

County of San Diego Behavioral Health Services

Children & Youth Outcomes Report September 2024—June 2025



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

September 2025

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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). To facilitate data entry and analysis of these measures, the Children, Youth & Families Mental Health Outcomes Measurement System (CYF mHOMS) database was 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). **Effective 9/1/2024, County of San Diego transitioned to the SmartCare management information system and decommissioned CYF mHOMS. Due to differences in data collection and database architecture, FY 2024-25 is considered a development year.**

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 August 24th, 2025 data download, which covers data on clients served during September 2024 through June 2025. A summary of the results is provided below, followed by the full reports at the end of the document.

Please note:

- **Due to the transition from CYF mHOMS to SmartCare on September 1, 2024**, this report does not include data collected in July and August of 2024.
- **Methodology has changed** due to the focus on “One CANS,” and, unreliable episode dates secondary to the SmartCare transition. Methodology applied prioritizes matched intake and discharge *assessment* (versus *client*) to maximize usable data. Thus, data are not directly comparable to previous years.
- **Data presented for Q4 are anchored in SmartCare assessment discharge dates.** Valid discharge assessments between 9/1/2024 and 6/30/2025 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**.
- **Compliance is being re-operationalized** with consideration of the new SmartCare parameters; it will not be reported in FY 2024-25.

Key Findings

1. Due to limitations noted above, findings cannot be directly compared to previous years.
2. Ninety-four 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.
3. A medium to large amount of improvement (5+ point reduction from intake to discharge) was reported by caregivers on the PSC for 58% of clients.
4. The County Outcomes objective of 50% of clients demonstrating reliable improvement was met for the PSC (54%).
5. 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 (62%).
6. Reduction of at least one need on *individual* CANS domains ranged from 76% to 78%. Reduction of at least one need on *any* of the three CANS domains was reported for 87% of discharged clients.

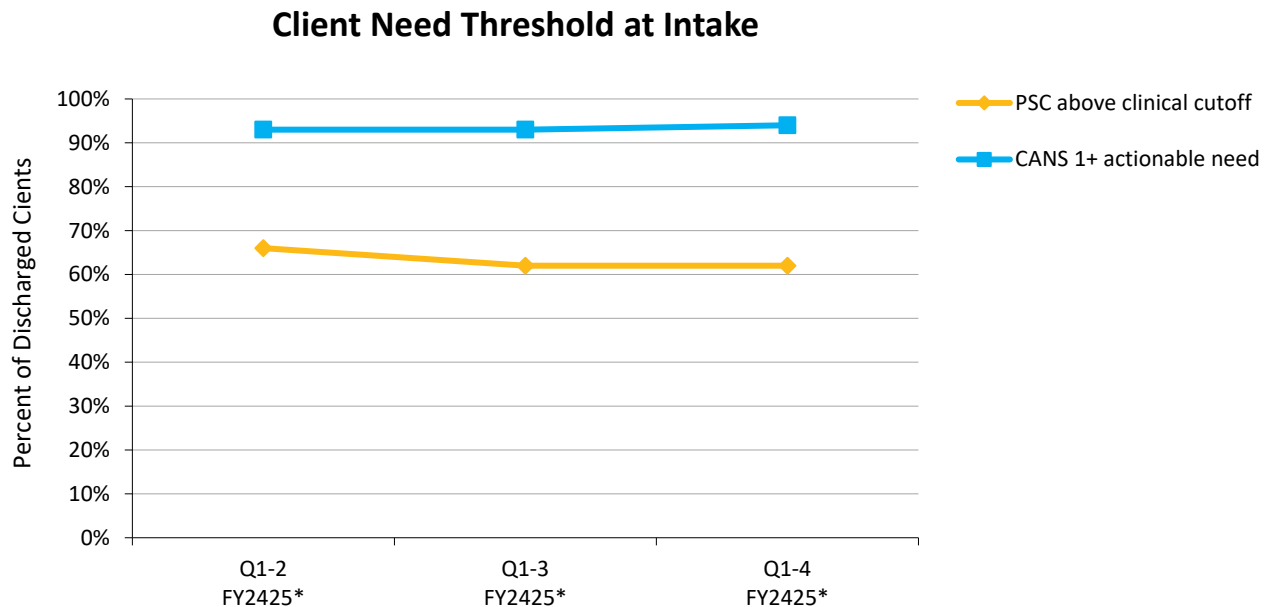
Section I. Severity of Clients Served

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 had a discharge assessment in SmartCare dated between September 1, 2024 and June 30, 2025:

- **PSC: 62%** (1,241 of 1,988) 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: 94%** (2,556 of 2,728) 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, and a discharge assessment in SmartCare dated between September 1, 2024 and June 30, 2025. 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.

