Full Service Partnerships OUTCOMES REPORT

COUNTY OF SAN DIEGO HHSA HEALTH AND HUMAN SERVICES AGENCY

LIVE WELL SAN DIEGO

Children, Youth & Families FSP Summary ***FY 2018-19***

What Is This?

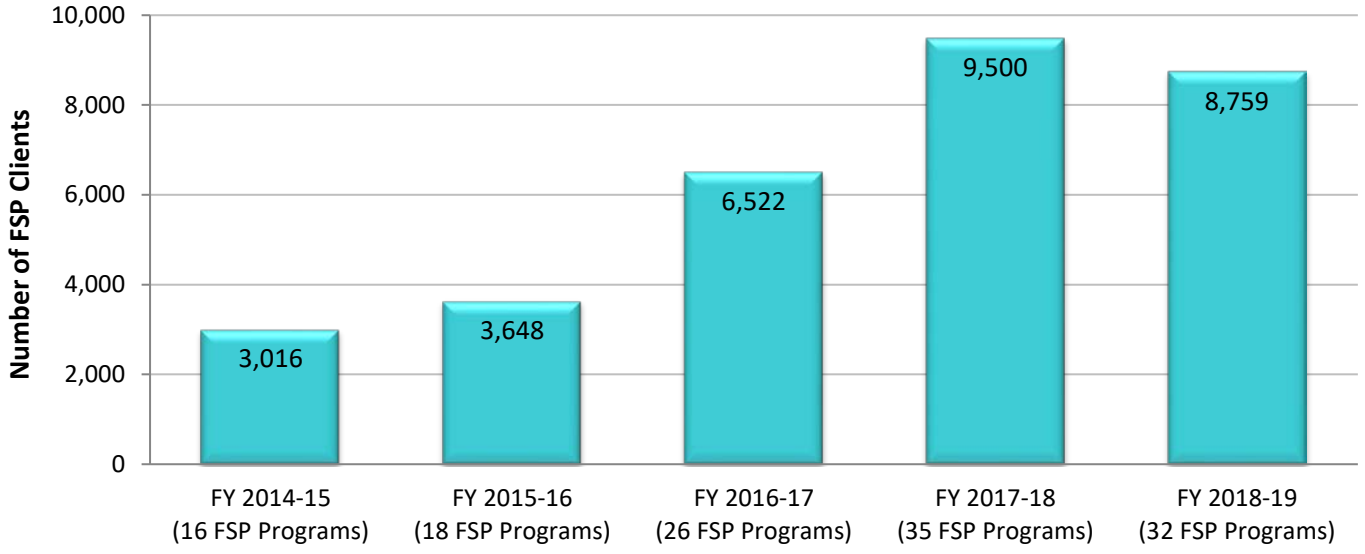
The Full Service Partnership (FSP) model offers integrated services with an emphasis on whole person wellness and promotes access to medical, social, rehabilitative, and other community services and supports as needed. An FSP provides all necessary services and supports to help clients achieve their 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, Substance Use Disorder (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 juvenile justice services.

Who Are We Serving?

