

Program Manager Meeting Agenda
Outpatient Services for Children, Youth and Families
Behavioral Health Services
September 10, 2026 | Zoom | 9:30 - 11:30 am



- Welcome – Emily Gaines
 - Introduction of new Behavioral Health Program Coordinators
 - Lorie Chen, LCSW
 - Kenia Urrutia, LMFT
- System Collaboration Updates – Shaun Goff
 - IHBS Prior Authorization Discontinued
- Quality Assurance Updates (System of Care) – Elaine Mills and Diana Daitch-Weltsch
 - ARF process
 - ELEOS
 - Transition of Care
- Child & Adolescent Services Research Center (CASRC) – Amy Chadwick – CY Outcomes
- Olive Crest – Tina Chang – Behavioral Health Services for Homeless Youth
- San Diego Center for Children – Christina Grice – Intensive Outpatient Program (IOP)/Partial Hospitalization Program (PHP)
- News You Can Use
 - Secret Shopper Pilot - Saskya Caicedo
 - Activity Funds – Emily Gaines
 - SchoolLink Updates - Saskya Caicedo
- Networking with colleagues
 - SchoolLink providers remain in main room for Monthly Referral Communication Log review
- Announcements (System of Care)
 - HFW Provider Certification
 - SDCC Wrap Works: [Jasmine Orozco Wraparound Champion Award winner](#)
 - [BuyNet](#)
 - New HFW Provider for community-based referrals: [NAI Strong Foundations](#)
 - We Can't Wait Conference, 10.02.26: [WCW Registration](#)
- Next Meeting: November 12, 2026 | 9:30 - 11:30 am

Note: Meeting packets are emailed prior to the meeting, distributed during the meeting and can be requested from Rhonda.Crowder@sdcounty.ca.gov



IHBS Prior Authorization Discontinued

[BHIN 26-030 - Authorization of OSMHS](#)

On August 19, 2026 the Department of Health Care Services (DHCS) released [BHIN 26-030](#) titled '**Authorization of Outpatient Specialty Mental Health Services (SMHS)**'. The guidance stipulates that:

Mental Health Plans (MHPs) shall not require prior authorization for the following services/service activities:

- Intensive Home-Based Services
- Crisis Intervention;
- Crisis Stabilization;
- Mental Health Services, including initial assessment;
- Targeted Case Management;
- Intensive Care Coordination;
- Peer Support Services;
- Medication Support Services;
- Coordinated Specialty Care (CSC) for First Episode Psychosis (FEP)
- Individual Placement and Support (IPS) Supported Employment
- Clubhouse Services
- Parent-Child Interaction Therapy (PCIT)
- Multisystemic Therapy (MST)
- Functional Family Therapy (FFT)
- High Fidelity Wraparound (HFW)
- Enhanced Community Health Workers

Prior authorization or MHP referral is required for the following outpatient services:

- Day Treatment Intensive
- Day Rehabilitation
- Therapeutic Behavioral Services
- Therapeutic Foster Care
- Assertive Community Treatment (ACT)
- Forensic ACT (FACT)

Consistent with this guidance, the IHBS Prior Authorization requirement is discontinued effective immediately.

County of San Diego Behavioral Health Services

Children & Youth Outcomes Report July 2025—March 2026



Report prepared by the
Child & Adolescent Services Research Center (CASRC)

June 2026

FOR INTERNAL USE ONLY



COUNTY OF SAN DIEGO
HEALTH AND HUMAN SERVICES AGENCY



LIVE WELL
SAN DIEGO

Overview

County of San Diego Behavioral Health Services for Children & Youth (BHS-CY) has supported the collection and assessment of outcomes measures for many years, to facilitate data-informed decision making in policy and practice. In FY 2018-19, the state of California mandated administration of two specific measures for youth served by County-contracted and County-run mental health treatment programs: Child and Adolescent Needs and Strengths (CANS) and Pediatric Symptom Checklist (PSC).

The following measures are currently collected for the County of San Diego BHS-CY system:

- Pediatric Symptom Checklist for caregivers (PSC), a psychosocial screening tool to identify emotional and behavioral problems, completed by caregivers of clients ages 3 through 18.
- California Integrated Practice Child and Adolescent Needs and Strengths (CANS-IP), a structured assessment to identify youth and family strengths and needs, completed by clinicians for clients ages 6 through 21.
- Child and Adolescent Needs and Strengths—Early Childhood (CANS-EC), a structured assessment to identify youth and family strengths and needs, completed by clinicians for clients ages 0-5.

This report provides information on the April 9th, 2026 data download, which covers data on clients served during July 2025 through March 2026. A summary of the results is provided below, followed by the full reports at the end of the document.

Please note:

- **Data collection transitioned from CYF mHOMS to SmartCare on September 1, 2024.** Methodology has changed due to database disparities and the focus on “One CANS.” Current methodology prioritizes matched intake and discharge *assessment* (versus *client*) to maximize usable data. Thus, data are not directly comparable to previous years.
- **Data presented are anchored in SmartCare discharge dates.** Valid discharge assessments in each reporting period were matched to intake assessments in SmartCare if available. If an initial assessment did not exist in SmartCare, an attempt was made to match to an intake assessment in CYF mHOMS. Due to differences in data entry convention and database architecture, there is an unknown margin of error for cross-system matched clients. That said, aggregated program and systemwide results are likely to be representative of individual programs or the system as a whole given the large sample size. Detailed methodology is available upon request from CASRC.
- Clients were counted in **the program that administered the discharge assessment**, regardless of where the initial assessment was completed.
- Clients with more than one discharge assessment in a reporting period **may be duplicated**.

Key Findings

1. Ninety-two percent of clients ages 6 to 21 had at least one actionable need on the initial CANS. This suggests that the majority of clients are meeting the minimum threshold for County service need.
2. A medium to large amount of improvement (5+ point reduction from intake to discharge) was reported by caregivers on the PSC for 59% of clients.
3. The County Outcomes objective of 50% of clients demonstrating reliable improvement was met for the PSC (55%).
4. The County Outcomes objective of 50% of clients who scored above the clinical cutoff on the initial assessment demonstrating clinically significant improvement was met for the PSC (64%).
5. Reduction of at least one need on *individual* CANS domains ranged from 77% to 78%. Reduction of at least one need on *any* of the three CANS domains was reported for 86% of discharged clients.

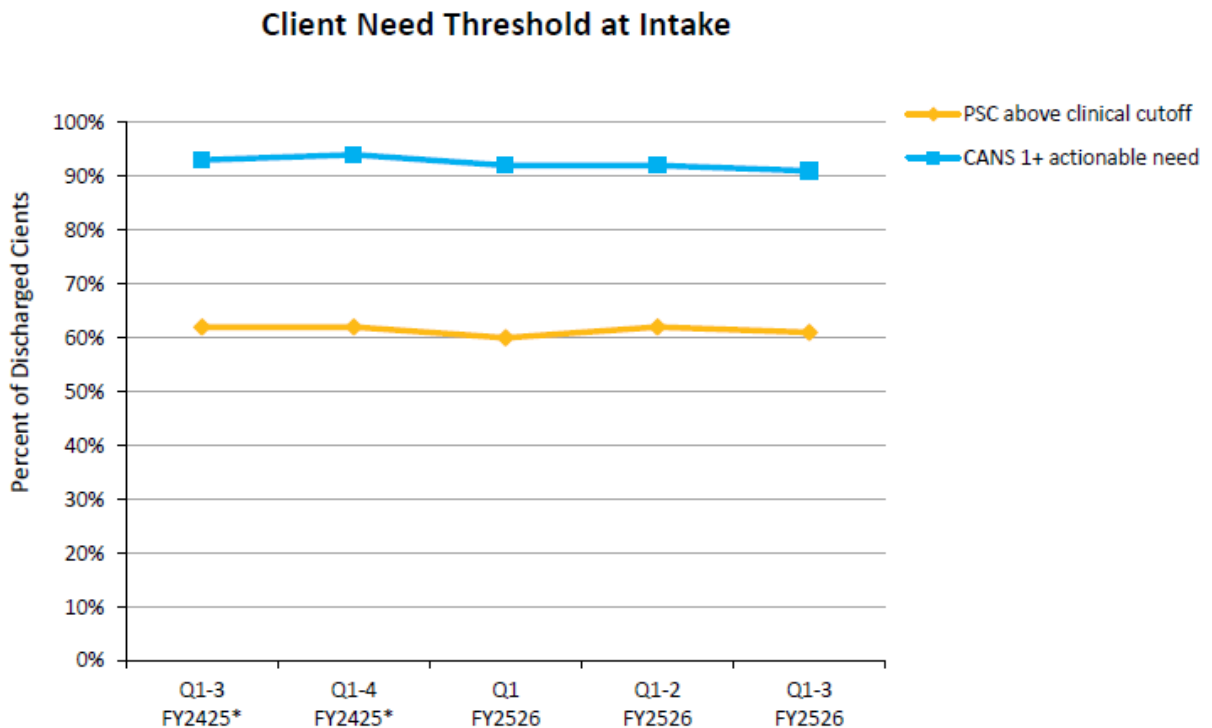
Section I. Severity of Clients Served

Clients served meet the threshold for need: The majority of clients receiving services from BHS-CY are expected to meet a minimum threshold of need. Initial PSC scores above the clinical cutoff and having at least one actionable need on the Child Behavioral and Emotional Needs, Risk Behaviors, or Life Functioning domains on the initial CANS are markers for service threshold.

Results

Discharged clients: Clients with intake data in either CYF mHOMS or SmartCare, who were discharged between July 1, 2025 and March 31, 2026, and had a corresponding discharge assessment in SmartCare during that period:

- **PSC: 61%** (912 of 1,494) of clients ages 3 to 18 scored above the clinical cutoff on at least one of the 3 initial PSC subscales or total scale. This is comparable to the developers' data. For instance, one study reported that 67% of clients at an outpatient psychiatry clinic scored above the clinical cutpoint on at least one of the four PSC scales at intake (N = 531; Murphy et al., 2015).
- **CANS: 92%** (2,011 of 2,190) of clients ages 6 to 21 had at least one actionable need on the initial CANS.



**Due to SmartCare transition on 9/1/2024, data from July & August 2024 are excluded*

Section II. Outcomes Measurement

Discharge Outcomes, PSC:

Level of improvement on the **PSC** between initial assessment and discharge was measured for eligible clients who had intake data in either CYF mHOMS or SmartCare, were discharged between July 1, 2025 and March 31, 2026, and had a corresponding discharge assessment in SmartCare during that period. For the PSC, “improvement” is evaluated three ways:

Amount of Improvement

Percentage of all clients who reported an increase in impairment (1+ 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. 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 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 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.

