



Flexible Integrated Treatment (FIT)

# ANNUAL REPORT

July 2020 – June 2021

## WHAT WE DO

**FLEXIBLE INTEGRATED TREATMENT (FIT)** works with youth who are experiencing emotional and behavioral difficulties. The therapist/treatment team members partner with youth and their families in addressing their stated needs utilizing both a family-focused, strengths—based approach. Our services incorporate specific, evidence-based practices as treatment modalities.

## SERVICES PROVIDED



**Individual, family** and group therapy, psychiatric supports



**Crisis Intervention**, after-hours crisis support, 24/7 availability

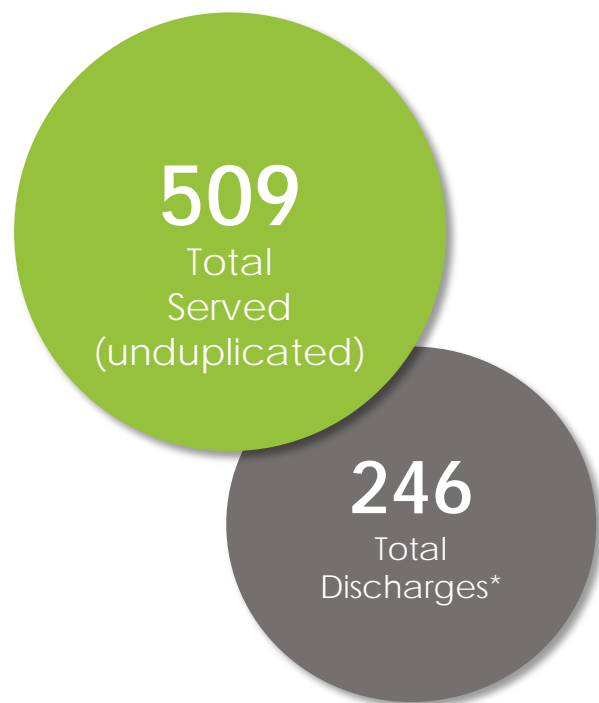


**In-home, school** and community support, skills training



**Advocacy, case** management, rehabilitation and collateral services

## CENSUS & REFERRALS



<b>New Referrals (Duplicated)</b>	<b>428</b>
# of Referrals Never Opened	123
<i>Closed within 60 days</i>	98
# of Referrals Enrolled	284
# of Referrals Active	21
<b>Clients Served (Duplicated)</b>	<b>518</b>
# Carry-over	223
# First-Time Enrollment	286
# Return Admissions	9

\*Discharge count excludes clients discharged before 60 days from referral.

## DEMOGRAPHICS

	#
<b>Age Group</b>	
0-15 Youth	348
16-25 TAY	161
<b>Gender</b>	
Male	223
Female	286
<b>Race</b>	
African-American/Black	145
American Indian/Native Alaskan	7
Asian/Pacific Islander	44
Caucasian/White	82
Multi-Racial	56
Other Race/Hispanic	138
Unknown	22
Data Not Available	15
<b>City of Residence</b>	
Acampo	1
Antelope	1
Carmichael	1
Chico	1
Citrus Heights	1
Davis	1
El Dorado Hills	2
Elk Grove	99
Galt	16
Ione	1
Mather	2
Modesto	1
North Highlands	3
Outside California	1
Placerville	1
Rio Linda	2
Rio Vista	1
Sacramento	370
Walnut Grove	2
Wilton	2

	#
<b>Primary Language</b>	
Arabic	1
Cantonese	1
English	449
Hmong	1
Other Non-English	3
Spanish	46
Vietnamese	3
Unknown/Not Reported	5
Data Not Available	0
<b>Primary Diagnosis</b>	
Adjustment Disorder	126
Anxiety Disorders	43
Attention-Deficit Hyperactivity Disorder	64
Bipolar Disorders	6
Depressive Disorders	97
Disruptive, Impulse-Control and Conduct Disorders	24
Encounter for observation for other suspected diseases and conditions ruled out	12
Feeding and Eating Disorders	2
Neurodevelopmental Disorders	2
Other Medical Condition	1
Personality Disorders	1
Schizophrenia Spectrum and Other Psychotic Disorders	10
Trauma and Stressor Related Disorders	119
Data Not Available	2

## Child & Adolescent Needs and Strengths (CANS)

The Child and Adolescent Needs and Strengths (CANS) is a multi-purpose tool developed for children's services to support decision making, including level of care and service planning, to facilitate quality improvement initiatives, and to allow for the monitoring of outcomes of services. Versions of the CANS are currently used in 25 states in child welfare, mental health, juvenile justice, and early intervention applications. A comprehensive, multi-system version exists as well. Starting October 1, 2018 the California CANS and Sac-Supplemental was introduced as a replacement for the more commonly used Indiana CANS.

Due to the transition from the Indiana CANS to the California CANS, clients with an Initial CANS completed using the Indiana CANS\* have been excluded due to variations between the two versions. Additionally, due to some clients being admitted and discharged multiple times within the reporting period, and because the outcomes can change with each episode of service, each enrollment in which both the initial and a re-evaluation or discharge CANS were completed have been included in the analysis.

The California CANS consists of 50 items broken down into 6 primary domains:

- Child Behavioral/Emotional Needs
- Life Domain Functioning
- Risk Behaviors
- Cultural Factors
- Strengths Domain
- Caregiver Resources and Needs

The Sac-Supplemental consist of 15 items broken down into 2 primary domains:

- Transition to Adulthood\*\*
- Trauma Module\*\*\*

Scoring of the primary domains follow the rubric below:

Scoring	Scoring for Youth Strengths Subscale
0 No Evidence of Problems	0 Centerpiece Strength
1 History or Suspicion; monitor	1 Useful Strength
2 Interferes with functioning; action needed	2 Identified Strength
3 Disabling, dangerous; immediate or intensive action needed	3 No Evidence

\* Of the clients enrolled during the 2020-2021 fiscal year, 17 had their initial completed using the Indiana CANS and were excluded.