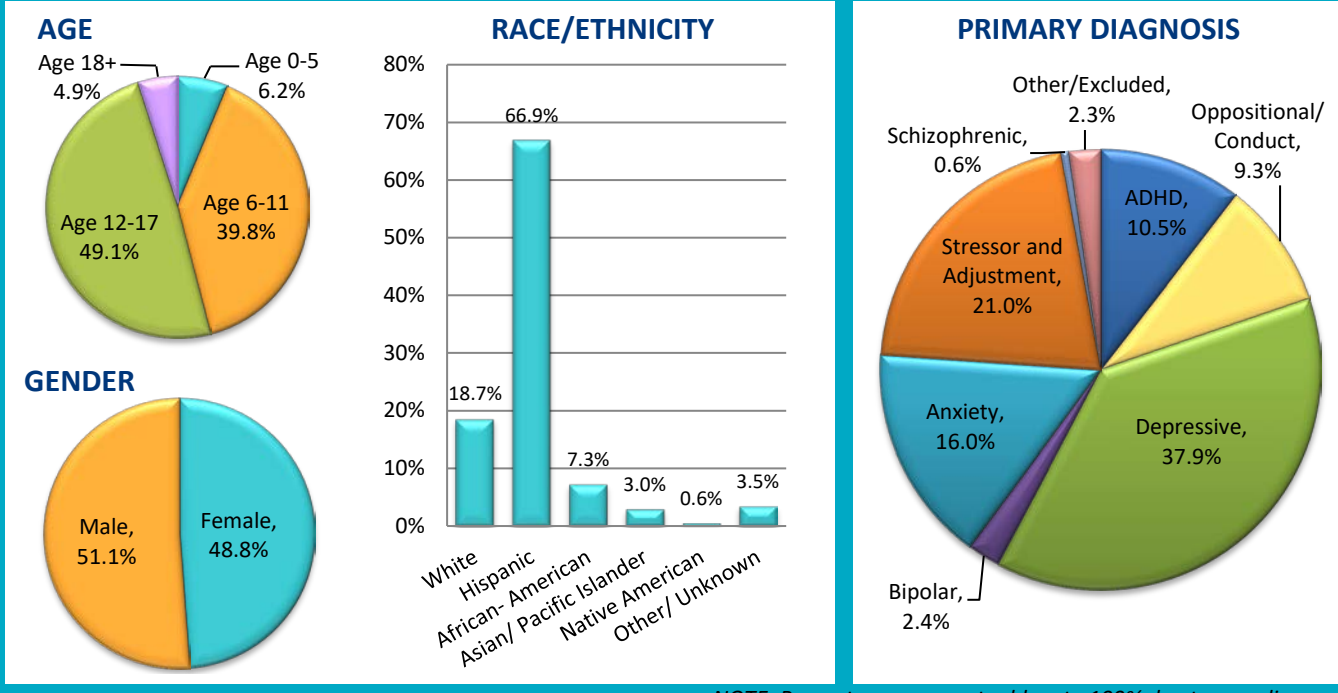
In Fiscal Year (FY) 2018-19, a total of 8,759 unduplicated clients received services through 32 CYF FSP programs, an 8% decrease from 9,500 FSP clients served in 35 CYF FSP programs in FY 2017-18.



Who Are We Serving?

In FY 2018-19, FSP clients were more likely to be male and Hispanic. The most common diagnosis among FSP clients was Depressive disorder.

FSP Client Demographics and Diagnoses (N = 8,759)



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 2018-19.

Referral Sources (N = 4,964)

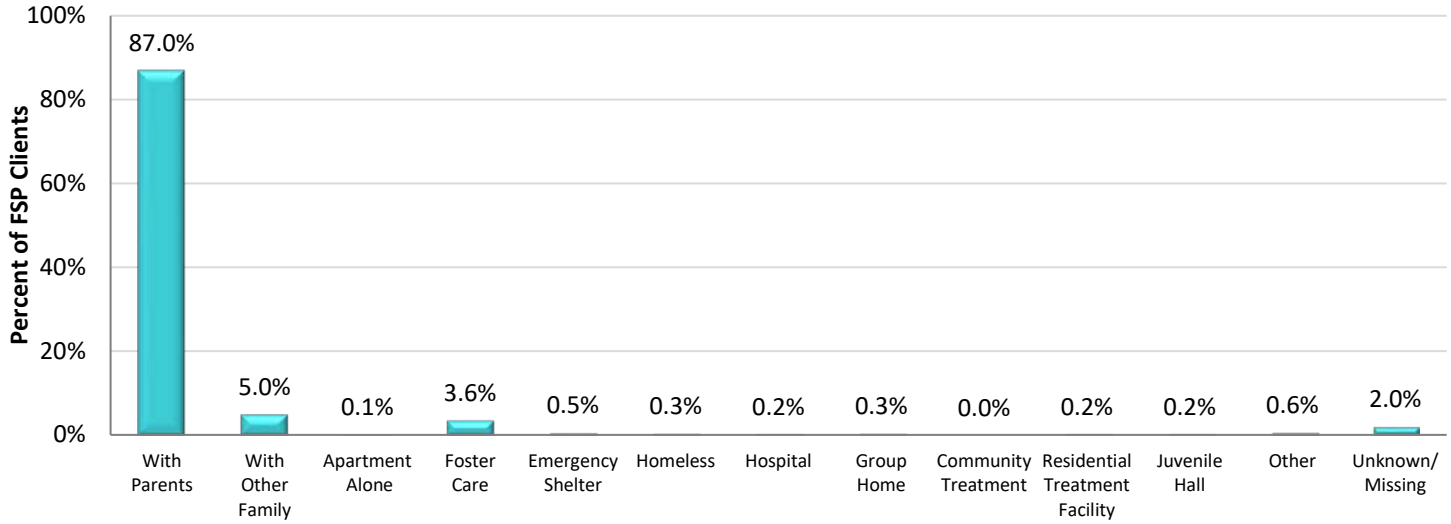
FSP referrals for clients with an intake assessment in FY 2018-19 were as follows (in order of frequency): school system (42%), family member (21%), primary care physician (10%), self-referral (9%), mental health facility (6%), social service agency (5%), other county agency (3%), Juvenile Hall (2%), acute psychiatric facility (1%), friend (1%), emergency room (1%), homeless shelter (<1%), faith-based organization (<1%), substance abuse facility (<1%), and street outreach (<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 2018-19.

