

System of Care Evaluation (SOCE)

CYF mHOMS Outcomes Report

July 2018—March 2019

Children, Youth & Families Behavioral Health Services



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

June 2019

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Overview

All County-contracted and County-run behavioral health 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 CYFBHS:

- 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.
- 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.
- Personal Experience Questionnaire (PESQ), a substance use assessment administered by alcohol and drug counselors at Full Service Partnership (FSP) programs. Due to the small number of clients evaluated with this measure, trends and progress are difficult to reliably assess.

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 April 15, 2019 data download, which covers data on clients served during Q1-3 FY 2018-19. A summary of the results is provided below, followed by the full reports at the end of the document.

Key Findings

1. Eighty percent of eligible clients discharged from CCBH in Q1-3 also had a record of discharge in CYF mHOMS.
2. Ninety percent of clients ages 6 to 21 had at least one actionable need on the initial CANS, suggesting that the majority of clients are meeting the minimum threshold for County service need.
3. Ninety-three percent of discharged clients had two timepoints entered for the CANS. The County Completion objectives of 95% completion was not met for the CANS.
4. The percentage of discharged clients with two timepoints entered for the PSC and PSC-Y was 51% and 50%, respectively. The County Completion objectives of 75% completion was not met for these measures.
5. Discharge Outcomes objectives for the CANS, PSC, and PSC-Y are in development and cannot yet be reliably interpreted over time. Data from the first year of implementation, extant literature, and developer guidance are all being considered to establish meaningful change goals for San Diego County.
6. Positive outcomes as measured by the PESQ (administered by alcohol and drug counselors at FSP programs) were reported for 38% of discharged clients in Q1-3 FY 2018-19. The County Outcomes objectives of 80% improvement was not met for the PESQ. It is important to consider the small number of clients assessed with this measure (16 clients in Q1-3 FY 2018-19, as compared to 1,086 clients assessed with the CANS in the same timeframe).

Section I. Number of Clients

Measures being entered for every eligible client: SOCE measures should be completed on all eligible clients in the CYFBHS system. To assess this, the number of clients discharging in CCBH is compared to the number of clients discharging in CYF mHOMS with the same inclusion criteria applied: client received service from an eligible program, was between the ages of 3 and 21 years, and was open to the system at least 60 days.

Results

CYFBHS Eligible Clients – Systemwide*

Number of Clients Discharged in CCBH (YTD)	1,637
Number of Clients Discharged in CYF mHOMS (YTD)	1,312
Approximate Percentage of Discharged CCBH Clients Not Entered in CYF mHOMS†	80% (1,312 of 1,637)

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

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

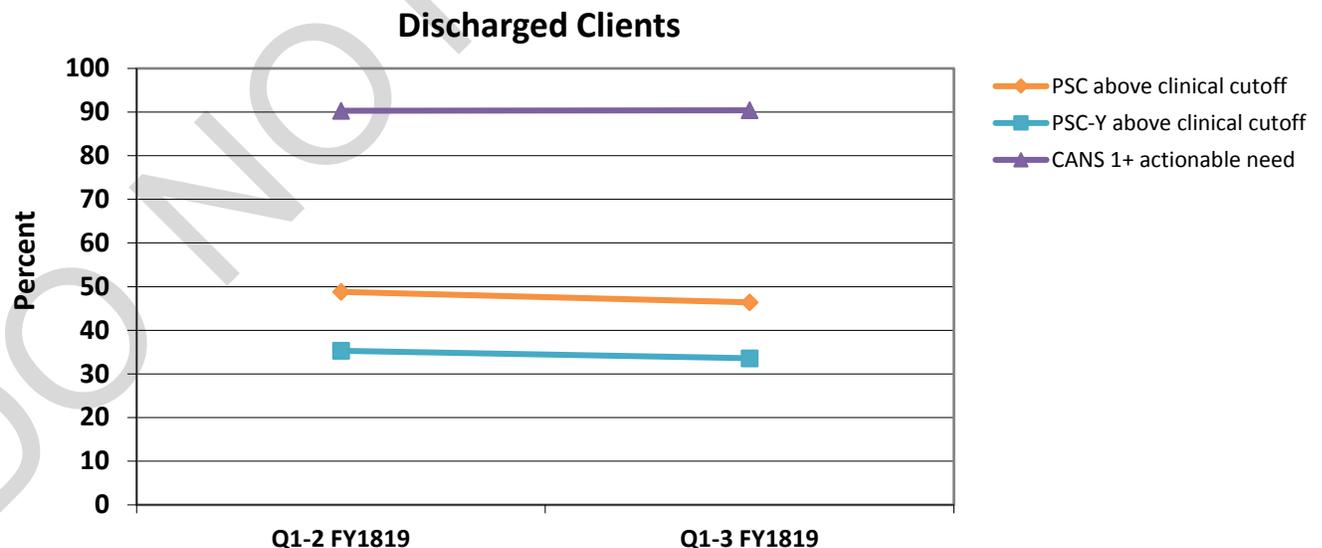
Section II. Severity of Clients Served

Clients served meet the threshold for need: Clients receiving services from CYFBHS are expected to meet a minimum threshold of need, operationally defined as at least one actionable need on the Child Behavioral and Emotional Needs, Risk Behaviors, or Life Functioning domains on the initial CANS. Initial PSC/PSC-Y scores above the clinical cutoff are another marker for service threshold; however, County has not set a standard for initial PSC/PSC-Y scores.

Results

Discharged clients: Clients open for 60+ days with a CCBH discharge date between July 1, 2018 and March 31, 2019:

- 46% (n=818) of clients ages 3 to 18 scored above the clinical cutoff on the initial PSC.
- 34% (n=1,411) of clients ages 11 to 18 scored above the clinical cutoff on the initial PSC-Y.
- 90% (n=1,687) of clients ages 6 to 21 had at least one actionable need on the initial CANS.



