

System of Care Evaluation (SOCE)

CYF mHOMS Outcomes Report

July 2022—July 2023

Children, Youth & Families Behavioral Health Services



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

September 2023

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.
- **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 17, 2023, data download, which covers data on clients served during Q1-4 of FY 2022-23. A summary of the results is provided below, followed by the full reports at the end of the document. **Please note: Data may be impacted starting March 2020 due to COVID-19.**

Key Findings

1. Ninety-six percent of clients ages 6 to 21 had at least one actionable need on the initial CANS and 95% 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.
2. The County Completion objective (95% of discharged clients with two timepoints entered) was met for the CANS (96%) and the CANS-EC (97%).
3. The percentage of discharged clients with two timepoints entered for the PSC and PSC-Y was 66% and 62%, respectively. The County Completion objective of 75% completion was not met for these measures.
4. A medium to large amount of improvement (5+ point reduction from intake to discharge) was reported by caregivers on the PSC for 55% of clients, and by youth on the PSC-Y for 59% of clients.
5. The County Outcomes objective of 50% of clients demonstrating reliable improvement was met for the PSC (52%) and the PSC-Y (55%).
6. 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 (56%) and the PSC-Y (59%).
7. Reduction of at least one need on *individual* CANS and CANS-EC domains ranged from 45% to 80%. Reduction of at least one need on *any* of the three CANS or CANS-EC domains was reported for 85% and 84% of discharged clients, respectively.
8. The County Outcomes objective of 80% improvement was not met for the PESQ; positive outcomes were reported for 52% of clients discharged from FSP-Substance Use subunits in Q1-4 FY 2022-23. It is important to consider the small number of clients assessed with this measure (31 clients in Q1-4 FY2022-23, as compared to 4,856 clients assessed with the CANS in the same timeframe).

Section I. Severity of Clients Served

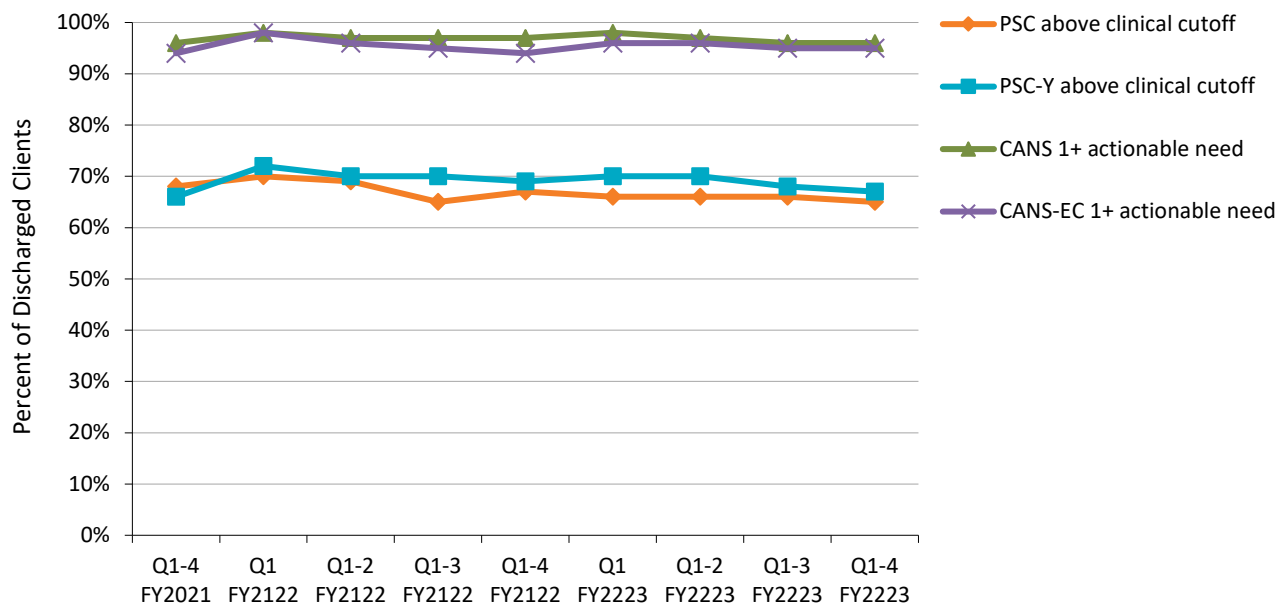
Clients served meet the threshold for need: The majority of clients receiving services from CYFBHS are expected to meet a minimum threshold of need. Initial PSC/PSC-Y scores above the clinical cutoff and having at least one actionable need on the Child Behavioral and Emotional Needs, Risk Behaviors, 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, 2022 and June 30, 2023:

- **PSC: 65%** (3,703 of 5,716) 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: 67%** (2,498 of 3,711) 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%** (5,386 of 5,616) of clients ages 6 to 21 had at least one actionable need on the initial CANS.
- **CANS-EC: 95%** (500 of 527) of clients ages 0 to 5 had at least one actionable need on the initial CANS-EC.

Client Need Threshold at Intake



Section II. Completion Objectives

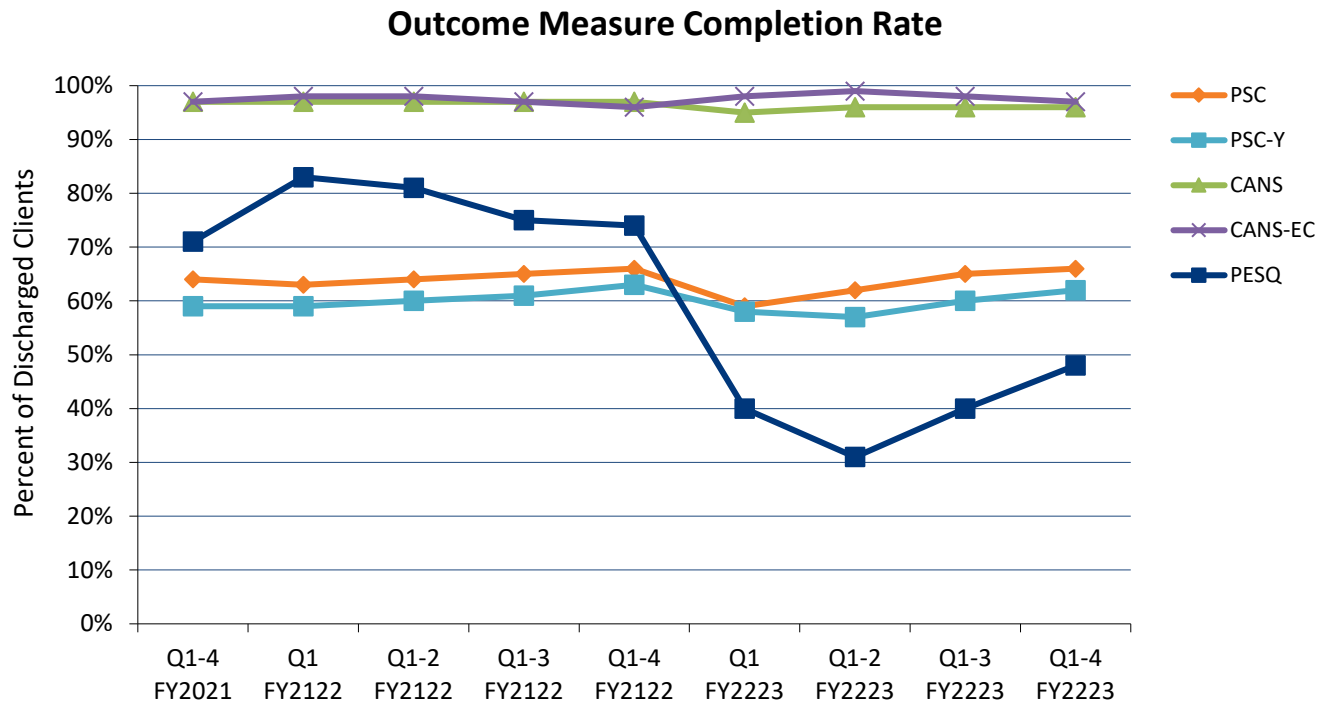
Measures being entered at appropriate timeframes: SOCE measures should be completed on all eligible clients at intake, at UM/UR or every 6 months (if applicable, whichever comes first), and at discharge. In order to accurately examine system and program level outcomes, data from as many clients as possible needs to be collected. Missing data make the results less representative and may skew the analyses. The CYFBHS 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, 2022, and June 30, 2023:

- **PSC: 66%** (3,543 of 5,397) had an initial and a discharge PSC score entered.
- **PSC-Y: 62%** (2,139 of 3,461) had an initial and a discharge PSC-Y score entered.
- **CANS: 96%** (4,856 of 5,060) had an initial and discharge CANS score entered.
- **CANS-EC: 97%** (471 of 485) had an initial and discharge CANS-EC score entered.
- **PESQ: 48%** (31 of 64) 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.



