

# Full Service Partnerships OUTCOMES REPORT



## Children, Youth & Families FSP Summary

FY 2014-15

### What is This?

Full Service Partnership (FSP) programs are comprehensive behavioral health programs which provide all necessary services and supports, including intensive services, to clients with a high level of need to enable them to live in their community. Services may include in-home and community-based intensive case management to provide support and assistance in obtaining such services as benefits for low-income families, health insurance, parent education, tutoring, mentoring, youth recreation, and leadership development. FSPs may also assist with connections to resources such as physical health services, interpreter services, and acquisition of food, clothing, and school supplies.

### Why Is This Important?

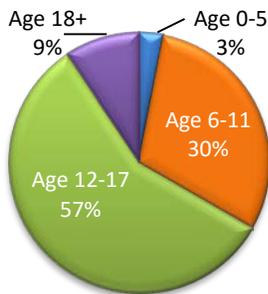
FSP programs support individuals and families, using a “whatever it takes” approach to establish stability and maintain engagement. The programs build on client strengths and assist in the development of abilities and skills so clients can become and remain successful. They help clients reach identified goals such as acquiring a primary care physician, increasing school attendance, improving academic performance and reducing involvement with forensic services.

### Who Are We Serving?

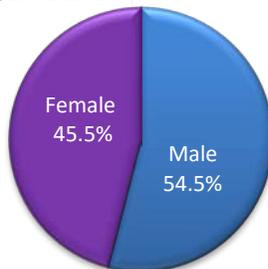
In Fiscal Year (FY) 2014-15, 3,016 unduplicated clients received services through 16 FSP programs, a 7% increase from the number of FSP clients served in FY 2013-14 (N=2,825).