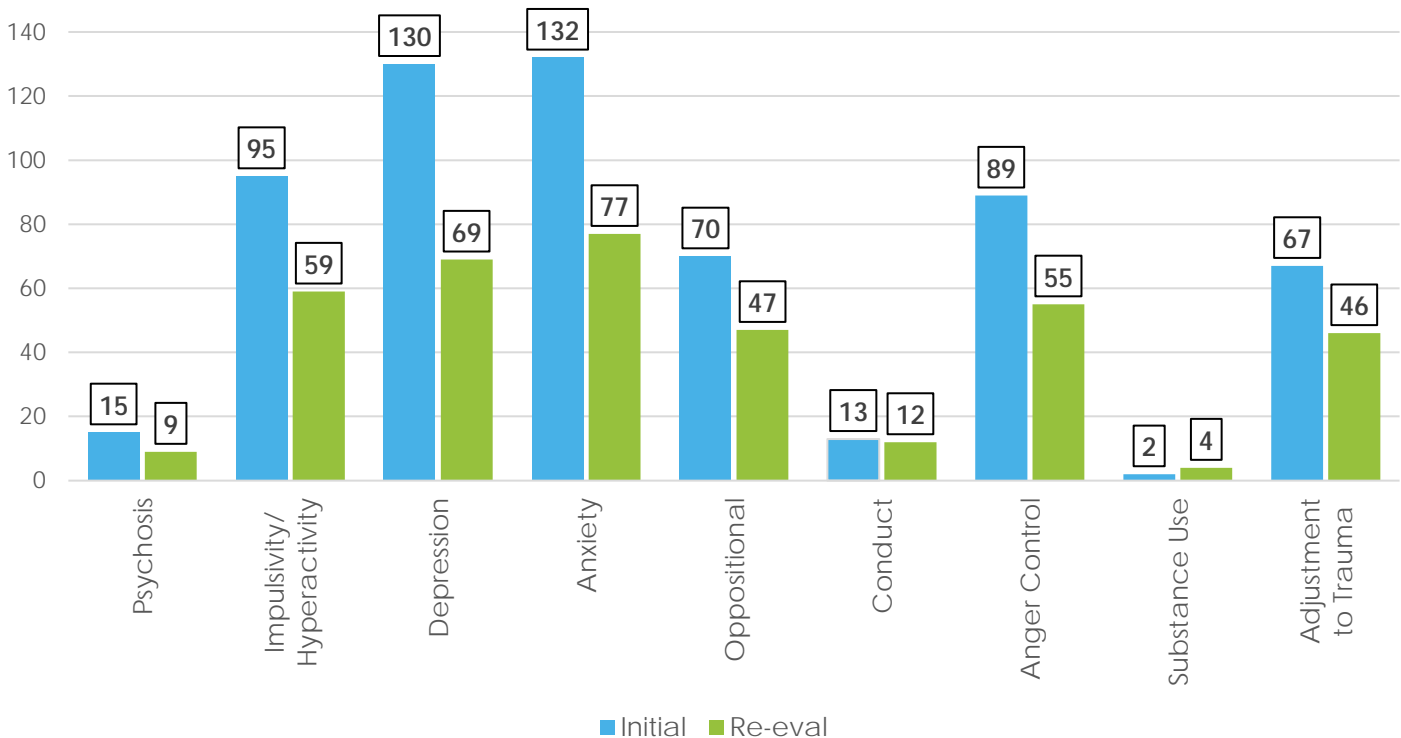
\*\* The Transition to Adulthood domain is only completed if the client is 15 and older in age.

\*\*\* The Trauma Module domain is only completed if a score of 1,2, or 3 is recorded for the original Adjustment to Trauma category of the Child Behavioral/Emotional Needs domain.

## Child & Adolescent Needs and Strengths (CANS) *continued*

Of the 518 clients served during the reporting period, a total of 234 (45.2%) clients completed an intake CANS as well as a 6-month update CANS or a discharge CANS for reassessment. Each of the following graphs display the number clients with actionable items (2 or 3) for all six domains.

**Child Behavioral/Emotional Needs**  
(Initial vs. Re-Evaluation)

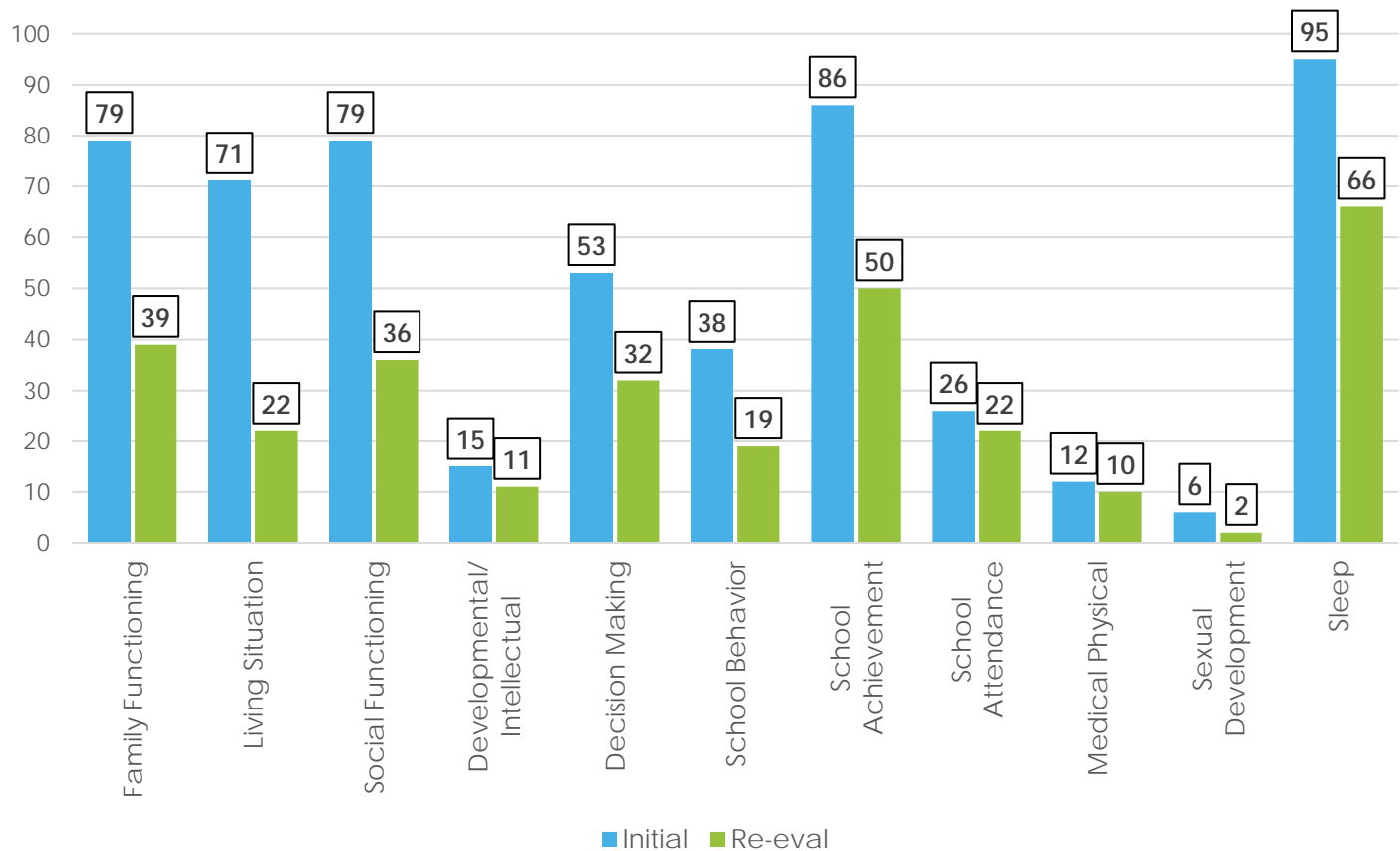


Out of the 234 clients observed, there was a decrease in the total of actionable items (2 or 3) from initial to reassessment in 8 (88.9%) of the 9 categories for the domain of Child Behavioral/Emotional Needs.

