

Full Service Partnerships OUTCOMES REPORT



Children, Youth & Families FSP Summary

FY 2017-18

What Is This?

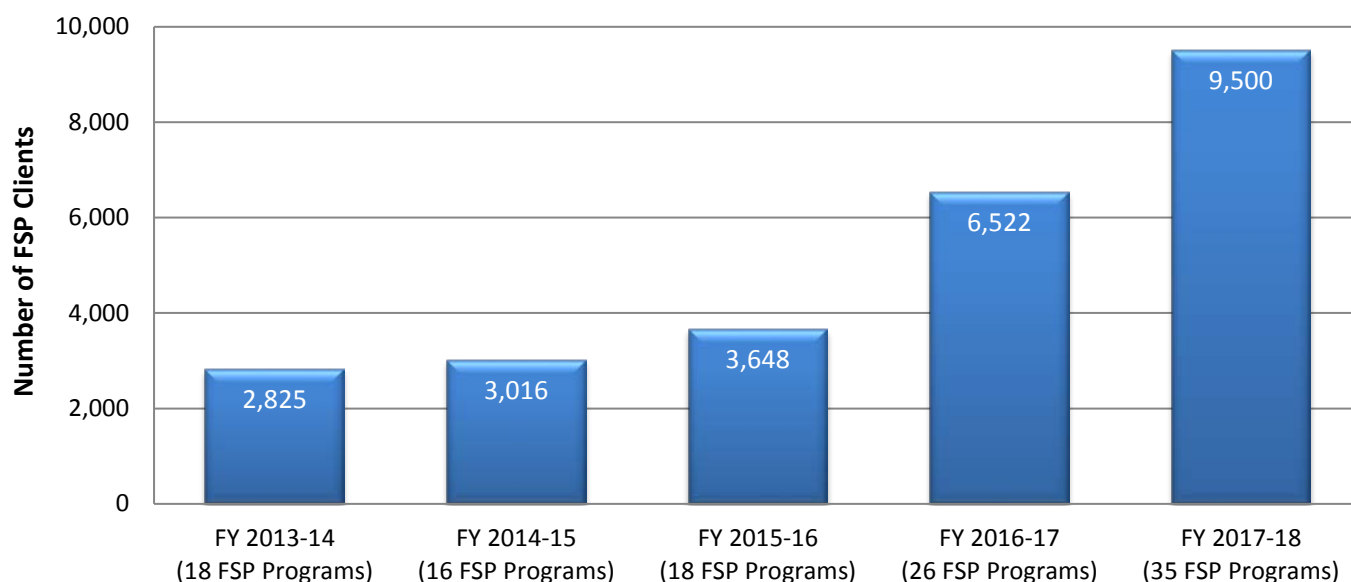
The Full Service Partnership (FSP) model offers integrated services with an emphasis on whole person wellness and promotes access to medical, social, rehabilitative, and other community services and supports as needed. An FSP provides all necessary services and supports to help clients achieve their behavioral health goals and treatment plan and clients can access designated staff 24 hour/7 days a week. FSP services comprehensively 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, by case managers, SUD counselors addressing co-occurring conditions, rehabilitation specialists, and/or family/youth partners. Services offered are trauma informed and promote 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 “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) 2017-18, a total of 9,500 unduplicated clients received services through 35 FSP programs, a 46% increase from 6,522 FSP clients served in 26 FSP programs in FY 2016-17.

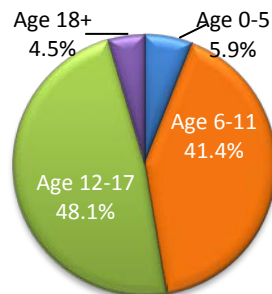


Who Are We Serving?

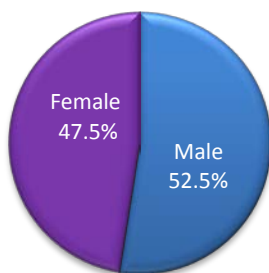
In Fiscal Year (FY) 2017-18, FSP clients were more likely to be male and Hispanic. The most common diagnoses among FSP clients was Depressive disorder.

