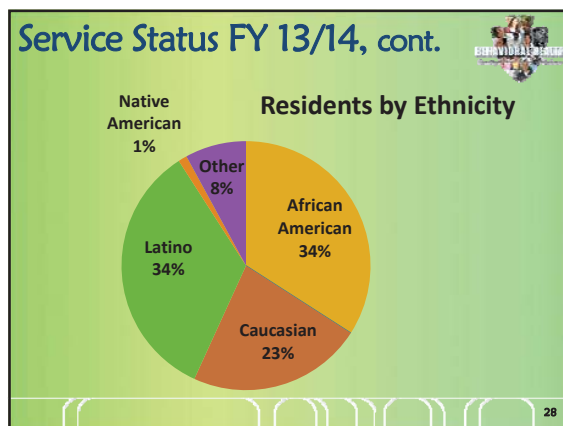
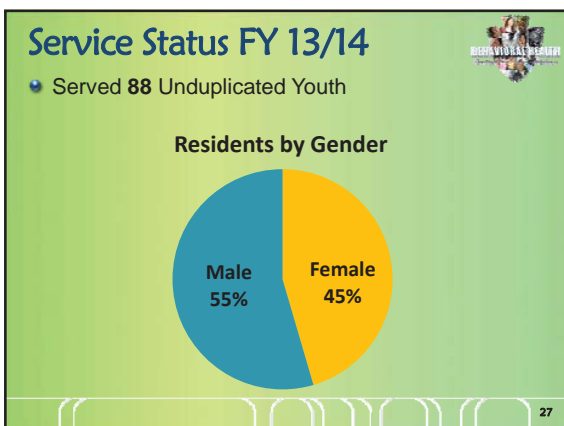
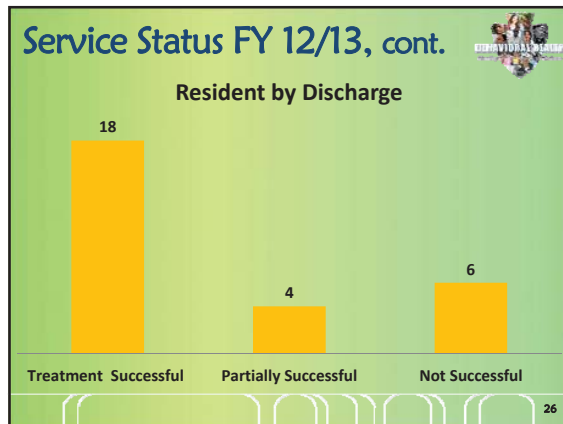
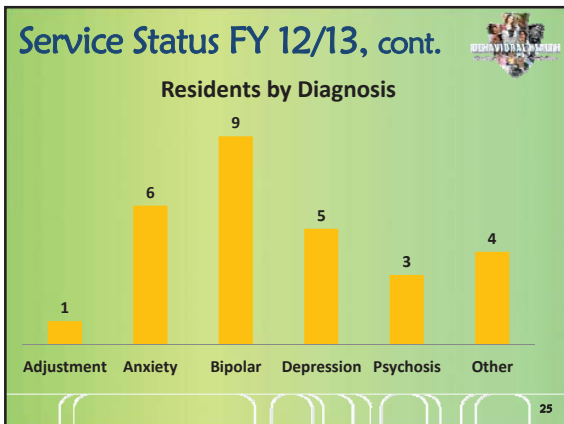
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## Working towards the MHSAs legislative primary purpose:

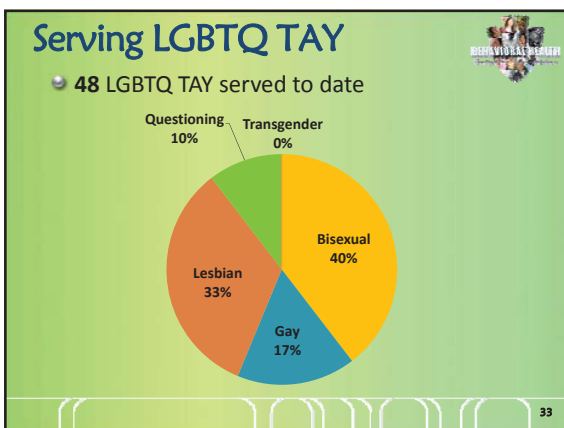
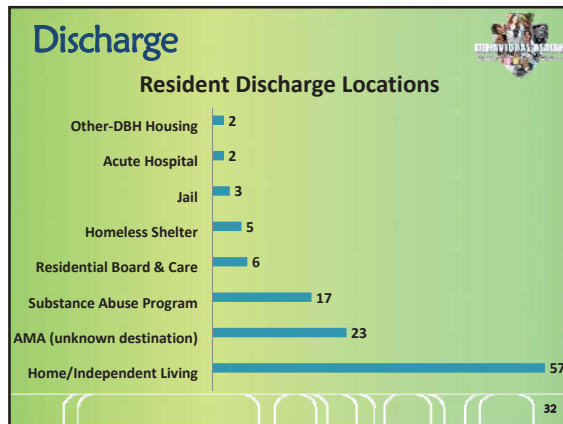
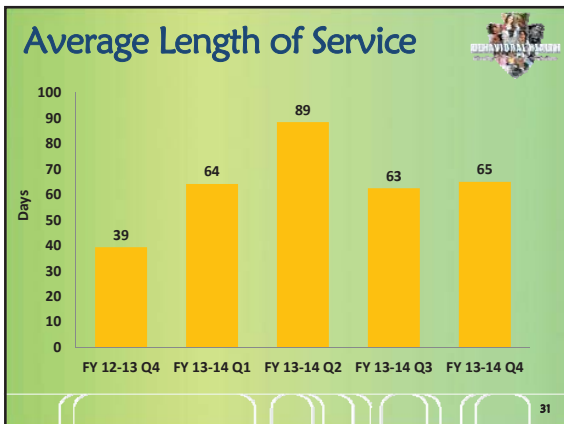
### Increase Access for Underserved Groups

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### From STAY to TAY

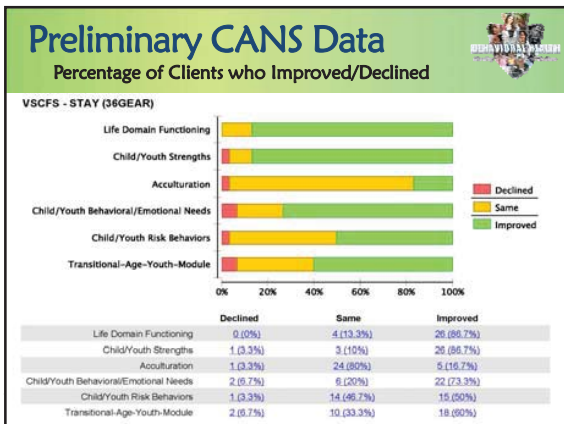
- Clinic Supervisor weekly meetings
- STAY residents attend TAY Drop-in Groups
- Immediate referrals to AOD services
- Activities and events
- Full Service Partnerships

### Preliminary Outcomes and Evaluation

- SIMON utilized to track participant demographics and service delivery
- Use of the CANS to track youth progress
- Evalcorp logic model and survey tools
- Residents surveys
- Staff Training Evaluations

### Preliminary Outcomes and Evaluation, cont.

- The project will be evaluated by the collection of data on the following items:
  - The number of TAY diverted from Hospitalization as a result of this project.
  - Proof of how and when the Board and Care providers were notified of the STAY.
  - A list of the referring agencies and number of individuals who were referred. If the referring agencies are using the described protocol for TAY referrals. If there are any issues or problems, how are they being addressed.
  - The team strategies that have been found to be effective.
  - In what ways is the project making a difference for the community?
  - Did the program strategy and supporting services improve the TAY's transition back into the community following treatment?
- Evaluation is on-going, as the project has not yet been completed.



- ### Preliminary Lessons Learned
- Shared Vision between County and Contract agency is KEY
  - Residents average length of stay has been over 30 days, initially assumed clients would not stay longer than 30 days
  - Limited housing for TAY population
  - Working with co-located TAY center to transition residents has been beneficial to ensure discharging residents have access to resources after their stay.
  - Community communication and linkage is KEY in planning youths access to and discharge from the STAY

- ### Sustainability
- INN funding due to conclude March 2017
  - Seek funding for non Medi-cal reimbursable services

- ### Next Steps
- Continue to evaluate project
  - Begin sustainability discussions

## Questions....

Susanne Kulesa 909-252-4068  
[skulesa@dbh.sbcounty.gov](mailto:skulesa@dbh.sbcounty.gov)  
 Andre Bossieux 909-387-7212  
[abossieux@dbh.sbcounty.gov](mailto:abossieux@dbh.sbcounty.gov)

Your voice is important!  
Join us at the next  
**Community Policy Advisory  
Committee (CPAC) Meeting**

Attend the next CPAC meeting and learn about the successes experienced by Transitional Age Youth at *The STAY* and provide input on the continuation of this time-limited project.

A special presentation on:



A Youth Hostel for Transitional Age Youth in Crisis

*Meeting Objectives include:*

- Presentation of the knowledge gained and accomplishments of The Stay
- Receive community input
- Discuss the future of the project

**Don't miss getting the latest updates on this Innovation project!**

**August 18, 2016**  
9:00 - 11:00 a.m.  
County of San Bernardino Health Services Building,  
Auditorium  
850 East Foothill Blvd.  
Rialto, CA 92376

For additional information or to request disability-related accommodations, please contact Cheryl McAdam at (800) 722-9866 or 7-1-1 for TTY users. [mhsa@dbh.sbcounty.gov](mailto:mhsa@dbh.sbcounty.gov). Spanish interpretation services will be provided.



# ¡Su voz es importante!

## Acompáñenos en el siguiente

# Comité Asesor de Políticas Comunitarias

(CPAC, por sus siglas en inglés)

Asista la próxima reunión de CPAC acerca de los éxitos logrados por los jóvenes en edad de transición (TAY, por sus siglas en inglés) del hostel para la salud mental de TAY y de su opinión sobre la continuación de este proyecto limitado.

Presentación especial:

The logo for 'The STAY' project. The word 'The' is in a yellow, rounded font. 'STAY' is in a blue, bold, sans-serif font. The 'S' is green and the 'A' is red.

Un hostel para jóvenes en edad de transición en crisis.

*Los objetivos incluyen:*

- Presentación de conocimientos adquiridos y logros *de The STAY*
- Recibir sus comentarios
- Discutir el futuro del proyecto

¡Aproveche para disfrutar de las noticias más recientes de este proyecto de Innovación!

**18 de agosto de 2016**

**9:00 - 11:00 a.m.**

**Servicios de Salud del Condado de San Bernardino,**

**Auditorio**

**850 East Foothill Blvd.**

**Rialto, CA 92376**

Si usted requiere adaptaciones de acuerdo a ADA (Interpretes ASL, dispositivos de comunicación u otros servicios de interpretación), por favor comuníquese con Cheryl McAdam al (800) 722-9866 o marque 7-1-1 para los usuarios de TTY, [mhsa@dbh.sbcounty.gov](mailto:mhsa@dbh.sbcounty.gov)

Se proporcionarán servicios de interpretación al español.



Behavioral Health

[www.SBCounty.gov](http://www.SBCounty.gov)





**Department of Behavioral Health  
Community Policy Advisory Committee  
MHSA Innovation**

**Demographic Information:**

**What is your age?**

- 0-15 yrs       16-25 yrs       26-59 yrs       60 + yrs       Female

**What is your gender?**

- Male       Other: \_\_\_\_\_

**What region do you live in?**

- Central Valley Region     Desert/Mountain Region     East Valley Region     West Valley Region

**What group(s) do you represent?**

- |  |  |
|--|--|
| <input type="checkbox"/> Family member of consumer             | <input type="checkbox"/> Social Services Agency                    |
| <input type="checkbox"/> Consumer of Mental Health Services    | <input type="checkbox"/> Health Care Provider                      |
| <input type="checkbox"/> Consumer of Alcohol and Drug Services | <input type="checkbox"/> Community Member                          |
| <input type="checkbox"/> Law Enforcement                       | <input type="checkbox"/> Active Military                           |
| <input type="checkbox"/> Education                             | <input type="checkbox"/> Veteran                                   |
| <input type="checkbox"/> Community Agency                      | <input type="checkbox"/> Representative from Veterans Organization |
| <input type="checkbox"/> Faith Community                       | <input type="checkbox"/> Provider of Mental Health Services        |
| <input type="checkbox"/> County Staff                          | <input type="checkbox"/> Provider of Alcohol and Drug Services     |

**What is your Ethnicity?**

- |  |  |
|--|--|
| <input type="checkbox"/> African American/Black          | <input type="checkbox"/> Caucasian/White |
| <input type="checkbox"/> American Indian/Native American | <input type="checkbox"/> Latino/Hispanic |
| <input type="checkbox"/> Asian/Pacific Islander          | <input type="checkbox"/> Other: _____    |

**What is your primary language?**

- English     Spanish     Vietnamese     Other: \_\_\_\_\_

**How did you hear about this meeting?**

- Web Blast     E-mail     Co-worker     Community Partner  
 Other \_\_\_\_\_

**Who is one person that you will share what you learned at this meeting?**

- Family                       Co-worker  
 Friend                       Other \_\_\_\_\_



**Department of Behavioral Health  
Community Policy Advisory Committee  
MHSA Innovation**


1. What stood out to you as the significant factors of TAY specific needs and strengths? How would these factors relate to programming?

