

# System of Care Evaluation (SOCE)

## CYF mHOMS Outcomes Report

July 2019—June 2020

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*Children, Youth & Families Behavioral Health Services*



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

September 2020

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## Overview

All County-contracted and County-run mental health treatment programs for children are collecting outcomes measures on their clients on a regular basis. Data are entered into the Children, Youth & Families Mental Health Outcomes Measurement System (CYF mHOMS) created and maintained by the System of Care Evaluation (SOCE) project at the Child & Adolescent Services Research Center (CASRC) in collaboration with the Health Services Research Center (HSRC). Program staff can use CYF mHOMS to generate data to populate relevant items on their Quarterly Status Report, monitor treatment progress, and for program planning.

Beginning in FY 2018-19, the following measures are collected by SOCE for the County of San Diego Children, Youth & Families Behavioral Health Services (CYFBHS) 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.
- Pediatric Symptom Checklist for youth (PSC-Y), a psychosocial screening tool to identify emotional and behavioral problems, completed by clients ages 11 through 18.
- San Diego Child and Adolescent Needs and Strengths (CANS), a structured assessment to identify youth and family strengths and needs, completed by clinicians for clients ages 6 through 21.
- Personal Experiences Screening Questionnaire (PESQ), a substance use assessment administered by alcohol and drug counselors at Full Service Partnership (FSP) programs. Due to the small number of clients evaluated with this measure, trends and progress are difficult to reliably assess.
- **Implemented in FY 2019-20:** San Diego 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.

CYF mHOMS program data are merged to generate County-wide reports on the County's process and outcomes objectives. This report provides information on the July 15, 2020 data download, which covers data on clients served during Q1-4 of FY 2019-20. A summary of the results is provided below, followed by the full reports at the end of the document.

## Key Findings

1. Seventy-five percent of eligible clients discharged from CCBH in Q4 also had a record of discharge in CYF mHOMS.
2. Ninety-six percent of clients ages 6 to 21 had at least one actionable need on the initial CANS and 91% of clients ages 0 to 5 had at least one actionable need on the initial CANS-EC. This suggests that the majority of clients are meeting the minimum threshold for County service need.
3. The County Completion objective (95% of discharged clients with two timepoints entered) was met for the CANS (97%) and nearly met for the CANS-EC (94%).
4. The percentage of discharged clients with two timepoints entered for the PSC and PSC-Y was 60% and 57%, respectively. The County Completion objectives of 75% completion was not met for these measures.
5. A medium to large amount of improvement (5+ point reduction from intake to discharge) was reported by caregivers on the PSC for 57% of clients, and by youth on the PSC-Y for 56% of clients. Reliable improvement was reported for slightly more than half of clients on both the PSC and the PSC-Y. Clinically significant improvement of clients who scored above the clinical cutoff on the initial assessment was reported on the PSC for 59% of clients, and on the PSC-Y for 62% of clients.
6. Approximately 73% of clients were reported to have a reduction of at least one need across the risk behaviors, life functioning, and child emotional/behavioral domains on the CANS.
7. Approximately 69% of clients were reported to have a reduction of at least one need across the risk behaviors, life functioning, and challenges domains on the CANS-EC. It is important to consider the small number of clients assessed with this measure (255 clients in Q1-4 FY 2019-20, as compared to 5,245 clients assessed with the CANS in the same timeframe).

## Section I. Number of Clients

**Measures being entered for every eligible client:** SOCE measures should be completed on all eligible clients in the CYFBHS system, including eligible Prevention & Early Intervention (PEI) and Innovation programs. To assess this, the number of clients discharging in CCBH is compared to the number of clients discharging in CYF mHOMS with the same inclusion criteria applied: youth client received service from an eligible program and was open to the system at least 60 days.

### Results

#### CYFBHS Eligible Clients – Systemwide\*

Number of Clients Discharged in CCBH (YTD)	8,225
Number of Clients Discharged in CYF mHOMS (YTD)	6,139
Approximate Percentage of Discharged CCBH Clients Entered in CYF mHOMS†	75% (6,139 of 8,225)

\*Clients may have been served in more than one eligible program.

†Possible reasons for the discrepancy include outcomes-exempt services received or data entry delays.

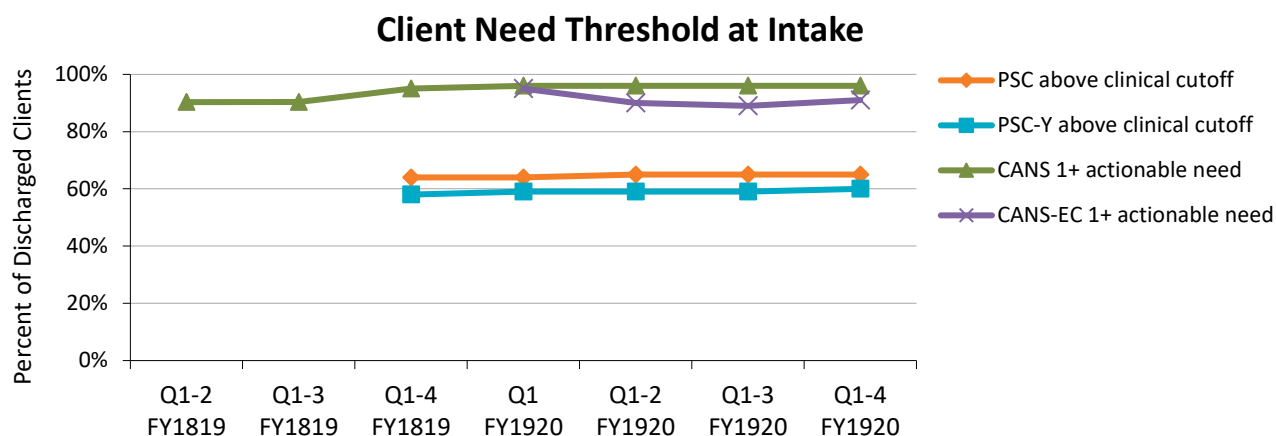
## Section II. Severity of Clients Served

**Clients served meet the threshold for need:** The majority of clients receiving services from CYFBHS are expected to meet a minimum threshold of need. Initial PSC/PSC-Y 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 entered in CYF mHOMS who had a CCBH discharge date between July 1, 2019 and June 30, 2020:

- **PSC: 65%** (4,150 of 6,380) 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).
- **PSC-Y: 60%** (2,367 of 3,969) of clients ages 11 to 18 scored above the clinical cutoff on at least one of the 3 initial PSC-Y subscales or total scale.
- **CANS: 96%** (6,044 of 6,271) of clients ages 6 to 21 had at least one actionable need on the initial CANS.
- **CANS-EC: 91%** (348 of 381) of clients ages 0 to 5 had at least one actionable need on the initial CANS-EC.



**NOTE:** Measurement of client need on the PSC and PSC-Y was modified in Q4 FY 2018-19; data from previous quarters are not comparable.

## Section III. Completion Objectives

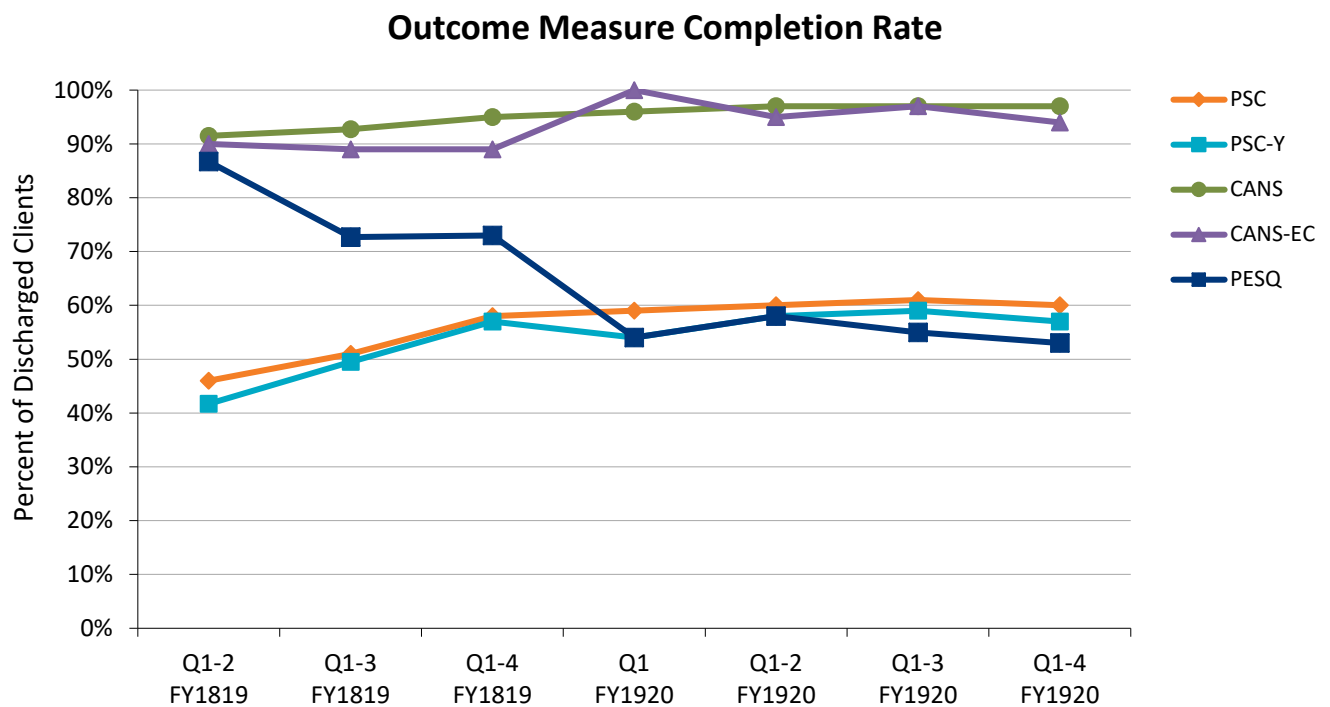
**Measures being entered at appropriate timeframes:** SOCE measures should be completed on all eligible clients at intake, at UM/UR or every 6 months (if applicable, whichever comes first), and at discharge. In order to accurately examine system and program level outcomes, data from as many clients as possible needs to be collected. Missing data make the results less representative and may skew the analyses. The standard for completion is 75% for the PSC and the PSC-Y, 80% for the PESQ, 95% for the CANS/CANS-EC.

### Results

**Discharged clients:** Clients open for 60+ days with a CCBH discharge date between July 1, 2019 and June 30, 2020:

- **PSC: 60%** (3,524 of 5,874) had an initial and a discharge PSC score entered.
- **PSC-Y: 57%** (2,030 of 3,543) had an initial and a discharge PSC-Y score entered.
- **CANS: 97%** (5,245 of 5,396) had an initial and discharge CANS score entered.
- **CANS-EC: 94%** (255 of 272) had an initial and discharge CANS-EC score entered.
- **PESQ: 53%** (50 of 94) had an initial and discharge PESQ score entered.

Note: If a discharge CANS/PSC/PSC-Y score was not collected and a follow-up CANS/PSC/PSC-Y was completed within 60 days of discharge, the most recent CANS/PSC/PSC-Y score was used as the discharge score.



## Section IV. Outcomes Measurement

### Discharge Outcomes, PSC/PSC-Y:

Level of improvement on the **PSC/PSC-Y** between initial assessment and discharge was measured for eligible clients open for a minimum of 60 days, with a CCBH discharge date between July 1, 2019 and June 30, 2020. For the PSC/PSC-Y, "improvement" is evaluated three ways:

#### *Amount of Improvement*

Percentage of all clients who reported an increase in impairment (1+ increase), no improvement (0 or 1-point reduction), small improvement (2-4 point reduction), medium improvement (5-8 point reduction), and a large improvement (9+ point reduction). This reflects the amount of change youth and their caregivers report from intake to discharge on the symptoms evaluated by the PSC/PSC-Y. Amount of improvement was calculated using Cohen's d effect size.

#### *Reliable Improvement*

Percentage of all clients who had at least a 6-point reduction on the PSC/PSC-Y total scale score. Reliable improvement was defined by the developers and means that the clients improved by a statistically reliable amount.

#### *Clinically Significant Improvement*

Percentage of clients who started above the clinical cutoff on at least one of the three subscales or total scale score at intake and ended below the cutoff at discharge. Additionally, these clients **must** have had at least a 6-point reduction on the PSC/PSC-Y total scale score. Clinically significant improvement was defined by the measures' developers and means that treatment had a noticeable genuine effect on clients' daily life and that clients are now functioning like non-impaired youth.