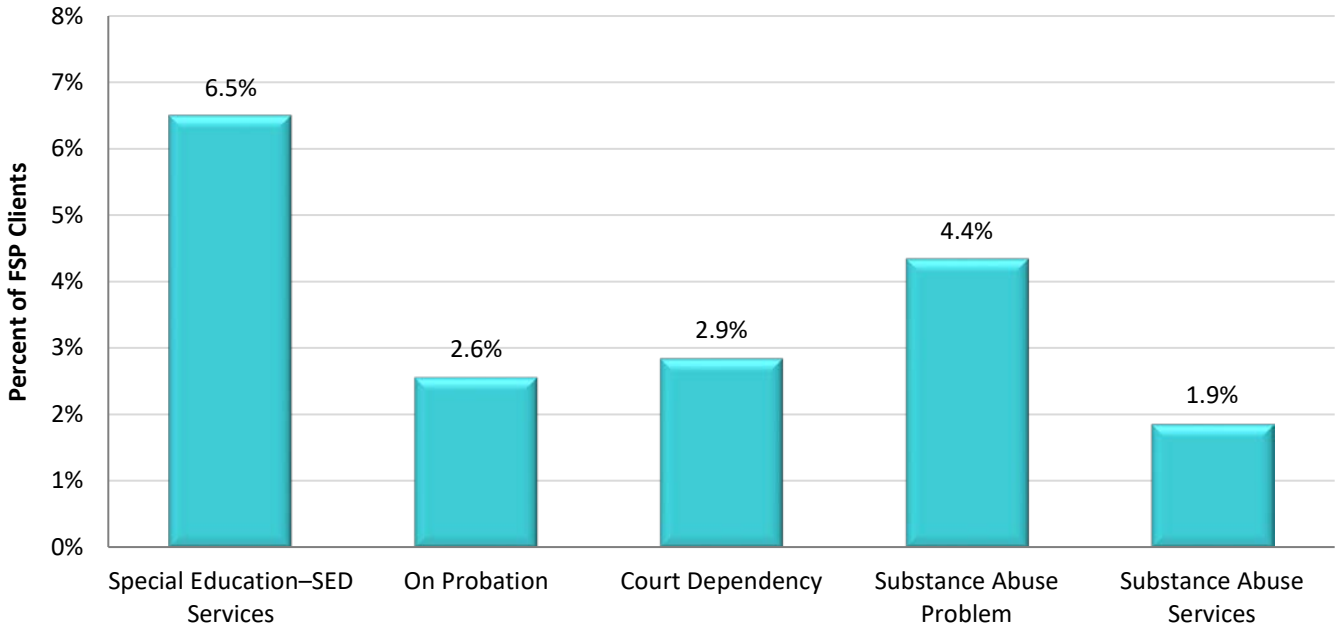
Living Arrangement at Intake (N = 4,964)*

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



Risk Factors at Intake (N = 4,964)*

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 4,243 (86%) 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 2018-19.*
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 2018-19, a total of 11 FSP clients had an arrest recorded in the DCR.