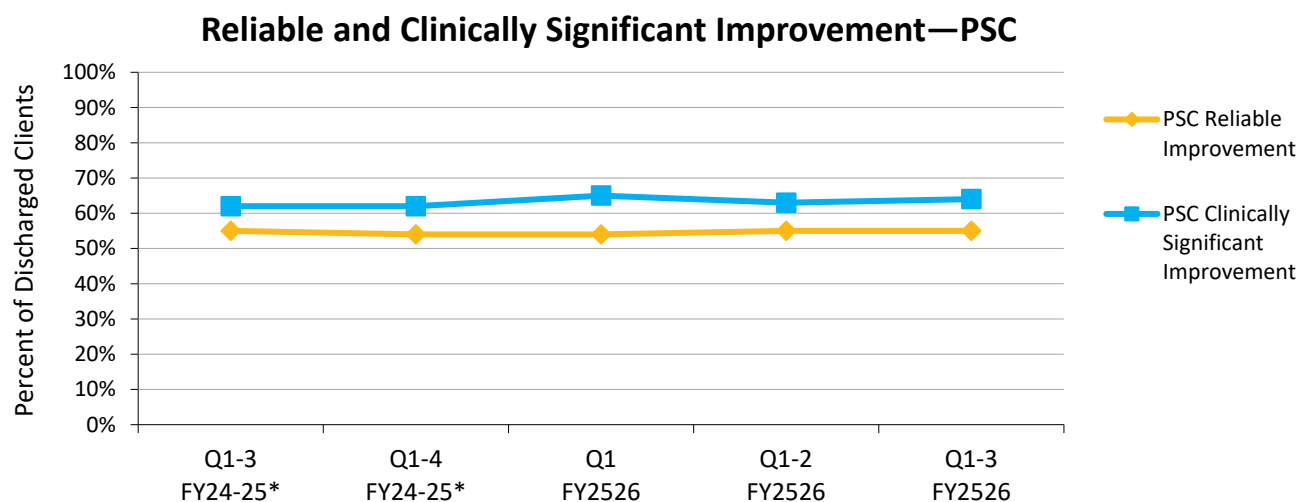
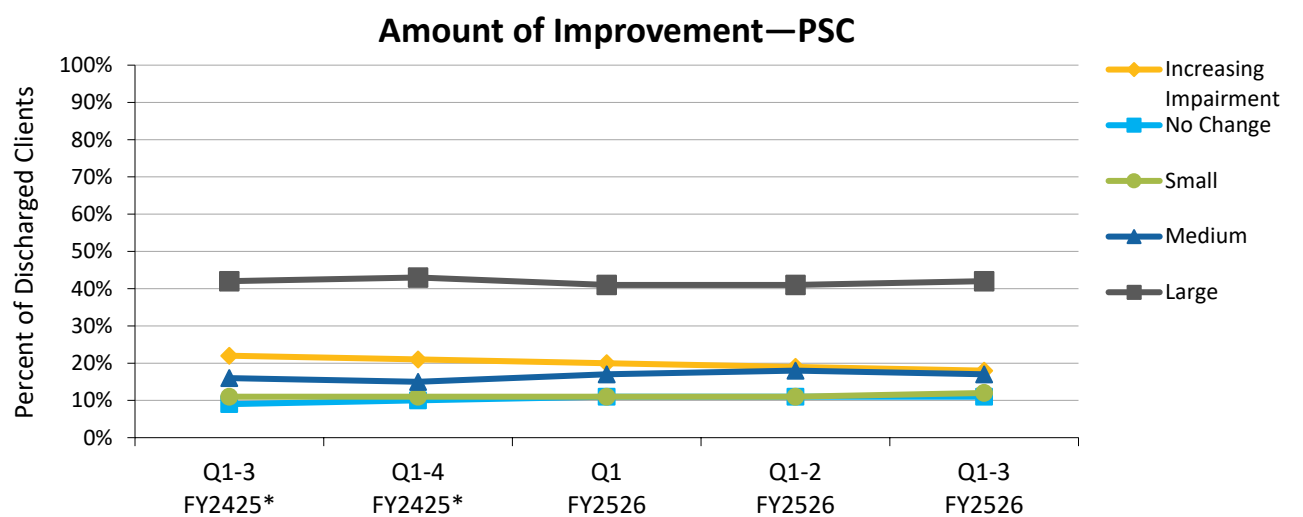
Outcomes results are reported by measure on the following pages.



Discharge Outcomes, PSC:

Results

- **PSC (caregiver report, N=1,494)**
 - **Amount of Improvement:**
 - 18% (n=272) of clients reported an increase in impairment
 - 11% (n=162) of clients reported no improvement
 - 12% (n=173) of clients reported a small improvement
 - 17% (n=259) of clients reported a medium improvement
 - 42% (n=628) of clients reported a large improvement
 - **Reliable Improvement:** 55% (n=824) of clients reliably improved on the PSC total score between initial assessment and discharge. According to a study conducted by the PSC developers, at a 3-month follow-up 33% of clients reliably improved (Murphy et al., 2005). This is not directly comparable because this quarterly report focuses on discharged clients, but it does add additional context. The BHS-CY minimum standard for reliable improvement is 50%.
 - **Clinically Significant Improvement:** Of 912 discharged clients who scored above the clinical cutoff at intake, 64% (n=587) reported clinically significant improvement between initial assessment and discharge. The BHS-CY standard for clinically significant improvement is 50%.



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Discharge Outcomes, CANS:

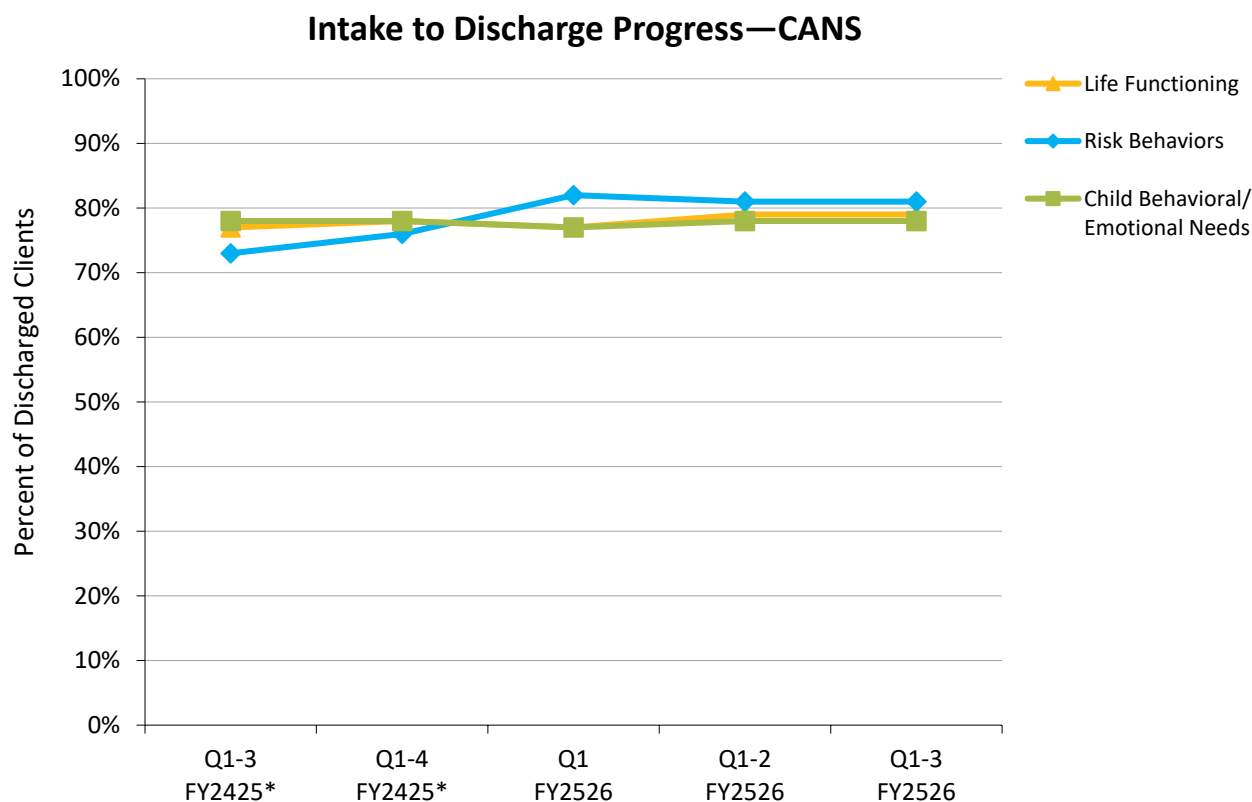
Level of progress on the **CANS** between initial assessment and discharge was measured for eligible clients who had intake data in either CYF mHOMS or SmartCare, were discharged between July 1, 2025 and March 31, 2026, and had a corresponding discharge assessment in SmartCare during that period.

Progress

For the CANS, “progress” is operationally 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).

Results

- **CANS** (clinician report; N=2,190)
 - **77% (n=1,307) of 1,693 clients** who had a need on the **Life Functioning domain** at initial assessment showed progress at discharge.
 - **78% (n=397) of 511 clients** who had a need on the **Risk Behaviors domain** at initial assessment showed progress at discharge.
 - **77% (n=1,460) of 1,891 clients** who had a need on the **Child Behavioral and Emotional Needs domain** at initial assessment showed progress at discharge.



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Copies of the full Reports

SYSTEM OF CARE EVALUATION
Initial to Discharge Parent PSC Report
(Administered to caregivers of youth ages 3 - 18 only)

SmartCare Discharge Dates between 7/1/2025 and 3/31/2026

	SmartCare Discharged Clients ^a	Discharged Clients ^b	Disch/Initial Clients ^c	No improvement ^d	Small improvement ^d	Medium improvement ^d	Large improvement ^d	Increase in impairment ^d	Reliable improvement ^e	Clients above cutoff at initial ^f	Clinically significant improvement ^g
1000017 SDCC INTENSIVE DIH PROGRAM	39	2	0							0 / 0	--
1000218 PWS KICKSTART PEI	35	1	1	0 (0%)	0 (0%)	0 (0%)	1 (100%)	0 (0%)	1 (100%)	1 / 1 (100%)	1 / 1 (100%)
1000249 NA INCREDIBLE FAMILIES NORTH	14	2	2	0 (0%)	0 (0%)	0 (0%)	0 (0%)	2 (100%)	0 (0%)	1 / 2 (50%)	0 / 1 (0%)
1000250 CRF CROSSROADS	211	46	45	6 (13%)	5 (11%)	7 (16%)	18 (40%)	9 (20%)	24 (53%)	31 / 45 (69%)	19 / 31 (61%)
1000251 CRF DOUGLAS YOUNG CYF	212	81	80	5 (6%)	17 (21%)	16 (20%)	26 (33%)	16 (20%)	40 (50%)	47 / 80 (59%)	28 / 47 (60%)
1000252 CRF MAST	72	42	42	5 (12%)	7 (17%)	4 (10%)	17 (40%)	9 (21%)	19 (45%)	23 / 42 (55%)	13 / 23 (57%)
1000253 CRF NUEVA VISTA	360	141	136	11 (8%)	20 (15%)	24 (18%)	70 (51%)	11 (8%)	88 (65%)	94 / 136 (69%)	67 / 94 (71%)
1000254 NCL CCC CENTRAL FSP MHSA	24	6	4	0 (0%)	0 (0%)	1 (25%)	2 (50%)	1 (25%)	2 (50%)	2 / 4 (50%)	1 / 2 (50%)
1000255 NCL CCC OCEANSIDE FSP MHSA	4	1	0							0 / 0	--
1000256 NCL CCC VISTA FSP MHSA	12	1	1	0 (0%)	0 (0%)	0 (0%)	1 (100%)	0 (0%)	1 (100%)	1 / 1 (100%)	1 / 1 (100%)
1000257 NCL CCC SAN MARCOS FSP MHSA	4	1	1	0 (0%)	0 (0%)	0 (0%)	1 (100%)	0 (0%)	1 (100%)	1 / 1 (100%)	1 / 1 (100%)
1000260 SWEETWATER OP CLINIC	10	2	2	0 (0%)	1 (50%)	1 (50%)	0 (0%)	0 (0%)	0 (0%)	1 / 2 (50%)	0 / 1 (0%)
1000261 ECS PARA LAS FAMILIAS	72	24	22	6 (27%)	0 (0%)	3 (14%)	9 (41%)	4 (18%)	12 (55%)	13 / 22 (59%)	8 / 13 (62%)
1000262 CASA DE AMPARO STRTP B/C	7	1	1	0 (0%)	0 (0%)	1 (100%)	0 (0%)	0 (0%)	0 (0%)	1 / 1 (100%)	0 / 1 (0%)
1000264 FHC COMM CIRCLE CENT	97	66	66	9 (14%)	5 (8%)	12 (18%)	34 (52%)	6 (9%)	46 (70%)	31 / 66 (47%)	25 / 31 (81%)

