



★ Star View Community Services ★

Out-of-County Behavioral Health Care

BRIEF REPORT from the Department of Research and Program Practices

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Since October 2009, Star View Community Services has provided out-of-county behavioral health services to 231 foster care children and youth placed in San Bernardino County, but enrolled in and funded through Los Angeles County Department of Child and Family Services (LAC DCFS). These children have experienced many placements; their behavioral health needs reflect the challenges of their background. Through Star View CS, we work to help these children heal and build on their strengths during their time in San Bernardino. Here in this **BRIEF REPORT**, we present outcomes from the most recent four years (November 2010 to November 2014).

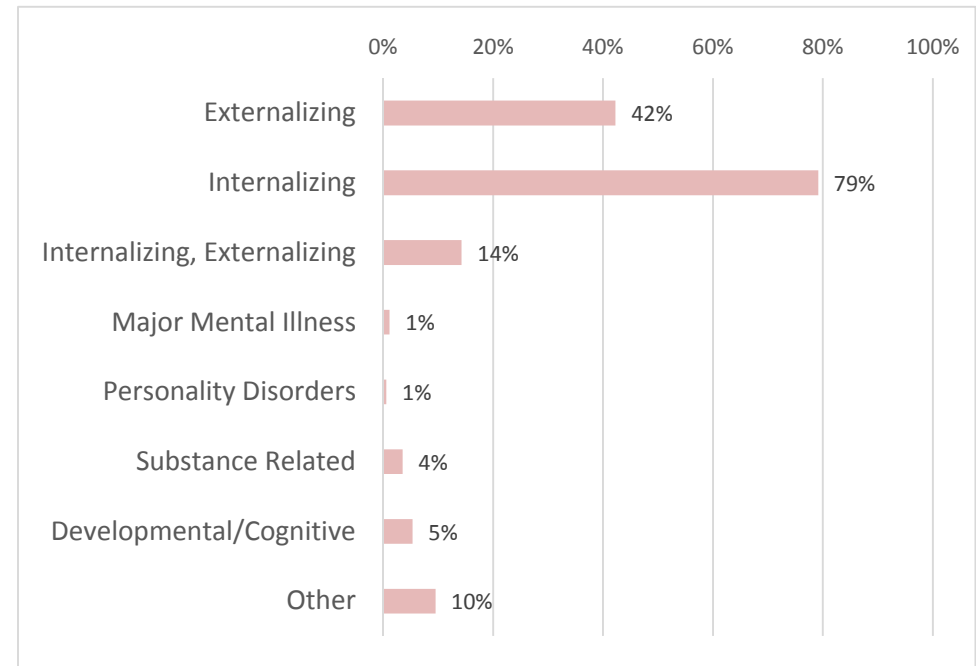
Participants:

From November 2010 to November 2014, the Star View CS Out-of-County program has served 211 children and youth in 230 program enrollments. Children and youth were predominantly Latino (77%) and African American (18%); there were also 4% White and <1% Asian American members. Overall, the median age at the start of treatment was seven years old (44% were ages 0 to 5 years, 22% were 6 to 9 years of age, 13% were 10 to 12 years, 11% were 13 to 15 years, and 11% were 15 to 18 years old). Fifty-five percent of children and youth were female, and 45% male.

- The median length of treatment in the Out of County program was 168 days (about 5½ months). Due to the transitional nature of foster care placement, almost 70% of children were discharged because of placement or status changes rather than treatment reasons. For example, of those discharged between January and June of 2014, 31% were discharged because they were reunified with their families in Los Angeles County, 26% were re-placed in foster care homes in Los Angeles County, and 13% were transferred to services funded by Medi-Cal through San Bernardino County.
- Children and youth had both internalizing disorders and externalizing disorders (see chart to right); the most common internalizing diagnoses were adjustment disorders (44%), anxiety disorders (10%), depressive disorders (14%), Post-Traumatic Stress Disorder (PTSD; 11%) and reactive attachment disorders (5%). The most common externalizing diagnoses and internalizing, externalizing diagnoses were adjustment disorders with disordered conduct and mood (23%), Attention Deficit / Hyperactivity disorders (AD/HD; 41%), conduct disorders (6%), and other disruptive behavior disorders (29%).

Diagnoses by Clinical Pathway (n=211)

Members may have diagnoses in more than one Clinical Pathway



- Children and youth in this program were all detained by DCFS at some point. Over sixty percent of children starting treatment had parents or caregivers who had been the subject of a Child Protective Services report in the past six months. The families of 64% of children and youth were working toward reunification at the start of treatment.

