



# ★ Starlight Community Services ★

## Full Service Partnerships for Child / Youth

**BRIEF REPORT** from the Department of Research and Program Practices

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Starlight Community Services<sup>i</sup> began offering the Full Service Partnership (FSP) program (Child / Youth) in 2007 with the start of Mental Health Services Act funding for FSP programs. Since that time, Starlight’s FSP (Child / Youth) program has served on average 54 children and youth per year.<sup>ii</sup> In our Full Service Partnership program, we work to engage children and youth and their families through a pre-opening engagement and outreach process; during program participation, children and families work as partners with our staff with the goal of keeping the families together, developing the strengths of the families and the children, and addressing the behavioral and emotional difficulties experienced by the children. This **BRIEF REPORT** highlights program results from the calendar year 2015.

### **Participants:**

Children and youth participating in the FSP Child/Youth program in 2015 (n=62) were 63% Latino, 16% and White, 3%.<sup>iii</sup> The median age of enrollment was 11 years (youngest 5 years and eldest 16 years old); 35% were female and 65% male.

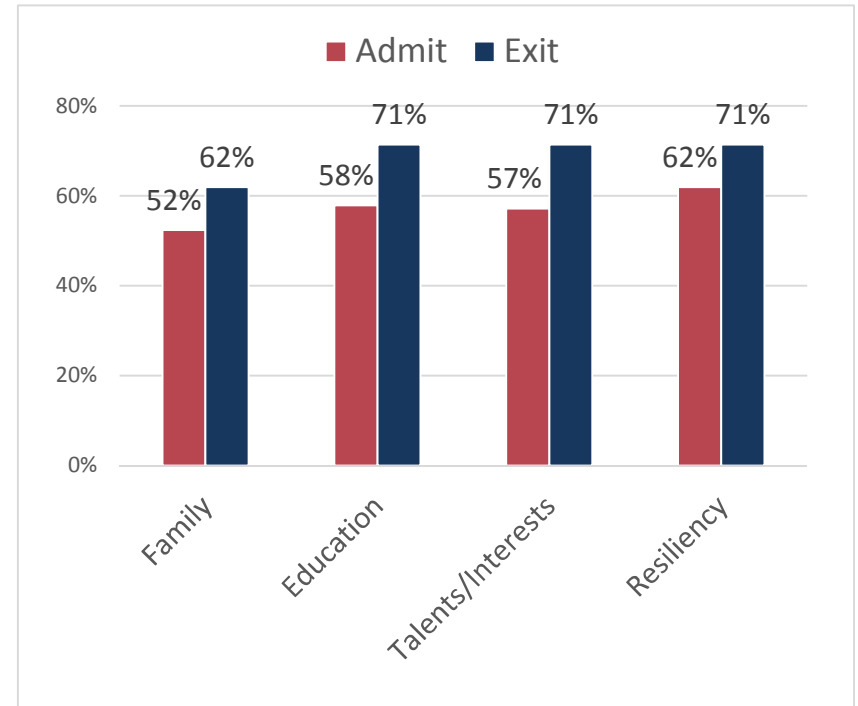
The children and youth participating in the Starlight FSP program in 2015 were medically eligible as determined by assessments; their behavioral and emotional diagnoses included disruptive behavior disorders (27%), trauma-related, bipolar, anxiety and depressive disorders (89%) and neurodevelopmental disorders including ADHD (19%). More than half of the children had significant issues with aggressive behavior toward others and dangerous impulsivity; 30% had significant impairment of functioning due to trauma.

Parents and caregivers also faced challenges. In 57% of families, caregivers had parenting skills needing improvement. Parents and caregivers had issues with domestic violence (13%), substance use (9%), mental health (20%), physical health (18%), and severe poverty (23%). Eighty-four percent had at least one significant challenge as caregivers.