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d. For clients who completed an initial assessment in CYF mHOMS or SmartCare, and a subsequent discharge assessment, improvement categories are defined as: No improvement (0 or 1-point reduction), Small improvement (2-4 point reduction), Medium improvement (5-8 point reduction), Large improvement (9+ point reduction), Increase in impairment (1+ point increase).

e. Reliable improvement for all clients who completed an initial assessment in CYF mHOMS or SmartCare, with a subsequent discharge assessment is defined as number of clients who had at least a 6-point reduction on the Parent PSC total scale score.

f. For all clients with an initial assessment in CYF mHOMS or SmartCare, and a subsequent discharge assessment, number of clients who started at or above the clinical cutoff with a total score of 28 or higher (ages 6-18) or a total score of 24 or higher (for clients ages 3-5), attention subscale score of 7 or higher, internalizing subscale score of 6 or higher, or externalizing subscale score of 7 or higher.

g. For clients who scored above cutoff at initial assessment in CYF mHOMS or SmartCare, and had a subsequent discharge assessment, Clinically Significant improvement is defined as number of clients who scored below the clinical cutoff on at least one scale (which was elevated on their initial assessment) at discharge and who had at least a 6-point reduction on the Parent PSC total scale score.

Selection Criteria: Clients with SmartCare Discharge Dates between 7/1/2025 and 3/31/2026

Data current as of 4/9/2026 at 8 am (downloaded from SmartCare).

Monday, June 1, 2026

SYSTEM OF CARE EVALUATION
Initial to Discharge Parent PSC Report
(Administered to caregivers of youth ages 3 - 18 only)

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1000265 FHC COMM CIRCLE EAST	89	38	36	4 (11%)	4 (11%)	4 (11%)	18 (50%)	6 (17%)	21 (58%)	16 / 36 (44%)	11 / 16 (69%)
1000267 TURN SCHOOL BASED	79	22	22	2 (9%)	4 (18%)	5 (23%)	6 (27%)	5 (23%)	11 (50%)	12 / 22 (55%)	7 / 12 (58%)
1000269 NA KENORA STRTP	4	0									
1000271 NA CABRILLO ASSESS CTR CENTR	141	50	49	2 (4%)	5 (10%)	9 (18%)	22 (45%)	11 (22%)	30 (61%)	42 / 49 (86%)	23 / 42 (55%)
1000276 NCL VIVA COUNSELING OCEANSID	23	4	3	0 (0%)	1 (33%)	1 (33%)	1 (33%)	0 (0%)	2 (67%)	3 / 3 (100%)	2 / 3 (67%)
1000277 NCL VIVA COUNSELING VISTA	77	26	23	1 (4%)	4 (17%)	3 (13%)	10 (43%)	5 (22%)	13 (57%)	9 / 23 (39%)	7 / 9 (78%)
1000279 SDYS ICARE	42	12	12	1 (8%)	2 (17%)	3 (25%)	4 (33%)	2 (17%)	5 (42%)	5 / 12 (42%)	3 / 5 (60%)
1000280 SDYS OUR SAFE PLACE	20	5	5	0 (0%)	1 (20%)	1 (20%)	2 (40%)	1 (20%)	2 (40%)	4 / 5 (80%)	2 / 4 (50%)
1000282 PALOMAR FC FALLBROOK	33	23	23	3 (13%)	3 (13%)	7 (30%)	7 (30%)	3 (13%)	12 (52%)	10 / 23 (43%)	7 / 10 (70%)
1000283 PALOMAR FC N INLAND COASTAL	64	35	33	3 (9%)	2 (6%)	8 (24%)	15 (45%)	5 (15%)	20 (61%)	20 / 33 (61%)	17 / 20 (85%)
1000284 PWS CORNERSTONE SCHOOL BA	83	31	29	1 (3%)	5 (17%)	7 (24%)	13 (45%)	3 (10%)	20 (69%)	13 / 29 (45%)	10 / 13 (77%)
1000285 RADY CES SCHOOL BASED	83	46	42	13 (31%)	1 (2%)	6 (14%)	17 (40%)	5 (12%)	22 (52%)	28 / 42 (67%)	18 / 28 (64%)
1000286 RADY CENTRAL CLINIC	159	73	72	7 (10%)	9 (13%)	10 (14%)	31 (43%)	15 (21%)	35 (49%)	45 / 72 (63%)	28 / 45 (62%)
1000287 RADY NORTH COASTAL CLINIC	210	98	98	11 (11%)	6 (6%)	20 (20%)	42 (43%)	19 (19%)	55 (56%)	63 / 98 (64%)	42 / 63 (67%)
1000288 RADY NORTH INLAND REGION	130	79	79	3 (4%)	14 (18%)	7 (9%)	39 (49%)	16 (20%)	43 (54%)	54 / 79 (68%)	33 / 54 (61%)
1000293 SBCS BERRY CLINIC	52	26	26	0 (0%)	2 (8%)	5 (19%)	15 (58%)	4 (15%)	20 (77%)	17 / 26 (65%)	15 / 17 (88%)

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1000294 SB COMM SRVC S REGION OP	91	49	48	5 (10%)	4 (8%)	7 (15%)	17 (35%)	15 (31%)	20 (42%)	22 / 48 (46%)	11 / 22 (50%)
1000295 SDCC WRAPWORKS SOUTH	34	6	6	0 (0%)	2 (33%)	1 (17%)	1 (17%)	2 (33%)	2 (33%)	5 / 6 (83%)	1 / 5 (20%)
1000296 SDCC WRAPWORKS NORTH	28	4	4	0 (0%)	0 (0%)	1 (25%)	1 (25%)	2 (50%)	2 (50%)	2 / 4 (50%)	1 / 2 (50%)
1000297 SDCC EAST OP LA MESA	131	46	41	6 (15%)	2 (5%)	9 (22%)	16 (39%)	8 (20%)	22 (54%)	28 / 41 (68%)	15 / 28 (54%)
1000298 SDCC FFA STABL AND TREATMEN	37	17	17	4 (24%)	4 (24%)	1 (6%)	6 (35%)	2 (12%)	6 (35%)	13 / 17 (76%)	6 / 13 (46%)
1000299 SDCC FFA STABL AND TREATMEN	5	1	1	0 (0%)	0 (0%)	0 (0%)	1 (100%)	0 (0%)	1 (100%)	1 / 1 (100%)	1 / 1 (100%)
1000300 SDCC FFAST SPOT	24	7	7	0 (0%)	0 (0%)	1 (14%)	0 (0%)	6 (86%)	1 (14%)	0 / 7	--
1000301 SDCC WRAPWORKS	30	9	8	0 (0%)	1 (13%)	1 (13%)	3 (38%)	3 (38%)	4 (50%)	6 / 8 (75%)	4 / 6 (67%)
1000302 UPAC CMH SCHOOL BASED OP	71	31	31	4 (13%)	4 (13%)	5 (16%)	15 (48%)	3 (10%)	19 (61%)	20 / 31 (65%)	16 / 20 (80%)
1000303 SDUSD SCHOOL BASED OP	132	63	62	6 (10%)	7 (11%)	12 (19%)	30 (48%)	7 (11%)	39 (63%)	30 / 62 (48%)	21 / 30 (70%)
1000304 SDYS EAST REGION OP	69	50	50	6 (12%)	5 (10%)	14 (28%)	16 (32%)	9 (18%)	26 (52%)	34 / 50 (68%)	21 / 34 (62%)
1000308 CTR FOR POS CHANGES 1	8	0									
1000319 VH VISTA HILL ESCONDIDO	113	47	46	3 (7%)	3 (7%)	11 (24%)	22 (48%)	7 (15%)	31 (67%)	25 / 46 (54%)	19 / 25 (76%)
1000320 VH VISTA HILL NORTH INLAND	43	23	23	6 (26%)	1 (4%)	3 (13%)	9 (39%)	4 (17%)	12 (52%)	13 / 23 (57%)	9 / 13 (69%)
1000323 UPAC MULTI COMM COUNSEL MH	23	4	4	0 (0%)	1 (25%)	1 (25%)	1 (25%)	1 (25%)	2 (50%)	2 / 4 (50%)	1 / 2 (50%)
1000324 YMCA TIDES SCHOOL BASED OP	94	44	44	12 (27%)	7 (16%)	4 (9%)	14 (32%)	7 (16%)	16 (36%)	32 / 44 (73%)	14 / 32 (44%)

