



# ★ Stars Community Services ★

## Stars Foster Care Youth Services Program

**BRIEF REPORT** from the Department of Research and Program Practices  
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Stars Community Services' Foster Care Youth Support (FCYS) program<sup>i</sup> provides mental health services to foster care children and youth with serious emotional disturbance and currently supports Alameda County's fulfillment of California's 2011 "Katie A" settlement agreement.<sup>ii</sup> Program goals are to engage children and youth in needed mental health services, support their reunification with family, a permanency placement, or the stabilization of their current living situation, and to help older youth build skills for future independent living as adults. Through the FCYS program, children and youth receive Intensive Care Coordination, Intensive Home Based Services, individual therapy and rehabilitation, and linkages to other needed services, such as a court appointed special advocate (CASA), independent living workshops and school support programs. Most importantly, the team works with children, youth and their families to repair relationships and restore confidence and hope for the future. This **BRIEF REPORT** presents outcomes across the last two years (December 2014 thru November 2016).

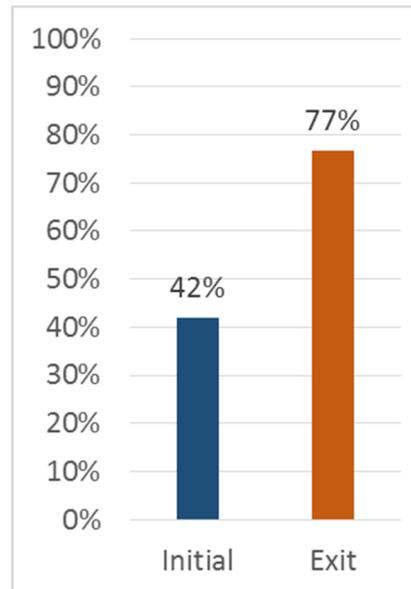
### *Participants:*

During these two years, 61 children and youth participated in the Foster Care Youth Support program; 36% were male and 64% female. Fifty-four percent identified as African American, 7% Latino or Hispanic, 20% White, and 17% as other or unknown. The most common risk affecting the participants was the risk of impaired functioning due to psychological trauma (68% of participants). The most common diagnoses were internalizing conditions (affecting 82% of participants), including most often trauma and stress-related disorders (57%) or depressive disorders (28%). Some children/youth exhibited externalizing conditions (26%), especially disruptive or oppositional behavior disorders (13%) or attention deficit and hyperactivity (6%).

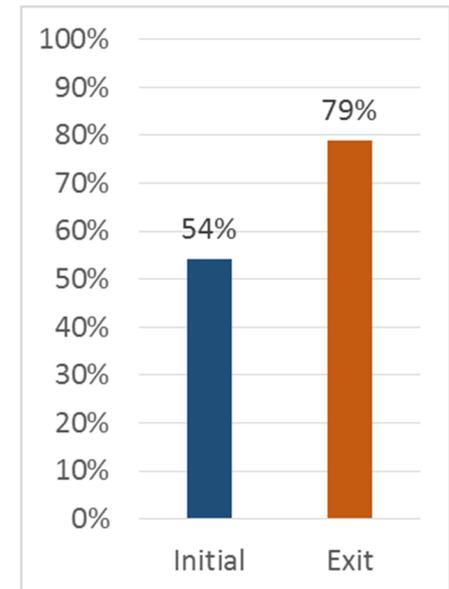
The median age at the time of program entry was 15 years; 46% of participants were between the ages of 13 and 16 years at admission; 26% were 17 years and older; and, 28% were 12 years old and younger. There were 30 new admissions and 38 discharges during this time. The average time in the program was 21 months.