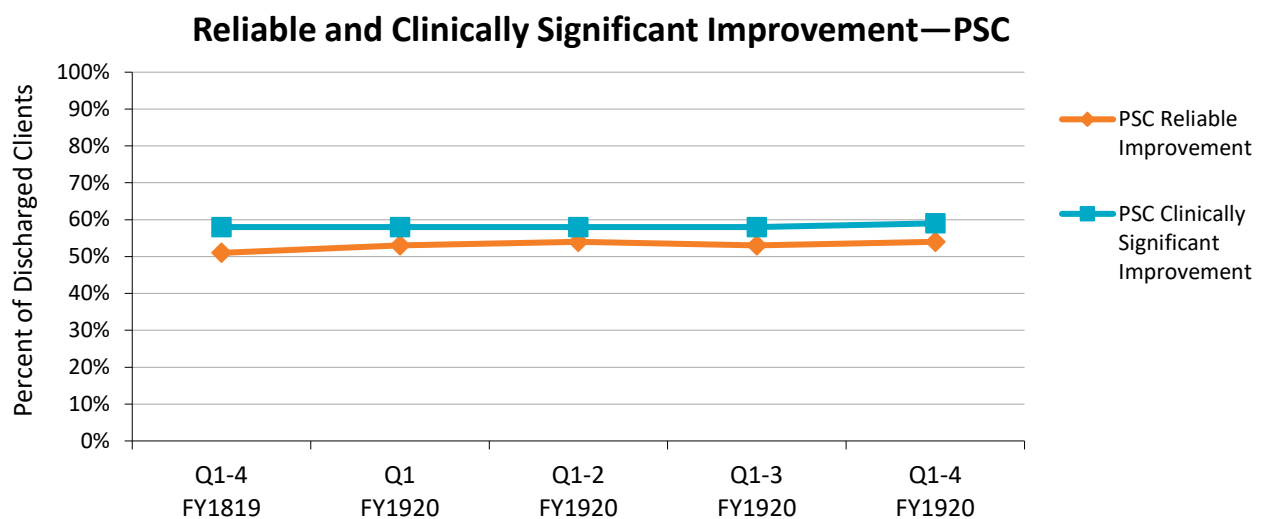
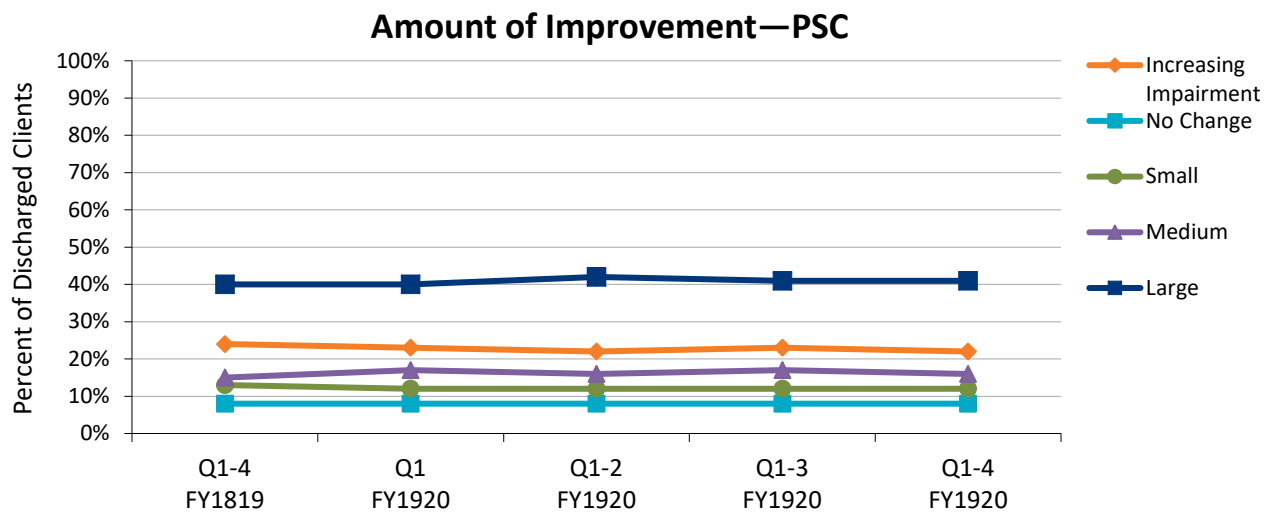
**Outcomes results are reported by measure on the following pages.**



## Discharge Outcomes, PSC:

### Results

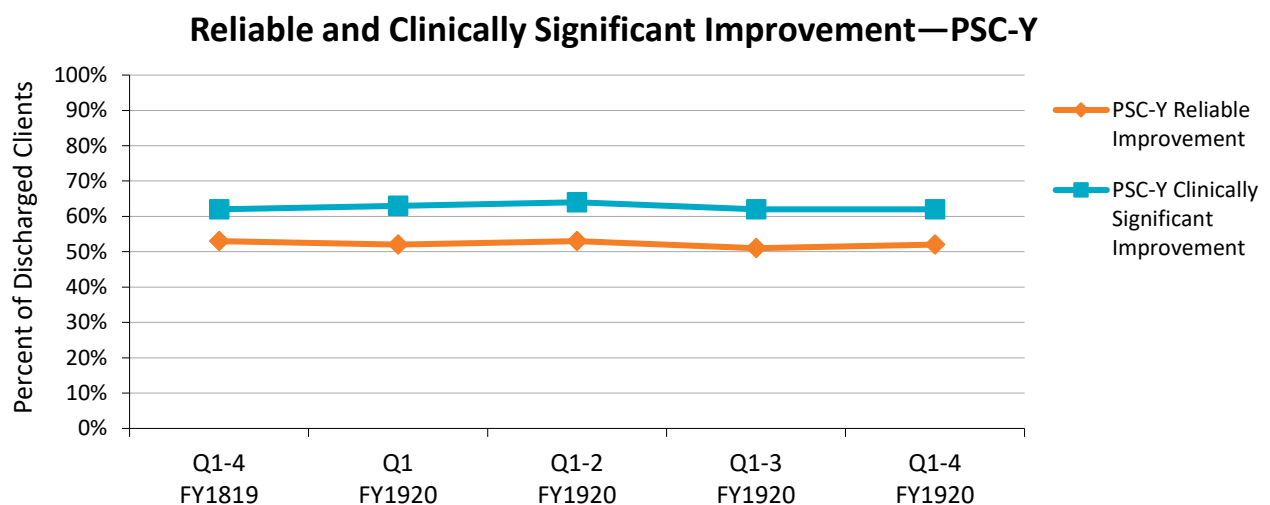
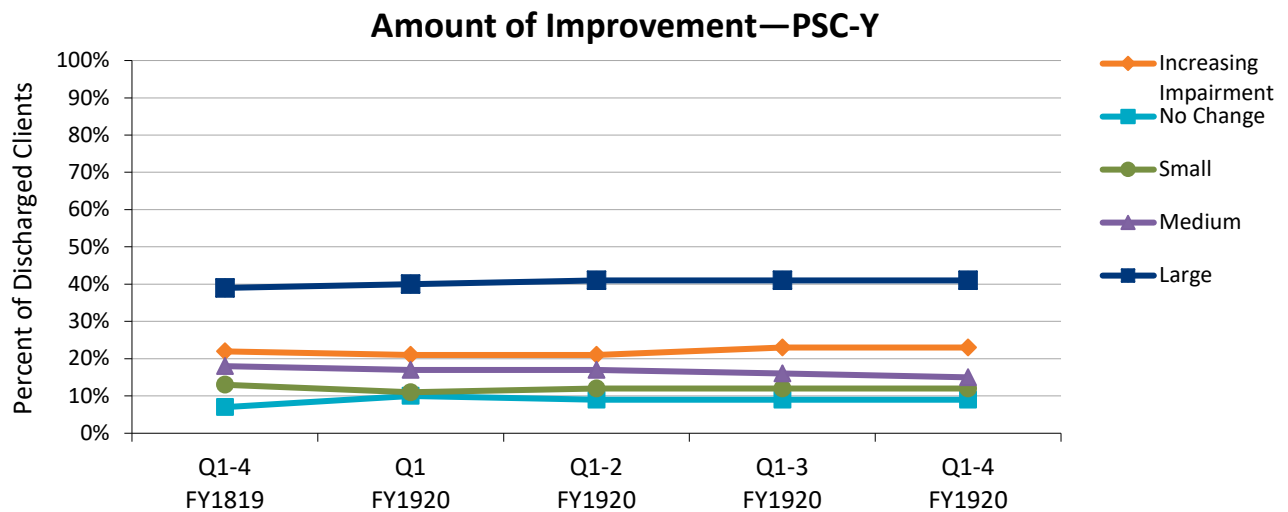
- **PSC** (caregiver report, N=3,524)
  - **Amount of Improvement:**
    - 22% (n=789) of clients reported an increase in impairment
    - 8% (n=274) of clients reported no improvement
    - 12% (n=425) of clients reported a small improvement
    - 16% (n=579) of clients reported a medium improvement
    - 41% (n=1,457) of clients reported a large improvement
  - **Reliable Improvement:** 54% (n=1,893) 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.
  - **Clinically Significant Improvement:** Of 2,278 discharged clients who scored above the clinical cutoff at intake, 59% (n=1,348) reported clinically significant improvement between initial assessment and discharge.



## Discharge Outcomes, PSC-Y:

### Results

- **PSC-Y** (youth self-report ages 11+; N=2,030)
  - **Amount of Improvement:**
    - 23% (n=458) of clients reported an increase in impairment
    - 9% (n=174) of clients reported no improvement
    - 12% (n=245) of clients reported a small improvement
    - 15% (n=313) of clients reported a medium improvement
    - 41% (n=840) of clients reported a large improvement
  - **Reliable Improvement:** 52% (n=1,057) of clients reliably improved on the PSC-Y total score between initial assessment and discharge.
  - **Clinically Significant Improvement:** Of 1,234 discharged clients who scored above the clinical cutoff at intake, 62% (n=771) reported clinically significant improvement between initial assessment and discharge.





## Discharge Outcomes, CANS:

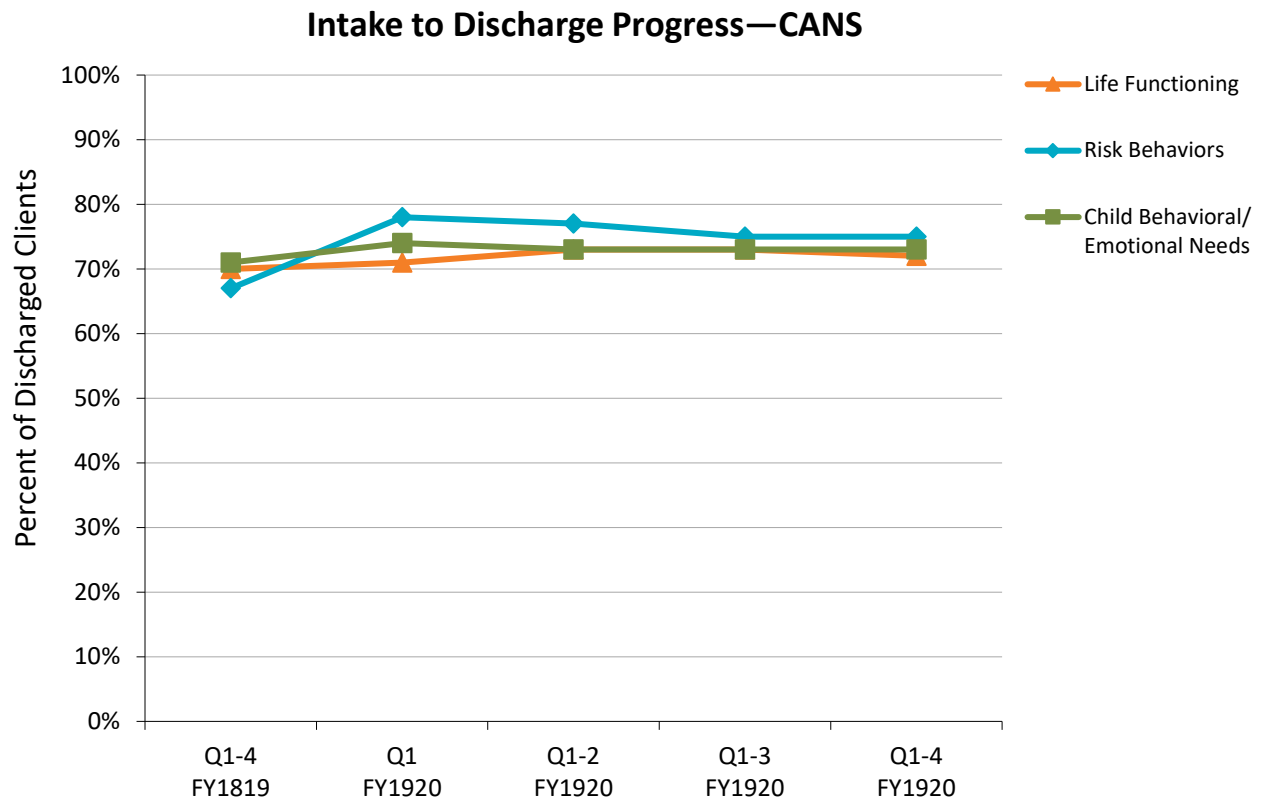
Level of progress on the **CANS** between initial assessment and discharge was measured for eligible clients open for a minimum of 60 days, with a CCBH discharge date between July 1, 2019 and June 30, 2020.

### 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=5,245)
  - **72% (n=3,233) of 4,464 clients** who had a need on the **Life Functioning domain** at initial assessment showed progress at discharge.
  - **75% (n=1,193) of 1,596 clients** who had a need on the **Risk Behaviors domain** at initial assessment showed progress at discharge.
  - **73% (n=3,618) of 4,936 clients** who had a need on the **Child Behavioral and Emotional Needs domain** at initial assessment showed progress at discharge.





## Discharge Outcomes, CANS-EC:

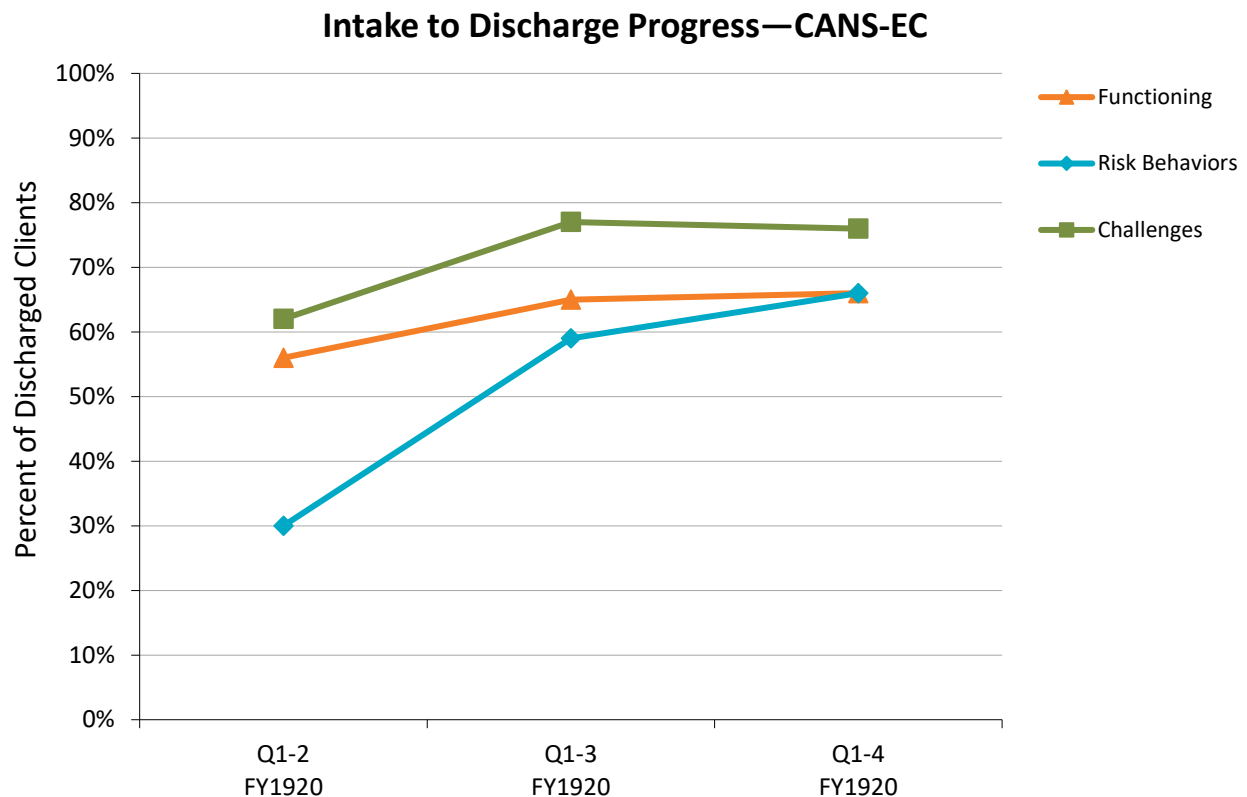
Level of progress on the **CANS-EC** between initial assessment and discharge was measured for eligible clients open for a minimum of 60 days, with a CCBH discharge date between July 1, 2019 and June 30, 2020.