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1000325 NA N CNTY OP SCHOOL BASED SV	73	38	37	5 (14%)	5 (14%)	7 (19%)	13 (35%)	7 (19%)	20 (54%)	23 / 37 (62%)	15 / 23 (65%)
1000327 RADY KIDSTART EPSDT CLINIC SO	13	7	7	1 (14%)	1 (14%)	2 (29%)	0 (0%)	3 (43%)	2 (29%)	5 / 7 (71%)	2 / 5 (40%)
1000328 RADY KIDSTART EPSDT CLINIC CT	23	7	7	2 (29%)	0 (0%)	0 (0%)	3 (43%)	2 (29%)	3 (43%)	4 / 7 (57%)	2 / 4 (50%)
1000329 RADY KIDSTART EPSDT CLINIC NC	17	2	2	0 (0%)	0 (0%)	0 (0%)	1 (50%)	1 (50%)	1 (50%)	2 / 2 (100%)	1 / 2 (50%)
1000334 VARSITY TEAM 2 STRTP AFTERCA	1	1	1	0 (0%)	0 (0%)	0 (0%)	1 (100%)	0 (0%)	1 (100%)	1 / 1 (100%)	1 / 1 (100%)
1000336 TURN STEPS ADOLESCENT	26	8	8	1 (13%)	1 (13%)	1 (13%)	4 (50%)	1 (13%)	5 (63%)	4 / 8 (50%)	4 / 4 (100%)
1000340 NA CASS	50	24	24	1 (4%)	3 (13%)	3 (13%)	8 (33%)	9 (38%)	10 (42%)	12 / 24 (50%)	7 / 12 (58%)
1000344 SDCC INTENSIVE OP PROGRAM	39	1	1	0 (0%)	0 (0%)	0 (0%)	1 (100%)	0 (0%)	1 (100%)	1 / 1 (100%)	1 / 1 (100%)
1000348 VH CNTR FOR CHLD AND YTH PSY	200	14	14	2 (14%)	1 (7%)	3 (21%)	4 (29%)	4 (29%)	7 (50%)	9 / 14 (64%)	6 / 9 (67%)
1000363 FF WRAP CONNECTIONS SOUTH	30	9	9	1 (11%)	1 (11%)	1 (11%)	1 (11%)	5 (56%)	2 (22%)	7 / 9 (78%)	1 / 7 (14%)
1000364 FF WRAP CONNECTIONS PRIMAR	16	5	4	0 (0%)	0 (0%)	1 (25%)	2 (50%)	1 (25%)	3 (75%)	4 / 4 (100%)	3 / 4 (75%)
1000365 FF WRAP CONNECTIONS NORTH	25	9	8	1 (13%)	0 (0%)	1 (13%)	4 (50%)	2 (25%)	5 (63%)	6 / 8 (75%)	5 / 6 (83%)
1000366 FF WRAP CONNECTIONS EAST	23	5	5	1 (20%)	0 (0%)	1 (20%)	3 (60%)	0 (0%)	4 (80%)	5 / 5 (100%)	3 / 5 (60%)
1000804 CO NEXT MOVE OCEANSIDE COM	60	7	2	1 (50%)	0 (0%)	0 (0%)	0 (0%)	1 (50%)	0 (0%)	0 / 2	--
1000806 CO NEXT MOVE SOUTHEASTERN	168	5	1	1 (100%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 / 1	--

a. SmartCare Discharged Clients = Clients who discharged from SmartCare (ages 3-18) during the reporting period.

b. Discharged Clients = Clients who discharged from SmartCare (ages 3-18) during the reporting period that also had a discharge measure dated within the reporting period in SmartCare.

c. Disch/Initial clients = Clients who completed an initial assessment in CYF mHOMS or SmartCare, and a subsequent discharge assessment in SmartCare. Client is linked to the program that completed the discharge assessment.

d. For clients who completed an initial assessment in CYF mHOMS or SmartCare, and a subsequent discharge assessment, improvement categories are defined as: No improvement (0 or 1-point reduction), Small improvement (2-4 point reduction), Medium improvement (5-8 point reduction), Large improvement (9+ point reduction), Increase in impairment (1+ point increase).

e. Reliable improvement for all clients who completed an initial assessment in CYF mHOMS or SmartCare, with a subsequent discharge assessment is defined as number of clients who had at least a 6-point reduction on the Parent PSC total scale score.

f. For all clients with an initial assessment in CYF mHOMS or SmartCare, and a subsequent discharge assessment, number of clients who started at or above the clinical cutoff with a total score of 28 or higher (ages 6-18) or a total score of 24 or higher (for clients ages 3-5), attention subscale score of 7 or higher, internalizing subscale score of 6 or higher, or externalizing subscale score of 7 or higher.

g. For clients who scored above cutoff at initial assessment in CYF mHOMS or SmartCare, and had a subsequent discharge assessment, Clinically Significant improvement is defined as number of clients who scored below the clinical cutoff on at least one scale (which was elevated on their initial assessment) at discharge and who had at least a 6-point reduction on the Parent PSC total scale score.

Selection Criteria: Clients with SmartCare Discharge Dates between 7/1/2025 and 3/31/2026

Data current as of 4/9/2026 at 8 am (downloaded from SmartCare).

Monday, June 1, 2026

SYSTEM OF CARE EVALUATION
Initial to Discharge Parent PSC Report
(Administered to caregivers of youth ages 3 - 18 only)

SmartCare Discharge Dates between 7/1/2025 and 3/31/2026

	SmartCare Discharged Clients ^a	Discharged Clients ^b	Disch/Initial Clients ^c	No improvement ^d	Small improvement ^d	Medium improvement ^d	Large improvement ^d	Increase in impairment ^d	Reliable improvement ^e	Clients above cutoff at initial ^f	Clinically significant improvement ^g
1000876 SBCS SAN YSIDRO CHILDREN'S O	60	32	17	0 (0%)	2 (12%)	3 (18%)	10 (59%)	2 (12%)	12 (71%)	8 / 17 (47%)	7 / 8 (88%)
Countywide Summary	4219	1560	1494	162 (11%)	173 (12%)	259 (17%)	628 (42%)	272 (18%)	824 (55%)	912 / 1494 (61%)	587 / 912 (64%)

a. SmartCare Discharged Clients = Clients who discharged from SmartCare (ages 3-18) during the reporting period.

b. Discharged Clients = Clients who discharged from SmartCare (ages 3-18) during the reporting period that also had a discharge measure dated within the reporting period in SmartCare.

c. Disch/Initial clients = Clients who completed an initial assessment in CYF mHOMS or SmartCare, and a subsequent discharge assessment in SmartCare. Client is linked to the program that completed the discharge assessment.

d. For clients who completed an initial assessment in CYF mHOMS or SmartCare, and a subsequent discharge assessment, improvement categories are defined as: No improvement (0 or 1-point reduction), Small improvement (2-4 point reduction), Medium improvement (5-8 point reduction), Large improvement (9+ point reduction), Increase in impairment (1+ point increase).

e. Reliable improvement for all clients who completed an initial assessment in CYF mHOMS or SmartCare, with a subsequent discharge assessment is defined as number of clients who had at least a 6-point reduction on the Parent PSC total scale score.

f. For all clients with an initial assessment in CYF mHOMS or SmartCare, and a subsequent discharge assessment, number of clients who started at or above the clinical cutoff with a total score of 28 or higher (ages 6-18) or a total score of 24 or higher (for clients ages 3-5), attention subscale score of 7 or higher, internalizing subscale score of 6 or higher, or externalizing subscale score of 7 or higher.

g. For clients who scored above cutoff at initial assessment in CYF mHOMS or SmartCare, and had a subsequent discharge assessment, Clinically Significant improvement is defined as number of clients who scored below the clinical cutoff on at least one scale (which was elevated on their initial assessment) at discharge and who had at least a 6-point reduction on the Parent PSC total scale score.

Selection Criteria: Clients with SmartCare Discharge Dates between 7/1/2025 and 3/31/2026

Page 5 of 5

Data current as of 4/9/2026 at 8 am (downloaded from SmartCare).

Monday, June 1, 2026

SYSTEM OF CARE EVALUATION **Initial to Discharge CANS Report** **(for clients ages 6-21)**

SmartCare Discharge Dates between 7/1/2025 and 3/31/2026

	SmartCare Discharged Clients ^a	Discharged Clients ^b	Disch/Initial Clients ^c	Clients with no AN at Intake ^d	Clients with 1-5 AN at Intake ^d	Clients with 6+ AN at Intake ^d	Progress on Life Func ^e	Progress on Risk Bhv ^e	Progress on Bhv/Emot needs ^e
1000143 TURN NORTH INLAND CLINIC	25	2	2	0 (0%)	1 (50%)	1 (50%)	1 / 2 (50%)	0 / 0 #Num!	1 / 2 (50%)
1000218 PWS KICKSTART PEI	37	10	7	1 (14%)	3 (43%)	3 (43%)	3 / 5 (60%)	3 / 3 (100%)	5 / 6 (83%)
1000249 NA INCREDIBLE FAMILIES NORTH	7	2	1	0 (0%)	1 (100%)	0 (0%)	0 / 0 #Num!	0 / 0 #Num!	1 / 1 (100%)
1000250 CRF CROSSROADS	201	84	81	6 (7%)	61 (75%)	14 (17%)	39 / 58 (67%)	13 / 17 (76%)	57 / 70 (81%)
1000251 CRF DOUGLAS YOUNG CYF	204	149	141	13 (9%)	90 (64%)	38 (27%)	85 / 118 (72%)	21 / 30 (70%)	82 / 111 (74%)
1000252 CRF MAST	75	56	54	4 (7%)	37 (69%)	13 (24%)	37 / 43 (86%)	4 / 6 (67%)	36 / 48 (75%)
1000253 CRF NUEVA VISTA	342	221	215	11 (5%)	137 (64%)	67 (31%)	132 / 159 (83%)	48 / 52 (92%)	174 / 199 (87%)
1000254 NCL CCC CENTRAL FSP MHSA	26	7	6	2 (33%)	2 (33%)	2 (33%)	3 / 3 (100%)	2 / 2 (100%)	2 / 4 (50%)
1000255 NCL CCC OCEANSIDE FSP MHSA	5	2	1	1 (100%)	0 (0%)	0 (0%)	0 / 0 #Num!	0 / 0 #Num!	0 / 0 #Num!
1000256 NCL CCC VISTA FSP MHSA	12	8	7	2 (29%)	4 (57%)	1 (14%)	3 / 4 (75%)	0 / 0 #Num!	3 / 5 (60%)
1000257 NCL CCC SAN MARCOS FSP MHS	6	3	3	1 (33%)	2 (67%)	0 (0%)	2 / 2 (100%)	1 / 1 (100%)	1 / 2 (50%)
1000260 SWEETWATER OP CLINIC	10	5	4	4 (100%)	0 (0%)	0 (0%)	0 / 0 #Num!	0 / 0 #Num!	0 / 0 #Num!
1000261 ECS PARA LAS FAMILIAS	2	0							
1000262 CASA DE AMPARO STRTP B/C	7	1	1	0 (0%)	0 (0%)	1 (100%)	1 / 1 (100%)	1 / 1 (100%)	1 / 1 (100%)
1000264 FHC COMM CIRCLE CENT	94	77	71	7 (10%)	47 (66%)	17 (24%)	49 / 56 (88%)	11 / 12 (92%)	49 / 60 (82%)
1000265 FHC COMM CIRCLE EAST	83	47	42	5 (12%)	31 (74%)	6 (14%)	22 / 28 (79%)	2 / 3 (67%)	30 / 34 (88%)

a. SmartCare Discharged Clients = Clients who discharged from SmartCare (ages 6-21) during the reporting period.

b. Discharged Clients = Clients who discharged from SmartCare (ages 6-21) during the reporting period that also had a discharge measure dated within the reporting period in SmartCare.

c. Disch/Initial Clients = Clients who completed an initial assessment in CYF mHOMS or SmartCare, and a subsequent discharge assessment in SmartCare. Client is linked to the program that completed the discharge assessment.

d. For discharged clients, number of actionable needs (2 or 3) across Child Behavioral/Emotional needs, Risk Behaviors and Life Functioning domains at intake are defined as: Clients with no actionable needs (0 needs), clients with 1-5 actionable needs, clients with 6+ actionable needs.

e. Progress: Number of clients ages 6-21 who moved from a '2' or '3' to '0' or '1' in the following areas (Life Functioning, Risk Behaviors or Child Behavioral/Emotional needs).