Inpatient and Emergency Services

Of 8,759 unduplicated clients who received services from an FSP program in FY 2018-19, 174 (2.0%) had at least one inpatient (IP) episode and 320 (3.7%) had at least one Emergency Screening Unit (ESU) visit during the treatment episode. The method of calculating episode overlap has been enhanced in the current fiscal year and may not be comparable to previous fiscal years.

Are Children Getting Better?

FSP providers collected outcomes data with the California Child and Adolescent Needs and Strengths (CANS) and the Pediatric Symptom Checklist (PSC and PSC-Y). Scores were analyzed for youth discharged from FSP services in FY 2018-19 who were in services at least 60 days and who had both initial assessment and discharge scores completed. 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 2018-19, who were in services for at least one month.

FSP PSC Scores

The PSC measures a child's behavioral and emotional problems; it is administered to caregivers of youth ages 3 to 18, and to youth ages 11 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/PSC-Y. 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/PSC-Y total scale score. Reliable improvement was defined by the developers and means that the clients improved by a statistically reliable amount.

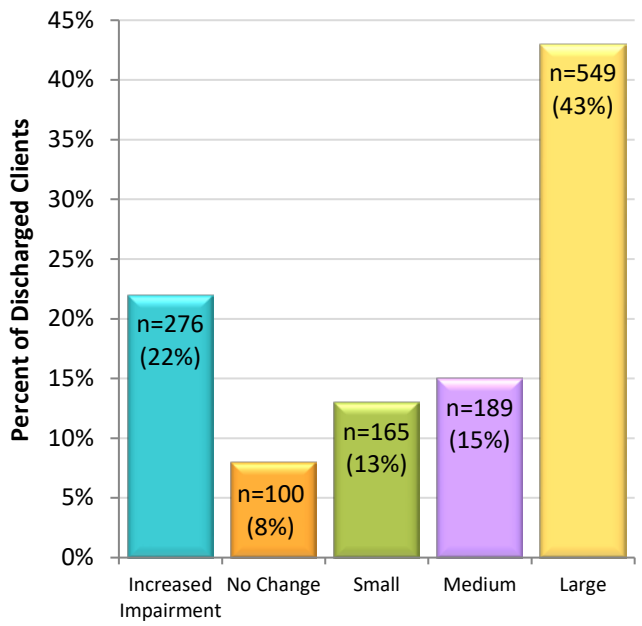
Clinically Significant Improvement

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/PSC-Y total scale score. Clinically significant improvement was defined by the measures' developers and means that treatment had a noticeable genuine effect on clients' daily life and that clients are now functioning like non-impaired youth.

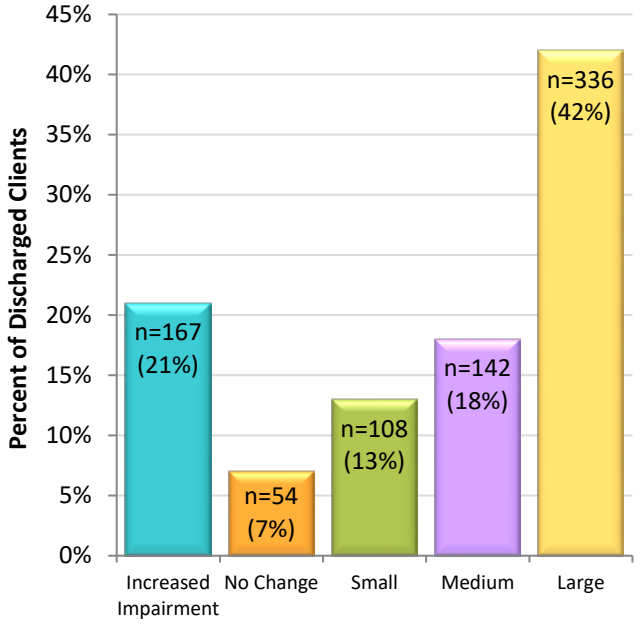
Are Children Getting Better? (continued)

