Full Service Partnerships OUTCOMES REPORT

Behavioral Health Services for Children and Youth *FY 2024-25*

What Is This?

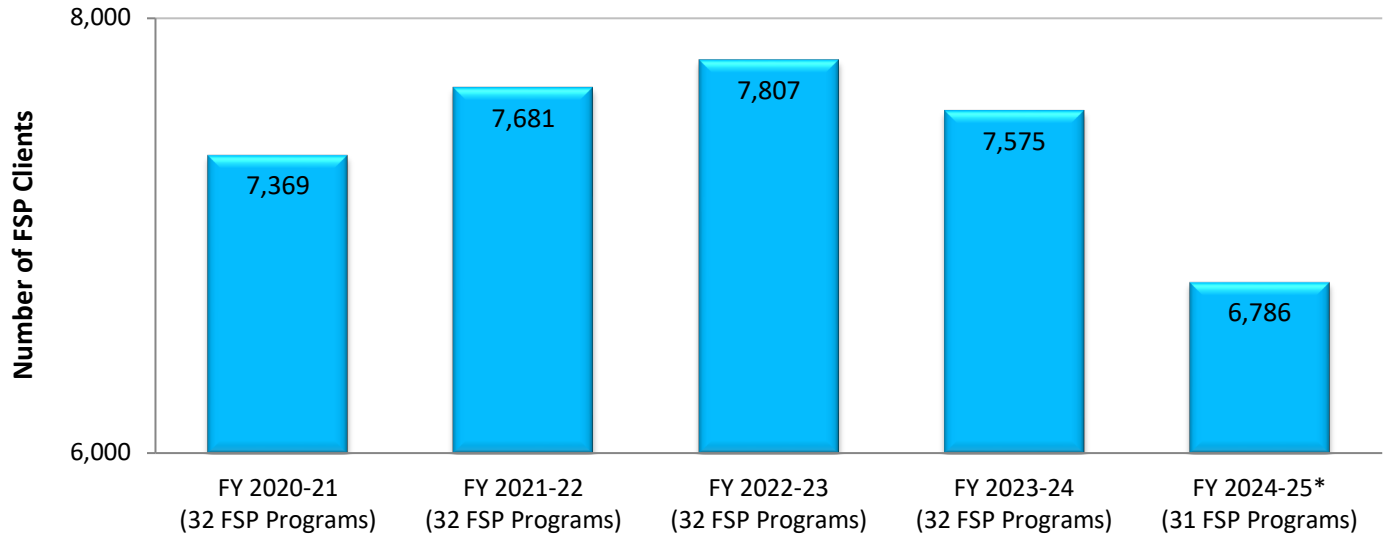
The Full Service Partnership (FSP) model offers integrated services with an emphasis on whole person wellness and promotes access to medical, social, rehabilitative, and other community services and supports as needed. An FSP provides all necessary services and supports to help clients achieve their behavioral health goals. Clients can access designated staff 24 hours a day, 7 days a week. FSP services address client and family needs through intensive services, supports, and strong connections to community resources with a focus on resilience and recovery. An FSP offers ancillary support(s), when indicated, provided by case managers, substance use disorder (SUD) counselors or certified peer specialists. Services are trauma-informed, with a recognition that a whole person approach is critical to promoting overall wellbeing. Emphasis on partnership with the family, natural supports, primary care, education, and other systems working with the family is a recognized core value.

Why Is This Important?

FSP programs support individuals and families, using a "do 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 juvenile justice services.

Who Are We Serving?

