

The Services To At Risk Youth “STAR” Program

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STAR originated in 1983 when the Texas Legislature approved a demonstration project for serving runaway and truant youth called the Services to Truants and Runaways project. By 1984 the first 15 programs were funded under grants from the Texas Department of Human Resources’ Protective Services Branch. By 1989, the program evolved into the Services to At-Risk Youth (STAR) program and expanded to provide services to youth and families in all 254 Texas counties. Since those early beginnings, STAR has kept true to its original purpose of keeping youth who would otherwise “slip through the cracks” from entering the foster care and juvenile justice systems by offering youth and their families early intervention (and later, prevention) services.

Since its addition to the Texas Family Code¹, STAR has been a state contract service administered by the Department of Family & Protective Services (previously the Department of Human Services) through a competitive bidding process normally every 4 years. The purpose of the program has remained the same over the years, and is stated in the Request for Proposals (RFP):

“Providing crisis intervention to at-risk youth and their families is the primary role of the STAR program in restoring family stability and adaptive crisis resolution. The inability of families to access support and guidance during a crisis situation contributes to the long-term impact on youth and families and may impact the incidence of child maltreatment and juvenile delinquency.”²

STAR is the only statewide program available to youth and families who are in crisis and at risk of entering the foster care and juvenile justice systems. It is the safety net for many Texas youth and families who cannot access community mental health services. Many STAR providers report that even though their clients may have mental health issues, the strict eligibility requirements for services through local mental health authorities force families to rely on STAR services when they have crises.

Youth and their families can self refer to STAR when they are having a family crisis such as a runaway, youth truancy, or family conflict. Many times self referrals come from people who have heard of the STAR program from their friends or neighbors, or through various “universal child abuse prevention” sources.³

¹ Note: Legislative basis is the Texas Family Code, Chapter 264, Subchapter D, 264.301.

² Texas Department of Family and Protective Services (2012) Request for proposals for services to at-risk youth. Procurement Number: 530-13-0004, Austin, TX., p. 15.

³ In addition to the core services STAR programs must also provide community-based Universal Child Abuse Prevention (UCAP). UCAP activities must be available to the community at-large and can include media campaigns, educational presentations and other community events that highlight child abuse prevention.

Also, schools and other community social services refer people to STAR for immediate crisis intervention or family counseling. Community-based social services such as juvenile court and child welfare agencies refer families to STAR for early intervention services before crises escalate to the extent that involvement in the juvenile justice and foster care systems becomes necessary. They may also refer families to STAR after assessing that the child is not in immediate danger of abuse or neglect (in the case of child welfare) or determining that the youth is not guilty of an offense that would make him or her ineligible for STAR services (in the case of juvenile justice). Schools refer families to STAR when youth are having truancy problems, behavior problems, or problems that impact the youth's grades. Community mental health programs refer youth and families to STAR for the kinds of issues that do not require psychiatric treatment. Law enforcement refer youth to STAR programs when they have to intervene with family disturbances related to youth; when they pick up runaway youth; or when parents and youth need crisis intervention after family conflict.

2012 STAR STATS: Referral Source

Parent/Relative/Friend	7,669	28.5%
School	6,672	24.9%
Court Ordered	5,298	19.7%
Law Enforcement	538	2.0%
Juvenile Probation	1,484	5.5%
Protective Service	1,245	4.6%
MHMR	265	1.0%
Other Agency	2851	10.7%
Clergy/Church	245	0.8%
Hotline	177	0.7%
Self	511	1.9%

Figure 1 details STAR's Referral statistics from 2012.⁴ Outcomes reported in the same report show that STAR was successful in working to help families: less than 2% of youth who successfully completed services had another



Core STAR Services

There are six service components of the STAR Program. They include immediate crisis intervention services and on-going prevention and early intervention services.

Immediate crisis intervention services provided through STAR include:

1. Live, toll-free telephone services available 24/7 (including holidays) with a crisis intake worker who makes an immediate assessment of the crisis and helps the caller access needed services.
2. Face-to-face crisis family and youth counseling upon request within 24 hours of the crisis intake call.
3. Emergency respite care services (youth shelter services) for runaway youth and/or when the assessed level of conflict between youth and caretaker precludes them staying together.⁵

On-going prevention and early intervention services provided through STAR include:

4. Family and youth short-term counseling designed to reduce conflict and tension among family members so the youth can remain in or be returned to their home; provide guidance and support to families and individual youth; and to avert further crises.
5. Parenting skills training for parents (caregivers) designed to improve family functioning, prevent future disruptions, and to build resiliency and avert further crises.
6. Youth coping skills training for youth designed to improve youth's coping skills and prevent future disruptions, and build resiliency to avert further crises.

⁴ STAR – State Statistics (2012) Texas Dept. of Family & Protective Services.

⁵ Note: There are specific requirements related to youth eligibility for respite care. Reader is referred to their local STAR provider for details on any procedural requirements, timeframes, and limits related to STAR services.

In order to provide immediate services to people who are usually upset and “at-risk” for escalating crises, STAR programs use a systematic and structured research-informed model for crisis assessment and intervention. A brief counseling approach for assists youth and families to re-establish effective coping and begin to take steps to resolve their crisis.



Typical Case Illustration

To illustrate how STAR programs operate in a community, following is a typical family crisis which is all too common. Of course, STAR workers would interject here that the only “typical” situation is that youth and their parents always have crises during adolescence.