### Progress

For the CANS-EC, “progress” is operationally defined as a reduction of at least one need from initial assessment to discharge on the CANS-EC domains: Functioning, Risk Behaviors, and/or Challenges (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-EC** (clinician report; N=255)
  - **66% (n=112) of 170 clients** who had a need on the **Functioning domain** at initial assessment showed progress at discharge.
  - **66% (n=27) of 41 clients** who had a need on the **Risk Behaviors domain** at initial assessment showed progress at discharge.
  - **76% (n=175) of 231 clients** who had a need on the **Challenges domain** at initial assessment showed progress at discharge.



**NOTE:** Only one client age 0-5 discharged with two completed CANS-EC measures in Q1 FY1920; those data are not reported here.

### Discharge Outcomes objectives, PESQ:

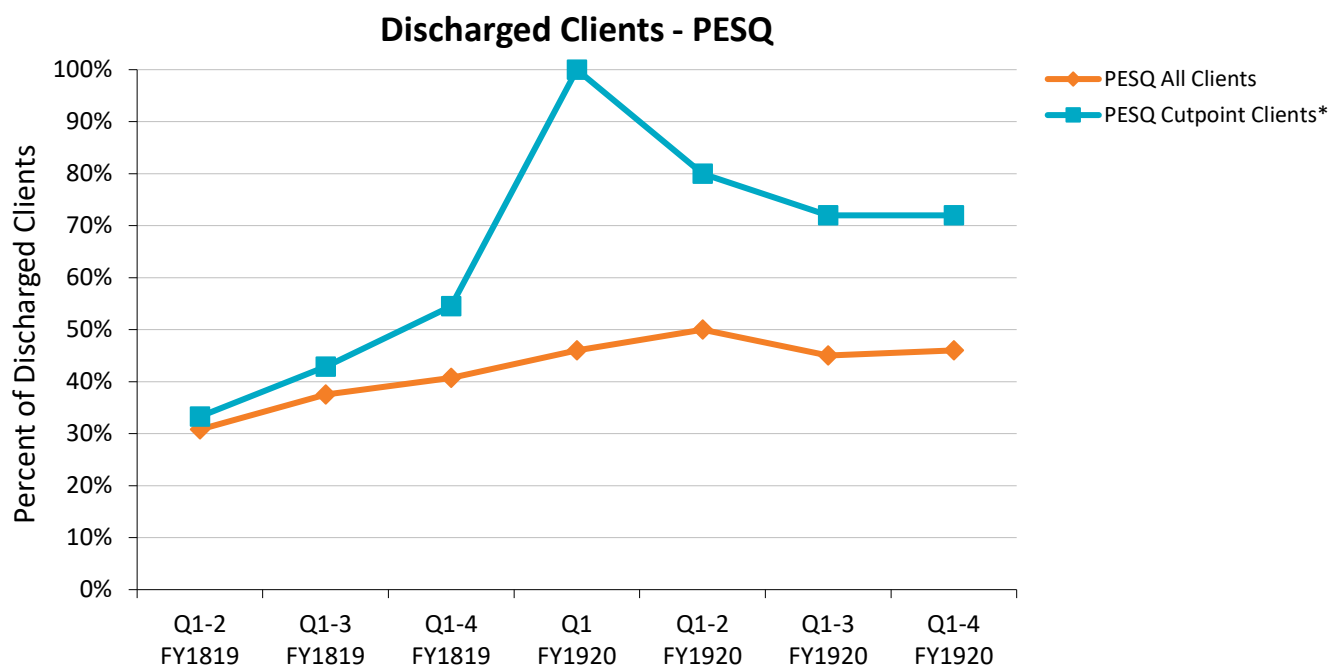
One additional measure is currently tracked in the Children, Youth & Families Behavioral Health Service system for special populations: The **PESQ** is administered by alcohol and drug counselors at 9 FSP programs. Level of improvement on the PESQ between initial assessment and discharge was measured for eligible clients open for a minimum of 30 days, with a PESQ discharge date between July 1, 2019 and June 30, 2020. The County goal for this measure is at least 80% of clients improving between initial assessment and discharge.

### Improvement

For the PESQ, improvement is operationally defined as a *4-point decrease* on the PESQ Severity scale or falling below the clinical cutpoint at discharge (for clients who started above the clinical cutpoint). The clinical cutpoint was empirically derived by the PESQ developers and indicates that the client likely has a substance abuse problem and needs a full drug abuse evaluation.

### Results

- **PESQ** (clinician report, N=50)
  - **46% (n=23) of clients improved** between initial assessment and discharge on the severity scale.
  - Clients who were **above the clinical cutpoint at initial assessment (n=18): 72% (n=13) were below the clinical cutpoint** at discharge.



\*Clients who scored above the clinical cutpoint at initial assessment.

## **Copies of the full Reports**

**SYSTEM OF CARE EVALUATION**  
**Discharged Clients - Initial to Discharge Parent PSC Report**  
**(Administered to caregivers of youth ages 3 - 18 only)**  
 CCBH Discharge Dates between 7/1/2019 and 6/30/2020

		Discharged clients open 60 days + <sup>a</sup>	1 Clients with initial and discharge scores <sup>b</sup> (COMPLIANCE RATE)	2a No improvement <sup>c</sup>	2b Small improvement <sup>c</sup>	2c Medium improvement <sup>c</sup>	2d Large improvement <sup>c</sup>	2e Increase in impairment <sup>c</sup>	3 Reliable improvement <sup>d</sup>	4 Clients above cutoff at initial <sup>e</sup>	5a Clinically significant improvement <sup>f</sup>
6000	CASA DE AMPARO	41 / 54	40 (98%)	2 (5%)	4 (10%)	6 (15%)	5 (13%)	23 (58%)	10 (25%)	43 / 54 (80%)	8 / 30 (27%)
6010	NA INCREDIBLE FAMILIES SOUTH	19 / 29	16 (84%)	0 (0%)	3 (19%)	3 (19%)	5 (31%)	5 (31%)	7 (44%)	10 / 27 (37%)	4 / 9 (44%)
6020	NA INCREDIBLE FAMILIES NORTH	4 / 4	4 (100%)	0 (0%)	0 (0%)	1 (25%)	1 (25%)	2 (50%)	2 (50%)	0 / 4	--
6060	CRF CROSSROADS	299 / 347	217 (73%)	14 (6%)	20 (9%)	34 (16%)	75 (35%)	74 (34%)	99 (46%)	232 / 331 (70%)	80 / 151 (53%)
6070	CRF DOUGLAS YOUNG	394 / 460	299 (76%)	24 (8%)	37 (12%)	49 (16%)	117 (39%)	72 (24%)	156 (52%)	302 / 434 (70%)	112 / 207 (54%)
6080	CRF MAST	205 / 236	133 (65%)	8 (6%)	22 (17%)	23 (17%)	55 (41%)	25 (19%)	75 (56%)	118 / 223 (53%)	47 / 77 (61%)
6090	CRF NUEVA VISTA	426 / 497	259 (61%)	13 (5%)	31 (12%)	38 (15%)	127 (49%)	50 (19%)	155 (60%)	332 / 476 (70%)	125 / 187 (67%)
6100	DCS DEAF COMM SERVICES (C)	2 / 2	0 (0%)							1 / 2 (50%)	--
6140	SWEETWATER OP CLINIC	38 / 45	21 (55%)	0 (0%)	1 (5%)	7 (33%)	10 (48%)	3 (14%)	15 (71%)	35 / 43 (81%)	11 / 17 (65%)
6150	ECS PARA LAS FAMILIAS	67 / 83	32 (48%)	5 (16%)	4 (13%)	8 (25%)	12 (38%)	3 (9%)	18 (56%)	46 / 83 (55%)	12 / 18 (67%)
6200	FHC COMM CIRCLE CENT	72 / 78	32 (44%)	5 (16%)	3 (9%)	8 (25%)	11 (34%)	5 (16%)	15 (47%)	44 / 77 (57%)	8 / 18 (44%)
6210	FHC COMM CIRCLE EAST	53 / 71	30 (57%)	7 (23%)	4 (13%)	3 (10%)	11 (37%)	5 (17%)	14 (47%)	37 / 66 (56%)	9 / 15 (60%)
6260	MHS SCHOOL BASED	93 / 107	55 (59%)	7 (13%)	4 (7%)	9 (16%)	26 (47%)	9 (16%)	33 (60%)	65 / 98 (66%)	26 / 38 (68%)
6340	NA KENORA STRTP	17 / 26	7 (41%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	7 (100%)	0 (0%)	11 / 23 (48%)	0 / 1 (0%)
6350	NA CABRILLO ASSESS CTR CENT	146 / 334	70 (48%)	8 (11%)	12 (17%)	15 (21%)	19 (27%)	16 (23%)	30 (43%)	218 / 284 (77%)	23 / 54 (43%)
6400	NA INCREDIBLE FAMILIES CENTR	2 / 3	1 (50%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	1 (100%)	0 (0%)	1 / 2 (50%)	0 / 1 (0%)
6460	NC LIFELINE OCEANSIDE	34 / 41	23 (68%)	1 (4%)	0 (0%)	6 (26%)	13 (57%)	3 (13%)	18 (78%)	24 / 39 (62%)	13 / 14 (93%)

a. CCBH Intake dates and CCBH Discharge dates were needed to calculate whether clients were in services for 60 days or longer. If either date is missing, clients will not be included in this final number.

b. "Discharge Score" = Discharge Parent PSC Score or a follow-up PSC (if the measure was completed within 60 days prior to client discharge date).

c. For clients whose episode lasted 60 days or longer who completed an initial and 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).

d. Reliable improvement for all clients is defined as number of clients who had at least a 6-point reduction on the Parent PSC total scale score.

e. For all clients with an initial 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.

f. For clients who scored above cutoff at initial, were open 60 days or longer, and had a 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 CCBH Discharge Dates between 7/1/2019 and 6/30/2020

Data current as of 7/16/2020 at 8 am (downloaded from CYF mHOMS).

**SYSTEM OF CARE EVALUATION**  
**Discharged Clients - Initial to Discharge Parent PSC Report**  
**(Administered to caregivers of youth ages 3 - 18 only)**  
 CCBH Discharge Dates between 7/1/2019 and 6/30/2020

		Discharged clients open 60 days + <sup>a</sup>	1 Clients with initial and discharge scores <sup>b</sup> <b>(COMPLIANCE RATE)</b>	2a No improvement <sup>c</sup>	2b Small improvement <sup>c</sup>	2c Medium improvement <sup>c</sup>	2d Large improvement <sup>c</sup>	2e Increase in impairment <sup>c</sup>	3 Reliable improvement <sup>d</sup>	4 Clients above cutoff at initial <sup>e</sup>	5a Clinically significant improvement <sup>f</sup>
6480	NC LIFELINE VISTA	121 / 133	69 (57%)	4 (6%)	10 (14%)	14 (20%)	31 (45%)	10 (14%)	42 (61%)	80 / 124 (65%)	28 / 42 (67%)
6530	SDYS ICARE	16 / 19	4 (25%)	2 (50%)	0 (0%)	0 (0%)	0 (0%)	2 (50%)	0 (0%)	12 / 14 (86%)	0 / 2 (0%)
6540	SDYS OUR SAFE PLACE	28 / 28	7 (25%)	0 (0%)	1 (14%)	0 (0%)	4 (57%)	2 (29%)	4 (57%)	13 / 16 (81%)	4 / 6 (67%)
6550	PALOMAR FC CHILDNET	76 / 84	66 (87%)	4 (6%)	7 (11%)	19 (29%)	22 (33%)	14 (21%)	35 (53%)	36 / 83 (43%)	18 / 29 (62%)
6560	PALOMAR FC FALLBROOK	107 / 126	68 (64%)	6 (9%)	10 (15%)	14 (21%)	27 (40%)	11 (16%)	33 (49%)	79 / 124 (64%)	27 / 42 (64%)
6570	PALOMAR FC N. INLAND/COASTAL	214 / 231	177 (83%)	9 (5%)	20 (11%)	33 (19%)	93 (53%)	22 (12%)	119 (67%)	147 / 230 (64%)	78 / 114 (68%)
6660	PWS CORNERSTONE	154 / 164	60 (39%)	4 (7%)	10 (17%)	9 (15%)	24 (40%)	13 (22%)	31 (52%)	72 / 145 (50%)	19 / 29 (66%)
6740	RADY C.E.S. SCHOOL	85 / 97	42 (49%)	2 (5%)	1 (2%)	11 (26%)	19 (45%)	9 (21%)	28 (67%)	53 / 81 (65%)	19 / 29 (66%)
6750	RADY CENTRAL CLINIC	168 / 195	82 (49%)	5 (6%)	9 (11%)	10 (12%)	36 (44%)	22 (27%)	39 (48%)	137 / 174 (79%)	36 / 67 (54%)
6770	RADY NORTH COASTAL CLINIC	270 / 307	132 (49%)	8 (6%)	18 (14%)	18 (14%)	65 (49%)	23 (17%)	76 (58%)	178 / 273 (65%)	58 / 82 (71%)
6790	RADY NORTH INLAND REGION	96 / 106	69 (72%)	7 (10%)	8 (12%)	14 (20%)	21 (30%)	19 (28%)	32 (46%)	65 / 102 (64%)	18 / 39 (46%)
6860	SAY MARSHALL	78 / 92	60 (77%)	2 (3%)	5 (8%)	9 (15%)	37 (62%)	7 (12%)	46 (77%)	58 / 91 (64%)	36 / 41 (88%)
6890	SBCS BERRY CLINIC	85 / 104	54 (64%)	2 (4%)	6 (11%)	8 (15%)	33 (61%)	5 (9%)	39 (72%)	66 / 98 (67%)	25 / 38 (66%)
6910	SB COMM SRVC SO. REGION OP	123 / 140	80 (65%)	6 (8%)	5 (6%)	13 (16%)	49 (61%)	7 (9%)	58 (73%)	90 / 127 (71%)	48 / 58 (83%)
6950	SDCC EAST OP LA MESA	167 / 194	61 (37%)	4 (7%)	6 (10%)	8 (13%)	23 (38%)	20 (33%)	29 (48%)	125 / 178 (70%)	23 / 40 (58%)
6980	SDCC FFA STABL AND TREATMEN	75 / 80	54 (72%)	5 (9%)	8 (15%)	7 (13%)	19 (35%)	15 (28%)	24 (44%)	33 / 65 (51%)	17 / 26 (65%)
6990	SDCC WRAPWORKS	140 / 164	91 (65%)	5 (5%)	10 (11%)	13 (14%)	32 (35%)	31 (34%)	42 (46%)	94 / 141 (67%)	32 / 60 (53%)

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b. "Discharge Score" = Discharge Parent PSC Score or a follow-up PSC (if the measure was completed within 60 days prior to client discharge date).

c. For clients whose episode lasted 60 days or longer who completed an initial and 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).

d. Reliable improvement for all clients is defined as number of clients who had at least a 6-point reduction on the Parent PSC total scale score.