Selection Criteria: Clients with SmartCare Discharge Dates between 7/1/2025 and 3/31/2026

Data current as of 4/9/2026 at 8 am (downloaded from SmartCare).

Friday, May 29, 2026

SYSTEM OF CARE EVALUATION **Initial to Discharge CANS Report** **(for clients ages 6-21)**

SmartCare Discharge Dates between 7/1/2025 and 3/31/2026

	SmartCare Discharged Clients ^a	Discharged Clients ^b	Disch/Initial Clients ^c	Clients with no AN at Intake ^d	Clients with 1-5 AN at Intake ^d	Clients with 6+ AN at Intake ^d	Progress on Life Func ^e	Progress on Risk Bhv ^e	Progress on Bhv/Emot needs ^e
1000267 TURN SCHOOL BASED	77	40	36	3 (8%)	25 (69%)	8 (22%)	25 / 29 (86%)	5 / 6 (83%)	25 / 30 (83%)
1000269 NA KENORA STRTP	4	0							
1000271 NA CABRILLO ASSESS CTR CENT	139	102	101	2 (2%)	43 (43%)	56 (55%)	53 / 87 (61%)	56 / 83 (67%)	60 / 96 (63%)
1000276 NCL VIVA COUNSELING OCEANSI	22	15	14	2 (14%)	8 (57%)	4 (29%)	10 / 11 (91%)	3 / 5 (60%)	9 / 10 (90%)
1000277 NCL VIVA COUNSELING VISTA	77	62	51	4 (8%)	25 (49%)	22 (43%)	37 / 43 (86%)	12 / 15 (80%)	36 / 44 (82%)
1000279 SDYS ICARE	47	22	22	7 (32%)	11 (50%)	4 (18%)	8 / 13 (62%)	4 / 5 (80%)	7 / 10 (70%)
1000280 SDYS OUR SAFE PLACE	25	20	20	3 (15%)	12 (60%)	5 (25%)	6 / 14 (43%)	1 / 4 (25%)	8 / 14 (57%)
1000282 PALOMAR FC FALLBROOK	32	24	22	6 (27%)	11 (50%)	5 (23%)	10 / 13 (77%)	2 / 2 (100%)	11 / 15 (73%)
1000283 PALOMAR FC N INLAND COASTA	59	39	36	5 (14%)	16 (44%)	15 (42%)	24 / 28 (86%)	9 / 13 (69%)	21 / 29 (72%)
1000284 PWS CORNERSTONE SCHOOL B	81	68	58	8 (14%)	39 (67%)	11 (19%)	32 / 44 (73%)	7 / 9 (78%)	36 / 45 (80%)
1000285 RADY CES SCHOOL BASED	84	62	58	1 (2%)	41 (71%)	16 (28%)	36 / 48 (75%)	9 / 9 (100%)	41 / 54 (76%)
1000286 RADY CENTRAL CLINIC	154	95	87	2 (2%)	56 (64%)	29 (33%)	62 / 78 (79%)	12 / 14 (86%)	60 / 77 (78%)
1000287 RADY NORTH COASTAL CLINIC	198	129	128	0 (0%)	93 (73%)	35 (27%)	87 / 107 (81%)	12 / 14 (86%)	107 / 12 (87%)
1000288 RADY NORTH INLAND REGION	122	90	87	0 (0%)	69 (79%)	18 (21%)	61 / 73 (84%)	11 / 14 (79%)	67 / 86 (78%)
1000293 SBCS BERRY CLINIC	49	35	35	0 (0%)	24 (69%)	11 (31%)	23 / 26 (88%)	7 / 8 (88%)	25 / 33 (76%)
1000294 SB COMM SRVC S REGION OP	86	73	71	3 (4%)	53 (75%)	15 (21%)	42 / 53 (79%)	16 / 16 (100%)	49 / 64 (77%)

a. SmartCare Discharged Clients = Clients who discharged from SmartCare (ages 6-21) during the reporting period.

b. Discharged Clients = Clients who discharged from SmartCare (ages 6-21) during the reporting period that also had a discharge measure dated within the reporting period in SmartCare.

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d. For discharged clients, number of actionable needs (2 or 3) across Child Behavioral/Emotional needs, Risk Behaviors and Life Functioning domains at intake are defined as: Clients with no actionable needs (0 needs), clients with 1-5 actionable needs, clients with 6+ actionable needs.

e. Progress: Number of clients ages 6-21 who moved from a '2' or '3' to '0' or '1' in the following areas (Life Functioning, Risk Behaviors or Child Behavioral/Emotional needs).

Selection Criteria: Clients with SmartCare Discharge Dates between 7/1/2025 and 3/31/2026

Data current as of 4/9/2026 at 8 am (downloaded from SmartCare).

Friday, May 29, 2026

SYSTEM OF CARE EVALUATION
Initial to Discharge CANS Report
(for clients ages 6-21)

SmartCare Discharge Dates between 7/1/2025 and 3/31/2026

	SmartCare Discharged Clients ^a	Discharged Clients ^b	Disch/Initial Clients ^c	Clients with no AN at Intake ^d	Clients with 1-5 AN at Intake ^d	Clients with 6+ AN at Intake ^d	Progress on Life Func ^e	Progress on Risk Bhv ^e	Progress on Bhv/Emot needs ^e
1000295 SDCC WRAPWORKS SOUTH	30	15	13	0 (0%)	6 (46%)	7 (54%)	7 / 12 (58%)	3 / 5 (60%)	7 / 13 (54%)
1000296 SDCC WRAPWORKS NORTH	23	14	12	1 (8%)	5 (42%)	6 (50%)	6 / 10 (60%)	4 / 6 (67%)	6 / 11 (55%)
1000297 SDCC EAST OP LA MESA	104	60	58	10 (17%)	30 (52%)	18 (31%)	35 / 40 (88%)	8 / 8 (100%)	44 / 46 (96%)
1000298 SDCC FFA STABL AND TREATME	40	28	26	0 (0%)	17 (65%)	9 (35%)	14 / 20 (70%)	3 / 3 (100%)	20 / 24 (83%)
1000299 SDCC FFA STABL AND TREATME	4	1	1	0 (0%)	1 (100%)	0 (0%)	1 / 1 (100%)	0 / 0 #Num!	1 / 1 (100%)
1000300 SDCC FFAST SPOT	23	7	7	1 (14%)	3 (43%)	3 (43%)	6 / 6 (100%)	0 / 0 #Num!	5 / 5 (100%)
1000301 SDCC WRAPWORKS	26	15	15	0 (0%)	3 (20%)	12 (80%)	9 / 13 (69%)	4 / 7 (57%)	7 / 14 (50%)
1000302 UPAC CMH SCHOOL BASED OP	67	45	40	0 (0%)	21 (53%)	19 (48%)	37 / 39 (95%)	5 / 5 (100%)	35 / 40 (88%)
1000303 SDUSD SCHOOL BASED OP	132	89	85	12 (14%)	53 (62%)	20 (24%)	54 / 61 (89%)	12 / 12 (100%)	59 / 69 (86%)
1000304 SDYS EAST REGION OP	68	60	59	2 (3%)	36 (61%)	21 (36%)	35 / 48 (73%)	17 / 20 (85%)	41 / 55 (75%)
1000308 CENTER FOR POSITIVE CHANGE	8	1	1	0 (0%)	0 (0%)	1 (100%)	1 / 1 (100%)	0 / 1 (0%)	1 / 1 (100%)
1000311 CENTER FOR POSITIVE CHANGE	4	1	1	0 (0%)	0 (0%)	1 (100%)	0 / 1 (0%)	1 / 1 (100%)	1 / 1 (100%)
1000316 CENTER FOR POSITIVE CHANGE	7	1	1	0 (0%)	0 (0%)	1 (100%)	1 / 1 (100%)	1 / 1 (100%)	1 / 1 (100%)
1000317 CENTER FOR POSITIVE CHANGE	8	1	1	0 (0%)	0 (0%)	1 (100%)	1 / 1 (100%)	0 / 0 #Num!	1 / 1 (100%)
1000319 VH VISTA HILL ESCONDIDO	107	72	68	13 (19%)	44 (65%)	11 (16%)	26 / 39 (67%)	4 / 5 (80%)	39 / 50 (78%)

a. SmartCare Discharged Clients = Clients who discharged from SmartCare (ages 6-21) during the reporting period.

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c. Disch/Initial Clients = Clients who completed an initial assessment in CYF mHOMS or SmartCare, and a subsequent discharge assessment in SmartCare. Client is linked to the program that completed the discharge assessment.

d. For discharged clients, number of actionable needs (2 or 3) across Child Behavioral/Emotional needs, Risk Behaviors and Life Functioning domains at intake are defined as: Clients with no actionable needs (0 needs), clients with 1-5 actionable needs, clients with 6+ actionable needs.

e. Progress: Number of clients ages 6-21 who moved from a '2' or '3' to '0' or '1' in the following areas (Life Functioning, Risk Behaviors or Child Behavioral/Emotional needs).

Selection Criteria: Clients with SmartCare Discharge Dates between 7/1/2025 and 3/31/2026

Data current as of 4/9/2026 at 8 am (downloaded from SmartCare).