Section III. Completion Objectives

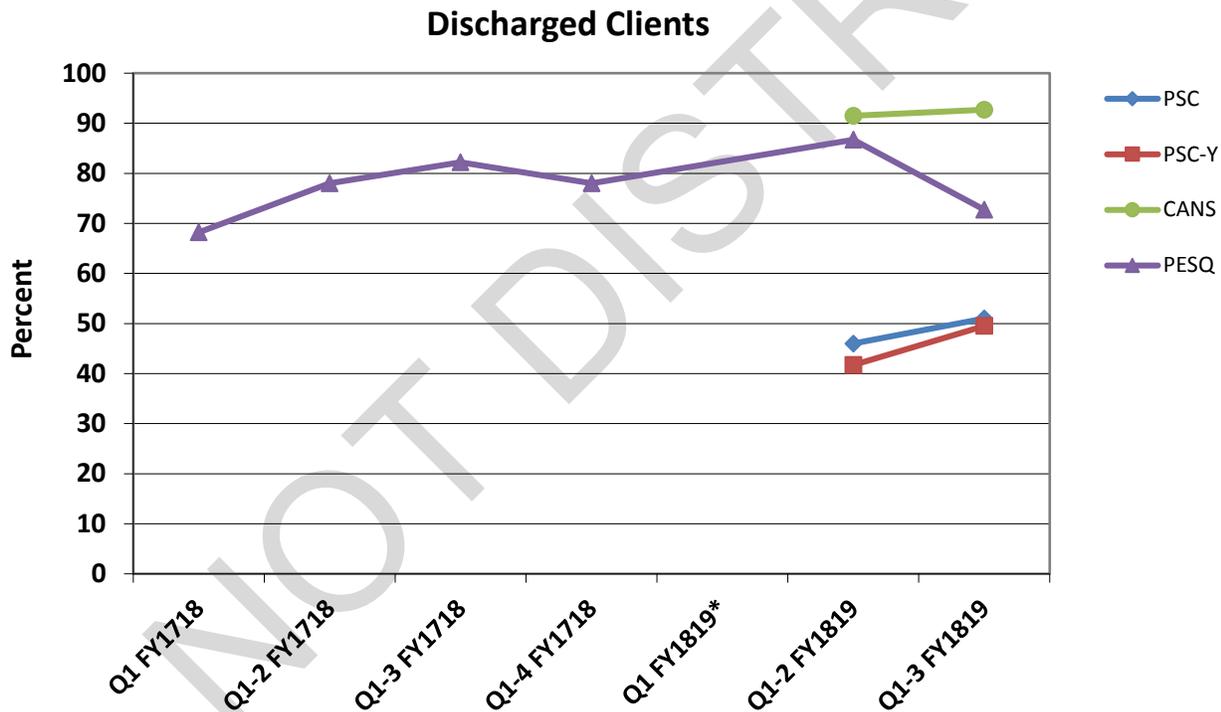
Measures being entered at appropriate timeframes: SOCE measures should be completed on all eligible clients at intake, at UM/UR or every 6 months (if applicable, whichever comes first), and at discharge. In order to accurately examine system and program level outcomes, data from as many clients as possible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

Results

Discharged clients: Clients open for 60+ days with a CCBH discharge date between July 1, 2018 and March 31, 2019:

- **51% (n=645)** had an initial and a discharge PSC score entered.
- **50% (n=412)** had an initial and a discharge PSC-Y score entered.
- **93% (n=1,086)** had an initial and discharge CANS score entered.
- **73% (n=16)** 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.



†Due to the systemwide database transition to CYF mHOMS, data for Q1 FY1819 were unavailable. Only PESQs for clients who opened as of July 1, 2018 are entered in CYF mHOMS.

Section IV. Outcomes Objectives

Discharge Outcomes objectives, PSC/PSC-Y:

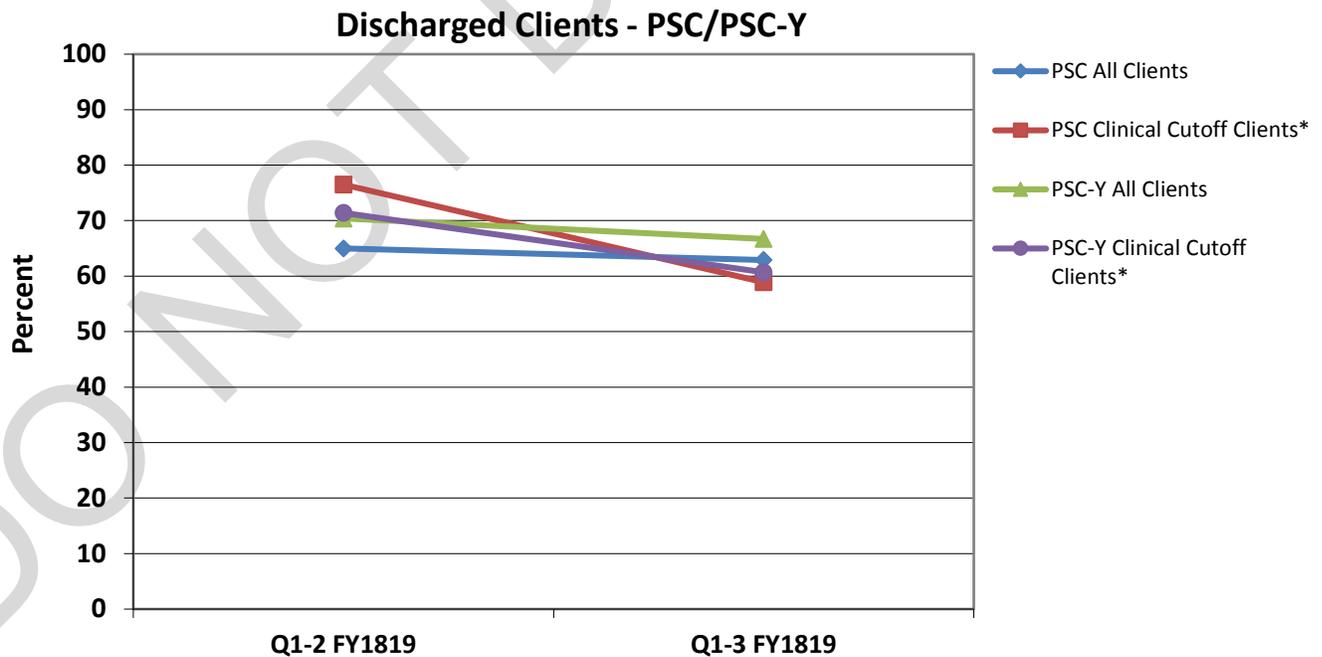
Level of improvement on the PSC/PSC-Y between initial assessment and discharge was measured for eligible clients open for a minimum of 60 days, with a CCBH discharge date between July 1, 2018 and March 31, 2019. The County goal for both of these measures is at least 80% of clients improving between initial assessment and discharge.

Improvement

For the PSC/PSC-Y, “improvement” is operationally defined as a 3-point decrease on the total score for all clients, and a 3-point decrease and/or movement to below the clinical cutoff at discharge for clients who scored above the clinical cutoff at initial assessment. The developers of the PSC empirically derived the clinical cutoff scores, which mean that the child is at risk for psychosocial problems. **Note that the operational definition of “improvement” for new State-mandated measures is being refined and will be revised after the first year of implementation.** County data, extant literature, and developer guidance are all considered in the establishment of realistic and reliable change goals.

Results

- PSC (caregiver report, N=645)
 - 63% (n=406) of clients improved on the PSC score between initial assessment and discharge.
 - Clients who were above the clinical cutpoint at initial assessment (n=275): 59% (n=162) were below the clinical cutpoint at discharge.
- PSC-Y (youth self-report ages 11+; N=412)
 - 67% (n=275) of clients improved on the PSC score between initial assessment and discharge.
 - Clients who were above the clinical cutpoint at initial assessment (n=122): 61% (n=74) were below the clinical cutpoint at discharge.



*Clients who scored above the clinical cutoff at intake.

