

# Mental Health Outcomes Management System (mHOMS) Quarterly Outcomes Report

July 2017—September 2017

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*Adult/Older Adult Behavioral Health Services*



## Overview

County-contracted and County-operated behavioral health programs for adults and older adults collect outcome measures on a regular basis for clients who have a Behavioral Health Assessment (BHA). Specifically, outcomes assessments are entered into the Mental Health Outcomes Measurement System (mHOMS) for clients in Assertive Community Treatment (ACT), Behavioral Health Court (BHC), Case Management (CM), Outpatient (OP), Prevention Service (PREV), and TAY Residential program (RES). Assessments are typically conducted every six months.

The following outcomes are collected in mHOMS:

- **The Illness Management and Recovery (IMR) Scale:** The IMR includes 15 clinician-rated items and addresses a different aspect of illness management and recovery. Scores can also be reported as three subscales, which combine individual items to represent illness recovery, management, and substance abuse dimensions of treatment outcomes.
- **The Recovery Markers Questionnaire (RMQ):** The RMQ is a 26-item questionnaire that assesses elements of recovery from the client's perspective. It was developed to provide the mental health field with a multifaceted measure that collects information on personal recovery.
- **The Substance Abuse Treatment Scale - Revised (SATS-R):** The SATS-R is a single item assessment of a client's motivation to change his/her substance use behavior. The assessment is an 8-point scale based on the four stages of treatment: engagement, persuasion, active treatment, and relapse prevention. Clinicians are required to complete a SATS-R when a client has an active substance related treatment plan goal in his/her client plan.
- **Milestone of Recovery Scale (MORS):** The MORS captures clinician-reported recovery using a single-item recovery indicator. Clinicians are asked to categorize clients into one of the eight stages of recovery (rated 1 through 8, respectively) based on a client's level of risk, their level of engagement within the mental health system, and the quality of their social support network.

Quarterly data is analyzed to create County-wide reports on process outcomes and outcomes objectives. Process outcomes provide information about completion rates within the given quarter for both IMR and RMQ measures. Outcomes objectives include analysis of improvements in IMR, RMQ, SATS-R and MORS scores completed during the given quarter. This report provides information from the first quarter of Fiscal Year 2017-2018, spanning July 1 through September 30, 2017.

## Key Findings

- Completion rates for intake and follow-up IMR and RMQ outcomes assessments were calculated for new and existing clients to determine the proportion of assessments that were entered into mHOMS within appropriate time frames. Completion rates for new clients for the IMR (86.1%) or RMQ (77.0%) assessments at intake were higher than the previous quarter (78.8% and 69.9%, respectively). Completion rates for existing clients was consistent with the previous quarter.
- New clients had lower average IMR, RMQ, SATS-R and MORS scores at intake, compared to existing clients' previous assessment. This trend is expected, as clients new to services may be in crisis or experiencing greater symptom distress than existing clients who have been receiving services for several months or years.
- New clients had significantly better Overall IMR, IMR Recovery, and IMR Management scores between the current assessment and intake assessment. This indicates that, in general, new clients made progress towards their recovery during the current quarter.

- Most new clients (59.4%) showed improvements in RMQ ratings at the follow-up assessment, which suggests that these clients felt they had made progress towards their recovery after enrollment in services.
- The improvements in MORS ratings from the previous assessment to the current follow-up assessment were statistically significant for both new and existing clients.
- More than half (59.5%) of existing clients (n=42) identified as experiencing impairments to functioning due to substance use, as indicated by an IMR Substance Use subscale score of 1 or 2 on their previous assessment, showed improvements in substance use recovery within the current quarter.
- The majority of new clients (58.3%) were more engaged in their substance use treatment at the follow-up assessment, as indicated by SATS-R ratings.
- SATS-R ratings remained consistent for half (52.1%) of existing clients between the current and previous assessment.

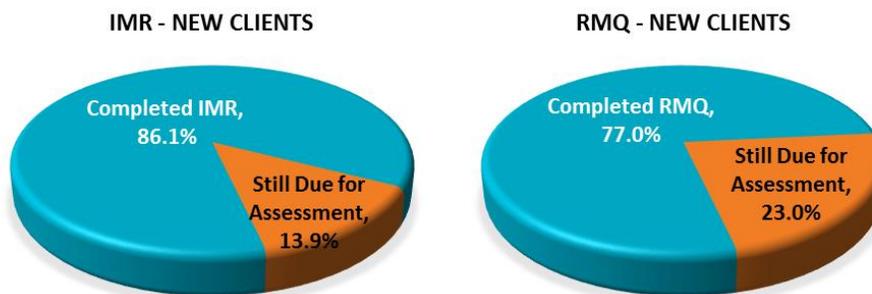
## Process Outcomes

### Measures being entered at appropriate timeframes

In order to better assess mental health outcomes, San Diego County Behavioral Health Services (SDCBHS) has implemented a system of measuring recovery from both clinician and client perspectives. mHOMS measures should be completed for all eligible clients at intake, with re-assessment every six months. Complete data from as many clients as possible will allow for accurate examinations of system and program-level outcomes. A summary of data quality issues by unit can be found in Appendix B.

Staff are expected to enter clinician and client measures into mHOMS within 30 days of intake for new clients, and can complete measures 30 days prior and 60 days after the due date for existing clients who are within a follow-up assessment period. Existing clients are **due** for an assessment if they do not have a completed outcomes assessment in mHOMS within the previous six months. Assessments are considered **completed** when successfully entered into the mHOMS system during the appropriate assessment period.

### Intake Assessments completed during the Current Quarter for New Clients

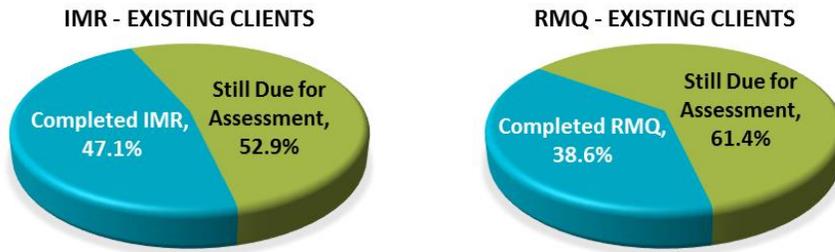


#### Within the current quarter:

- 296 new clients received services.
- Most new clients had an IMR (86.1%) or RMQ (77.0%) assessment entered into mHOMS at intake.
- About one sixth (12.8%) of new clients did not have an outcomes assessment (either IMR or RMQ) completed in mHOMS.

**NOTE:** New clients (n=296) are defined as having an open assignment and receipt of services during the current quarter at subunits (n=74) that complete outcomes assessments in mHOMS. IMR and RMQ completion counts for new clients are reported by subunit in Appendix A. Clients with an open assignment have not been discharged or closed in Cerner Community Behavioral Health (CCBH) during the current quarter. Assessment completion is evaluated up to 30 days after the quarter.

## Follow-up Assessments completed during the Current Quarter for Existing Clients



### Within the current quarter:

- 6,320 existing clients were due for an assessment.
- IMR assessments were entered into mHOMS for 47.1% of existing clients.
- The follow-up RMQ assessment was completed for about one-third of all existing clients (38.6%).

**NOTE:** Existing client is defined as having an open assignment and at least one completed outcome assessment in mHOMS. IMR and RMQ completion rates for existing clients are reported by subunit in Appendix A. Clients with an open assignment have not been discharged or closed in CCBH during the current quarter.