Outcomes for Out-of-County Children at Star View:

Children in foster care have behavioral health care needs that are reflected in many areas of their lives: at school and at home, in their moods and emotions and in their behavior toward others. The Star View CS Out-of-County program serves children over a wide age range for a relatively short time. We are glad to be able to help these children heal and improve their functioning across many domains in their lives.

Doing better at home and in school:

- Young children (ages 3 to 7 years) showed significant improvement at home (see chart to right; Preschool and Early Childhood Functional Assessment Scale, PECFAS, see chart to right; n=25).
- The functioning of older children (ages 8 to 12) improved significantly in the home and in the school (Child and Adolescent Functional Assessment Scale, CAFAS, see chart to right and below; n=23). The functioning of adolescents at home and at school trended toward improvement as well.

Doing better in their moods and emotions:

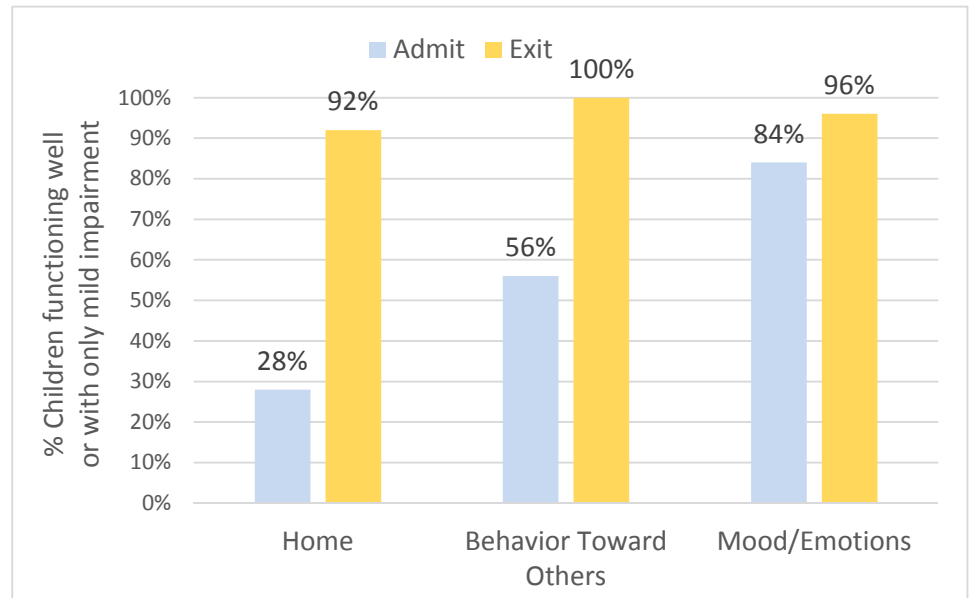
- Young children (ages 3 to 7 years; n=25) and older children and adolescents (ages 8 to 18; n=37) all improved in their mood and emotions, experiencing less distress and more appropriate emotional reactions (see charts to right).

Doing better in their behavior toward others:

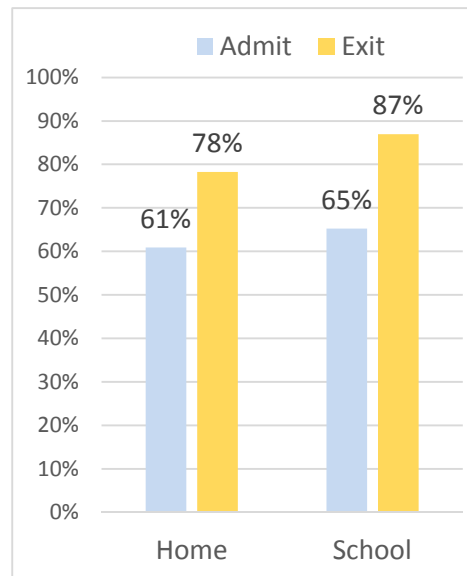
- Young children (ages 3 to 7 years; n=25) and older children and adolescents (ages 8 to 18; n=37) all improved in their behavior toward others.
- The risk to children and youth due to psychological trauma decreased significantly during treatment (Admit % at Risk: 18%; Exit: 8%; n=142). Risk behaviors such as physical aggression toward others and dangerous impulsivity also showed a trend toward decreasing, but missed significance.

Even though treatment typically ends because of a change in placement rather than because treatment is complete, 62% of children and adolescents achieve some or all of their treatment goals by exit (n=142). Children and adolescents served by the Star View CS Out-of-County program face many challenges; we will continue to support them in their journey toward wellness!

Improved Functioning in Children ages 3 to 7 after Treatment (n=25)



Improved Functioning in Children ages 8 to 12 (n=23)



Improved Functioning in Children and Adolescents ages 8 to 18 (n=37)