Discharge Outcomes objectives, CANS:

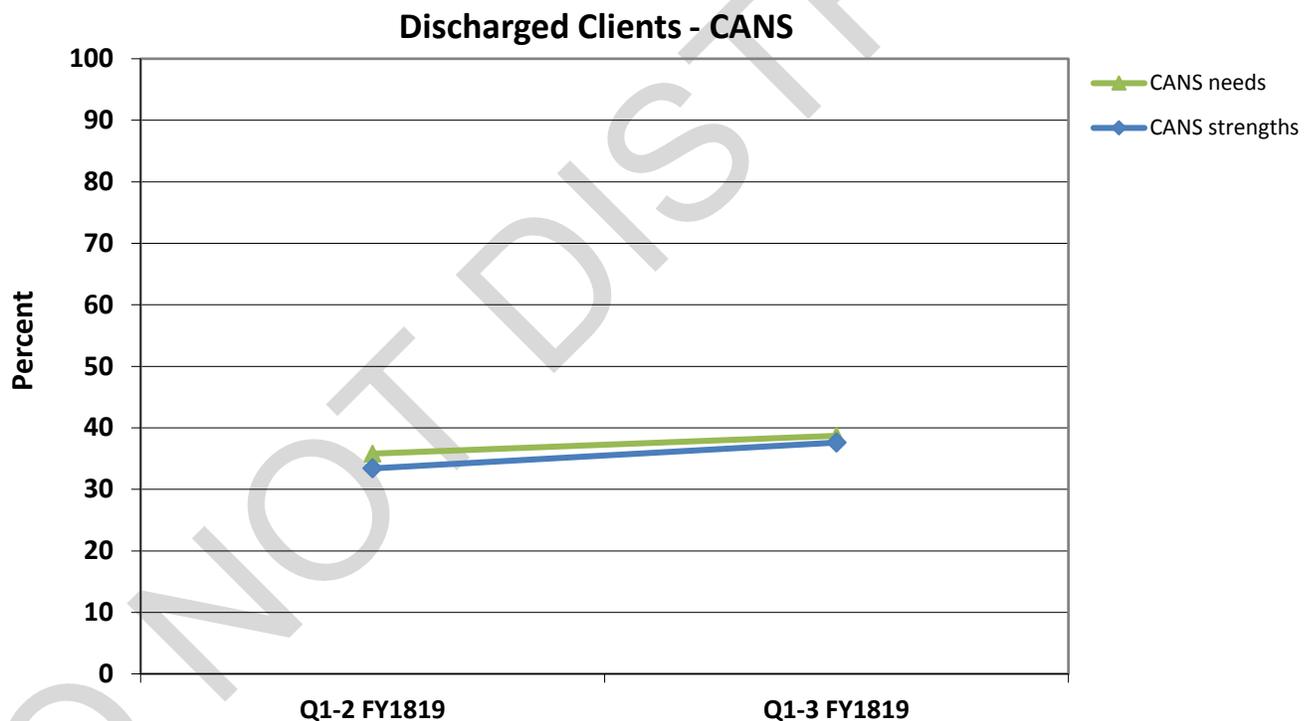
Level of improvement on the CANS between initial assessment and discharge was measured for eligible clients open for a minimum of 60 days, with a CCBH discharge date between July 1, 2018 and March 31, 2019. The County goal for this measure is at least 80% of clients improving between initial assessment and discharge.

Improvement

For the CANS, "improvement" is operationally defined as a reduction at least three needs from initial assessment to discharge and an increase of at least one strength from initial assessment to discharge. **Note that the operational definition of "improvement" for new State-mandated measures is being refined and will be revised after the first year of implementation.** County data, extant literature, and developer guidance are all considered in the establishment of realistic and reliable change goals.

Results

- CANS (clinician report; N=1,086)
 - 39% (n=420) of clients improved between initial assessment and discharge on the needs scale.
 - 38% (n=393) of clients improved between initial assessment and discharge on the strengths scale.



Discharge Outcomes objectives, special populations:

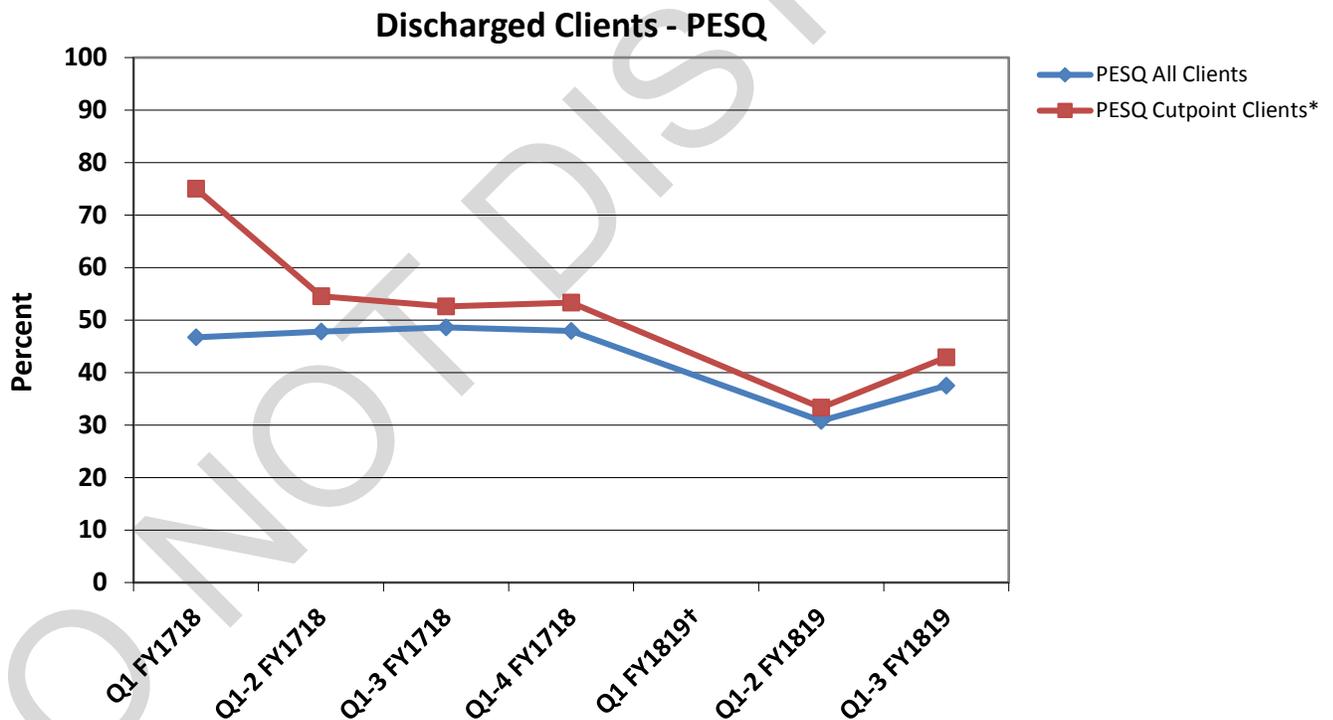
One additional measure is currently tracked in the Children, Youth & Families Behavioral Health Service system for special populations: The PESQ is administered by alcohol and drug counselors at FSP programs. Level of improvement on the PESQ between initial assessment and discharge was measured for eligible clients open for a minimum of 30 days, with a CCBH discharge date between July 1, 2018 and March 31, 2019. The County goal for this measure is at least 80% of clients improving between initial assessment and discharge.