FSP Client Demographics and Diagnoses (N = 9,500)

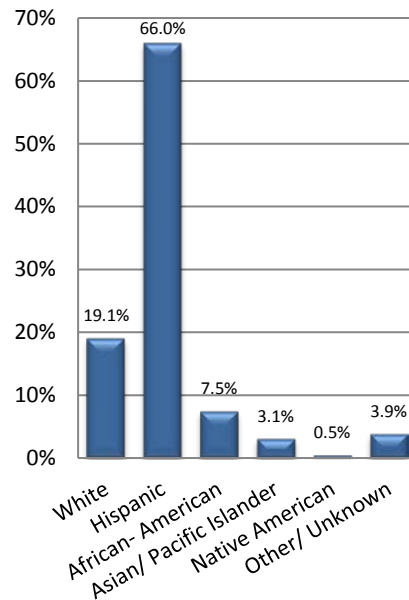
AGE



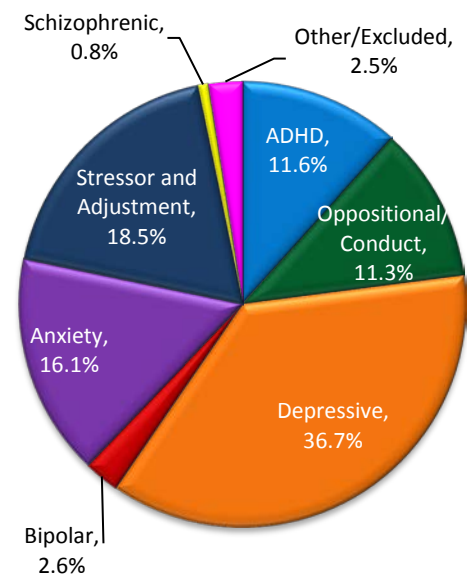
GENDER



RACE/ETHNICITY



PRIMARY DIAGNOSIS



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 new clients to FSP programs in FY 2017-18.

Referral Sources (n = 5,612)*

FSP referrals for clients with an intake assessment in FY 2017-18 were as follows (in order of frequency): school system (41%), family member (20%), primary care physician (11%), self-referral (8%), mental health facility (6%), social service agency (5%), other county agency (3%), Juvenile Hall (1%), acute psychiatric facility (1%), emergency room (1%), friend (<1%), homeless shelter (<1%), and faith-based organization (<1%). The remaining 2% were referred by an unknown or unspecified source.

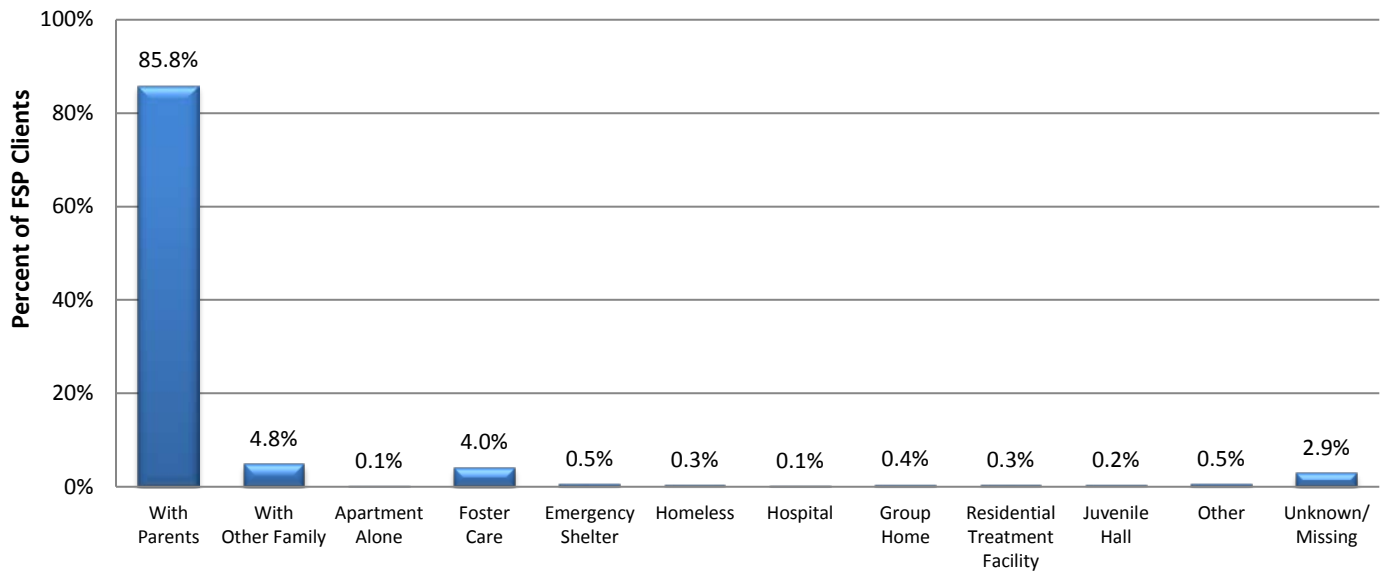


Who Are We Serving? (continued)