Category	Pre/Post Difference
Psychosis	-6
Impulsivity/Hyperactivity	-36
<b>Depression</b>	<b>-61</b>
Anxiety	-55
Oppositional	-23
Conduct	-1
Anger Control	-34
Substance Use	+2
Adjustment to Trauma	-21

## Child & Adolescent Needs and Strengths (CANS) *continued*

### Life Domain Functioning (Initial vs. Re-Evaluation)

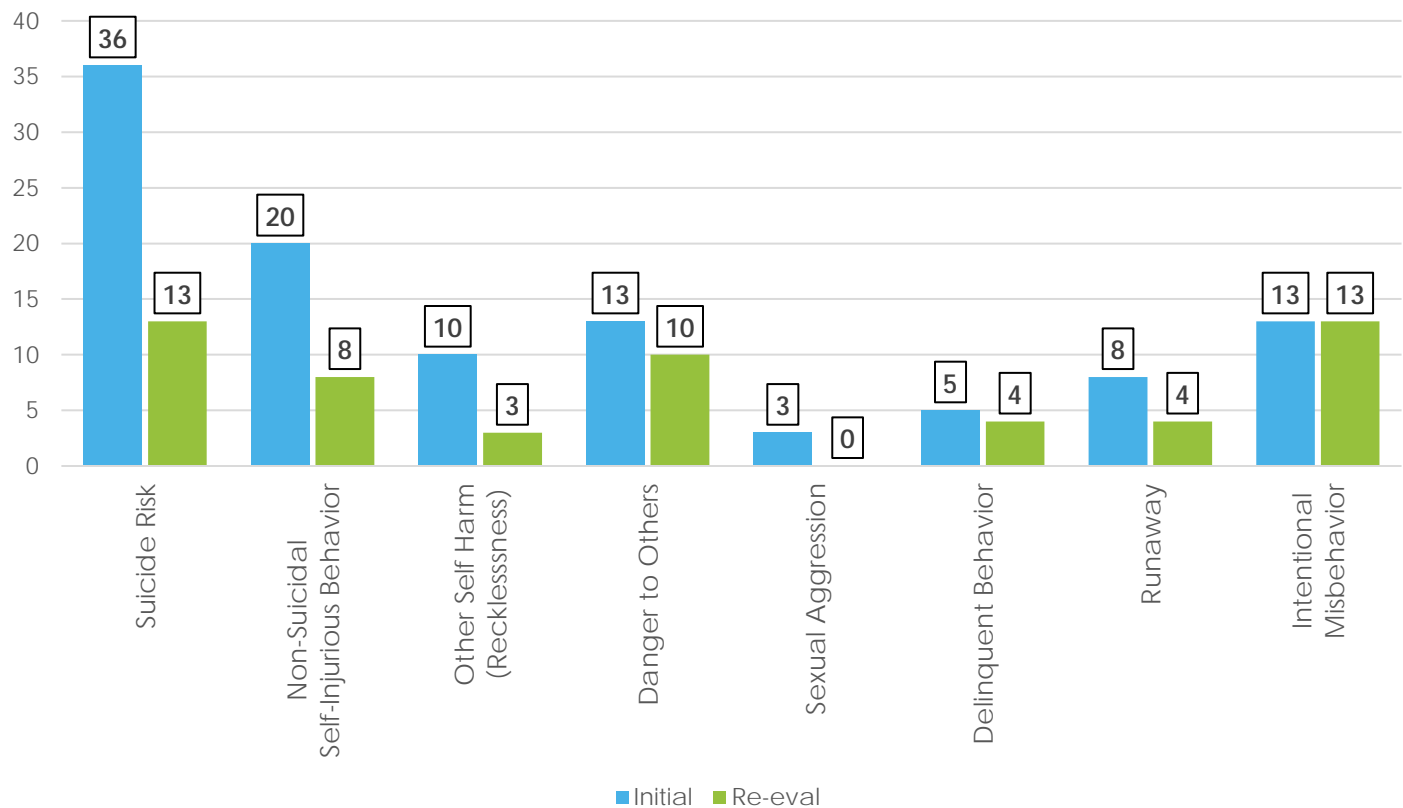


Out of the 234 clients observed, there was a decrease in the total of actionable items (2 or 3) from initial to reassessment in all 11 (100.0%) categories for the domain of Life Domain Functioning.

Category	Pre/Post Difference
Family Functioning	-40
<b>Living Situation</b>	<b>-49</b>
Social Functioning	-43
Developmental/Intellectual	-4
Decision-Making	-21
School Behavior	-19
School Achievement	-36
School Attendance	-4
Medical/Physical	-2
Sexual Development	-4
Sleep	-29