Improvement

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

Results

- PESQ (clinician report, N=16)
 - 38% (n=6) of clients improved between initial assessment and discharge on the severity scale.
 - Clients who were above the clinical cutpoint at initial assessment (n=7): 43% (n=3) were below the clinical cutpoint at discharge.



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

†Due to the systemwide database transition to CYF mHOMS, data for Q1 FY1819 were unavailable. Only PESQs for clients who opened as of July 1, 2018 are entered in CYF mHOMS.

Copies of the full Reports

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SYSTEM OF CARE EVALUATION

Discharged Clients - Initial to Discharge Parent PSC Report

CCBH Discharge Dates between 7/1/2018 and 3/31/2019

	Clients discharged	Clients open 60 days + ¹	Clients with initial and discharge scores ² (COMPLIANCE RATE)	Clients improved ³	Average PSC change score ⁴	Above CO at Initial	Clients improved ⁵
6000	CASA DE AMPARO	20	9	8 (88.9%)	1 (12.5%)	6.5	1 (100.0%)
6060	CRF CROSSROADS	102	77	47 (61.0%)	27 (57.4%)	-5.3	17 (60.7%)
6070	CRF DOUGLAS YOUNG	121	73	57 (78.1%)	35 (61.4%)	-6.7	21 (75.0%)
6080	CRF MAST	61	47	26 (55.3%)	15 (57.7%)	-6.3	9 (75.0%)
6090	CRF NUEVA VISTA	116	77	42 (54.5%)	33 (78.6%)	-10.1	21 (87.5%)
6100	DCS DEAF COMM SERVICES (C)	3	2	0			
6140	SWEETWATER OP CLINIC	1	1	0			
6150	ECS PARA LAS FAMILIAS	20	13	1 (7.7%)	1 (100.0%)	-30.0	1 (100.0%)
6200	FHC COMM CIRCLE CENT	18	13	7 (53.8%)	6 (85.7%)	-5.9	1 (100.0%)
6210	FHC COMM CIRCLE EAST	20	9	3 (33.3%)	2 (66.7%)	-6.7	1 (50.0%)
6260	MHS SCHOOL BASED	28	13	2 (15.4%)	1 (50.0%)	-4.5	0
6350	NA CABRILLO ASSESS CTR CENT	304	105	45 (42.9%)	31 (68.9%)	-6.9	25 (86.2%)
6460	NC LIFELINE OCEANSIDE	22	13	8 (61.5%)	6 (75.0%)	-9.3	4 (100.0%)
6480	NC LIFELINE VISTA	49	34	12 (35.3%)	10 (83.3%)	-8.1	2 (100.0%)
6530	SDYS ICARE	5	3	0			
6540	SDYS OUR SAFE PLACE	5	5	2 (40.0%)	1 (50.0%)	-4.0	0
6550	PALOMAR FC CHILDNET	19	16	9 (56.3%)	5 (55.6%)	-4.0	1 (33.3%)
6560	PALOMAR FC FALLBROOK	43	29	21 (72.4%)	17 (81.0%)	-11.0	7 (100.0%)
6570	PALOMAR FC N. INLAND/COASTAL	75	63	43 (68.3%)	33 (76.7%)	-8.3	12 (80.0%)
6660	PWS CORNERSTONE	15	7	1 (14.3%)	0 (0.0%)	3.0	0 (0.0%)
6740	RADY C.E.S. SCHOOL	22	15	10 (66.7%)	6 (60.0%)	-0.4	3 (100.0%)

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

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

3. Improvement is defined for the QSR as at least a 3-point reduction on Parent PSC Total score from initial to discharge assessment.

4. The 5 programs with the largest reported reduction in symptoms from initial to discharge are bolded.

5. Improvement is defined for the QSR as starting above the clinical cutoff on the initial PSC assessment and falling below the clinical cutoff or having a 3-point reduction in symptoms.

Selection Criteria: Clients with CCBH Discharge Dates between 7/1/2018 and 3/31/2019

Data current as of 4/16/2019 at 8 am (downloaded from CYF mHOMS).

Data Source: 4/15/2019 CYF mHOMS extract

Version Date: 6/28/2019

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SYSTEM OF CARE EVALUATION

Discharged Clients - Initial to Discharge Parent PSC Report

CCBH Discharge Dates between 7/1/2018 and 3/31/2019

	Clients discharged	Clients open 60 days + ¹	Clients with initial and discharge scores ² (COMPLIANCE RATE)		Clients improved ³	Average PSC change score ⁴	Above CO at Initial	Clients improved ⁵
6750	RADY CENTRAL CLINIC	69	45	13 (28.9%)	10 (76.9%)	-11.5	7	7 (100.0%)
6770	RADY NORTH COASTAL CLINIC	56	34	14 (41.2%)	7 (50.0%)	-3.1	6	6 (100.0%)
6790	RADY NORTH INLAND REGION	13	8	5 (62.5%)	2 (40.0%)	-1.4	2	2 (100.0%)
6860	SAY MARSHALL	31	23	19 (82.6%)	13 (68.4%)	-5.8	5	4 (80.0%)
6880	SAY REFLECTIONS CENTRAL	44	22	1 (4.5%)	0 (0.0%)	-2.0	0	0
6890	SBCS BERRY CLINIC	11	9	1 (11.1%)	0 (0.0%)	1.0	0	0
6910	SB COMM SRVC SO. REGION OP	50	44	29 (65.9%)	21 (72.4%)	-9.9	10	7 (70.0%)
6950	SDCC EAST OP LA MESA	67	41	5 (12.2%)	3 (60.0%)	-8.2	4	3 (75.0%)
6980	SDCC FFA STABL AND TREATMEN	23	16	5 (31.3%)	2 (40.0%)	-0.2	1	1 (100.0%)
6990	SDCC WRAPWORKS	13	6	4 (66.7%)	2 (50.0%)	-2.8	1	0 (0.0%)
7040	UPAC CMH	23	13	7 (53.8%)	4 (57.1%)	-9.9	3	3 (100.0%)
7050	SDUSD INTENSIVE OP	24	14	5 (35.7%)	2 (40.0%)	-4.6	0	0
7110	SDYS COUNS COVE FSP	14	11	0				
7130	SDYS EAST REGION OP	30	22	9 (40.9%)	6 (66.7%)	-10.7	5	3 (60.0%)
7180	SDYS BRIDGEWAYS	7	4	0				
7200	SYHC BHG YES	34	25	8 (32.0%)	6 (75.0%)	-5.8	2	2 (100.0%)
7350	VH VISTA HILL ESCONDIDO	39	36	24 (66.7%)	17 (70.8%)	-7.8	9	7 (77.8%)
7360	VH VISTA HILL NORTH INLAND	23	21	13 (61.9%)	9 (69.2%)	-7.1	6	4 (66.7%)
7370	VH JUVENILE COURT CLINIC MHS	48	28	4 (14.3%)	3 (75.0%)	-7.0	3	3 (100.0%)
7390	VH INCREDIBLE FAMILIES EAST	25	18	18 (100.0%)	11 (61.1%)	-4.6	1	1 (100.0%)
7410	VH MERIT	6	5	1 (20.0%)	1 (100.0%)	-3.0	0	0

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

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

3. Improvement is defined for the QSR as at least a 3-point reduction on Parent PSC Total score from initial to discharge assessment.