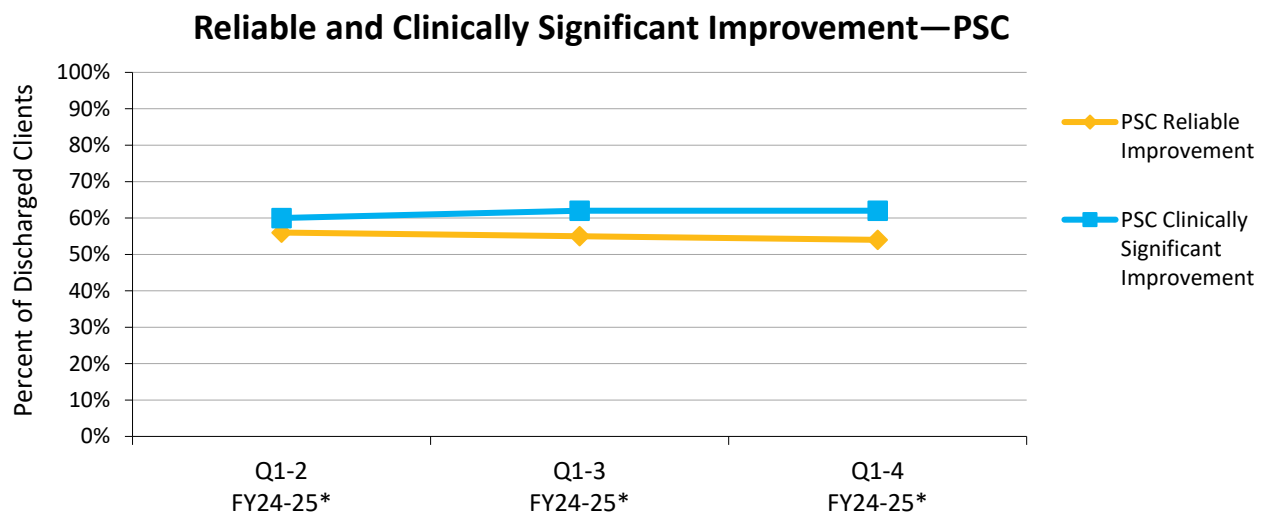
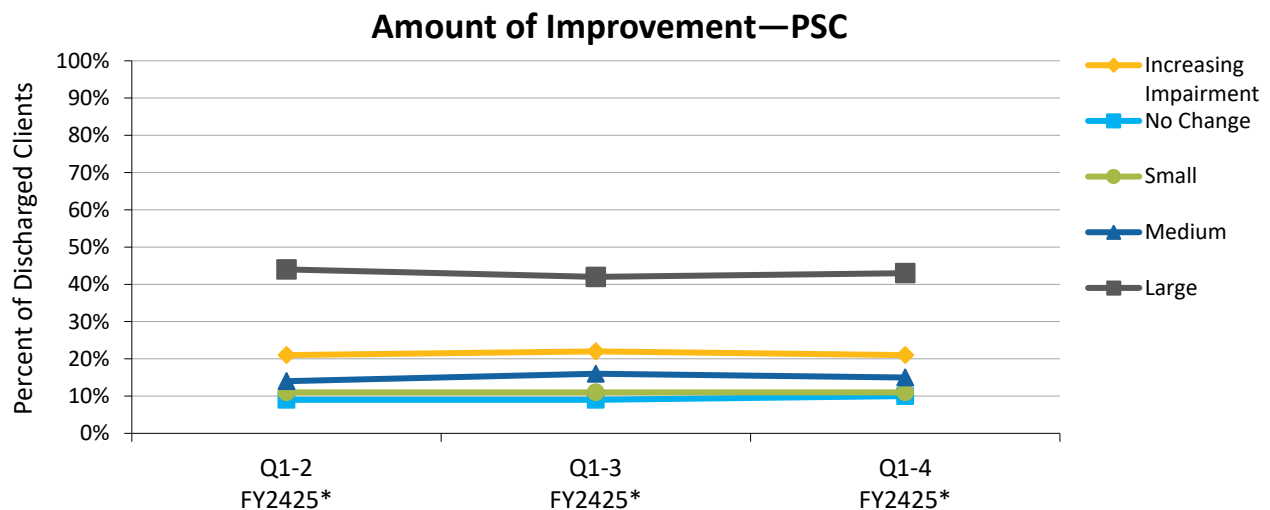
Outcomes results are reported by measure on the following pages.



Discharge Outcomes, PSC:

Results

- **PSC (caregiver report, N=1,988)**
 - **Amount of Improvement:**
 - 21% (n=412) of clients reported an increase in impairment
 - 10% (n=201) of clients reported no improvement
 - 11% (n=226) of clients reported a small improvement
 - 15% (n=302) of clients reported a medium improvement
 - 43% (n=847) of clients reported a large improvement
 - **Reliable Improvement:** 54% (n=1,076) 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 1,241 discharged clients who scored above the clinical cutoff at intake, 62% (n=774) 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:

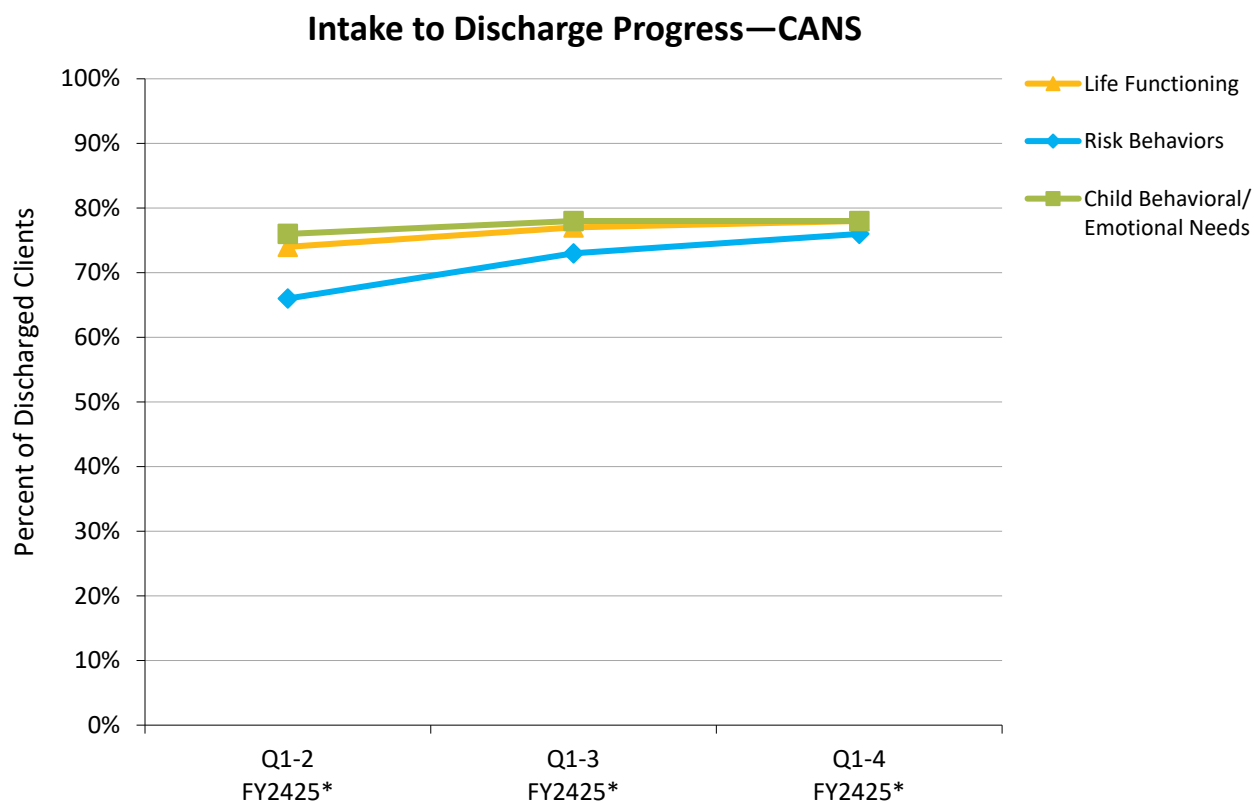
Level of progress on the **CANS** between initial assessment and discharge was measured for eligible clients who had intake data in either CYF mHOMS or SmartCare, and a discharge assessment in SmartCare dated between September 1, 2024 and June 30, 2025.