## FSP Client Demographics and Diagnoses (N=3,016)

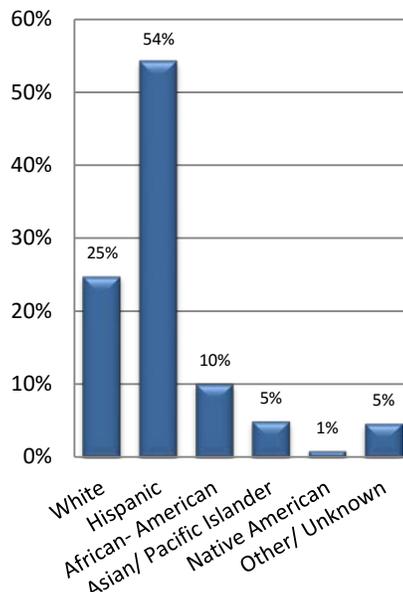
### AGE



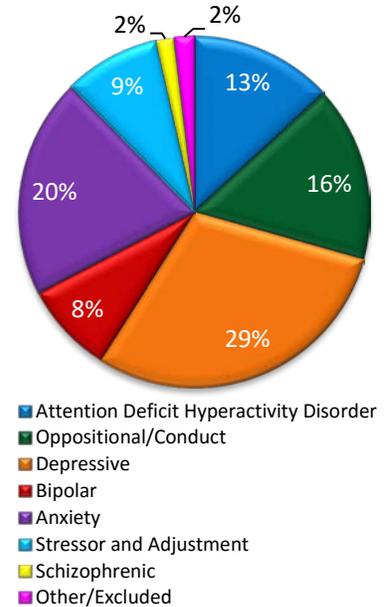
### GENDER



### RACE/ETHNICITY



### PRIMARY DIAGNOSIS

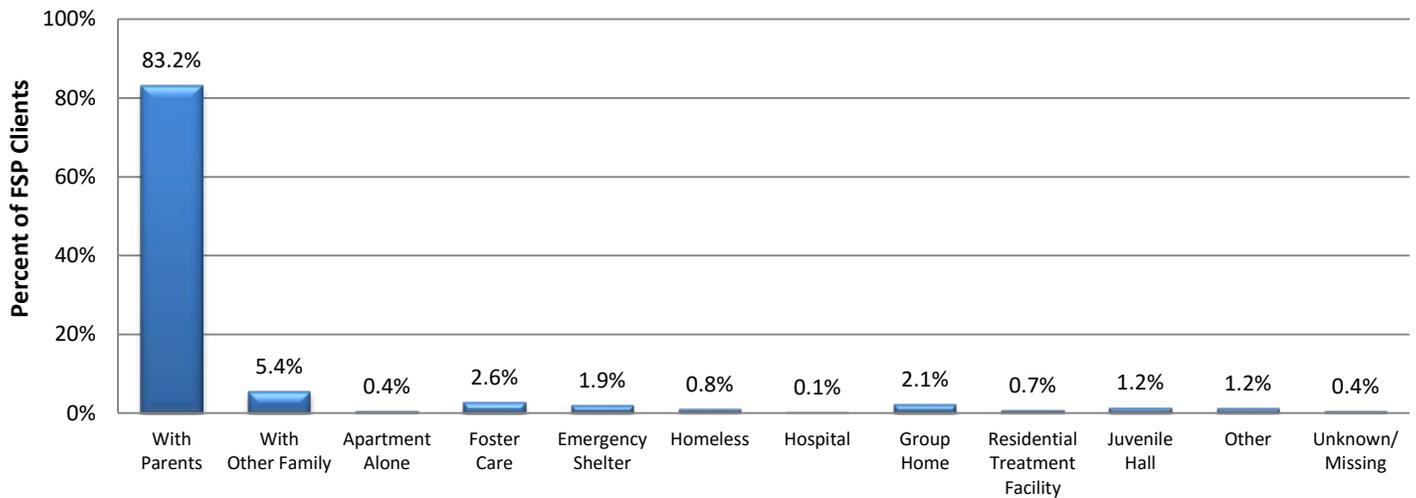


## Who Are We Serving?

FSP providers collected client and outcomes data using the Department of Health Care Services (DHCS) Data Collection & Reporting System (DCR). Residential status and risk factors were entered for new clients to FSP programs in FY 2014-15. Referral sources were also entered; FSP referrals in order of frequency were as follows: family member (20%), school system (16%), mental health facility (15%), primary care physician (15%), Juvenile Hall (9%), social service agency (7%), self-referral (6%), other county agency (4%), acute psychiatric facility (3%), friend (1%), homeless shelter (1%), emergency room (1%), or substance abuse facility (<1%). The remaining 3% were referred by an unknown or unspecified source.

### Residential Status at Intake (n=1,883)\*

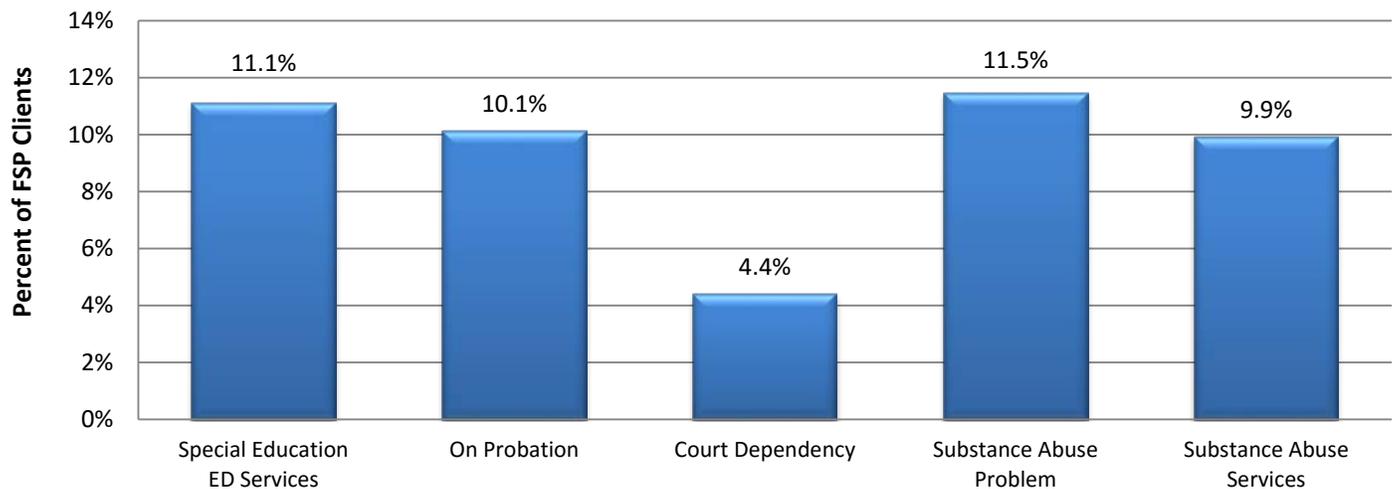
The majority of youth entering FSP programs were living with their parents.



