

Full Service Partnerships OUTCOMES REPORT



Children, Youth & Families FSP Summary

FY 2016-17

What Is This?

Full Service Partnership (FSP) programs are comprehensive behavioral health programs that 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. FSP programs 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?

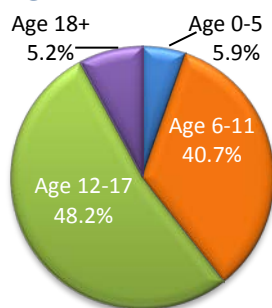
FSP programs support individuals and families, using a “whatever it takes” approach to establish stability and maintain engagement. The programs build on client strengths and assist in the development of abilities and skills so clients can become and remain successful. They help clients reach identified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

Who Are We Serving?

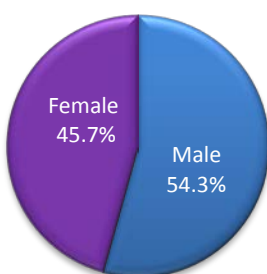
In Fiscal Year (FY) 2016-17, a total of 6,522 unduplicated clients received services through 26 FSP programs, a 79% increase from 3,648 FSP clients served in 18 FSP programs in FY 2015-16.

FSP Client Demographics and Diagnoses (N = 6,522)

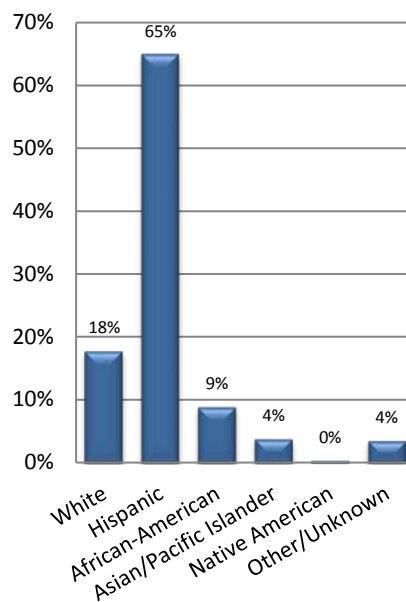
AGE



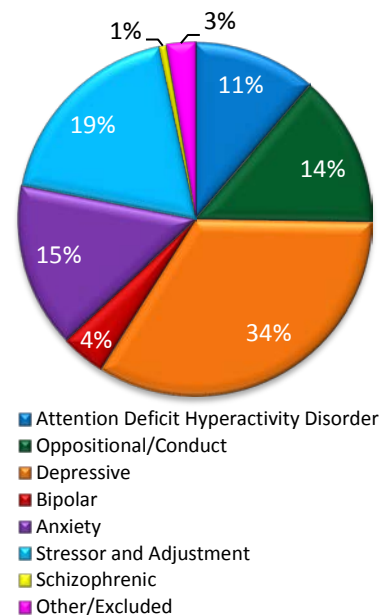
GENDER



RACE/ETHNICITY



PRIMARY DIAGNOSIS

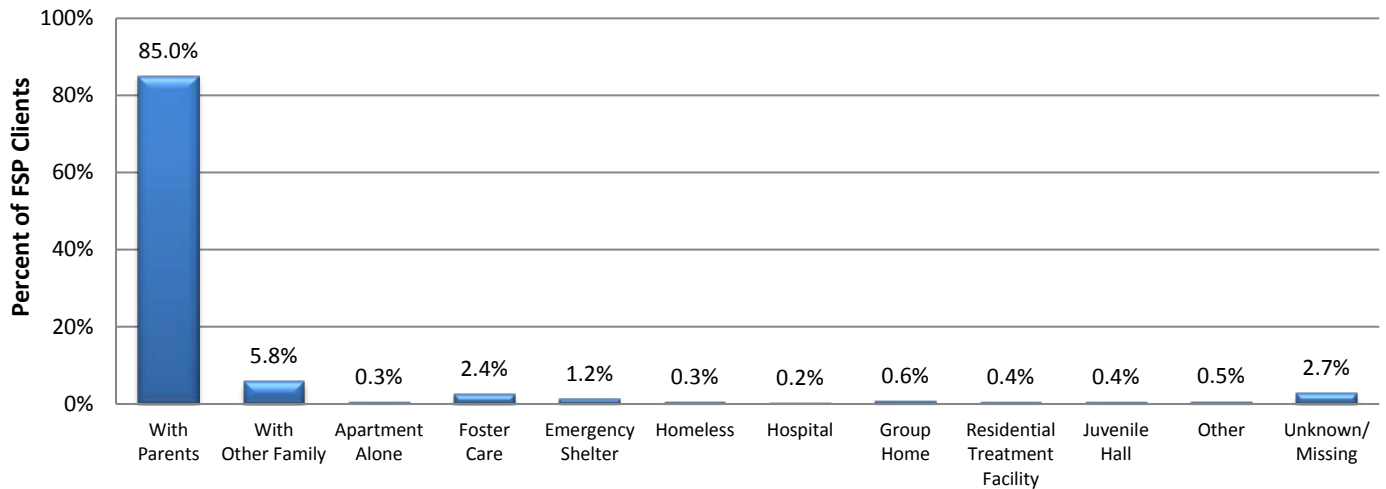


Who Are We Serving?

FSP providers collected client and outcomes data using the California 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 2016-17. Referral sources were also entered; FSP referrals in order of frequency were as follows: school