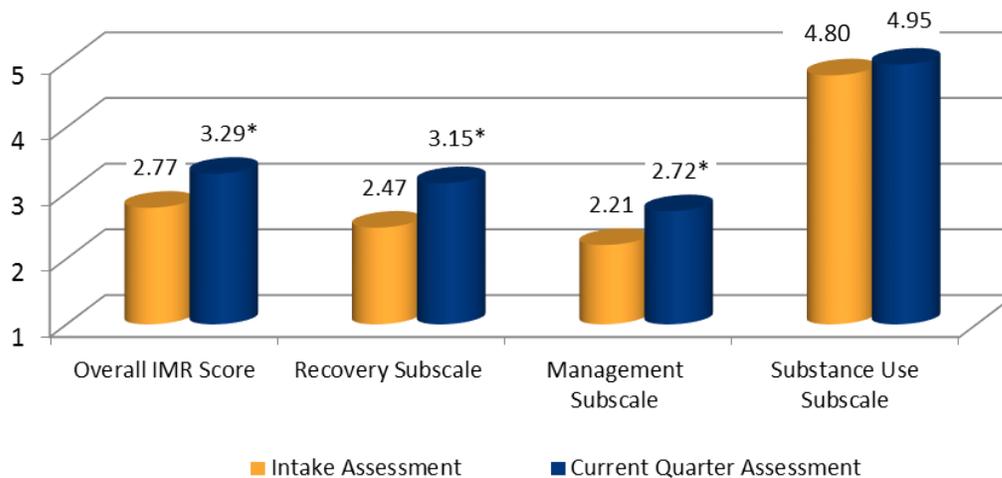
## Outcomes Objectives

### Illness Management and Recovery Scale

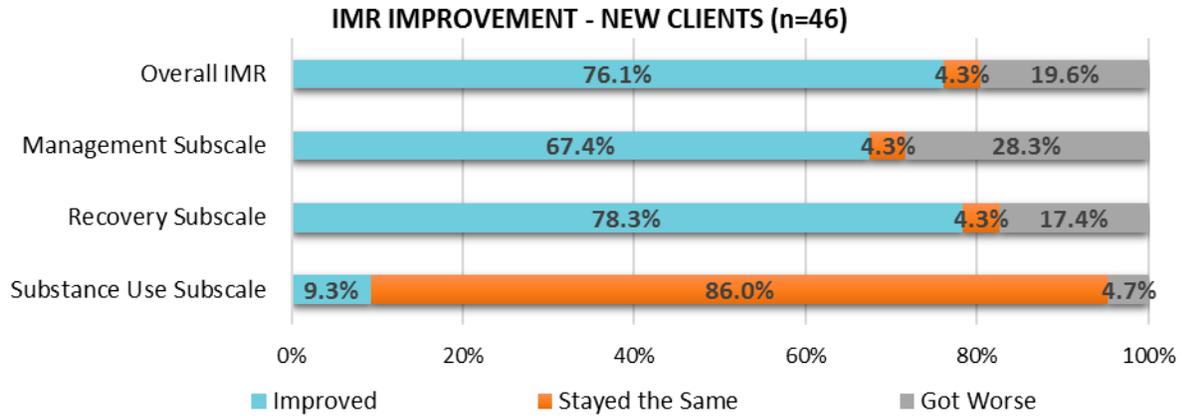
The IMR, which measures clinicians' perceptions of their clients' recovery, is typically conducted at intake with re-assessment every six months. IMR scores range from 1 to 5, with 5 representing the highest level of recovery. Scores can be reported as both an Overall Score, and by using three subscales, which combine individual items to represent illness recovery, management, and substance abuse dimensions of treatment outcomes.

"NEW" clients (n=46) are those individuals who had a follow-up assessment within the current quarter and their previous assessment was an intake assessment.

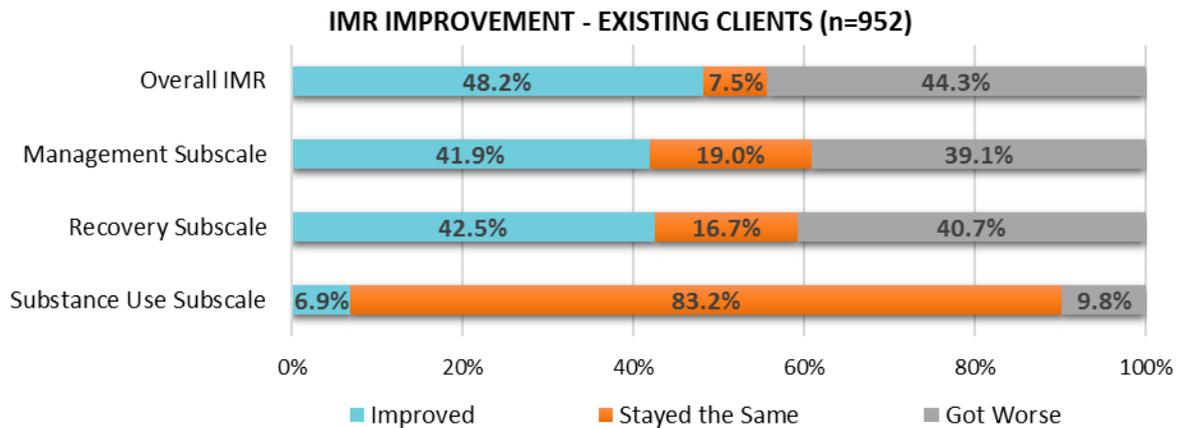
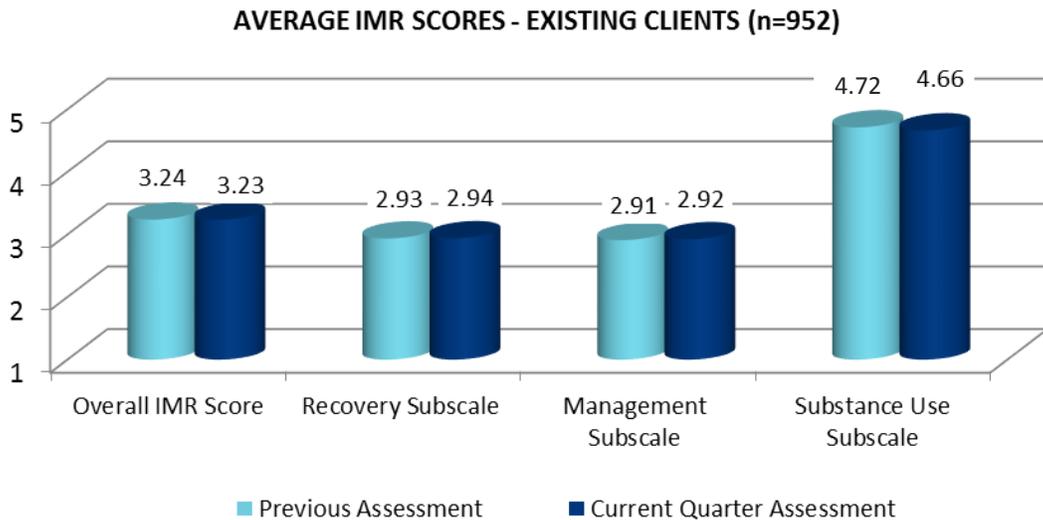
**AVERAGE IMR SCORES - NEW CLIENTS (n=46)**



\* Indicates statistical significance



“EXISTING” clients (n=952) are those individuals who had a follow-up IMR assessment completed within the current quarter and a prior IMR assessment completed within the past four to eight months (Previous Assessment).



## IMR Results for New and Existing Clients:

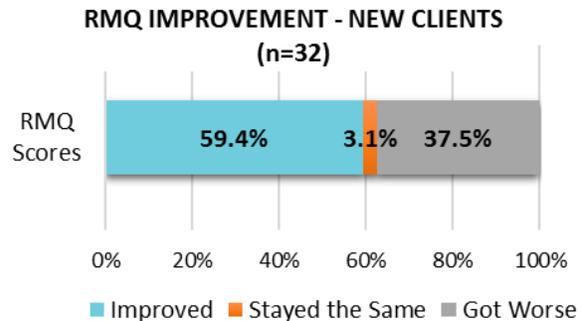
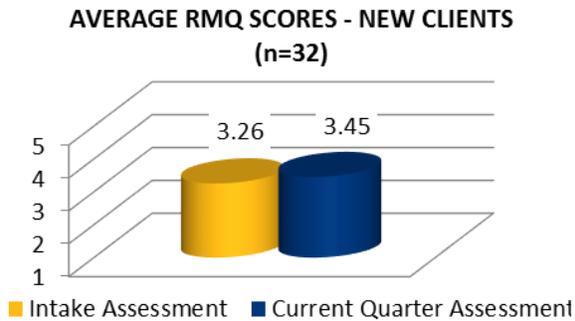
The above charts include IMR data for clients who had a follow-up assessment completed within the current quarter and an intake or previous assessment completed within the past four to eight months. The method of comparing two assessments completed at different time points (also known as paired assessments) enables reporting on changes in average scores and the percentage of clients with an improvement in scores from their previous assessment. Since trends and changes in outcomes may differ for new clients and existing clients who are already engaged in services, results for new and existing clients are reported in separate charts. Improvements in Overall IMR scores between intake and current assessment for new clients, and previous assessment and current assessment for existing clients are reported in Appendix A.