4. The 5 programs with the largest reported reduction in symptoms from initial to discharge are bolded.

5. Improvement is defined for the QSR as starting above the clinical cutoff on the initial PSC assessment and falling below the clinical cutoff or having a 3-point reduction in symptoms.

Selection Criteria: Clients with CCBH Discharge Dates between 7/1/2018 and 3/31/2019

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SYSTEM OF CARE EVALUATION

Discharged Clients - Initial to Discharge Parent PSC Report

CCBH Discharge Dates between 7/1/2018 and 3/31/2019

		Clients discharged	Clients open 60 days + ¹	Clients with initial and discharge scores ² (COMPLIANCE RATE)	Clients improved ³	Average PSC change score ⁴	Above CO at Initial	Clients improved ⁵
7440	UPAC MULTI COMM COUNSEL MH	27	15	11 (73.3%)	5 (45.5%)	-3.2	4	2 (50.0%)
7450	YMCA TIDES	22	10	3 (30.0%)	2 (66.7%)	-1.3	0	0
7510	VH INCREDIBLE FAMILIES NORTH	11	9	6 (66.7%)	3 (50.0%)	-1.8	1	0 (0.0%)
7520	VH INCREDIBLE FAMILIES CENTRA	32	31	22 (71.0%)	8 (36.4%)	2.3	0	0
7600	RADY KIDSTART EPSDT CLINIC SO	5	3	0				
7610	RADY KIDSTART EPSDT CLINIC CT	4	1	0				
7620	RADY KIDSTART EPSDT CLINIC NC	3	1	0				
7650	SB COMM SRVC MI ESCUELITA	7	2	2 (100.0%)	2 (100.0%)	-14.5	1	1 (100.0%)
8110	MHS STEPS ADOLESCENT	4	3	0				
8200	NA CAJON VALLEY	19	13	5 (38.5%)	4 (80.0%)	-8.8	4	4 (100.0%)
8220	NA SAN PASQUAL ACADEMY	7	5	5 (100.0%)	1 (20.0%)	11.2	3	1 (33.3%)
8230	NA SO CAMPUS RCL 12	22	14	11 (78.6%)	5 (45.5%)	0.4	8	4 (50.0%)
8270	NA CASS	47	32	29 (90.6%)	16 (55.2%)	-4.6	14	12 (85.7%)
8290	NA CTR CHILD YOUTH PSYCH	12	7	1 (14.3%)	0 (0.0%)	9.0	1	0 (0.0%)
8380	SDCC STRTP PROGRAM	3	0	0				
8400	SDUSD MARCY	12	12	1 (8.3%)	0 (0.0%)	-1.0	1	0 (0.0%)
8410	SDUSD NEW DAWN	8	6	2 (33.3%)	1 (50.0%)	-8.0	2	1 (50.0%)
8800	MHS FAMILIES FORWARD	10	5	2 (40.0%)	2 (100.0%)	-8.5	1	1 (100.0%)
8820	FF WRAPAROUND PROGRAM	12	8	7 (87.5%)	4 (57.1%)	-10.7	4	3 (75.0%)
8830	FF YOUTH CENTER	1	0	0				
8850	MHS FAMILIES FORWARD N CNTY	9	6	6 (100.0%)	4 (66.7%)	-8.0	3	1 (33.3%)

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

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

3. Improvement is defined for the QSR as at least a 3-point reduction on Parent PSC Total score from initial to discharge assessment.

4. The 5 programs with the largest reported reduction in symptoms from initial to discharge are bolded.

5. Improvement is defined for the QSR as starting above the clinical cutoff on the initial PSC assessment and falling below the clinical cutoff or having a 3-point reduction in symptoms.

Selection Criteria: Clients with CCBH Discharge Dates between 7/1/2018 and 3/31/2019

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SYSTEM OF CARE EVALUATION

Discharged Clients - Initial to Discharge Parent PSC Report

CCBH Discharge Dates between 7/1/2018 and 3/31/2019

	Clients discharged	Clients open 60 days + ¹	Clients with initial and discharge scores ² (COMPLIANCE RATE)	Clients improved ³	Average PSC change score ⁴	Above CO at Initial	Clients improved ⁵
8860 MHS FAMILIES FORWARD E CNTY	17	12	3 (25.0%)	0 (0.0%)	0.7	2	0 (0.0%)
Countywide Summary	2013	1264	645 (51.0%)	406 (62.9%)	-6.1	275	209 (76.0%)

1. CCBH Intake dates and CCBH Discharge dates were needed to calculate whether clients were in services for 60 days or longer. If either date is missing, clients will not be included in this final number.
2. "Discharge Parent PSC Score" = Discharge Parent PSC Score or a follow-up PSC (if the measure was completed within 60 days prior to client discharge date).
3. Improvement is defined for the QSR as at least a 3-point reduction on Parent PSC Total score from initial to discharge assessment.
4. The 5 programs with the largest reported reduction in symptoms from initial to discharge are bolded.
5. Improvement is defined for the QSR as starting above the clinical cutoff on the initial PSC assessment and falling below the clinical cutoff or having a 3-point reduction in symptoms.

Selection Criteria: Clients with CCBH Discharge Dates between 7/1/2018 and 3/31/2019

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Data Source: 4/15/2019 CYF mHOMS extract
Version Date: 6/28/2019