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f. For clients who scored above cutoff at initial, were open 60 days or longer, and had a 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 CCBH Discharge Dates between 7/1/2019 and 6/30/2020

Data current as of 7/16/2020 at 8 am (downloaded from CYF mHOMS).

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 CCBH Discharge Dates between 7/1/2019 and 6/30/2020

		Discharged clients open 60 days + <sup>a</sup>	1 Clients with initial and discharge scores <sup>b</sup> <b>(COMPLIANCE RATE)</b>		2a No improvement <sup>c</sup>		2b Small improvement <sup>c</sup>		2c Medium improvement <sup>c</sup>		2d Large improvement <sup>c</sup>		2e Increase in impairment <sup>c</sup>		3 Reliable improvement <sup>d</sup>		4 Clients above cutoff at initial <sup>e</sup>		5a Clinically significant improvement <sup>f</sup>	
7040	UPAC CMH	156 / 171	101	(65%)	11	(11%)	9	(9%)	14	(14%)	44	(44%)	23	(23%)	56	(55%)	91 / 165	(55%)	28 / 54	(52%)
7050	SDUSD INTENSIVE OP	160 / 170	116	(73%)	16	(14%)	14	(12%)	20	(17%)	51	(44%)	15	(13%)	69	(59%)	88 / 154	(57%)	47 / 61	(77%)
7110	SDYS COUNS COVE FSP	51 / 55	2	(4%)	0	(0%)	1	(50%)	0	(0%)	1	(50%)	0	(0%)	1	(50%)	11 / 17	(65%)	1 / 2	(50%)
7130	SDYS EAST REGION OP	91 / 105	57	(63%)	3	(5%)	7	(12%)	9	(16%)	25	(44%)	13	(23%)	31	(54%)	72 / 99	(73%)	26 / 40	(65%)
7180	SDYS BRIDGEWAYS	46 / 59	16	(35%)	2	(13%)	2	(13%)	3	(19%)	5	(31%)	4	(25%)	7	(44%)	30 / 45	(67%)	4 / 11	(36%)
7200	SYHC BHG YES	152 / 202	94	(62%)	2	(2%)	11	(12%)	13	(14%)	43	(46%)	25	(27%)	53	(56%)	132 / 182	(73%)	42 / 69	(61%)
7210	SYHC CHALDEAN MID EAST (C)	7 / 7	6	(86%)	0	(0%)	0	(0%)	1	(17%)	4	(67%)	1	(17%)	5	(83%)	3 / 7	(43%)	2 / 2	(100%)
7350	VH VISTA HILL ESCONDIDO	176 / 187	96	(55%)	6	(6%)	12	(13%)	17	(18%)	54	(56%)	7	(7%)	68	(71%)	105 / 185	(57%)	47 / 58	(81%)
7360	VH VISTA HILL NORTH INLAND	166 / 173	76	(46%)	6	(8%)	9	(12%)	10	(13%)	37	(49%)	14	(18%)	46	(61%)	98 / 168	(58%)	33 / 45	(73%)
7370	VH JUVENILE COURT CLINIC MHS	53 / 94	23	(43%)	2	(9%)	1	(4%)	3	(13%)	9	(39%)	8	(35%)	12	(52%)	65 / 87	(75%)	9 / 18	(50%)
7390	VH INCREDIBLE FAMILIES EAST	4 / 7	4	(100%)	1	(25%)	1	(25%)	0	(0%)	0	(0%)	2	(50%)	0	(0%)	1 / 7	(14%)	--	
7410	VH MERIT	7 / 8	3	(43%)	0	(0%)	0	(0%)	1	(33%)	0	(0%)	2	(67%)	0	(0%)	6 / 6	100%	0 / 3	(0%)
7440	UPAC MULTI COMM COUNSEL MH	91 / 98	57	(63%)	2	(4%)	7	(12%)	8	(14%)	20	(35%)	20	(35%)	28	(49%)	46 / 95	(48%)	15 / 26	(58%)
7450	YMCA TIDES	126 / 141	67	(53%)	9	(13%)	11	(16%)	6	(9%)	33	(49%)	8	(12%)	36	(54%)	68 / 140	(49%)	22 / 32	(69%)
7480	NA N CNTY OP SCHOOL BASED S	24 / 37	6	(25%)	1	(17%)	0	(0%)	3	(50%)	1	(17%)	1	(17%)	4	(67%)	15 / 31	(48%)	1 / 2	(50%)
7510	VH INCREDIBLE FAMILIES NORTH	1 / 5	1	(100%)	0	(0%)	1	(100%)	0	(0%)	0	(0%)	0	(0%)	0	(0%)	1 / 5	(20%)	0 / 1	(0%)
7530	VH SMARTCARE BH CONNECT	4 / 17	0	(0%)													3 / 6	(50%)	--	

a. CCBH Intake dates and CCBH Discharge dates were needed to calculate whether clients were in services for 60 days or longer. If either date is missing, clients will not be included in this final number.

b. "Discharge Score" = Discharge Parent PSC Score or a follow-up PSC (if the measure was completed within 60 days prior to client discharge date).

c. For clients whose episode lasted 60 days or longer who completed an initial and 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).

d. Reliable improvement for all clients is defined as number of clients who had at least a 6-point reduction on the Parent PSC total scale score.

e. For all clients with an initial 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.

f. For clients who scored above cutoff at initial, were open 60 days or longer, and had a 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 CCBH Discharge Dates between 7/1/2019 and 6/30/2020

Data current as of 7/16/2020 at 8 am (downloaded from CYF mHOMS).

**SYSTEM OF CARE EVALUATION**  
**Discharged Clients - Initial to Discharge Parent PSC Report**  
**(Administered to caregivers of youth ages 3 - 18 only)**  
 CCBH Discharge Dates between 7/1/2019 and 6/30/2020

		Discharged clients open 60 days + <sup>a</sup>	1 Clients with initial and discharge scores <sup>b</sup> (COMPLIANCE RATE)	2a No improvement <sup>c</sup>	2b Small improvement <sup>c</sup>	2c Medium improvement <sup>c</sup>	2d Large improvement <sup>c</sup>	2e Increase in impairment <sup>c</sup>	3 Reliable improvement <sup>d</sup>	4 Clients above cutoff at initial <sup>e</sup>	5a Clinically significant improvement <sup>f</sup>
7600	RADY KIDSTART EPSDT CLINIC S	29 / 31	15 (52%)	1 (7%)	2 (13%)	6 (40%)	3 (20%)	3 (20%)	6 (40%)	12 / 29 (41%)	1 / 4 (25%)
7610	RADY KIDSTART EPSDT CLINIC CT	43 / 46	27 (63%)	4 (15%)	3 (11%)	4 (15%)	10 (37%)	6 (22%)	14 (52%)	16 / 42 (38%)	8 / 12 (67%)
7620	RADY KIDSTART EPSDT CLINIC N	10 / 10	10 (100%)	1 (10%)	3 (30%)	3 (30%)	0 (0%)	3 (30%)	3 (30%)	7 / 10 (70%)	1 / 7 (14%)
7650	SB COMM SRVC MI ESCUELITA	21 / 24	19 (90%)	2 (11%)	3 (16%)	2 (11%)	7 (37%)	5 (26%)	9 (47%)	13 / 24 (54%)	3 / 10 (30%)
8050	FRED FINCH YOUTH CENTER	1 / 1	0 (0%)							0 / 0	--
8110	MHS STEPS ADOLESCENT	34 / 38	13 (38%)	3 (23%)	1 (8%)	2 (15%)	4 (31%)	3 (23%)	6 (46%)	13 / 28 (46%)	5 / 8 (63%)
8200	NA CAJON VALLEY	24 / 25	12 (50%)	1 (8%)	2 (17%)	2 (17%)	3 (25%)	4 (33%)	3 (25%)	15 / 24 (63%)	3 / 7 (43%)
8220	NA SAN PASQUAL ACADEMY	27 / 28	26 (96%)	1 (4%)	5 (19%)	1 (4%)	2 (8%)	17 (65%)	3 (12%)	15 / 28 (54%)	2 / 13 (15%)
8230	NA SO CAMPUS RCL 12	30 / 43	29 (97%)	6 (21%)	1 (3%)	4 (14%)	6 (21%)	12 (41%)	9 (31%)	27 / 41 (66%)	7 / 20 (35%)
8270	NA CASS	123 / 148	101 (82%)	5 (5%)	23 (23%)	13 (13%)	37 (37%)	23 (23%)	49 (49%)	94 / 133 (71%)	37 / 73 (51%)
8290	NA CTR CHILD YOUTH PSYCH	93 / 111	10 (11%)	6 (60%)	1 (10%)	1 (10%)	0 (0%)	2 (20%)	1 (10%)	66 / 91 (73%)	1 / 8 (13%)
8380	SDCC STRTP PROGRAM	11 / 12	9 (82%)	0 (0%)	1 (11%)	2 (22%)	2 (22%)	4 (44%)	3 (33%)	12 / 12 100%	2 / 9 (22%)
8400	SDUSD MARCY	17 / 18	5 (29%)	0 (0%)	0 (0%)	1 (20%)	2 (40%)	2 (40%)	2 (40%)	10 / 12 (83%)	2 / 5 (40%)
8410	SDUSD NEW DAWN	13 / 13	5 (38%)	0 (0%)	1 (20%)	1 (20%)	2 (40%)	1 (20%)	2 (40%)	8 / 9 (89%)	2 / 4 (50%)
8420	SDUSD UNIFIED DAY SCHOOL	8 / 10	2 (25%)	1 (50%)	0 (0%)	0 (0%)	1 (50%)	0 (0%)	1 (50%)	7 / 8 (88%)	1 / 2 (50%)
8800	MHS FAMILIES FORWARD	57 / 66	41 (72%)	6 (15%)	1 (2%)	11 (27%)	14 (34%)	9 (22%)	22 (54%)	54 / 60 (90%)	16 / 36 (44%)
8820	FF WRAPAROUND PROGRAM	10 / 10	7 (70%)	0 (0%)	0 (0%)	1 (14%)	1 (14%)	5 (71%)	2 (29%)	7 / 10 (70%)	1 / 5 (20%)

a. CCBH Intake dates and CCBH Discharge dates were needed to calculate whether clients were in services for 60 days or longer. If either date is missing, clients will not be included in this final number.

b. "Discharge Score" = Discharge Parent PSC Score or a follow-up PSC (if the measure was completed within 60 days prior to client discharge date).

c. For clients whose episode lasted 60 days or longer who completed an initial and 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).

d. Reliable improvement for all clients is defined as number of clients who had at least a 6-point reduction on the Parent PSC total scale score.

e. For all clients with an initial 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.

f. For clients who scored above cutoff at initial, were open 60 days or longer, and had a 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 CCBH Discharge Dates between 7/1/2019 and 6/30/2020

Data current as of 7/16/2020 at 8 am (downloaded from CYF mHOMS).



**SYSTEM OF CARE EVALUATION**  
**Discharged Clients - Initial to Discharge Parent PSC Report**  
**(Administered to caregivers of youth ages 3 - 18 only)**  
 CCBH Discharge Dates between 7/1/2019 and 6/30/2020

	Discharged clients open 60 days + <sup>a</sup>	1 Clients with initial and discharge scores <sup>b</sup> <b>(COMPLIANCE RATE)</b>	2a No improvement <sup>c</sup>	2b Small improvement <sup>c</sup>	2c Medium improvement <sup>c</sup>	2d Large improvement <sup>c</sup>	2e Increase in impairment <sup>c</sup>	3 Reliable improvement <sup>d</sup>	4 Clients above cutoff at initial <sup>e</sup>	5a Clinically significant improvement <sup>f</sup>
8830 FF YOUTH CENTER	3 / 3	1 (33%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	1 (100%)	0 (0%)	2 / 2 (100%)	0 / 1 (0%)
8850 MHS FAMILIES FORWARD N CNTY	33 / 34	21 (64%)	2 (10%)	1 (5%)	3 (14%)	10 (48%)	5 (24%)	12 (57%)	30 / 32 (94%)	11 / 21 (52%)
8860 MHS FAMILIES FORWARD E CNTY	57 / 67	31 (54%)	5 (16%)	12 (39%)	4 (13%)	4 (13%)	6 (19%)	6 (19%)	50 / 54 (93%)	4 / 28 (14%)
<b>Countywide Summary</b>	5874 / 6955	3524 (60%)	274 (8%)	425 (12%)	579 (16%)	1457 (41%)	789 (22%)	1893 (54%)	4150 / 6380 (65%)	1348 / 2278 (59%)

- a. CCBH Intake dates and CCBH Discharge dates were needed to calculate whether clients were in services for 60 days or longer. If either date is missing, clients will not be included in this final number.
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- c. For clients whose episode lasted 60 days or longer who completed an initial and 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).
- d. Reliable improvement for all clients is defined as number of clients who had at least a 6-point reduction on the Parent PSC total scale score.
- e. For all clients with an initial 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.
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Selection Criteria: Clients with CCBH Discharge Dates between 7/1/2019 and 6/30/2020

Data current as of 7/16/2020 at 8 am (downloaded from CYF mHOMS).