*PESQ clients open for 30+ days

Section III. 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, 2022 and June 30, 2023. 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 (0-1 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.

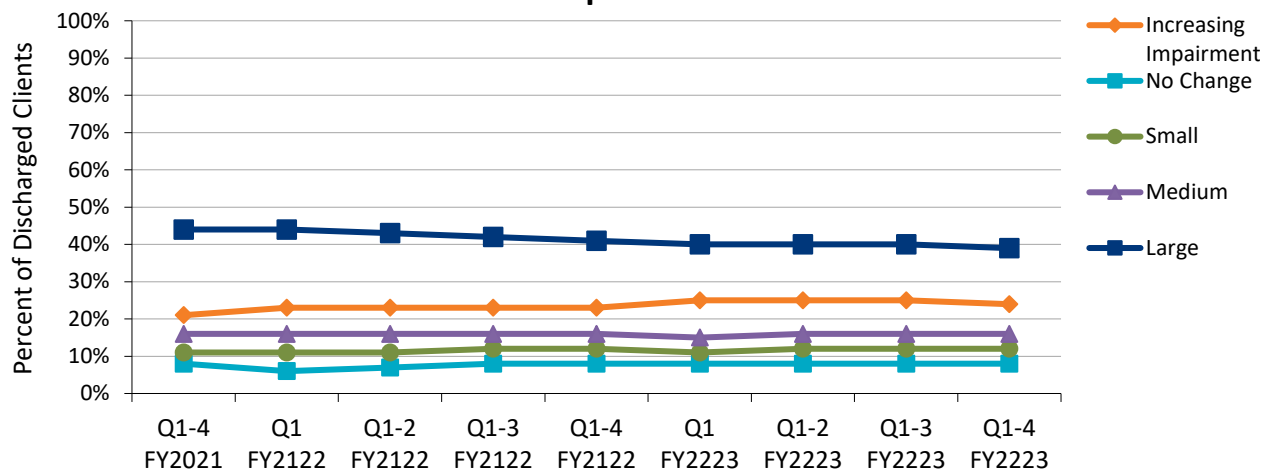


Discharge Outcomes, PSC:

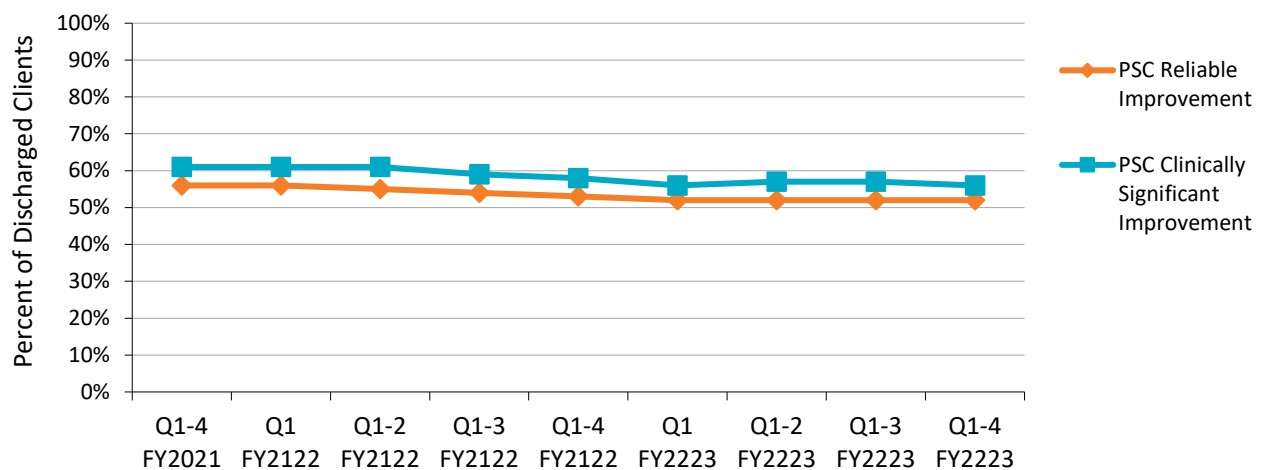
Results

- **PSC** (caregiver report, N=3,543)
 - **Amount of Improvement:**
 - 24% (n=856) of clients reported an increase in impairment
 - 8% (n=286) of clients reported no improvement
 - 12% (n=436) of clients reported a small improvement
 - 16% (n=584) of clients reported a medium improvement
 - 39% (n=1,381) of clients reported a large improvement
 - **Reliable Improvement:** 52% (n=1,825) 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 CYFBHS minimum standard for reliable improvement is 50%.
 - **Clinically Significant Improvement:** Of 2,250 discharged clients who scored above the clinical cutoff at intake, 56% (n=1,270) reported clinically significant improvement between initial assessment and discharge. The CYFBHS standard for clinically significant improvement is 50%.

Amount of Improvement—PSC



Reliable and Clinically Significant Improvement—PSC

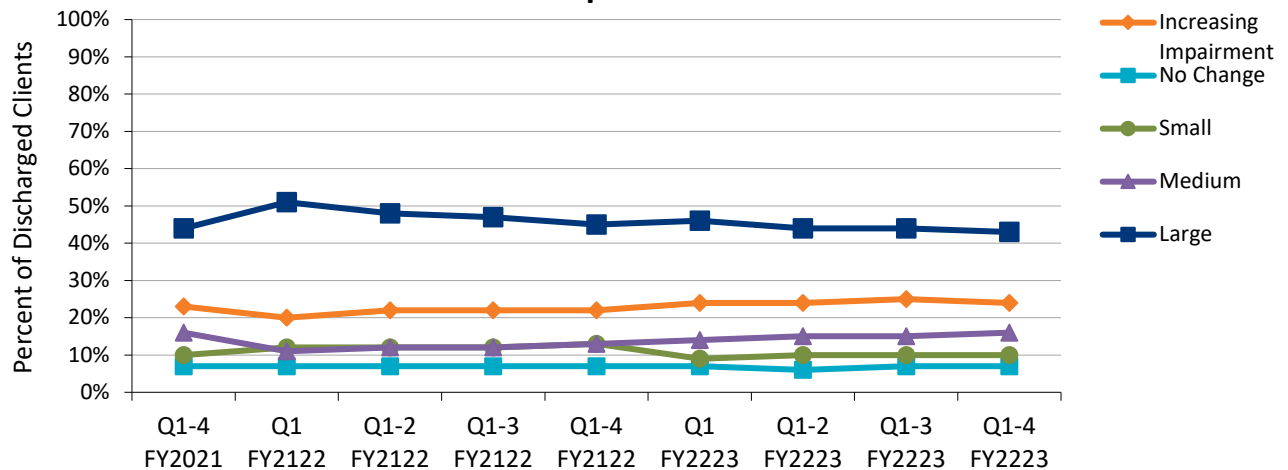


Discharge Outcomes, PSC-Y:

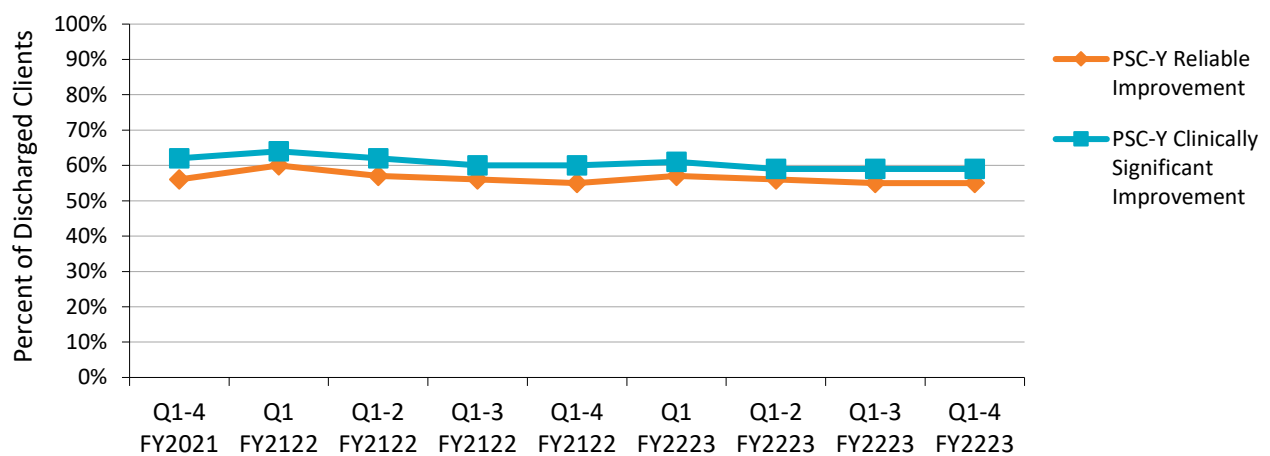
Results

- **PSC-Y** (youth self-report ages 11+; N=2,139)
 - **Amount of Improvement:**
 - 24% (n=507) of clients reported an increase in impairment
 - 7% (n=157) of clients reported no improvement
 - 10% (n=221) of clients reported a small improvement
 - 16% (n=337) of clients reported a medium improvement
 - 43% (n=917) of clients reported a large improvement
 - **Reliable Improvement:** 55% (n=1,178) of clients reliably improved on the PSC-Y total score between initial assessment and discharge. The CYFBHS minimum standard for reliable improvement is 50%.
 - **Clinically Significant Improvement:** Of 1,488 discharged clients who scored above the clinical cutoff at intake, 59% (n=880) reported clinically significant improvement between initial assessment and discharge. The CYFBHS minimum standard for clinically significant improvement is 50%.

Amount of Improvement—PSC-Y



Reliable and Clinically Significant Improvement—PSC-Y



Discharge Outcomes, CANS:

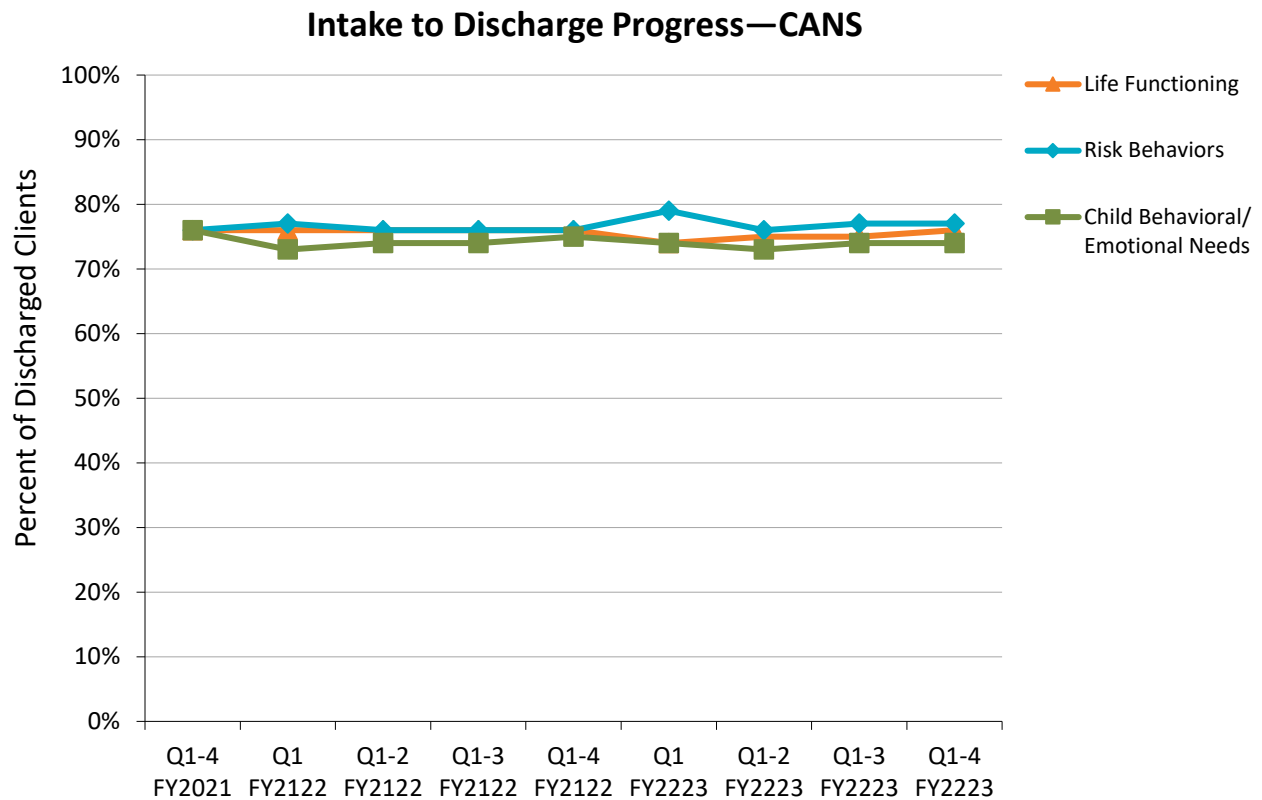
Level of progress on the **CANS** between initial assessment and discharge was measured for eligible clients open for a minimum of 60 days, with a CCBH discharge date between July 1, 2022, and June 30, 2023.

