LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH

CHILD FULL SERVICE PARTNERSHIPS: *Strengthening Families*

MISSION

Enriching lives through partnerships designed to strengthen the community's capacity to support recovery and resiliency

ACTING DEPUTY DIRECTOR'S MESSAGE

The number of children experiencing emotional disorders in Los Angeles County is significant. Children with emotional and behavioral problems are more likely to have a lower quality of life and are at a much greater risk of dropping out of school and not becoming fully functional members of society in adulthood.

Fortunately, in January 2005, the Mental Health Services Act (MHSA) became law, launching a landmark initiative for the transformation of mental health service delivery in California. A significant component of MHSA is known as the Full Service Partnership or FSP.

This publication is a reflection of the highly successful and effective client-centered, family-focused Child FSP programs across Los Angeles County over the past five years.

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BACKGROUND

Over the past few decades, the adequacy of California's historically underfunded mental health care system has been a growing concern, especially for the underserved with serious mental illness or serious emotional disturbances. In November 2004, voters in California passed Proposition 63, the Mental Health Services Act (MHSA), which was designed to expand and transform California's county mental health service systems. The MHSA became law in January 2005 and imposed a one percent tax on individuals with incomes in excess of one million dollars.

One of the most notable aspects of the MHSA is that California legislators cannot use or move MHSA dollars to supplement other social service programs. All MHSA funds must be allocated towards the expansion or creation of new and innovative mental health programs.

The implementation of the MHSA began with an extensive stakeholder process and focuses on five system-building plans:

1. **Community Services and Supports**
2. **Prevention and Early Intervention**
3. **Workforce Education and Training**
4. **Capital Facilities**
5. **Innovation**

WHAT IS A CHILD FULL SERVICE PARTNERSHIP?

Full Service Partnership Programs, known as FSPs, are at the heart of the County's MHSA Community Services and Supports plan. FSPs are available to individuals of all ages and mark the most significant change in the delivery of mental health services in many years.

The goal of a Child FSP is to provide child-centered, family-focused mental health services and treatment that will create a stable home environment and allow children to achieve their personal goals, gain independence and live a life that is both meaningful and satisfying. Child FSP programs are designed to provide comprehensive, in-home, intensive mental health services to children from birth to 15 years old with severe emotional disturbance. What is unique about a Child FSP is the fact that it not only treats the child, but the child's caretaker and other family members in need of mental health services as well.

A Child FSP uses a "whatever it takes" model to support and build the child's and his/her family's resilience. Services are tailored to each family's needs and incorporate the child and family as active team members for planning and treatment.

FAMILY SUPPORT SERVICES

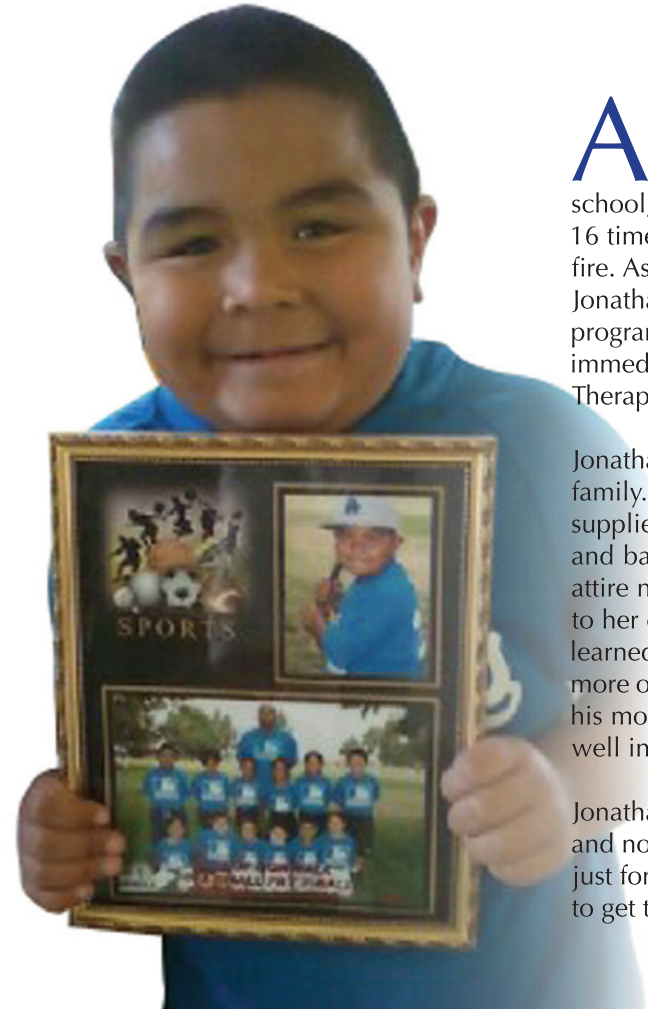
Family Support Services (FSS) are exclusive to Child FSP. The creators of the Mental Health Services Act recognized that creating a stable home environment is critical to helping children to overcome any mental health related issues they may be experiencing.