**SYSTEM OF CARE EVALUATION**  
**Discharged Clients - Initial to Discharge Youth PSC Report**  
**(Administered to youth ages 11 - 18 only)**  
 CCBH Discharge Dates between 7/1/2019 and 6/30/2020

		Discharged clients open 60 days + <sup>a</sup>	1 Clients with initial and discharge scores <sup>b</sup> (COMPLIANCE RATE)	2a No improvement <sup>c</sup>	2b Small improvement <sup>c</sup>	2c Medium improvement <sup>c</sup>	2d Large improvement <sup>c</sup>	2e Increase in impairment <sup>c</sup>	3 Reliable improvement <sup>d</sup>	4 Clients above cutoff at initial <sup>e</sup>	5a Clinically significant improvement <sup>f</sup>
6000	CASA DE AMPARO	41 / 54	16 (39%)	1 (6%)	2 (13%)	2 (13%)	5 (31%)	6 (38%)	5 (31%)	27 / 46 (59%)	4 / 9 (44%)
6010	NA INCREDIBLE FAMILIES SOUTH	1 / 2	0 (0%)							0 / 2	--
6020	NA INCREDIBLE FAMILIES NORTH	1 / 1	1 (100%)	0 (0%)	0 (0%)	0 (0%)	1 (100%)	0 (0%)	1 (100%)	0 / 1	--
6060	CRF CROSSROADS	171 / 200	115 (67%)	10 (9%)	13 (11%)	16 (14%)	50 (43%)	26 (23%)	64 (56%)	131 / 192 (68%)	49 / 79 (62%)
6070	CRF DOUGLAS YOUNG	202 / 241	152 (75%)	16 (11%)	15 (10%)	21 (14%)	60 (39%)	40 (26%)	75 (49%)	144 / 235 (61%)	56 / 94 (60%)
6080	CRF MAST	158 / 183	105 (66%)	8 (8%)	14 (13%)	19 (18%)	40 (38%)	24 (23%)	50 (48%)	79 / 183 (43%)	36 / 53 (68%)
6090	CRF NUEVA VISTA	271 / 320	158 (58%)	9 (6%)	19 (12%)	30 (19%)	62 (39%)	38 (24%)	88 (56%)	191 / 315 (61%)	67 / 103 (65%)
6100	DCS DEAF COMM SERVICES (C)	1 / 1	0 (0%)							0 / 1	--
6140	SWEETWATER OP CLINIC	38 / 45	21 (55%)	4 (19%)	1 (5%)	1 (5%)	13 (62%)	2 (10%)	14 (67%)	33 / 43 (77%)	12 / 16 (75%)
6200	FHC COMM CIRCLE CENT	17 / 18	6 (35%)	0 (0%)	2 (33%)	1 (17%)	3 (50%)	0 (0%)	3 (50%)	7 / 15 (47%)	1 / 2 (50%)
6210	FHC COMM CIRCLE EAST	22 / 29	9 (41%)	1 (11%)	2 (22%)	3 (33%)	3 (33%)	0 (0%)	5 (56%)	16 / 22 (73%)	4 / 5 (80%)
6260	MHS SCHOOL BASED	56 / 64	31 (55%)	2 (6%)	8 (26%)	3 (10%)	13 (42%)	5 (16%)	15 (48%)	34 / 58 (59%)	12 / 17 (71%)
6340	NA KENORA STRTP	17 / 26	10 (59%)	0 (0%)	2 (20%)	2 (20%)	5 (50%)	1 (10%)	6 (60%)	14 / 25 (56%)	5 / 7 (71%)
6350	NA CABRILLO ASSESS CTR CENT	127 / 292	58 (46%)	2 (3%)	5 (9%)	9 (16%)	23 (40%)	19 (33%)	28 (48%)	174 / 248 (70%)	23 / 45 (51%)
6460	NC LIFELINE OCEANSIDE	27 / 34	17 (63%)	0 (0%)	3 (18%)	1 (6%)	11 (65%)	2 (12%)	12 (71%)	22 / 33 (67%)	10 / 11 (91%)
6480	NC LIFELINE VISTA	85 / 96	49 (58%)	1 (2%)	7 (14%)	10 (20%)	22 (45%)	9 (18%)	29 (59%)	64 / 95 (67%)	20 / 31 (65%)
6530	SDYS ICARE	16 / 19	3 (19%)	0 (0%)	1 (33%)	0 (0%)	1 (33%)	1 (33%)	1 (33%)	7 / 15 (47%)	1 / 2 (50%)
6540	SDYS OUR SAFE PLACE	27 / 27	18 (67%)	1 (6%)	0 (0%)	2 (11%)	8 (44%)	7 (39%)	9 (50%)	21 / 27 (78%)	7 / 15 (47%)
6560	PALOMAR FC FALLBROOK	74 / 89	50 (68%)	2 (4%)	9 (18%)	12 (24%)	23 (46%)	4 (8%)	31 (62%)	51 / 84 (61%)	23 / 31 (74%)
6570	PALOMAR FC N. INLAND/COASTAL	117 / 128	88 (75%)	5 (6%)	10 (11%)	16 (18%)	44 (50%)	13 (15%)	56 (64%)	78 / 120 (65%)	39 / 56 (70%)

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d. Reliable improvement for all clients is defined as number of clients who had at least a 6-point reduction on the Youth PSC total scale score.

e. For all clients with an initial assessment, number of clients who started at or above the clinical cutoff with a total score of 30 or higher, attention subscale score of 7 or higher, internalizing subscale score of 6 or higher, or externalizing subscale score of 7 or higher.

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**SYSTEM OF CARE EVALUATION**  
**Discharged Clients - Initial to Discharge Youth PSC Report**  
**(Administered to youth ages 11 - 18 only)**

CCBH Discharge Dates between 7/1/2019 and 6/30/2020

	Discharged clients open 60 days + <sup>a</sup>	1 Clients with initial and discharge scores <sup>b</sup> <b>(COMPLIANCE RATE)</b>	2a No improvement <sup>c</sup>	2b Small improvement <sup>c</sup>	2c Medium improvement <sup>c</sup>	2d Large improvement <sup>c</sup>	2e Increase in impairment <sup>c</sup>	3 Reliable improvement <sup>d</sup>	4 Clients above cutoff at initial <sup>e</sup>	5a Clinically significant improvement <sup>f</sup>
6660 PWS CORNERSTONE	67 / 70	23 (34%)	0 (0%)	6 (26%)	3 (13%)	12 (52%)	2 (9%)	14 (61%)	39 / 58 (67%)	10 / 17 (59%)
6740 RADY C.E.S. SCHOOL	73 / 84	44 (60%)	3 (7%)	4 (9%)	9 (20%)	23 (52%)	5 (11%)	31 (70%)	50 / 81 (62%)	24 / 27 (89%)
6750 RADY CENTRAL CLINIC	99 / 113	44 (44%)	5 (11%)	8 (18%)	5 (11%)	15 (34%)	11 (25%)	20 (45%)	58 / 96 (60%)	13 / 24 (54%)
6770 RADY NORTH COASTAL CLINIC	141 / 159	77 (55%)	7 (9%)	12 (16%)	5 (6%)	33 (43%)	20 (26%)	38 (49%)	96 / 149 (64%)	32 / 50 (64%)
6790 RADY NORTH INLAND REGION	56 / 64	38 (68%)	5 (13%)	6 (16%)	7 (18%)	12 (32%)	8 (21%)	17 (45%)	36 / 60 (60%)	10 / 20 (50%)
6860 SAY MARSHALL	40 / 46	33 (83%)	4 (12%)	3 (9%)	7 (21%)	16 (48%)	3 (9%)	22 (67%)	20 / 45 (44%)	11 / 18 (61%)
6890 SBCS BERRY CLINIC	51 / 64	31 (61%)	3 (10%)	7 (23%)	2 (6%)	19 (61%)	0 (0%)	21 (68%)	38 / 60 (63%)	15 / 22 (68%)
6910 SB COMM SRVC SO. REGION OP	79 / 91	53 (67%)	3 (6%)	6 (11%)	10 (19%)	25 (47%)	9 (17%)	33 (62%)	57 / 87 (66%)	26 / 34 (76%)
6950 SDCC EAST OP LA MESA	98 / 115	33 (34%)	4 (12%)	3 (9%)	6 (18%)	11 (33%)	9 (27%)	17 (52%)	64 / 106 (60%)	15 / 22 (68%)
6980 SDCC FFA STABL AND TREATMEN	26 / 28	17 (65%)	0 (0%)	2 (12%)	3 (18%)	7 (41%)	5 (29%)	9 (53%)	10 / 25 (40%)	4 / 6 (67%)
6990 SDCC WRAPWORKS	124 / 145	84 (68%)	10 (12%)	12 (14%)	6 (7%)	26 (31%)	30 (36%)	29 (35%)	62 / 129 (48%)	24 / 46 (52%)
7040 UPAC CMH	76 / 83	44 (58%)	2 (5%)	5 (11%)	4 (9%)	26 (59%)	7 (16%)	27 (61%)	42 / 76 (55%)	17 / 28 (61%)
7050 SDUSD INTENSIVE OP	123 / 131	96 (78%)	17 (18%)	15 (16%)	15 (16%)	37 (39%)	12 (13%)	47 (49%)	63 / 127 (50%)	29 / 45 (64%)
7110 SDYS COUNS COVE FSP	51 / 55	22 (43%)	1 (5%)	3 (14%)	5 (23%)	9 (41%)	4 (18%)	13 (59%)	27 / 53 (51%)	8 / 12 (67%)
7130 SDYS EAST REGION OP	62 / 72	43 (69%)	6 (14%)	2 (5%)	8 (19%)	15 (35%)	12 (28%)	20 (47%)	40 / 71 (56%)	14 / 23 (61%)
7180 SDYS BRIDGEWAYS	46 / 59	17 (37%)	1 (6%)	3 (18%)	1 (6%)	3 (18%)	9 (53%)	4 (24%)	26 / 55 (47%)	3 / 8 (38%)
7200 SYHC BHG YES	93 / 122	62 (67%)	7 (11%)	4 (6%)	8 (13%)	29 (47%)	14 (23%)	34 (55%)	72 / 103 (70%)	28 / 46 (61%)
7210 SYHC CHALDEAN MID EAST (C)	4 / 4	1 (25%)	0 (0%)	0 (0%)	0 (0%)	1 (100%)	0 (0%)	1 (100%)	2 / 4 (50%)	--
7350 VH VISTA HILL ESCONDIDO	73 / 79	30 (41%)	2 (7%)	3 (10%)	7 (23%)	15 (50%)	3 (10%)	18 (60%)	27 / 65 (42%)	9 / 12 (75%)
7360 VH VISTA HILL NORTH INLAND	95 / 99	41 (43%)	1 (2%)	4 (10%)	12 (29%)	11 (27%)	13 (32%)	16 (39%)	55 / 96 (57%)	10 / 19 (53%)

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d. Reliable improvement for all clients is defined as number of clients who had at least a 6-point reduction on the Youth PSC total scale score.

e. For all clients with an initial assessment, number of clients who started at or above the clinical cutoff with a total score of 30 or higher, attention subscale score of 7 or higher, internalizing subscale score of 6 or higher, or externalizing subscale score of 7 or higher.

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**SYSTEM OF CARE EVALUATION**  
**Discharged Clients - Initial to Discharge Youth PSC Report**  
**(Administered to youth ages 11 - 18 only)**

CCBH Discharge Dates between 7/1/2019 and 6/30/2020

		Discharged clients open 60 days + <sup>a</sup>	1 Clients with initial and discharge scores <sup>b</sup> <b>(COMPLIANCE RATE)</b>	2a No improvement <sup>c</sup>	2b Small improvement <sup>c</sup>	2c Medium improvement <sup>c</sup>	2d Large improvement <sup>c</sup>	2e Increase in impairment <sup>c</sup>	3 Reliable improvement <sup>d</sup>	4 Clients above cutoff at initial <sup>e</sup>	5a Clinically significant improvement <sup>f</sup>
7370	VH JUVENILE COURT CLINIC MHS	50 / 90	22 (44%)	1 (5%)	1 (5%)	4 (18%)	11 (50%)	5 (23%)	12 (55%)	48 / 85 (56%)	9 / 15 (60%)
7390	VH INCREDIBLE FAMILIES EAST	1 / 1	1 (100%)	0 (0%)	1 (100%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	1 / 1 (100%)	0 / 1 (0%)
7410	VH MERIT	7 / 8	4 (57%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	4 (100%)	0 (0%)	4 / 8 (50%)	0 / 2 (0%)
7440	UPAC MULTI COMM COUNSEL MH	66 / 72	39 (59%)	2 (5%)	3 (8%)	10 (26%)	18 (46%)	6 (15%)	24 (62%)	39 / 70 (56%)	15 / 21 (71%)
7450	YMCA TIDES	74 / 85	37 (50%)	3 (8%)	1 (3%)	4 (11%)	22 (59%)	7 (19%)	25 (68%)	46 / 78 (59%)	21 / 24 (88%)
7480	NA N CNTY OP SCHOOL BASED S	22 / 34	10 (45%)	0 (0%)	1 (10%)	2 (20%)	5 (50%)	2 (20%)	7 (70%)	21 / 32 (66%)	3 / 7 (43%)
7510	VH INCREDIBLE FAMILIES NORTH	0 / 1	0 (0%)							0 / 1	--
7530	VH SMARTCARE BH CONNECT	3 / 15	0 (0%)							4 / 7 (57%)	--
8050	FRED FINCH YOUTH CENTER	1 / 1	0 (0%)							0 / 1	--
8110	MHS STEPS ADOLESCENT	29 / 32	16 (55%)	3 (19%)	2 (13%)	1 (6%)	2 (13%)	8 (50%)	3 (19%)	14 / 27 (52%)	2 / 9 (22%)
8200	NA CAJON VALLEY	13 / 13	5 (38%)	2 (40%)	0 (0%)	1 (20%)	1 (20%)	1 (20%)	2 (40%)	6 / 10 (60%)	2 / 2 (100%)
8220	NA SAN PASQUAL ACADEMY	27 / 29	4 (15%)	1 (25%)	0 (0%)	0 (0%)	0 (0%)	3 (75%)	0 (0%)	14 / 26 (54%)	0 / 1 (0%)
8230	NA SO CAMPUS RCL 12	30 / 43	18 (60%)	5 (28%)	2 (11%)	1 (6%)	3 (17%)	7 (39%)	4 (22%)	20 / 40 (50%)	4 / 9 (44%)
8270	NA CASS	32 / 39	23 (72%)	2 (9%)	0 (0%)	2 (9%)	8 (35%)	11 (48%)	9 (39%)	16 / 34 (47%)	5 / 9 (56%)
8290	NA CTR CHILD YOUTH PSYCH	74 / 90	10 (14%)	7 (70%)	3 (30%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	46 / 77 (60%)	0 / 6 (0%)
8380	SDCC STRTP PROGRAM	7 / 8	5 (71%)	1 (20%)	0 (0%)	1 (20%)	3 (60%)	0 (0%)	4 (80%)	6 / 7 (86%)	4 / 4 (100%)
8400	SDUSD MARCY	17 / 18	12 (71%)	0 (0%)	1 (8%)	3 (25%)	3 (25%)	5 (42%)	6 (50%)	9 / 17 (53%)	5 / 7 (71%)
8410	SDUSD NEW DAWN	13 / 13	7 (54%)	0 (0%)	0 (0%)	0 (0%)	3 (43%)	4 (57%)	3 (43%)	8 / 13 (62%)	2 / 3 (67%)
8420	SDUSD UNIFIED DAY SCHOOL	3 / 5	1 (33%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	1 (100%)	0 (0%)	2 / 2 (100%)	0 / 1 (0%)
8800	MHS FAMILIES FORWARD	44 / 53	32 (73%)	2 (6%)	6 (19%)	5 (16%)	10 (31%)	9 (28%)	12 (38%)	31 / 46 (67%)	11 / 24 (46%)