Friday, May 29, 2026

SYSTEM OF CARE EVALUATION **Initial to Discharge CANS Report** **(for clients ages 6-21)**

SmartCare Discharge Dates between 7/1/2025 and 3/31/2026

	SmartCare Discharged Clients ^a	Discharged Clients ^b	Disch/Initial Clients ^c	Clients with no AN at Intake ^d	Clients with 1-5 AN at Intake ^d	Clients with 6+ AN at Intake ^d	Progress on Life Func ^e	Progress on Risk Bhv ^e	Progress on Bhv/Emot needs ^e
1000320 VH VISTA HILL NORTH INLAND	40	33	33	0 (0%)	17 (52%)	16 (48%)	22 / 30 (73%)	3 / 3 (100%)	19 / 33 (58%)
1000322 VH MERIT	5	5	5	0 (0%)	4 (80%)	1 (20%)	2 / 4 (50%)	1 / 1 (100%)	1 / 5 (20%)
1000323 UPAC MULTI COMM COUNSEL M	22	11	11	1 (9%)	3 (27%)	7 (64%)	9 / 10 (90%)	4 / 4 (100%)	3 / 10 (30%)
1000324 YMCA TIDES SCHOOL BASED OP	91	59	58	10 (17%)	30 (52%)	18 (31%)	32 / 40 (80%)	5 / 5 (100%)	38 / 46 (83%)
1000325 NA N CNTY OP SCHOOL BASED S	68	38	36	1 (3%)	21 (58%)	14 (39%)	19 / 29 (66%)	11 / 13 (85%)	29 / 35 (83%)
1000328 RADY KIDSTART EPSDT CLINIC C	2	2	2	0 (0%)	2 (100%)	0 (0%)	2 / 2 (100%)	0 / 0 #Num!	1 / 2 (50%)
1000332 VARSITY TEAM 1 STRTP AFTERC	1	1	1	0 (0%)	0 (0%)	1 (100%)	1 / 1 (100%)	1 / 1 (100%)	1 / 1 (100%)
1000334 VARSITY TEAM 2 STRTP AFTERC	1	1	1	0 (0%)	0 (0%)	1 (100%)	1 / 1 (100%)	1 / 1 (100%)	1 / 1 (100%)
1000336 TURN STEPS ADOLESCENT	29	15	15	4 (27%)	8 (53%)	3 (20%)	10 / 10 (100%)	2 / 2 (100%)	8 / 9 (89%)
1000340 NA CASS	30	23	18	2 (11%)	12 (67%)	4 (22%)	10 / 13 (77%)	2 / 3 (67%)	11 / 14 (79%)
1000348 VH CNTR FOR CHLD AND YTH PS	196	22	22	5 (23%)	15 (68%)	2 (9%)	8 / 9 (89%)	2 / 2 (100%)	8 / 14 (57%)
1000363 FF WRAP CONNECTIONS SOUTH	30	10	10	1 (10%)	5 (50%)	4 (40%)	7 / 8 (88%)	4 / 4 (100%)	8 / 8 (100%)
1000364 FF WRAP CONNECTIONS PRIMAR	16	5	5	0 (0%)	1 (20%)	4 (80%)	4 / 5 (80%)	3 / 4 (75%)	2 / 5 (40%)
1000365 FF WRAP CONNECTIONS NORTH	25	10	10	0 (0%)	8 (80%)	2 (20%)	8 / 9 (89%)	2 / 2 (100%)	7 / 9 (78%)
1000366 FF WRAP CONNECTIONS EAST	23	7	6	0 (0%)	3 (50%)	3 (50%)	4 / 5 (80%)	2 / 4 (50%)	3 / 6 (50%)

a. SmartCare Discharged Clients = Clients who discharged from SmartCare (ages 6-21) during the reporting period.

b. Discharged Clients = Clients who discharged from SmartCare (ages 6-21) during the reporting period that also had a discharge measure dated within the reporting period in SmartCare.

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e. Progress: Number of clients ages 6-21 who moved from a '2' or '3' to '0' or '1' in the following areas (Life Functioning, Risk Behaviors or Child Behavioral/Emotional needs).

Selection Criteria: Clients with SmartCare Discharge Dates between 7/1/2025 and 3/31/2026

Data current as of 4/9/2026 at 8 am (downloaded from SmartCare).

Friday, May 29, 2026

SYSTEM OF CARE EVALUATION **Initial to Discharge CANS Report** **(for clients ages 6-21)**

SmartCare Discharge Dates between 7/1/2025 and 3/31/2026

	SmartCare Discharged Clients ^a	Discharged Clients ^b	Disch/Initial Clients ^c	Clients with no AN at Intake ^d	Clients with 1-5 AN at Intake ^d	Clients with 6+ AN at Intake ^d	Progress on Life Func ^e	Progress on Risk Bhv ^e	Progress on Bhv/Emot needs ^e
1000804 CO NEXT MOVE OCEANSIDE CO	65	22	17	0 (0%)	8 (47%)	9 (53%)	4 / 15 (27%)	3 / 10 (30%)	6 / 16 (38%)
1000806 CO NEXT MOVE SOUTHEASTERN	181	58	45	2 (4%)	15 (33%)	28 (62%)	22 / 39 (56%)	14 / 28 (50%)	20 / 39 (51%)
1000858 AMALI HOTZ STRTP OP	4	1	1	0 (0%)	0 (0%)	1 (100%)	1 / 1 (100%)	1 / 1 (100%)	1 / 1 (100%)
1000876 SBCS SAN YSIDRO CHILDREN'S	59	46	44	11 (25%)	28 (64%)	5 (11%)	15 / 23 (65%)	2 / 5 (40%)	21 / 32 (66%)
1000890 RITE OF PASSAGE GIRLS STRTP	1	0							
Countywide Summary	3932	2329	2190	179 (8%)	1341 (61%)	670 (31%)	1307 / 1693 (77%)	397 / 511 (78%)	1460 / 1891 (77%)

a. SmartCare Discharged Clients = Clients who discharged from SmartCare (ages 6-21) during the reporting period.

b. Discharged Clients = Clients who discharged from SmartCare (ages 6-21) during the reporting period that also had a discharge measure dated within the reporting period in SmartCare.

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e. Progress: Number of clients ages 6-21 who moved from a '2' or '3' to '0' or '1' in the following areas (Life Functioning, Risk Behaviors or Child Behavioral/Emotional needs).

Selection Criteria: Clients with SmartCare Discharge Dates between 7/1/2025 and 3/31/2026

Data current as of 4/9/2026 at 8 am (downloaded from SmartCare).

Friday, May 29, 2026

Olive Crest Outreach and Support Services

Behavioral Health for Homeless Youth



A close-up photograph of an olive branch with several olives, some green and some dark purple, set against a blurred background. The image is used as a background for the text.

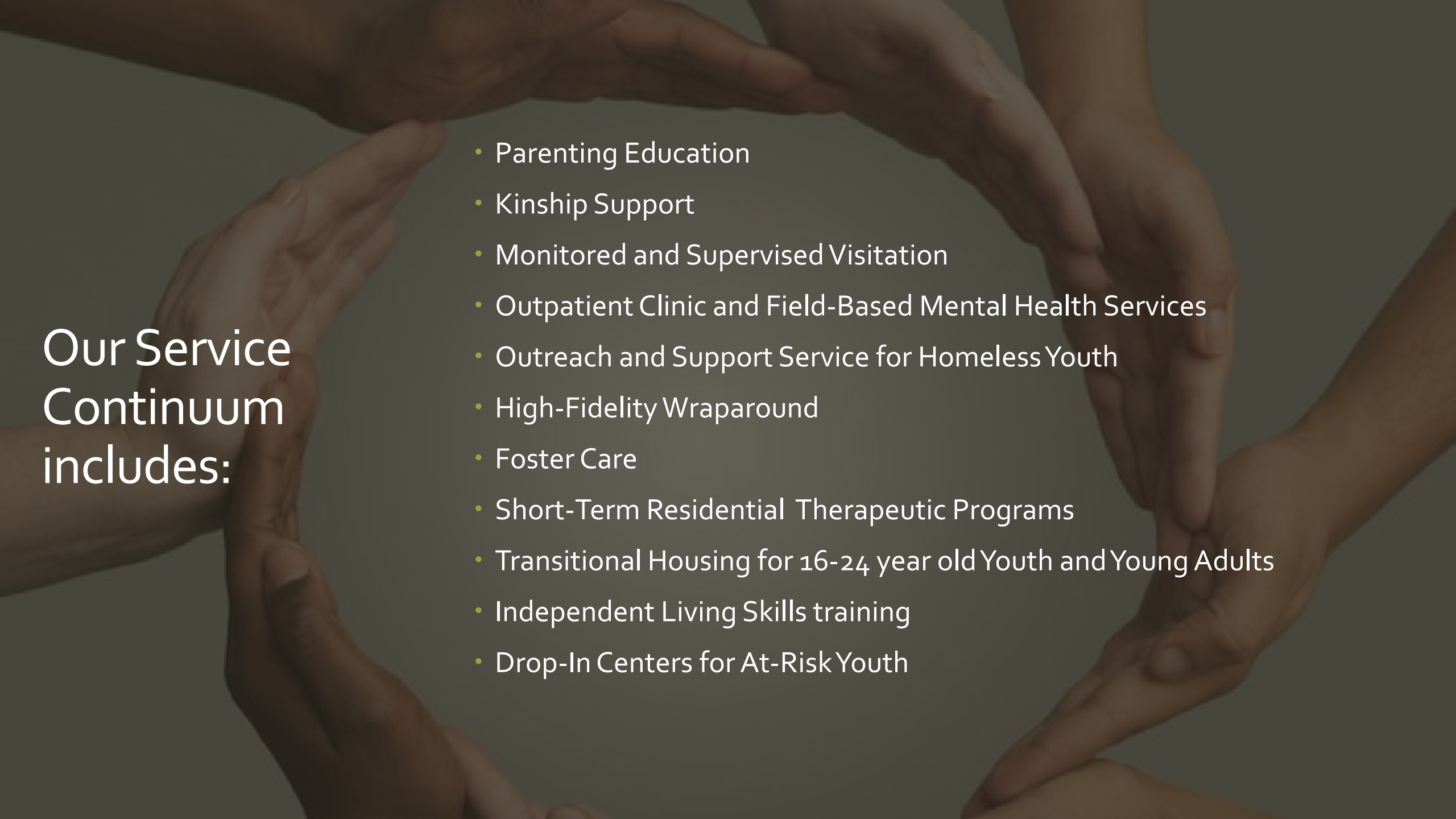
Who is Olive Crest?

We are a non-profit organization founded in Orange County in 1973. We have approximately 800 employees, serving over 5000 children and families every day in California, Washington, and Nevada.