- 2) Does the improvement of STAY consumers align with their areas of need?



**Department of Behavioral Health  
Community Policy Advisory Committee  
MHA Innovation**


- 3) What were the most effective elements of The STAY? Where else could these elements be applied in the DBH system of care?



Behavioral Health  
Office of Program Planning and Development

**The STAY Sustainability**

Mental Health Services Act  
Innovation Project



Supriya Barrows, Program Manager I  
André Bossieux, Program Manager II  
Joshua Morgan, Chief of Behavioral Health Informatics  
August 18, 2016

[www.SBCounty.gov](http://www.SBCounty.gov)

Contact Page 2

**For additional help in accessing Behavioral Health Services please call the DBH Access Unit at:**

**(909) 386-8256**  
**Toll Free 1 (800) 743-1478**  
**or 7-1-1 for TTY users.**



Behavioral Health [www.SBCounty.gov](http://www.SBCounty.gov)

Questions Page 3

**For questions or comments, please contact:**

**Michelle Dusick**  
**MHSA Administrative Manager**  
[MHSA@dbh.sbcounty.gov](mailto:MHSA@dbh.sbcounty.gov)  
**(909) 252-4017**




Behavioral Health [www.SBCounty.gov](http://www.SBCounty.gov)

Concerns Page 4

**To report any concerns related to MHSA Community Program Planning, please refer to the MHSA Issue Resolution Process located at:**


<http://www.sbcounty.gov/dbh/SPM/ManualDocs/COM0947.pdf>



Behavioral Health [www.SBCounty.gov](http://www.SBCounty.gov)

Mental Health Services Act Page 5

- The Mental Health Services Act (MHSA), Prop 63, was passed by California voters in November 2004 and went into effect in January 2005.
- The MHSA provides increased funding for mental health programs across the state.
- The MHSA is funded by a 1% tax surcharge on personal income over \$1 million per year.
- As these taxes are paid, fluctuations impact fiscal projections and available funding.




Behavioral Health [www.SBCounty.gov](http://www.SBCounty.gov)

Purpose of MHSA Page 6

**Per the California Department of Mental Health Vision Statement and Guiding Principles (2005)**

*To create a culturally competent system that promotes recovery/wellness for adults and older adults with severe mental illness and resiliency for children with serious emotional disorders and their families.*



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Components of MSHA Page 7


- Community Services and Supports (CSS)
- Prevention and Early Intervention (PEI)
- **Innovation (INN)**
- Workforce Education and Training (WET)
- Capital Facilities and Technological Needs (CFTN)
- Community Program Planning (CPP)

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Purpose of the Innovation Component Page 8

Address one of the following learning purposes as its primary purpose:

- To increase access to underserved groups.
- To increase the quality of services, including better outcomes.
- To promote interagency collaboration.
- To increase access to services.

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Goals of Innovation Component, cont'd Page 9

Support innovative approaches by doing at least one of the following:

- Introducing new mental health practices or approaches, including, but not limited to, prevention and early intervention.
- Making a change to an existing mental health practice or approach, including, but not limited to, adaptation for a new setting or community.
- Introducing a new application to the mental health system of a promising community-driven practice or an approach that has been successful in non-mental health contexts or settings.

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Innovation Legislative Requirements Page 10  
WIC § 5830, Part 3.2


- An Innovation project is defined as one that contributes to learning rather than a primary focus on providing a service.
- County mental health programs shall expend funds for their innovation projects upon approval by the Mental Health Services Oversight and Accountability Commission (MHSOAC).


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Innovation Legislative Requirements Page 11

**Time-limited Pilot Project**

- Maximum of five (5) years from the start date of the project.
- Successful parts of the project may continue under a different funding source or be incorporated into existing services.
- Projects may be terminated prior to planned end date.




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Community Program Planning Page 12

**WIC § 5848** states that counties shall demonstrate a partnership with constituents and stakeholders throughout the process that includes meaningful stakeholder involvement on:

- Mental Health Policy.
- Program Planning.
- Implementation.
- Monitoring.
- Quality Improvement.
- Evaluation.
- Budget Allocations.

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### Community Program Planning

Page 13

#### The community voiced...

- Transitional Age Youth (TAY), ages 16-25, in the system were more vulnerable and at greater risk for law enforcement involvement, homelessness, hospitalization, sexual exploitation, and violence.
- The "basic needs" of TAY needed to be met in order to effectively provide mental health services.
- TAY in crisis experience anxiety with regards to: access to opportunities, sexual and gender identity, cultural identity, and addiction.
- The STAY Video**



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### What's Research Say about TAY?

Page 14

- Brain research has shown differences in brain structure development and functioning between Transitional Aged Youth (TAY), ages 16-25, and adults, ages 26 and up.
- There is a biological explanation to the emotional, behavioral, and mental difference TAY experience:
  - The human brain does not fully mature until the early 20s.
  - The last connections to be fully established in the human brain relate to decision-making, problem-solving, and control of purposeful behaviors, emotions, and drive.

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### What about in DBH?

Page 15

- Data can help confirm what we clinically know is different between TAY and adults, especially for our local youth
- The Adult Needs and Strengths (ANSA) are used to assess many parts of a consumer's life, particularly needs and strengths
- The following slides highlight differences between TAY and adults
  - Shows developmentally different needs and strengths that require appropriate treatment
  - Percentages represent consumers with needs in specific areas:
    - Higher percentages in NEEDS items = more needs
    - Higher percentages in STRENGTHS items = increased strength building needed

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### ANSA Differences at Intake: Needs Items

Page 16

More TAY consumers had needs in the following areas:

Domain	TAY FSPs	Adult FSPs
Family Life Domain (35 point difference)	86%	51%
Social Functioning (29 point difference)	83%	54%
Recreational (26 point difference)	76%	50%
Employment Functioning (31 point difference)	87%	56%

Source: Objective Arts ANSA Outcome Snapshot

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### ANSA Differences at Intake: Needs Items

Page 17

More TAY consumers had needs in the following areas:

Domain	TAY FSPs	Adult FSPs
Sleep (28 point difference)	69%	41%
Independent Living Skills (29 point difference)	63%	35%
Residential Stability (15 point difference)	46%	31%
Self-Care (23 point difference)	46%	23%

Source: Objective Arts ANSA Outcome Snapshot

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### ANSA Differences at Intake: Needs Items

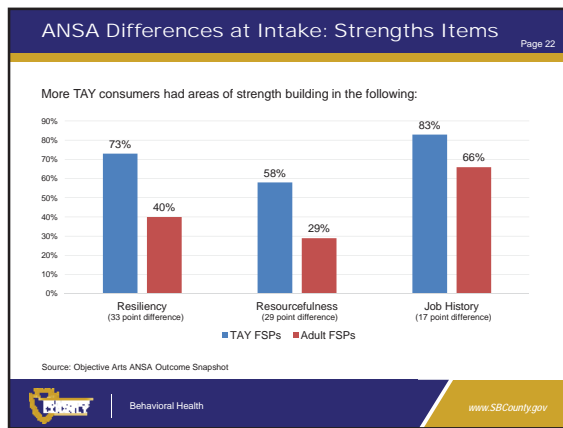
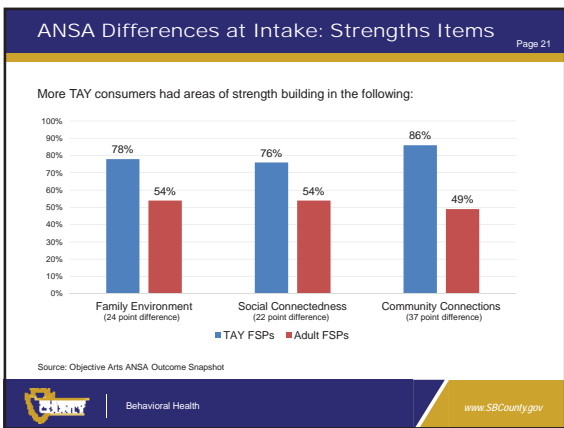
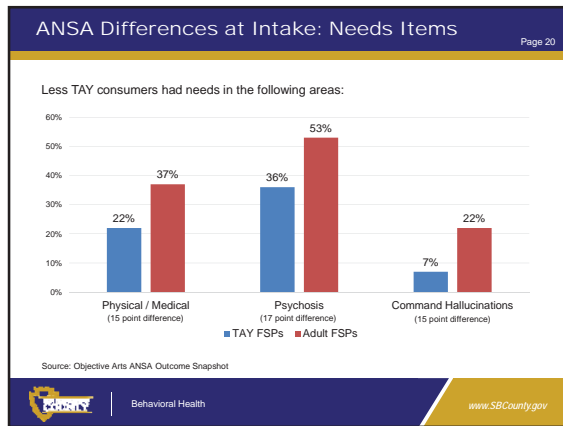
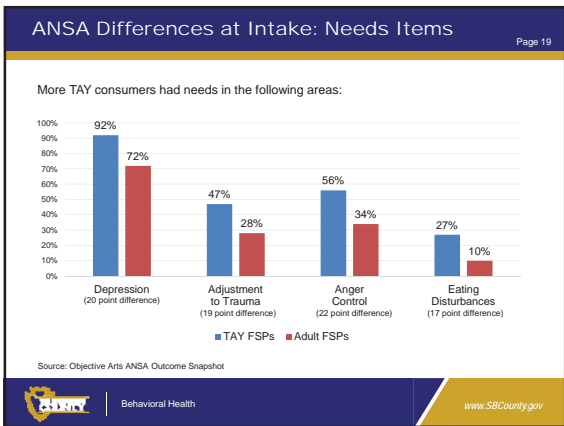
Page 18

More TAY consumers had needs in the following areas:

Domain	TAY FSPs	Adult FSPs
Decision-Making/Judgement (27 point difference)	75%	48%
Intimate Relationships (30 point difference)	59%	29%
Educational Attainment (56 point difference)	61%	5%
Impulse Control (19 point difference)	61%	42%

Source: Objective Arts ANSA Outcome Snapshot

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### Community Program Planning cont'd...

Page 23

**The community voiced...**

- TAY need support as they navigate and transition into adulthood.
- Services for TAY need to include peers who have an active voice and leadership role in all aspects of service planning and delivery.
- The "basic needs" of Transitional Aged Youth (TAY) needed to be met in order to effectively provide collaborative mental health services.

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### Table Discussion


Page 24

**What stood out to you as the significant factors of TAY specific needs and strengths?**  
**How would these factors relate to programming?**


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TAY Behavioral Health Youth Hostel (The STAY) Project Page 25

Transitional Aged Youth Behavioral Health Hostel:




**The STAY**

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The STAY Innovation Projects Page 26

**Some key points for discussion today include:**


- What worked and didn't work in The STAY project?
- What learning can be applied within the rest of the DBH system?
- The future sustainability of The STAY project after the Innovation project is over.

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TAY Behavioral Health Youth Hostel (The STAY) Project Page 27

The primary purpose of The STAY and the reason it was created and funded as an Innovation project was to:

- Explore and test the implementation of residential services for youth who are at risk of danger to self and/or others, and who need a higher level of care than board and care residential, but a lower level of care than psychiatric hospitalization.
- Identify a peer designed/supported culturally and linguistically competent model of residential services including but not limited to housing, mentorship activities, life skills coaching, peer support networks, coping techniques, and community resource linkages.
- The innovative approaches should empower and support culturally and linguistically diverse TAY in the process of stabilization and transition to adulthood.