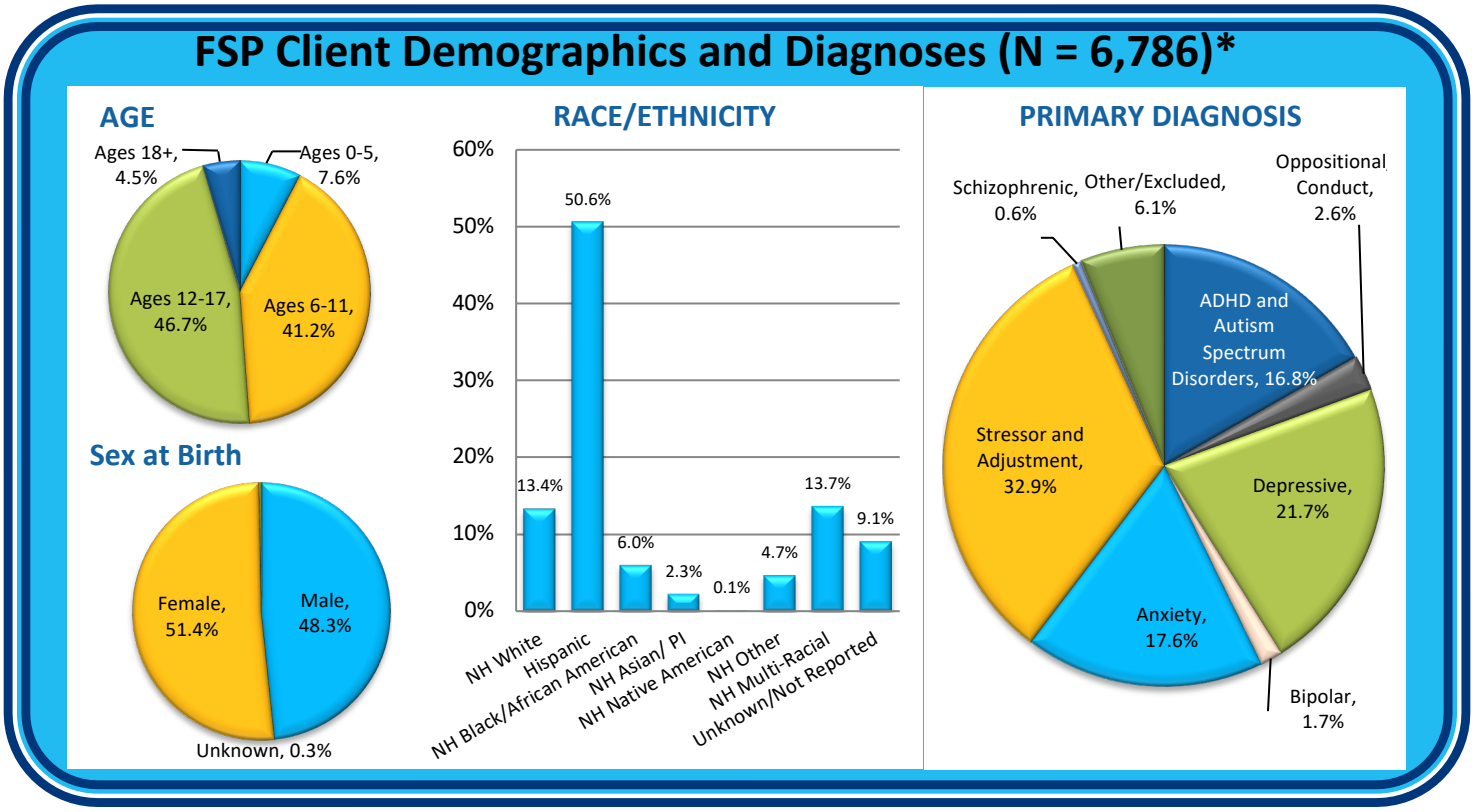
In Fiscal Year (FY) 2024-25, a total of 6,786 unduplicated clients received services at 31 Behavioral Health Services for Children and Youth (BHS-CY) FSP programs.



**Due to the 9/1/2024 transition to SmartCare, data are not directly comparable to previous reports. Data may differ from those reported elsewhere due to differences in download dates, recoding rules, and exclusion criteria.*

Who Are We Serving?

In FY 2024-25, FSP clients were more likely to identify as Hispanic (51%), to be between the ages of 12 and 17 (47%), and to report their sex at birth as female (51%). Stressor and Adjustment Disorders were the most common diagnosis, affecting 33% of FSP clients.