system (38%), family member (20%), primary care physician (12%), self-referral (7%), mental health facility (7%), social service agency (4%), other county agency (4%), Juvenile Hall (2%), acute psychiatric facility (1%), friend (1%), emergency room (1%), homeless shelter (<1%), , faith-based organization (<1%), or substance abuse facility (<1%). The remaining 3% were referred by an unknown or unspecified source.

Residential Status at Intake (n = 4,321)*

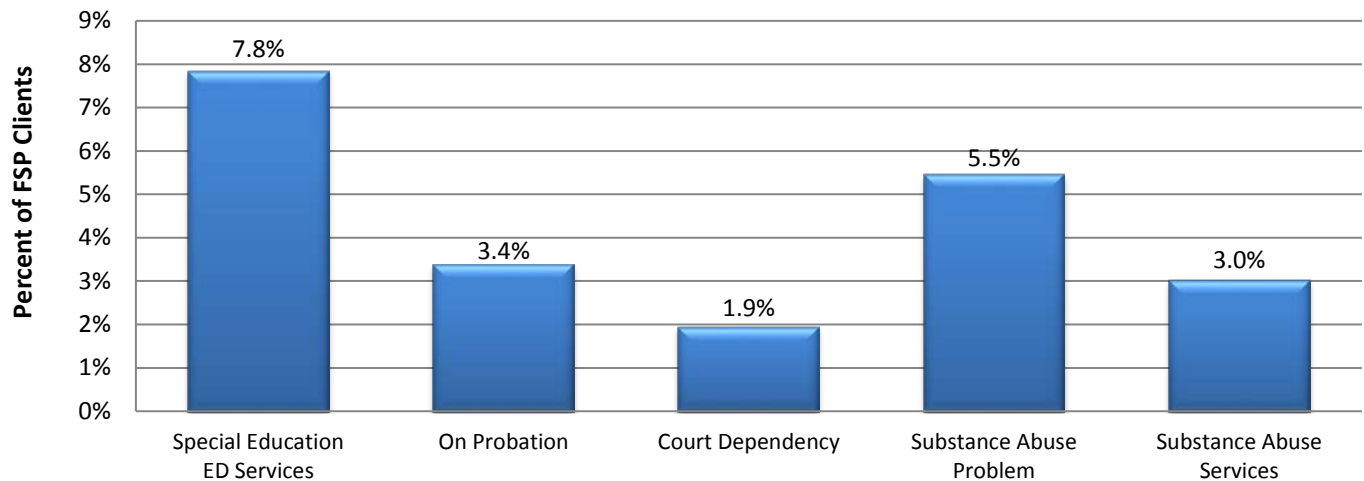
The majority of youth entering FSP programs were living with their parents.



*Clients with intake assessment in the DCR within FY 2016-17.

Risk Factors at Intake (n = 4,321)*

The most prevalent risk factor for more intensive service use among youth entering FSP programs was related to Special Education—Emotionally Disturbed (ED) Services. 3,566 (83%) of clients had no risk factors identified at intake. Clients with identified risk factors may have had more than one risk factor endorsed.



*Clients with intake assessment in the DCR within FY 2016-17.

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 2016-17, a total of 11 FSP clients had an arrest recorded in the DCR.

Inpatient and Emergency Services

Of the 6,522 unduplicated clients who received services from an FSP program in FY 2016-17, 166 (2.5%) had at least one inpatient (IP) episode and 168 (2.6%) had at least one Emergency Screening Unit (ESU) visit during the treatment episode.