- New clients had lower Overall IMR, IMR Recovery, and IMR Management subscale scores at intake, compared to existing clients' previous assessment. This trend is expected, as clients new to services may be in crisis or experiencing greater symptom distress than existing clients who have been receiving services for several months or years.
- Most new clients (76.1%) had improvements in Overall IMR scores at the follow-up assessment, compared to intake.
- New clients had greater improvements in IMR Recovery subscale scores than IMR Management subscale scores at the follow-up assessment.
- New clients had significantly better Overall IMR scores, as well as IMR Recovery and IMR Management subscale scores between the current assessment and intake assessment.
- There was no statistically significant change in IMR Substance subscale scores for new or existing clients between the previous assessment and the current assessment.
- IMR Substance Use subscale scores did not change for the majority of new (86.0%) or existing (83.2%) clients with paired assessments; however, average Substance Use subscale scores were relatively high, indicating that few clients were impacted by alcohol or drug use.
- Between 41.9% and 48.2% of existing clients with paired assessments had improved Overall IMR, Recovery, and/or Management subscale scores at the follow-up assessment, compared to their previous assessment.
- There were no statistically significant changes in Overall IMR, IMR Recovery or IMR Management subscale scores for existing clients between the previous assessment and the current assessment.
- More than half (59.5%) of existing clients (n=42) identified as experiencing impairments to functioning due to substance use, as indicated by an IMR Substance Use subscale score of 1 or 2 on their previous assessment, showed improvements in substance use recovery within the current quarter. Many clients identified as experiencing substance use concerns (31.0%) maintained their previous level of impairment.
- More existing clients had a pair of assessments during the current quarter (n=952) compared to the fourth quarter of FY 2016-17 (n= 786).

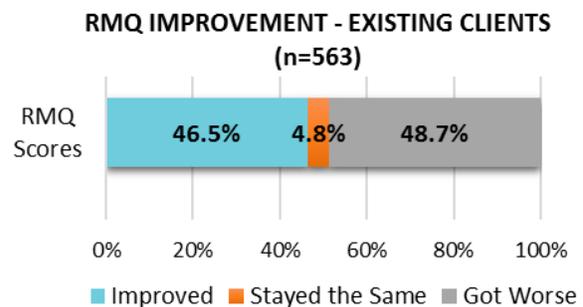
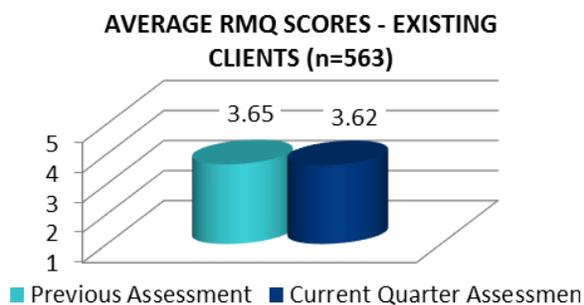
## Recovery Markers Questionnaire (RMQ)

The RMQ is a self-report measure of the client's own state, and his or her preferences, needs and desires, and perceptions of their recovery. The RMQ includes 26 Likert Scale items, with a 5-point agreement response scale ranging from "strongly agree" to "strongly disagree," regarding the recovery process and intermediate outcomes. The total mean score can also be calculated to measure performance.

"NEW" clients (n=32) are those individuals who had a follow-up RMQ assessment within the current quarter, and their previous assessment was an intake assessment.



“EXISTING” clients (n=563) include individuals served who had a follow-up RMQ assessment completed within the current quarter, and a prior assessment completed within the past four to eight months (Previous Assessment).



### RMQ Results for New and Existing Clients:

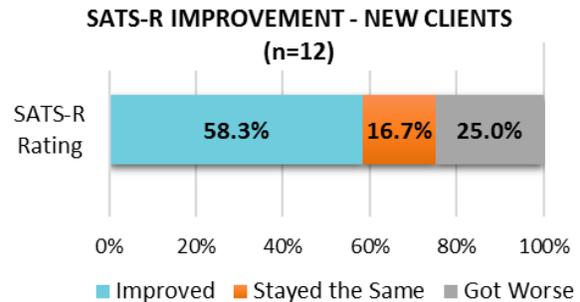
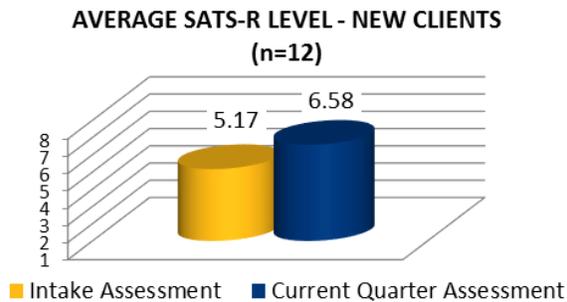
The above charts include RMQ data for clients who had a follow-up assessment completed within the current quarter and an intake or previous assessment completed within the past four to eight months. The method of comparing two assessments completed at different time points (also known as paired assessments) enables reporting on changes in average scores and the percentage of clients with an improvement in scores from their previous assessment. Since trends and changes in outcomes may differ for new clients and existing clients who are already engaged in services, results for new and existing clients are reported in separate charts. Improvements in RMQ scores between intake and current assessment for new clients, and previous assessment and current assessment for existing clients are reported in Appendix A.

- New clients had lower RMQ scores at intake compared to existing clients’ previous assessment. This trend is expected, as existing clients who have been receiving services for several months or years would have more opportunities to make progress towards their recovery than clients new to services.
- The majority (59.4%) of new clients had improvements in RMQ scores at the follow-up assessment, compared to intake.
- There was no statistically significant change in RMQ scores for new or existing clients between the previous assessment and the current assessment.
- Almost half of existing clients reported that their recovery had gotten worse (48.7%) at the follow-up assessment, compared to their previous assessment.
- Existing clients had slightly lower RMQ scores between the current assessment and previous assessment, which suggests that some clients felt their recovery had not improved during the current quarter.
- More existing clients had a pair of assessments during the current quarter (n=563) compared to the fourth quarter of FY 2016-17 (n= 469).

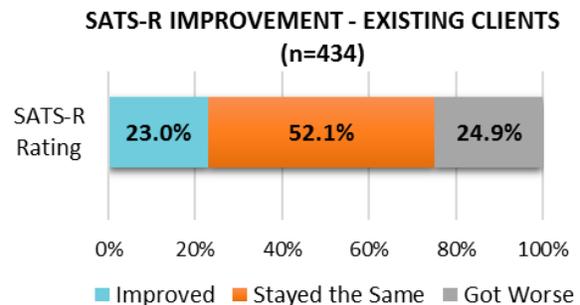
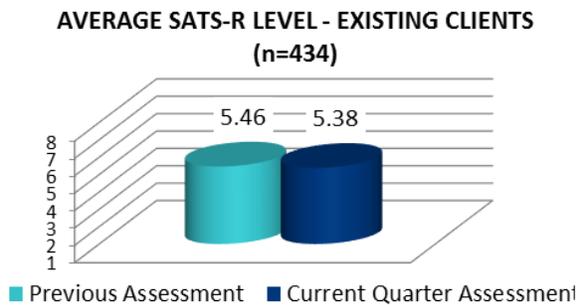
## Substance Abuse Treatment Scale - Revised (SATS-R)

The SATS-R is used by clinicians to assess a person's motivation to change their substance use behavior. It should not be used for diagnosis purposes. A clinician is required to complete a SATS-R when a client has an active substance-related treatment plan goal in his/her client plan. The SATS-R should be completed at initial development of the substance use goal; clients should be re-assessed every six months as long as the client continues to have a substance related goal in his/her client plan. SATS-R ratings range from 1 to 8; lower scores indicate that the client is less involved or engaged in substance use treatment.

“NEW” clients (n=12) are those individuals who had a substance-related goal in his/her client plan at intake and a follow-up SATS-R assessment within the current quarter.



“EXISTING” clients (n=434) include individuals served who had a substance use goal, had a follow-up SATS-R assessment completed within the current quarter, and a prior SATS-R assessment completed within the past four to eight months (Previous Assessment).



### SATS-R Results for New and Existing Clients:

The above charts include SATS-R data for clients who had a follow-up assessment completed within the current quarter and an intake or previous assessment completed within the past four to eight months. The method of comparing two assessments completed at different time points (also known as paired assessments) enables reporting on changes in average scores and the percentage of clients with an improvement in scores from their previous assessment. Since trends and changes in outcomes may differ for new clients and existing clients who are already engaged in services, results for new and existing clients are reported in separate charts.