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=2,728)
 - **78% (n=1,702) of 2,186 clients** who had a need on the **Life Functioning domain** at initial assessment showed progress at discharge.
 - **76% (n=508) of 668 clients** who had a need on the **Risk Behaviors domain** at initial assessment showed progress at discharge.
 - **78% (n=1,895) of 2,427 clients** who had a need on the **Child Behavioral and Emotional Needs domain** at initial assessment showed progress at discharge.



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

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 Assessment Dates between 9/1/2024 and 6/30/2025

	Discharged clients ^a	No improvement ^b		Small improvement ^b		Medium improvement ^b		Large improvement ^b		Increase in impairment ^b		Reliable improvement ^c		Clients above cutoff at initial ^d		Clinically significant improvement ^e	
1000218 PWS KICKSTART PEI	6	0	(0%)	2	(33%)	1	(17%)	3	(50%)	0	(0%)	4	(67%)	5 / 6	(83%)	3 / 5	(60%)
1000246 CASA DE AMPARO STRTP A/D	2	0	(0%)	0	(0%)	1	(50%)	0	(0%)	1	(50%)	1	(50%)	1 / 2	(50%)	0 / 1	(0%)
1000247 CASA DE AMPARO A/D AFTERCAR	1	0	(0%)	0	(0%)	0	(0%)	0	(0%)	1	(100%)	0	(0%)	0 / 1		--	
1000248 NA INCREDIBLE FAMILIES SOUTH	1	0	(0%)	0	(0%)	1	(100%)	0	(0%)	0	(0%)	1	(100%)	1 / 1	(100%)	1 / 1	(100%)
1000250 CRF CROSSROADS	74	1	(1%)	4	(5%)	18	(24%)	41	(55%)	10	(14%)	57	(77%)	49 / 74	(66%)	39 / 49	(80%)
1000251 CRF DOUGLAS YOUNG CYF	140	12	(9%)	15	(11%)	25	(18%)	61	(44%)	27	(19%)	75	(54%)	98 / 140	(70%)	62 / 98	(63%)
1000252 CRF MAST	87	5	(6%)	11	(13%)	19	(22%)	34	(39%)	18	(21%)	50	(57%)	57 / 87	(66%)	36 / 57	(63%)
1000253 CRF NUEVA VISTA	157	17	(11%)	17	(11%)	17	(11%)	91	(58%)	15	(10%)	104	(66%)	103 / 157	(66%)	80 / 103	(78%)
1000254 NCL CCC CENTRAL FSP MHSA	2	1	(50%)	0	(0%)	0	(0%)	1	(50%)	0	(0%)	1	(50%)	2 / 2	(100%)	1 / 2	(50%)
1000255 NCL CCC OCEANSIDE FSP MHSA	3	0	(0%)	0	(0%)	1	(33%)	2	(67%)	0	(0%)	2	(67%)	3 / 3	(100%)	2 / 3	(67%)
1000256 NCL CCC VISTA FSP MHSA	3	0	(0%)	0	(0%)	0	(0%)	2	(67%)	1	(33%)	2	(67%)	3 / 3	(100%)	2 / 3	(67%)
1000257 NCL CCC SAN MARCOS FSP MHSA	2	0	(0%)	1	(50%)	1	(50%)	0	(0%)	0	(0%)	1	(50%)	2 / 2	(100%)	0 / 2	(0%)
1000260 SWEETWATER OP CLINIC	6	1	(17%)	0	(0%)	3	(50%)	1	(17%)	1	(17%)	3	(50%)	3 / 6	(50%)	2 / 3	(67%)
1000261 ECS PARA LAS FAMILIAS	30	3	(10%)	8	(27%)	6	(20%)	8	(27%)	5	(17%)	13	(43%)	16 / 30	(53%)	8 / 16	(50%)
1000262 CASA DE AMPARO STRTP B/C	3	0	(0%)	0	(0%)	0	(0%)	2	(67%)	1	(33%)	2	(67%)	3 / 3	(100%)	2 / 3	(67%)
1000264 FHC COMM CIRCLE CENT	47	3	(6%)	11	(23%)	4	(9%)	18	(38%)	11	(23%)	21	(45%)	17 / 47	(36%)	13 / 17	(76%)
1000265 FHC COMM CIRCLE EAST	22	1	(5%)	2	(9%)	5	(23%)	8	(36%)	6	(27%)	12	(55%)	13 / 22	(59%)	7 / 13	(54%)

a. Discharged 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.

b. 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).

c. 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.

d. 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.

e. 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.

