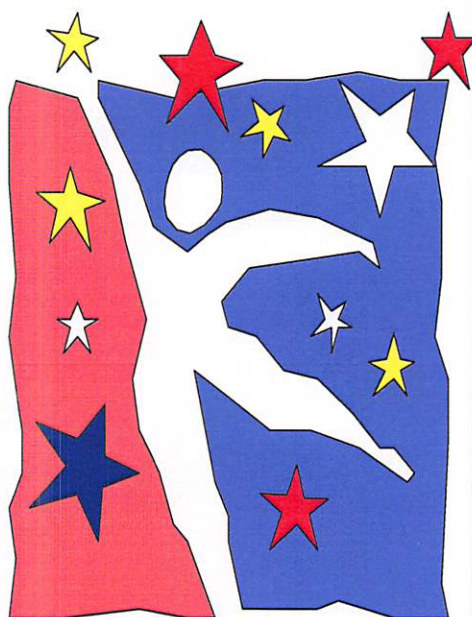


# Starlight CTF



## 2003 Utilization Report

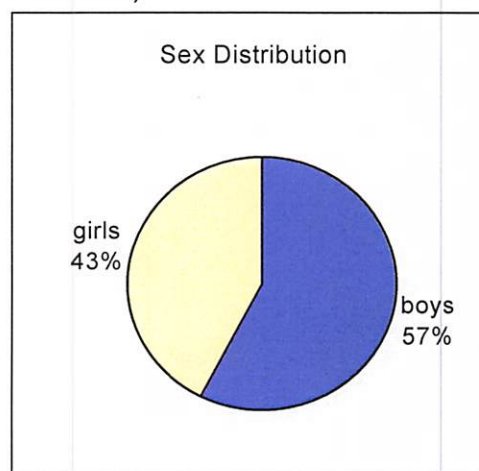
## STARLIGHT ADOLESCENT CENTER: UTILIZATION REPORT 2003

**Introduction to Starlight:** Starlight Adolescent Center --California's first Community Treatment Facility for children and adolescents with severe emotional disturbances-- opened in October 2000. The initial mission of Starlight was to provide local and cost-effective treatment as an alternative to expensive state hospitalization. This mission was accomplished as state hospital populations declined and youth moved into community treatment. Subsequently, Starlight began to play a unique and vital role in the continuum of services available throughout the state, providing care to the most troubled of all youth in a safe, structured and secure treatment environment. A recent report issued by the California State Department of Mental Health documents that "CTFs are serving the youth they were designed to serve and CTFs fill a gap in the system, providing services to the most troubled youth".<sup>1</sup>

In the children's system of care, Community Treatment Facilities such as Starlight are a step-up for clients who are unable to succeed within an RCL Level 14 Group Home. CTFs also offer treatment -- as distinct from detention -- to juvenile offenders with mental illness. Additionally, CTFs provide step-down and sustained treatment focus for youth coming from acute or sub-acute psychiatric facilities. In addition to providing safety, structure and treatment, CTFs run Non-Public Schools to meet the educational needs of enrolled youth.

The opportunities and challenges of CTF programming stem directly from the unique role CTFs fulfill in the system of care -- and from the overtly collaborative nature of the CTF model (which was jointly developed by DMH and CDSS and now increasingly serves a juvenile offender population). Each public system stakeholder, family, and youth contributes an array of needs and requirements that must be melded into a coordinated, seamless, and individualized plan of care for each client. Both the social and environmental risks surrounding the client's life and the client's high risk behaviors must be reduced significantly to enable a successful transition back to home and community. This is the current mission of Starlight Adolescent Center.

**Starlight Client Demographics:** In the past three years since opening, Starlight has served a total of 92 clients. During the most recent year of operation (October 2002-October 2003), 61 clients were served. The clients ranged in age from 12 to 18 years with an average age of 15.1 ( $\pm 1.4$ ), and there were slightly more males than females (57% vs. 43%).