a. CCBH Intake dates and CCBH Discharge dates were needed to calculate whether clients were in services for 60 days or longer. If either date is missing, clients will not be included in this final number.

b. "Discharge Score" = Discharge Youth PSC Score or a follow-up PSC (if the measure was completed within 60 days prior to client discharge date).

c. For clients whose episode lasted 60 days or longer who completed an initial and 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).

d. Reliable improvement for all clients is defined as number of clients who had at least a 6-point reduction on the Youth PSC total scale score.

e. For all clients with an initial assessment, number of clients who started at or above the clinical cutoff with a total score of 30 or higher, attention subscale score of 7 or higher, internalizing subscale score of 6 or higher, or externalizing subscale score of 7 or higher.

f. For clients who scored above cutoff at initial, were open 60 days or longer, and had a 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 Youth PSC total scale score.

**SYSTEM OF CARE EVALUATION**  
**Discharged Clients - Initial to Discharge Youth PSC Report**  
**(Administered to youth ages 11 - 18 only)**

CCBH Discharge Dates between 7/1/2019 and 6/30/2020

	Discharged clients open 60 days + <sup>a</sup>	1 Clients with initial and discharge scores <sup>b</sup> <b>(COMPLIANCE RATE)</b>	2a No improvement <sup>c</sup>	2b Small improvement <sup>c</sup>	2c Medium improvement <sup>c</sup>	2d Large improvement <sup>c</sup>	2e Increase in impairment <sup>c</sup>	3 Reliable improvement <sup>d</sup>	4 Clients above cutoff at initial <sup>e</sup>	5a Clinically significant improvement <sup>f</sup>
8820 FF WRAPAROUND PROGRAM	9 / 9	5 (56%)	0 (0%)	1 (20%)	1 (20%)	2 (40%)	1 (20%)	3 (60%)	3 / 9 (33%)	3 / 3 (100%)
8830 FF YOUTH CENTER	3 / 3	0 (0%)							3 / 3 (100%)	--
8850 MHS FAMILIES FORWARD N CNTY	28 / 29	14 (50%)	2 (14%)	0 (0%)	4 (29%)	6 (43%)	2 (14%)	8 (57%)	18 / 27 (67%)	5 / 10 (50%)
8860 MHS FAMILIES FORWARD E CNTY	44 / 51	25 (57%)	0 (0%)	2 (8%)	3 (12%)	11 (44%)	9 (36%)	12 (48%)	31 / 42 (74%)	9 / 21 (43%)
<b>Countywide Summary</b>	3543 / 4294	2030 (57%)	174 (9%)	245 (12%)	313 (15%)	840 (41%)	458 (23%)	1057 (52%)	2367 / 3969 (60%)	771 / 1234 (62%)

a. CCBH Intake dates and CCBH Discharge dates were needed to calculate whether clients were in services for 60 days or longer. If either date is missing, clients will not be included in this final number.

b. "Discharge Score" = Discharge Youth PSC Score or a follow-up PSC (if the measure was completed within 60 days prior to client discharge date).

c. For clients whose episode lasted 60 days or longer who completed an initial and 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).

d. Reliable improvement for all clients is defined as number of clients who had at least a 6-point reduction on the Youth PSC total scale score.

e. For all clients with an initial assessment, number of clients who started at or above the clinical cutoff with a total score of 30 or higher, attention subscale score of 7 or higher, internalizing subscale score of 6 or higher, or externalizing subscale score of 7 or higher.

f. For clients who scored above cutoff at initial, were open 60 days or longer, and had a 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 Youth PSC total scale score.

**SYSTEM OF CARE EVALUATION**  
**Discharged Clients - Initial to Discharge CANS Report**  
**(for clients ages 6-21 at initial CANS assessment)**

CCBH Discharge Dates between 7/1/2019 and 6/30/2020

	Discharged Clients	1a Clients with no AN at Intake <sup>a</sup>	1b Clients with 1-5 AN at Intake <sup>a</sup>	1c Clients with 6+ AN at Intake <sup>a</sup>	Discharged clients open 60 days + <sup>b</sup>	2 Clients with initial and discharge scores <sup>c</sup> <b>(COMPLIANCE RATE)</b>	4a Progress on Life Func <sup>d</sup>	4b Progress on Risk Bhv <sup>d</sup>	4c Progress on Bhv/Emot needs <sup>d</sup>	
6000	CASA DE AMPARO	54	3 (6%)	18 (33%)	33 (61%)	41 / 54	40 (98%)	24 / 34 (71%)	15 / 22 (68%)	25 / 36 (69%)
6010	NA INCREDIBLE FAMILIES SOUTH	12	2 (17%)	7 (58%)	3 (25%)	6 / 12	6 (100%)	5 / 6 (83%)	3 / 3 (100%)	4 / 5 (80%)
6020	NA INCREDIBLE FAMILIES NORTH	3	0 (0%)	3 (100%)	0 (0%)	3 / 3	3 (100%)	3 / 3 (100%)	0 / 0 #Num!	3 / 3 (100%)
6060	CRF CROSSROADS	325	4 (1%)	190 (58%)	131 (40%)	281 / 325	277 (99%)	186 / 235 (79%)	75 / 92 (82%)	213 / 271 (79%)
6070	CRF DOUGLAS YOUNG	434	13 (3%)	253 (58%)	168 (39%)	374 / 434	372 (99%)	247 / 327 (76%)	80 / 100 (80%)	263 / 352 (75%)
6080	CRF MAST	232	1 (0%)	125 (54%)	106 (46%)	203 / 232	203 (100%)	106 / 181 (59%)	39 / 66 (59%)	130 / 197 (66%)
6090	CRF NUEVA VISTA	480	21 (4%)	305 (64%)	153 (32%)	411 / 480	397 (97%)	149 / 293 (51%)	57 / 101 (56%)	234 / 369 (63%)
6100	DCS DEAF COMM SERVICES (C)	2	0 (0%)	2 (100%)	0 (0%)	2 / 2	2 (100%)	1 / 2 (50%)	0 / 0 #Num!	0 / 2 (0%)
6140	SWEETWATER OP CLINIC	45	0 (0%)	30 (70%)	13 (30%)	38 / 45	37 (97%)	28 / 35 (80%)	6 / 6 (100%)	29 / 37 (78%)
6200	FHC COMM CIRCLE CENT	73	9 (12%)	48 (66%)	16 (22%)	68 / 73	67 (99%)	44 / 51 (86%)	9 / 9 (100%)	42 / 54 (78%)
6210	FHC COMM CIRCLE EAST	66	2 (3%)	47 (72%)	16 (25%)	49 / 66	47 (96%)	34 / 41 (83%)	5 / 5 (100%)	31 / 40 (78%)
6260	MHS SCHOOL BASED	104	6 (6%)	71 (72%)	22 (22%)	89 / 104	86 (97%)	54 / 68 (79%)	12 / 14 (86%)	61 / 78 (78%)
6340	NA KENORA STRTP	26	0 (0%)	0 (0%)	26 (100%)	17 / 26	17 (100%)	11 / 17 (65%)	9 / 15 (60%)	8 / 17 (47%)
6350	NA CABRILLO ASSESS CTR CENTR	330	0 (0%)	66 (22%)	236 (78%)	145 / 330	143 (99%)	107 / 143 (75%)	113 / 137 (82%)	108 / 143 (76%)
6400	NA INCREDIBLE FAMILIES CENTRA	2	0 (0%)	2 (100%)	0 (0%)	1 / 2	1 (100%)	1 / 1 (100%)	0 / 0 #Num!	0 / 1 (0%)
6460	NC LIFELINE OCEANSIDE	41	0 (0%)	15 (37%)	26 (63%)	34 / 41	34 (100%)	31 / 33 (94%)	15 / 15 (100%)	29 / 34 (85%)
6480	NC LIFELINE VISTA	129	2 (2%)	63 (49%)	63 (49%)	117 / 129	112 (96%)	90 / 108 (83%)	22 / 25 (88%)	84 / 109 (77%)
6530	SDYS ICARE	22	0 (0%)	11 (52%)	10 (48%)	18 / 22	16 (89%)	9 / 14 (64%)	5 / 9 (56%)	13 / 16 (81%)
6540	SDYS OUR SAFE PLACE	39	0 (0%)	23 (59%)	16 (41%)	36 / 39	32 (89%)	19 / 29 (66%)	11 / 17 (65%)	20 / 31 (65%)
6560	PALOMAR FC FALLBROOK	122	1 (1%)	38 (32%)	80 (67%)	103 / 122	103 (100%)	87 / 97 (90%)	43 / 48 (90%)	91 / 103 (88%)
6570	PALOMAR FC N. INLAND/COASTAL	224	8 (4%)	135 (60%)	81 (36%)	207 / 224	194 (94%)	147 / 159 (92%)	27 / 30 (90%)	167 / 186 (90%)
6660	PWS CORNERSTONE	154	7 (5%)	99 (66%)	44 (29%)	147 / 154	145 (99%)	84 / 120 (70%)	15 / 20 (75%)	101 / 129 (78%)

a. 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.

b. CCBH Intake dates and CCBH Discharge dates were needed to calculate whether clients were in services for 60 days or longer. If either date is missing, clients will not be included in this final number.

c. Clients ages 6-21 whose episode lasted 60 days or longer have CANS data available for both initial and discharge assessments or follow-up assessment (if the measure was completed within 60 days prior to client CCBH discharge date).

d. Progress: Number of clients ages 6-21 whose episode lasted 60 days or longer 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 CCBH Discharge Dates between 7/1/2019 and 6/30/2020

Data current as of 7/16/2020 at 8 am (downloaded from CYF mHOMS).

Monday, August 17, 2020

**SYSTEM OF CARE EVALUATION**  
**Discharged Clients - Initial to Discharge CANS Report**  
**(for clients ages 6-21 at initial CANS assessment)**