## Child & Adolescent Needs and Strengths (CANS) *continued*

### Risk Behaviors (Initial vs. Re-Evaluation)

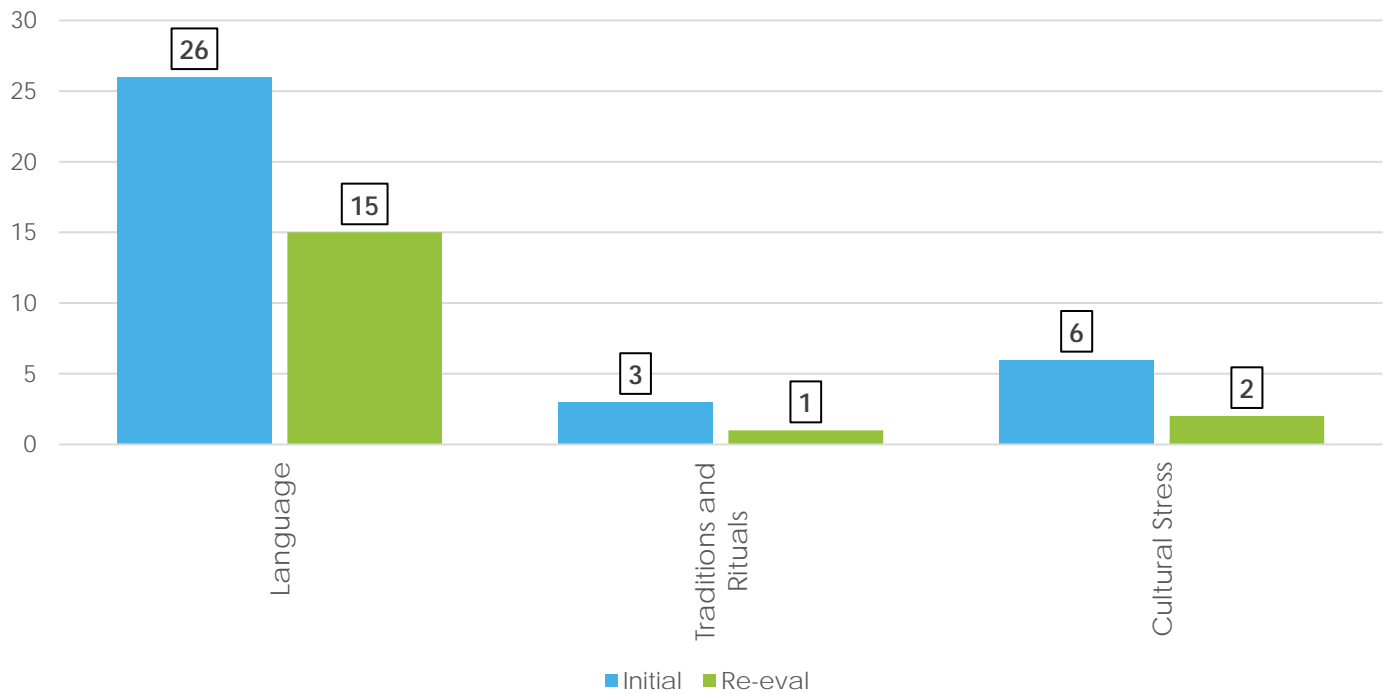


Out of the 234 clients observed, there was a decrease in the total of actionable items (2 or 3) from initial to reassessment in 7 (87.5%) of the 8 categories for the domain of Risk Behaviors.

Category	Pre/Post Difference
<b>Suicide Risk</b>	<b>-23</b>
Non-Suicidal Self-Injurious Behavior	-12
Other Self-Harm (Recklessness)	-7
Danger to Others	-3
Sexual Aggression	-3
Delinquent Behavior	-1
Runaway	-4
Intentional Misbehavior	0

## Child & Adolescent Needs and Strengths (CANS) *continued*

### Cultural Factors (Initial vs. Re-Evaluation)

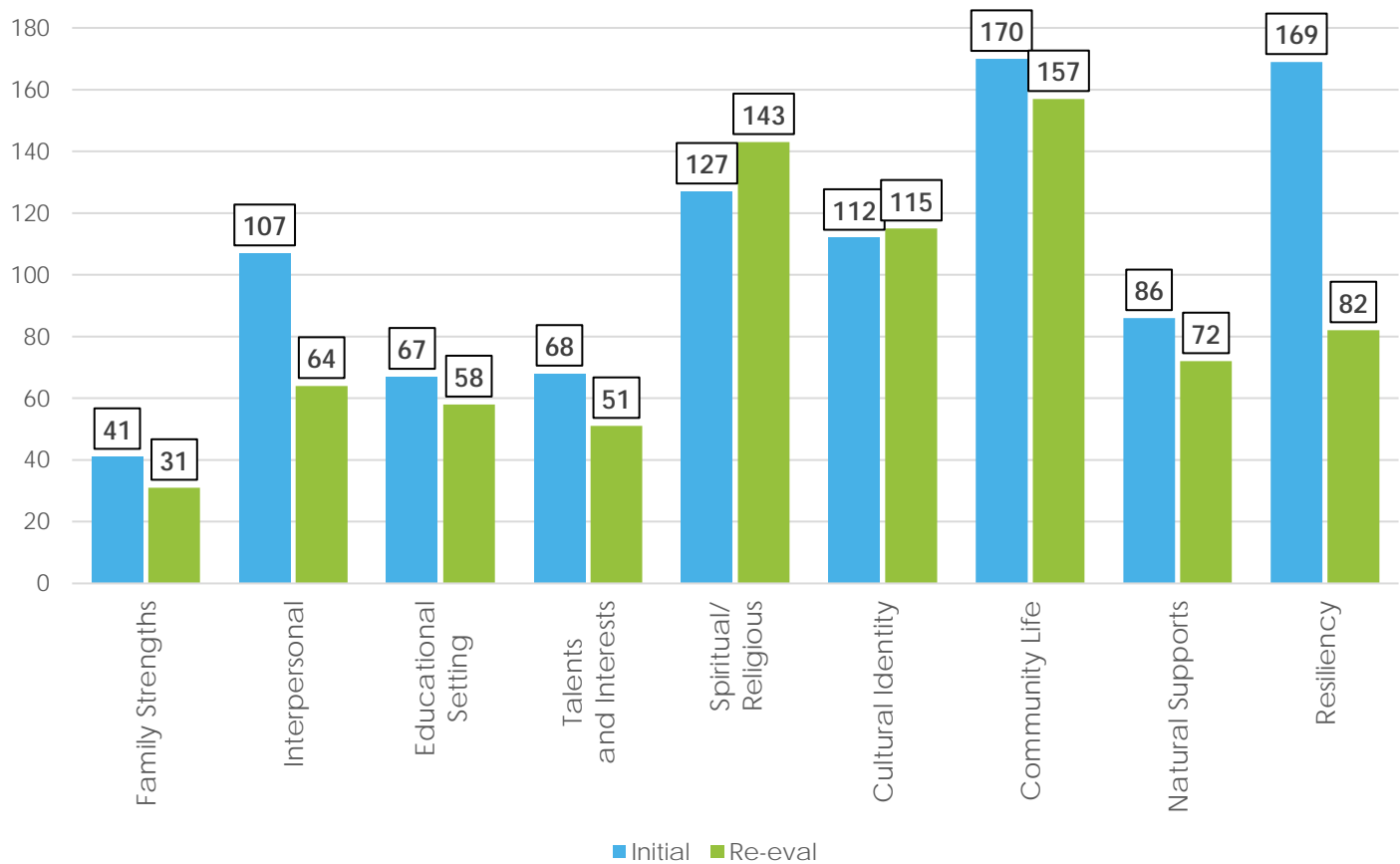


Out of the 234 clients observed, there was a decrease in the total of actionable items (2 or 3) from initial to reassessment in all 3 (100.0%) categories for the domain of Cultural Factors.