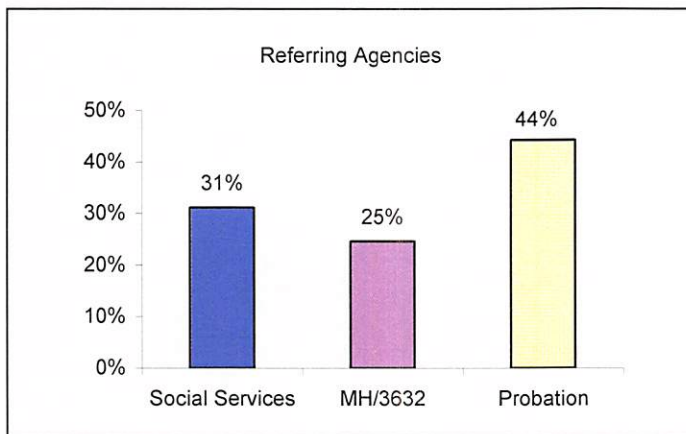
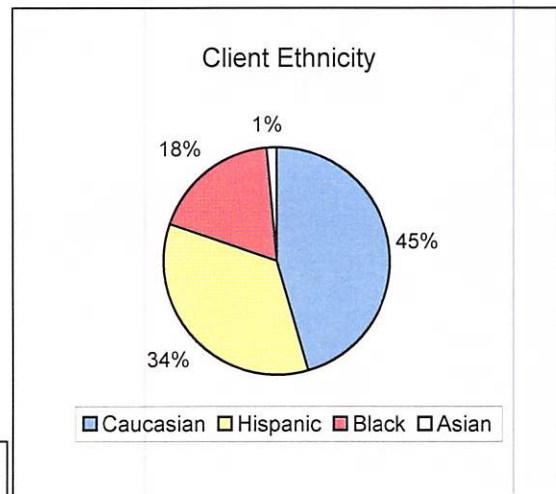


<sup>1</sup> Jordan, Patricia, LCSW & Abbott, Beverly, LCSW, (2004) Study of Community Treatment Facilities, 22 pgs., available at <http://www.dmh.ca.gov/press/doc/2003/CTF/CTF.pdf>.



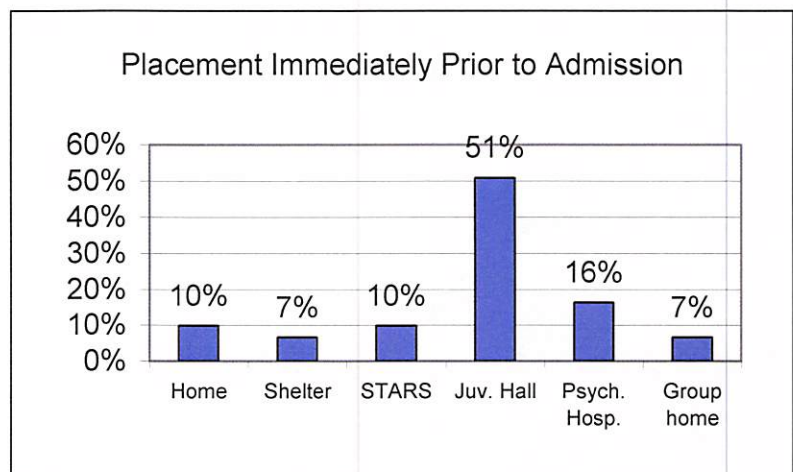
The racial/ethnic backgrounds of the clients were, in order of prevalence: Caucasian, Hispanic, African American, and Asian/Pacific Islander.

Starlight's clients came from Santa Clara County (57%), Alameda County (30%), and five other counties throughout California. Almost half of the youngsters (48%) were referred by the Probation Department; 31% were referred by the Social Services Department; and 25% were referred by the Mental Health Department.

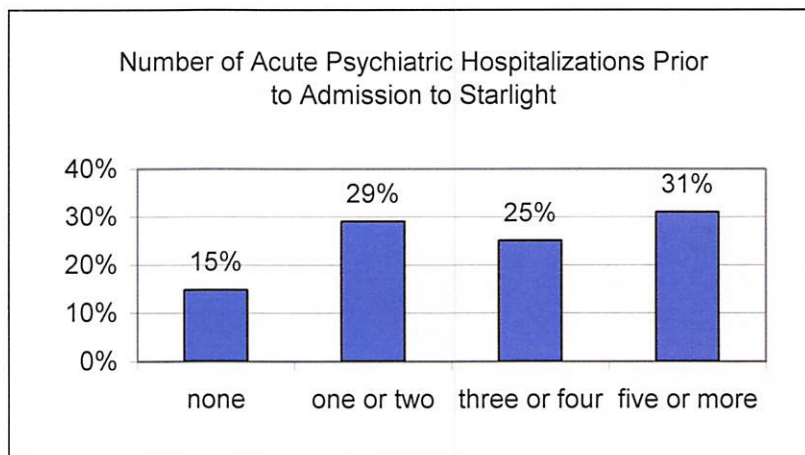


**Starlight Client Acuity — Prior History Data:** The youngsters referred to Starlight all had very high levels of acuity. Previous history information (illustrated in the next three charts) indicated high rates of past psychiatric hospitalizations, high rates of previous Group Home placement failures, and admissions typically coming directly from Juvenile Hall or an acute psychiatric hospital. In short, these were youngsters who had not been successfully served in other programs.