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=4,856)
 - **76% (n=3,061) of 4,037 clients** who had a need on the **Life Functioning domain** at initial assessment showed progress at discharge.
 - **77% (n=1,038) of 1,356 clients** who had a need on the **Risk Behaviors domain** at initial assessment showed progress at discharge.
 - **74% (n=3,379) of 4,536 clients** who had a need on the **Child Behavioral and Emotional Needs domain** at initial assessment showed progress at discharge.



Discharge Outcomes, CANS-EC:

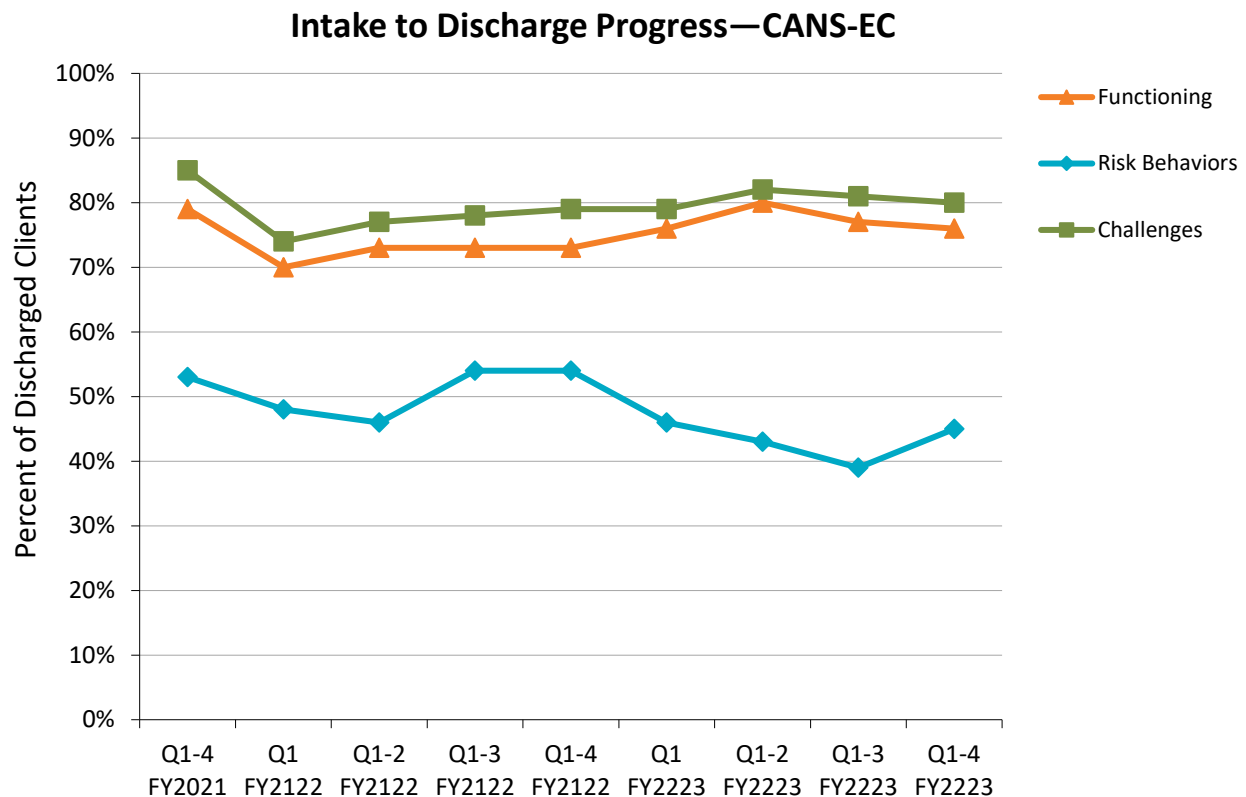
Level of progress on the **CANS-EC** between initial assessment and discharge was measured for eligible clients open for a minimum of 60 days, with a CCBH discharge date between July 1, 2022 and June 30, 2023.