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SYSTEM OF CARE EVALUATION

Discharged Clients - Initial to Discharge Youth PSC Report

CCBH Discharge Dates between 7/1/2018 and 3/31/2019

		Clients discharged	Clients open 60 days + ¹	Clients with initial and discharge scores ² (COMPLIANCE RATE)	Clients improved ³	Average PSC change score ⁴	Above CO at Initial	Clients improved ⁵
6000	CASA DE AMPARO	20	9	0				
6060	CRF CROSSROADS	64	47	30 (63.8%)	20 (66.7%)	-7.3	9	7 (77.8%)
6070	CRF DOUGLAS YOUNG	78	45	23 (51.1%)	15 (65.2%)	-5.4	6	4 (66.7%)
6080	CRF MAST	53	39	24 (61.5%)	15 (62.5%)	-4.9	6	5 (83.3%)
6090	CRF NUEVA VISTA	84	58	27 (46.6%)	19 (70.4%)	-6.9	11	8 (72.7%)
6100	DCS DEAF COMM SERVICES (C)	2	1	0				
6140	SWEETWATER OP CLINIC	1	1	0				
6200	FHC COMM CIRCLE CENT	6	4	1 (25.0%)	0 (0.0%)	-2.0	0	0
6210	FHC COMM CIRCLE EAST	5	3	2 (66.7%)	1 (50.0%)	-7.5	1	1 (100.0%)
6260	MHS SCHOOL BASED	22	11	4 (36.4%)	2 (50.0%)	-2.8	1	1 (100.0%)
6350	NA CABRILLO ASSESS CTR CENT	264	90	54 (60.0%)	41 (75.9%)	-7.7	26	21 (80.8%)
6460	NC LIFELINE OCEANSIDE	16	10	7 (70.0%)	6 (85.7%)	-9.3	4	3 (75.0%)
6480	NC LIFELINE VISTA	42	29	14 (48.3%)	6 (42.9%)	-1.6	0	0
6530	SDYS ICARE	5	3	0				
6540	SDYS OUR SAFE PLACE	5	5	2 (40.0%)	1 (50.0%)	-5.5	1	1 (100.0%)
6560	PALOMAR FC FALLBROOK	28	16	12 (75.0%)	11 (91.7%)	-10.9	2	2 (100.0%)
6570	PALOMAR FC N. INLAND/COASTAL	49	40	32 (80.0%)	21 (65.6%)	-6.3	7	5 (71.4%)
6660	PWS CORNERSTONE	7	3	1 (33.3%)	1 (100.0%)	-5.0	0	0
6740	RADY C.E.S. SCHOOL	19	13	10 (76.9%)	8 (80.0%)	-8.6	4	3 (75.0%)
6750	RADY CENTRAL CLINIC	47	29	13 (44.8%)	7 (53.8%)	-5.0	5	4 (80.0%)
6770	RADY NORTH COASTAL CLINIC	34	20	11 (55.0%)	8 (72.7%)	-6.8	3	2 (66.7%)

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

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

3. Improvement is defined for the QSR as at least a 3-point reduction on Youth PSC Total score from initial to discharge assessment.

4. The 5 programs with the largest reported reduction in symptoms from initial to discharge are bolded.

5. Improvement is defined for the QSR as starting above the clinical cutoff on the initial PSC assessment and falling below the clinical cutoff or having a 3-point reduction in symptoms.

Selection Criteria: Clients with CCBH Discharge Dates between 7/1/2018 and 3/31/2019

Data current as of 4/16/2019 at 8 am (downloaded from CYF mHOMS).

Data Source: 4/15/2019 CYF mHOMS extract

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Discharged Clients - Initial to Discharge Youth PSC Report

CCBH Discharge Dates between 7/1/2018 and 3/31/2019

		Clients discharged	Clients open 60 days + ¹	Clients with initial and discharge scores ² (COMPLIANCE RATE)	Clients improved ³	Average PSC change score ⁴	Above CO at Initial	Clients improved ⁵
6790	RADY NORTH INLAND REGION	5	4	1 (25.0%)	1 (100.0%)	-11.0	1	1 (100.0%)
6860	SAY MARSHALL	17	11	8 (72.7%)	6 (75.0%)	-11.5	1	1 (100.0%)
6880	SAY REFLECTIONS CENTRAL	44	22	3 (13.6%)	1 (33.3%)	-4.7	1	1 (100.0%)
6890	SBCS BERRY CLINIC	8	6	1 (16.7%)	1 (100.0%)	-5.0	0	0
6910	SB COMM SRVC SO. REGION OP	35	30	21 (70.0%)	15 (71.4%)	-7.3	5	5 (100.0%)
6950	SDCC EAST OP LA MESA	39	25	2 (8.0%)	2 (100.0%)	-14.0	1	1 (100.0%)
6980	SDCC FFA STABL AND TREATMEN	9	7	3 (42.9%)	3 (100.0%)	-4.3	0	0
6990	SDCC WRAPWORKS	11	5	4 (80.0%)	3 (75.0%)	-9.5	2	2 (100.0%)
7040	UPAC CMH	15	9	6 (66.7%)	4 (66.7%)	-10.0	2	2 (100.0%)
7050	SDUSD INTENSIVE OP	23	13	6 (46.2%)	6 (100.0%)	-16.7	2	2 (100.0%)
7110	SDYS COUNS COVE FSP	14	11	3 (27.3%)	3 (100.0%)	-15.3	2	2 (100.0%)
7130	SDYS EAST REGION OP	20	15	7 (46.7%)	5 (71.4%)	-6.9	1	1 (100.0%)
7180	SDYS BRIDGEWAYS	7	4	0				
7200	SYHC BHG YES	24	18	5 (27.8%)	4 (80.0%)	-7.4	2	1 (50.0%)
7350	VH VISTA HILL ESCONDIDO	18	17	9 (52.9%)	4 (44.4%)	-9.0	1	1 (100.0%)
7360	VH VISTA HILL NORTH INLAND	8	6	3 (50.0%)	3 (100.0%)	-7.7	0	0
7370	VH JUVENILE COURT CLINIC MHS	46	26	4 (15.4%)	1 (25.0%)	4.8	0	0
7390	VH INCREDIBLE FAMILIES EAST	3	2	2 (100.0%)	1 (50.0%)	-2.5	0	0
7410	VH MERIT	6	5	3 (60.0%)	2 (66.7%)	1.7	0	0
7440	UPAC MULTI COMM COUNSEL MH	24	14	10 (71.4%)	8 (80.0%)	-7.3	1	1 (100.0%)
7450	YMCA TIDES	17	8	2 (25.0%)	1 (50.0%)	-3.5	0	0

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

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

3. Improvement is defined for the QSR as at least a 3-point reduction on Youth PSC Total score from initial to discharge assessment.

4. The 5 programs with the largest reported reduction in symptoms from initial to discharge are bolded.

5. Improvement is defined for the QSR as starting above the clinical cutoff on the initial PSC assessment and falling below the clinical cutoff or having a 3-point reduction in symptoms.

Selection Criteria: Clients with CCBH Discharge Dates between 7/1/2018 and 3/31/2019

Data current as of 4/16/2019 at 8 am (downloaded from CYF mHOMS).

Data Source: 4/15/2019 CYF mHOMS extract

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Discharged Clients - Initial to Discharge Youth PSC Report

CCBH Discharge Dates between 7/1/2018 and 3/31/2019

		Clients discharged	Clients open 60 days + ¹	Clients with initial and discharge scores ² (COMPLIANCE RATE)	Clients improved ³	Average PSC change score ⁴	Above CO at Initial	Clients improved ⁵
7510	VH INCREDIBLE FAMILIES NORTH	2	2	1 (50.0%)	0 (0.0%)	-2.0	0	0
7520	VH INCREDIBLE FAMILIES CENTRA	5	5	2 (40.0%)	1 (50.0%)	0.0	0	0
8110	MHS STEPS ADOLESCENT	4	3	0				
8200	NA CAJON VALLEY	13	8	6 (75.0%)	3 (50.0%)	-2.5	1	1 (100.0%)
8220	NA SAN PASQUAL ACADEMY	7	5	1 (20.0%)	0 (0.0%)	8.0	0	0
8230	NA SO CAMPUS RCL 12	22	14	2 (14.3%)	1 (50.0%)	2.5	1	1 (100.0%)
8270	NA CASS	15	10	8 (80.0%)	3 (37.5%)	-0.6	1	1 (100.0%)
8290	NA CTR CHILD YOUTH PSYCH	8	5	0				
8380	SDCC STRTP PROGRAM	3	0	0				
8400	SDUSD MARCY	12	12	6 (50.0%)	4 (66.7%)	-10.5	4	4 (100.0%)
8410	SDUSD NEW DAWN	8	6	3 (50.0%)	0 (0.0%)	2.0	1	0 (0.0%)
8800	MHS FAMILIES FORWARD	10	5	1 (20.0%)	1 (100.0%)	-14.0	1	1 (100.0%)
8820	FF WRAPAROUND PROGRAM	10	7	6 (85.7%)	3 (50.0%)	-8.2	2	1 (50.0%)
8830	FF YOUTH CENTER	1	0	0				
8850	MHS FAMILIES FORWARD N CNTY	9	6	5 (83.3%)	2 (40.0%)	0.0	2	2 (100.0%)
8860	MHS FAMILIES FORWARD E CNTY	13	10	1 (10.0%)	1 (100.0%)	-14.0	1	1 (100.0%)
Countywide Summary		1386	832	412 (49.5%)	275 (66.7%)	-6.6	122	100 (82.0%)