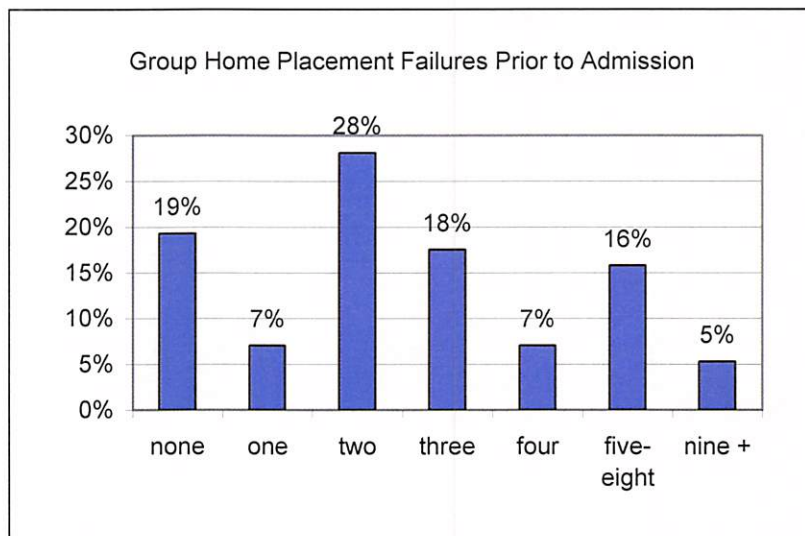
About half of the youngsters were living in Juvenile Hall immediately prior to admission to Starlight. Another 16% were in an acute psychiatric hospital. Ten percent were at STARS Adolescent Center—on their high level locked Psychiatric Health Facility unit. The youngsters admitted directly from a psychiatric hospital were previously at home (5%), in Group Homes (7%), at STARS (2%), and in an unknown location (2%)



The vast majority of youngsters (85%) had at least one acute psychiatric hospitalization prior to admission to Starlight, and the youngsters averaged 3.2 such hospitalizations. Almost one third (31%) of the youngsters had five or more such hospitalizations.

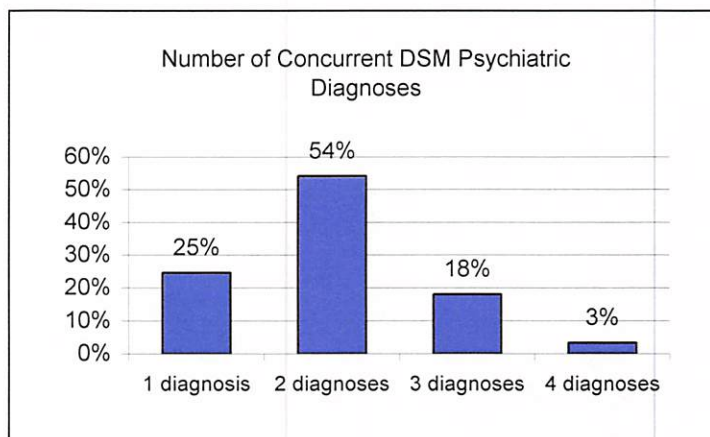


About 80% of the youngsters had prior Group Home placement failures. More than a quarter of the youngsters (28%) had two such failures and another quarter (25%) had three or four such failures. One youngster had 24 Group Home failures. The average number of Group Home stays was 2.5.



