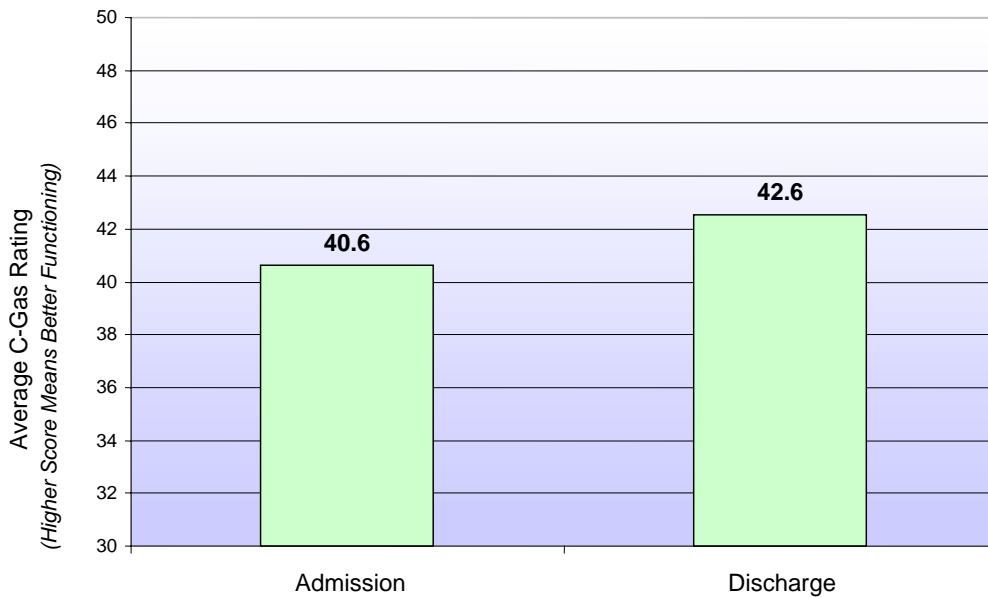


Star View Children and Family Services (SVC-CFS) Helps Clients Improve in Functioning

Both the *Children's Global Assessment Scale (C-GAS)*¹ and the *Child and Adolescent Functional Assessment Scale (CAFAS)*² provide information about changes in functioning between admission and discharge. A large sample of *Star View Children and Family Services (SVC-CFS)* clients discharged during FY 04-05 (N=735) showed a 2-point increase, on average, in their rating of overall global functioning based upon the C-GAS. This result is not dramatic but it is statistically significant (it is a small effect size but also not likely to have resulted by chance, $p < .000$).

SVCS Client Improvement in Global Functioning
ADMISSION TO DISCHARGE C-GAS SCORES FOR 735 CLIENTS



Analyses suggest not all clients show the same amount of improvement in C-GAS scores. Clients with the most improvement in global functioning are those who are less than 10 years of age (3.9-point change), referred by schools (2.5-point change), and/or living in SPA 8 (2.4-point change). Among these factors, young age at admission appears most strongly related to positive

¹ Shaffer, D., Gould, M.S., Brasic, J. Ambrosini, P., Fisher, P., Bird, H. & S Aluwahlia (1983). *A children's global assessment scale (CGAS)*. *Archives of General Psychiatry*, 40, No.11, 1228-1231.