PSC Amount of Improvement from Intake to Discharge

FSP Parent/Caregiver (N = 1,279)

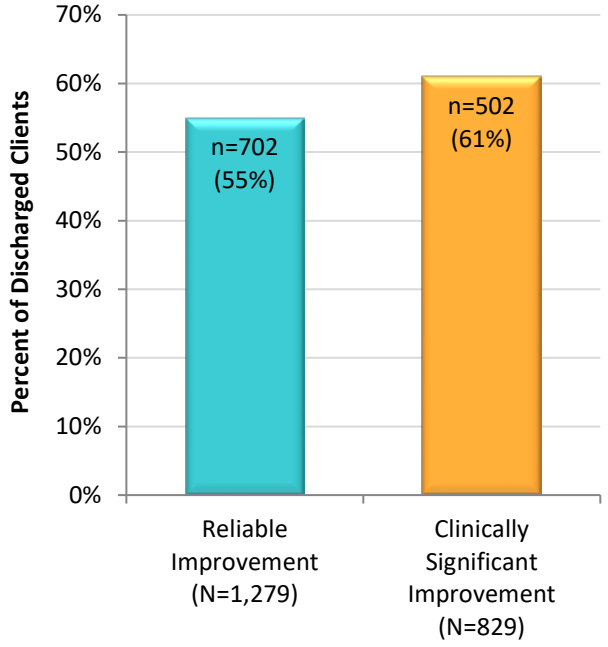


FSP Youth (N = 807)