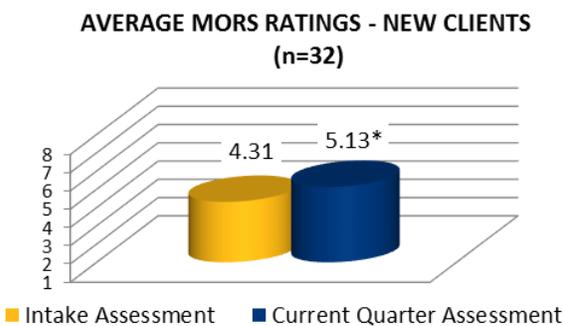
- New clients had lower SATS-R ratings at intake compared to existing clients' previous assessment. This trend is expected, as existing clients who have been receiving services for several months or years would have more opportunities for engagement in substance use treatment than new clients.
- Most new clients (58.3%) were more engaged in their substance use treatment at the follow-up assessment compared to intake.

- While not statistically significant, new clients had better SATS-R scores between the current assessment and intake assessment.
- SATS-R ratings remained consistent for more than half (52.1%) of existing clients between the current and previous assessment.
- There was no statistically significant change in SATS-R scores for existing clients between the previous assessment and the current assessment.

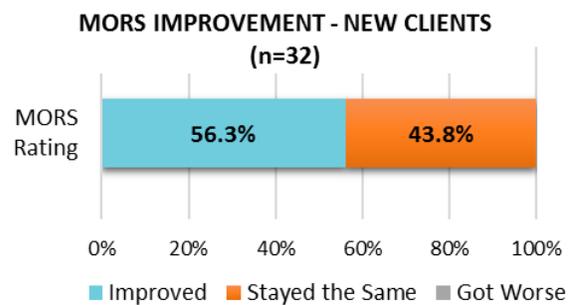
## Milestones of Recovery Scale (MORS)

The Milestones of Recovery Scale (MORS) is an assessment of the clinicians’ perceptions of their clients’ current milestone of recovery, and is typically conducted at intake with re-assessment every six months. MORS ratings range from 1 to 8, with higher scores indicating greater progress towards recovery.

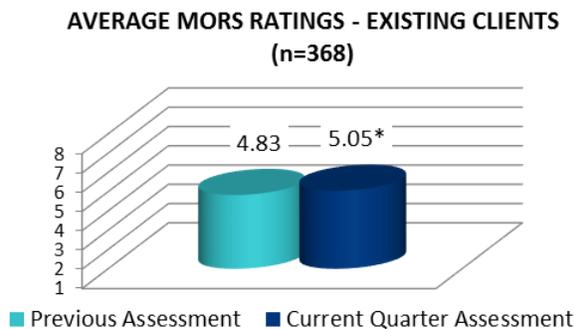
“NEW” clients (n=32) are those individuals who had a follow-up MORS assessment within the current quarter, and the previous assessment was an intake assessment.



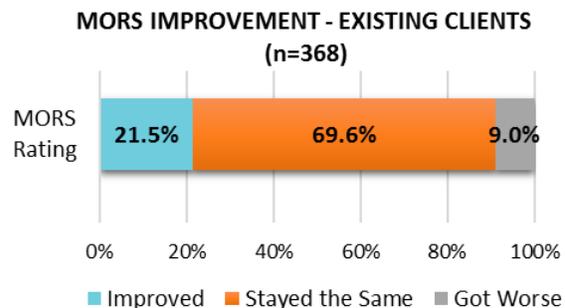
\* Indicates statistical significance



“EXISTING” clients (n=368) includes individuals served who had a follow-up MORS assessment completed within the current quarter and a prior MORS assessment completed within the past four to eight months (Previous Assessment).



\* Indicates statistical significance



## MORS Results for New and Existing Clients:

The above charts include MORS data for clients who had a follow-up assessment completed within the current quarter and an intake or previous assessment completed within the past four to eight months. The method of comparing two assessments completed at different time points (also known as paired assessments) enables reporting on changes in average scores and the percentage of clients with an improvement in scores from their

previous assessment. Since trends and changes in outcomes may differ for new clients and existing clients who are already engaged in services, results for new and existing clients are reported in separate charts.

- New clients had lower MORS ratings at intake compared to existing clients' previous assessment. This trend is expected, as existing clients who have been receiving services for several months or years would have more opportunities to make progress towards their recovery than clients new to services.
- The majority of new clients (56.3%) showed improvements in MORS ratings at the follow-up assessment.
- MORS ratings remained consistent for the majority (69.6%) of existing clients between the current and previous assessment.
- The changes in MORS ratings from the previous assessment to the current follow-up assessment were statistically significant for both new and existing clients.
- Fewer existing clients had a pair of assessments during the current quarter (n=368) compared to the fourth quarter of FY 2016-17 (n= 388).

# APPENDIX A

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## Mental Health Outcomes Management System (mHOMS)

### FY 2017-18 Q1 Outcomes Report

Summary RMQ Data for New and Existing Clients

Data collected between 7/1/2017 and 9/30/2017

Unit	Subunit	Site Name	# of NEW Clients with Completed RMQ Intake during Q1	% of EXISTING Clients with Completed RMQ during Q1*	# NEW Clients with Intake and Current RMQ Assessments	# of NEW Clients with Improvement RMQ	% RMQ Improvement - NEW Clients	# EXISTING Clients with Previous and Current RMQ Assessments	# of EXISTING Clients with RMQ Improvement	% RMQ Overall Improvement - EXISTING Clients
1120	1121	CO NORTH CENTRAL CLINIC	(n=31)	25% (n=625)	0	0	0%	2	0	0%
1130	1131	CO EAST COUNTY CLINIC	(n=28)	33% (n=509)	5	2	40%	27	15	56%
1320	1321	CO MORENA STRENGTH BASED CM	(n=0)	33% (n=127)	0	0	0%	19	8	42%
	1325	CO MORENA INSTITUTION CM MHSA	(n=0)	0% (n=0)	0	0	0%	0	0	0%
	1328	CO EAST STRENGTH BASED CM	(n=0)	22% (n=72)	0	0	0%	7	3	43%
3000	3001	UPAC MIDTOWN CENTER - PAROLEE	(n=0)	0% (n=2)	0	0	0%	0	0	0%
	3002	UPAC MIDTOWN CENTER MHSA	(n=7)	29% (n=229)	1	1	100%	14	8	57%
	3003	UPAC MIDTOWN CENTER TAY MHSA	(n=1)	33% (n=6)	0	0	0%	0	0	0%
3010	3011	UPAC EAST WIND ADULT MHSA	(n=2)	37% (n=60)	0	0	0%	8	4	50%
3020	3021	UCSD GIFFORD	(n=0)	0% (n=2)	0	0	0%	0	0	0%
3030	3032	NHA PROJECT ENABLE	(n=11)	33% (n=272)	1	1	100%	11	3	27%
	3033	NHA PROJECT ENABLE TAY MHSA	(n=1)	23% (n=31)	0	0	0%	0	0	0%
3040	3042	CRF HEARTLAND CENTER TAY	(n=3)	23% (n=43)	0	0	0%	1	0	0%
	3043	CRF HEARTLAND CENTER	(n=20)	36% (n=226)	3	1	33%	25	12	48%
	3048	CRF HEARTLAND AB109	(n=2)	40% (n=5)	0	0	0%	0	0	0%
3050	3051	MHS KINESIS NORTH ESCONDIDO	(n=0)	0% (n=1)	0	0	0%	0	0	0%
	3052	MHS KINESIS NORTH ESCONDIDO MHSA	(n=4)	22% (n=111)	0	0	0%	7	5	71%
	3053	MHS KINESIS NORTH FALLBROOK	(n=0)	13% (n=23)	0	0	0%	0	0	0%
	3056	MHS KINESIS NORTH RAMONA	(n=0)	3% (n=32)	0	0	0%	0	0	0%
	3057	MHS KINESIS NORTH ESCONDIDO TAY	(n=3)	41% (n=17)	0	0	0%	3	1	33%
3060	3062	MHS VISTA CLINIC TAY MHSA	(n=1)	39% (n=33)	1	0	0%	5	3	60%
	3066	MHS VISTA CLINIC ADULT MHSA	(n=8)	55% (n=242)	6	3	50%	91	46	51%
	3067	MHS VISTA CLINIC YTP FSP MHSA	(n=1)	25% (n=16)	0	0	0%	3	2	67%
3070	3071	MHS NORTH INLAND CLINIC	(n=0)	0% (n=0)	0	0	0%	0	0	0%
	3073	MHS NORTH INLAND CLINIC	(n=30)	29% (n=401)	0	0	0%	1	0	0%
	3074	MHS NORTH INLAND CLINIC O/A	(n=0)	0% (n=14)	0	0	0%	0	0	0%
3080	3081	MHS NORTH COASTAL CLINIC	(n=0)	100% (n=1)	0	0	0%	0	0	0%
	3083	MHS NORTH COASTAL ADULT MHSA	(n=24)	19% (n=661)	0	0	0%	3	0	0%
	3084	MHS NORTH COASTAL O/A MHSA	(n=0)	6% (n=18)	0	0	0%	0	0	0%
3090	3091	CRF DOUGLAS YOUNG CLINIC MHSA	(n=23)	27% (n=229)	0	0	0%	1	0	0%
	3093	CRF DOUGLAS YOUNG CLINIC TAY	(n=8)	36% (n=25)	0	0	0%	0	0	0%
3100	3101	CRF SOUTH BAY GUIDANCE SBCM	(n=5)	21% (n=315)	0	0	0%	2	0	0%
	3104	CRF SOUTH BAY GUIDANCE TAY	(n=9)	17% (n=35)	0	0	0%	2	0	0%
	3105	CRF SOUTH BAY GUIDANCE FSP	(n=1)	15% (n=39)	0	0	0%	0	0	0%
3110	3111	CRF ARETA CROWELL CENTER MHSA	(n=29)	31% (n=498)	0	0	0%	1	0	0%
	3113	CRF ARETA CROWELL CENTER SSLP	(n=0)	100% (n=1)	0	0	0%	0	0	0%
	3114	CRF ARETA CROWELL CENTER TAY	(n=10)	31% (n=45)	0	0	0%	0	0	0%
3150	3152	FHC LOGAN HEIGHTS	(n=0)	0% (n=1)	0	0	0%	0	0	0%
	3156	FHC LOGAN HEIGHTS	(n=8)	32% (n=79)	3	3	100%	10	7	70%
3160	3161	SURVIVORS OF TORTURE MHSA	(n=7)	63% (n=38)	1	1	100%	18	9	50%
3180	3181	CRF MARIA SARDINAS	(n=10)	35% (n=210)	0	0	0%	1	1	100%
	3182	CRF MARIA SARDINAS	(n=1)	31% (n=26)	0	0	0%	0	0	0%