Category	Pre/Post Difference
Language	-11
Traditions and Rituals	-2
Cultural Stress	-4

## Child & Adolescent Needs and Strengths (CANS) *continued*

### Strengths Domain (Initial vs. Re-Evaluation)



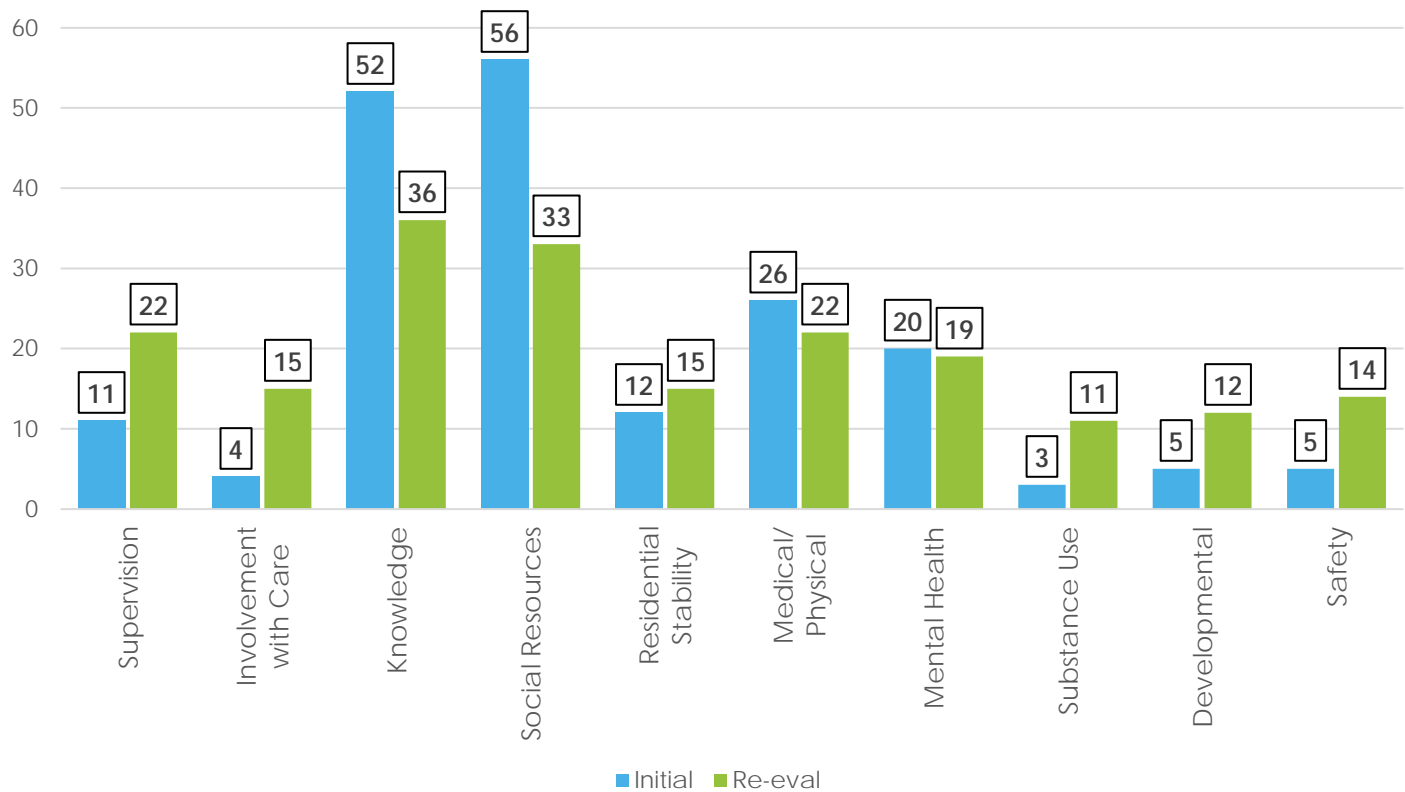
Out of the 234 clients observed, there was a decrease in the total of actionable items (2 or 3) from initial to reassessment in 7 (77.8%) of the 9 categories for the Strengths Domain.

Category	Pre/Post Difference
Family Strengths	-10
Interpersonal	-43
Educational Setting	-9
Talents/Interests	-17
Spiritual/Religious	+16
Cultural Identity	+3
Community Life	-13
Natural Supports	-14
<b>Resiliency</b>	<b>-87</b>