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NOTE: Percentages may not add up to 100% due to rounding.

Data Collection and Reporting System (DCR)

FSP providers collected client and outcomes data using the California Department of Health Care Services (DHCS) Data Collection & Reporting System (DCR). Referral sources were entered for clients new to FSP programs in FY 2024-25.

Referral Sources (N = 3,793)

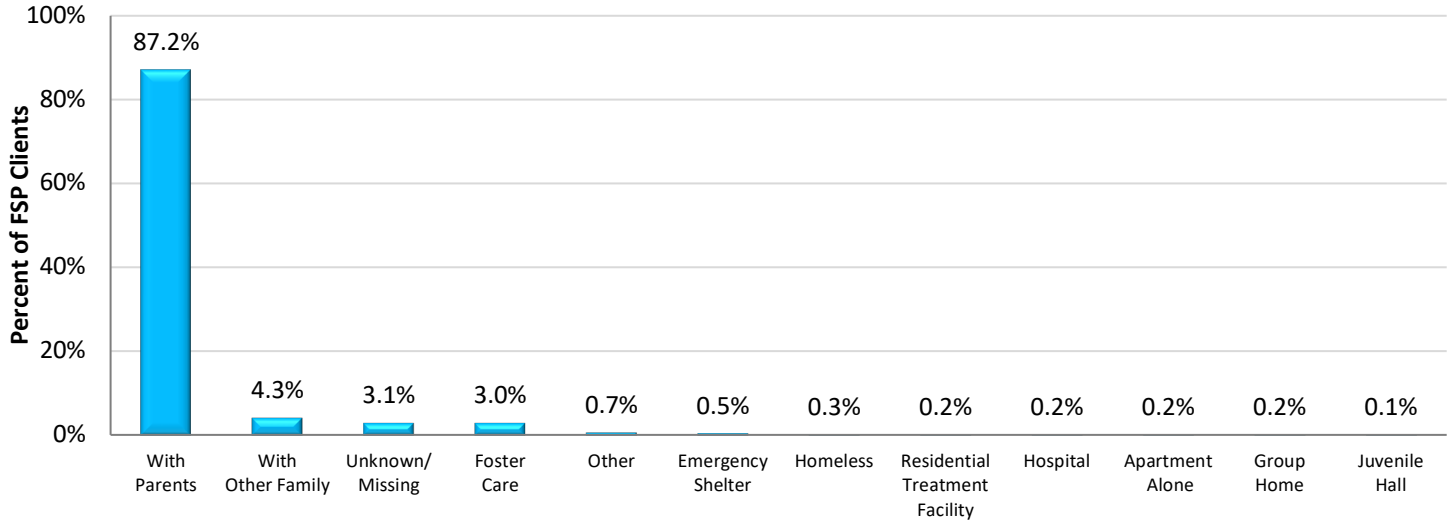
FSP referrals for clients with an intake assessment in FY 2024-25 were as follows (in order of frequency): school system (45%), family member (22%), primary care physician (12%), mental health facility (7%), self-referral (5%), social service agency (5%), other county agency (1%), Juvenile Hall (1%), acute psychiatric facility (1%), emergency room (1%), friend (<1%), homeless shelter (<1%), substance abuse treatment facility (<1%), and faith-based organization (<1%). The remaining 1% were referred by an unknown or unspecified source.

Who Are We Serving? (continued)

Living arrangement and risk factors were entered in the DCR for clients new to FSP programs in FY 2024-25.