\*Note: (n) represents the number of clients who were due for an assessment during the current quarter.

## Mental Health Outcomes Management System (mHOMS)

### FY 2017-18 Q1 Outcomes Report

Summary RMQ Data for New and Existing Clients

Data collected between 7/1/2017 and 9/30/2017

Unit	Subunit	Site Name	# of NEW Clients with Completed RMQ Intake during Q1	% of EXISTING Clients with Completed RMQ during Q1*	# NEW Clients with Intake and Current RMQ Assessments	# of NEW Clients with RMQ Improvement	% RMQ Improvement - NEW Clients	# EXISTING Clients with Previous and Current RMQ Assessments	# of EXISTING Clients with RMQ Improvement	% RMQ Overall Improvement - EXISTING Clients
3180	3183	CRF MARIA SARDINAS FSP	(n=0)	20% (n=25)	0	0	0%	0	0	0%
	3188	CRF MARIA SARDINAS AB109	(n=1)	63% (n=8)	0	0	0%	1	0	0%
3240	3241	CRF DOWNTOWN IMPACT FSP	(n=1)	67% (n=198)	1	0	0%	106	47	44%
	3244	CRF DOWNTOWN IMPACT VIHP	(n=0)	11% (n=47)	0	0	0%	2	1	50%
	3245	CRF DOWNTOWN IMPACT FSP POFA	(n=1)	67% (n=3)	0	0	0%	0	0	0%
3250	3251	DCS DEAF COMMUNITY SERVICES (A)	(n=9)	39% (n=23)	0	0	0%	4	3	75%
3280	3281	TELECARE AGEWISE OLDER ADULT SBCM	(n=6)	40% (n=197)	1	0	0%	38	19	50%
3310	3312	TELECARE GATEWAY TO RECOVERY	(n=0)	40% (n=147)	0	0	0%	39	18	46%
	3315	TELECARE PROJECT 25	(n=0)	50% (n=16)	0	0	0%	4	2	50%
3330	3331	TELECARE ACT	(n=0)	24% (n=116)	0	0	0%	15	10	67%
3350	3353	MHS NO COUNTY SB CASEMGMT MHSA	(n=0)	12% (n=128)	0	0	0%	7	1	14%
3360	3361	MHS NORTH STAR ACT FSP	(n=0)	13% (n=72)	0	0	0%	1	0	0%
	3364	MHS NORTH STAR ACT FSP MHSA POFA	(n=1)	41% (n=32)	0	0	0%	0	0	0%
3400	3401	CRF IMPACT FSP	(n=0)	36% (n=151)	0	0	0%	39	13	33%
	3404	CRF IMPACT FSP MHSA POFA	(n=1)	76% (n=17)	1	1	100%	4	2	50%
3410	3411	MHS CENTER STAR ACT	(n=0)	27% (n=77)	0	0	0%	0	0	0%
	3413	MHS CENTER STAR ACT FSP VIHP	(n=0)	17% (n=12)	0	0	0%	0	0	0%
	3414	MHS CENTER STAR ACT FSP POFA	(n=0)	17% (n=23)	0	0	0%	0	0	0%
3480	3481	CRF SENIOR IMPACT FSP MHSA	(n=0)	55% (n=84)	0	0	0%	23	11	48%
	3482	CRF SENIOR IMPACT FSP MHSA POFA	(n=4)	68% (n=47)	3	1	33%	6	2	33%
3960	3961	CRF CASA PACIFICA	(n=0)	71% (n=7)	0	0	0%	0	0	0%
	3963	CRF CASA PACIFICA OP	(n=0)	0% (n=11)	0	0	0%	0	0	0%
4110	4111	EXODUS CENTRAL	(n=17)	44% (n=106)	3	3	100%	6	2	33%
4180	4181	UCSD CO-OCCURRING	(n=0)	0% (n=0)	0	0	0%	0	0	0%
4190	4192	TELECARE PROPS SD	(n=1)	70% (n=23)	1	1	100%	5	3	60%
4200	4201	TELECARE BEHAVIORAL HEALTH COURT	(n=0)	0% (n=2)	0	0	0%	0	0	0%
	4203	TELECARE MH COL CRT MHSA POFA	(n=0)	8% (n=12)	0	0	0%	0	0	0%
4230	4231	SYHC CHALDEAN MIDDLE EASTERN	(n=1)	29% (n=14)	1	1	100%	1	1	100%
4250	4251	MHS - ACTION EAST FSP MHSA POFA	(n=0)	0% (n=0)	0	0	0%	0	0	0%
4260	4261	PATHWAYS CATALYST FSP MHSA	(n=0)	3% (n=59)	0	0	0%	0	0	0%
	4264	PATHWAYS CATALYST FSP MHSA	(n=1)	17% (n=48)	0	0	0%	0	0	0%
4270	4274	PATHWAYS KICKSTART PEI MHSA	(n=3)	100% (n=9)	0	0	0%	0	0	0%
	4275	PATHWAYS KICKSTART PEI MHSA	(n=1)	100% (n=5)	0	0	0%	0	0	0%
7240	7241	SURVIVORS OF TORTURE	(n=0)	100% (n=1)	0	0	0%	0	0	0%

\*Note: (n) represents the number of clients who were due for an assessment during the current quarter.