## Child & Adolescent Needs and Strengths (CANS) *continued*

### Caregiver Resources and Needs (Initial vs. Re-Evaluation)

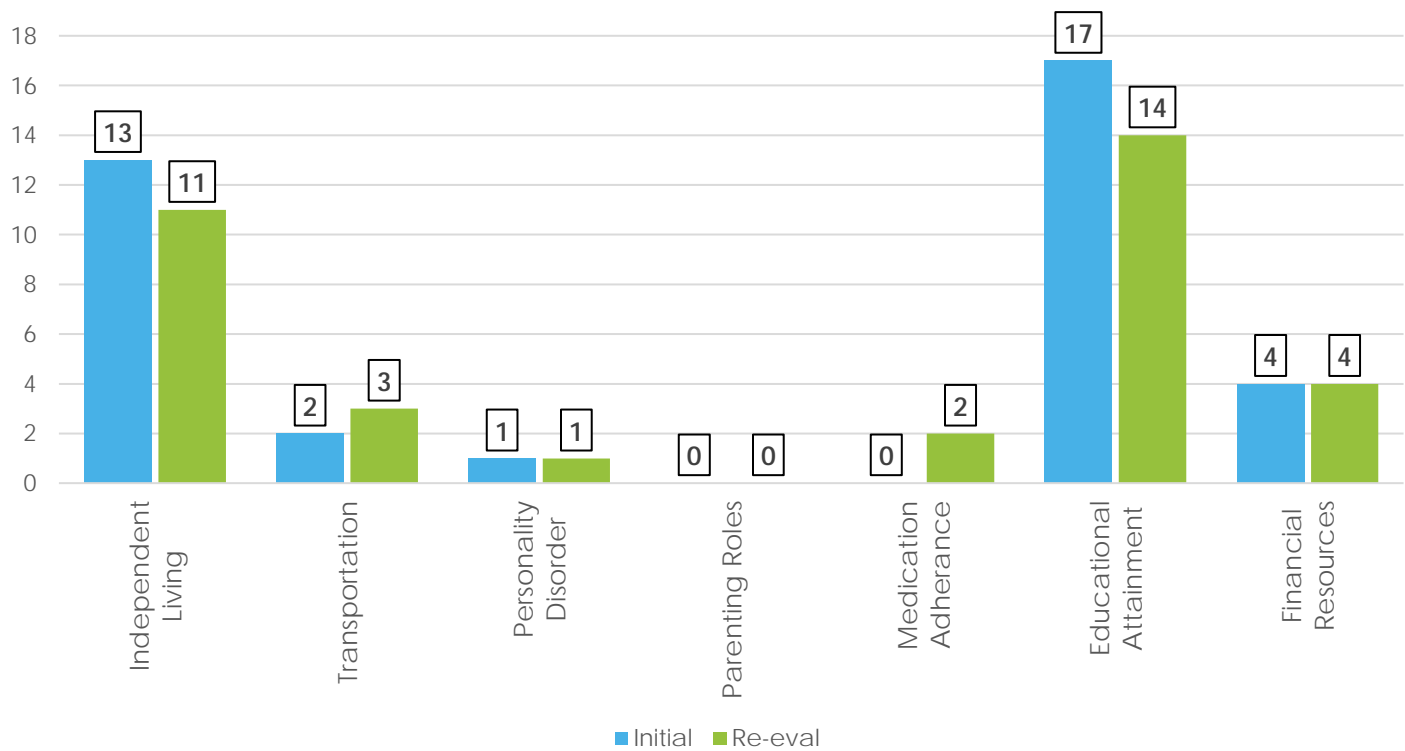


Out of the 234 clients observed, there was a decrease in the total of actionable items (2 or 3) from initial to reassessment in 4 (40.0%) of the 10 categories for the domain of Caregiver Resources and Needs.

Category	Pre/Post Difference
Supervision	+11
Involvement with Care	+11
Knowledge	-16
<b>Social Resources</b>	<b>-23</b>
Residential Stability	+3
Medical/Physical	-4
Mental Health	-1
Substance Use	+8
Development	+7
Safety	+9

## Child & Adolescent Needs and Strengths (CANS) *continued*

### Transition to Adulthood – Ages 15 and Older (Initial vs. Re-Evaluation)



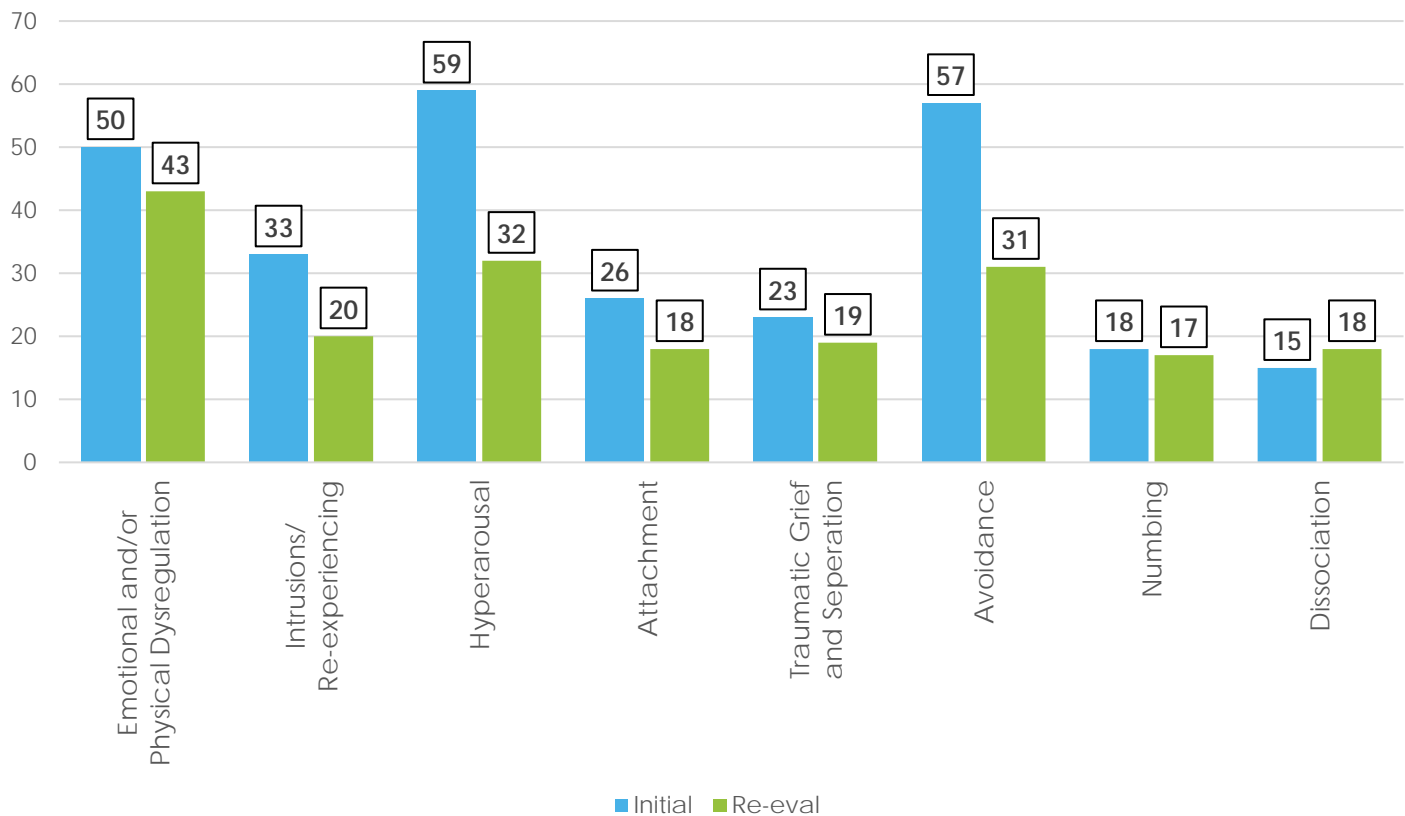
The Transition to Adulthood domain is only completed if the client is age 15 or older at the time of assessment. Of the 234 clients who completed an intake and reassessment CANS, 61 (26.1%) clients completed the Transition to Adulthood domain on both the initial and reassessment.

Out of the 61 clients observed, 3 (42.9%) of the 7 categories for the Transition to Adulthood domain remained at zero or decreased in the total of actionable items (2 or 3) from initial to reassessment.

Category	Pre/Post Difference
Independent Living	-2
Transportation	+1
Personality Disorder	0
Parenting Roles	0
Medication Adherence	+2
<b>Educational Attainment</b>	<b>-3</b>
Financial Resources	0

## Child & Adolescent Needs and Strengths (CANS) *continued*

### Traumatic Stress Module (Initial vs. Re-Evaluation)



Out of the 234 clients observed, there was a decrease in the total of actionable items (2 or 3) from initial to reassessment in 7 (87.5%) of the 8 categories for the Traumatic Stress Module.

Category	Pre/Post Difference
Emotional and/or Physical Dysregulation	-7
Intrusions/Re-experiencing	-13
<b>Hyperarousal</b>	<b>-27</b>
Attachment	-8
Traumatic Grief & Separation	-4
Avoidance	-26
Numbing	-1
Dissociation	+3

## Section IV: Pediatric Symptom Checklist (PSC-35)

The PSC-35 is a psychosocial screening tool designed to facilitate the recognition of cognitive, emotional, and behavioral problems so that appropriate interventions can be initiated as early as possible.