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

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

3. Improvement is defined for the QSR as at least a 3-point reduction on Youth PSC Total score from initial to discharge assessment.

4. The 5 programs with the largest reported reduction in symptoms from initial to discharge are bolded.

5. Improvement is defined for the QSR as starting above the clinical cutoff on the initial PSC assessment and falling below the clinical cutoff or having a 3-point reduction in symptoms.

Selection Criteria: Clients with CCBH Discharge Dates between 7/1/2018 and 3/31/2019

Data current as of 4/16/2019 at 8 am (downloaded from CYF mHOMS).

Data Source: 4/15/2019 CYF mHOMS extract

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Discharged Clients - Initial to Discharge CANS Report

CCBH Discharge Dates between 7/1/2018 and 3/31/2019

		Clients discharged	Clients open 60 days + ¹	Clients with initial and discharge scores ² (COMPLIANCE RATE)	Client needs improved ³	Average needs change score	Client strengths improved ³	Average strengths change score
6000	CASA DE AMPARO	20	9	8 (88.9%)	1 (12.5%)	2.6	2 (28.6%)	-0.3
6060	CRF CROSSROADS	93	70	69 (98.6%)	31 (44.9%)	-2.0	18 (26.1%)	-0.2
6070	CRF DOUGLAS YOUNG	117	71	70 (98.6%)	21 (30.0%)	-1.7	18 (26.5%)	0.4
6080	CRF MAST	62	48	45 (93.8%)	20 (44.4%)	-2.2	15 (33.3%)	-0.3
6090	CRF NUEVA VISTA	113	76	76 (100.0%)	20 (26.3%)	-1.3	12 (18.5%)	0.3
6100	DCS DEAF COMM SERVICES (C)	2	1	1 (100.0%)	0 (0.0%)	-2.0	0 (0.0%)	0.0
6140	SWEETWATER OP CLINIC	1	1	1 (100.0%)	0 (0.0%)	-2.0	0 (0.0%)	0.0
6200	FHC COMM CIRCLE CENT	15	11	10 (90.9%)	4 (40.0%)	-2.1	4 (40.0%)	0.9
6210	FHC COMM CIRCLE EAST	19	9	8 (88.9%)	6 (75.0%)	-4.3	3 (37.5%)	0.6
6260	MHS SCHOOL BASED	28	13	13 (100.0%)	3 (23.1%)	-1.7	7 (53.8%)	0.8
6350	NA CABRILLO ASSESS CTR CENTR	303	105	101 (96.2%)	58 (57.4%)	-3.3	47 (47.0%)	0.7
6460	NC LIFELINE OCEANSIDE	22	13	12 (92.3%)	10 (83.3%)	-5.8	8 (66.7%)	1.3
6480	NC LIFELINE VISTA	48	34	33 (97.1%)	16 (48.5%)	-2.6	17 (54.8%)	1.3
6530	SDYS ICARE	5	3	1 (33.3%)	0 (0.0%)	2.0	0 (0.0%)	-1.0
6540	SDYS OUR SAFE PLACE	6	5	2 (40.0%)	0 (0.0%)	-0.5	1 (50.0%)	2.5
6560	PALOMAR FC FALLBROOK	43	29	28 (96.6%)	11 (39.3%)	-2.6	16 (59.3%)	0.0
6570	PALOMAR FC N. INLAND/COASTAL	72	60	50 (83.3%)	22 (44.0%)	-2.6	27 (60.0%)	0.5
6660	PWS CORNERSTONE	16	8	7 (87.5%)	2 (28.6%)	-1.9	3 (42.9%)	1.7
6740	RADY C.E.S. SCHOOL	21	15	15 (100.0%)	5 (33.3%)	-1.5	4 (28.6%)	-1.3
6750	RADY CENTRAL CLINIC	66	44	42 (95.5%)	9 (21.4%)	-1.4	9 (21.4%)	-0.1

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

2. "Discharge CANS Score" = # of needs/strengths at discharge or follow-up (if the measure was completed within 60 days prior to client discharge date).

3. Improvement is defined for the QSR as: 1) reduction of 3 actionable needs from initial to discharge assessment, and 2) increase (development) in 1 strength from initial to discharge assessment.

Selection Criteria: Clients with CCBH Discharge Dates between 7/1/2018 and 3/31/2019

Data current as of 4/16/2019 at 8 am (downloaded from CYF mHOMS).

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Discharged Clients - Initial to Discharge CANS Report

CCBH Discharge Dates between 7/1/2018 and 3/31/2019

		Clients discharged	Clients open 60 days + ¹	Clients with initial and discharge scores ² (COMPLIANCE RATE)	Client needs improved ³	Average needs change score	Client strengths improved ³	Average strengths change score
6770	RADY NORTH COASTAL CLINIC	54	32	25 (78.1%)	11 (44.0%)	-2.7	11 (44.0%)	0.8
6790	RADY NORTH INLAND REGION	10	6	6 (100.0%)	3 (50.0%)	-1.8	1 (16.7%)	0.3
6860	SAY MARSHALL	29	22	20 (90.9%)	14 (70.0%)	-3.4	10 (50.0%)	-0.6
6880	SAY REFLECTIONS CENTRAL	44	22	22 (100.0%)	4 (18.2%)	-0.2	7 (31.8%)	0.4
6890	SBCS BERRY CLINIC	11	9	9 (100.0%)	2 (22.2%)	-2.7	3 (37.5%)	1.0
6910	SB COMM SRVC SO. REGION OP	50	44	40 (90.9%)	16 (40.0%)	-2.2	20 (54.1%)	1.4
6950	SDCC EAST OP LA MESA	68	42	33 (78.6%)	7 (21.2%)	-1.5	12 (44.4%)	0.4
6980	SDCC FFA STABL AND TREATMENT	18	13	11 (84.6%)	5 (45.5%)	-1.8	5 (45.5%)	0.6
6990	SDCC WRAPWORKS	13	6	6 (100.0%)	1 (16.7%)	1.5	1 (16.7%)	-1.0
7040	UPAC CMH	20	12	11 (91.7%)	4 (36.4%)	-2.8	3 (27.3%)	0.0
7050	SDUSD INTENSIVE OP	24	14	12 (85.7%)	4 (33.3%)	-2.4	4 (40.0%)	-0.5
7110	SDYS COUNS COVE FSP	22	18	17 (94.4%)	2 (11.8%)	-1.1	3 (17.6%)	0.4
7130	SDYS EAST REGION OP	27	20	20 (100.0%)	6 (30.0%)	-1.8	6 (30.0%)	0.9
7180	SDYS BRIDGEWAYS	10	5	3 (60.0%)	2 (66.7%)	-2.7	1 (33.3%)	0.0
7200	SYHC BHG YES	34	25	23 (92.0%)	9 (39.1%)	-2.1	7 (35.0%)	0.5
7350	VH VISTA HILL ESCONDIDO	34	32	31 (96.9%)	23 (74.2%)	-3.5	21 (67.7%)	2.5
7360	VH VISTA HILL NORTH INLAND	19	17	15 (88.2%)	3 (20.0%)	-1.5	5 (33.3%)	0.3
7370	VH JUVENILE COURT CLINIC MHSA	49	29	28 (96.6%)	11 (39.3%)	-1.8	5 (17.9%)	0.0
7390	VH INCREDIBLE FAMILIES EAST	15	12	11 (91.7%)	6 (54.5%)	-2.2	5 (45.5%)	0.1
7410	VH MERIT	6	5	3 (60.0%)	0 (0.0%)	1.7	0 (0.0%)	0.0