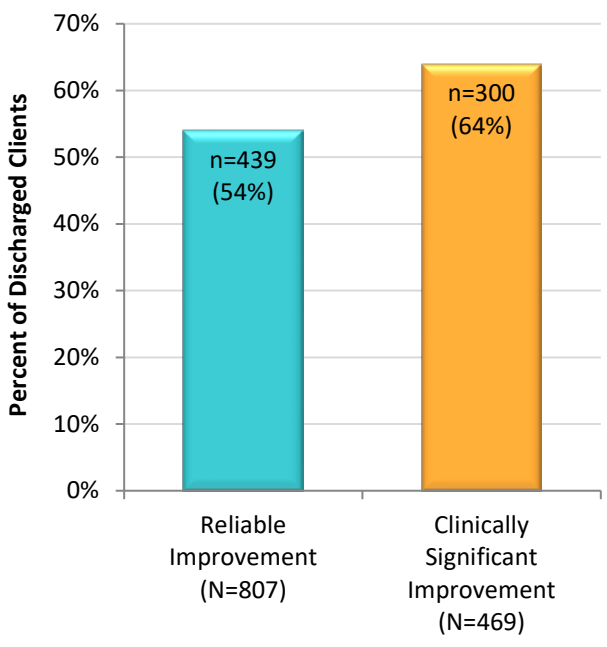


PSC Reliable and Clinically Significant Improvement from Intake to Discharge

FSP Parent/Caregiver



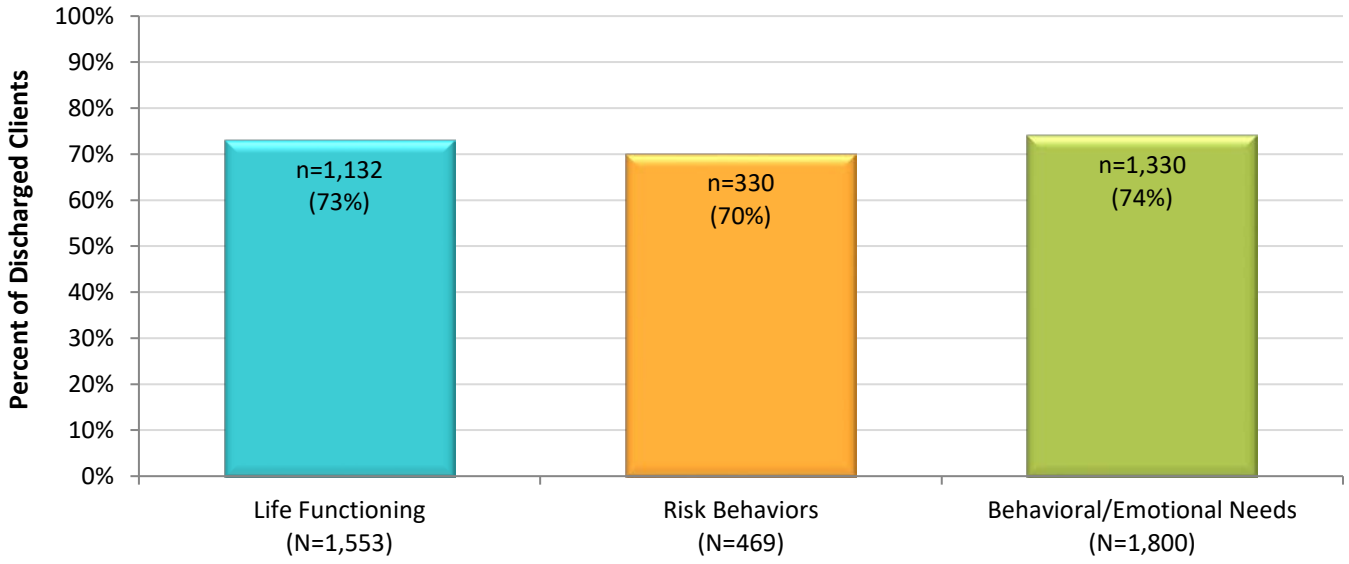
FSP Youth



Are Children Getting Better? (continued)

FSP CANS Scores

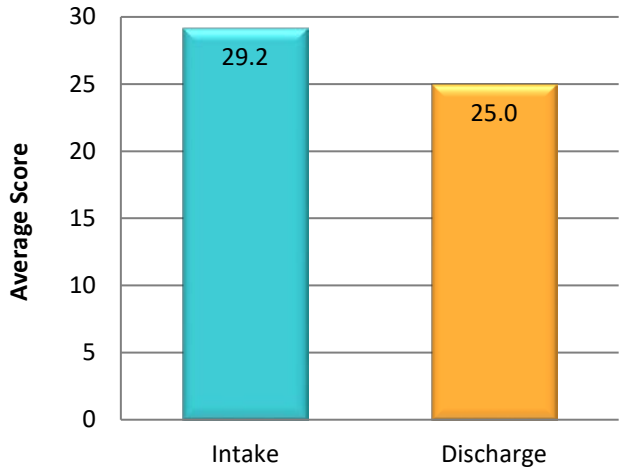
The CANS is a structured assessment to identify youth and family strengths and needs completed by clinicians for clients ages 6 through 21. Progress on the CANS is defined as a reduction of at least one need from initial assessment to discharge on the CANS domains: Life Functioning, Risk Behaviors, and/or 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).



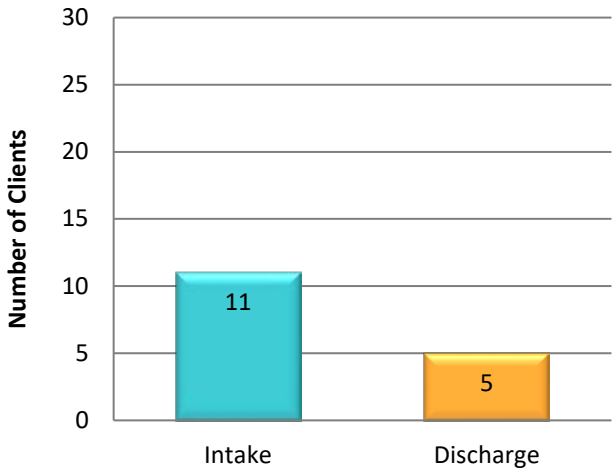
FSP PESQ Scores

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 27 discharged clients in FY 2018-19.