Parents/caregivers will complete the PSC-35 (parent-completed version) for their children ages 3 and youth up to age 18. The PSC-35 will need to be completed at the beginning of treatment, every six months following the first administration, and at the end of treatment.

PSC items are rated as Often, Sometimes, or Never.

Of the 509 individuals served, 317 clients had at least one checklist completed during the reporting period. If multiple checklists were completed, the most recent responses were used for the outcomes below.

Question	Responses*	Often	Sometimes	Never
Complains of aches and pains	317	12.0%	46.1%	42.0%
Spends more time alone	317	32.5%	34.7%	32.8%
Tires easily, has little energy	317	24.3%	31.5%	44.2%
Fidgety, unable to sit still	317	34.4%	36.6%	29.0%
Has trouble with teacher	316	9.2%	26.9%	63.9%
Less interested in school	316	24.1%	37.0%	38.9%
Acts as if driven by a motor	317	20.2%	26.5%	53.3%
Daydreams too much	317	16.4%	40.7%	40.9%
Distracted easily	316	50.0%	37.0%	13.0%
Is afraid of new situations	317	28.7%	44.2%	27.1%
Feels sad, unhappy	316	26.9%	51.6%	21.5%
Is irritable, angry	317	39.7%	44.8%	15.5%
Feels hopeless	317	12.3%	39.7%	47.9%
Has trouble concentrating	317	39.4%	42.9%	17.7%
Less interested in friends	317	12.0%	30.6%	57.4%
Fights with other children	317	12.9%	33.4%	53.6%
Absent from school	316	8.5%	24.1%	67.4%
School grades dropping	316	24.4%	28.2%	47.5%

Table continues on next page.

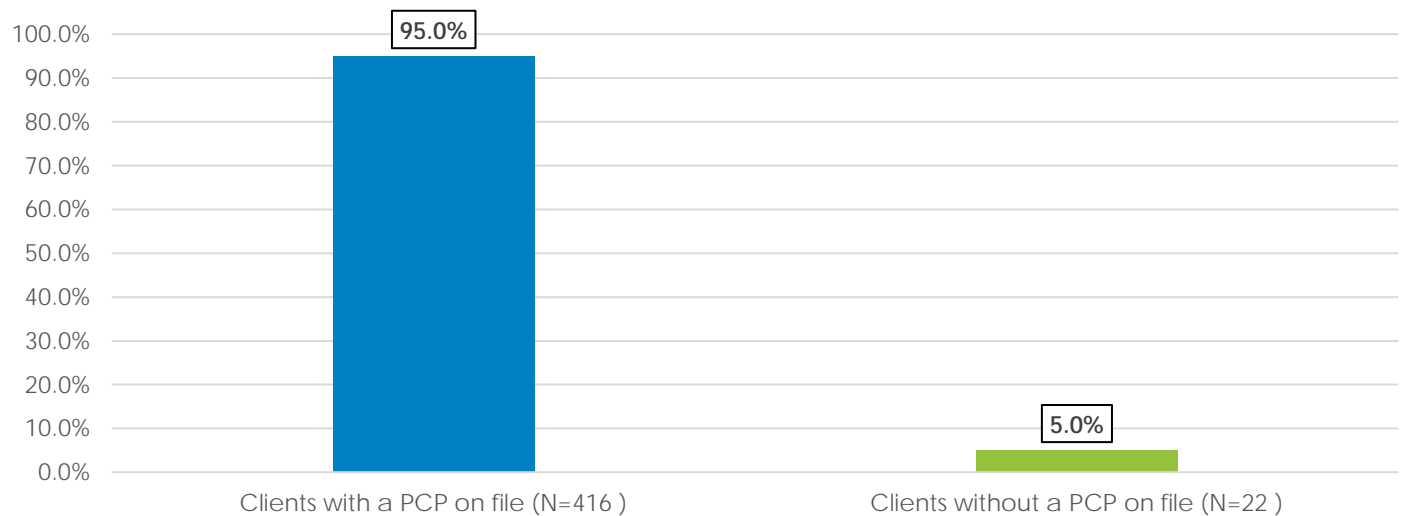
\*Parents/caregivers may have chosen to not respond to specific statements on the checklist. For this reason, not all items have the same frequency of responses.

## Section IV: Pediatric Symptom Checklist (PSC-35) Continued

Question	Responses*	Often	Sometimes	Never
Is down on him or herself	317	22.4%	42.9%	34.7%
Visits the doctor with doctor finding nothing wrong	317	5.4%	9.8%	84.9%
Has trouble sleeping	317	35.6%	33.8%	30.6%
Worries a lot	316	33.9%	40.5%	25.6%
Wants to be with you more than before	317	23.0%	27.8%	49.2%
Feels he or she is bad	317	11.0%	38.8%	50.2%
Takes unnecessary risks	317	6.6%	28.1%	65.3%
Gets hurt frequently	317	7.3%	18.9%	73.8%
Seems to be having less fun	317	16.4%	42.3%	41.3%
Acts younger than children his or her age	317	9.5%	25.2%	65.3%
Does not listen to rules	317	24.9%	44.5%	30.6%
Does not understand other people's feelings	317	12.0%	39.4%	48.6%
Teases others	317	10.7%	30.0%	59.3%
Blames others for his or her troubles	317	13.9%	35.0%	51.1%
Takes things that do not belong to him or her	317	8.5%	22.4%	69.1%
Refuses to share	316	10.1%	34.2%	55.7%

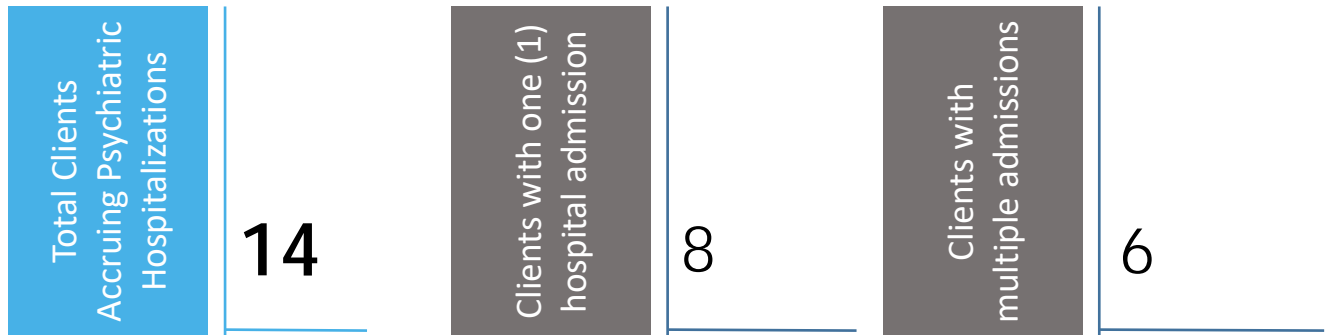
### PRIMARY CARE PHYSICIAN

Of the 509 clients served, 438 were served for at least 60 days. 95% (416) of those clients were connected to primary care physician (PCP).