Therefore, FSS are intended to provide parents/caregivers, whose children are enrolled in a Child Full Service Partnership program, access to mental health services for themselves on a voluntary basis.

FSS offer eligible parents and caregivers a full array of clinical services, including individual, couples and/or group therapy; psychiatric/medication support; crisis intervention; case management; linkage and parenting education.

The caregiver's treatment focuses on symptom reduction/elimination that will foster a stable home environment. Services are integrated with the treatment of the child and other family members so that the needs of the whole family, as well as the needs of the child, are being met.

JONATHAN



At 4 ½ years old, Jonathan was unmanageable and his mother could not control his behaviors. He was very aggressive at home, would throw things, would not listen, and was constantly talking about killing people with knives and guns. At school, his behaviors were the same. Jonathan had been suspended from kindergarten 16 times for doing things like bringing matches to school and threatening to set it on fire. As a single mother of three children and a survivor of domestic violence herself, Jonathan's mother was overwhelmed until she enrolled him in The Whole Child FSP program. A case manager, therapist, and members of Jonathan's treatment team, immediately began weekly visits to Jonathan's home and school and referred him for Therapeutic Behavioral Services, a form of behavioral intervention.

Jonathan's mother was appreciative of all the help that was offered to her son and her family. "I was laid off, and they helped me out with food, clothes, shoes, and school supplies." Sorraya, the Case Manager, connected Jonathan to sports like T-ball, soccer, and basketball. Flex funds were used to pay fees, registrations, and for the sporting attire necessary for the different sports activities. Jonathan's mother was also referred to her own counseling services to help her cope and enhance her parenting skills. "I learned to keep myself calm and to talk to him about positive things." Jonathan is now more open and understands there are consequences to his misbehaviors. He listens to his mother's directives. He is proud of his accomplishments with sports and is doing well in his small school setting.

Jonathan's mother was overwhelmed, but "accepted everyone coming to the house and now he is doing great." The Whole Child FSP program "was a change of life, not just for him, but for the whole family. I'm glad that I didn't give up. If you are willing to get the help, it is there, and it is going to help him for the rest of his life."

PERFORMANCE CRITERIA

The core principle behind MHSA is to build a better mental health system in California by building a comprehensive array of community-based mental health services and supports. To ensure success, all MHSA programs are subject to routine performance evaluations and rigorous outcome measures to demonstrate their effectiveness.

The performance criteria by which an FSP program is measured are:

15:1 Client-to-Staff Ratio

Delivering intensive, in-home services two to three times a week requires a great deal of time and can lead to team member burnout if the client-to-staff ratio is not kept in balance. In an effort to ensure that quality of services remains high, FSP treatment team caseloads are typically limited to only 15 clients.

Linguistic Capacity

Delivering mental health services in the child and family's primary language or a language that they can understand is not only a core FSP principle, it is crucial to developing the rapport necessary for building resiliency and achieving treatment goals.

Consumer Workforce

The personal experience that Parent Partners have gained from navigating their own family member(s) through the mental health system is invaluable and their contributions many. They are able to help families find information about their child's condition and are knowledgeable on the variety of mental health services and financial resources that are available.

Face-to-Face Contact

To help prevent children from "falling through the cracks" Child FSP providers are required to make face-to-face contact with the children referred to them within 24 to 72 hours, depending on the circumstances of the referral.

Service to the Uninsured

Up to 10% of Child FSP provider clients are required to be families that either have no insurance or not enough insurance to cover the cost of their mental health service needs.