PESQ Severity Scale (N = 27)



PESQ Clinical Cutpoint

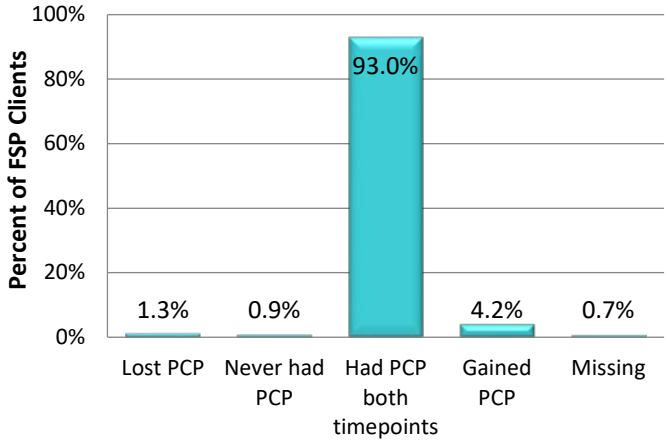


Are Children Getting Better? (continued)

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.

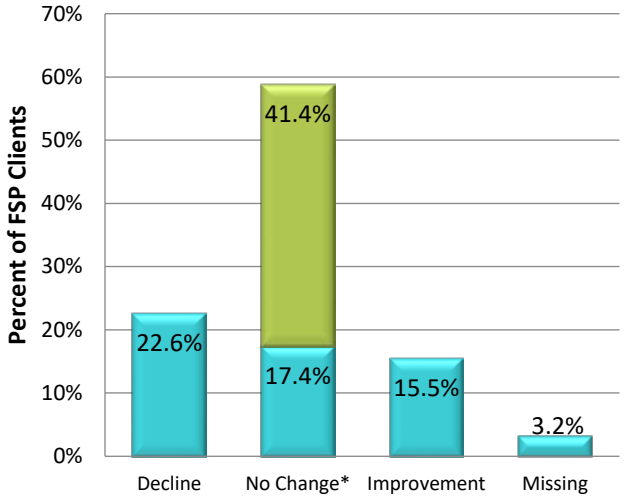
Primary Care Physician (PCP) Status (N = 4,679)

93% of FSP clients had and maintained a PCP.



School Attendance (N = 4,679)

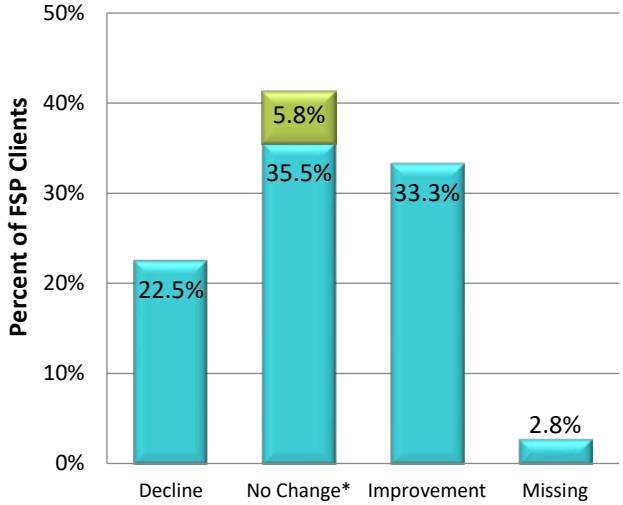
57% of FSP clients either improved (16%) or maintained excellent (41%) school attendance at follow-up assessment as compared to intake.



**Of the 59% of clients for whom no change was noted, 41% (green portion of bar) had consistently excellent attendance (intake and discharge assessments indicated the most positive category for school attendance).*

Academic Performance (N = 4,679)

39% of FSP clients either improved (33%) or maintained excellent (6%) grades at follow-up assessment as compared to intake.



**Of the 41% 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?

- Children and youth who receive treatment in FSP programs showed improvement in their mental health symptoms and reductions in needs, 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 half of youth FSP clients either improved or 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@health.ucsd.edu or 858-966-7703 x247141.

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