Are Children Getting Better?

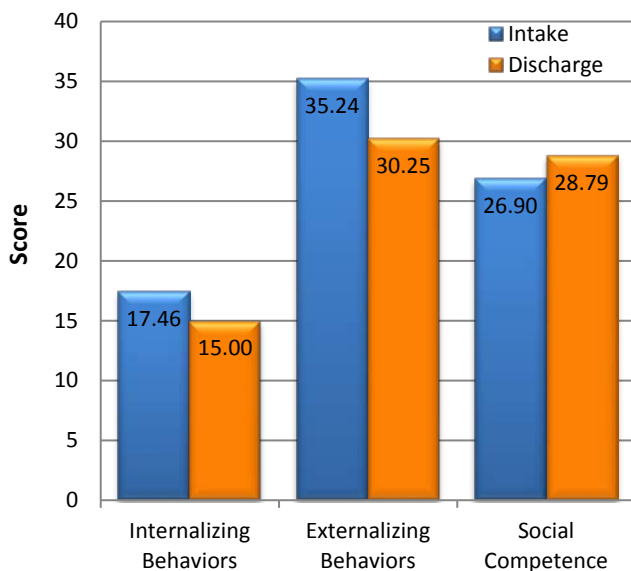
FSP providers collected outcomes data with the Child and Adolescent Measurement System (CAMS) and the Children's Functional Assessment Rating Scale (CFARS). Scores were analyzed for youth discharged from FSP services in FY 2016-17, who were in services at least three weeks (CFARS) or two months (CAMS) 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, Personal Experience Screening Questionnaire (PESQ) scores were analyzed for youth discharged from FSP programs augmented with a Substance Use Disorder (SUD) component in FY 2016-17, who were in services for at least one month.

FSP CAMS Scores

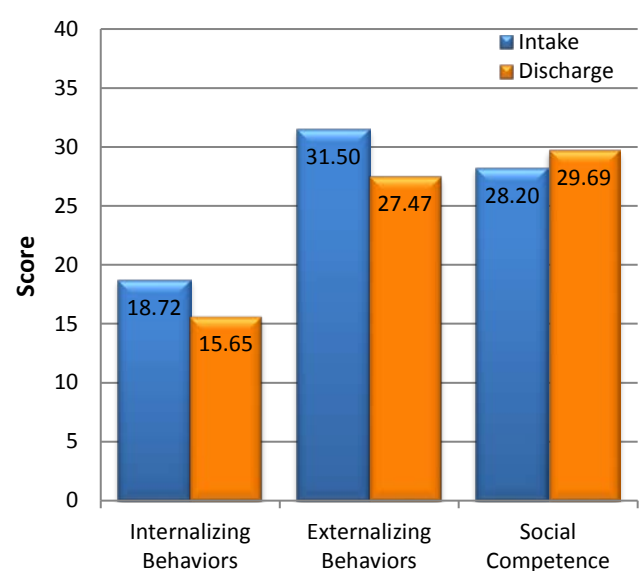
The CAMS measures a child's social competency, behavior and emotional problems; it is administered to all caregivers, and to youth ages 11 and older. A *decrease* on the Internalizing (e.g., depressive or anxiety disorders) and/or Externalizing (e.g., ADHD or oppositional disorders) CAMS score is considered 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 = 1,859 Parent/Caregiver CAMS; n = 1,119 Youth CAMS) revealed improvement in youth behavior and emotional problems following receipt of FSP services.

FSP Parent/Caregiver CAMS (n = 1,859)