## Mental Health Outcomes Management System (mHOMS)

### FY 2017-18 Q1 Outcomes Report

Summary of IMR Data for New and Existing Clients

Data collected between 7/1/2017 and 9/30/2017

Unit	Subunit	Site Name	# of NEW Clients with Completed IMR Intake during Q1	% of EXISTING Clients with Completed IMR during Q1*	# NEW Clients with Intake and Current IMR Assessments	# of NEW Clients with Improvement	% IMR Improvement - NEW Clients	# EXISTING Clients with Previous and Current IMR Assessments	# of EXISTING Clients with Improvement	% IMR Overall Improvement - EXISTING Clients
1120	1121	CO NORTH CENTRAL CLINIC	(n=33)	27% (n=616)	0	0	0%	1	0	0%
1130	1131	CO EAST COUNTY CLINIC	(n=29)	33% (n=511)	5	3	60%	27	13	48%
1320	1321	CO MORENA STRENGTH BASED CM	(n=1)	38% (n=147)	0	0	0%	29	12	41%
	1325	CO MORENA INSTITUTION CM MHSA	(n=0)	100% (n=1)	0	0	0%	0	0	0%
	1328	CO EAST STRENGTH BASED CM	(n=0)	31% (n=86)	0	0	0%	19	13	68%
3000	3001	UPAC MIDTOWN CENTER - PAROLEE	(n=0)	0% (n=2)	0	0	0%	0	0	0%
	3002	UPAC MIDTOWN CENTER MHSA	(n=9)	30% (n=241)	1	1	100%	12	7	58%
	3003	UPAC MIDTOWN CENTER TAY MHSA	(n=1)	33% (n=6)	0	0	0%	1	1	100%
3010	3011	UPAC EAST WIND ADULT MHSA	(n=2)	48% (n=98)	0	0	0%	19	9	47%
3020	3021	UCSD GIFFORD	(n=0)	0% (n=2)	0	0	0%	3	3	100%
3030	3032	NHA PROJECT ENABLE	(n=13)	33% (n=269)	2	2	100%	10	7	70%
	3033	NHA PROJECT ENABLE TAY MHSA	(n=1)	27% (n=33)	0	0	0%	0	0	0%
3040	3042	CRF HEARTLAND CENTER TAY	(n=3)	16% (n=43)	0	0	0%	0	0	0%
	3043	CRF HEARTLAND CENTER	(n=20)	27% (n=243)	1	1	100%	21	12	57%
	3048	CRF HEARTLAND AB109	(n=2)	50% (n=4)	0	0	0%	0	0	0%
3050	3051	MHS KINESIS NORTH ESCONDIDO	(n=0)	0% (n=1)	0	0	0%	0	0	0%
	3052	MHS KINESIS NORTH ESCONDIDO MHSA	(n=5)	29% (n=111)	0	0	0%	7	1	14%
	3053	MHS KINESIS NORTH FALLBROOK	(n=1)	16% (n=19)	0	0	0%	0	0	0%
	3056	MHS KINESIS NORTH RAMONA	(n=0)	9% (n=32)	0	0	0%	0	0	0%
	3057	MHS KINESIS NORTH ESCONDIDO TAY	(n=3)	44% (n=16)	0	0	0%	3	1	33%
3060	3062	MHS VISTA CLINIC TAY MHSA	(n=1)	52% (n=33)	1	1	100%	8	5	63%
	3066	MHS VISTA CLINIC ADULT MHSA	(n=8)	75% (n=246)	6	6	100%	143	59	41%
	3067	MHS VISTA CLINIC YTP FSP MHSA	(n=1)	25% (n=16)	0	0	0%	3	2	67%
3070	3071	MHS NORTH INLAND CLINIC	(n=0)	0% (n=1)	0	0	0%	0	0	0%
	3073	MHS NORTH INLAND CLINIC	(n=33)	29% (n=409)	0	0	0%	2	1	50%
	3074	MHS NORTH INLAND CLINIC O/A	(n=0)	0% (n=12)	0	0	0%	0	0	0%
3080	3081	MHS NORTH COASTAL CLINIC	(n=0)	0% (n=1)	0	0	0%	0	0	0%
	3083	MHS NORTH COASTAL ADULT MHSA	(n=26)	25% (n=659)	0	0	0%	7	2	29%
	3084	MHS NORTH COASTAL O/A MHSA	(n=0)	10% (n=20)	0	0	0%	0	0	0%
3090	3091	CRF DOUGLAS YOUNG CLINIC MHSA	(n=23)	26% (n=238)	0	0	0%	0	0	0%
	3093	CRF DOUGLAS YOUNG CLINIC TAY	(n=8)	35% (n=26)	0	0	0%	0	0	0%
3100	3101	CRF SOUTH BAY GUIDANCE SBCM	(n=5)	20% (n=323)	0	0	0%	2	1	50%
	3104	CRF SOUTH BAY GUIDANCE TAY	(n=9)	18% (n=40)	0	0	0%	2	1	50%
	3105	CRF SOUTH BAY GUIDANCE FSP	(n=1)	13% (n=45)	0	0	0%	0	0	0%
3110	3111	CRF ARETA CROWELL CENTER MHSA	(n=28)	31% (n=501)	0	0	0%	0	0	0%
	3113	CRF ARETA CROWELL CENTER SSLP	(n=0)	100% (n=1)	0	0	0%	0	0	0%
	3114	CRF ARETA CROWELL CENTER TAY	(n=9)	30% (n=43)	0	0	0%	0	0	0%
3150	3152	FHC LOGAN HEIGHTS	(n=0)	0% (n=1)	0	0	0%	0	0	0%
	3156	FHC LOGAN HEIGHTS	(n=8)	31% (n=81)	3	2	67%	10	8	80%
3160	3161	SURVIVORS OF TORTURE MHSA	(n=7)	82% (n=34)	6	6	0%	23	17	74%

\* Note (n) represents the number of clients who were due for an assessment during the current quarter.

## Mental Health Outcomes Management System (mHOMS)

### FY 2017-18 Q1 Outcomes Report

Summary of IMR Data for New and Existing Clients

Data collected between 7/1/2017 and 9/30/2017

Unit	Subunit	Site Name	# of NEW Clients with Completed IMR Intake during Q1	% of EXISTING Clients with Completed IMR during Q1*	# NEW Clients with Intake and Current IMR Assessments	# of NEW Clients with Improvement	% IMR Improvement - NEW Clients	# EXISTING Clients with Previous and Current IMR Assessments	# of EXISTING Clients with Improvement	% IMR Overall Improvement - EXISTING Clients
3180	3181	CRF MARIA SARDINAS	(n=10)	34% (n=221)	0	0	0%	1	0	0%
	3182	CRF MARIA SARDINAS	(n=2)	34% (n=35)	0	0	0%	1	0	0%
	3183	CRF MARIA SARDINAS FSP	(n=0)	47% (n=34)	0	0	0%	2	1	50%
	3188	CRF MARIA SARDINAS AB109	(n=1)	67% (n=9)	0	0	0%	1	0	0%
3240	3241	CRF DOWNTOWN IMPACT FSP	(n=1)	87% (n=181)	1	1	100%	142	61	43%
	3244	CRF DOWNTOWN IMPACT VIHP	(n=0)	13% (n=45)	0	0	0%	3	1	33%
	3245	CRF DOWNTOWN IMPACT FSP POFA	(n=1)	67% (n=3)	0	0	0%	0	0	0%
3250	3251	DCS DEAF COMMUNITY SERVICES (A)	(n=9)	62% (n=26)	2	0	0%	7	5	71%
3280	3281	TELECARE AGEWISE OLDER ADULT SBCM	(n=12)	70% (n=187)	2	0	0%	97	39	40%
3310	3312	TELECARE GATEWAY TO RECOVERY	(n=0)	73% (n=128)	0	0	0%	75	30	40%
	3315	TELECARE PROJECT 25	(n=0)	57% (n=14)	0	0	0%	7	3	43%
3330	3331	TELECARE ACT	(n=0)	86% (n=94)	0	0	0%	62	30	48%
3350	3353	MHS NO COUNTY SB CASEMGMT MHSA	(n=0)	21% (n=126)	0	0	0%	15	4	27%
3360	3361	MHS NORTH STAR ACT FSP	(n=0)	13% (n=67)	0	0	0%	2	0	0%
	3364	MHS NORTH STAR ACT FSP MHSA POFA	(n=1)	49% (n=43)	0	0	0%	2	1	50%
3400	3401	CRF IMPACT FSP	(n=0)	53% (n=140)	0	0	0%	55	29	53%
3400	3404	CRF IMPACT FSP MHSA POFA	(n=1)	59% (n=27)	1	1	100%	8	4	50%
3410	3411	MHS CENTER STAR ACT	(n=0)	30% (n=73)	0	0	0%	0	0	0%
	3413	MHS CENTER STAR ACT FSP VIHP	(n=0)	17% (n=12)	0	0	0%	0	0	0%
	3414	MHS CENTER STAR ACT FSP POFA	(n=0)	71% (n=7)	0	0	0%	0	0	0%
3480	3481	CRF SENIOR IMPACT FSP MHSA	(n=0)	77% (n=78)	2	1	50%	44	28	64%
	3482	CRF SENIOR IMPACT FSP MHSA POFA	(n=4)	75% (n=52)	5	2	40%	9	6	67%
3960	3961	CRF CASA PACIFICA	(n=0)	83% (n=6)	0	0	0%	1	1	100%
	3963	CRF CASA PACIFICA OP	(n=0)	0% (n=11)	0	0	0%	0	0	0%
4110	4111	EXODUS CENTRAL	(n=17)	46% (n=109)	2	2	100%	7	5	71%
4180	4181	UCSD CO-OCCURRING	(n=0)	0% (n=1)	0	0	0%	0	0	0%
4190	4192	TELECARE PROPS SD	(n=1)	64% (n=42)	1	1	100%	13	6	46%
4200	4201	TELECARE BEHAVIORAL HEALTH COURT	(n=0)	0% (n=2)	0	0	0%	0	0	0%
	4203	TELECARE MH COL CRT MHSA POFA	(n=0)	9% (n=11)	0	0	0%	0	0	0%
4230	4231	SYHC CHALDEAN MIDDLE EASTERN	(n=20)	79% (n=68)	5	5	100%	45	29	64%
4250	4251	MHS - ACTION EAST FSP MHSA POFA	(n=0)	0% (n=0)	0	0	0%	0	0	0%
4260	4261	PATHWAYS CATALYST FSP MHSA	(n=0)	4% (n=71)	0	0	0%	0	0	0%
	4264	PATHWAYS CATALYST FSP MHSA	(n=0)	20% (n=44)	0	0	0%	1	0	0%
4270	4274	PATHWAYS KICKSTART PEI MHSA	(n=5)	100% (n=10)	0	0	0%	0	0	0%
	4275	PATHWAYS KICKSTART PEI MHSA	(n=1)	100% (n=5)	0	0	0%	0	0	0%
7240	7241	SURVIVORS OF TORTURE	(n=0)	100% (n=1)	0	0	0%	1	1	100%