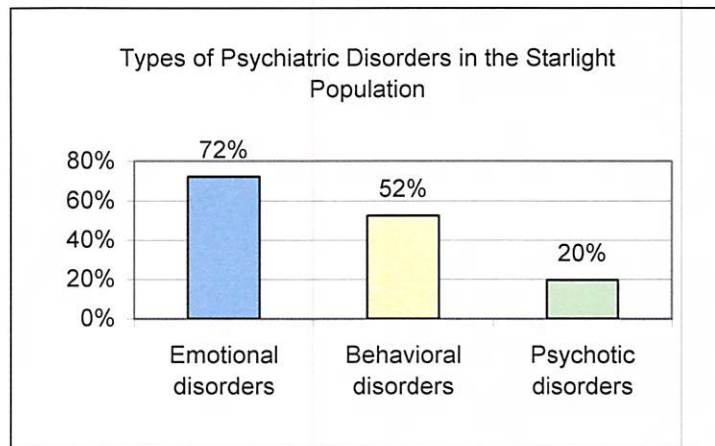
**Starlight Client Acuity — Diagnostic Data:** Starlight's youth all had very severe psychiatric disorders. The data on number of psychiatric diagnoses, types of diagnoses, specific diagnoses, and functional levels are presented below.

All of the youngsters at Starlight had a serious DSM-IV psychiatric diagnosis, and 75% had more than one such diagnosis. The youngsters averaged 2.0 concurrent diagnoses.





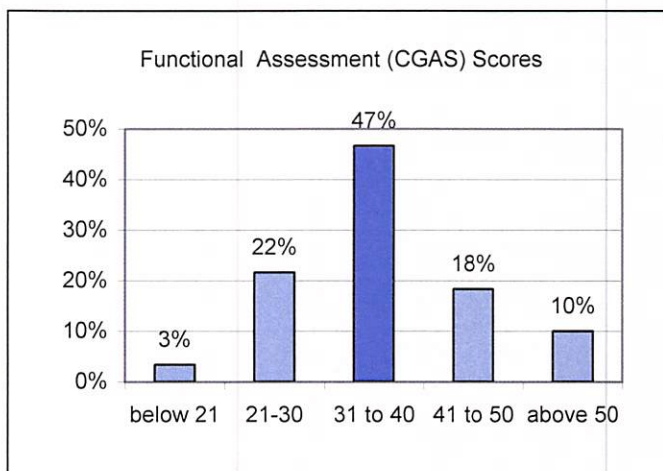
Most (72%) of the youngsters had some type of Emotional or “Internalizing” Disorder (e.g., PTSD, Major Depression, Bipolar Disorder). About half (52%) had some type of Behavioral or “Acting Out” Disorder (e.g., Conduct Disorder, Intermittent Explosive Disorder). And one fifth of the youngsters had some type of Psychotic disorder (e.g., Schizoaffective Disorder and Psychosis Not Otherwise Specified).



The most common specific diagnoses were Major Depression (36%), Posttraumatic Stress Disorder (21%), ADHD (20%), Conduct Disorder (20%), Bipolar Disorder (18%), and Oppositional Disorder (16%).

All of the youngsters had serious impairments in adaptive functioning as measured by the Children’s Global Assessment Scale (CGAS). At admission, 25% were unable to function in almost all areas (CGAS score below 30); 47% were unable to function in at least one area (CGAS 31-40); and 18% had severe impairments in one area (CGAS 41-50). The average CGAS score for the youngsters was 37.7 ( $\pm$  10.2).

| CGAS Ratings      |  |
|-------------------|--|
| <u>51 to 60</u> : | moderate impairments in several but not all areas                          |
| <u>41 to 50</u> : | severe impairments in one area or moderate impairment in most areas        |
| <u>31 to 40</u> : | major impairments in several areas (e.g., markedly withdrawn and isolated) |
| <u>21 to 30</u> : | serious impairment in almost all areas (e.g., stays in bed all day)        |
| <u>below 21</u> : | needs considerable supervision to prevent hurting self/others              |



**Starlight Client Acuity — Need for High Level Interventions During Treatment:** Starlight’s youngsters are among the most severely disturbed and most difficult-to-place in California. Other placements have proven unsuccessful for these youth who have histories of dangerous symptoms such as running away, physically assaulting others, and engaging in self-destructive behaviors and/or suicide attempts. Starlight has tried to keep an appropriate balance between not rejecting needy youngsters on the one hand and ensuring safety by screening out teens with predatory and dangerous behaviors on the other hand.

As evidence of the high degree of client acuity, during the 2003 calendar year Starlight experienced: 26 transfers to acute psychiatric hospitals; 35 AWOLs (some returned); 49 worker’s comp claims; 394 client to client assaults; 418 client to staff assaults; 118 client self-

injuries; and 22 other client injuries. A high level of intervention was needed to control and safeguard youth with dangerous and assaultive behaviors. Among the interventions used at Starlight during the 2003 calendar year were: 179 locked seclusions; 238 time-outs; 80 uses of mechanical restraints; 343 containments; and 126 PRN STAT injections.