Children and youth and their families received an individually developed mix of individual, family and group therapy and rehabilitation services with an average of 14 client hours per month.<sup>iv</sup> Crisis intervention services were provided when needed. Linkage and case management were provided to connect families with other needed services. For those who exited in 2015 (n=24), the median length of stay was 18 months.<sup>v</sup>

### **Results:**

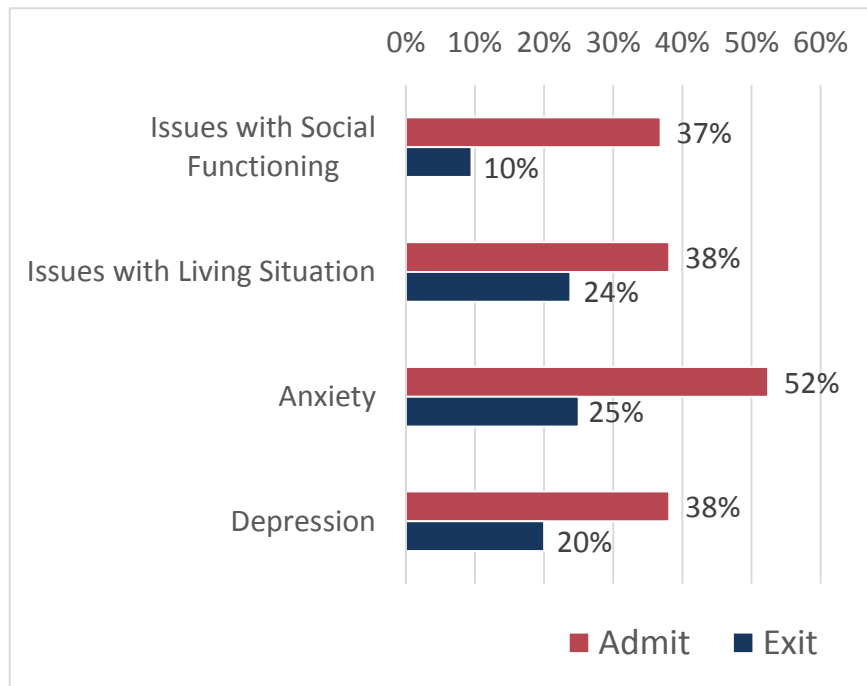
**Child and Adolescent Needs and Strengths (CANS)  
Strengths Improved during Treatment**  
(% children/youth with strengths increased from admission to exit, n=21 matched pairs)



### Child and Adolescent Needs and Strengths (CANS)

#### Proportion Improved during Treatment

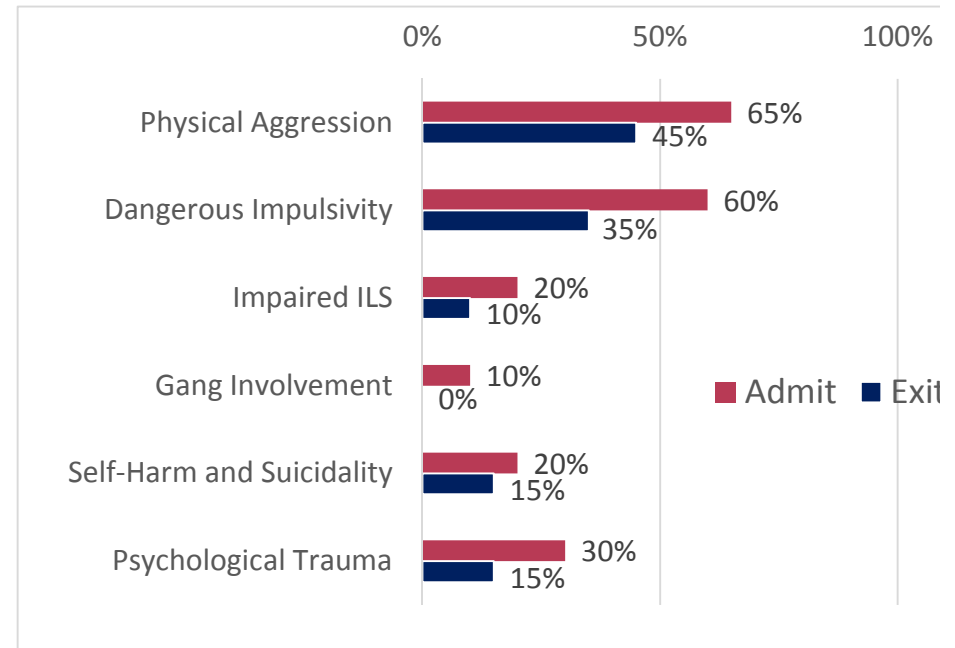
(% children/youth with moderate/severe ratings decreased from admission to exit, n=21 matched pairs)