Living arrangement and risk factors were entered in the DCR for new clients to FSP programs in FY 2017-18.

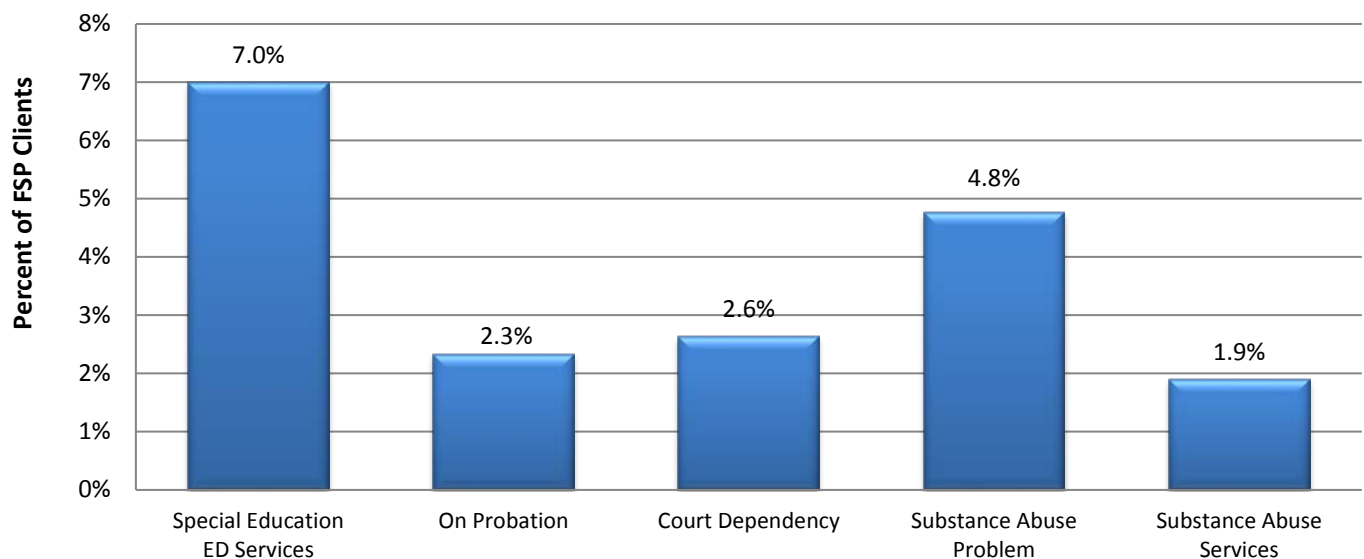
Living Arrangement at Intake (n = 5,612)*

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



Risk Factors at Intake (n = 5,612)*

Data indicates that 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 4,624 (82%) of 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 2017-18.*

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 2017-18, a total of 19 FSP clients had an arrest recorded in the DCR.

Inpatient and Emergency Services

Of the 9,500 unduplicated clients who received services from an FSP program in FY 2017-18, 25 (<1%) had at least one inpatient (IP) episode and 43 (1%) had at least one Emergency Screening Unit (ESU) visit during the treatment episode.

Are Children Getting Better?