24/7 Crisis Response

Providing 24-hour-a-day, seven-day-a-week crisis support to families enrolled in a Child FSP significantly reduces the chance of hospitalization and increases their ability to effectively respond to and prevent potential situations from escalating out of control.

Linkage

Linking families to services and support that are available to them in their own neighborhoods plays a key role in integrating families back into their communities.

Field-based Services

Children and families are much more receptive to receiving mental health services when they are able to determine when they will be delivered and at places that are convenient for them rather than having to travel to a therapist or always meet in a clinical setting.

Integrated COD Services

Client and family histories of substance abuse are very prevalent among FSP enrolled families and making consistent and appropriate co-occuring disorders (COD) assessments are essential to successfully meeting the needs of the clients and families.

ELVIRA

The Department of Children and Family Services removed Elvira from her mother's care due to allegations of physical and emotional abuse. Elvira was returned to her mother five years later, but during her time in foster care, Elvira had become a different child, developing many behavioral and emotional issues. Due to her own mental health issues, Elvira's mother was having difficulties parenting Elvira and her daughter's extreme behavior was more than she could handle.

By the time she was enrolled in Hathaway-Sycamores' FSP program at age 12, Elvira's aggressive behaviors had escalated dramatically. She was paranoid, believing everyone was talking about her and began banging her head against walls and floors to stop the hallucinations she was experiencing. At school, Elvira's academic performance was declining and she became physically aggressive to the point of breaking the arm of a fellow classmate.

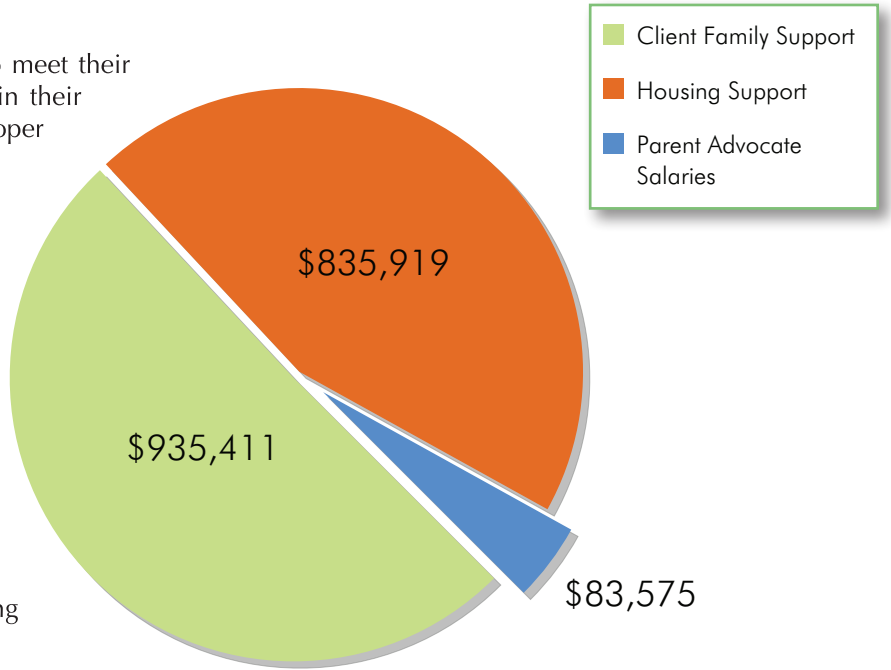
During the two years that Elvira was enrolled in Hathaway-Sycamores' FSP program, the treatment team had connected her to the local YMCA using Flex Funds to pay for membership fees and helped her join the dance group Belado Shoes, with whom she now dances at a variety of venues. The parenting education Elvira's mother received helped her address her daughter's emotional needs and correct Elvira's negative behaviors in a positive way. "I am especially grateful for the support she received from Sonia, the treatment team's Parent Partner," she confided. In May 2011, Elvira was successfully stepped down to less intensive services and is doing well. "It is important to always support your kids in any circumstance. Fortunately, a Child FSP provides parents with the tools and support to do just that."

FLEX FUNDS

Sometimes families do not have resources to meet their basic needs, like paying rent, having food in their refrigerator or ensuring children have proper school clothes.

Flex funds provide a means of helping families in those situations. Flex funds help cover the cost of additional and/or alternative supports or services that are directly related to the child's treatment plan and that lack a traditional funding source.