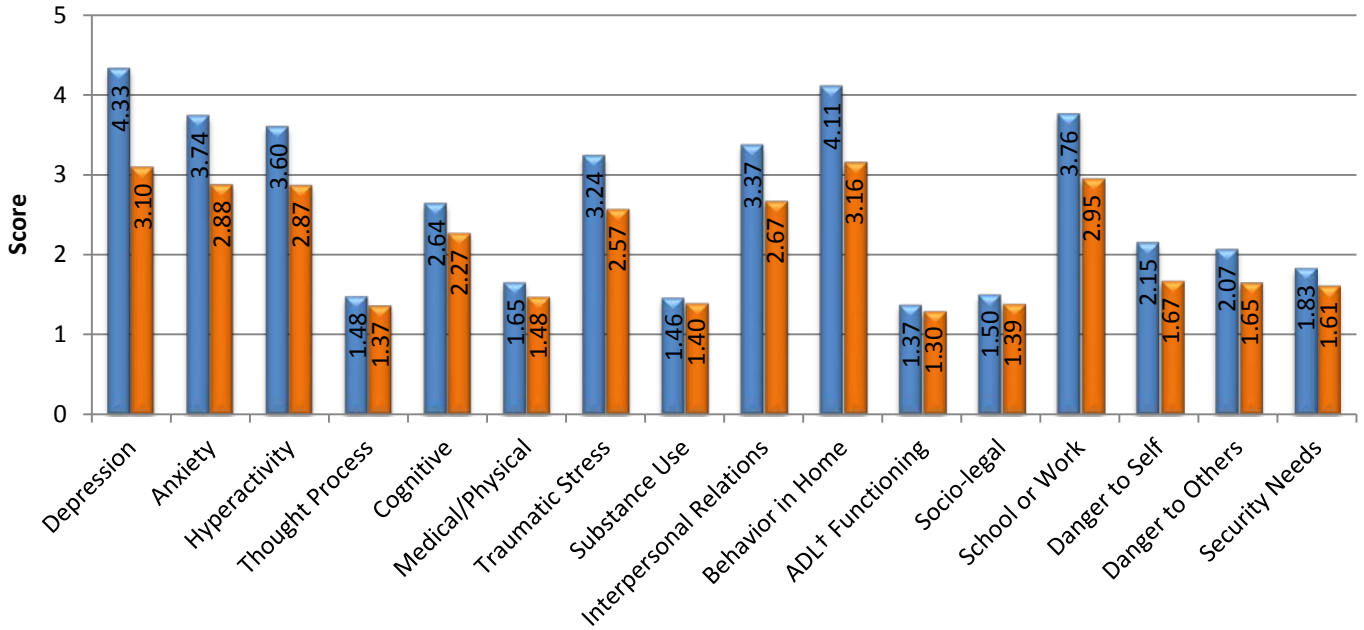
FSP Youth CAMS (n = 1,119)



Are Children Getting Better?

FSP CFARS Scores (n = 3,591)

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 item score is considered an improvement. CFARS data were available on 3,591 FSP clients in FY 2016-17 and revealed improvement in youth symptoms and behavior following receipt of FSP services.

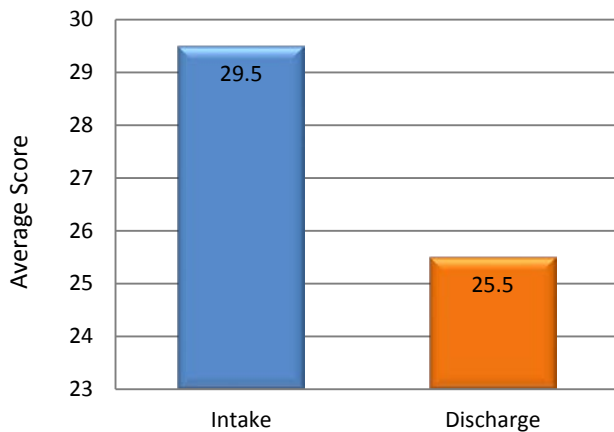


†Activities of Daily Living

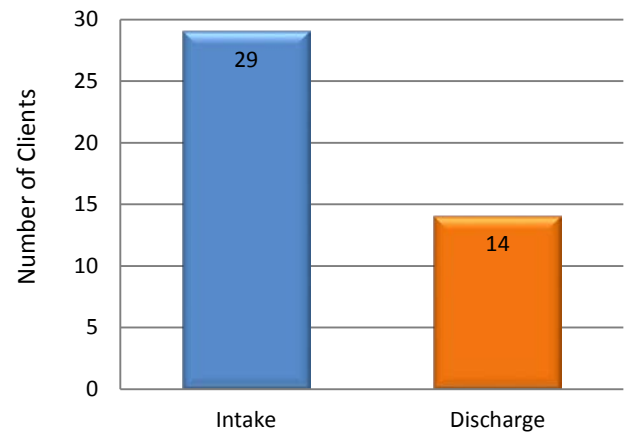
FSP PESQ Scores

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 84 discharged clients in FY 2016-17.