Given the high level of client acuity, SLAC management and staff focus quality improvement efforts (policy, procedure, training, and programmatic refinements) on issues such as high risk behavior management, client and staff safety, and preventative programming. Current quality improvement projects include: upgrading emergency and disaster plans; teaching new methods of managing dangerous behaviors to avoid the need for restraint and seclusion; and focusing on school attendance and other positive forms of client engagement in the milieu.

**Starlight Client Acuity — Subgroups:** Differences were found among the Starlight youngsters according to referral sources. The key differences are summarized in the Table below.

| <b>COMPARISON OF CLIENTS BY TO REFERRAL SOURCES</b>       |                                 |                                 |                                       |
|---|---------------------------------|---------------------------------|---------------------------------------|
|   | <b>DMH Referrals<br/>(n=15)</b> | <b>DSS Referrals<br/>(n=19)</b> | <b>Probation Referrals<br/>(n=27)</b> |
| Sex (% males)   | 62%                             | 31%                             | 80%                                   |
| Age (average & st. dev.)                                  | 14.8 (1.1)                      | 15.0 (1.7)                      | 15.5 (1.0)                            |
| Ethnic Distribution:                                      |                                 |                                 |                                       |
| African American  | 2%                              | 25%                             | 28%                                   |
| Asian   | 0%                              | 5%                              | 4%                                    |
| Caucasian   | 77%                             | 38%                             | 20%                                   |
| Hispanic  | 1%                              | 31%                             | 12%                                   |
| Prior Psychiatric Hospitalizations (average and st. dev.) | 5.6 (3.9)                       | 1.4 (0.5)                       | 2.0 (0.7)                             |
| Prior Group Home Placements (average & st. dev.)          | 1.7 (1.7)                       | 1.3 (0.5)                       | 3.0 (2.2)                             |
| Behavioral Disorders                                      | 54%                             | 40%                             | 88%                                   |
| Emotional Disorders                                       | 85%                             | 68%                             | 68%                                   |
| Psychotic Disorders                                       | 23%                             | 0%                              | 32%                                   |
| C-GAS (mean & st. dev.)                                   | 36.6 (10.4)                     | 38.6 (11.8)                     | 37.9 (10.6)                           |

Referrals from DMH tended to: be younger, be Caucasian, have a large number of prior psychiatric hospitalizations, have high rates of Emotional Disorders, and have lower adaptive functioning levels. Referrals from DSS tended to: be female, be Caucasian or Hispanic, have lower rates of prior psychiatric hospitalizations and group home failures, have lower rates of Behavioral Disorders, and be without Psychotic Disorders. Probation referrals were most often males and tended to: be older, be African American, have higher rates of Group Home failures, and have very high rates of Behavioral Disorders.

**Comparison of Starlight CTF and Star View CTF Clients:** Star View Adolescent Center is a 40-bed CTF located in Los Angeles County. Originally a RCL-14 Group Home, it converted to CTF in December of 2001. Also operated by Stars Behavioral Health Group, Star View uses many of the same treatment models as Starlight. A key difference between the two facilities is the existence of an on-site Psychiatric Health Facility at Star View which reduces the need for transfers to outside acute psychiatric hospitals.

The chart below summarizes key differences between Star View's clients and those of Starlight in terms of demographics, diagnostic information, and high-risk behaviors.

| <b>COMPARISON OF CLIENTS AT STARLIGHT CTF vs. STAR VIEW CTF</b> |  |  |
|---|--|--|
|   | <b>Starlight CTF</b>   | <b>Star View CTF</b>   |
| <b>Demographic and Referral Information</b>                     |  |  |
| Sex (% males)   | 57%  | 48%  |
| Age (average & st. dev.)  | 15.1 (1.4)   | 15.0 (1.5)   |
| Ethnic Distribution:  |  |  |
| African American  | 23%  | 35%  |
| Asian   | 3%   | 2%   |
| Caucasian   | 39%  | 26%  |
| Hispanic  | 34%  | 36%  |
| Referring Agency  | DSS (31%)<br>DMH (25%)<br>Probation (44%)  | DSS (65%)<br>DMH (0%)<br>Probation (35%)   |
| Most Common Prior Placement                                     | Juvenile Hall (51%)<br>Psychiatric Hospital (26%)<br>(Incl. 10% from STARS PHF)          | Juvenile Hall (26%)<br>Psychiatric Hospital (28%)<br>MacLaren Hall (27%)<br>(children's shelter) |
| <b>Diagnostic Information</b>                                   |  |  |
| Behavioral Disorders  | 52%  | 44%  |
| Emotional Disorders   | 72%  | 81%  |
| Psychotic Disorders   | 20%  | 17%  |
| C-GAS (average & st. dev.)                                      | 37.7 (10.2)  | 27.4 (4.2)   |
| Most Common Diagnoses   | Major Depression (36%)<br>PTSD (21%)<br>Conduct Disorder (20%)<br>Bipolar Disorder (18%) | Bipolar Disorder (33%)<br>Major Depression (30%)<br>PTSD (25%)<br>Conduct Disorder (22%)         |