Over the past five years, nearly $2 million dollars in flex funds have been utilized to cover medical, dental and optical expenses; enroll children in summer camps and other social activities; pay for bus passes; and cover security deposits, rent, leases, credit reporting fees, etc.



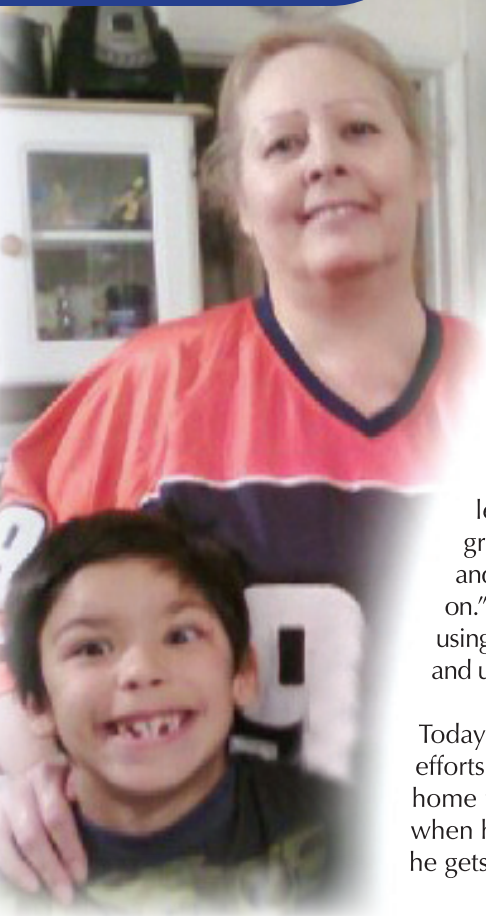
FIVE-YEAR FLEX FUNDS EXPENDITURES

$1,820,377

FSP FIVE-YEAR FAST FACTS

- **63** Child FSP providers have served over **5,458** children in **11** different languages across all **8** Los Angeles County Service Areas during the past five years.
- The average FSP client is between **11-15** years old and receives intensive, in-home services **2-3** times a week for approximately 1 year.
- Of those children served, **64%** were male and **36%** female, in which the majority were Hispanic, Black, White and Asian/Pacific Islander.

MICHAEL



Michael was referred to a Child FSP program at Roybal Family Mental Health Clinic when he was 5 years old. His father spent time in prison and his mother is suspected of having a history of substance abuse. Michael had been shuffled between his maternal and paternal grandparents' homes and foster care so many times that he became anxious whenever a stranger came to his house for "fear they were going to take him away." The lack of a stable home environment and an early childhood exposed to domestic violence was evident in Michael's behavior. Prior to being enrolled in a FSP, Michael was very violent, punching his siblings at home and his peers in day care. He would throw tantrums, hit his head against walls and, on one occasion, purposely ran out into a busy street, "nearly getting run over by a passing car," his grandmother reported.

Michael would lash-out using inappropriate language at home and school because he knew no other way to express his needs. "I felt lost…I wanted to go back to work, but I could not leave him with a babysitter so I had to put my life on hold for my grandchildren," Michael's grandmother confided. While receiving services, the FSP treatment team therapist met with Michael and his grandmother on a regular basis. "She was always there for me and she was the one I depended on." Besides the therapist, Michael and his grandma also worked with a case manager and psychiatrist in using a holistic treatment approach to provide him with more than just traditional mental health services and ultimately help improve his self-esteem.

Today Michael enjoys keeping busy playing baseball and basketball after school. Because of her efforts and the services provided through the Roybal Child FSP, "he is doing better…he brings home 'Green Stars' and 'Super Stars' from school. He even says 'good night' now and wants a kiss when he leaves for school each morning." "I think he feels safe now. He knows I will be here when he gets home," his grandmother reported with a smile. "But I could not have done it without FSP."