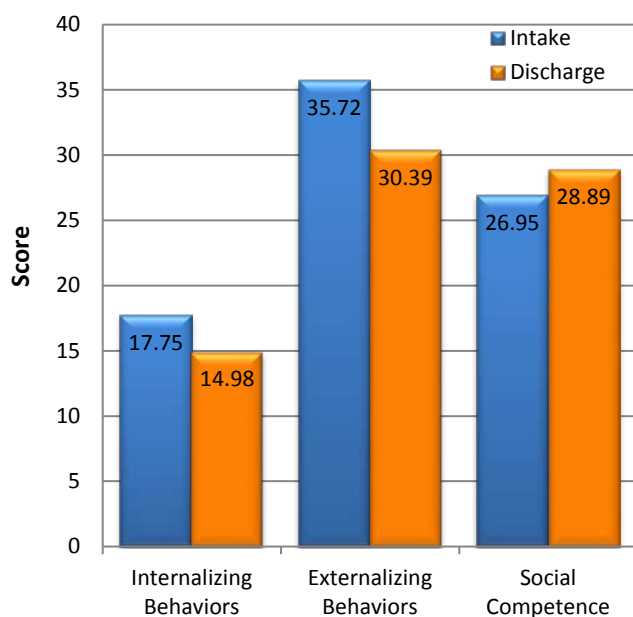
FSP providers collected outcomes data with the Child and Adolescent Measurement System (CAMS) and the Children's Functional Assessment Rating Scale (CFARS). Scores were analyzed for youth discharged from FSP services in FY 2017-18, who were in services at least three weeks (CFARS) or two months (CAMS) 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 2017-18, who were in services for at least one month.

FSP CAMS Scores

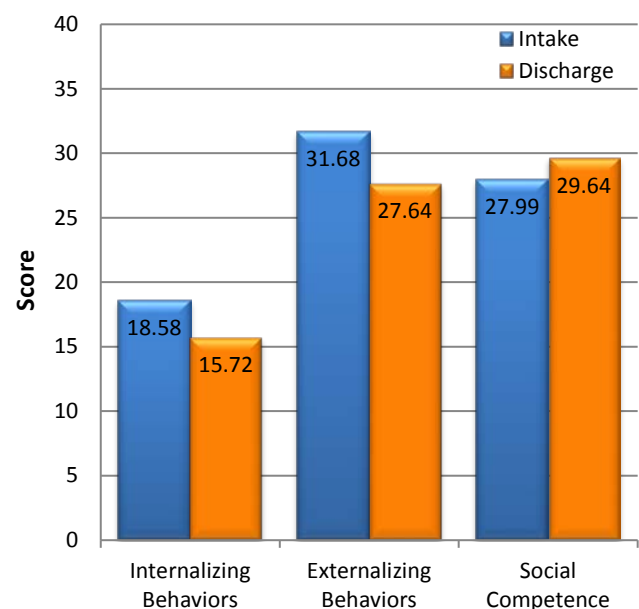
The CAMS measures a child's social competency, behavior and emotional problems; it is administered to all caregivers, and to youth ages 11 and older. A *decrease* on the Internalizing (e.g., depressive or anxiety disorders) and/or Externalizing (e.g., ADHD or oppositional disorders) CAMS score is considered 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 = 2,899 Parent/Caregiver CAMS; n = 1,675 Youth CAMS) revealed improvement in youth behavior and emotional problems following receipt of FSP services.

FSP Parent/Caregiver CAMS (n = 2,899)