Our Mission

Olive Crest is dedicated to preventing child abuse, treating and educating at-risk children, and preserving the family...“One Life at a Time.”®



Our Service Continuum includes:

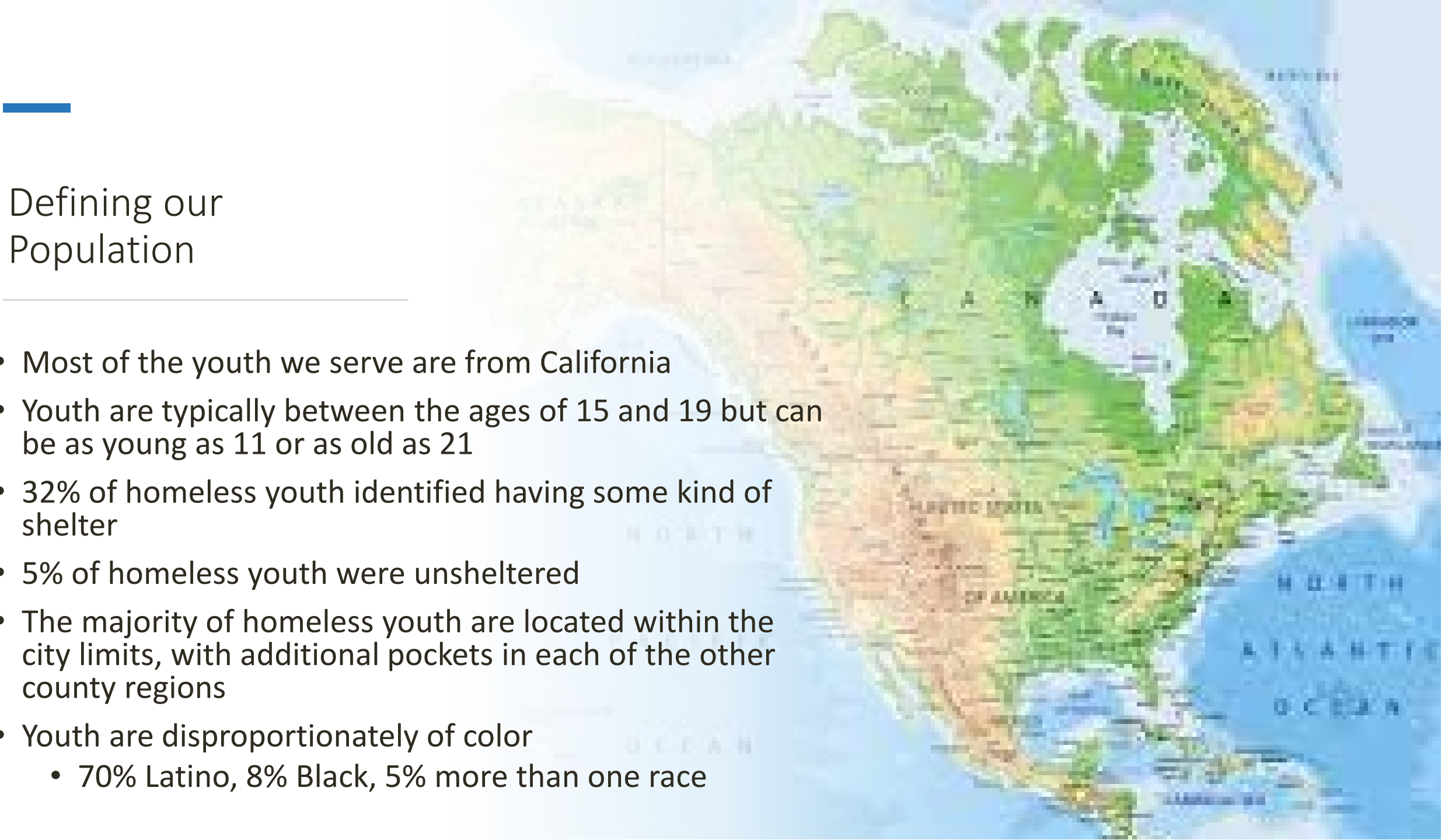
- Parenting Education
- Kinship Support
- Monitored and Supervised Visitation
- Outpatient Clinic and Field-Based Mental Health Services
- Outreach and Support Service for Homeless Youth
- High-Fidelity Wraparound
- Foster Care
- Short-Term Residential Therapeutic Programs
- Transitional Housing for 16-24 year old Youth and Young Adults
- Independent Living Skills training
- Drop-In Centers for At-Risk Youth

Outreach and Support Services



Who We Will Serve

- Youth and Young Adults up to age 21
- Priority Population – Homeless Youth and Youth that have left care
 - Staying on the Streets without Family Connections
 - Staying in Shelters or Temporary Housing without Family Connections
 - Staying on the Streets, Shelters, or Temporary Housing with Family Connections
- Additional Priority Populations disproportionately impacted by homelessness
 - Youth and young adults that are members of communities of color
 - Youth and young adults that are members of the LGBTQ+ community
 - Youth and young adults that are impacted by human trafficking and other forms of exploitation
 - Youth impacted by incarceration or child welfare involvement



Defining our Population

- Most of the youth we serve are from California
- Youth are typically between the ages of 15 and 19 but can be as young as 11 or as old as 21
- 32% of homeless youth identified having some kind of shelter
- 5% of homeless youth were unsheltered
- The majority of homeless youth are located within the city limits, with additional pockets in each of the other county regions
- Youth are disproportionately of color
 - 70% Latino, 8% Black, 5% more than one race

Youth and Homelessness

- The majority of homeless young people are “couch surfing”
- Of the youth that were open to sharing*, the primary reported cause of homelessness is being kicked out or running away, followed by violence and abuse.
- Many young people report remaining unhoused due to financial issues
- The services that unhoused young people were most interested in accessing are:
 - Drop-in or Day Shelters and Free meals
 - Transportation, Mental Health, Employment Support



Guiding Principles

Voice and Choice/Empowerment

Harm Reduction

Trauma-Informed

Meeting their needs basic needs

Coming in voluntarily

Staying longer each time

Making connections with caring adults



History of Harm Reduction Approach

- Instead of giving up all risky behaviors, the idea was to identify manageable changes. (through motivational interviewing)
- And to find ways that would increase safety
- When people set small goals for themselves
 - There is a better chance they might get a “win”, rather than feel like a failure
 - They are in charge of the goals, so no one is “forcing” them to change
 - They don’t have to hide their use because they know that their use is expected and accepted
 - Accessing help is a part of the process





What works

- Personal Agency (power)
- The ability to choose*
- The internal desire to choose the things that will be good
- Making informed decisions
- All in the context of trusted individual relationships
- Allows the person to get to a space where other modalities can begin to work

* Council of State Governments Justice Center March 2026



All youth and young adults enrolled in our services are eligible to access our Drop – in Center in downtown San Diego

- *No barrier access*
- *Extended hours*
- *Meeting basic needs*
 - *Food, sleep, hygiene, clothes, connection, safety*
- *Case management, Therapy, Skill Building*
- *Embracing harm reduction approach*
- *Providing alternatives to sexual exploitation, forced criminality, gang involvement*



Available Services

Support in
accessing
Medi-cal

Outreach to
potential
clients

Engagement
through basic
needs

Assessment
and diagnosis

Individual,
group, and
family therapy

Case
management

Skill building

Medication
support
services

Locations -

- 703 16th Street, suite 100
- 7220 Trade Street, suite 103
- North County coming soon!!

To refer a
young person



858-389-0010



SD-REFERRALS@OLIVECREST.ORG

OLIVE CREST®

Strong Families, Safe Kids

Tina Chang
tina-chang@olivecrest.org



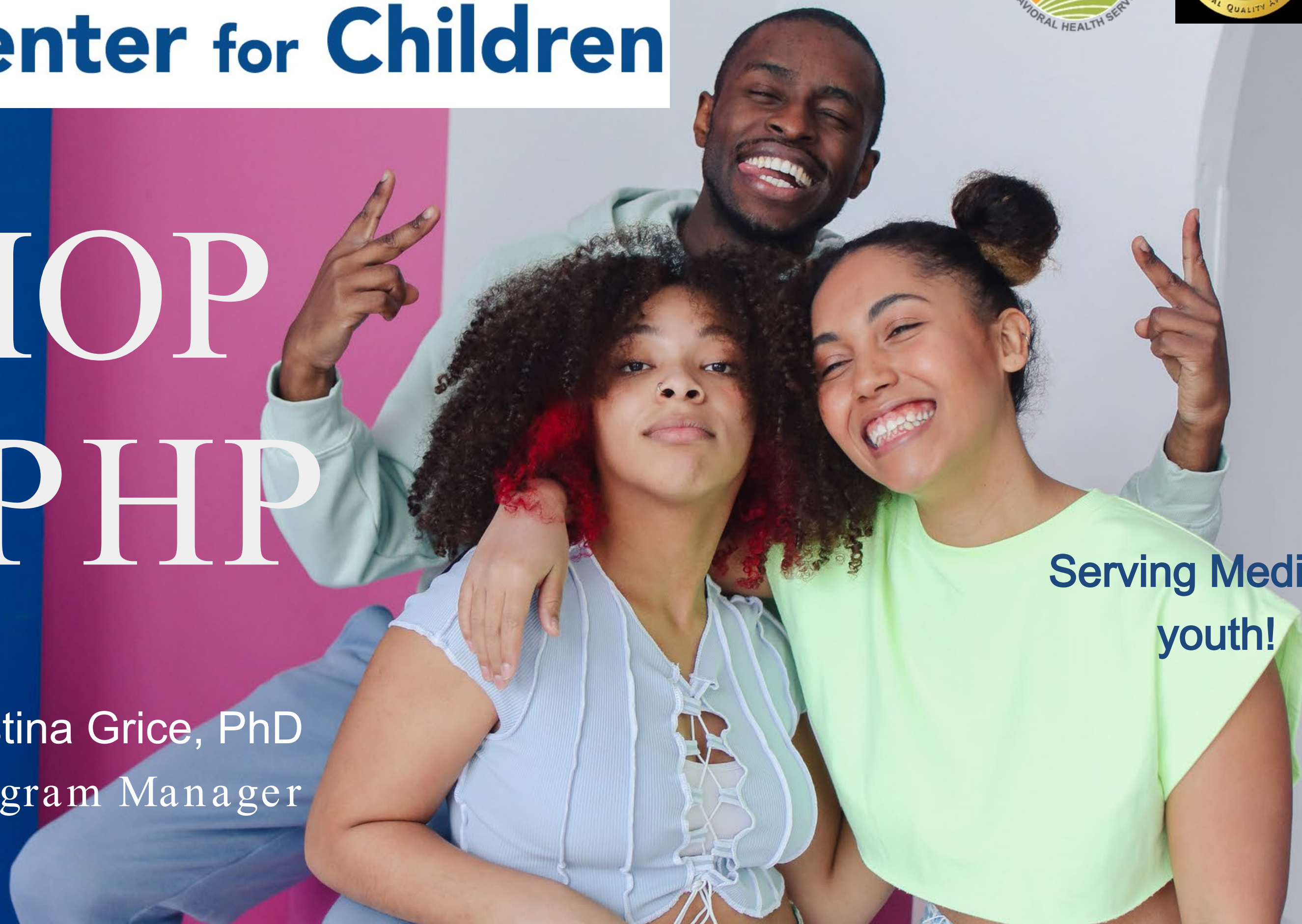
San Diego
Center for Children



IOP PHP

Christina Grice, PhD
Program Manager

Serving Medi-Cal
youth!



PHP + IOP

WHO THE PROGRAMS SERVE

Ages 13–18

Youth who need therapy more than once a week or are at risk of hospitalization.

COMMON TREATMENT TARGETS

- Depression
- Suicide ideation and/or self-injury
- Mental health impacts of oppressed identities
- Anxiety
- Bipolar or other mood disorders
- Chronic stress or trauma

GROUP-BASED, FAMILY-CONNECTED CARE



IOP

SDCC COMPONENTS



PROGRAM MODEL

8 weeks

Group-based
mental
health program

3

evenings

Monday ·
Wednesday ·
Thursday

4–7pm

Weekly program
hours

Youth continue attending school.

THERAPEUTIC CORE

- Dialectical Behavior Therapy (DBT) skills training (abbreviated)
- Art-based interventions, process groups and experiential activities
- Individual therapy focused on risk assessment and stabilization

FAMILY & CLINICAL SUPPORT

- Weekly family support: 3 caregiver groups and 1 multi-family skills group/month; Wednesdays, 6–7pm
- Care coordination, family therapy, Intensive Home-Based Services and discharge planning
- Psychiatry

SDCC IOP DIH SCHEDULE

Activities are provided continuously from 4:00pm to 7:00pm and onsite unless otherwise indicated.