\*Clients with intake assessment in the DCR within FY 2014-15.

### Risk Factors at Intake (n=1,883)\*

The most prevalent risk factor for more intensive service use among youth entering FSP programs was related to substance use (12%). Clients may have had more than one risk factor.



\*Clients with intake assessment in the DCR within FY 2014-15.

## Who Are We Serving (continued)?

Client involvement in the juvenile justice sector and emergency service provision was tracked by FSP providers.

### Forensic Services

In FY 2014-15, 21 FSP clients had an arrest recorded in the DCR. Two FSP clients were noted to have been on probation.

### Inpatient and Emergency Services

Of the 3,016 unduplicated clients who received services from an FSP program in FY 2014-15, 86 (2.9%) had at least one inpatient (IP) episode and 93 (3.1%) had at least one emergency service unit (ESU) visit during the treatment episode.

## Are Children Getting Better?

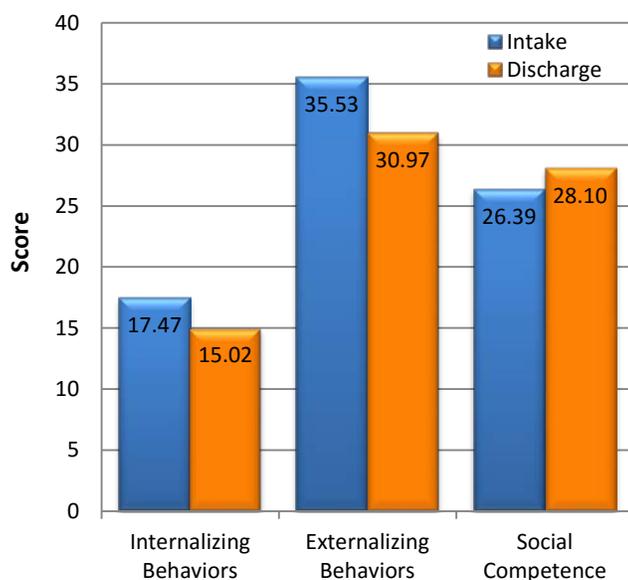
FSP providers collected outcomes data with the Child and Adolescent Measurement System (CAMS) and the Children's Functional Assessment Rating Scale (CFARS). Scores were analyzed for youth discharged from FSP services in FY 2014-15, who were in services at least three weeks (CFARS) or two months (CAMS) and had a maximum of two years between intake and discharge assessment, and who had both Intake and Discharge scores for all measure domains. Additionally, the Personal Experience Screening Questionnaire (PESQ) was implemented in FY 2012-13; scores were analyzed for youth discharged from FSP Alcohol and Drug programs in FY 2014-15, who were in services at least one month.