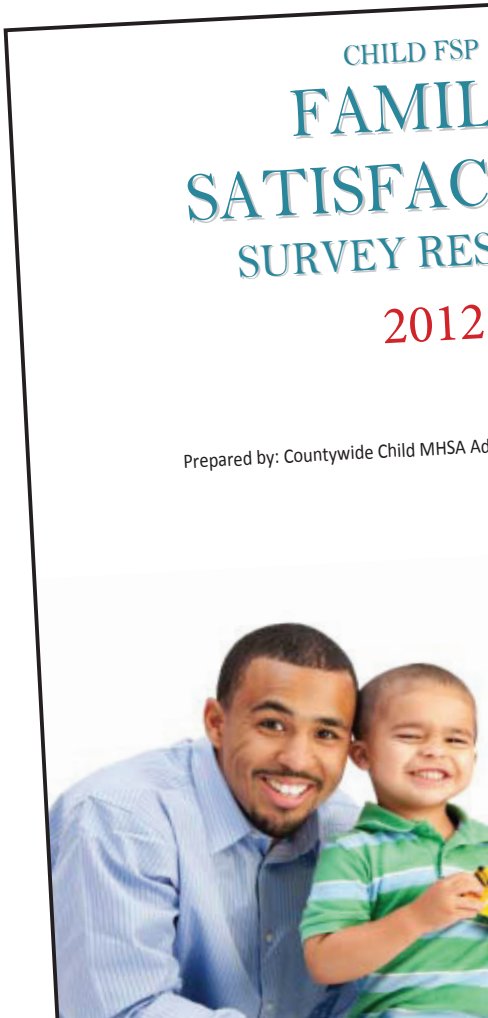
UP CLOSE AND PERSONAL

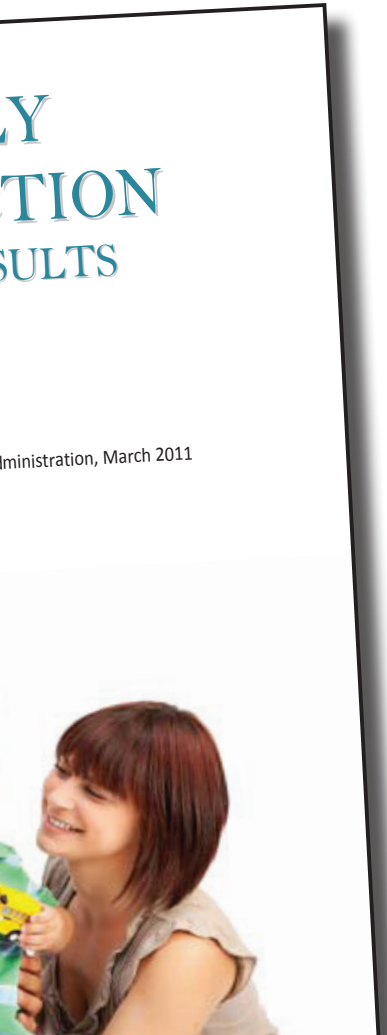
The Department of Mental Health is dedicated to ensuring that families are truly happy with the services it provides. Although the annual surveys provided valuable feedback, DMH management went a step further in their quest to measure family satisfaction. In January 2011, Countywide Child FSP Program Administration teamed with Parent Partners and Service Area Navigators to begin conducting face-to-face interviews with families who had successfully reached their treatment goals while enrolled in a Child FSP program.

Rather than simply rating various aspects of their FSP program, respondents were asked to tell interviewers, in their own words, things like: how their children behaved, what kinds of difficulties they and their families faced prior to being enrolled in an FSP, and how the treatment and services they received had changed things within their families.

More than **80%** of the families visited indicated that their child was happier, better able to cope with daily life and had better relationships with their caregivers and siblings after meeting their FSP treatment goals. Prior to receiving FSP services, the majority of children interviewed WERE NOT involved in after school activities and had a history of poor grades. Amazingly, **94%** got better grades and **100%** participated in extra curricular activities by the time they reached their treatment goals.

It is clearly evident that the implementation of Child FSP programs throughout Los Angeles County has been a great success. Mental health services are now being provided to twice as many children from ethnic populations who previously had not even been aware services existed and significantly less children required hospitalization while enrolled in an FSP. This level of family-reported success truly demonstrates a commitment to hope, wellness, recovery, and resiliency.





FAMILY SATISFACTION SURVEYS

Recognizing that the ultimate measure of success for any social service program is client satisfaction, Countywide Child FSP program administration has conducted annual Family Satisfaction Surveys over the past several years to determine if the families being served felt Child FSP programs were as successful as the clinical data collected indicated they were.