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The STAY Project Learning Goals Page 28

**The STAY Learning Goals from the Approved Innovation Plan discussed today:**

1. To learn about and evaluate the effectiveness of having a TAY Behavioral Health Hostel run primarily by diverse peers.
2. To learn if the innovative application of culturally specific crisis stabilization services is an effective model.
3. Evaluate if these new approaches, in addition to the Peer Advisory Board leads to increased access to services and better outcomes with regards to crisis stabilization.

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The STAY Innovation Page 29

**What makes The STAY innovative?**



**Transitional Aged Youth Specific**

- The STAY is a Crisis Residential Treatment Center that treats Transitional Aged Youth (Ages 18-25) only.
- Treatment geared toward TAY specifically.

**Peer Run Treatment Center**

- The STAY provides a peer supported, culturally and linguistically appropriate environment.
- STAY residents collaborate with staff to determine the programs and meetings that will be scheduled for wellness and resiliency. These meetings include:
  - Cool Your Temp
  - Wellness and Exercise
  - Meditation
  - LGBTQ
  - Independent Living
  - Seeking Safety



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The STAY Innovation cont'd Page 30

**What makes The STAY innovative?**



**The STAY Design**

- The STAY is a Crisis Residential facility that operates similar to a Youth Hostel.
- The Hostel framework helps build character and aid the youth in obtaining appropriate skills needed for life, interpersonal communication skills, and development of wellness and resiliency.

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The STAY Innovation cont'd Page 31

**What makes The STAY innovative?**



**Lesbian, Gay, Bisexual, Transgender, Queer/Questioning Safe Zone**

- The STAY Hostel operates under an inclusive environment, welcoming youth from diverse backgrounds and cultures.

**Multidisciplinary Treatment Design**

- The STAY services includes input from psychiatric, nursing, social services, vocational, and recreational activity disciplines.



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The STAY Overview Page 32

**Project Overview:**

- Valley Star Behavioral Health, Inc., is contracted as the service provider.
- The STAY facility opened on March 21, 2013.
- The STAY is a short-term, 14 bed Crisis Residential Treatment (CRT) center located in the heart of San Bernardino County.
  - Open 24 hours a day, 365 days a year.
  - Treatment at The STAY can last up to 90 days based on need.

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The STAY Overview cont'd Page 33

**Target Population:**

- Diverse TAY ages 18-25 in mental health crisis
- TAY at risk of experiencing an acute psychiatric episode or crisis
- Not currently violent
- Not sex offenders
- TAY appropriate for shared living environment
- TAY who are willing to actively participate in developing their own plans for recovery
- Priority given to at-risk, system involved youth (history of foster and/or justice system)
- LGBTQ

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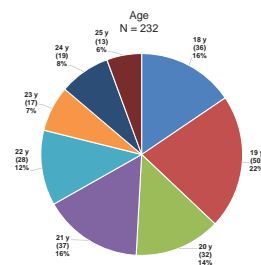
The STAY Overview cont'd Page 34

Valley Star has developed a psychiatric rehabilitation program for the STAY that is comprehensive multidisciplinary/interdisciplinary program designed to meet one or both of the following objectives:

- Improve residents' adaptive functioning through their acquisition of skills essential for successful independent or semi-independent living in the community.
- Prevent residents' regression to lower level of functioning through their acquisition of skills essential for not returning to a higher level of care (Acute or State Hospitalization).

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The STAY Consumers: Age Page 35

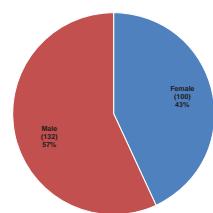


Age	Count	Percentage
18 y	38	16%
19 y	53	22%
20 y	31	14%
21 y	43	16%
22 y	26	12%
23 y	13	7%
24 y	21	8%
25 y	14	6%

232 consumers have received services. Some had more than one case opened.  
 • 52% of the consumers fall within the 18-20 age range.

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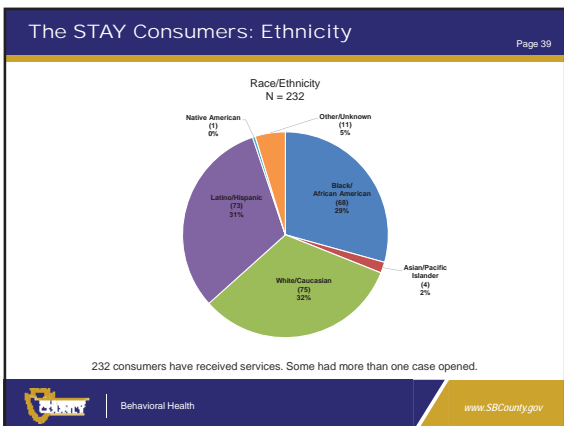
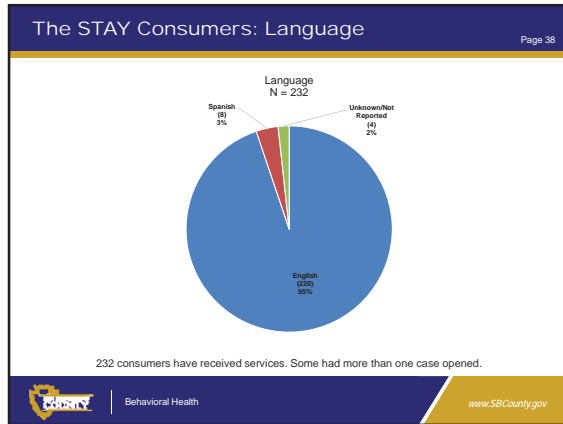
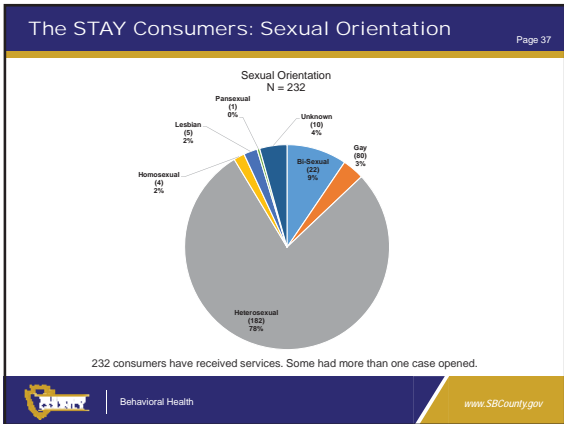
The STAY Consumers: Gender Page 36



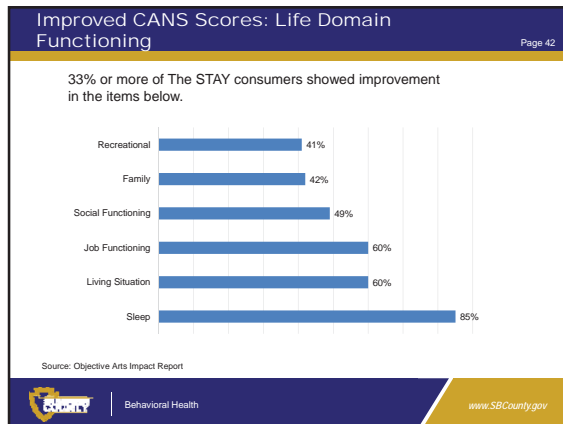
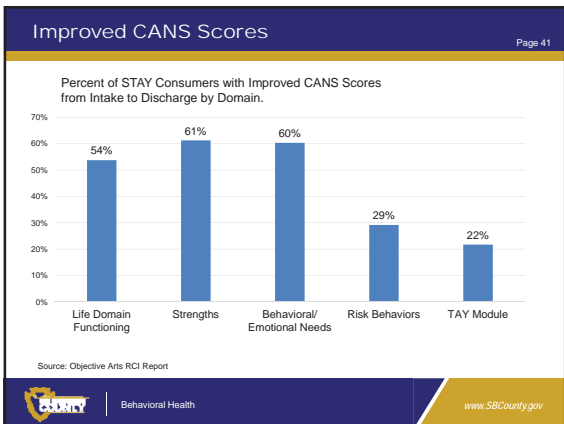
Gender	Count	Percentage
Male	132	57%
Female	100	43%

232 consumers have received services. Some had more than one case opened.