SYSTEM OF CARE EVALUATION

Initial to Discharge Parent PSC Report

(Administered to caregivers of youth ages 3 - 18 only)

SmartCare Discharge Assessment Dates between 9/1/2024 and 6/30/2025

	Discharged clients ^a	No improvement ^b	Small improvement ^b	Medium improvement ^b	Large improvement ^b	Increase in impairment ^b	Reliable improvement ^c	Clients above cutoff at initial ^d	Clinically significant improvement ^e
1000267 TURN SCHOOL BASED	19	0 (0%)	5 (26%)	4 (21%)	7 (37%)	3 (16%)	10 (53%)	11 / 19 (58%)	6 / 11 (55%)
1000271 NA CABRILLO ASSESS CTR CENTR	23	2 (9%)	4 (17%)	3 (13%)	8 (35%)	6 (26%)	11 (48%)	19 / 23 (83%)	9 / 19 (47%)
1000275 NA INCREDIBLE FAMILIES CENTRA	2	0 (0%)	0 (0%)	0 (0%)	0 (0%)	2 (100%)	0 (0%)	0 / 2	--
1000276 NC LIFELINE OCEANSIDE	6	1 (17%)	0 (0%)	1 (17%)	3 (50%)	1 (17%)	3 (50%)	5 / 6 (83%)	3 / 5 (60%)
1000277 NC LIFELINE VISTA	20	0 (0%)	3 (15%)	3 (15%)	9 (45%)	5 (25%)	12 (60%)	12 / 20 (60%)	9 / 12 (75%)
1000279 SDYS ICARE	12	1 (8%)	0 (0%)	2 (17%)	4 (33%)	5 (42%)	6 (50%)	9 / 12 (75%)	4 / 9 (44%)
1000280 SDYS OUR SAFE PLACE	14	1 (7%)	2 (14%)	1 (7%)	7 (50%)	3 (21%)	8 (57%)	13 / 14 (93%)	8 / 13 (62%)
1000281 PALOMAR FC CHILDNET	56	7 (13%)	8 (14%)	8 (14%)	28 (50%)	5 (9%)	34 (61%)	33 / 56 (59%)	23 / 33 (70%)
1000282 PALOMAR FC FALLBROOK	57	3 (5%)	6 (11%)	10 (18%)	21 (37%)	17 (30%)	27 (47%)	36 / 57 (63%)	22 / 36 (61%)
1000283 PALOMAR FC N INLAND COASTAL	55	6 (11%)	5 (9%)	8 (15%)	27 (49%)	9 (16%)	33 (60%)	25 / 55 (45%)	20 / 25 (80%)
1000284 PWS CORNERSTONE	23	0 (0%)	4 (17%)	4 (17%)	12 (52%)	3 (13%)	16 (70%)	16 / 23 (70%)	10 / 16 (63%)
1000285 RADY CES SCHOOL	27	7 (26%)	1 (4%)	3 (11%)	9 (33%)	7 (26%)	12 (44%)	13 / 27 (48%)	7 / 13 (54%)
1000286 RADY CENTRAL CLINIC	62	11 (18%)	5 (8%)	14 (23%)	18 (29%)	14 (23%)	25 (40%)	47 / 62 (76%)	21 / 47 (45%)
1000287 RADY NORTH COASTAL CLINIC	81	12 (15%)	10 (12%)	11 (14%)	34 (42%)	14 (17%)	42 (52%)	53 / 81 (65%)	31 / 53 (58%)
1000288 RADY NORTH INLAND REGION	75	10 (13%)	7 (9%)	9 (12%)	36 (48%)	13 (17%)	40 (53%)	57 / 75 (76%)	34 / 57 (60%)
1000293 SBCS BERRY CLINIC	14	1 (7%)	4 (29%)	1 (7%)	7 (50%)	1 (7%)	8 (57%)	10 / 14 (71%)	6 / 10 (60%)
1000294 SB COMM SRVC S REGION OP	30	6 (20%)	3 (10%)	7 (23%)	2 (7%)	12 (40%)	7 (23%)	12 / 30 (40%)	3 / 12 (25%)

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b. 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).

c. 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.

d. 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.

e. 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.

SYSTEM OF CARE EVALUATION

Initial to Discharge Parent PSC Report

(Administered to caregivers of youth ages 3 - 18 only)

SmartCare Discharge Assessment Dates between 9/1/2024 and 6/30/2025

	Discharged clients ^a	No improvement ^b	Small improvement ^b	Medium improvement ^b	Large improvement ^b	Increase in impairment ^b	Reliable improvement ^c	Clients above cutoff at initial ^d	Clinically significant improvement ^e
1000295 SDCC WRAPWORKS SOUTH	17	1 (6%)	2 (12%)	2 (12%)	5 (29%)	7 (41%)	7 (41%)	10 / 17 (59%)	6 / 10 (60%)
1000296 SDCC WRAPWORKS NORTH	9	2 (22%)	2 (22%)	1 (11%)	3 (33%)	1 (11%)	4 (44%)	7 / 9 (78%)	3 / 7 (43%)
1000297 SDCC EAST OP LA MESA	42	5 (12%)	4 (10%)	6 (14%)	18 (43%)	9 (21%)	21 (50%)	25 / 42 (60%)	15 / 25 (60%)
1000298 SDCC FFA STABL AND TREATMEN	21	3 (14%)	2 (10%)	4 (19%)	5 (24%)	7 (33%)	8 (38%)	6 / 21 (29%)	3 / 6 (50%)
1000299 SDCC FFA STABL AND TREATMEN	1	0 (0%)	0 (0%)	0 (0%)	0 (0%)	1 (100%)	0 (0%)	0 / 1	--
1000301 SDCC WRAPWORKS	16	0 (0%)	1 (6%)	3 (19%)	8 (50%)	4 (25%)	11 (69%)	8 / 16 (50%)	6 / 8 (75%)
1000302 UPAC CMH	66	2 (3%)	13 (20%)	10 (15%)	36 (55%)	5 (8%)	43 (65%)	38 / 66 (58%)	29 / 38 (76%)
1000303 SDUSD INTENSIVE OP	93	19 (20%)	8 (9%)	13 (14%)	30 (32%)	23 (25%)	41 (44%)	47 / 93 (51%)	28 / 47 (60%)
1000304 SDYS EAST REGION OP	81	11 (14%)	6 (7%)	12 (15%)	39 (48%)	13 (16%)	48 (59%)	60 / 81 (74%)	40 / 60 (67%)
1000309 CENTER FOR POSITIVE CHANGES	3	0 (0%)	0 (0%)	0 (0%)	0 (0%)	3 (100%)	0 (0%)	2 / 3 (67%)	0 / 2 (0%)
1000312 CENTER FOR POSITIVE CHANGES	2	0 (0%)	1 (50%)	1 (50%)	0 (0%)	0 (0%)	1 (50%)	1 / 2 (50%)	0 / 1 (0%)
1000313 CENTER FOR POSITIVE CHANGES	1	0 (0%)	0 (0%)	0 (0%)	1 (100%)	0 (0%)	1 (100%)	0 / 1	--
1000315 CENTER FOR POSITIVE CHANGES	5	0 (0%)	0 (0%)	0 (0%)	2 (40%)	3 (60%)	2 (40%)	5 / 5 (100%)	2 / 5 (40%)
1000318 NCL BRIDGEWAYS MHSA	4	0 (0%)	0 (0%)	0 (0%)	4 (100%)	0 (0%)	4 (100%)	4 / 4 (100%)	4 / 4 (100%)
1000319 VH VISTA HILL ESCONDIDO	91	11 (12%)	6 (7%)	13 (14%)	46 (51%)	15 (16%)	58 (64%)	41 / 91 (45%)	29 / 41 (71%)
1000320 VH VISTA HILL NORTH INLAND	52	7 (13%)	6 (12%)	10 (19%)	18 (35%)	11 (21%)	25 (48%)	33 / 52 (63%)	18 / 33 (55%)
1000322 VH MERIT	3	1 (33%)	0 (0%)	0 (0%)	0 (0%)	2 (67%)	0 (0%)	2 / 3 (67%)	0 / 2 (0%)