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=471)
 - **76% (n=) 225 of 296 clients** who had a need on the **Life Functioning domain** at initial assessment showed progress at discharge.
 - **45% (n=39) of 86 clients** who had a need on the **Risk Behaviors domain** at initial assessment showed progress at discharge.
 - **80% (n=351) of 438 clients** who had a need on the **Challenges domain** at initial assessment showed progress at discharge.



Discharge Outcomes objectives, PESQ:

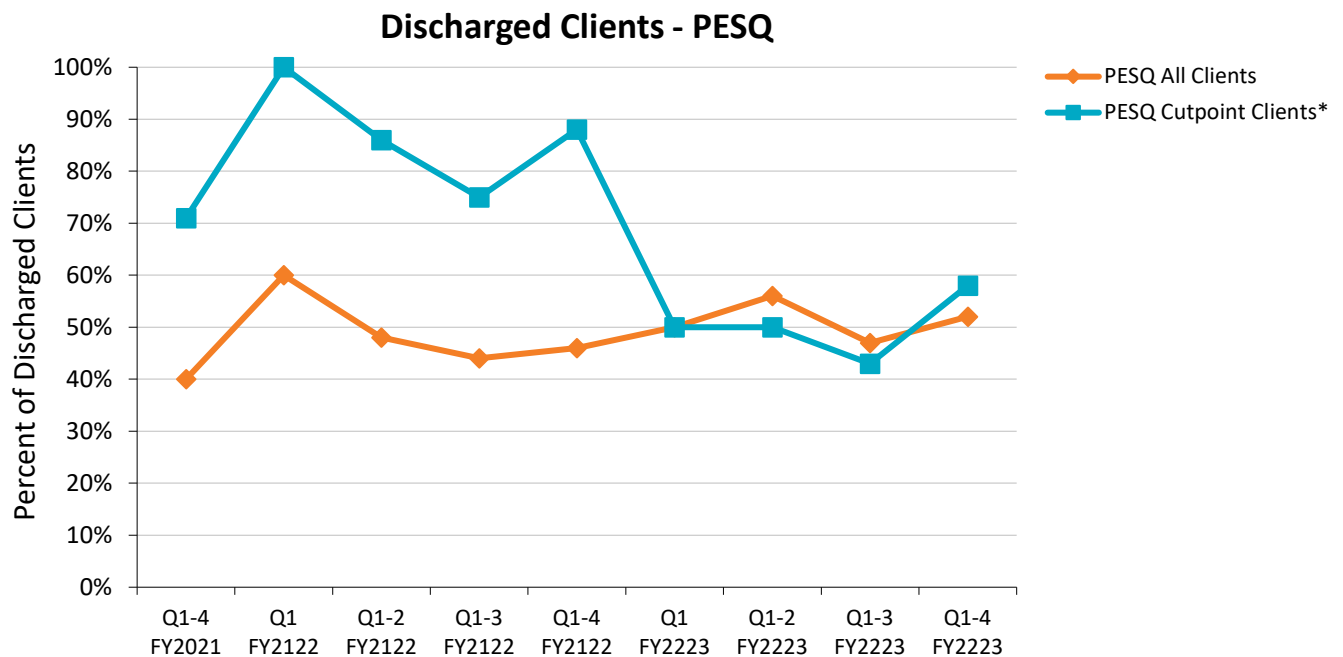
One additional measure is currently tracked in the Children, Youth & Families Behavioral Health Service system for special populations: The **PESQ** is administered by alcohol and drug counselors at 9 FSP programs. Level of improvement on the PESQ between initial assessment and discharge was measured for eligible clients open for a minimum of 30 days, with a PESQ discharge date between July 1, 2022 and June 30, 2023. The County goal for this measure is at least 80% of clients improving between initial assessment and discharge. Due to the small number of clients evaluated with this measure, trends and progress are difficult to reliably assess.

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=31)
 - **52% (n=16) of clients improved** between initial assessment and discharge on the severity scale.
 - Clients who were **above the clinical cutpoint at initial assessment (n=12): 58% (n=7) were below the clinical cutpoint** at discharge.



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