### *Two Key Results!*

**% Children or Youth Living with a Family or Independently (excluding foster care)**



**% Children/Youth Attending School Regularly (4 to 5 Days a Week)**



## ***Programming Aligned to Katie A:***

FCYSP has a full-time Intensive Care Coordinator (ICC) who along with the Child and Family Team (CFT) facilitates care planning, coordinates care, provides high intensity home based services to children as needed, provides collateral services and linkages to other services and supports for family members, and participates in child welfare Team Decision Meetings (TDM) when a placement change is being considered.

By working alongside the child/youth, their family and support system throughout the CFT process, the program's ICC facilitates the healing of the child and the safety and health of their permanency connections. The prospects for family reunification, a permanent placement, emancipation and independence, and/or stability in foster care are enhanced by: a) therapy provided to the child/youth to ease the effects of psychological trauma from maltreatment and to improve their functioning; b) alignment around goals and coordinated planning that includes family members, foster caregiver(s), and the child welfare case worker, as well as older foster youth themselves; and, c) collateral services and linkages to needed resources that are provided to family members and/or foster caregiver(s).

### ***Outcomes:***

- ✚ **By exit, 77% of children and youth were in a family home or situated independently as opposed to 42% at enrollment**, a great improvement! (see chart on previous page)
- ✚ Among this 77%, over half were placed with their parents, other family members or an adopted family; the rest were in age-normative community living settings (e.g., independent apartment, supported housing program, etc.).

- ✚ For the rest, reunification with family or adoption did not emerge as options while they were in the program. Rather, the stability of their placement in foster care and/or support for transitioning toward emancipation and adulthood had become the driving focus of CFT and TDM efforts. By discharge, these youth were **linked into Alameda County's Independent Living Program (ILP), and are supported to attend the Annual Transitional Living Conference** for coaching on finances, and to learn about transitional housing, educational opportunities and other resources and programs available to them as emerging young adults. By program exit, most were well along the path to emancipation.
- ✚ A second key to success is engaging and continuing with schooling; thus, the team pays close attention to this and can be proud that **school attendance improved significantly between initial and exit measures** for participants 18 and under: by discharge 79% attended 4 to 5 days a week compared to 54% at enrollment (see chart on previous page). Older minors and those over age 18 are supported to take workshops through the ILP.
- ✚ Overall, regarding their mental health, **74% of the children and youth make progress on some or all of their treatment goals**. Importantly, this includes those with self-harm, a good number of whom experience important reductions in this risk (from 29% with a clinical level of concern at enrollment to 19% by discharge).
- ✚ Recent (Fall 2016) state MHSIP satisfaction surveys, gathered from 9 caregivers and 7 youth/young adults reveal 80% or more are satisfied overall with the program; items related to participation in treatment decisions, convenience of the services, and respect accorded to families and the youth by staff are strongly endorsed.
- ✚ These successes speak highly of the efforts of the youth, and that of their families and foster caregivers, as well as of the care and support provided by FCYSP staff and child welfare partners. Stars is grateful to have the opportunity to provide this program that helps Alameda County foster care children and youth find hope and a path toward a rewarding life as adults.

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<sup>i</sup> The Foster Care Youth Support Program is funded by Alameda County Department of Behavioral Health Care Services (ACBHCS), applying (federal/state/county blended) Medi-Cal funding. The program began in June 2004, well before the Katie A lawsuit, as part of Alameda County's forward thinking and efforts to meet the mental health treatment needs of children/youth in foster care. Stars Community Services is part of *Stars Behavioral Health Group* (SBHG), a statewide provider of behavioral health care and related educational and social services to children, adolescents, young adult, adults and their family members. Prior reports on the FCYSP and other of Stars' programs are available upon request.

<sup>ii</sup> The Katie A. Settlement Agreement Implementation (see: <http://www.dhcs.ca.gov/Pages/KatieImplementation.aspx>) led to the Child Welfare Services Core Practice Model which outlines pathways to mental health services for children involved in the child welfare system. The Core Practice Model describes guidelines for how all practitioners involved with children and youth in the foster care system may work together across multiple agencies to ensure that foster children receive the services they need.