\*Note: (n) represents the number of clients who were due for an assessment during the current quarter.

# APPENDIX B

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## mHOMS FY 2017-18 Q1 Data Quality Check

Data collected between 7/1/2017 and 9/30/2017

### Suspect/Invalid Subunit and/or Unit Error

Unit	Site Name	Total Submitted Surveys	Error Identified	Frequency	Valid Percent
1120	CO NORTH CENTRAL CLINIC	192	No	0	0%
1130	CO EAST COUNTY CLINIC	194	Yes	2	1%
1320	CO MORENA	94	Yes	1	1%
3000	UPAC MIDTOWN CENTER MHSA	87	Yes	2	2%
3010	UPAC EAST WIND ADULT MHSA	49	No	0	0%
3020	UCSD GIFFORD	89	No	0	0%
3030	NHA PROJECT ENABLE	200	No	0	0%
3040	CRF HEARTLAND CENTER	121	No	0	0%
3050	MHS KINESIS NORTH	49	No	0	0%
3060	MHS VISTA CLINIC ADULT MHSA	216	No	0	0%
3070	MHS NORTH INLAND CLINIC	168	No	0	0%
3080	MHS NORTH COASTAL ADULT MHSA	227	Yes	2	1%
3090	CRF DOUGLAS YOUNG CLINIC MHSA	120	Yes	1	1%
3100	CRF SOUTH BAY GUIDANCE SBCM	99	Yes	2	2%
3110	CRF ARETA CROWELL CENTER MHSA	218	Yes	1	0%
3150	FHC LOGAN HEIGHTS	38	No	0	0%
3160	SURVIVORS OF TORTURE MHSA	41	No	0	0%
3180	CRF MARIA SARDINAS	155	No	0	0%
3240	CRF DOWNTOWN IMPACT	174	No	0	0%
3250	DCS DEAF COMMUNITY SERVICES (A)	34	No	0	0%
3280	TELECARE AGEWISE OLDER ADULT SBCM	131	No	0	0%
3310	TELECARE GATEWAY TO RECOVERY	134	Yes	1	1%
3330	TELECARE ACT	102	Yes	2	2%
3350	MHS NO COUNTY SB CASEMGMT MHSA	51	Yes	1	2%
3360	MHS NORTH STAR ACT	40	No	0	0%
3400	CRF IMPACT	84	No	0	0%
3410	MHS CENTER STAR ACT	51	No	0	0%
3480	CRF SENIOR IMPACT	137	No	0	0%
3960	CRF CASA PACIFICA	6	No	0	0%
4110	EXODUS CENTRAL	123	No	0	0%
4180	UCSD CO-OCCURRING	9	Yes	1	11%
4190	TELECARE PROPS SD	40	No	0	0%
4200	TELECARE BEHAVIORAL HEALTH COURT	4	No	0	0%
4230	SYHC CHALDEAN MIDDLE EASTERN	113	No	0	0%
4250	MHS - ACTION EAST	16	No	0	0%
4260	PATHWAYS CATALYST FSP MHSA	26	No	0	0%
4270	PATHWAYS KICKSTART PEI MHSA	28	No	0	0%
7240	SURVIVORS OF TORTURE	1	No	0	0%

## mHOMS FY 2017-18 Q1 Data Quality Check

Data collected between 7/1/2017 and 9/30/2017

### Missing Reason for Incomplete IMR

Unit	Site Name	Total Submitted Surveys	Error Identified	Frequency	Valid Percent
1120	CO NORTH CENTRAL CLINIC	192	No	0	0%
1130	CO EAST COUNTY CLINIC	194	No	0	0%
1320	CO MORENA	94	No	0	0%
3000	UPAC MIDTOWN CENTER MHSA	87	No	0	0%
3010	UPAC EAST WIND ADULT MHSA	49	No	0	0%
3020	UCSD GIFFORD	89	No	0	0%
3030	NHA PROJECT ENABLE	200	No	0	0%
3040	CRF HEARTLAND CENTER	121	Yes	1	1%
3050	MHS KINESIS NORTH	49	No	0	0%
3060	MHS VISTA CLINIC ADULT MHSA	216	No	0	0%
3070	MHS NORTH INLAND CLINIC	168	No	0	0%
3080	MHS NORTH COASTAL ADULT MHSA	227	Yes	1	0%
3090	CRF DOUGLAS YOUNG CLINIC MHSA	120	Yes	1	1%
3100	CRF SOUTH BAY GUIDANCE SBCM	99	No	0	0%
3110	CRF ARETA CROWELL CENTER MHSA	218	No	0	0%
3150	FHC LOGAN HEIGHTS	38	No	0	0%
3160	SURVIVORS OF TORTURE MHSA	41	No	0	0%
3180	CRF MARIA SARDINAS	155	No	0	0%
3240	CRF DOWNTOWN IMPACT	174	No	0	0%
3250	DCS DEAF COMMUNITY SERVICES (A)	34	No	0	0%
3280	TELECARE AGEWISE OLDER ADULT SBCM	131	No	0	0%
3310	TELECARE GATEWAY TO RECOVERY	134	No	0	0%
3330	TELECARE ACT	102	No	0	0%
3350	MHS NO COUNTY SB CASEMGMT MHSA	51	No	0	0%
3360	MHS NORTH STAR ACT	40	Yes	1	3%
3400	CRF IMPACT	84	No	0	0%
3410	MHS CENTER STAR ACT	51	No	0	0%
3480	CRF SENIOR IMPACT	137	No	0	0%
3960	CRF CASA PACIFICA	6	No	0	0%
4110	EXODUS CENTRAL	123	Yes	1	1%
4180	UCSD CO-OCCURRING	9	No	0	0%
4190	TELECARE PROPS SD	40	No	0	0%
4200	TELECARE BEHAVIORAL HEALTH COURT	4	No	0	0%
4230	SYHC CHALDEAN MIDDLE EASTERN	113	No	0	0%
4250	MHS - ACTION EAST	16	No	0	0%
4260	PATHWAYS CATALYST FSP MHSA	26	Yes	1	4%
4270	PATHWAYS KICKSTART PEI MHSA	28	No	0	0%
7240	SURVIVORS OF TORTURE	1	No	0	0%