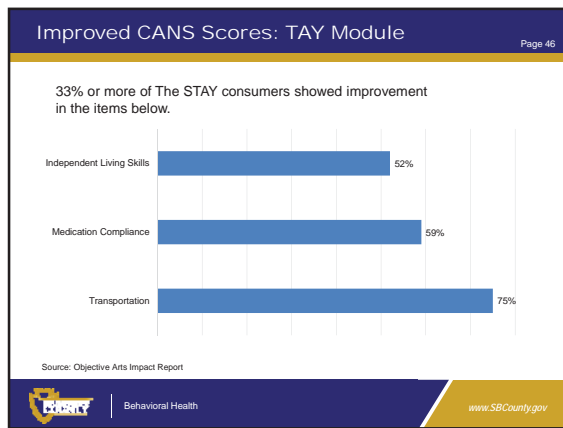
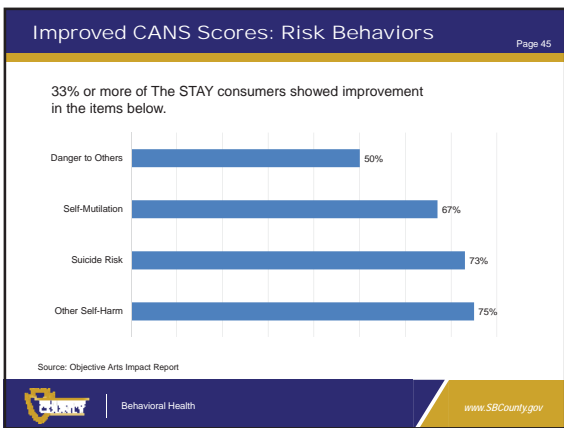
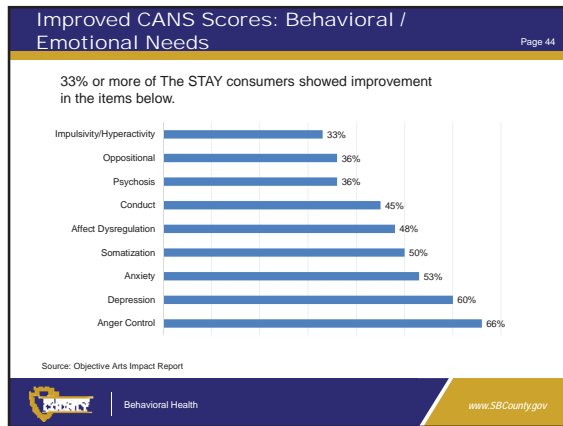
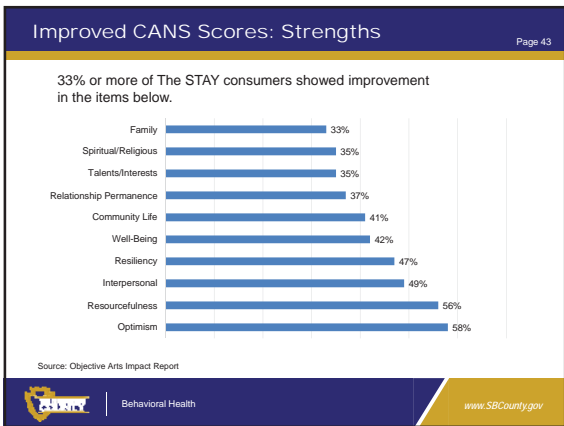
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- ### The STAY Impact and Outcomes
- Page 40
- The Children and Adolescent Needs and Strengths (CANS) is used to assess many parts of a consumer's life, particularly needs and strengths.
  - The CANS is administered to STAY consumers at intake and at discharge.
  - Consumer progress:
    - Compared intake scores to discharge scores
    - Results show the percent of clients with improved scores in the following CANS domains
      - Life Domain Functioning
      - Strengths
      - Behavioral/Emotional Needs
      - Risk Behaviors
      - TAY Module
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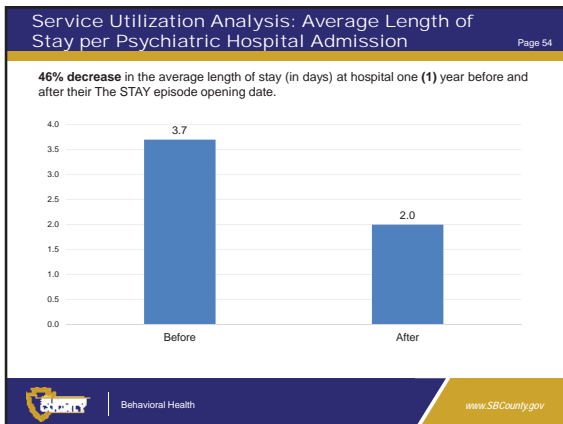
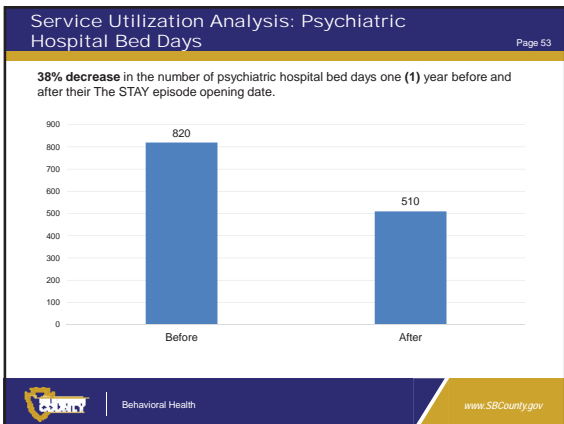
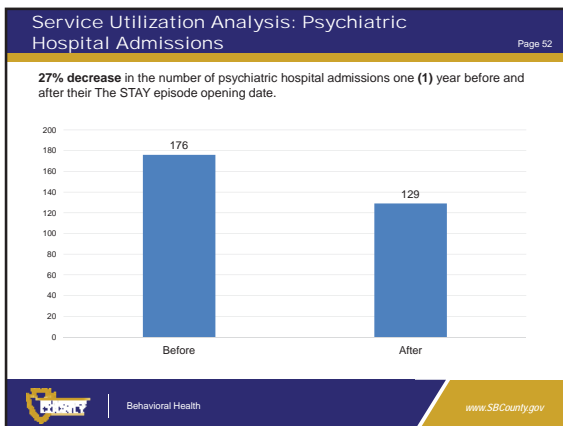
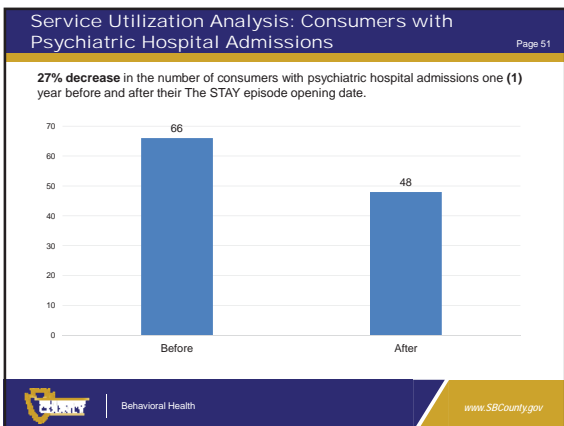
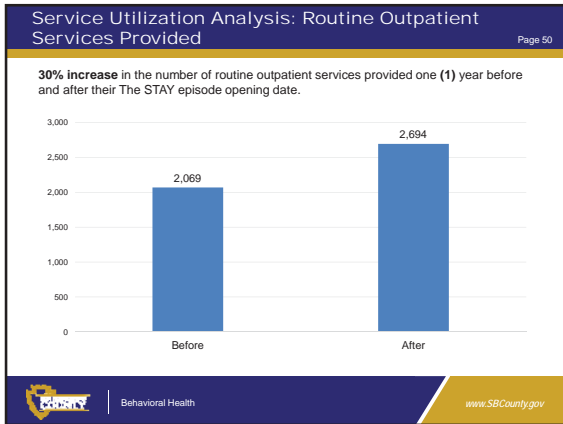
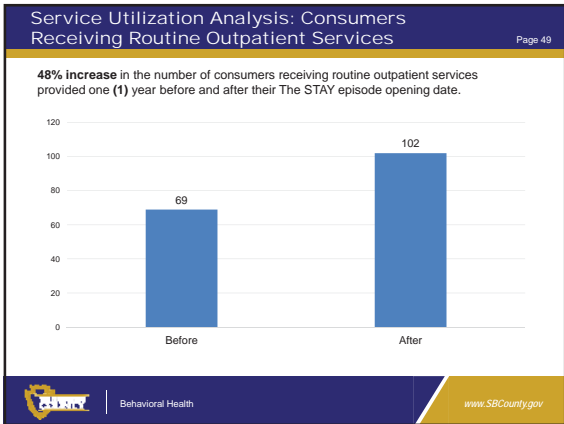
### Table Discussion

Page 47

Does the improvement of STAY consumers align with their areas of need?

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- ### The STAY Impact and Outcomes
- Page 48
- Another goal of The STAY is to support consumers to access the appropriate level of care after a STAY encounter.
  - Service utilization (1) year before and (1) year after The STAY episode opening date
    - Analysis includes 159 consumers
    - Services analyzed include:
      - Routine outpatient services.
      - Psychiatric hospital admissions.
      - Psychiatric hospital bed days.
      - Average length of stay at hospital.
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**The STAY Impact and Outcomes** Page 55

- The STAY interventions have resulted in decreased number of:
  - Hospital admissions.
  - Hospital bed days.
  - Average length of stay at the hospital.
- The STAY is frequently an alternative to psychiatric hospitalization. When hospitalization is needed, The STAY can be an appropriate after care treatment to help with stabilization.
- Hospital diversions = cost savings and access to appropriate levels of care that best supported TAY treatment needs.

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**Avoided Hospitalizations and Cost Effectiveness** Page 56

- Overall, The STAY estimates a cost savings of over **\$2.8 million** in avoided hospitalization costs.
- This is likely an underestimate of long-term costs (2-10 years) as a result of The STAY.
- Avoiding hospitalizations means:
  - Hospital beds open for others needing emergency services.
  - The STAY provided a very relevant and necessary level of care, as included in the Medi-Cal Specialty Mental Health benefits.
  - The STAY provided an environment of care that was comfortable and accessible to TAY.
- The benefits of The STAY are more than cost savings or avoided hospitalization. Newly admitted residents answer the question: "Where would I be without The STAY?"

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**Where would I be without The STAY?** Page 57

Category	Percentage
Admission to Psych Hospital	77%
Homeless	73%
Drug Use	65%
Suicide Attempt	34%
Involvement with CWIC	32%
Self-Injurious Behaviors	16%
Criminal Activity to Support Lifestyle	15%
Incarceration	10%
Prostitution	8%
Gang Activity	6%
Living with Family	2%
Enroll at Dual Diagnosis Program	2%
Independent Living	0%
SB County Housing	0%

Source: New STAY Admissions As Of January 18, 2016

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**The STAY Transforming Lives** Page 58

A few examples of success stories include...

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**The STAY Transforming Lives** Page 59

"I was having a very hard time with my anger problems and depression, they started to take a toll on me a lot more after my father passed away. I came to the STAY and didn't think it was going to help at all, 1 week into the program I started to notice what triggered me and made me mad. I've been here 1 month now and I'm a totally new person everyone one can see it but most importantly I feel like a new person. All I can say is this place helped me so much and gave me so many skills and coping skills if you're having trouble with anything in life then give it a shot this place changed my life."

– STAY Consumer

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**The STAY Transforming Lives** Page 60

"Before I came to "The Stay" I was going through a really hard time. "The Stay" staff has helped me a lot with medication, finding a good place to be, being there for me when I needed someone to talk to in my most confusing and difficult times."

– STAY Consumer

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The STAY Transforming Lives Page 61

"The STAY has helped me overcome many obstacles in my life. They helped me get my Passport, and a phone; both of which I could not have done without their help. I have also learned many coping skills by going to therapy to help me control my emotions. When I first came in, I was very anxious and had many problems. The staff helped me control my anxiety and fix some of my personal problems. My Stay here has helped me get on the right track for a better life. I have learned a lot from my peers and mentors, and I plan on using the skills I have picked up here in order to live a better life. One of the most important lessons I have learned here is that you can only help yourself."  
— STAY Consumer




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Table Discussion Page 62

**What were the most effective elements of The STAY?  
Where else could these elements be applied in the DBH system of care?**



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Closing Page 63

**Thank you for your thoughtful participation!**

**Your feedback is important to us.**

**Please ensure that you have completed your comment forms.**

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Behavioral Health



**Join us at the July  
Community Policy Advisory Committee  
(CPAC) meeting for  
a special presentation on**

**The STAY™**

**a behavioral health hostel for  
Transitional Age Youth (TAY) in crisis.**

**We will share updates and outcomes regarding  
*The STAY*, a Mental Health Services Act (MHSA)  
funded Innovation Project**

**July 20, 2017**

**9:00 - 11:00 a.m.**

**County of San Bernardino Health Services Building,  
Auditorium  
850 East Foothill Blvd., Rialto**

*Light refreshments will be provided.*

For additional information, language services or to request disability-related accommodations,  
please call (800) 722-9866 or email [mhsa@dbh.sbcounty.gov](mailto:mhsa@dbh.sbcounty.gov).  
(Dial 7-1-1 for TTY users)





Behavioral Health



# Acompáñenos en la reunión del Comité Asesor de Políticas Comunitarias

(CPAC, por sus siglas en inglés).

durante el mes de julio para  
una presentación especial sobre

## The STAY™

Un hostel para jóvenes en edad de transición en crisis.

Compartiremos los resultados del Hostel Para Jóvenes en Edad de Transición conocido como The STAY, un proyecto de Innovación fundado por la Ley de Servicios de Salud Mental (MHSA, por sus siglas en inglés).

**20 de Julio de 2017**


9:00 - 11:00 a.m.

Edificio de Servicios de Salud del Condado de San Bernardino,  
Auditorio

850 East Foothill Blvd., Rialto

*Se distribuirá un refrigerio ligero.*


Para obtener información adicional, servicios de idiomas o adaptaciones por discapacidad, por favor, comuníquese al (800) 722-9866, [mhsa@dbh.sbcounty.gov](mailto:mhsa@dbh.sbcounty.gov) o marque 7-1-1 para los usuarios de TTY.



Behavioral Health  
Office of Program Planning and Development

### The STAY Final Report

Mental Health Services Act  
Innovation Project




Karen Cervantes, Program Manager I  
André Bossieux, Program Manager II  
Landon Sharp, Clinical Director, The STAY  
Jessica Headley-Ternes, Health Data Analyst II  
July 20, 2017

www.SBCounty.gov

### Mental Health Services Act

Page 2

- The Mental Health Services Act (MHSA), Prop 63, was passed by California voters in November 2004 and went into effect in January 2005.
- The MHSA provides increased funding for mental health programs across the state.
- The MHSA is funded by a 1% tax surcharge on personal income over \$1 million per year.
- Fluctuations in tax payments impact fiscal projections and available funding.



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### Purpose of MHSA

Page 3

**Per the California Department of Mental Health Vision Statement and Guiding Principles (2005)**

*To create a culturally competent system that promotes recovery/wellness for adults and older adults with severe mental illness and resiliency for children with serious emotional disorders and their families.*




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### Components of MHSA

Page 4

- Community Services and Supports (CSS)
- Prevention and Early Intervention (PEI)
- **Innovation (INN)**
- Workforce Education and Training (WET)
- Capital Facilities and Technological Needs (CFTN)
- Community Program Planning (CPP)



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### Purpose of the Innovation Component

Page 5

Address one of the following **learning purposes** as its primary purpose:

- **To increase access to underserved groups.**
- To increase the quality of services, including measurable outcomes.
- To promote interagency & community collaboration.
- To increase access to services. (WIC § 5830 (b)(1)(A-D).)



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### Goals of Innovation Component

Page 6

Support innovative approaches by doing at least one of the following:

- Introduce new mental health practices or approaches, including, but not limited to, prevention and early intervention.
- **Make a change to an existing mental health practice or approach, including, but not limited to, adaptation for a new setting or community.**
- Apply to the mental health system a promising community-driven practice or an approach that has been successful in non-mental health contexts or settings. (WIC § 5830 (b)(2)(A-D).)