### FSP CAMS Scores

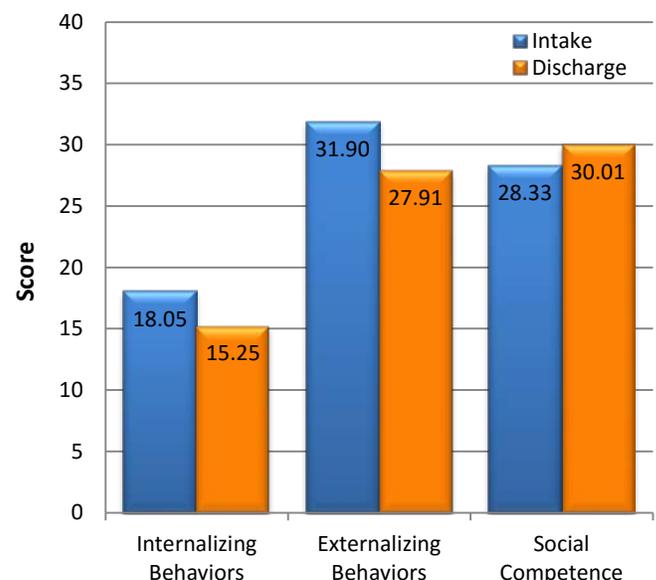
The CAMS measures a child's social competency, behavior and emotional problems; it is administered to all caregivers, and to youth ages 11 and older. A *decrease* on the Internalizing (e.g., depressive or anxiety disorders) and/or Externalizing (e.g., ADHD or oppositional disorders) CAMS score is considered an improvement. An *increase* in the Social Competence (e.g., personal responsibility and participation in activities) score is considered an improvement.

These CAMS results (n=557 Parent CAMS and n=444 Youth CAMS) revealed improvement in youth behavior and emotional problems following receipt of FSP services.

FSP Caregiver CAMS (n=557)



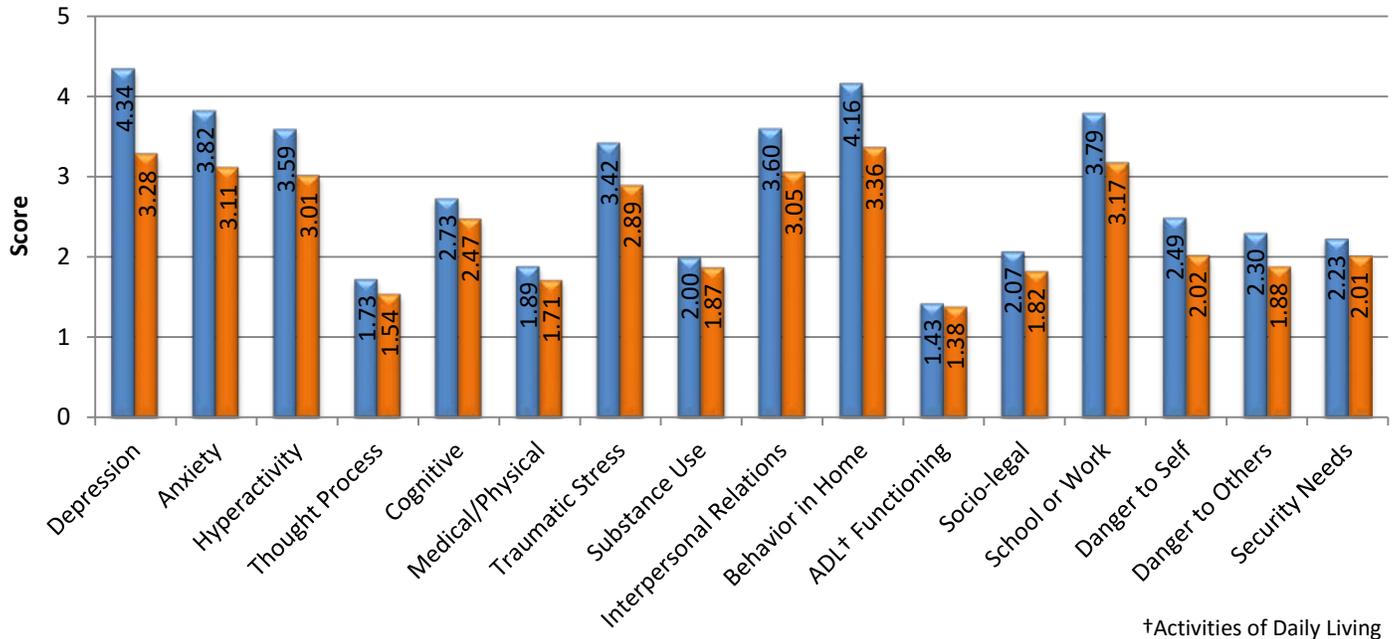
FSP Youth CAMS (n=444)