At 4:30 in the afternoon a STAR Intake Worker receives a phone call from an irate mom who is asking if STAR can come pick up her 14 year old because he “stays out all night”, “won’t go to school”, and “just stole \$20” from her and ran out of the house. She claims she will not let him back in her house when he comes home so if we can’t take him he is on his own. She is also worried that he’ll come back high or drunk, “break in”, and cause lots of trouble. She has already called the police and they referred her to STAR.

The intake worker stays on the phone with the mom for 30 minutes, calming her down, beginning some crisis assessment, and making an immediate plan for how she can cope with the crisis and what she can do when the boy returns. They go over a number of possibilities and the mom decides to call her brother to come over, and then tell the boy to stay at another relative down the street if he returns home. She further reluctantly agrees to have her brother bring the boy in the morning and meet her at the counseling center for a crisis session.

The next morning the mom comes in to the STAR program and meets with the boy and her brother. The brother sits between mom and the boy as they complete some necessary paperwork. The counselor listens to everyone’s “story”, assesses the situation, and begins to facilitate a conversation to help the youth and family cope with their crisis. According to the mom her son skips school, is failing, and hangs around with kids who do drugs. The boy claims he has to “get outa” his house because his mom is always yelling at him and she “is crazy” since she lost her job a month ago. The family has a history of family violence between the stepfather and the mom and both the boy and mom are usually afraid the stepfather will get drunk and come visit.

The counselor asks them to think about what their situation or relationship will be like if the counseling is helpful. They make beginning goals of “getting along better” and finding ways to deal with the stepfather. They agree that the boy will temporarily stay with his uncle, the uncle will “make him” go to school every day, and mom will put her efforts into looking for another job. The STAR counselor will make some calls for the mom for emergency assistance and call the school counselor to find out how the boy can catch up on his missed work. The counselor also takes a few minutes assessing whether the mom knows how to keep herself safe from her ex-husband and gives her the phone number for the local domestic violence program. The boy also agrees to attend an afterschool tutoring group.

The family makes a plan related to these steps and decides to meet again with the STAR counselor in a week to see how things are going. The STAR counselor knows that this will probably be fairly brief counseling that will get the family back to their normal coping strategies. Once the family is coping better, the counselor will invite them to participate in “ongoing” brief counseling related to processing the crisis event, doing further work on their goals, and possibly getting the boy into some “recovery” related groups and/or parenting skills group for the parent.

The counselor will work diligently to involve the family in counseling by focusing on their strengths and abilities rather than their deficits, empowering them to take small steps. STAR counselors do not utilize psychological counseling approaches that focus on finding out why the problems exist. Rather, they help people in crisis find strengths they can utilize to cope with the crisis; for example, listing what they can do more of that will help, and, of course, what they can do less of because it doesn't work. Once the family has re-established effective coping strategies they can go about the business of resolving the crisis.

Not all youth and families who register for STAR services are in immediate crisis.

For those who are not in a crisis, STAR programs are required to implement ongoing early intervention and prevention services that are based on “best practices” and are effective in preventing child maltreatment and/or juvenile delinquency. STAR's goal is to engage these youth and families in services that can result in positive outcomes that keep families together and resolve crises before they escalate. STAR providers use evidence-based programs/practices when they can and when those are appropriate for the community and feasible to implement. As with the other crisis-oriented services, STAR programs must use services best suited to the individual family situations. From the 2009 RFP:

“Though the Contractor is required to provide these service components, the program model is non-linear in service delivery and requires Contractor flexibility in developing individualized Action Plans that meet the unique needs of each family and/or youth. Therefore, there is no standardized set of services, combination⁶ of services and/or appropriate order in which a family or youth can access the services provided.”

STAR programs also conduct a formal intake and assessment process to ensure the program meets the needs of each youth and/or family member who will participate. These services can include all the same components as listed for families in crisis and these services are also intended to be short-term (not to exceed 180 days) and focused on building family strengths and resiliency. The primary core service is family counseling, since research shows that working with families as a unit is the most effective way to impact the kinds of presenting problems that STAR programs are designed to resolve. Only when parents or caregivers refuse to participate can the programs work with youth on their own.



Related STAR Services

In addition to the core services STAR programs must also provide community-based Universal Child Abuse Prevention (UCAP) and street outreach. UCAP activities can include media campaigns, educational presentations and other community events that highlight child abuse prevention. These must be “universal”, meaning available to the community-at-large. Street outreach for STAR programs is defined as reaching out to “...street youth who are homeless, disenfranchised, unsupervised, or at risk of involvement with negative peer groups/gangs, particularly⁷ in major urban areas” for the purpose of informing them⁸ about STAR services.



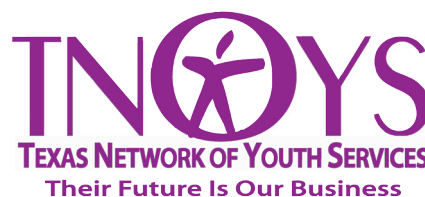
Ancillary STAR Services

STAR programs support and enhance their core services by also offering (required) ancillary services such as information and referral, case management, child care (when families are participating in core services), transportation (when needed), and advocacy training.



Conclusion

As stated earlier, STAR remains the only statewide program providing critical support services to youth and families in crisis. Without this important program, more young people would run away from home and more families would end up involved in the foster care and juvenile justice systems. Serving youth and their families through those systems can cost tens of thousands of dollars. In contrast, in 2012, the average cost of serving a youth and family through STAR was \$626. It is clear that the STAR program is a good investment for the state of Texas.



⁷ Texas Department of F PS (2012) RFP. Procurement Number: 530-13-0004, Austin, TX., p. 29

⁸ Note: In rural areas where homeless or street youth are not evident, STAR programs must provide ongoing community assessments to determine if this is a community problem