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Innovation Legislative Requirements Page 7


- An Innovation project is defined as one that contributes to learning rather than a primary focus on providing a service.
- County mental health programs shall expend funds for their innovation projects upon approval by the Mental Health Services Oversight and Accountability Commission (MHSOAC). (WIC § 5830(e)).


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Innovation Legislative Requirements Page 8

**Time-limited Pilot Project**

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- Projects may be terminated prior to planned end date. (9 CCR § 3910.10)




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Community Program Planning Page 9

**WIC § 5848 (a)** states that counties shall demonstrate a partnership with constituents and stakeholders throughout the process that includes meaningful stakeholder involvement on:


▪ Mental Health Policy	▪ Quality Improvement
▪ Program Planning	▪ Evaluation
▪ Implementation	▪ Budget Allocations
▪ Monitoring	

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TAY Behavioral Health Youth Hostel (The STAY) Project Page 10

The primary purpose of The STAY as an Innovation project was to:


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- Identify a peer designed/supported culturally and linguistically competent model of residential services including but not limited to housing, mentorship activities, life skills coaching, peer support networks, coping techniques, and community resource linkages.
- Utilize innovative approaches to empower and support culturally and linguistically diverse TAY in the process of stabilization and transition to adulthood.

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The STAY Project Learning Goals Page 11


**The STAY Learning Goals:**

- Increase access to mental health services to underserved group.
- Increase access to services.
- Increase the quality of services, including better outcomes.
- Reduce frequency of Emergency Department (ED) visits and unnecessary hospitalizations.

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What's Research Say about TAY? Page 12

- Brain research has shown differences in brain structure development and functioning between Transitional Aged Youth (TAY), ages 16-25, and adults, ages 26 and up.
- There is a biological explanation to the emotional, behavioral, and mental difference TAY experience:
  - The human brain does not fully mature until the early 20's.
  - The last connections to be fully established in the human brain relate to decision-making, problem-solving, and control of purposeful behaviors, emotions, and drive.

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The STAY Innovation Page 13

**What makes The STAY innovative?**

Transitional-Aged Youth Specific

- The STAY is a Crisis Residential Treatment Center that treats Transitional-Aged Youth (Ages 18-25) only.
- Treatment geared toward TAY specifically.



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The STAY Innovation Page 14

**What makes The STAY innovative?**

Peer-Run Treatment Center

- The STAY provides a peer supported, culturally and linguistically appropriate environment.
- The STAY residents collaborate with staff to determine the programs and meetings that will be scheduled for wellness and resiliency. These meetings include:
  - Cool Your Temp
  - Meditation
  - Independent Living
  - Wellness and Exercise
  - LGBTQ
  - Seeking Safety



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The STAY Innovation cont'd Page 15

**What makes The STAY innovative?**

**The STAY Design**

- The STAY is a Crisis Residential Treatment (CRT) facility that operates similar to a Youth Hostel.
- The Hostel framework helps build character and aid the youth in obtaining appropriate skills needed for life, interpersonal communication skills, and development of wellness and resiliency.



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The STAY Innovation cont'd Page 16

**What makes The STAY innovative?**

Lesbian, Gay, Bisexual, Transgender, Questioning Safe Zone

- The STAY operates under an inclusive environment, welcoming youth from diverse backgrounds and cultures.

Multidisciplinary Treatment Design

- The STAY services includes input from psychiatric, nursing, social services, vocational, and recreational activity disciplines.



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The STAY Overview Page 17

**Project Overview:**

- Valley Star Behavioral Health, Inc., is contracted as the service provider.
- The STAY facility opened on March 21, 2013.
- The STAY is a short-term, 14 bed Crisis Residential Treatment (CRT) center located in the heart of San Bernardino County.
  - Open 24 hours a day, 365 days a year.
  - Treatment at The STAY can last up to 90 days based on need.

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The STAY Overview cont'd Page 18

**Target Population:**

- Diverse TAY ages 18-25 in mental health crisis or at risk of experiencing a mental health crisis.
- TAY appropriate for shared living environment.
  - Not currently violent.
  - Not a sex offender.
- TAY who are willing to actively participate in developing their own plans for recovery.
- Priority given to at-risk, system involved youth (history of foster and/or justice system).
- LGBTQ TAY.

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The STAY Overview cont'd Page 19

Valley Star has developed a multi/inter disciplinary psychiatric rehabilitation program for The STAY that meets the following objectives:

- Improve residents' adaptive functioning through the acquisition of skills essential for successful independent or semi-independent living in the community.
- Prevent residents' regression to lower level of functioning through the acquisition of skills essential for not returning to a higher level of care (acute or state hospitalization).

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Things to keep in mind as we discuss project outcomes Page 20

**Some key points for discussion today include:**

- Learning goals and outcomes.
- What learning can be applied within the rest of the DBH system?

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The STAY Consumers: Age Page 21

**Total Consumers (N)= 280**  
 • 51% of the consumers fall within the 18-20 age range.

Age (Years)	Percentage	Count (N)
18	17%	47
19	19%	54
20	15%	40
21	14%	40
22	12%	34
23	7%	20
24	9%	26
25	7%	19

280 unduplicated consumers have received services. Some had more than one case opened.

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The STAY Consumers: Gender Page 22

**Total Consumers (N)= 280**

Gender	Percentage	Count (N)
Male	44%	122
Female	56%	158

280 unduplicated consumers have received services. Some had more than one case opened.

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The STAY Consumers: Sexual Orientation Page 23

**Total Consumers (N)= 280**

Sexual Orientation	Percentage	Count (N)
Heterosexual	30%	225
Bi-Sexual	9%	24
Gay	3%	9
Pansexual	1%	2
Lesbian	2%	10
Homosexual	1%	4
Unknown	4%	11

\*Self identified categories.

280 unduplicated consumers have received services. Some had more than one case opened.

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The STAY Consumers: Language Page 24

**Total Consumers (N)= 280**

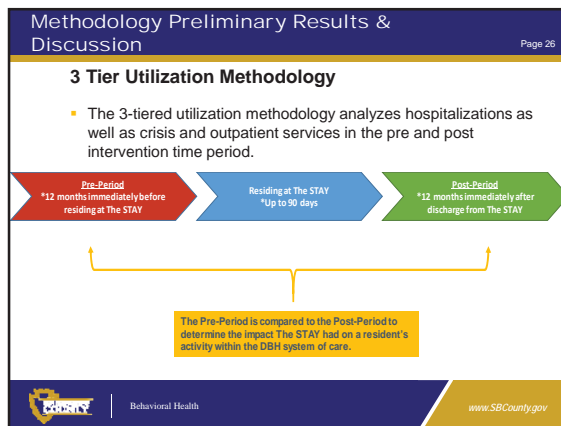
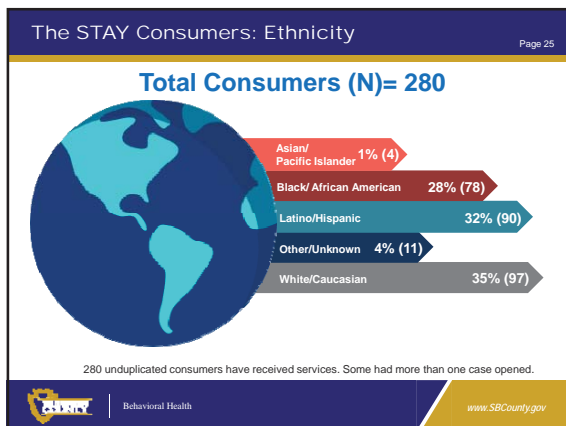
Language	Percentage	Count (N)
Thai	0%	1
Spanish	4%	11
English	94%	264
Unknown/ Not Reported	2%	4

\*Note: participants may select more than one answer.

280 unduplicated consumers have received services. Some had more than one case opened.

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3 Tier Analysis Outcomes Page 27

### Hospital Admissions

**14% decrease in Psychiatric Hospital Admissions**

- This outcome addresses Learning Goals 3, 4 & 11, which centered around:
  - If approach leads to better outcomes with regards to crisis stabilization.
  - If culturally specific crisis stabilization used by The STAY is an effective model.
  - If TAY specific crisis stabilization programming is effective in reducing the frequency of ED visits and unnecessary hospitalizations.

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3 Tier Analysis Outcomes cont'd Page 28

### Hospital Days

**25% decrease in Psychiatric Hospital Days**

- This outcome addresses Learning Goals 3 & 4, which center around:
  - If approach leads to better outcomes with regards to crisis stabilization.
  - If culturally specific crisis stabilization used by The STAY is an effective model.

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3 Tier Analysis Outcomes cont'd Page 29

### Crisis Stabilization Services

**22% decrease in Crisis Stabilization Services**

- This outcome also addresses Learning Goals 3 & 4, which center around:
  - If approach leads to better outcomes with regards to crisis stabilization.
  - If culturally specific crisis stabilization used by The STAY is an effective model.

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3 Tier Analysis Outcomes cont'd Page 30

### Routine Outpatient Services

**53% increase in Routine Outpatient Services**

- This outcome addresses Learning Goals 3 & 7, which center around:
  - If the approach leads to increased access to services.
  - Evaluate benefits of bringing multiple stakeholders together into one communal setting to establish specific support around individuals needs, and link to system of care.

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Methodology Preliminary Results & Discussion Page 31

### The Child and Adolescent Needs and Strength Assessment (CANS-SB) Methodology

- Unlike the 3 Tier Utilization Methodology that compared the time periods before and after residing at The STAY, the CANS-SB assesses the progress a resident makes while *living at The STAY*.

The CANS-SB taken at admission is compared to the CANS-SB taken at discharge to determine a resident's progress while at The STAY.

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CANS Analysis Outcomes Page 32

- The CANS assessment tool identifies the youth's challenges, needs, and strengths. The scores obtained from six (6) different life domains, or areas, at the time of admission and discharged were analyzed.
- Those domains are:
  - Life Domain Functioning.
  - Child/Youth Strengths.
  - Acculturation.
  - Child/Youth Behavioral/Emotional Needs.
  - Child/Youth Risk Behaviors.
  - Transitional-Age-Youth-Module.

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CANS Analysis Outcomes cont'd Page 33

Percentage of clients who improved/declined by San Bernardino CANS domain based on RCI.

Domain	Improved	Same	Declined
Life Domain Functioning	59 (27.7%)	119 (41.7%)	61 (20.6%)
Child/Youth Strengths	178 (57.6%)	131 (38.9%)	4 (1.4%)
Acculturation	18 (20.9%)	74 (89.7%)	0 (0%)
Child/Youth Behavioral/Emotional Needs	162 (57.7%)	110 (36.3%)	17 (5.6%)
Child/Youth Risk Behaviors	36 (34.2%)	170 (80.8%)	15 (5.3%)
Transitional-Age-Youth-Module	10 (22.2%)	35 (77.8%)	0 (0%)

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CANS Analysis Outcomes cont'd Page 34

### Life Domain Functioning

- Life Domain Functioning domain assesses different areas of social interaction in the life of a child/adolescent. This domain rates how the child/adolescent is functioning in the individual, family, peer, school, and community areas. Examples of the areas that are assessed using this domain are Social Functioning, Family, and Living Situation. Results show that **57.3% of The STAY residents showed improvement** in the areas of Life Domain Functioning, upon discharging from The STAY.

### Child/Youth Strengths

- Child/Youth Strengths focus on the child's resources and assets; areas that can help build a brighter future. Items include: Resiliency, Wellness, Optimism, Resourcefulness, etc. Results show that **62.6% of residents at The STAY showed improvement or gains** in these areas upon discharging from The STAY.

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CANS Analysis Outcomes cont'd Page 35

### Acculturation

- Acculturation is a unique domain that measures four (4) items, including Language, Identity, Ritual and Cultural Stress. The elements may impact the means by which services are provided. Most residents' score within this domain did not change and remained the same. It is worth noting that programs within DBH rarely see movement on the Acculturation domain, which merits further investigation into why this might be.

### Child/Youth Behavioral/Emotional Needs

- Child/Youth Behavioral/Emotional Needs measures items, such as Psychosis, Depression, Anxiety, Adjustment to Trauma, Anger Control, etc. Results show that **57.7% of The STAY residents showed improvement** within this domain upon discharge from The STAY.