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

2. "Discharge CANS Score" = # of needs/strengths at discharge or follow-up (if the measure was completed within 60 days prior to client discharge date).

3. Improvement is defined for the QSR as: 1) reduction of 3 actionable needs from initial to discharge assessment, and 2) increase (development) in 1 strength from initial to discharge assessment.

Selection Criteria: Clients with CCBH Discharge Dates between 7/1/2018 and 3/31/2019

Data current as of 4/16/2019 at 8 am (downloaded from CYF mHOMS).

Data Source: 4/15/2019 CYF mHOMS extract

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Discharged Clients - Initial to Discharge CANS Report

CCBH Discharge Dates between 7/1/2018 and 3/31/2019

		Clients discharged	Clients open 60 days + ¹	Clients with initial and discharge scores ² (COMPLIANCE RATE)	Client needs improved ³	Average needs change score	Client strengths improved ³	Average strengths change score
7440	UPAC MULTI COMM COUNSEL MHS	27	15	14 (93.3%)	8 (57.1%)	-2.9	3 (21.4%)	0.4
7450	YMCA TIDES	20	9	6 (66.7%)	2 (33.3%)	-1.5	2 (33.3%)	0.2
7510	VH INCREDIBLE FAMILIES NORTH	7	7	6 (85.7%)	0 (0.0%)	-0.5	2 (33.3%)	0.5
7520	VH INCREDIBLE FAMILIES CENTRA	20	19	19 (100.0%)	5 (26.3%)	-0.1	12 (63.2%)	1.4
8110	MHS STEPS ADOLESCENT	4	3	1 (33.3%)	0 (0.0%)	-2.0	0 (0.0%)	0.0
8200	NA CAJON VALLEY	19	13	13 (100.0%)	5 (38.5%)	-2.2	5 (38.5%)	0.5
8220	NA SAN PASQUAL ACADEMY	7	5	5 (100.0%)	0 (0.0%)	3.8	2 (40.0%)	0.4
8230	NA SO CAMPUS RCL 12	22	14	12 (85.7%)	2 (16.7%)	-0.4	2 (16.7%)	0.2
8270	NA CASS	29	21	21 (100.0%)	11 (52.4%)	-2.5	12 (60.0%)	2.0
8290	NA CTR CHILD YOUTH PSYCH	11	7	6 (85.7%)	1 (16.7%)	0.8	2 (33.3%)	0.5
8380	SDCC STRTP PROGRAM	3	0	0				
8400	SDUSD MARCY	12	12	11 (91.7%)	2 (18.2%)	-1.2	1 (9.1%)	0.3
8410	SDUSD NEW DAWN	8	6	5 (83.3%)	1 (20.0%)	0.4	1 (20.0%)	0.4
8800	MHS FAMILIES FORWARD	10	5	5 (100.0%)	0 (0.0%)	0.0	1 (20.0%)	0.4
8820	FF WRAPAROUND PROGRAM	12	8	8 (100.0%)	5 (62.5%)	-3.5	3 (50.0%)	0.5
8830	FF YOUTH CENTER	1	0	0				
8850	MHS FAMILIES FORWARD N CNTY	9	6	6 (100.0%)	2 (33.3%)	-2.3	1 (16.7%)	0.2
8860	MHS FAMILIES FORWARD E CNTY	17	12	10 (83.3%)	4 (40.0%)	-0.9	3 (30.0%)	0.8
Countywide Summary		1867	1172	1086 (92.7%)	420 (38.7%)	-2.0	393 (37.6%)	0.5

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

2. "Discharge CANS Score" = # of needs/strengths at discharge or follow-up (if the measure was completed within 60 days prior to client discharge date).

3. Improvement is defined for the QSR as: 1) reduction of 3 actionable needs from initial to discharge assessment, and 2) increase (development) in 1 strength from initial to discharge assessment.

Selection Criteria: Clients with CCBH Discharge Dates between 7/1/2018 and 3/31/2019

Data current as of 4/16/2019 at 8 am (downloaded from CYF mHOMS).

Data Source: 4/15/2019 CYF mHOMS extract

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

Discharge Dates between 7/1/2018 and 3/31/2019 (According to PESQ Date)

		Clients discharged that were open at least one month ¹	Clients with intake and discharge scores (COMPLIANCE RATE)	Clients improved ²	Average PESQ change score ⁴
6060	CRF CROSSROADS	3	3 (100.0%)	0 (0.0%)	-0.3
	Clients above clinical cutpoint	---	0 ---	0 #Num!	
6080	CRF MAST	8	5 (62.5%)	2 (40.0%)	-4.0
	Clients above clinical cutpoint	---	5 ---	1 (20.0%)	
6090	CRF NUEVA VISTA	1	0 (0.0%)	0 #Num!	
	Clients above clinical cutpoint	---	0 ---	0 #Num!	
6750	RADY CENTRAL CLINIC	2	0 (0.0%)	0 #Num!	
	Clients above clinical cutpoint	---	0 ---	0 #Num!	
6770	³ RADY NORTH COASTAL CLINIC	1	1 (100.0%)	0 (0.0%)	0.0
	Clients above clinical cutpoint	---	0 ---	0 #Num!	
7040	UPAC CMH	1	1 (100.0%)	1 (100.0%)	-5.0
	Clients above clinical cutpoint	---	0 ---	0 #Num!	
7200	SYHC BHG YES	6	6 (100.0%)	3 (50.0%)	-9.8
	Clients above clinical cutpoint	---	2 ---	2 (100.0%)	
Countywide Summary		22	16 (72.7%)	6 (37.5%)	-5.3
	Clients above clinical cutpoint	---	7 ---	3 (42.9%)	

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

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

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

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

--- = Not Applicable