## Are Children Getting Better?

### FSP CFARS Scores (n=1,216)

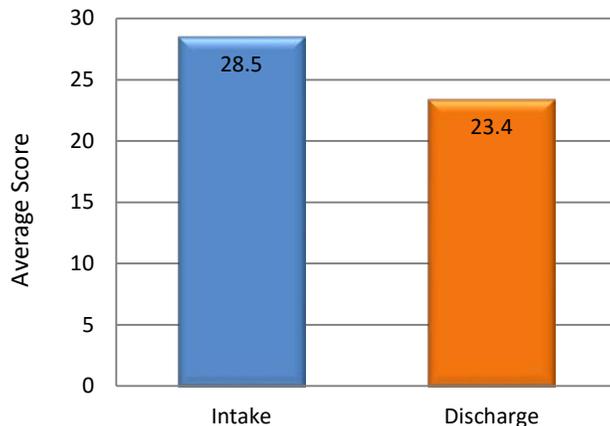
The CFARS measures level of functioning on a scale of 1 to 9 and is completed by the client's clinician. A *decrease* on any CFARS domain is considered an improvement. CFARS data were available on 1,216 FSP clients in FY 2014-15 and revealed improvement in youth symptoms and behavior following receipt of FSP services.



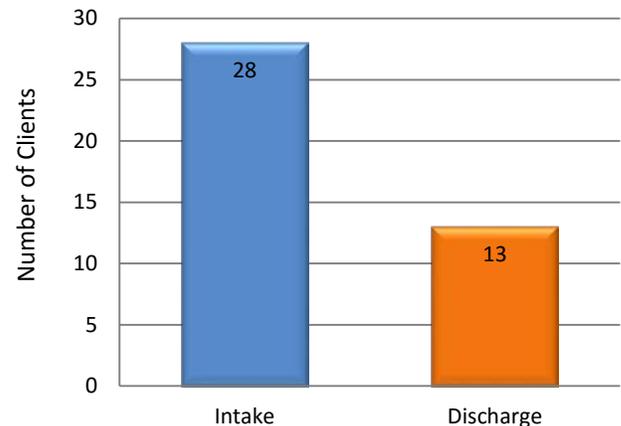
### FSP PESQ Scores

The PESQ measures potential substance abuse problems and is administered to youth ages 12-18 by their Alcohol and Drug (AD) counselor; the PESQ is only administered at FSP programs which are augmented with a dedicated AD counselor. Scores are measured in two ways: 1) the Problem Severity scale, and 2) the total number of clients above the clinical cutpoint. For clients, a *decrease* on the Problem Severity scale is considered an improvement. For programs, a *decrease* in the number of clients scoring above the clinical cutpoint at discharge is considered an improvement. PESQ data were available for 86 discharged clients in FY 2014-15.

#### PESQ Severity Scale (n=86)



#### PESQ Clinical Cutpoint

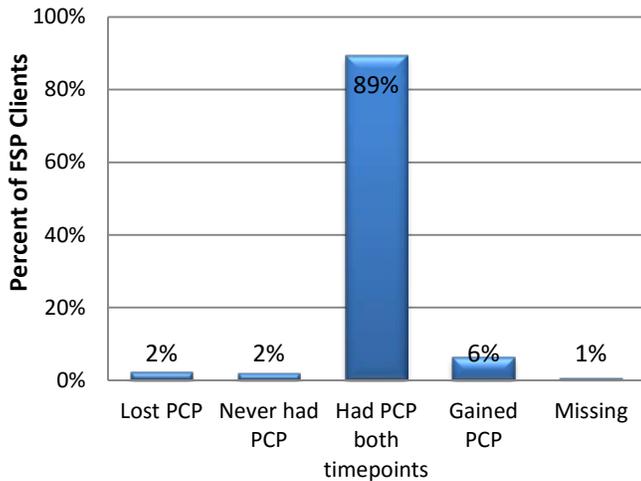


## Are Children Getting Better?

FSP providers also collected client and outcomes data on primary care physician status, school attendance, and academic performance; these were tracked in the DCR for continuing clients with multiple assessments. Analyses of these tracked outcomes were limited to clients with an intake and a 3, 6, 9, or 12 month assessment; the most recent assessment was compared to intake.