TIME	MON	WED	THURS
4:00–4:15pm	Community Meeting & DBT Homework Review	Community Meeting & DBT Homework Review	Community Meeting & DBT Homework Review
4:15–5:15pm	DBT Skill Group: Radical Acceptance	DBT Skill Group: TIPP Skill	DBT Skill Group: Interpersonal Effectiveness
5:15–6:00pm	Artistic Expression Group: Puzzle piece identity	Artistic Expression Group: Mindfulness Jars	Artistic Expression Group: DBT "House"
6:00–6:50pm	Process Group	3x/month caregiver group and separate youth process group 1x/month multifamily	Experiential Therapy
6:50–7:00pm	Community Meeting: Mood and Energy Ratings/Check out		



PHP

SDCC COMPONENTS



PROGRAM MODEL

3 weeks

Group-based
mental
health program

5 days a week

9am–3pm

Daily program hours

**Designed between
hospitalization and outpatient
care.**

THERAPEUTIC CORE

- DBT, CBT and Seeking Safety
- Art-based interventions and independent living skills groups
- Individual therapy and care coordination

FAMILY & CLINICAL SUPPORT

- Weekly multifamily group: Wednesdays, 2–3pm
- Family therapy and discharge planning
- Psychiatry

SDCC PHP Day Treatment Intensive- Full SCHEDULE

TIME	MON	TUES	WED	THURS	FRI
9-10:30am	Education Support provided prior to DIF				
10:30-11am	(P) Community Meeting/DBT Homework Review				
11-11:45am	(P) Psychotherapy Group: Foundations of CBT	(S) DBT Skill Group: Observations vs. Judgements	(P) Psychotherapy Group: CBT- Cognitive Distortions	(P) Psychotherapy Group: CBT- Thought Challenging w/ Thought Diffusion	(S) DBT Skill Group: ABC Intro
11:45-12pm	Social Skills Lunch is not counted DIF.				
12-12:30pm	(A) Recreation Therapy	(A) Recreation Therapy	(A) Recreation Therapy	(A) Recreation Therapy	(A) Recreation Therapy
12:30-1:15pm	(S) DBT Skill Group: Life Worth Living	(S) DBT Skill Group: Intro to Mindfulness	(S) DBT Skill Group: TIPP	(S) DBT Skill Group: Wave Skill	(S) DBT Skill Group: ABC Continued
1:15-2pm	(A) Artistic Expression: Vision Boards	(S) ILS Group: Health	(A) Recreation Therapy	(S) ILS Group: Community Resources	(A) Artistic Expression: ABC
2-2:30pm	(A) Recreation Therapy	(A) Recreation Therapy	(P) Multifamily Group: Cognitive Distortions	(A) Recreation Therapy	(A) Recreation Therapy
2:30-3pm	(P) Community Meeting (Check out ratings/Review on your own practice)				



OUTCOMES

Youth avoiding hospitalization while in programming

FY 2024/25 + 2025/26

PARTIAL HOSPITALIZATION PROGRAM

94%

216 of 231 youth
avoided hospitalization

INTENSIVE OUTPATIENT PROGRAM

92%

96 of 104 youth
avoided hospitalization

BOTH PROGRAMS

More than 9 in 10 youth avoided hospitalization.

DBT SKILL MODULES

Four core modules address distinct patterns of distress and behavior

SKILL MODULE	CONCERNS ADDRESSED
EMOTION REGULATION	Steady negative emotional states (e.g. depression), intense mood changes with little control, emotional vulnerability
DISTRESS TOLERANCE	Impulsive behaviors (e.g. suicidal and non-suicidal self-injurious behavior, risky online behavior, disordered eating)
INTERPERSONAL EFFECTIVENESS	Unstable/conflictual relationships, difficulties getting wants and needs met
MINDFULNESS	Lacking self-awareness of emotions, thoughts, actions; difficulty reducing one's suffering while also difficulty accessing enjoyment

Referrals

Two simple ways to connect families with care

01 PROFESSIONAL REFERRAL

Email the completed referral form to admissions@centerforchildren.org
We love to collaborate and learn from providers who are already working with the family.

02 SELF-REFERRAL

Caregivers and youth can connect directly through our website, by phone, or by email.

What happens next

1 PHONE SCREENING

Admissions contacts the caregiver. The admissions team will screen and recommends the appropriate level of care—PHP or IOP.

2 IN-PERSON INTAKE

Youth and caregiver will attend an in-person intake in one of the programs and then join the groups.

3 ONGOING COORDINATION

The clinical team may recommend moving between levels as needs change. We connect youth/families to long-term supports (wraparound, ECM, outpatient)

We are happy to support youth maintaining their outpatient providers. Many of our youth have complex needs that need support from multiple systems. We complete external ancillary services request forms with outpatient providers, so that there are no disruptions in billing.

Tween Track for ages 10–13

Coming this October!

cgrice@centerforchildren.org

For intake inquiries

Email: admissions@centerforchildren.org

Phone: (833) 800 -9105

Secret Shopper Pilot

DHCS Behavioral Health Secret Shopper Pilot Program



The Department of Health Care Services' (DHCS) Network Adequacy Oversight Program Section (NAOS) conducted a 2025 Behavioral Health Secret Shopper Pilot Program (2025 BHSSPP) to assess the accuracy of provider data and the availability of appointments for Medi-Cal members.

To fulfill the Centers for Medicare & Medicaid Services' (CMS) State Access Workplan requirements, DHCS conducted the secret shopper pilot as part of this effort. The piloted 2025 BHSSPP also supports the implementation of the CMS 2024 Managed Care Final Rule (MCFR) [Title 42 Code of Federal Regulations \(CFR\) 438.68\(f\), \(h\)](#), which requires states to implement a third-party secret shopper methodology by July 2028 to monitor appointment wait time standards and validate proper directory information.



DHCS Network Adequacy 2025 Secret Shopper Program – Reinforcing Client Navigation

DHCS selected the San Diego Behavioral Health Plan (BHP) for its 2025 Behavioral Health Secret Shopper pilot to evaluate provider directory accuracy and client access to behavioral health services. The pilot highlighted opportunities to strengthen client navigation when appointments cannot be scheduled and to improve Provider Directory information.

Member Navigation Reminders. When an appointment cannot be scheduled:

- Help clients take the next step through an appropriate referral or warm handoff.
- Connect clients to another appropriate provider, program, or the Access and Crisis Line (ACL), as appropriate.
- Follow existing OPOH/SUDPOH requirements related to client navigation, referrals, and timely access.

Provider Directory Reminders. To help ensure clients have accurate staff and program information, remember that SmartCare is the system of record for the information displayed in the [Provider Directory](#).

- Staff should routinely review their information. If staff-level information is incorrect in the Provider Directory, contact the Optum Help Desk at sdhelpdesk@optum.com or 1-800-834-3792.
- Program Managers should complete the required monthly [SOC Application attestation](#) to confirm staff, and program information remains accurate and current. If program-level information is incorrect, contact your COR. COR Teams work with HPO to update SmartCare.

Activity Funds

[Activity Funds | DHCS](#)

- [Frequently Asked Questions | DHCS](#)
- [Final-Activity-Funds-BHIN-25-037 11.21.25 | BHIN 25-037 Draft Revision 5.15.26](#)

[Public Partnership LLC | PPL](#)

- [Activity Funds Licensed Mental Health Professional Training Request](#)
- [Activity Provider Search](#)
- [Provider Profile Edit](#)



The Department of Health Care Services (DHCS) landing page on [Activity Funds | DHCS](#) offers an overview of a new resource for Medi-Cal members with child welfare involvement.

Children and youth who meet eligibility will have access to up to \$1000 per year to participate in activities that promote physical and behavioral health outcomes, such as camps, soccer, dance, music lessons, activity equipment, and more.

Providers will access an online portal to enroll their clients who will work with [Public Partnership LLC | PPL](#) as the DHCS fiscal intermediary. PPL will be responsible for enrolling activity providers, managing the online portal fund disbursement system, and data reporting. Licensed Mental Health Professionals (LMHPs) who are qualified to direct Specialty Mental Health Services (SMHS) will play a critical role in making the connection to the appropriate activities.

Please view the one hour [California BH-CONNECT Activity Funds: LMHP Training | California BH-CONNECT Activity Funds: LMHP Training](#) to start learning about Activity Funds and the role of SMHS providers. Additional information will be forthcoming.



SchoolLink Updates

As students return to school, and programs prepare for the new school year, please review the 'Annual School Meeting' found in Module 4. Many items get reviewed during this important meeting, inclusive of the 'SchoolLink Thresholds' outlined in Module 5 which is especially critical for schools who have not met the threshold.

New Trainings Modules

Two new SchoolLink modules are now available to support program implementation and provide practical guidance for SchoolLink providers.

Module #7: Skill Building Groups

Learn about Skill-Building Groups as a new SchoolLink service type, including the early intervention focus, populations served, service delivery model, and key differences between Skill-Building, Core, and Teen Recovery Center services. Skill-Building services primarily use structured small-group curricula to address emerging social-emotional and behavioral health needs before they become more acute or chronic.

Module #15: Community Violence & Disaster Response

Provides practical guidance for supporting children, youth, and families in the context of community violence and disasters. Content focuses on promoting safety, stability, and connection before, during, and after an event, with information and resources related to wildfires, floods, and earthquakes.

Reminder - Updated FY 2026-27 Forms

The following updated forms are available on the SchoolLink website:

- SchoolLink Referral Form FY 2026-27
- SchoolLink Monthly Communication Log FY 2026-27
- SchoolLink Annual Plan Form FY 2026-27
- Annual SchoolLink Meeting Agenda FY 2026-27

SchoolLink Referral Portal:

The SchoolLink referral portal is expected to become available as students return from winter break at the start of 2027. The [SchoolLink Monthly Communication Log FY2627.xlsx](#) has been updated to reflect data points that will be utilized in the portal. It is critical that the new form is utilized and comprehensively completed as the goal is to migrate the information from the excel document to the new portal so the complete FY2627 data will be available.

REPORT DATE:		SCHOOL NAME:		SCHOOL YEAR:		SCHOOL LINK PROVIDER NAME:	
Referral received Date	Date of First Session	Tx Discharged Date or Referral Close Out Date	Student Name	Clinician or Group Facilitator	Status of Referral	Disposition of Referral / Treatment Episode	
7/1/2026	8/1/2026	9/1/2026	Joseph A. Smith	Mary Robles	New Referral	Pending Action	
					New Referral	Pending Action	
					Pending Action	Discharged - goals met	
					Contacting Family	Discharged - goals partially met	
					Session Scheduled	Discharged - goals unmet	
						Discharged - unplanned	

Providers that are interested in participating in an upcoming 'User Group Input Session' to help inform the portal finalization should let their COR know. Prior to rollout, a tutorial will be made available to all users.