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c. 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.

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e. 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.

SYSTEM OF CARE EVALUATION

Initial to Discharge Parent PSC Report

(Administered to caregivers of youth ages 3 - 18 only)

SmartCare Discharge Assessment Dates between 9/1/2024 and 6/30/2025

	Discharged clients ^a	No improvement ^b		Small improvement ^b		Medium improvement ^b		Large improvement ^b		Increase in impairment ^b		Reliable improvement ^c		Clients above cutoff at initial ^d		Clinically significant improvement ^e	
1000323 UPAC MULTI COMM COUNSEL MH	13	0	(0%)	2	(15%)	1	(8%)	7	(54%)	3	(23%)	8	(62%)	11 / 13	(85%)	5 / 11	(45%)
1000324 YMCA TIDES	70	9	(13%)	10	(14%)	9	(13%)	34	(49%)	8	(11%)	42	(60%)	38 / 70	(54%)	30 / 38	(79%)
1000325 NA N CNTY OP SCHOOL BASED SV	51	1	(2%)	7	(14%)	3	(6%)	26	(51%)	14	(27%)	29	(57%)	33 / 51	(65%)	26 / 33	(79%)
1000327 RADY KIDSTART EPSDT CLINIC SO	11	2	(18%)	1	(9%)	4	(36%)	3	(27%)	1	(9%)	7	(64%)	5 / 11	(45%)	4 / 5	(80%)
1000328 RADY KIDSTART EPSDT CLINIC CT	11	4	(36%)	2	(18%)	0	(0%)	2	(18%)	3	(27%)	2	(18%)	6 / 11	(55%)	1 / 6	(17%)
1000329 RADY KIDSTART EPSDT CLINIC NC	3	0	(0%)	0	(0%)	0	(0%)	2	(67%)	1	(33%)	2	(67%)	2 / 3	(67%)	1 / 2	(50%)
1000332 VARSITY TEAM 1 STRTP AFTERCA	2	0	(0%)	0	(0%)	0	(0%)	0	(0%)	2	(100%)	0	(0%)	0 / 2		--	
1000336 TURN STEPS ADOLESCENT	8	2	(25%)	1	(13%)	1	(13%)	2	(25%)	2	(25%)	3	(38%)	5 / 8	(63%)	2 / 5	(40%)
1000340 NA CASS	44	0	(0%)	7	(16%)	3	(7%)	16	(36%)	18	(41%)	18	(41%)	24 / 44	(55%)	11 / 24	(46%)
1000345 SDUSD MARCY	12	1	(8%)	0	(0%)	0	(0%)	4	(33%)	7	(58%)	4	(33%)	6 / 12	(50%)	3 / 6	(50%)
1000346 SDUSD NEW DAWN	3	0	(0%)	0	(0%)	0	(0%)	2	(67%)	1	(33%)	2	(67%)	3 / 3	(100%)	1 / 3	(33%)
1000347 SDUSD UNIFIED DAY SCHOOL	8	0	(0%)	2	(25%)	1	(13%)	4	(50%)	1	(13%)	5	(63%)	6 / 8	(75%)	4 / 6	(67%)
1000348 VH CNTR FOR CHLD AND YTH PSY	50	6	(12%)	3	(6%)	10	(20%)	17	(34%)	14	(28%)	26	(52%)	42 / 50	(84%)	19 / 42	(45%)
1000358 SDCC PARTIAL HOSPITAL PROGR	1	0	(0%)	0	(0%)	0	(0%)	1	(100%)	0	(0%)	1	(100%)	1 / 1	(100%)	1 / 1	(100%)
1000359 FF YOUTH CENTER	1	0	(0%)	0	(0%)	0	(0%)	0	(0%)	1	(100%)	0	(0%)	1 / 1	(100%)	0 / 1	(0%)
1000361 SAN PASQUAL OP TREATMENT	4	0	(0%)	0	(0%)	0	(0%)	0	(0%)	4	(100%)	0	(0%)	0 / 4		--	
1000363 FF WRAP CONNECTIONS SOUTH	7	0	(0%)	0	(0%)	0	(0%)	2	(29%)	5	(71%)	2	(29%)	5 / 7	(71%)	2 / 5	(40%)

a. Discharged 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.

b. 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).

c. 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.

d. 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.

e. 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.