PESQ Severity Scale (n = 84)



PESQ Clinical Cutpoint

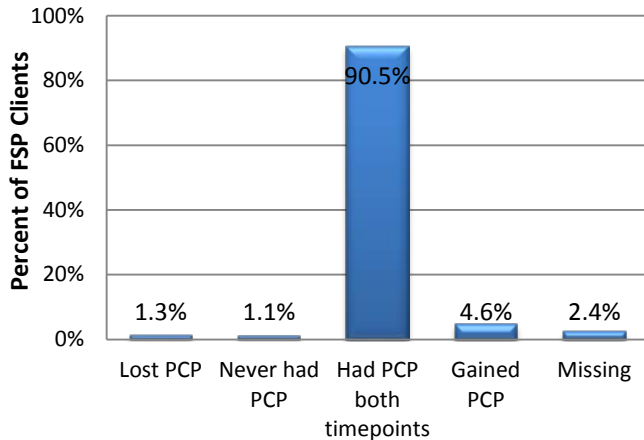


Are Children Getting Better?

FSP providers also collected client and outcomes data on primary care physician (PCP) 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.

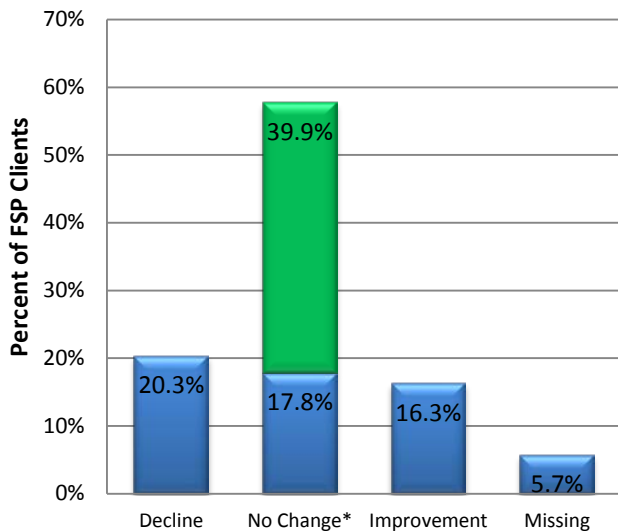
Primary Care Physician (PCP) Status (n = 3,569)

91% of FSP clients had and maintained a PCP.



School Attendance (n = 3,569)

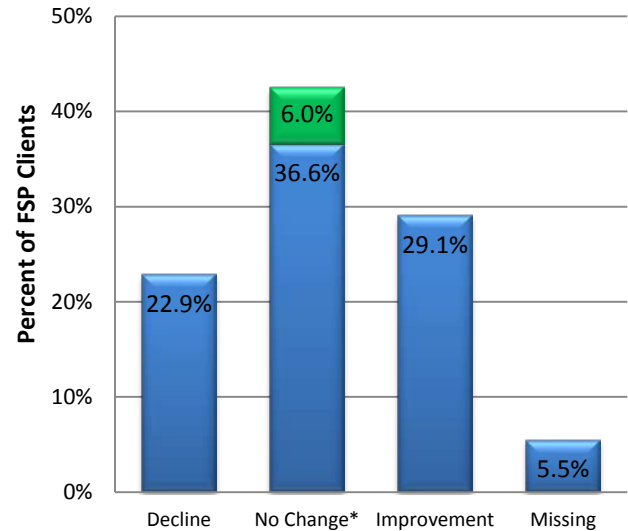
56% of FSP clients either improved (16%) or maintained excellent (40%) school attendance at follow-up assessment as compared to intake.



**Of the 58% of clients for whom no change was noted, 40% (green portion of bar) had consistently excellent attendance (intake and discharge assessments indicated the most positive category for school attendance).*

Academic Performance (n = 3,569)

35% of FSP clients either improved (29%) or maintained excellent (6%) grades at follow-up assessment as compared to intake.



**Of the 43% of clients for whom no change was noted, 6% (green portion of bar) had consistently excellent grades (intake and discharge assessments indicated the 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 AD counselors at enhanced FSP programs was effective. On average, the severity of a client's problems decreased from intake to discharge. Furthermore, when comparing intake to discharge, there was a large reduction in the number of clients who scored above the clinical cutpoint on the PESQ.
- The majority of youth FSP clients had and maintained a PCP during their tenure in FSP programs.
- 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.

Next Steps

- Nine additional FSP programs are being added to the CYF System of Care beginning FY 2017-18.



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@ucsd.edu or 858-966-7703 x7141.

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