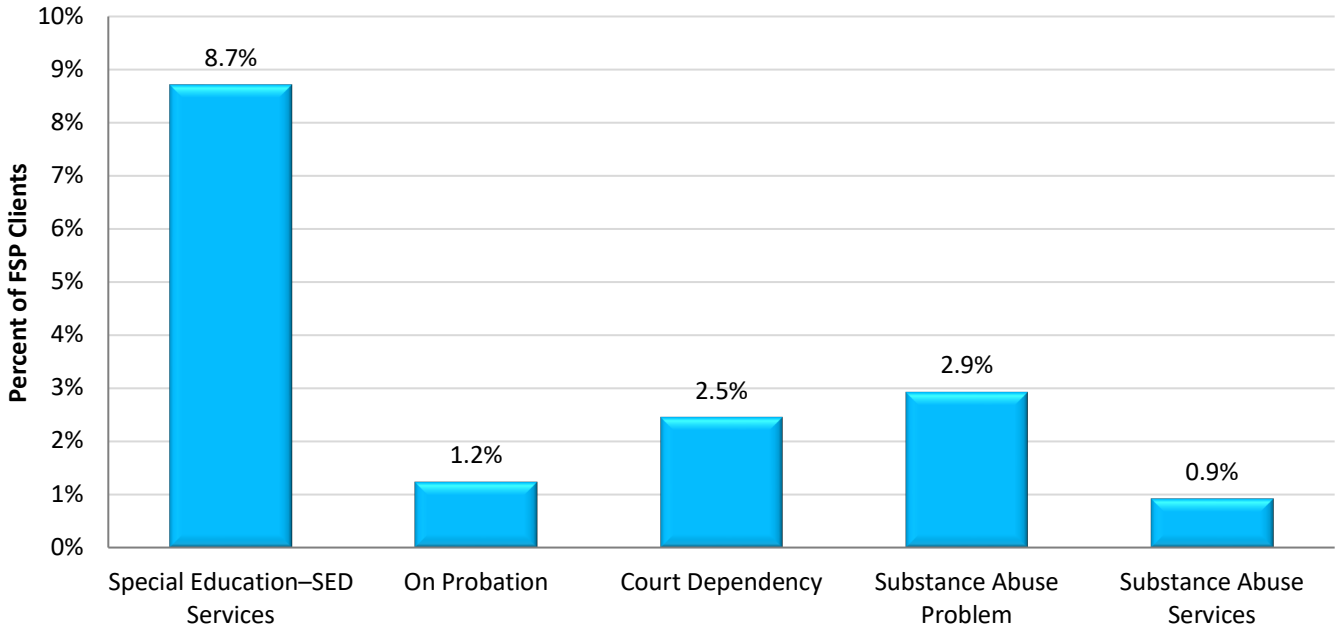
Living Arrangement at Intake (N = 3,793)*

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



Risk Factors at Intake (N = 3,793)*

The most prevalent risk factor for more intensive service utilization among youth entering FSP programs was related to Special Education—Serious Emotional Disturbance (SED) Services. A total of 3,136 (83%) of new clients did not have a risk factor identified on the intake form. Clients with identified risk factors may have had more than one risk factor endorsed.



**Clients with intake assessment in the DCR within FY 2024-25*
NOTE: Percentages may not add up to 100% due to rounding.

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 2024-25, a total of 8 FSP clients had an arrest recorded in the DCR.

Inpatient and Emergency Services

Of 6,786 unduplicated clients who received services from an FSP program in FY 2024-25, 302 (5%) had at least one inpatient (IP) episode and 416 (6%) had at least one Emergency Screening Unit (ESU) visit during the treatment episode.

Are Children Getting Better?

FSP providers collected outcomes data with the Pediatric Symptom Checklist – Parent/Caregiver (PSC) and the Child and Adolescent Needs and Strengths (CANS). Scores were analyzed for youth discharged from FSP services in FY 2024-25 who had both initial assessment and discharge scores completed. As of FY 2024-25, the Pediatric Symptom Checklist-Youth (PSC-Y), the Child and Adolescent Needs and Strengths-Early Childhood (CANS-EC), and the Personal Experience Screening Questionnaire (PESQ) were no longer administered.

FSP PSC Scores

The PSC measures a child's behavioral and emotional problems; it is administered to caregivers of youth ages 3 to 18. Improvement on the PSC is evaluated three ways:

Amount of Improvement

Percentage of all clients who reported an increase in impairment (1+ point increase), no improvement (0-1 point reduction), small improvement (2-4 point reduction), medium improvement (5-8 point reduction), and a large improvement (9+ point reduction). This reflects the amount of change youth and their caregivers report from intake to discharge on the symptoms evaluated by the PSC. Amount of improvement was calculated using Cohen's d effect size.