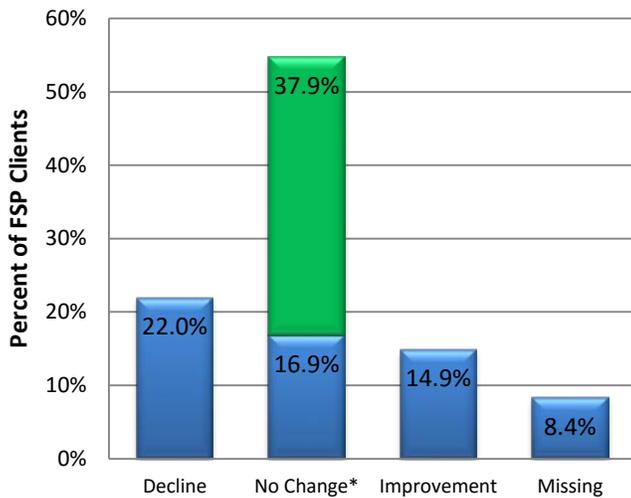
### Primary Care Physician (PCP) Status (n=2,117)

89% of FSP clients had and maintained a PCP.



### School Attendance (n=2,117)

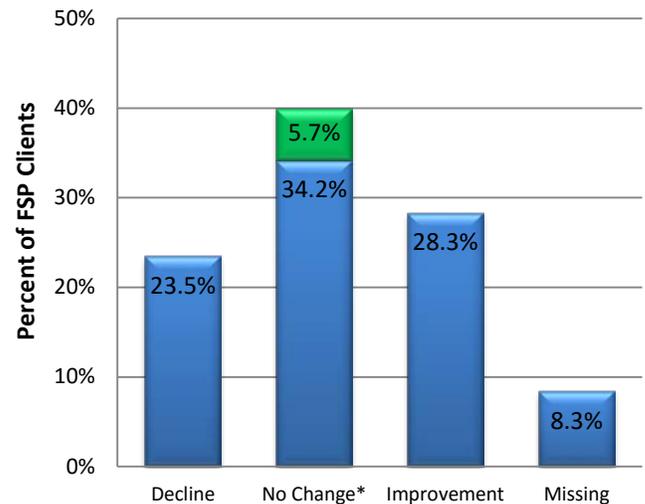
53% of FSP clients either improved (15%) or maintained excellent (38%) school attendance at follow-up assessment as compared to intake.



*\*Of the 55% of clients for whom no change was noted, 38% (green portion of bar) had consistently excellent attendance (intake and discharge assessments indicated most positive category for school attendance).*

### Academic Performance (n=2,117)

34% of FSP clients either improved (28%) or maintained excellent (6%) grades at follow-up assessment as compared to intake.



*\*Of the 40% of clients for whom no change was noted, 6% (green portion of bar) had consistently excellent grades (intake and discharge assessments indicated most positive category for school grades).*

## What Does This Mean?

- County of San Diego Children, Youth & Families Behavioral Health Services FSP programs have continued to enroll more clients.
- Children and youth who receive treatment in FSP programs showed improvement in their mental health symptoms, according to client, parent, and clinician report.
- Treatment of youth by Alcohol and Drug counselors at enhanced FSP programs was successful, as evidenced by the large reduction in youth who scored above the clinical cutpoint on the PESQ at discharge, compared to intake.
- More than half of youth FSP clients improved or maintained excellent school attendance. Approximately one-third of youth FSP clients improved or maintained excellent grades. FSP programs should continue to work with schools to ensure their clients' mental health challenges do not inhibit their academic success.



*The Child & Adolescent Services Research Center (CASRC) is a consortium of over 100 investigators and staff from multiple research organizations in San Diego County and Southern California, including: Rady Children's Hospital, University of California at San Diego, San Diego State University, University of San Diego and University of Southern California. The mission of CASRC is to improve publicly funded mental health service delivery and quality of treatment for children and adolescents who have or are at high risk for the development of mental health problems or disorders. For more information please contact Amy Chadwick at [aechadwick@ucsd.edu](mailto:aechadwick@ucsd.edu) or 858-966-7703 x7141.*