CCBH Discharge Dates between 7/1/2019 and 6/30/2020

	Discharged Clients	1a		1b		1c		Discharged clients open 60 days + <sup>b</sup>	2		4a		4b		4c	
		Clients with no AN at Intake <sup>a</sup>	(%)	Clients with 1-5 AN at Intake <sup>a</sup>	(%)	Clients with 6+ AN at Intake <sup>a</sup>	(%)		Clients with initial and discharge scores <sup>c</sup> <b>(COMPLIANCE RATE)</b>	Progress on Life Func <sup>d</sup>	(%)	Progress on Risk Bhv <sup>d</sup>	(%)	Progress on Bhv/Emot needs <sup>d</sup>	(%)	
6740	RADY C.E.S. SCHOOL	97	5 (5%)	65 (68%)	26 (27%)	85 / 97	85 (100%)	52 / 61 (85%)	12 / 13 (92%)	61 / 80 (76%)						
6750	RADY CENTRAL CLINIC	181	2 (1%)	79 (44%)	99 (55%)	156 / 181	150 (96%)	120 / 144 (83%)	36 / 42 (86%)	105 / 145 (72%)						
6770	RADY NORTH COASTAL CLINIC	291	5 (2%)	149 (52%)	135 (47%)	257 / 291	249 (97%)	170 / 231 (74%)	49 / 65 (75%)	183 / 244 (75%)						
6790	RADY NORTH INLAND REGION	102	1 (1%)	70 (69%)	31 (30%)	92 / 102	91 (99%)	57 / 69 (83%)	16 / 20 (80%)	62 / 86 (72%)						
6860	SAY MARSHALL	85	3 (4%)	69 (81%)	13 (15%)	73 / 85	73 (100%)	48 / 67 (72%)	6 / 9 (67%)	50 / 68 (74%)						
6890	SBCS BERRY CLINIC	98	4 (4%)	60 (63%)	31 (33%)	79 / 98	79 (100%)	50 / 63 (79%)	9 / 10 (90%)	59 / 75 (79%)						
6910	SB COMM SRVC SO. REGION OP	133	4 (3%)	57 (43%)	72 (54%)	118 / 133	118 (100%)	97 / 112 (87%)	35 / 40 (88%)	103 / 114 (90%)						
6950	SDCC EAST OP LA MESA	183	26 (14%)	109 (61%)	45 (25%)	157 / 183	153 (97%)	78 / 103 (76%)	23 / 26 (88%)	101 / 125 (81%)						
6980	SDCC FFA STABL AND TREATMEN	55	0 (0%)	29 (56%)	23 (44%)	51 / 55	50 (98%)	24 / 39 (62%)	9 / 17 (53%)	28 / 49 (57%)						
6990	SDCC WRAPWORKS	162	1 (1%)	35 (23%)	115 (76%)	139 / 162	134 (96%)	93 / 127 (73%)	66 / 97 (68%)	88 / 132 (67%)						
7040	UPAC CMH	166	0 (0%)	62 (40%)	94 (60%)	152 / 166	146 (96%)	104 / 142 (73%)	25 / 30 (83%)	102 / 146 (70%)						
7050	SDUSD INTENSIVE OP	164	18 (11%)	117 (71%)	29 (18%)	154 / 164	149 (97%)	65 / 99 (66%)	10 / 16 (63%)	91 / 127 (72%)						
7110	SDYS COUNS COVE FSP	80	1 (1%)	33 (42%)	45 (57%)	74 / 80	74 (100%)	38 / 69 (55%)	14 / 28 (50%)	38 / 71 (54%)						
7130	SDYS EAST REGION OP	99	0 (0%)	53 (54%)	46 (46%)	85 / 99	84 (99%)	54 / 76 (71%)	11 / 14 (79%)	64 / 83 (77%)						
7180	SDYS BRIDGEWAYS	69	7 (10%)	15 (22%)	45 (67%)	52 / 69	46 (88%)	22 / 38 (58%)	13 / 29 (45%)	25 / 41 (61%)						
7200	SYHC BHG YES	195	7 (4%)	102 (58%)	68 (38%)	145 / 195	142 (98%)	76 / 117 (65%)	26 / 35 (74%)	105 / 134 (78%)						
7210	SYHC CHALDEAN MID EAST (C)	7	0 (0%)	5 (71%)	2 (29%)	7 / 7	6 (86%)	0 / 4 (0%)	0 / 0 #Num!	2 / 5 (40%)						
7350	VH VISTA HILL ESCONDIDO	182	1 (1%)	101 (55%)	80 (44%)	171 / 182	163 (95%)	128 / 140 (91%)	26 / 26 (100%)	147 / 160 (92%)						
7360	VH VISTA HILL NORTH INLAND	154	20 (13%)	110 (71%)	24 (16%)	148 / 154	147 (99%)	66 / 106 (62%)	11 / 15 (73%)	80 / 115 (70%)						
7370	VH JUVENILE COURT CLINIC MHSA	96	3 (3%)	39 (41%)	54 (56%)	55 / 96	55 (100%)	34 / 51 (67%)	13 / 20 (65%)	46 / 53 (87%)						
7390	VH INCREDIBLE FAMILIES EAST	4	0 (0%)	3 (75%)	1 (25%)	4 / 4	4 (100%)	4 / 4 (100%)	1 / 1 (100%)	3 / 4 (75%)						
7410	VH MERIT	8	0 (0%)	0 (0%)	8 (100%)	7 / 8	7 (100%)	6 / 7 (86%)	2 / 4 (50%)	5 / 7 (71%)						

a. 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.

b. CCBH Intake dates and CCBH Discharge dates were needed to calculate whether clients were in services for 60 days or longer. If either date is missing, clients will not be included in this final number.

c. Clients ages 6-21 whose episode lasted 60 days or longer have CANS data available for both initial and discharge assessments or follow-up assessment (if the measure was completed within 60 days prior to client CCBH discharge date).

d. Progress: Number of clients ages 6-21 whose episode lasted 60 days or longer 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 CCBH Discharge Dates between 7/1/2019 and 6/30/2020

Data current as of 7/16/2020 at 8 am (downloaded from CYF mHOMS).



**SYSTEM OF CARE EVALUATION**  
**Discharged Clients - Initial to Discharge CANS Report**  
**(for clients ages 6-21 at initial CANS assessment)**

CCBH Discharge Dates between 7/1/2019 and 6/30/2020

	Discharged Clients	1a Clients with no AN at Intake <sup>a</sup>	1b Clients with 1-5 AN at Intake <sup>a</sup>	1c Clients with 6+ AN at Intake <sup>a</sup>	Discharged clients open 60 days + <sup>b</sup>	2 Clients with initial and discharge scores <sup>c</sup> <b>(COMPLIANCE RATE)</b>	4a Progress on Life Func <sup>d</sup>	4b Progress on Risk Bhv <sup>d</sup>	4c Progress on Bhv/Emot needs <sup>d</sup>	
7440	UPAC MULTI COMM COUNSEL MHS	96	2 (2%)	54 (57%)	39 (41%)	89 / 96	84 (94%)	58 / 76 (76%)	19 / 24 (79%)	55 / 78 (71%)
7450	YMCA TIDES	132	20 (15%)	86 (66%)	24 (18%)	119 / 132	112 (94%)	57 / 80 (71%)	10 / 10 (100%)	69 / 94 (73%)
7480	NA N CNTY OP SCHOOL BASED SV	37	0 (0%)	12 (34%)	23 (66%)	24 / 37	22 (92%)	11 / 19 (58%)	7 / 9 (78%)	14 / 22 (64%)
7510	VH INCREDIBLE FAMILIES NORTH	3	0 (0%)	3 (100%)	0 (0%)	1 / 3	1 (100%)	1 / 1 (100%)	0 / 0 #Num!	0 / 0 #Num!
7530	VH SMARTCARE BH CONNECT	16	0 (0%)	8 (80%)	2 (20%)	4 / 16	0 (0%)	0 / 0 #Num!	0 / 0 #Num!	0 / 0 #Num!
7610	RADY KIDSTART EPSDT CLINIC CT	3	0 (0%)	1 (100%)	0 (0%)	3 / 3	1 (33%)	0 / 1 (0%)	0 / 0 #Num!	0 / 1 (0%)
7650	SB COMM SRVC MI ESCUELITA	1	0 (0%)	1 (100%)	0 (0%)	1 / 1	1 (100%)	1 / 1 (100%)	0 / 0 #Num!	1 / 1 (100%)
8050	FRED FINCH YOUTH CENTER	1	0 (0%)	1 (100%)	0 (0%)	1 / 1	1 (100%)	1 / 1 (100%)	0 / 0 #Num!	0 / 1 (0%)
8110	MHS STEPS ADOLESCENT	41	0 (0%)	20 (53%)	18 (47%)	37 / 41	34 (92%)	15 / 29 (52%)	21 / 30 (70%)	24 / 33 (73%)
8200	NA CAJON VALLEY	24	2 (8%)	14 (58%)	8 (33%)	23 / 24	23 (100%)	11 / 20 (55%)	3 / 6 (50%)	11 / 20 (55%)
8220	NA SAN PASQUAL ACADEMY	29	1 (3%)	13 (45%)	15 (52%)	27 / 29	27 (100%)	17 / 23 (74%)	6 / 7 (86%)	13 / 26 (50%)
8230	NA SO CAMPUS RCL 12	44	0 (0%)	1 (2%)	42 (98%)	31 / 44	31 (100%)	18 / 31 (58%)	18 / 29 (62%)	19 / 31 (61%)
8270	NA CASS	94	2 (2%)	31 (37%)	51 (61%)	78 / 94	67 (86%)	45 / 58 (78%)	25 / 29 (86%)	52 / 65 (80%)
8290	NA CTR CHILD YOUTH PSYCH	114	11 (10%)	80 (70%)	23 (20%)	96 / 114	95 (99%)	21 / 60 (35%)	6 / 12 (50%)	35 / 82 (43%)
8380	SDCC STRTP PROGRAM	12	0 (0%)	0 (0%)	11 (100%)	11 / 12	10 (91%)	7 / 10 (70%)	8 / 9 (89%)	6 / 10 (60%)
8400	SDUSD MARCY	20	0 (0%)	8 (40%)	12 (60%)	18 / 20	18 (100%)	10 / 17 (59%)	7 / 10 (70%)	13 / 18 (72%)
8410	SDUSD NEW DAWN	14	0 (0%)	7 (50%)	7 (50%)	14 / 14	13 (93%)	2 / 12 (17%)	3 / 6 (50%)	4 / 13 (31%)
8420	SDUSD UNIFIED DAY SCHOOL	10	0 (0%)	3 (30%)	7 (70%)	8 / 10	8 (100%)	5 / 8 (63%)	3 / 4 (75%)	5 / 8 (63%)
8800	MHS FAMILIES FORWARD	66	0 (0%)	20 (30%)	46 (70%)	57 / 66	56 (98%)	39 / 55 (71%)	30 / 40 (75%)	34 / 56 (61%)
8820	FF WRAPAROUND PROGRAM	10	0 (0%)	4 (40%)	6 (60%)	10 / 10	10 (100%)	6 / 9 (67%)	4 / 5 (80%)	8 / 10 (80%)
8830	FF YOUTH CENTER	3	0 (0%)	2 (67%)	1 (33%)	3 / 3	2 (67%)	1 / 2 (50%)	1 / 1 (100%)	2 / 2 (100%)
8850	MHS FAMILIES FORWARD N CNTY	34	0 (0%)	3 (9%)	31 (91%)	33 / 34	33 (100%)	19 / 33 (58%)	18 / 31 (58%)	17 / 33 (52%)

a. 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.

b. CCBH Intake dates and CCBH Discharge dates were needed to calculate whether clients were in services for 60 days or longer. If either date is missing, clients will not be included in this final number.

c. Clients ages 6-21 whose episode lasted 60 days or longer have CANS data available for both initial and discharge assessments or follow-up assessment (if the measure was completed within 60 days prior to client CCBH discharge date).

d. Progress: Number of clients ages 6-21 whose episode lasted 60 days or longer 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 CCBH Discharge Dates between 7/1/2019 and 6/30/2020

Data current as of 7/16/2020 at 8 am (downloaded from CYF mHOMS).

Monday, August 17, 2020

**SYSTEM OF CARE EVALUATION**  
**Discharged Clients - Initial to Discharge CANS Report**  
**(for clients ages 6-21 at initial CANS assessment)**

CCBH Discharge Dates between 7/1/2019 and 6/30/2020

	Discharged Clients	1a Clients with no AN at Intake <sup>a</sup>		1b Clients with 1-5 AN at Intake <sup>a</sup>		1c Clients with 6+ AN at Intake <sup>a</sup>		Discharged clients open 60 days + <sup>b</sup>	2 Clients with initial and discharge scores <sup>c</sup> <b>(COMPLIANCE RATE)</b>		4a Progress on Life Func <sup>d</sup>	4b Progress on Risk Bhv <sup>d</sup>	4c Progress on Bhv/Emot needs <sup>d</sup>			
8860 MHS FAMILIES FORWARD E CNTY	67	2	(3%)	20	(30%)	44	(67%)	57 / 67	57	(100%)	35 / 52	(67%)	30 / 43	(70%)	32 / 55	(58%)
<b>Countywide Summary</b>	6401	227	(4%)	3305	(53%)	2739	(44%)	5396 / 6401	5245	(97%)	3233 / 4464	(72%)	1193 / 1596	(75%)	3618 / 4936	(73%)

a. 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.

b. CCBH Intake dates and CCBH Discharge dates were needed to calculate whether clients were in services for 60 days or longer. If either date is missing, clients will not be included in this final number.

c. Clients ages 6-21 whose episode lasted 60 days or longer have CANS data available for both initial and discharge assessments or follow-up assessment (if the measure was completed within 60 days prior to client CCBH discharge date).

d. Progress: Number of clients ages 6-21 whose episode lasted 60 days or longer 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 CCBH Discharge Dates between 7/1/2019 and 6/30/2020

Data current as of 7/16/2020 at 8 am (downloaded from CYF mHOMS).

**SYSTEM OF CARE EVALUATION**  
**Discharged Clients - Initial to Discharge SD CANS-EC Report**  
**(for clients ages 0-5 at initial SD CANS-EC assessment)**

CCBH Discharge Dates between 7/1/2019 and 6/30/2020

	Discharged Clients	1a Clients with no AN at Intake <sup>a</sup>	1b Clients with 1-5 AN at Intake <sup>a</sup>	1c Clients with 6+ AN at Intake <sup>a</sup>	Discharged clients open 60 days + <sup>b</sup>	2 Clients with initial and discharge scores <sup>c</sup> <b>(COMPLIANCE RATE)</b>	4a Progress on Life Funct <sup>d</sup>	4b Progress on Risk Behv <sup>d</sup>	4c Progress on Challenges <sup>d</sup>
6010 NA INCREDIBLE FAMILIES SOUTH	24	5 (21%)	10 (42%)	9 (38%)	17 / 24	16 (94%)	7 / 12 (58%)	2 / 2 (100%)	9 / 13 (69%)
6020 NA INCREDIBLE FAMILIES NORTH	1	0 (0%)	1 (100%)	0 (0%)	1 / 1	1 (100%)	0 / 1 (0%)	0 / 0 #Num!	1 / 1 (100%)
6060 CRF CROSSROADS	12	0 (0%)	7 (58%)	5 (42%)	8 / 12	8 (100%)	5 / 7 (71%)	0 / 0 #Num!	5 / 6 (83%)
6070 CRF DOUGLAS YOUNG	15	1 (7%)	8 (53%)	6 (40%)	10 / 15	10 (100%)	2 / 6 (33%)	1 / 2 (50%)	5 / 9 (56%)
6080 CRF MAST	5	0 (0%)	3 (60%)	2 (40%)	2 / 5	2 (100%)	1 / 2 (50%)	1 / 1 (100%)	1 / 2 (50%)
6090 CRF NUEVA VISTA	10	0 (0%)	8 (80%)	2 (20%)	8 / 10	8 (100%)	1 / 4 (25%)	0 / 1 (0%)	2 / 8 (25%)
6150 ECS PARA LAS FAMILIAS	67	1 (1%)	38 (57%)	28 (42%)	32 / 67	32 (100%)	12 / 19 (63%)	1 / 2 (50%)	24 / 32 (75%)
6200 FHC COMM CIRCLE CENT	1	0 (0%)	1 (100%)	0 (0%)	0 / 1	0 (0%)	0 / 0 #Num!	0 / 0 #Num!	0 / 0 #Num!
6210 FHC COMM CIRCLE EAST	4	1 (25%)	3 (75%)	0 (0%)	3 / 4	3 (100%)	2 / 2 (100%)	0 / 0 #Num!	2 / 2 (100%)
6260 MHS SCHOOL BASED	2	1 (50%)	0 (0%)	1 (50%)	2 / 2	2 (100%)	1 / 1 (100%)	0 / 0 #Num!	1 / 1 (100%)
6350 NA CABRILLO ASSESS CTR CENTR	4	0 (0%)	1 (25%)	3 (75%)	1 / 4	1 (100%)	0 / 1 (0%)	0 / 0 #Num!	1 / 1 (100%)
6480 NC LIFELINE VISTA	2	0 (0%)	1 (50%)	1 (50%)	2 / 2	2 (100%)	2 / 2 (100%)	0 / 0 #Num!	2 / 2 (100%)
6550 PALOMAR FC CHILDNET	37	9 (26%)	18 (51%)	8 (23%)	32 / 37	28 (88%)	11 / 11 (100%)	2 / 3 (67%)	18 / 22 (82%)
6560 PALOMAR FC FALLBROOK	2	0 (0%)	2 (100%)	0 (0%)	2 / 2	2 (100%)	1 / 2 (50%)	0 / 0 #Num!	1 / 2 (50%)
6570 PALOMAR FC N. INLAND/COASTAL	5	0 (0%)	4 (80%)	1 (20%)	5 / 5	4 (80%)	3 / 4 (75%)	1 / 1 (100%)	4 / 4 (100%)
6660 PWS CORNERSTONE	4	0 (0%)	1 (33%)	2 (67%)	2 / 4	2 (100%)	1 / 2 (50%)	0 / 0 #Num!	2 / 2 (100%)
6750 RADY CENTRAL CLINIC	7	0 (0%)	6 (86%)	1 (14%)	5 / 7	5 (100%)	2 / 5 (40%)	0 / 0 #Num!	2 / 5 (40%)
6770 RADY NORTH COASTAL CLINIC	11	0 (0%)	9 (82%)	2 (18%)	8 / 11	7 (88%)	3 / 6 (50%)	0 / 0 #Num!	5 / 7 (71%)

a. For discharged clients, number of actionable needs (2 or 3) across Challenges, Risk Behaviors and 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.