Reliable Improvement

Percentage of all clients who had at least a 6-point reduction on the PSC total scale score. Reliable improvement was defined by the developers and means that the clients improved by a statistically reliable amount.

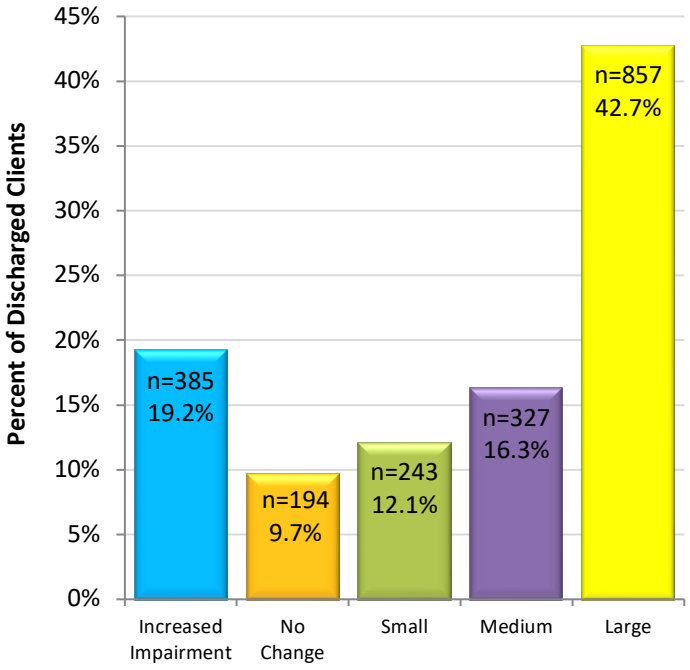
Clinically Significant Improvement

Percentage of clients who started above the clinical cutoff on at least one of the three subscales or total scale score at intake and ended below the cutoff at discharge. Additionally, these clients must have had at least a 6-point reduction on the PSC total scale score. Clinically significant improvement was defined by the measures' developers and means that treatment produced a meaningful, observable impact on clients' daily functioning and that functioning is now consistent with age-expected norms.

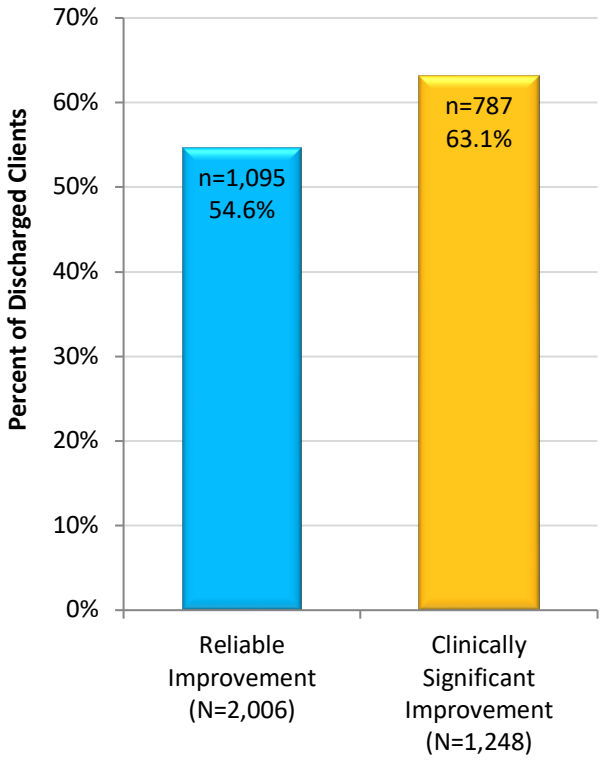
Are Children Getting Better? (continued)

PSC Improvement from Intake to Discharge (N = 2,006)

Amount of Improvement (N= 2,006)