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CANS Analysis Outcomes cont'd Page 36

### Child/Youth Risk Behaviors

- Child/Youth Risk Behaviors measures suicidal and self-injurious behaviors. Key elements include: Runaway, Delinquency, Self-Harm, etc. Results show that **34.2% of The STAY residents showed improvement** in this area upon discharge from The STAY. The majority of The STAY residents' scores within this domain stayed the same (60.5%).

### Transitional Age Youth (TAY) Module

- The TAY Module focuses on gaining adult functioning that is important to the establishment of independence and the ability for self-care. This includes items, such as Independent Living Skills, Medication Compliance and Educational Attainment. Results show that **23.5% of STAY residents showed improvement** in these areas upon discharge from The STAY. The majority of The STAY residents' scores within this domain stayed the same (73%). Within the TAY Module some of the items are unlikely to shift or improve, especially during a 90 day CRT stay.

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CANS Analysis Outcomes cont'd Page 37

- These results, particularly the high percentages of improvement for Life Functioning, Strengths and Behavioral/Emotional Needs, are one way of demonstrating the effectiveness of a TAY Behavioral Health Hostel, run primarily by diverse peers applying innovative culturally specific crisis stabilization (**Learning Goals 1 & 2**).
- The improvement in these domains also demonstrate that The STAY approach led to better outcomes overall, by showing the change before and after STAY (**Learning Goals 5 & 6**).

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CANS Analysis Outcomes cont'd Page 38

**CANS Improvement by Item**

Item	Improvement Percentage
Enhanced Social Functioning	54%
Family Relationships	44%
Community Life	37%
Relationship Permanence	39%
Grief and Loss	24%

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CANS Analysis Outcomes cont'd Page 39

- Specific items included within the different domains also demonstrate that The STAY's approach to establishing a community-driven setting lead to enhanced
  - Social Functioning (improved by **54%**)
  - Family Relationships (improved by **44%**)
  - Community Life (improved by **37%**)
  - Relationship Permanence (improved by **39%**)
- These improvements point toward the establishment of greater support networks, resources and linkages (**Learning Goal 7**).

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CANS Analysis Outcomes cont'd Page 40

- There is a specific CANS item that measures Grief & Loss, and even though only **24%** of The STAY residents saw an improvement in this area within their 90 day or less stay, over half of those who improved were identified as former system involved youth, either with probation or the foster care system (**Learning Goal 8**).

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Focus Group Outcomes Page 41

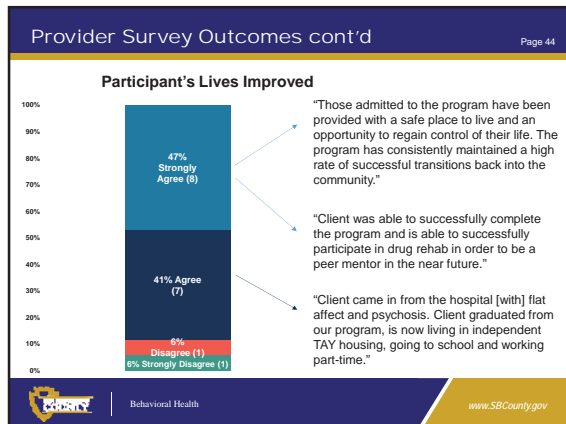
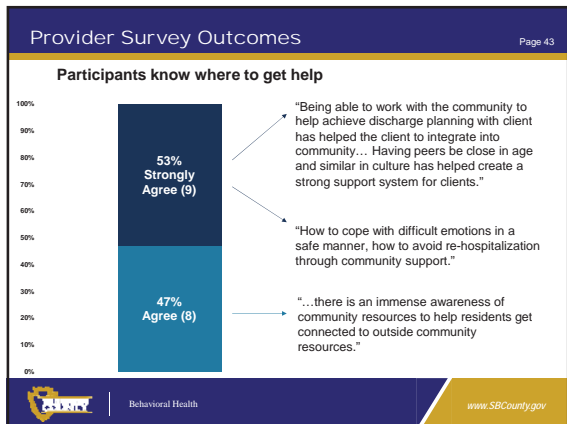
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Factors Contributing to STAY Success: Resident Feedback Page 42

**Secondary Themes:** Freedom, Comfortable Environment, Intensive Case Management, Peer support, Life Skills & Empowerment, Security, Communication Skills, Linkages to Community Services, Awareness & Regulation of Feelings, Coping Skills, TAY Specific, Understanding, Structure, Staff support, Acceptance.

**Primary Themes:** "I learned to communicate and share things that I have never talked about before in my life.", "I think the best part is that we are able to actually communicate our problems with each other, head on, but at the same time it teaches us to respect each other.", "Younger people are in a different place emotionally and mentally than people in another age group, so I think it's better to have something specific for people of a specific age group in a certain place for their well-being.", "We learn how to make our own appointments... we learn how to advocate for ourselves...", "I felt like I was understood."

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### In Their Own Words: Where Would I Be Without The STAY?

Page 46

- Former residents of The STAY reflect on their experiences...

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### The STAY Transforming Lives

Page 47

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### What we learned...

Page 48

**Acceptance**

- Client-driven treatment plans allow TAY to be involved in their care and wellbeing.
- The STAY is a SAFE place, where TAY can be themselves.
- Resident Council provides guidance into The STAY programming.

**Voluntary Short-Term Crisis Residential Treatment**

- Inpatient residential treatment services allowed TAY the time needed to internalize the skills needed to reduce hospitalizations and emergency department utilization in the future.
- Provide TAY the ability to establish appropriate care through the behavioral health system of care.

**Co-location**

- Co-location fostered collaboration between The STAY and One Stop TAY Center consumers and staff.

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Table Discussion Page 49


**Did The STAY meet its objectives and goals?**




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Table Discussion Page 50

**Are there any other underrepresented groups who can benefit from specialized services such as those provided at The STAY?**



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Moving Forward Page 51

- The STAY or Transitional-Age Youth Behavioral Health Hostel ended as an Innovation project on March 31, 2017.
- Due to the project's success since it began in July 2012, funding has been allocated under the Community Services and Supports (CSS) Component for a Transitional Age Youth Crisis Residential Treatment (TAY CRT) program utilizing the Scope of Work of this Innovation project.
- The Final Innovative Project Report for the Transitional Age Youth Behavioral Health Hostel (The STAY) is due to the Mental Health Services Oversight and Accountability Commission (MHSOAC) by September 30, 2017.


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Closing Page 52

**Thank you for your thoughtful participation!**

**Your feedback is important to us.**

**Please ensure that you have completed your comment forms.**

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Contact Page 53

**For additional help in accessing Behavioral Health Services please call the DBH Access Unit at:**


**(909) 386-8256**  
**Toll Free 1 (800) 743-1478**  
**or 7-1-1 for TTY users.**

 Behavioral Health [www.SBCounty.gov](http://www.SBCounty.gov)

Concerns Page 54

**To report any concerns related to MHSA Community Program Planning, please refer to the MHSA Issue Resolution Process located at:**

[http://wp.sbcounty.gov/dbh/wp-content/uploads/2016/06/COM0947\\_Issue-Resolution.pdf](http://wp.sbcounty.gov/dbh/wp-content/uploads/2016/06/COM0947_Issue-Resolution.pdf)

 Behavioral Health [www.SBCounty.gov](http://www.SBCounty.gov)



Questions Page 55

**For questions or comments, please  
contact:**

**Megan Daly**  
**Acting MHS Administrative Manager**  
[MHSAdbh@sbccounty.gov](mailto:MHSAdbh@sbccounty.gov)  
**(909) 252-4017**

 Behavioral Health [www.SBCounty.gov](http://www.SBCounty.gov)



## Project Learning Goals

### **Increase access to mental health services to undeserved group:**

1. Discover the benefits of having a TAY Behavioral Health Hostel run by diverse peers.
2. Learn what type of support and training is needed for peer staff to provide a culturally and linguistically appropriate peer run Behavioral Health Hostel.
3. Learn if the new approaches used at The STAY, along with a Peer Advisory Board, have helped TAY connect to crisis stabilization services and reach better outcomes.

### **Increase access to services:**

4. Learn if the using culturally specific crisis stabilization services works.

### **Increase the quality of services, including better outcomes:**

5. Learn if having a large number of culturally diverse peers along with the availability of resources to local providers, creates a more diverse environment where multiple cultures within the TAY population can be served appropriately and concurrently out of one location with both western and traditional healing methods.
6. Determine if our unserved, underserved, and inappropriately served TAY populations are more successful when looking for crisis stabilization services in a Behavioral Health Hostel where the community determines the services offered, the majority of employees are peers, and where the County provides less direction.
7. Discover if it is beneficial to have many consumer, stakeholder, and cultural groups in one community-driven setting to create appropriate peer support networks, resources, and linkages around their unique needs.
8. Learn if using models to address issues of grief, loss, identity, and environmental trauma help former system involved youth with crisis stabilization.
9. Learn if innovative policies and procedures around the housing of LGBTQ TAY can make crisis stabilization process easier for TAY.
10. Learn from administering policies and procedures designed to house diverse TAY.

### **Reduce frequency of emergency department (ED) visits and unnecessary hospitalizations:**

11. Learn if using TAY specific crisis stabilization programming helps in reducing the number of Emergency Department visits and unnecessary hospitalizations.



Peer staff involved in daily operations.

80%



Decreased the need for crisis stabilization services.

20%



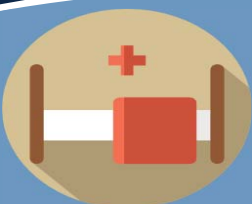
Increased use of routine outpatient services.

53%



Decrease in psychiatric hospital days.

23%



Decreased psychiatric hospital admissions.

18%



Join us at the next Community Policy Advisory Committee (CPAC) to hear more about what we've learned from this Innovation Project!

**July 20, 2017**  
**9:00 - 11:00 a.m.**

**County of San Bernardino Health Services Building, Auditorium**  
**850 East Foothill Blvd., Rialto, CA 92376**  
**For additional information call (800) 722-9866.**

\*Note: All numbers are based on one year pre and post admission at The STAY.



**Personal de pares involucrados en la operación diaria.**

**80%**



**Disminución de la necesidad de servicios de estabilización de crisis.**

**20%**



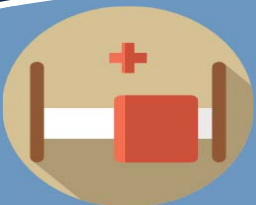
**Aumento en el uso de servicios rutinarios para pacientes externos.**

**53%**



**Disminución en días de hospital psiquiátrico.**

**23%**



**Disminución de ingresos en el hospital psiquiátrico.**

**18%**



**Acompáñenos en la siguiente reunión del Comité Asesor de Políticas Comunitarias para escuchar más sobre lo que hemos aprendido de este proyecto de Innovación!**

**20 de julio, 2017**

**9:00 - 11:00 a.m.**

**County of San Bernardino Health Services Building, Auditorio  
850 East Foothill Blvd., Rialto, CA 92376.**

**Para más información comuníquese al (800) 722-9866.**

**\*Nota: Todos los números son basados sobre un período de un año antes y después de admisión en The STAY.**



**Department of Behavioral Health  
Community Policy Advisory Committee  
The STAY Final Report  
Stakeholder Comment Form**