SYSTEM OF CARE EVALUATION

Initial to Discharge Parent PSC Report

(Administered to caregivers of youth ages 3 - 18 only)

SmartCare Discharge Assessment Dates between 9/1/2024 and 6/30/2025

	Discharged clients ^a	No improvement ^b	Small improvement ^b	Medium improvement ^b	Large improvement ^b	Increase in impairment ^b	Reliable improvement ^c	Clients above cutoff at initial ^d	Clinically significant improvement ^e
1000364 FF WRAP CONNECTIONS PRIMAR	4	1 (25%)	0 (0%)	0 (0%)	0 (0%)	3 (75%)	0 (0%)	3 / 4 (75%)	0 / 3 (0%)
1000365 FF WRAP CONNECTIONS NORTH	12	0 (0%)	2 (17%)	4 (33%)	5 (42%)	1 (8%)	7 (58%)	11 / 12 (92%)	6 / 11 (55%)
1000366 FF WRAP CONNECTIONS EAST	3	1 (33%)	0 (0%)	0 (0%)	1 (33%)	1 (33%)	1 (33%)	3 / 3 (100%)	1 / 3 (33%)
1000876 SBCS SAN YSIDRO CHILDREN'S O	1	0 (0%)	0 (0%)	0 (0%)	0 (0%)	1 (100%)	0 (0%)	0 / 1	--
Countywide Summary	1988	201 (10%)	226 (11%)	302 (15%)	847 (43%)	412 (21%)	1076 (54%)	1241 / 1988 (62%)	774 / 1241 (62%)

a. Discharged 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.

b. 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).

c. 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.

d. 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.

e. 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.

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

SmartCare Discharge Assessment Dates between 9/1/2024 and 6/30/2025

		Discharged Clients ^a	Clients with no AN at Intake ^b		Clients with 1-5 AN at Intake ^b		Clients with 6+ AN at Intake ^b		Progress on Life Func ^c		Progress on Risk Bhv ^c		4c Progress on Bhv/Emot needs ^c	
1000133	CO JFS STAT TEAM	63	1	(2%)	11	(17%)	51	(81%)	28 / 59	(47%)	19 / 42	(45%)	25 / 60	(42%)
1000134	CO JFS HOPE	45	0	(0%)	5	(11%)	40	(89%)	26 / 43	(60%)	20 / 40	(50%)	32 / 43	(74%)
1000135	CO JFS YTH DEVELOPMENT ACA	56	8	(14%)	24	(43%)	24	(43%)	16 / 36	(44%)	13 / 33	(39%)	18 / 42	(43%)
1000218	PWS KICKSTART PEI	28	8	(29%)	9	(32%)	11	(39%)	14 / 18	(78%)	5 / 6	(83%)	14 / 19	(74%)
1000246	CASA DE AMPARO STRTP A/D	3	0	(0%)	1	(33%)	2	(67%)	2 / 3	(67%)	1 / 3	(33%)	1 / 3	(33%)
1000247	CASA DE AMPARO A/D AFTERCA	1	0	(0%)	1	(100%)	0	(0%)	0 / 1	(0%)	0 / 0	#Num!	0 / 1	(0%)
1000248	NA INCREDIBLE FAMILIES SOUTH	1	0	(0%)	1	(100%)	0	(0%)	1 / 1	(100%)	1 / 1	(100%)	1 / 1	(100%)
1000250	CRF CROSSROADS	107	6	(6%)	63	(59%)	38	(36%)	70 / 81	(86%)	21 / 26	(81%)	87 / 100	(87%)
1000251	CRF DOUGLAS YOUNG CYF	173	14	(8%)	115	(66%)	44	(25%)	98 / 125	(78%)	33 / 38	(87%)	119 / 143	(83%)
1000252	CRF MAST	106	2	(2%)	62	(58%)	42	(40%)	86 / 95	(91%)	18 / 22	(82%)	84 / 101	(83%)
1000253	CRF NUEVA VISTA	248	14	(6%)	157	(63%)	77	(31%)	164 / 202	(81%)	46 / 48	(96%)	188 / 215	(87%)
1000254	NCL CCC CENTRAL FSP MHSA	8	1	(13%)	4	(50%)	3	(38%)	4 / 7	(57%)	1 / 3	(33%)	3 / 6	(50%)
1000255	NCL CCC OCEANSIDE FSP MHSA	6	0	(0%)	2	(33%)	4	(67%)	2 / 5	(40%)	2 / 3	(67%)	4 / 6	(67%)
1000256	NCL CCC VISTA FSP MHSA	6	0	(0%)	5	(83%)	1	(17%)	5 / 6	(83%)	0 / 2	(0%)	2 / 4	(50%)
1000257	NCL CCC SAN MARCOS FSP MHS	3	1	(33%)	1	(33%)	1	(33%)	1 / 2	(50%)	0 / 0	#Num!	2 / 2	(100%)
1000259	NCL CCC COPLEY PRICE FSP MH	1	0	(0%)	0	(0%)	1	(100%)	0 / 1	(0%)	0 / 1	(0%)	1 / 1	(100%)

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b. 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.

c. 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).