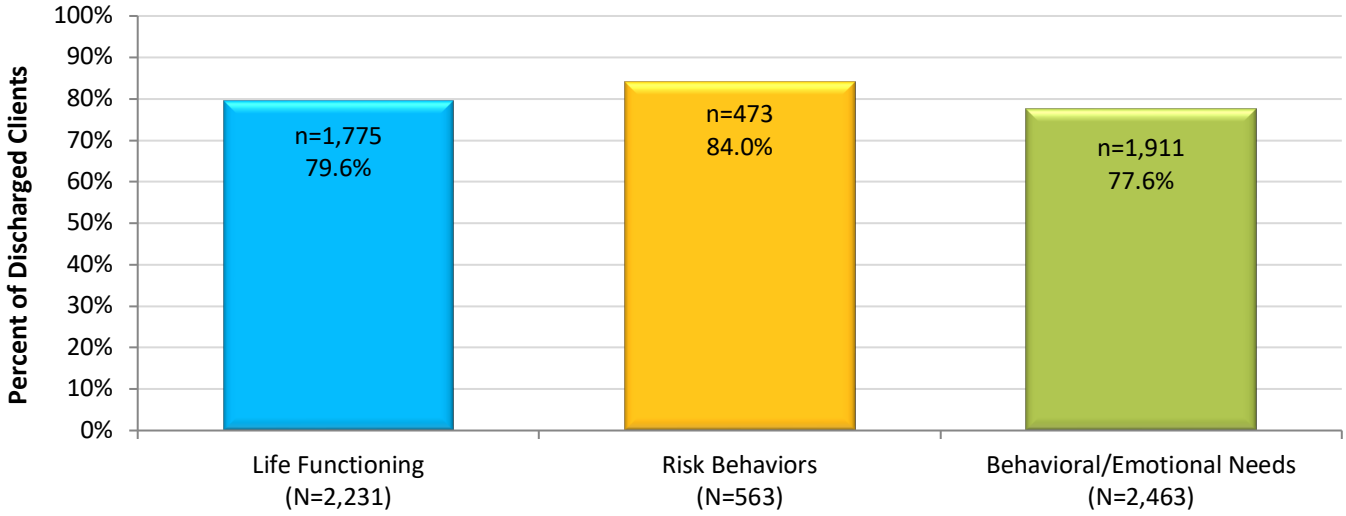


Reliable and Clinically Significant Improvement



FSP CANS Scores

The CANS is a structured assessment to identify youth and family strengths and needs completed by clinicians for clients ages 6 through 21. Progress on the CANS is defined as a reduction of at least one need from initial assessment to discharge on the CANS domains: Life Functioning, Risk Behaviors, and/or Child Behavioral and Emotional needs (i.e., moving from a '2' or '3' at initial assessment to a '0' or '1' on the same item at the discharge assessment).

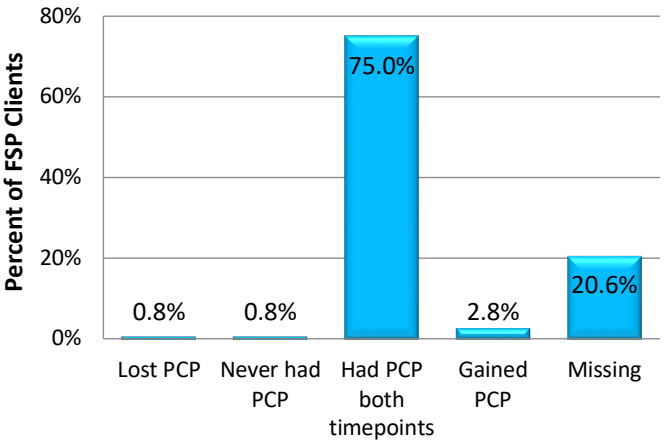


Are Children Getting Better? (continued)

FSP providers collected client and outcomes data on primary care physician (PCP) status, school attendance, and academic performance. These were recorded in the DCR for continuing clients with multiple assessments. Outcomes are calculated for clients who meet the following eligibility criteria: (a) Discharged within the current fiscal year; (b) In services for at least 120 days; (c) Between the ages of 5 and 18; (d) Served by a primary program (i.e., ancillary programs were excluded); (e) Eligible to receive a Partnership Assessment Form (PAF) assessment at intake. The most recent assessment was compared to intake.