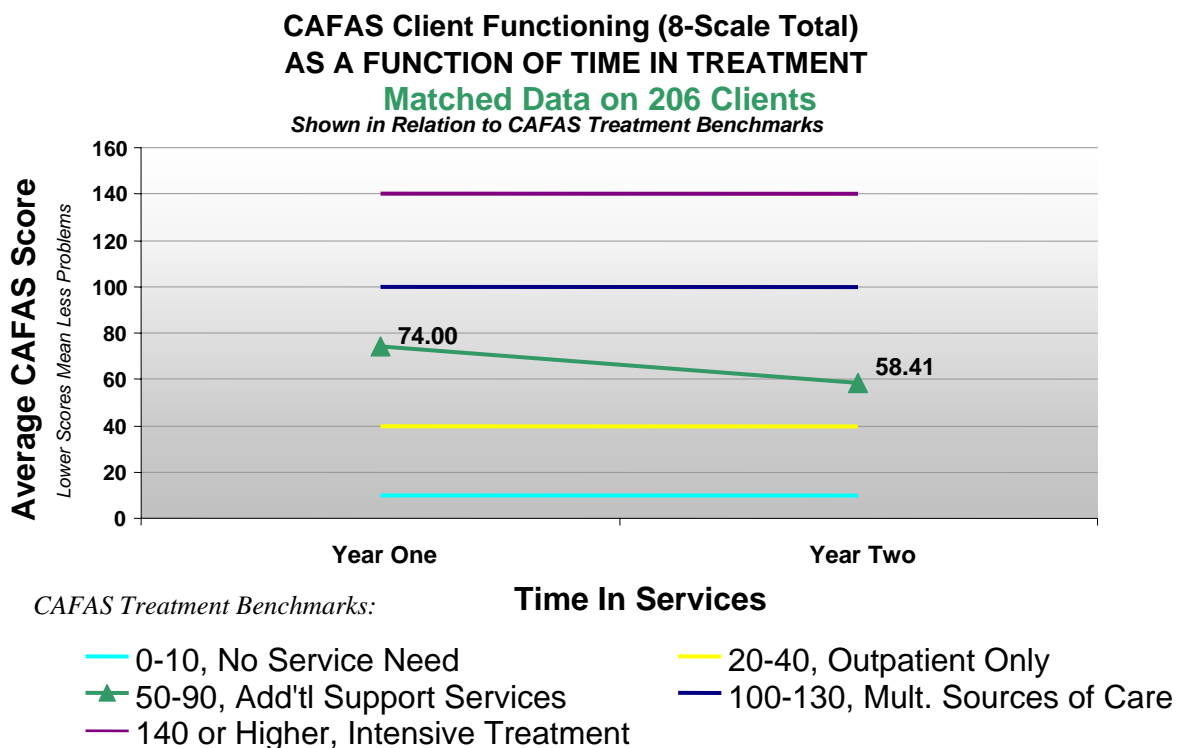
² Hodges, K & Wong, M.M. (1996). *Psychometric characteristics of a multidimensional measure to assess impairment: The Child and Adolescent Functional Assessment Scale*. *Journal of Child and Family Studies*, 5, 445-467.

change, which underscores the importance of early identification and treatment of mental health problems before unhealthy coping strategies and problem behaviors become entrenched.

Length of treatment is also correlated to amount of change as measured by the C-GAS. Medium and long stays (as defined by the number of days in which 75% and 50% stay in treatment) are associated with more change than very short courses (under 35 days) or very long courses (over 2 years) of care. These findings helped SVC-CFS adjust their procedures for utilization and quality review; for example, long length of treatment automatically triggers review of progress.

The finding of functional improvements is also found in studies of SVC-CFS clients using the *Child and Adolescent Functional Assessment Scale* (CAFAS). One of the first SBHG programs to use the CAFAS on a systematic basis, SVC-CFS generated sufficient paired measures (assessments on 206 clients from admission to discharge) to look at treatment outcomes.

There are good size gains in functioning (an average 16-point reduction in overall dysfunction) over two years of treatment that is statistically significant ($p < .001$). All the CAFAS subscales -- School, Home, Community, Behavior, Moods, Self-Harm, and Thinking -- showed significant improvements. Very low numbers of youth presented with Substance Abuse, so this subscale did not register an aggregate change. Even though there were important treatment gains, many clients continue to need outpatient and/or additional supportive services by Year Two according to CAFAS treatment benchmarks.



Recent analyses of clients participating in the evidence-based practice of *Functional Family Therapy* (FFT)³ within SVC-CFS during the last program fiscal year also show improvements in

³ Sexton, T. & Alexander, J. (2002) *Functional Family Therapy: Principles of Clinical Intervention, Assessment, and Implementation*. FFT LLC: www.fftinc.com.

youth functioning. The promoters of FFT require a host of standardized measures specific to the service; additionally, SVC-CFS began to collect the CAFAS on FFT clients to have data that compares to our other programs. FFT clients with available CAFAS data (24 out of 99 clients served) show very striking improvements in functioning (decreases in measured levels of dysfunction). While only small samples of matched sets of data are available for different clients (11 clients had admission to mid-point measures, 6 clients had mid-point to discharge measures, and 7 clients had admission to discharge measures), all the pairings show decreases. The most dramatic declines are evident among those with initial and final measurements over the full course of FFT (avg of 228 days). This is an exciting and striking result: a 78-point improvement in functioning compared to 16-point gains among all SVC-CFS clients (see prior graph). FFT outcomes based on the CAFAS will be examined again once greater sample sizes are available.

SVCS FFT Youth Functioning: Enrollment Through Completion
Average Total CAFAS Ratings Based Upon Available Matched Data
 (T1 to T2 = 11 Pairs, T2 to T3 = 6 Pairs, T1 to T3 = 7 Pairs)
Shown in Relation to CAFAS Treatment Benchmarks