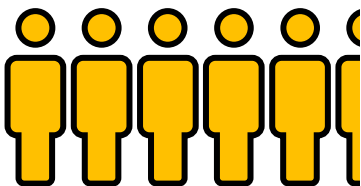
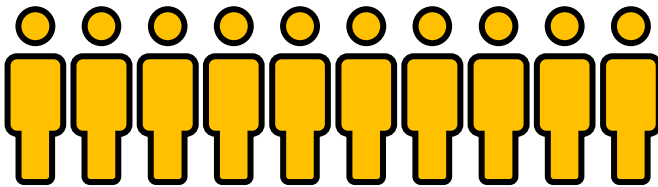
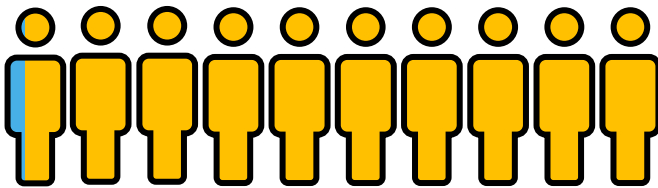


## PSYCHIATRIC HOSPITALIZATION RECIDIVISM

Of the 509 unduplicated individuals served between July 1, 2020 and June 30, 2021, 14 (2.8%) unduplicated clients accrued 22 psychiatric hospitalizations (according to the Clients Active in Multiple Programs report in Avatar) with 8 of those hospitalizations being return admissions.




### Psychiatric Hospitalizations of Greater than 7 Days Among All Enrolled Clients



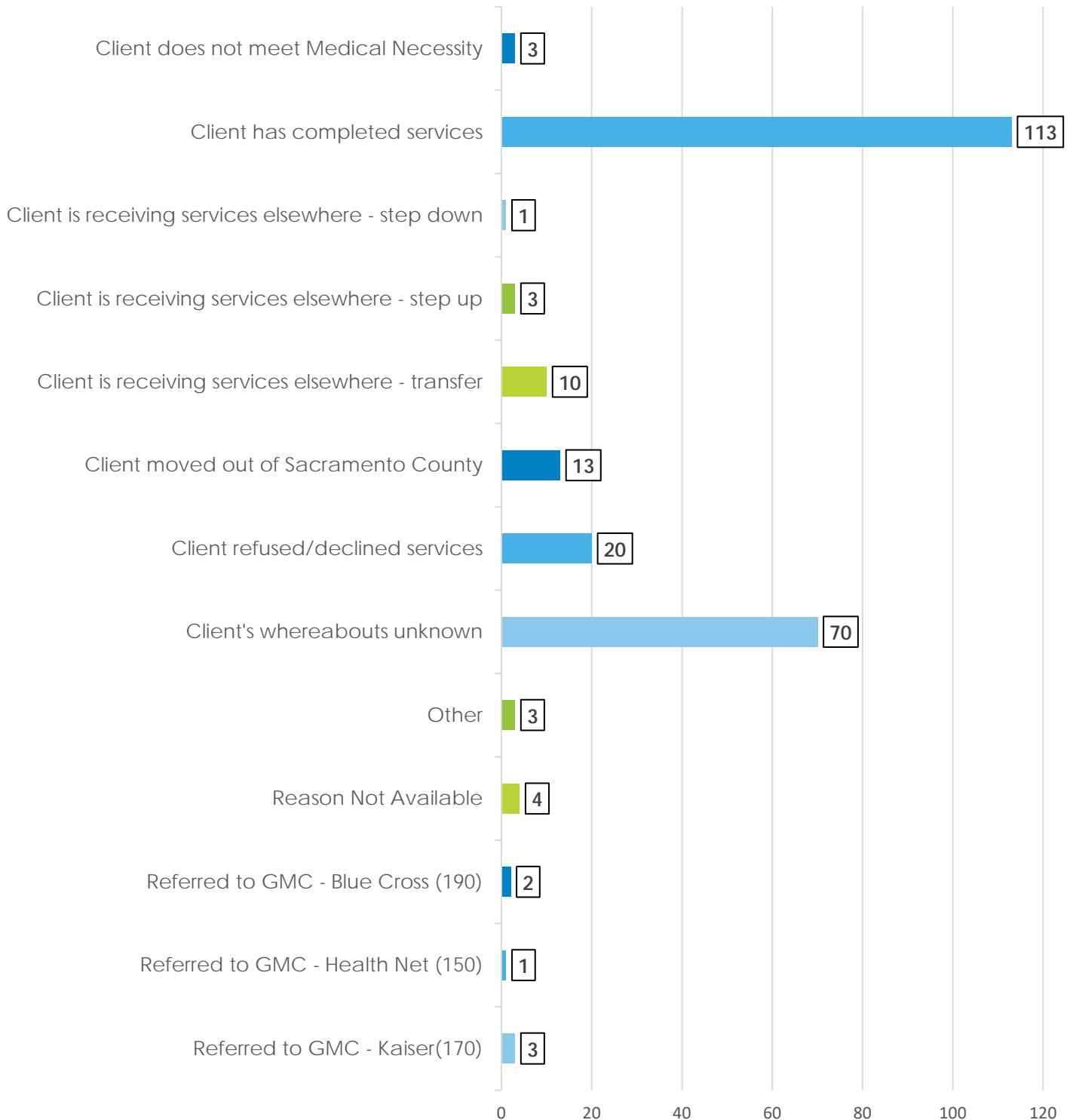
Of the 509 unduplicated clients served at FIT for the reporting period, 6 (1.2%) unduplicated clients were reported with a readmission to a psychiatric hospital.

**97.2%**  
Of clients enrolled  
accrued ZERO  
Psychiatric  
Hospitalizations

 Equal to 20 clients

## DISCHARGES

Between July 1, 2020 and June 30, 2021, a total of 246 discharges occurred for those who were served 60 days or longer. Most discharges occurred due to clients successfully completing services. (45.9%, n=113). The second highest frequency was due to client's whereabouts being unknown (28.5%, n=70).



This report was developed and distributed by  
Turning Point Community Program's  
Outcomes & Evaluation Department



A: 10850 Gold Center Drive, Suite 325, Rancho Cordova, CA 95670 P: (916) 364-8395 [www.TPCP.org](http://www.TPCP.org)



[/TurningPointCP](https://www.facebook.com/TurningPointCP)



[@TurningPointCP](https://twitter.com/TurningPointCP)