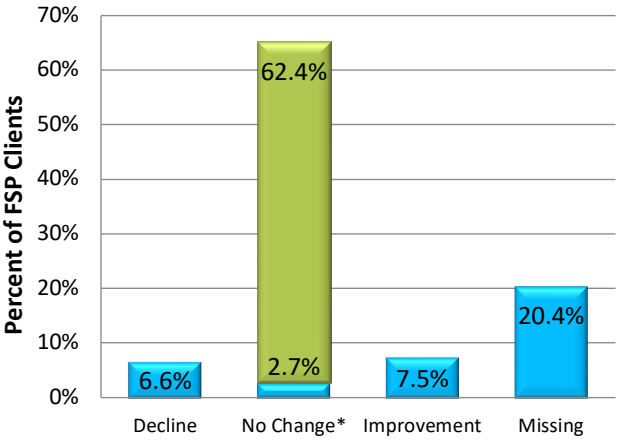
Primary Care Physician (PCP) Status (N = 2,599)

78% of FSP clients gained or maintained a PCP.



School Attendance (N = 2,599)

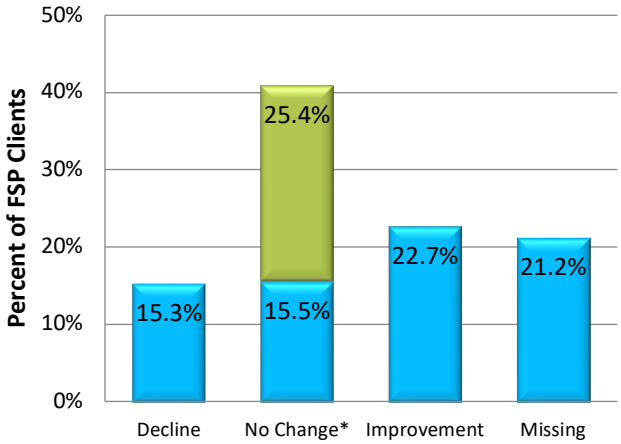
70% of FSP clients either improved (8%) or sustained high (62%) school attendance at follow-up assessment as compared to intake.



**Of the 65% of clients for whom no change was noted, 62% (green portion of bar) had "High" School Attendance Sustained (clients who had ratings of "Always attends school (never truant)" or "Attends school most of the time" at both the initial assessment and the last quarterly (3M) assessment).*

Academic Performance (N = 2,599)

48% of FSP clients either improved (23%) or sustained high (25%) grades at follow-up assessment as compared to intake.



**Of the 41% of clients for whom no change was noted, 25% (green portion of bar) had "High" Academic Performance Sustained (clients who had academic ratings of "Very Good" or "Good" at both the initial assessment and the last quarterly (3M) assessment.).*
NOTE: Percentages may not add up to 100% due to rounding.

What Does This Mean?

- Children and youth who receive treatment in FSP programs showed improvement in their mental health symptoms and reductions in needs, according to clinician and parent reports.
- Clinicians reported the majority of their client's had reduced needs from initial assessment to discharge on the Life Functioning (80%), Risk Behaviors (84%), and Child Behavioral and Emotional Needs (78%) domains of the CANS.
- The majority of caregivers also reported improvements in their child's behavioral and emotional problems between intake and discharge on the PSC.
- The majority of FSP youth clients maintained a PCP during their participation in FSP programs.
- Nearly half of FSP youth clients improved or maintained high grades during their participation in FSP programs and 70% either improved or sustained high school attendance.

Next Steps

- There should be continued collaboration between FSP programs and schools to improve or maintain FSP clients' academic performance and school attendance.

For more information on *Live Well San Diego*, please visit www.LiveWellSD.org

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 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@health.ucsd.edu.