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

SmartCare Discharge Assessment Dates between 9/1/2024 and 6/30/2025

	Discharged Clients ^a	Clients with no AN at Intake ^b	Clients with 1-5 AN at Intake ^b	Clients with 6+ AN at Intake ^b	Progress on Life Func ^c	Progress on Risk Bhv ^c	4c Progress on Bhv/Emot needs ^c
1000260 SWEETWATER OP CLINIC	11	7 (64%)	4 (36%)	0 (0%)	1 / 1 (100%)	0 / 0 #Num!	3 / 4 (75%)
1000262 CASA DE AMPARO STRTP B/C	3	0 (0%)	1 (33%)	2 (67%)	3 / 3 (100%)	0 / 1 (0%)	1 / 3 (33%)
1000264 FHC COMM CIRCLE CENT	55	1 (2%)	44 (80%)	10 (18%)	34 / 44 (77%)	3 / 4 (75%)	40 / 49 (82%)
1000265 FHC COMM CIRCLE EAST	31	1 (3%)	24 (77%)	6 (19%)	21 / 25 (84%)	1 / 1 (100%)	25 / 29 (86%)
1000267 TURN SCHOOL BASED	26	1 (4%)	21 (81%)	4 (15%)	14 / 16 (88%)	1 / 1 (100%)	19 / 24 (79%)
1000269 NA KENORA STRTP	1	0 (0%)	0 (0%)	1 (100%)	0 / 1 (0%)	1 / 1 (100%)	0 / 1 (0%)
1000271 NA CABRILLO ASSESS CTR CENT	21	1 (5%)	10 (48%)	10 (48%)	8 / 16 (50%)	10 / 13 (77%)	12 / 19 (63%)
1000275 NA INCREDIBLE FAMILIES CENTR	2	0 (0%)	2 (100%)	0 (0%)	0 / 0 #Num!	0 / 0 #Num!	2 / 2 (100%)
1000276 NC LIFELINE OCEANSIDE	21	0 (0%)	10 (48%)	11 (52%)	16 / 21 (76%)	6 / 7 (86%)	12 / 21 (57%)
1000277 NC LIFELINE VISTA	49	0 (0%)	19 (39%)	30 (61%)	39 / 46 (85%)	13 / 16 (81%)	41 / 48 (85%)
1000279 SDYS ICARE	24	1 (4%)	12 (50%)	11 (46%)	15 / 21 (71%)	6 / 7 (86%)	18 / 22 (82%)
1000280 SDYS OUR SAFE PLACE	28	5 (18%)	18 (64%)	5 (18%)	10 / 13 (77%)	7 / 9 (78%)	18 / 23 (78%)
1000282 PALOMAR FC FALLBROOK	60	8 (13%)	39 (65%)	13 (22%)	34 / 40 (85%)	11 / 13 (85%)	39 / 45 (87%)
1000283 PALOMAR FC N INLAND COASTA	67	3 (4%)	35 (52%)	29 (43%)	49 / 59 (83%)	15 / 15 (100%)	50 / 60 (83%)
1000284 PWS CORNERSTONE	41	4 (10%)	25 (61%)	12 (29%)	22 / 26 (85%)	6 / 6 (100%)	26 / 35 (74%)
1000285 RADY CES SCHOOL	37	0 (0%)	27 (73%)	10 (27%)	30 / 34 (88%)	2 / 2 (100%)	26 / 37 (70%)

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c. 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).

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

SmartCare Discharge Assessment Dates between 9/1/2024 and 6/30/2025

		Discharged Clients ^a	Clients with no AN at Intake ^b		Clients with 1-5 AN at Intake ^b		Clients with 6+ AN at Intake ^b		Progress on Life Func ^c		Progress on Risk Bhv ^c		4c Progress on Bhv/Emot needs ^c	
1000286	RADY CENTRAL CLINIC	92	0	(0%)	61	(66%)	31	(34%)	68 / 87	(78%)	13 / 16	(81%)	71 / 89	(80%)
1000287	RADY NORTH COASTAL CLINIC	112	2	(2%)	76	(68%)	34	(30%)	72 / 91	(79%)	6 / 7	(86%)	85 / 110	(77%)
1000288	RADY NORTH INLAND REGION	91	3	(3%)	53	(58%)	35	(38%)	58 / 76	(76%)	15 / 18	(83%)	64 / 88	(73%)
1000293	SBCS BERRY CLINIC	26	1	(4%)	14	(54%)	11	(42%)	21 / 24	(88%)	5 / 5	(100%)	16 / 22	(73%)
1000294	SB COMM SRVC S REGION OP	51	5	(10%)	39	(76%)	7	(14%)	28 / 37	(76%)	4 / 5	(80%)	33 / 44	(75%)
1000295	SDCC WRAPWORKS SOUTH	28	1	(4%)	12	(43%)	15	(54%)	17 / 23	(74%)	10 / 13	(77%)	22 / 26	(85%)
1000296	SDCC WRAPWORKS NORTH	11	1	(9%)	5	(45%)	5	(45%)	8 / 9	(89%)	5 / 6	(83%)	9 / 10	(90%)
1000297	SDCC EAST OP LA MESA	68	6	(9%)	40	(59%)	22	(32%)	38 / 50	(76%)	14 / 18	(78%)	51 / 58	(88%)
1000298	SDCC FFA STABL AND TREATME	26	2	(8%)	23	(88%)	1	(4%)	5 / 20	(25%)	0 / 0	#Num!	11 / 21	(52%)
1000299	SDCC FFA STABL AND TREATME	1	0	(0%)	1	(100%)	0	(0%)	1 / 1	(100%)	0 / 0	#Num!	1 / 1	(100%)
1000301	SDCC WRAPWORKS	17	0	(0%)	6	(35%)	11	(65%)	14 / 16	(88%)	8 / 9	(89%)	12 / 16	(75%)
1000302	UPAC CMH	90	1	(1%)	51	(57%)	38	(42%)	70 / 83	(84%)	23 / 24	(96%)	73 / 88	(83%)
1000303	SDUSD INTENSIVE OP	106	14	(13%)	73	(69%)	19	(18%)	62 / 82	(76%)	7 / 12	(58%)	66 / 86	(77%)
1000304	SDYS EAST REGION OP	89	1	(1%)	54	(61%)	34	(38%)	60 / 80	(75%)	17 / 21	(81%)	72 / 86	(84%)
1000309	CENTER FOR POSITIVE CHANGE	2	0	(0%)	0	(0%)	2	(100%)	2 / 2	(100%)	2 / 2	(100%)	1 / 2	(50%)
1000313	CENTER FOR POSITIVE CHANGE	3	0	(0%)	2	(67%)	1	(33%)	2 / 2	(100%)	1 / 2	(50%)	2 / 3	(67%)

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b. 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.

c. 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).