## mHOMS FY 2017-18 Q1 Data Quality Check

Data collected between 7/1/2017 and 9/30/2017

Missing Any IMR Data					
Unit	Site Name	Total Submitted Surveys	Error Identified	Frequency	Valid Percent
1120	CO NORTH CENTRAL CLINIC	192	Yes	3	2%
1130	CO EAST COUNTY CLINIC	194	No	0	0%
1320	CO MORENA	94	No	0	0%
3000	UPAC MIDTOWN CENTER MHSA	87	No	0	0%
3010	UPAC EAST WIND ADULT MHSA	49	No	0	0%
3020	UCSD GIFFORD	89	No	0	0%
3030	NHA PROJECT ENABLE	200	No	0	0%
3040	CRF HEARTLAND CENTER	121	No	0	0%
3050	MHS KINESIS NORTH	49	No	0	0%
3060	MHS VISTA CLINIC ADULT MHSA	216	No	0	0%
3070	MHS NORTH INLAND CLINIC	168	No	0	0%
3080	MHS NORTH COASTAL ADULT MHSA	227	No	0	0%
3090	CRF DOUGLAS YOUNG CLINIC MHSA	120	No	0	0%
3100	CRF SOUTH BAY GUIDANCE SBCM	99	No	0	0%
3110	CRF ARETA CROWELL CENTER MHSA	218	No	0	0%
3150	FHC LOGAN HEIGHTS	38	No	0	0%
3160	SURVIVORS OF TORTURE MHSA	41	No	0	0%
3180	CRF MARIA SARDINAS	155	No	0	0%
3240	CRF DOWNTOWN IMPACT	174	No	0	0%
3250	DCS DEAF COMMUNITY SERVICES (A)	34	No	0	0%
3280	TELECARE AGEWISE OLDER ADULT SBCM	131	No	0	0%
3310	TELECARE GATEWAY TO RECOVERY	134	No	0	0%
3330	TELECARE ACT	102	No	0	0%
3350	MHS NO COUNTY SB CASEMGMT MHSA	51	No	0	0%
3360	MHS NORTH STAR ACT	40	No	0	0%
3400	CRF IMPACT	84	No	0	0%
3410	MHS CENTER STAR ACT	51	No	0	0%
3480	CRF SENIOR IMPACT	137	No	0	0%
3960	CRF CASA PACIFICA	6	No	0	0%
4110	EXODUS CENTRAL	123	No	0	0%
4180	UCSD CO-OCCURRING	9	No	0	0%
4190	TELECARE PROPS SD	40	No	0	0%
4200	TELECARE BEHAVIORAL HEALTH COURT	4	No	0	0%
4230	SYHC CHALDEAN MIDDLE EASTERN	113	No	0	0%
4250	MHS - ACTION EAST	16	No	0	0%
4260	PATHWAYS CATALYST FSP MHSA	26	No	0	0%
4270	PATHWAYS KICKSTART PEI MHSA	28	No	0	0%
7240	SURVIVORS OF TORTURE	1	No	0	0%

## mHOMS FY 2017-18 Q1 Data Quality Check

Data collected between 7/1/2017 and 9/30/2017

Unit	Site Name	Suspect Invalid Assessment Date		Frequency	Valid Percent
		Total Submitted Surveys	Error Identified		
1120	CO NORTH CENTRAL CLINIC	192	No	0	0%
1130	CO EAST COUNTY CLINIC	194	No	0	0%
1320	CO MORENA	94	No	0	0%
3000	UPAC MIDTOWN CENTER MHSA	87	No	0	0%
3010	UPAC EAST WIND ADULT MHSA	49	No	0	0%
3020	UCSD GIFFORD	89	No	0	0%
3030	NHA PROJECT ENABLE	200	No	0	0%
3040	CRF HEARTLAND CENTER	121	No	0	0%
3050	MHS KINESIS NORTH	49	No	0	0%
3060	MHS VISTA CLINIC ADULT MHSA	216	No	0	0%
3070	MHS NORTH INLAND CLINIC	168	No	0	0%
3080	MHS NORTH COASTAL ADULT MHSA	227	No	0	0%
3090	CRF DOUGLAS YOUNG CLINIC MHSA	120	No	0	0%
3100	CRF SOUTH BAY GUIDANCE SBCM	99	No	0	0%
3110	CRF ARETA CROWELL CENTER MHSA	218	No	0	0%
3150	FHC LOGAN HEIGHTS	38	No	0	0%
3160	SURVIVORS OF TORTURE MHSA	41	No	0	0%
3180	CRF MARIA SARDINAS	155	No	0	0%
3240	CRF DOWNTOWN IMPACT	174	No	0	0%
3250	DCS DEAF COMMUNITY SERVICES (A)	34	No	0	0%
3280	TELECARE AGEWISE OLDER ADULT SBCM	131	No	0	0%
3310	TELECARE GATEWAY TO RECOVERY	134	No	0	0%
3330	TELECARE ACT	102	No	0	0%
3350	MHS NO COUNTY SB CASEMGMT MHSA	51	No	0	0%
3360	MHS NORTH STAR ACT	40	No	0	0%
3400	CRF IMPACT	84	No	0	0%
3410	MHS CENTER STAR ACT	51	No	0	0%
3480	CRF SENIOR IMPACT	137	No	0	0%
3960	CRF CASA PACIFICA	6	No	0	0%
4110	EXODUS CENTRAL	123	No	0	0%
4180	UCSD CO-OCCURRING	9	No	0	0%
4190	TELECARE PROPS SD	40	No	0	0%
4200	TELECARE BEHAVIORAL HEALTH COURT	4	No	0	0%
4230	SYHC CHALDEAN MIDDLE EASTERN	113	Yes	1	1%
4250	MHS - ACTION EAST	16	No	0	0%
4260	PATHWAYS CATALYST FSP MHSA	26	No	0	0%
4270	PATHWAYS KICKSTART PEI MHSA	28	No	0	0%
7240	SURVIVORS OF TORTURE	1	No	0	0%

## mHOMS FY 2017-18 Q1 Data Quality Check

Data collected between 7/1/2017 and 9/30/2017

### Suspect Invalid Date of Birth (DOB)

Unit	Site Name	Total Submitted Surveys	Error Identified	Frequency	Valid Percent
1120	CO NORTH CENTRAL CLINIC	192	No	0	0%
1130	CO EAST COUNTY CLINIC	194	No	0	0%
1320	CO MORENA	94	No	0	0%
3000	UPAC MIDTOWN CENTER MHSA	87	No	0	0%
3010	UPAC EAST WIND ADULT MHSA	49	No	0	0%
3020	UCSD GIFFORD	89	No	0	0%
3030	NHA PROJECT ENABLE	200	No	0	0%
3040	CRF HEARTLAND CENTER	121	No	0	0%
3050	MHS KINESIS NORTH	49	No	0	0%
3060	MHS VISTA CLINIC ADULT MHSA	216	No	0	0%
3070	MHS NORTH INLAND CLINIC	168	No	0	0%
3080	MHS NORTH COASTAL ADULT MHSA	227	No	0	0%
3090	CRF DOUGLAS YOUNG CLINIC MHSA	120	Yes	1	1%
3100	CRF SOUTH BAY GUIDANCE SBCM	99	No	0	0%
3110	CRF ARETA CROWELL CENTER MHSA	218	Yes	1	0%
3150	FHC LOGAN HEIGHTS	38	No	0	0%
3160	SURVIVORS OF TORTURE MHSA	41	No	0	0%
3180	CRF MARIA SARDINAS	155	No	0	0%
3240	CRF DOWNTOWN IMPACT	174	Yes	3	2%
3250	DCS DEAF COMMUNITY SERVICES (A)	34	No	0	0%
3280	TELECARE AGEWISE OLDER ADULT SBCM	131	No	0	0%
3310	TELECARE GATEWAY TO RECOVERY	134	No	0	0%
3330	TELECARE ACT	102	No	0	0%
3350	MHS NO COUNTY SB CASEMGMT MHSA	51	No	0	0%
3360	MHS NORTH STAR ACT	40	No	0	0%
3400	CRF IMPACT	84	No	0	0%
3410	MHS CENTER STAR ACT	51	No	0	0%
3480	CRF SENIOR IMPACT	137	No	0	0%
3960	CRF CASA PACIFICA	6	No	0	0%
4110	EXODUS CENTRAL	123	No	0	0%
4180	UCSD CO-OCCURRING	9	No	0	0%
4190	TELECARE PROPS SD	40	Yes	1	3%
4200	TELECARE BEHAVIORAL HEALTH COURT	4	No	0	0%
4230	SYHC CHALDEAN MIDDLE EASTERN	113	No	0	0%
4250	MHS - ACTION EAST	16	No	0	0%
4260	PATHWAYS CATALYST FSP MHSA	26	No	0	0%
4270	PATHWAYS KICKSTART PEI MHSA	28	No	0	0%
7240	SURVIVORS OF TORTURE	1	No	0	0%