| COMPARISON OF CLIENTS AT STARLIGHT CTF vs. STAR VIEW CTF |               |               |
|--|---------------|---------------|
|  | Starlight CTF | Star View CTF |
| High-Risk Behaviors and Interventions                    |               |               |
| AWOLS (not permanent)                                    | 35            | 10            |
| Worker's Comp claims                                     | 49            | 11            |
| Client to client assaults                                | 394           | 141           |
| Client to staff assaults                                 | 410           | 212           |
| Client self-injuries                                     | 118           | 41            |
| Other client injuries                                    | 22            | 51            |
| Locked seclusions  | 179           | 0             |
| Time-outs  | 238           | 278           |
| Uses of mechanical restraints                            | 80            | 0             |
| Containments   | 343           | 497           |
| PRN STAT injections                                      | 126           | 110           |

A chief difference between Star View and Starlight is that Star View serves only youngsters referred by Probation or Social Services (no Mental Health referrals). The prevalence of Social Services clients at Star View is almost double that at Starlight. Considering this referral pattern, it makes sense that fewer of Star View's youngsters were admitted from Juvenile Hall and more were admitted from psychiatric hospitals.

However, despite these referral differences and ethnic differences reflecting their local communities, the clients at Star View and Starlight were very similar in their psychiatric profiles (including specific diagnoses and types of diagnoses). Both of these CTFs seem to be serving similar groups of youngsters.

Rates of most "high risk" behaviors and interventions were higher at Starlight than at Star View. This may reflect the fact that most of Star View's clients were stabilized to some extent on the PHF unit before being admitted to the CTF.

**Comparison of Starlight CTF and Star View CTF Outcome Data:** The next below presents the 2003 outcome data for Star View and Starlight. For Star View, the lengths of stay data reported here are total stays in the CTF with intervening stays on the PHF unit not being included in this figure. Starlight lengths of stay do not include any bedholds during which the clients were in acute hospitals.

| COMPARISON OF STARLIGHT CTF VS. STAR VIEW CTF: OUTCOMES DURING 2003 |               |               |
|---|---------------|---------------|
|   | Starlight CTF | Star View CTF |
| <b>Psychiatric Hospitalizations:<sup>2</sup></b>                    |               |               |
| Transfers to acute psychiatric hospitals                            | 25            | 8             |
| Transfers to on-site PHF Unit                                       | NA            | 66            |
| <b>Discharge Statistics:</b>  |               |               |
| Number of discharges  | 34            | 44            |
| Average length of stay  | 291 days      | 230 days      |
| <b>Placement At Discharge:</b>                                      |               |               |
| Family reunifications   | 26%           | 14%           |
| Foster family placements  | 0%            | 3%            |
| Group home placements   | 28%           | 38%           |
| All lower level of care placements                                  | 54%           | 55%           |

Not surprisingly (considering Star View's on-site PHF), Starlight had many more transfers to acute psychiatric hospitals than did Star View: There were 25 during the year for Starlight versus only 8 during the year for Star View. However, Star View had a substantial number of transfers from the CTF to its PHF unit (66 during the 2003 year).

Average lengths of stay were greater at Starlight and show more range and variability. This may be due to the higher percentage of Mental Health/Juvenile Probation youth served at Starlight: the placement process for such youth can be protracted due to their combination of mental illness and illegal or antisocial behavior.

Star View CTF and Starlight CTF had similar step-down rates with just over half of the clients (54% for Starlight's and 55% for Star View) being discharged to lower level of care settings. Family reunifications were more common at Starlight (26% versus 14%) and Group Home placements were more common at Star View (38% versus 28%).

<sup>2</sup> The number of transfers are provided. The unduplicated client count is approximately 65% of this figure. A subset of children experienced multiple psychiatric hospitalizations.