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

SmartCare Discharge Assessment Dates between 9/1/2024 and 6/30/2025

	Discharged Clients ^a	Clients with no AN at Intake ^b	Clients with 1-5 AN at Intake ^b	Clients with 6+ AN at Intake ^b	Progress on Life Func ^c	Progress on Risk Bhv ^c	4c Progress on Bhv/Emot needs ^c
1000315 CENTER FOR POSITIVE CHANGE	4	0 (0%)	0 (0%)	4 (100%)	3 / 4 (75%)	3 / 4 (75%)	2 / 4 (50%)
1000318 NCL BRIDGEWAYS MHSA	20	0 (0%)	3 (15%)	17 (85%)	10 / 20 (50%)	11 / 19 (58%)	14 / 20 (70%)
1000319 VH VISTA HILL ESCONDIDO	98	10 (10%)	71 (72%)	17 (17%)	50 / 56 (89%)	13 / 15 (87%)	64 / 79 (81%)
1000320 VH VISTA HILL NORTH INLAND	78	5 (6%)	37 (47%)	36 (46%)	53 / 65 (82%)	12 / 13 (92%)	60 / 70 (86%)
1000322 VH MERIT	6	2 (33%)	3 (50%)	1 (17%)	2 / 2 (100%)	0 / 0 #Num!	2 / 4 (50%)
1000323 UPAC MULTI COMM COUNSEL M	26	1 (4%)	14 (54%)	11 (42%)	22 / 23 (96%)	9 / 9 (100%)	13 / 24 (54%)
1000324 YMCA TIDES	74	10 (14%)	37 (50%)	27 (36%)	49 / 54 (91%)	7 / 8 (88%)	49 / 57 (86%)
1000325 NA N CNTY OP SCHOOL BASED S	65	0 (0%)	31 (48%)	34 (52%)	48 / 62 (77%)	18 / 20 (90%)	50 / 65 (77%)
1000327 RADY KIDSTART EPSDT CLINIC S	1	0 (0%)	1 (100%)	0 (0%)	1 / 1 (100%)	0 / 0 #Num!	1 / 1 (100%)
1000328 RADY KIDSTART EPSDT CLINIC C	2	0 (0%)	2 (100%)	0 (0%)	0 / 1 (0%)	0 / 0 #Num!	2 / 2 (100%)
1000329 RADY KIDSTART EPSDT CLINIC N	1	0 (0%)	1 (100%)	0 (0%)	0 / 0 #Num!	0 / 0 #Num!	0 / 1 (0%)
1000331 VARSITY TEAM 1 STRTP	1	0 (0%)	1 (100%)	0 (0%)	0 / 1 (0%)	1 / 1 (100%)	0 / 1 (0%)
1000332 VARSITY TEAM 1 STRTP AFTERC	1	0 (0%)	1 (100%)	0 (0%)	1 / 1 (100%)	0 / 0 #Num!	0 / 1 (0%)
1000336 TURN STEPS ADOLESCENT	13	2 (15%)	5 (38%)	6 (46%)	8 / 10 (80%)	1 / 1 (100%)	10 / 11 (91%)
1000340 NA CASS	36	0 (0%)	19 (53%)	17 (47%)	26 / 34 (76%)	8 / 8 (100%)	29 / 34 (85%)
1000345 SDUSD MARCY	12	0 (0%)	4 (33%)	8 (67%)	8 / 11 (73%)	6 / 9 (67%)	8 / 12 (67%)

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b. 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.

c. 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).

SYSTEM OF CARE EVALUATION Initial to Discharge CANS Report (for clients ages 6-21) SmartCare Discharge Assessment Dates between 9/1/2024 and 6/30/2025													
	Discharged Clients ^a	Clients with no AN at Intake ^b	Clients with 1-5 AN at Intake ^b	Clients with 6+ AN at Intake ^b	Progress on Life Func ^c	Progress on Risk Bhv ^c	4c Progress on Bhv/Emot needs ^c						
1000346 SDUSD NEW DAWN	5	0 (0%)	3 (60%)	2 (40%)	2 / 5 (40%)	0 / 0 #Num!	1 / 5 (20%)						
1000347 SDUSD UNIFIED DAY SCHOOL	20	0 (0%)	10 (50%)	10 (50%)	16 / 20 (80%)	9 / 10 (90%)	18 / 20 (90%)						
1000348 VH CNTR FOR CHLD AND YTH PS	72	13 (18%)	41 (57%)	18 (25%)	35 / 45 (78%)	9 / 14 (64%)	38 / 57 (67%)						
1000356 MILESTONE HOUSE	1	0 (0%)	0 (0%)	1 (100%)	1 / 1 (100%)	1 / 1 (100%)	1 / 1 (100%)						
1000359 FF YOUTH CENTER	1	0 (0%)	0 (0%)	1 (100%)	1 / 1 (100%)	1 / 1 (100%)	1 / 1 (100%)						
1000361 SAN PASQUAL OP TREATMENT	12	2 (17%)	5 (42%)	5 (42%)	8 / 9 (89%)	3 / 3 (100%)	8 / 9 (89%)						
1000363 FF WRAP CONNECTIONS SOUTH	5	1 (20%)	0 (0%)	4 (80%)	3 / 4 (75%)	1 / 2 (50%)	3 / 4 (75%)						
1000364 FF WRAP CONNECTIONS PRIMAR	7	0 (0%)	3 (43%)	4 (57%)	7 / 7 (100%)	1 / 2 (50%)	4 / 6 (67%)						
1000365 FF WRAP CONNECTIONS NORTH	11	1 (9%)	9 (82%)	1 (9%)	5 / 7 (71%)	2 / 2 (100%)	8 / 9 (89%)						
1000366 FF WRAP CONNECTIONS EAST	7	0 (0%)	2 (29%)	5 (71%)	4 / 6 (67%)	0 / 2 (0%)	6 / 7 (86%)						
1000804 CO JFS NEXT MOVE OCEANSIDE	1	0 (0%)	1 (100%)	0 (0%)	0 / 0 #Num!	0 / 0 #Num!	0 / 1 (0%)						
1000806 CO JFS NEXT MOVE SOUTHEAST	3	1 (33%)	0 (0%)	2 (67%)	0 / 2 (0%)	0 / 2 (0%)	1 / 2 (50%)						
Countywide Summary	2728	172 (6%)	1566 (57%)	990 (36%)	1702 / 2186 (78%)	508 / 668 (76%)	1895 / 2427 (78%)						

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b. 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.

c. 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).