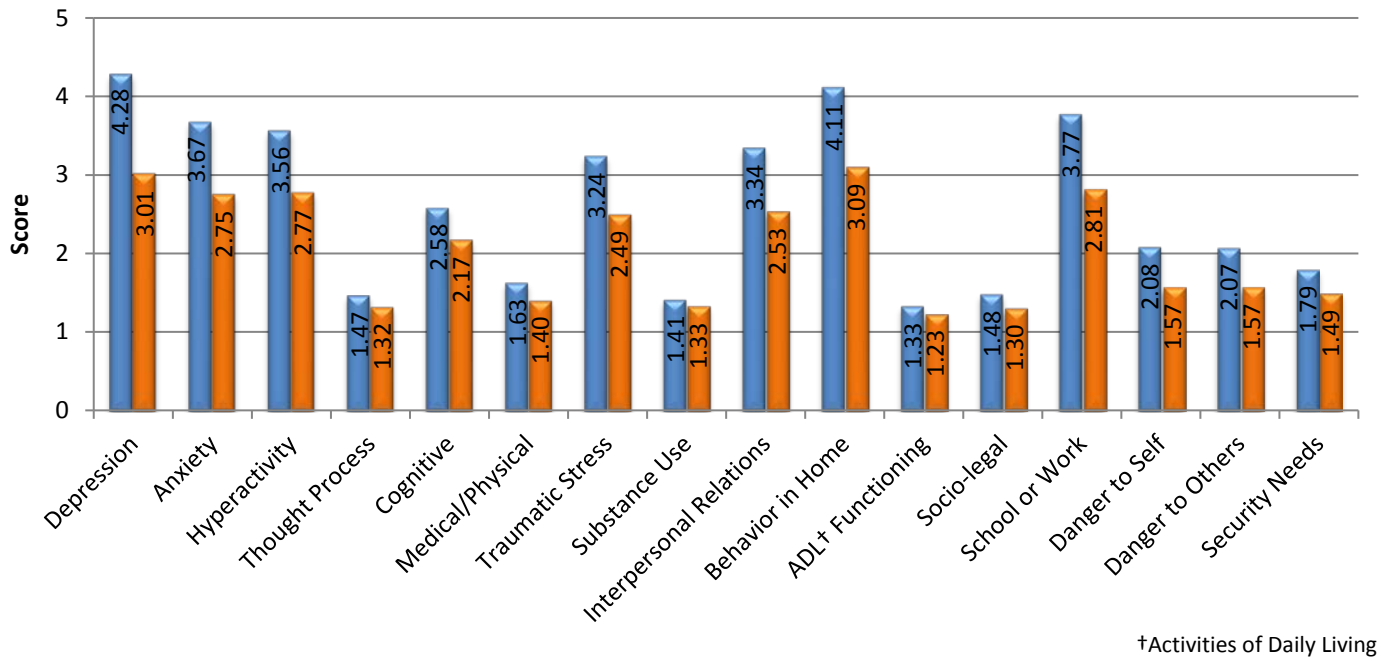
FSP Youth CAMS (n = 1,675)



Are Children Getting Better? (continued)

FSP CFARS Scores (n = 5,784)

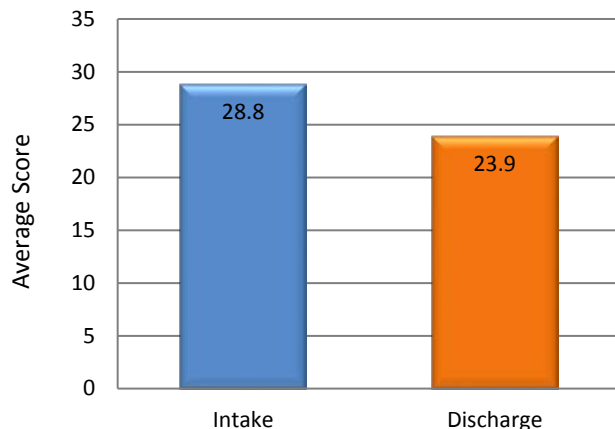
The CFARS measures level of functioning on a scale of 1 to 9 and is completed by the client's clinician. A *decrease* on any CFARS item score is considered an improvement. CFARS data were available on 5,784 FSP clients in FY 2017-18 and revealed improvement in youth symptoms and behavior following receipt of FSP services.



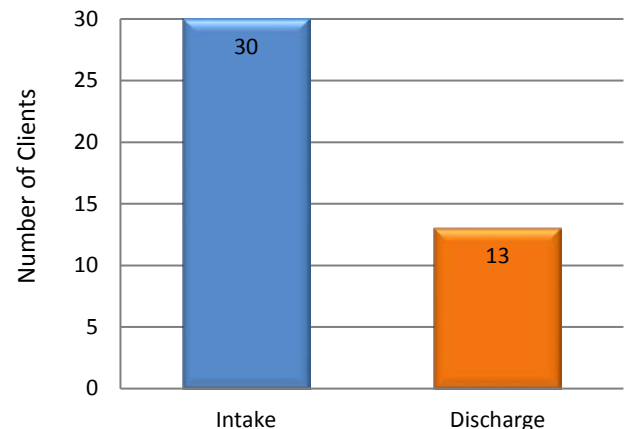
FSP PESQ Scores

The PESQ measures potential substance abuse problems and is administered to youth ages 12-18 by their Substance Use Disorder (SUD) counselor; the PESQ is only administered at FSP programs which are augmented with a dedicated SUD 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 96 discharged clients in FY 2017-18.