<p><b>What is your age?</b></p> <p><input type="checkbox"/> 0-15 yrs                      <input type="checkbox"/> 26-59 yrs</p> <p><input type="checkbox"/> 16-25 yrs                      <input type="checkbox"/> 60+ yrs</p>	<p><b>What is your gender?</b></p> <p><input type="checkbox"/> Female      <input type="checkbox"/> Male      <input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Female to Male (FTM) / Transgender Male / Trans Man</p> <p><input type="checkbox"/> Male-to-Female (MTF) / Transgender Female / Trans</p> <p><input type="checkbox"/> Genderqueer, neither exclusively male nor female</p> <p><input type="checkbox"/> Questioning or unsure of gender identity</p> <p><input type="checkbox"/> Other (please specify): _____</p> <p><input type="checkbox"/> I do not wish to answer this question</p>																
<p><b>What region do you live in?</b></p> <p><input type="checkbox"/> <b>Central Valley Region</b> <i>Bloomington, Colton, Fontana, Grand Terrace, Rialto</i></p> <p><input type="checkbox"/> <b>Desert/Mountain Region</b> <i>Adelanto, Amboy, Angelus Oaks, Apple Valley, Baker, Barstow, Big Bear City, Cima, Daggett, Earp, Essex, Fawnskin, Fort Irwin, Helendale, Hesperia, Hinkley, Joshua Tree, Landers, Lucerne Valley, Ludlow, Morongo Valley, Mountain Pass, Needles, Newberry Springs, Nipton, Oro Grande, Parker Dam, Phelan, Pinion Hills, Pioneertown, Skyforest, Sugarloaf, Trona, Twentynine Palms, Victorville, Vidal, Wrightwood, Yermo, Yucca Valley</i></p> <p><input type="checkbox"/> <b>East Valley Region</b> <i>Green Valley Lake, Highland, Lake Arrowhead, Loma Linda, Lytle Creek, Mentone, Patton, Redlands, Rimforest, Running Springs, San Bernardino, Twin Peaks, Yucaipa</i></p> <p><input type="checkbox"/> <b>West Valley Region</b> <i>Chino, Chino Hills, Guasti, Mt. Baldy, Montclair, Ontario, Rancho Cucamonga, Upland</i></p> <p><input type="checkbox"/> <b>Neighboring California County</b></p>																	
<p><b>What group(s) do you represent?</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; padding: 2px;"><input type="checkbox"/> Family member of consumer</td> <td style="width: 50%; vertical-align: top; padding: 2px;"><input type="checkbox"/> Social Services Agency</td> </tr> <tr> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Consumer of Mental Health Services</td> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Health Care Provider</td> </tr> <tr> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Consumer of Alcohol and Drug Services</td> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Community Member</td> </tr> <tr> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Law Enforcement</td> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Active Military</td> </tr> <tr> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Education</td> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Veteran</td> </tr> <tr> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Community Agency</td> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Representative from Veterans Organization</td> </tr> <tr> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Faith Community</td> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Provider of Mental Health Services</td> </tr> <tr> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> County Staff</td> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Provider of Alcohol and Drug Services</td> </tr> </table>		<input type="checkbox"/> Family member of consumer	<input type="checkbox"/> Social Services Agency	<input type="checkbox"/> Consumer of Mental Health Services	<input type="checkbox"/> Health Care Provider	<input type="checkbox"/> Consumer of Alcohol and Drug Services	<input type="checkbox"/> Community Member	<input type="checkbox"/> Law Enforcement	<input type="checkbox"/> Active Military	<input type="checkbox"/> Education	<input type="checkbox"/> Veteran	<input type="checkbox"/> Community Agency	<input type="checkbox"/> Representative from Veterans Organization	<input type="checkbox"/> Faith Community	<input type="checkbox"/> Provider of Mental Health Services	<input type="checkbox"/> County Staff	<input type="checkbox"/> Provider of Alcohol and Drug Services
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<p><b>What is your primary language?</b></p> <p><input type="checkbox"/> English      <input type="checkbox"/> Spanish      <input type="checkbox"/> Vietnamese      <input type="checkbox"/> Other: _____</p>																	



**How satisfied were you that this meeting met its goals and/or objectives?**

- Very Satisfied     Somewhat Satisfied     Satisfied     Unsatisfied     Very Unsatisfied

1. Did The STAY meet its objectives and goals?

2. Are there any other underrepresented groups who can benefit from specialized services such as those provided at The STAY?

3. Including evaluation and analysis, could we have improved on any area for future Innovation projects?

**Thank you again for taking the time to review and provide feedback on the Community Policy Advisory Committee in San Bernardino County.**

July 2017 CPAC



**Departamento de Salud Mental  
Comité Asesor de Políticas Comunitarias  
Reporte Final The STAY**

# **Formulario de Comentarios de las Partes Interesadas**

<p><b>¿Cuál es su edad?</b></p> <p><input type="checkbox"/> 0-15 años                      <input type="checkbox"/> 26-59 años</p> <p><input type="checkbox"/> 16-25 años                      <input type="checkbox"/> 60 + años</p>	<p><b>¿Cuál es su género?</b></p> <p><input type="checkbox"/> Femenino    <input type="checkbox"/> Masculino</p> <p><input type="checkbox"/> Femenino a Masculino (FTM) / Hombre Transgénero /Hombre Trans</p> <p><input checked="" type="checkbox"/> Masculino a Femenino (MTF) / Mujer Transgénero / Mujer Trans</p> <p><input type="checkbox"/> Indeterminado, ni exclusivamente masculino ni femenino</p> <p><input type="checkbox"/> Con dudas o incertidumbre de la identidad sexual</p> <p><input type="checkbox"/> No deseo contestar esta pregunta:</p>																
<p><b>¿En cuál región vive usted?</b></p> <p><input type="checkbox"/> <b>Región de Valle Central</b> <i>Bloomington, Colton, Fontana, Grand Terrace, Rialto</i></p> <p><input type="checkbox"/> <b>Región de Desierto/Montañas</b> <i>Adelanto, Amboy, Angelus Oaks, Apple Valley, Baker, Barstow, Big Bear City, Cima, Daggett, Earp, Essex, Fawnskin, Fort Irwin, Helendale, Hesperia, Hinkley, Joshua Tree, Landers, Lucerne Valley, Ludlow, Morongo Valley, Mountain Pass, Needles, Newberry Springs, Nipton, Oro Grande, Parker Dam, Phelan, Pinion Hills, Pioneerstown, Skyforest, Sugarloaf, Trona, Twentynine Palms, Victorville, Vidal, Wrightwood, Yermo, Yucca Valley</i></p> <p><input type="checkbox"/> <b>Región al Este del Valle</b> <i>Green Valley Lake, Highland, Lake Arrowhead, Loma Linda, Lytle Creek, Mentone, Patton, Redlands, Rimforest, Running Springs, San Bernardino, Twin Peaks, Yucaipa</i></p> <p><input type="checkbox"/> <b>Región al Oeste del Valle</b> <i>Chino, Chino Hills, Guasti, Mt. Baldy, Montclair, Ontario, Rancho Cucamonga, Upland</i></p> <p><input type="checkbox"/> <b>Condado de California vecino</b></p>																	
<p><b>¿Qué grupo(s) representa usted?</b></p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; vertical-align: top; padding: 2px;"><input type="checkbox"/> Familiar del consumidor</td> <td style="width:50%; vertical-align: top; padding: 2px;"><input type="checkbox"/> Agencia de Servicios Sociales</td> </tr> <tr> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Consumidor de Servicios de Salud Mental</td> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Proveedor de Atención Médica</td> </tr> <tr> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Consumidor de Servicios de Alcohol y Drogas</td> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Miembro de la Comunidad</td> </tr> <tr> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Autoridad Policial</td> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> En el Servicio Militar Activo</td> </tr> <tr> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Educación</td> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Veterano del Servicio Militar</td> </tr> <tr> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Agencia Comunitaria</td> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Represente de Organización de Veteranos</td> </tr> <tr> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Comunidad Religiosa</td> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Proveedor de Servicios de Salud Mental</td> </tr> <tr> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Personal del Condado</td> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Proveedor de Servicios de Alcohol y Drogas</td> </tr> </table>		<input type="checkbox"/> Familiar del consumidor	<input type="checkbox"/> Agencia de Servicios Sociales	<input type="checkbox"/> Consumidor de Servicios de Salud Mental	<input type="checkbox"/> Proveedor de Atención Médica	<input type="checkbox"/> Consumidor de Servicios de Alcohol y Drogas	<input type="checkbox"/> Miembro de la Comunidad	<input type="checkbox"/> Autoridad Policial	<input type="checkbox"/> En el Servicio Militar Activo	<input type="checkbox"/> Educación	<input type="checkbox"/> Veterano del Servicio Militar	<input type="checkbox"/> Agencia Comunitaria	<input type="checkbox"/> Represente de Organización de Veteranos	<input type="checkbox"/> Comunidad Religiosa	<input type="checkbox"/> Proveedor de Servicios de Salud Mental	<input type="checkbox"/> Personal del Condado	<input type="checkbox"/> Proveedor de Servicios de Alcohol y Drogas
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<p><b>¿Cuál es su idioma principal?</b></p> <p><input type="checkbox"/> Inglés                      <input type="checkbox"/> Español                      <input type="checkbox"/> Vietnamita                      <input type="checkbox"/> Otro: _____</p>																	

**¿Esta usted satisfecho que esta reunión logro en obtener sus metas y/o objetivos?**

Muy Satisfecho    Algo Satisfecho    Satisfecho    Insatisfecho    Muy Insatisfecho

1. ¿Cree usted que The STAY logro sus objetivos?

2. ¿Existen otros grupos no representados que puedan beneficiar de servicios especializados como los que fueron provistos en The STAY?

3. ¿Incluyendo la evaluación y el análisis, podríamos haber mejorado en algún área específica que pudiese beneficiar proyectos de Innovación en el futuro?

**Gracias nuevamente por tomarse el tiempo para revisar y proporcionar información sobre el Comité Asesor de Políticas Comunitarias del Condado de San Bernardino.**

July 2017 CPAC



## Obtaining Services and Referrals

For referrals, call the Admissions Coordinator 24 hours a day at (909) 763-4760 x 100.

For overall information about The STAY, including the referral process, email us at [thestay@starsinc.com](mailto:thestay@starsinc.com).

## About Us

Valley Star is a program of Stars Behavioral Health Group (SBHG), a provider of mental health, child welfare, special education, and other social services since 1988.



- We employ more than 1,000 behavioral health workers, from psychiatrists and social workers to teachers and therapists.
- We help approximately 20,000 kids and families a year
- Our TAY-related programs include:
  - TAY Harmony Center, Indio
  - TAY Hot Spot, Carson
  - TAY Hot Spot, Los Angeles
  - TAY Hot Spot, Torrance
  - Stars TAY Center, San Leandro
  - Star View Adolescent Center (Residential Treatment), Torrance
- Our Facebook page at [www.facebook.com/MYTAYConnection](http://www.facebook.com/MYTAYConnection)
- Our blog at <http://tayconnection.com>

## Partnering with People for Positive Change Our Core Values:

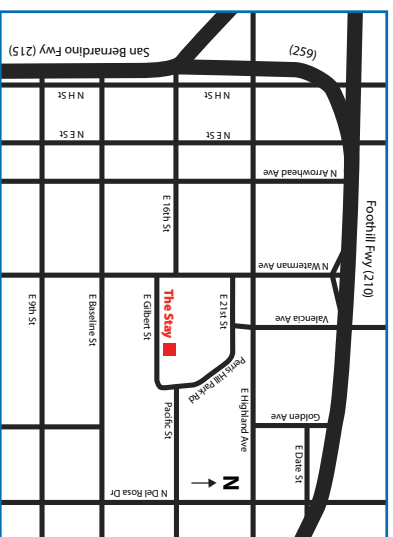
- Equip people with skills and appreciate their strengths
- Enhance the lives of individuals and families
- Embrace cultural diversity
- Act with integrity

Valley Star is a provider of mental health services under contract with the County of San Bernardino Department of Behavioral Health. The STAY is funded by the County of San Bernardino Department of Behavioral Health through the use of Medi-Cal and Mental Health Services Act (Proposition 63) Innovation funds.