Each year, with the help of Parent Partners, a random sampling of ethnically diverse clients and their families are surveyed in a variety of languages, including Armenian, Cambodian, Cantonese, English, Korean and Spanish.

Overall satisfaction has increased from **75%** to **88%** over the past four years. Nearly all the families surveyed during each year's survey indicated that FSP services were provided to them in their primary language. Each year, more than **80%** of families have consistently responded that their treatment team was supportive, they received services when and where they wanted them and that the services they received were beneficial to their child's well-being and happiness.

ISAAC

By the time he was 12, Isaac had developed extremely aggressive behaviors to the point of threatening to kill his mother and burn down his home and school. Young Isaac was hearing voices and having hallucinations that led to several psychiatric hospitalizations. Although Isaac had been receiving outpatient mental health services, his behavior was uncontrollable. He experienced seizures, was verbally aggressive, and would often fly into physical fits of rage.

Things finally changed when Isaac was enrolled in the Providence Child FSP program where he spent two years working with his therapist, Lizzie and the rest of the treatment team at least twice a week. Isaac's mother was counseled and taught parenting techniques by her own therapist through Family Support Services. The treatment team's availability and presence during emergent or crisis situations prevented Isaac from having to be hospitalized on more than one occasion.

Because of the services Isaac received through his Full Service Partnership, Isaac is doing better both at home and at school. "He can read and write, he loves counting and even knows his times tables! He is so much more relaxed and well behaved now that I feel safe taking him to the local public swimming pool, horse back riding and even to the mall to go shopping, none of which were possible before," Isaac's mom reported.

Isaac's mother truly believes in the power of Child FSPs and is extremely grateful for the difference it has made in her family's lives. "The change in his relationship with my other kids is amazing. The whole family accepts him now." When asked how he was doing, Isaac replied, "I have a great family and angels to take care of me," grinning and pointing to the wall full of angel pictures and posters that adorn his bedroom.

TRAINING & WORKFORCE EDUCATION

Training and workforce development have played a significant role in the high level of success Child FSP programs have achieved. Whenever possible, the strengths and innovations of child providers are combined with lessons learned to form building blocks for educational opportunities and the foundation for training curriculums.

Each year child FSP provider staff are polled to determine exactly what their training needs are. Trainings range from teaching proper documentation techniques to workshops for Parent Partners to large-scale, long-term training projects such as Reflective Supervision.

Parent Partners serve as bridges between treatment teams and families by providing clinical staff with the parent perspective and using their personal experience to give new families entering the system the empathy, support and hope they need to get better. Therefore, a training workshop was developed to create a pool of Parent Partners and advocates that were not only knowledgeable on the wide array of child mental health services available to families, but who understood and could help promote MHSA core principles and goals in communities throughout the County.

Reflective Supervision was another important workforce development project because the nature of its design allowed it the capacity to not only train and educate, but provide technical support as well. The Reflective Supervision training project provided child FSP treatment teams with monthly two-hour sessions designed to teach specific training objectives in conjunction with real life case presentation. This open exchange between management, training professionals and clinical staff proved to be a highly effective means of increasing staff knowledge and experience.

REDUCED HOSPITALIZATIONS

Child FSP data indicates that approximately **31%** fewer children require psychiatric hospitalization during and after their enrollment in a Child FSP compared to the 12 months immediately prior to receiving FSP services.

Although enrollment in a Child FSP does not eliminate the need for hospitalizations, children receiving FSP services who did require acute psychiatric care spent **21%** fewer days in the hospital than those who were not.

This decrease in the number of children being hospitalized is believed to be the result of the 24/7 Crisis Response services provided to families while enrolled. Families are taught how to recognize potential crisis-causing triggers and how to diffuse them, preventing potential crisis situations from escalating.

SUMMARY

MHSA's primary goal is to reduce the long-term, adverse impact that untreated serious emotional disturbance has on children and families. Healthy communities can be measured by the extent to which persons with psychiatric disabilities can lead meaningful lives free of stigma and discrimination. The philosophy of empowerment and recovery and the understanding that children and families with mental illness can and do recover, are key to the implementation of MHSA programs such as FSPs.

The genuine success and effectiveness of Child FSPs are a testimony to the Los Angeles County Department of Mental Health and its Child FSP providers' shared dedication and commitment to "doing whatever it takes" to build a culturally competent, recovery and resiliency oriented mental health system.

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