PESQ Severity Scale (n = 96)



PESQ Clinical Cutpoint

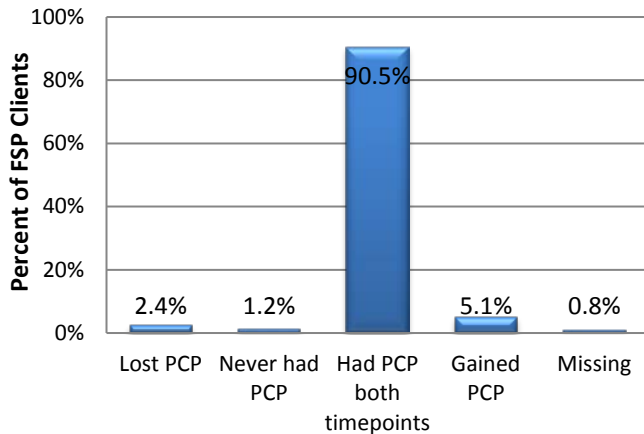


Are Children Getting Better? (continued)

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.

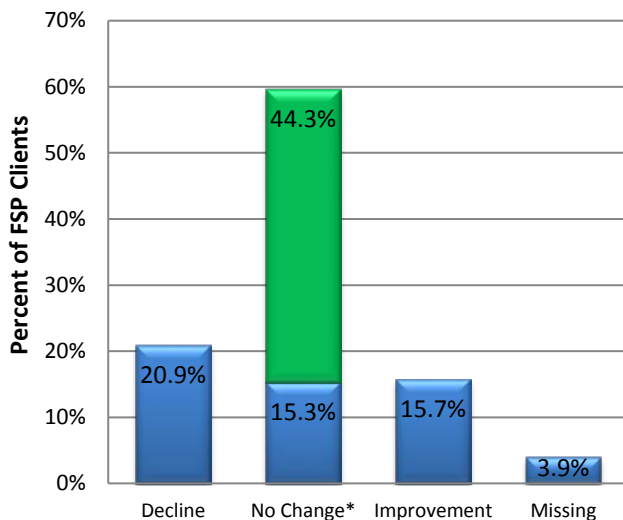
Primary Care Physician (PCP) Status (n = 5,445)

91% of FSP clients had and maintained a PCP.



School Attendance (n = 5,445)

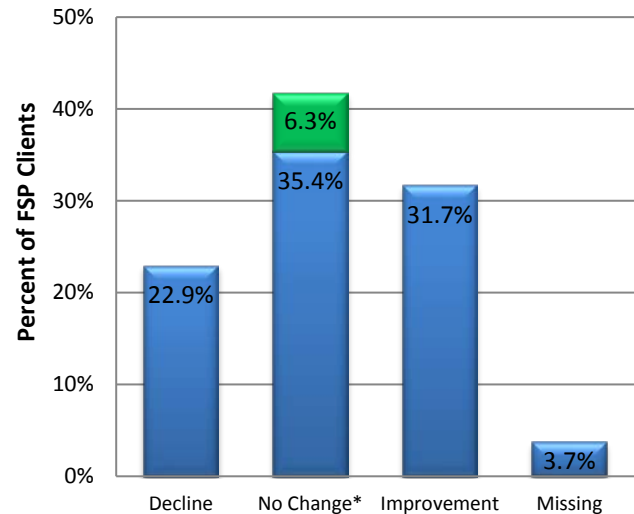
60% of FSP clients either improved (16%) or maintained excellent (44%) school attendance at follow-up assessment as compared to intake.



**Of the 60% of clients for whom no change was noted, 44% (green portion of bar) had consistently excellent attendance (intake and discharge assessments indicated the most positive category for school attendance).*

Academic Performance (n = 5,445)

38% of FSP clients either improved (32%) or maintained excellent (6%) grades at follow-up assessment as compared to intake.



**Of the 42% 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).*

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

What Does This Mean?

- County of San Diego Health and Human Services Agency's Children, Youth & Families System of Care underwent a redesign that enhanced outpatient treatment programs by transforming into entire FSP programs in order to promote whole person wellness and overall wellbeing.
- Children and youth who receive treatment in FSP programs showed improvement in their mental health symptoms, according to client, parent, and clinician report. On average, children and youth who received treatment by SUD counselors showed improvement in their risk for substance abuse problems.
- The majority of youth FSP clients had and maintained a PCP during their participation in FSP programs.
- More than 40% of youth FSP clients maintained excellent school attendance during their participation in FSP programs.

Next Steps

- FSP programs should continue to work with schools so that youth FSP clients can improve academic performance.



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 x247141.

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