**For referrals and information about The STAY call (909) 763-4760 x100 or 711 for TTY users.**

**For overall information, including the referral process, email us at [thestay@starsinc.com](mailto:thestay@starsinc.com).**

780 Gilbert St., Bldg. H  
San Bernardino, CA 92415

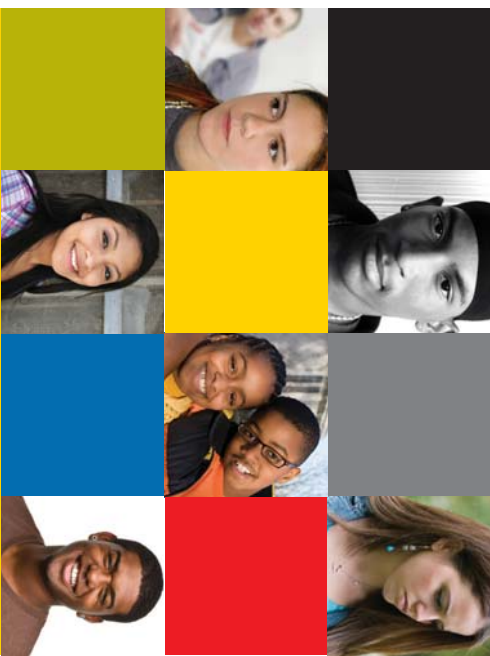


(East of Waterman and North of Baseline)



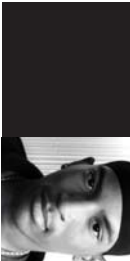
Valley Star Crisis Residential Treatment is a program of Stars Behavioral Health Group  
[www.starsinc.com](http://www.starsinc.com)

# The STAY



**A Crisis Residential Treatment Center for Transition Age Youth (TAY) in the County of San Bernardino**

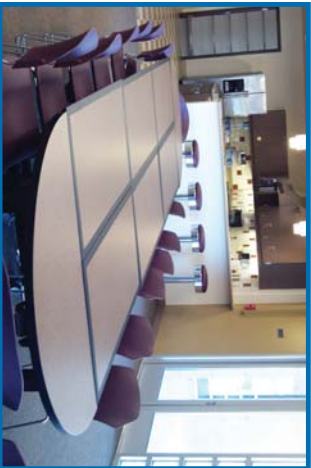




## The STAY Overview

The STAY is a short-term, 14-bed center for Transitional Age Youth (TAY) in crisis located in the County of San Bernardino. This facility is the only center of its kind in the state! This residential program is housed next door to the One Stop TAY Center.

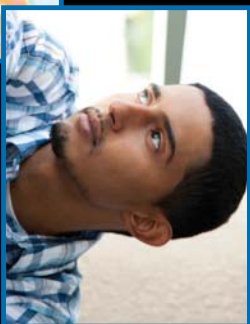
Valley Star's Crisis Residential Treatment Center (called "The STAY") will help TAY safely and successfully transition back to community living after a period of psychiatric crisis and recovery.



## Providing Support

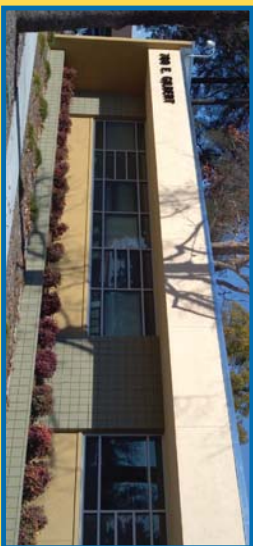
### The STAY is intended for:

- TAY age 18 – 25 (up to their 26th birthday)
- Those who are at risk and need a higher level of care (but lower than a psychiatric hospital)
- Those who are non-violent and not sex offenders
- Those who are appropriate for an environment with shared living
- Those who are willing to actively participate in developing their own plans for recovery
- Priority will be given to at-risk, system-involved youth (dependents and wards)



## The STAY

- Open 24 hours a day, 365 days a year for voluntary admissions only
- Provides mental health services to include individual and group counseling, as well as psychiatry
- Incorporates the tenets of recovery, peer support and identifying community connections
- Assists youth in creating their own Wellness Recovery Action Plans
- Provides culturally competent services for Lesbian, Gay, Bisexual, Transgender, Questioning (LGBTQ) TAY
- Connects TAY to housing, education, vocational, healthcare and other services in their community
- Available to those with or without Medi-Cal
- Up to a 30-day stay (longer stays are possible based upon need with County and State approval)
- Located in the same building as the county-run One Stop TAY Center
- Conveniently located on Omnitrans Bus Route 5, providing TAY with easy access to community resources





# The STAY Wellness Schedule

Day	Breakfast/Self-Care	Breakfast/Self-Care	Breakfast/Self-Care	Breakfast/Self-Care	Breakfast/Self-Care	Breakfast/Self-Care	Breakfast/Self-Care	Breakfast/Self-Care	Breakfast/Self-Care
AM	<b>Sunday</b> Breakfast/Self-Care	<b>Monday</b> Breakfast/Self-Care	<b>Tuesday</b> Breakfast/Self-Care	<b>Wednesday</b> Breakfast/Self-Care	<b>Thursday</b> Breakfast/Self-Care	<b>Friday</b> Breakfast/Self-Care	<b>Saturday</b> Breakfast/Self-Care		
AM	Cooking Class	Community meeting Feeling Good Plan/SOS	Community meeting Feeling Good Plan/SOS	Community meeting Feeling Good Plan/SOS	Community meeting Feeling Good Plan/SOS	Community meeting Feeling Good Plan/SOS	Community meeting Feeling Good Plan/SOS	Community meeting Feeling Good Plan/SOS	Cooling
AM	<b>COMMUNITY BREAK</b>	<b>COMMUNITY BREAK</b>	<b>COMMUNITY BREAK</b>	<b>COMMUNITY BREAK</b>	<b>COMMUNITY BREAK</b>	<b>COMMUNITY BREAK</b>	<b>COMMUNITY BREAK</b>	<b>COMMUNITY BREAK</b>	
AM	STAY for Brunch Cooking class	<i>Mind, Body and Soul</i>	<i>Mind, Body and Soul</i> INDEPENDENT LIVING NA MEETING	<b>INTERNALS</b>	<b>VOGUE</b> (WOMENS GROUP) GQ (MENS GROUP)	<i>Mind, Body and Soul</i> INDEPENDENT LIVING NA MEETING			TA Surv
5 AM	What Recovery Means To You	INDEPENDENT LIVING BUDGETING	Individual Goal Work	INDEPENDENT LIVING HOUSING	Individual Goal Work	Individual Goal Work	Individual Goal Work	Individual Goal Work	My Space
5 AM	Individual Appointments	<b>INTRO WRAP</b> (New Residents)	<b>MINGLE/MINGLE</b>	<b>INTRO WRAP</b> (New Residents)	<b>INTRO WRAP</b> (New Residents)	<b>MINGLE/MINGLE</b>	<b>MINGLE/MINGLE</b>	<b>MINGLE/MINGLE</b>	Individual
5 AM	Individual Goal Work	<b>WRAP</b>		<b>WRAP</b>	<b>WRAP</b>				Individual
PM	<b>COMMUNITY BREAK</b>	<b>COMMUNITY BREAK</b>	<b>COMMUNITY BREAK</b>	<b>COMMUNITY BREAK</b>	<b>COMMUNITY BREAK</b>	<b>COMMUNITY BREAK</b>	<b>COMMUNITY BREAK</b>	<b>COMMUNITY BREAK</b>	<b>COMMUNITY BREAK</b>
PM	<b>LUNCH</b>	<b>LUNCH</b>	<b>LUNCH</b>	<b>LUNCH</b>	<b>LUNCH</b>	<b>LUNCH</b>	<b>LUNCH</b>	<b>LUNCH</b>	<b>LUNCH</b>
PM	Outing	WELLNESS AND EXERCISE	INDEPENDENT LIVING EMPLOYMENT	WELLNESS AND EXERCISE	INDEPENDENT LIVING Transportation	WELLNESS AND EXERCISE	WELLNESS AND EXERCISE	WELLNESS AND EXERCISE	WELLNESS AND EXERCISE
PM	INDEPENDENT LIVING Relationship Building	EXPRESSIVE ARTS	TAY Center Drop In <i>Positive Strokes</i>	LGBTQ EXPRESSIVE ARTS	TAY Center Drop In Yo! On My Way Out	EXPRESSIVE ARTS Now that I'm here...	EXPRESSIVE ARTS	EXPRESSIVE ARTS	INDEPENDENT LIVING Managin
PM	Outing		EXPRESSIVE ARTS	<b>SEEKING SAFETY</b>		EXPRESSIVE ARTS	<b>SEEKING SAFETY</b>	<b>SEEKING SAFETY</b>	INDEPENDENT LIVING Comm
PM	INDEPENDENT LIVING Conflict Resolution	<b>COMMUNITY BREAK</b>	<b>COMMUNITY BREAK</b>	<b>COMMUNITY BREAK</b>	<b>COMMUNITY BREAK</b>	<b>COMMUNITY BREAK</b>	<b>COMMUNITY BREAK</b>	<b>COMMUNITY BREAK</b>	<b>COMMUNITY BREAK</b>
PM	Outing Meditation	Individual Goal Work	Cool Your Temp! ART	Cool Your Temp! ART	Individual Goal work	Cool Your Temp! ART	Cool Your Temp! ART	Cool Your Temp! ART	Me
PM	<b>DINNER</b>	<b>DINNER</b>	<b>DINNER</b>	<b>DINNER</b>	<b>DINNER</b>	<b>DINNER</b>	<b>DINNER</b>	<b>DINNER</b>	<b>DINNER</b>
PM	<b>COMMUNITY BREAK</b>	<b>COMMUNITY BREAK</b>	<b>COMMUNITY BREAK</b>	<b>COMMUNITY BREAK</b>	<b>COMMUNITY BREAK</b>	<b>COMMUNITY BREAK</b>	<b>COMMUNITY BREAK</b>	<b>COMMUNITY BREAK</b>	<b>COMMUNITY BREAK</b>
PM	<b>VISITORS</b> STAY at the Movies	<b>VISITORS</b> Hoops!	<b>VISITORS</b> Games	<b>VISITORS</b> Move Yo Body	<b>VISITORS</b> Move Yo Body	<b>VISITORS</b> Move Yo Body	<b>VISITORS</b> Move Yo Body	<b>VISITORS</b> STAY at the Movies	<b>VISITORS</b> STAY at the Movies
PM	Self-Care	Self-Care	Self-Care	Self-Care	Self-Care	Self-Care	Self-Care	Self-Care	Self-Care
PM	<b>COMMUNITY BREAK</b>	<b>COMMUNITY BREAK</b>	<b>COMMUNITY BREAK</b>	<b>COMMUNITY BREAK</b>	<b>COMMUNITY BREAK</b>	<b>COMMUNITY BREAK</b>	<b>COMMUNITY BREAK</b>	<b>COMMUNITY BREAK</b>	<b>COMMUNITY BREAK</b>

\*\*RESIDENT COUNCIL HELD AT 7:00 PM ON THE 1<sup>ST</sup> AND 3<sup>RD</sup> FRIDAY OF EVERY MONTH\*\*  
 \*\*EQUINE ASSISTED THERAPY HELD EVERY FRIDAY FROM 10:00 – 12:00\*\*  
 \*\*NA MEETINGS HELD OFF SITE ON TUESDAY AND THURSDAY AT 7:00 PM – FOR THOSE ON DISCHARGE TRANSITION PLAN\*\*

*You're invited to be our guest at the*  
**Grand Opening of**



**Crisis Residential Treatment Center  
in San Bernardino  
Thursday, October 3, 2013, 3:00-4:30 p.m.**

[The County of San Bernardino  
Department of Behavioral Health  
and Valley Star Crisis Residential  
Treatment Center](#) invite you to  
the Grand Opening of The STAY.



This is a short-term, 14-bed center for Transition Age Youth (TAY) in crisis. This new facility helps young people safely and successfully transition back to community living after a period of psychiatric crisis and recovery. It is one of the only centers of its kind in the state.

Please mark your calendar and join us for a guided tour and for the Grand Opening Celebration with refreshments and inspiring stories.

Please RSVP by September 27, 2013 to (909) 763-4760 x 112 or email [mvega@starsinc.com](mailto:mvega@starsinc.com)



780 Gilbert Street, Building H  
San Bernardino, CA 92415  
(East of Waterman and North of Baseline and adjacent to the One Stop TAY Center)  
[See map.](#)

**About The STAY:**

- Open 24 hours a day, 365 days a year for voluntary admissions only
- Provides mental health services to include individual group counseling, crisis intervention, rehabilitation and recovery, and assists youth in creating their own Wellness Recovery Action Plans
- Incorporates the tenets of recovery, peer support and identifying community connections
- Provides culturally competent services, especially for Lesbian, Gay, Bisexual, Transgender, and Questioning TAY
- Connects TAY to services at the One Stop TAY Center and elsewhere
- Is available to those with or without Medi-Cal
- Up to a 30-day stay (additional days are reviewed, based on need)
- Conveniently located on Omnitrans Bus Route 5

[Click here](#) to read about one resident's experience at The STAY.

For the calendar of activities, [click here.](#)



The STAY is funded by the County of San Bernardino Department of Behavioral Health through the use of Medi-Cal and Mental Health Services Act (Proposition 63) Innovation funds and is managed by [Valley Star Community Services.](#)



[www.starsinc.com/TheSTAY](http://www.starsinc.com/TheSTAY)

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Behavioral Health