b. CCBH Intake dates and CCBH Discharge dates were needed to calculate whether clients were in services for 60 days or longer. If either date is missing, clients will not be included in this final number.

c. Clients ages 0-5 whose episode lasted 60 days or longer have SD CANS-EC data available for both initial and discharge assessments or follow-up assessment (if the measure was completed within 60 days prior to client CCBH discharge date).

d. Progress: Number of clients ages 0-5 whose episode lasted 60 days or longer who moved from a '2' or '3' to '0' or '1' in the following areas (Functioning, Risk Behaviors or Challenges).

Selection Criteria: Clients with CCBH Discharge Dates between 7/1/2019 and 6/30/2020

Data current as of 7/16/2020 at 8 am (downloaded from CYF mHOMS).

Wednesday, September 16, 2020

**SYSTEM OF CARE EVALUATION**  
**Discharged Clients - Initial to Discharge SD CANS-EC Report**  
**(for clients ages 0-5 at initial SD CANS-EC assessment)**

CCBH Discharge Dates between 7/1/2019 and 6/30/2020

	Discharged Clients	1a		1b		1c		Discharged clients open 60 days + <sup>b</sup>	2		4a		4b		4c	
		Clients with no AN at Intake <sup>a</sup>	(%)	Clients with 1-5 AN at Intake <sup>a</sup>	(%)	Clients with 6+ AN at Intake <sup>a</sup>	(%)		Clients with initial and discharge scores <sup>c</sup> <b>(COMPLIANCE RATE)</b>	(%)	Progress on Life Funct <sup>d</sup>	(%)	Progress on Risk Behv <sup>d</sup>	(%)	Progress on Challenges <sup>d</sup>	(%)
6790 RADY NORTH INLAND REGION	2	0	(0%)	1	(100%)	0	(0%)	2 / 2	1	(50%)	0 / 1	(0%)	0 / 0	#Num!	1 / 1	(100%)
6860 SAY MARSHALL	6	1	(17%)	5	(83%)	0	(0%)	4 / 6	4	(100%)	2 / 4	(50%)	0 / 0	#Num!	3 / 4	(75%)
6890 SBCS BERRY CLINIC	2	0	(0%)	1	(50%)	1	(50%)	2 / 2	2	(100%)	2 / 2	(100%)	0 / 1	(0%)	2 / 2	(100%)
6910 SB COMM SRVC SO. REGION OP	8	0	(0%)	7	(88%)	1	(13%)	5 / 8	5	(100%)	2 / 2	(100%)	2 / 2	(100%)	5 / 5	(100%)
6950 SDCC EAST OP LA MESA	6	1	(17%)	5	(83%)	0	(0%)	5 / 6	5	(100%)	1 / 2	(50%)	0 / 0	#Num!	3 / 4	(75%)
6980 SDCC FFA STABL AND TREATMEN	22	2	(10%)	13	(62%)	6	(29%)	14 / 22	14	(100%)	7 / 9	(78%)	3 / 3	(100%)	12 / 14	(86%)
6990 SDCC WRAPWORKS	1	0	(0%)	0	(0%)	1	(100%)	0 / 1	0	(0%)	0 / 0	#Num!	0 / 0	#Num!	0 / 0	#Num!
7040 UPAC CMH	2	0	(0%)	0	(0%)	1	(100%)	1 / 2	1	(100%)	0 / 1	(0%)	0 / 0	#Num!	0 / 1	(0%)
7050 SDUSD INTENSIVE OP	2	1	(50%)	1	(50%)	0	(0%)	1 / 2	1	(100%)	0 / 0	#Num!	0 / 0	#Num!	0 / 0	#Num!
7130 SDYS EAST REGION OP	7	0	(0%)	6	(86%)	1	(14%)	6 / 7	6	(100%)	3 / 4	(75%)	0 / 0	#Num!	5 / 6	(83%)
7200 SYHC BHG YES	3	0	(0%)	2	(67%)	1	(33%)	3 / 3	3	(100%)	2 / 2	(100%)	0 / 0	#Num!	2 / 3	(67%)
7350 VH VISTA HILL ESCONDIDO	3	0	(0%)	2	(67%)	1	(33%)	3 / 3	1	(33%)	1 / 1	(100%)	0 / 0	#Num!	1 / 1	(100%)
7360 VH VISTA HILL NORTH INLAND	12	4	(33%)	4	(33%)	4	(33%)	11 / 12	11	(100%)	4 / 5	(80%)	0 / 0	#Num!	5 / 8	(63%)
7390 VH INCREDIBLE FAMILIES EAST	4	0	(0%)	3	(75%)	1	(25%)	0 / 4	0	(0%)	0 / 0	#Num!	0 / 0	#Num!	0 / 0	#Num!
7450 YMCA TIDES	4	1	(25%)	1	(25%)	2	(50%)	2 / 4	2	(100%)	0 / 0	#Num!	0 / 0	#Num!	1 / 1	(100%)
7510 VH INCREDIBLE FAMILIES NORTH	2	0	(0%)	2	(100%)	0	(0%)	0 / 2	0	(0%)	0 / 0	#Num!	0 / 0	#Num!	0 / 0	#Num!
7530 VH SMARTCARE BH CONNECT	1	0	#Num!	0	#Num!	0	#Num!	0 / 1	0	(0%)	0 / 0	#Num!	0 / 0	#Num!	0 / 0	#Num!
7600 RADY KIDSTART EPSDT CLINIC SO	12	4	(40%)	6	(60%)	0	(0%)	7 / 12	5	(71%)	0 / 1	(0%)	1 / 2	(50%)	1 / 2	(50%)

a. For discharged clients, number of actionable needs (2 or 3) across Challenges, Risk Behaviors and 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.

b. CCBH Intake dates and CCBH Discharge dates were needed to calculate whether clients were in services for 60 days or longer. If either date is missing, clients will not be included in this final number.

c. Clients ages 0-5 whose episode lasted 60 days or longer have SD CANS-EC data available for both initial and discharge assessments or follow-up assessment (if the measure was completed within 60 days prior to client CCBH discharge date).

d. Progress: Number of clients ages 0-5 whose episode lasted 60 days or longer who moved from a '2' or '3' to '0' or '1' in the following areas (Functioning, Risk Behaviors or Challenges).

Selection Criteria: Clients with CCBH Discharge Dates between 7/1/2019 and 6/30/2020

Data current as of 7/16/2020 at 8 am (downloaded from CYF mHOMS).

Wednesday, September 16, 2020

**SYSTEM OF CARE EVALUATION**  
**Discharged Clients - Initial to Discharge SD CANS-EC Report**  
**(for clients ages 0-5 at initial SD CANS-EC assessment)**

CCBH Discharge Dates between 7/1/2019 and 6/30/2020

	Discharged Clients	1a Clients with no AN at Intake <sup>a</sup>		1b Clients with 1-5 AN at Intake <sup>a</sup>		1c Clients with 6+ AN at Intake <sup>a</sup>		Discharged clients open 60 days + <sup>b</sup>	2 Clients with initial and discharge scores <sup>c</sup> <b>(COMPLIANCE RATE)</b>		4a Progress on Life Funct <sup>d</sup>		4b Progress on Risk Behv <sup>d</sup>		4c Progress on Challenges <sup>d</sup>	
7610	RADY KIDSTART EPSDT CLINIC CT	25	1 (5%)	16 (73%)	5 (23%)	19 / 25	19 (100%)	5 / 14 (36%)	3 / 8 (38%)	13 / 18 (72%)						
7620	RADY KIDSTART EPSDT CLINIC NC	1	0 #Num!	0 #Num!	0 #Num!	0 / 1	0 (0%)	0 / 0 #Num!	0 / 0 #Num!	0 / 0 #Num!						
7650	SB COMM SRVC MI ESCUELITA	18	0 (0%)	12 (67%)	6 (33%)	15 / 18	15 (100%)	11 / 13 (85%)	3 / 4 (75%)	11 / 15 (73%)						
8270	NA CASS	45	0 (0%)	13 (34%)	25 (66%)	32 / 45	27 (84%)	18 / 22 (82%)	7 / 9 (78%)	25 / 27 (93%)						
<b>Countywide Summary</b>		401	33 (9%)	221 (58%)	127 (33%)	272 / 401	255 (94%)	112 / 170 (66%)	27 / 41 (66%)	175 / 231 (76%)						

a. For discharged clients, number of actionable needs (2 or 3) across Challenges, Risk Behaviors and 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.

b. CCBH Intake dates and CCBH Discharge dates were needed to calculate whether clients were in services for 60 days or longer. If either date is missing, clients will not be included in this final number.

c. Clients ages 0-5 whose episode lasted 60 days or longer have SD CANS-EC data available for both initial and discharge assessments or follow-up assessment (if the measure was completed within 60 days prior to client CCBH discharge date).

d. Progress: Number of clients ages 0-5 whose episode lasted 60 days or longer who moved from a '2' or '3' to '0' or '1' in the following areas (Functioning, Risk Behaviors or Challenges).

Selection Criteria: Clients with CCBH Discharge Dates between 7/1/2019 and 6/30/2020

Data current as of 7/16/2020 at 8 am (downloaded from CYF mHOMS).

Wednesday, September 16, 2020

# SYSTEM OF CARE EVALUATION

## Discharged Clients (User) - Intake to Discharge PESQ Report (Administered to youth ages 12 to 18 only)

Discharge Dates between 7/1/2019 and 6/30/2020 (According to PESQ Date)

		Clients discharged that were open at least one month <sup>1</sup>	Clients with intake and discharge scores (COMPLIANCE RATE)		Clients improved <sup>2</sup>	Average PESQ change score <sup>4</sup>	
<b>6060</b>	<b>CRF CROSSROADS</b>	<b>21</b>	<b>8</b>	<b>(38.1%)</b>	<b>3</b>	<b>(37.5%)</b>	<b>-8.1</b>
	Clients above clinical cutpoint	---	3	---	2	<b>(66.7%)</b>	
6070	CRF DOUGLAS YOUNG	21	12	<b>(57.1%)</b>	5	<b>(41.7%)</b>	-3.3
	Clients above clinical cutpoint	---	4	---	3	<b>(75.0%)</b>	
6080	CRF MAST	41	21	<b>(51.2%)</b>	11	(52.4%)	<b>-6.1</b>
	Clients above clinical cutpoint	---	8	---	5	<b>(62.5%)</b>	
<b>6750</b>	<b>RADY CENTRAL CLINIC</b>	<b>5</b>	<b>5</b>	<b>(100.0%)</b>	3	<b>(60.0%)</b>	<b>-9.0</b>
	Clients above clinical cutpoint	---	2	---	2	(100.0%)	
<b>6770</b>	<sup>3</sup> <b>RADY NORTH COASTAL CLINIC</b>	<b>2</b>	<b>1</b>	<b>(50.0%)</b>	<b>0</b>	<b>(0.0%)</b>	3.0
	Clients above clinical cutpoint	---	0	---	0	<b>#Num!</b>	
6790	<sup>3</sup> RADY NORTH INLAND REGION	3	2	<b>(66.7%)</b>	1	<b>(50.0%)</b>	-2.0
	Clients above clinical cutpoint	---	1	---	1	<b>(100.0%)</b>	
7040	UPAC CMH	1	1	<b>(100.0%)</b>	0	<b>(0.0%)</b>	0.0
	Clients above clinical cutpoint	---	0	---	0	<b>#Num!</b>	
<b>Countywide Summary</b>		<b>94</b>	<b>50</b>	<b>(53.2%)</b>	23	<b>(46.0%)</b>	-5.6
	<b>Clients above clinical cutpoint</b>	---	<b>18</b>	---	13	<b>(72.2%)</b>	

1. # of clients open one month or longer: Intake and discharge PESQ dates were needed for this calculation.

2. Improvement was calculated two ways: General improvement was defined as a 4-point reduction on the PESQ problem severity scale from intake to discharge. For clients who scored above the clinical cutpoint at intake, improvement was defined as scoring below the clinical cutpoint at discharge.

3. Rady N. Coastal and Rady North Inland have a part-time AOD counselor, so they typically serve fewer clients.

4. The 3 programs with the largest reported reduction in symptoms from intake to discharge are bolded.

--- = Not Applicable

Selection Criteria: Clients with PESQ Discharge Dates between 7/1/2019 and 6/30/2020 (According to PESQ Date).