Child and Adolescent Needs and Strengths (CANS): Results from the CANS showed improvement during treatment on many scales (comparing 21 matched admit and exit CANS assessment). The scales measuring strengths of the child indicate that their capacities regarding **Family, Education, Talents and Interests, and Resiliency all improved. School Behavior and School Attendance improved significantly** (see chart page one), with School Achievement showing a positive trend. Among the parenting subscales, Supervision, Involvement, Knowledge, and Organization showed positive trends. Finally, among Behavioral and Emotional issues, many subscales showed positive trends including Psychosis, Impulsivity/Hyperactivity, Oppositional Behaviors, Conduct Problems, Trauma, Self-Mutilation, and Suicide Risk, and **Depression and Anxiety improved significantly as did the needs reflected in the general subscales of Family, Living Situation, Social Functioning, and Recreation** (highlighted in chart above).

### Behavioral Risks Lowered During FSP Participation

(% children/youth affected by significant risk decreased from admission and exit, n=20 matched pairs)



Behavioral Risks: As noted earlier, over half the children/youth entering Starlight's FSP had serious difficulties controlling aggressive behavior toward others and dangerous impulsive behavior. These behaviors not only put children and those around them at immediate risk, but also have the potential to derail a child or youth's development, resulting in further behavioral problems, social isolation, failure to develop a support network, and an increased likelihood of future criminal involvement. Highlights from SBHG's Child Outcomes Report (COR) measurements include (see graph above, based on n=20 matched pairs, out of 24 total discharges in 2015):

- **The percent of children and youth with significant risk of aggression towards others decreased from 65% at admission to 45% at completion of treatment.**

- **The percent of children and youth with significant risk of dangerous impulsivity decreased from 60% at admission to 35% at completion of treatment.**
- **Psychological trauma severe enough to significantly impair function affected 30% of children and youth at the start of the program and 15% at exit.**

**Engagement and Retention: Only 6% of clients with open enrollments in 2015 left before three months.** This high rate of retention (94%) indicates that, first, clients and their families who entered the FSP program were ready and well-prepared for FSP participation by our pre-opening engagement and outreach process;<sup>vi</sup> and, second, the staff of the FSP program worked diligently to engage and retain the clients during their participation in the program.

**Engagement with School:** Children and youth experiencing behavioral and emotional issues are more likely to develop problems in school. By helping children and their families address the underlying problems, participation in the FSP program enables children to continue to get the most of their education. **The percent of children and youth doing well academically in school was at 71% at exit (n=17, slightly improved over 67% at admission; school attendance remained strong with 84% of children attending school regularly at exit.** Children stayed out of trouble at school (truancy, expulsions and suspensions) with 78% having no disciplinary problems at exit, slightly higher than at admission (75%).

**Overall Response to Treatment:** Eighty-nine percent of children and youth made substantial progress toward their treatment goals while participating in the Starlight Community Services FSP program (n=19). Fifty-three percent achieved most or all of their goals. Those children who continue to need the high intensity of FSP treatment may go on to participate in the FSP Transitional Age Youth (TAY) program.

### ***Conclusion:***

Children and youth with serious emotional and behavioral issues and their families deserve to be helped in a way that addresses their individual needs and strengths and that puts them on the path to success. Starlight Community Services is glad to have the opportunity to accompany them on that journey through the MHSA funded Full Service Partnership Program.

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<sup>i</sup> Starlight Community Services is an affiliate of Stars Behavioral Health Group, a statewide provider of behavioral health care and related educational and social services to children, adolescents, young adults, and adults and their family members. Starlight CS is funded in part by Mental Health Services Act (MHSA) funding for Full Service Partnership programs.

<sup>ii</sup> Sixty-two children and youth participated in 2015, with 24 discontinuing the program in the year (median length of stay 17 months). A total of 192 children and youth have participated from the beginning of the program, with 154 discontinuing.

<sup>iii</sup> Seventeen percent of children and youth served in 2015 were of mixed, other or unknown races and ethnicities. In the program across all years, children and youth were 70% Latino, 10% White, 8% Black, 3% Asian and 5% mixed with 6% not reported.

<sup>iv</sup> The median including medication support services was 15 client-hours per client-month for enrollments open in 2015.

<sup>v</sup> Excludes those clients that left early in treatment (prior to 3 months).

<sup>vi</sup> Forty-three clients and families participated in pre-opening engagement for FSP Child/Youth from November 2014 to October 2015.