

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

January 2018—March 2018

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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 the 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 third quarter of Fiscal Year 2017-2018, spanning January 1 through March 31, 2018.

## 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 existing clients for the IMR (56.0%) or RMQ (46.0%) follow-up assessments were higher than the previous quarter (52.0% and 41.3%, respectively). Completion rates for new 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.
- Both new and existing clients had significantly better Overall IMR, IMR Recovery, and IMR Management scores between the current assessment and previous assessment. This indicates that, in general, clients made progress towards their recovery during the current quarter.

- Most new clients (52.3%) 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 intake assessment to the current follow-up assessment were statistically significant for new clients.
- Poorly coping/engaged was the most common MORS rating by clinicians for new clients (65.7%) at intake and for existing clients (80.7%) at the current assessment.
- The majority (74.1%) of existing clients (n=58) 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 (78.6%) 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 (53.4%) of existing clients between the current and previous assessment.
- The highest proportion of existing patients were rated as being in “Remission or Recovery” stage on the SATS-R at both the current (36.3%) and previous (38.1%) assessments.

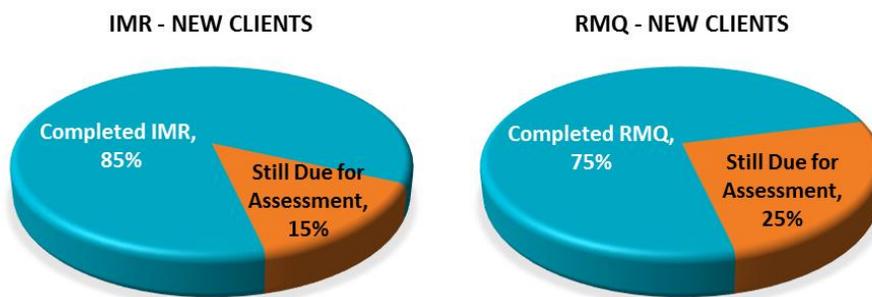
## Process Outcomes

### 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

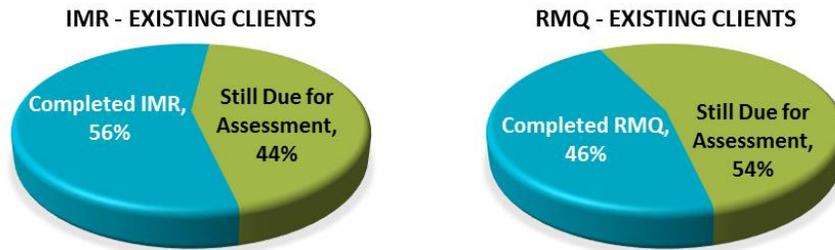


**NOTE:** New clients (n=307) are defined as having an open assignment and receipt of services during the current quarter at subunits (n=78) that complete outcomes assessments in mHOMS. IMR and RMQ completion counts for new clients are reported by subunit in Appendix A. Clients with an open assignment 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.

#### Within the current quarter:

- 307 new clients received services.
- Most new clients had an IMR (85.0%) or RMQ (75.0%) assessment entered into mHOMS at intake.
- About one sixth (14.0%) of new clients did not have an outcomes assessment (either IMR or RMQ) completed in mHOMS.

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



### Within the current quarter:

- 6,638 existing clients were due for an assessment.
- IMR assessments were entered into mHOMS for 56.0% of existing clients.
- The follow-up RMQ assessment was completed for close to half of all existing clients (46.0%).

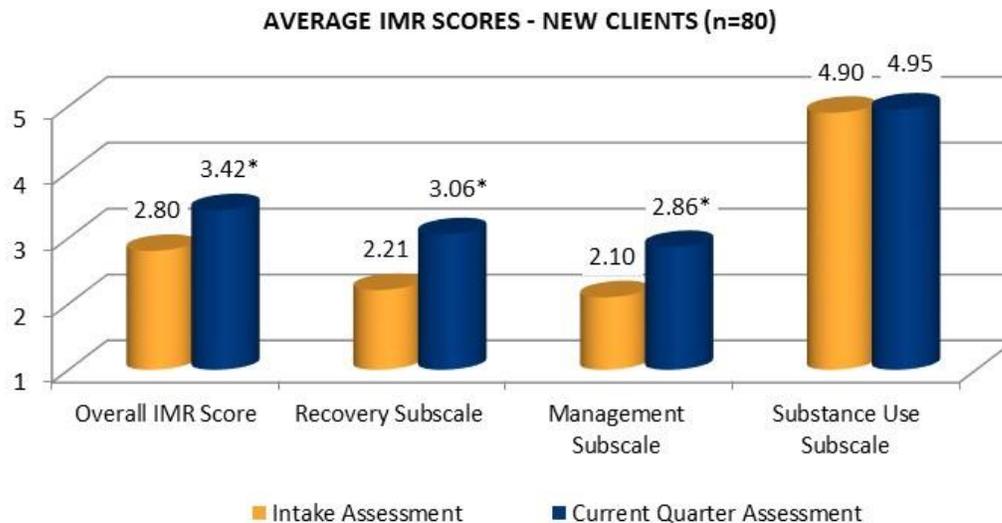
**NOTE:** Existing client is defined as having an open assignment and at least one completed outcome assessment in mHOMS. IMR and RMQ completion rates for existing clients are reported by subunit in Appendix A. Clients with an open assignment have not been discharged or closed in CCBH during the current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

## Outcomes Objectives

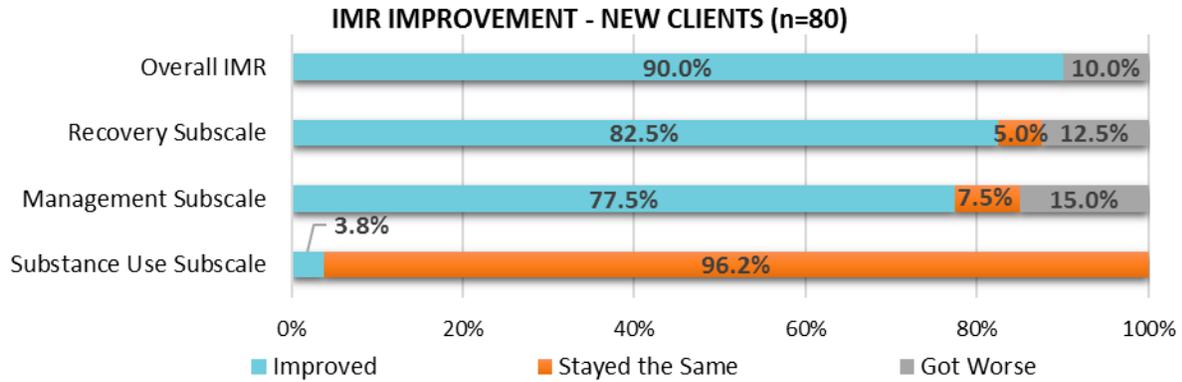
### Illness Management and Recovery Scale

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.

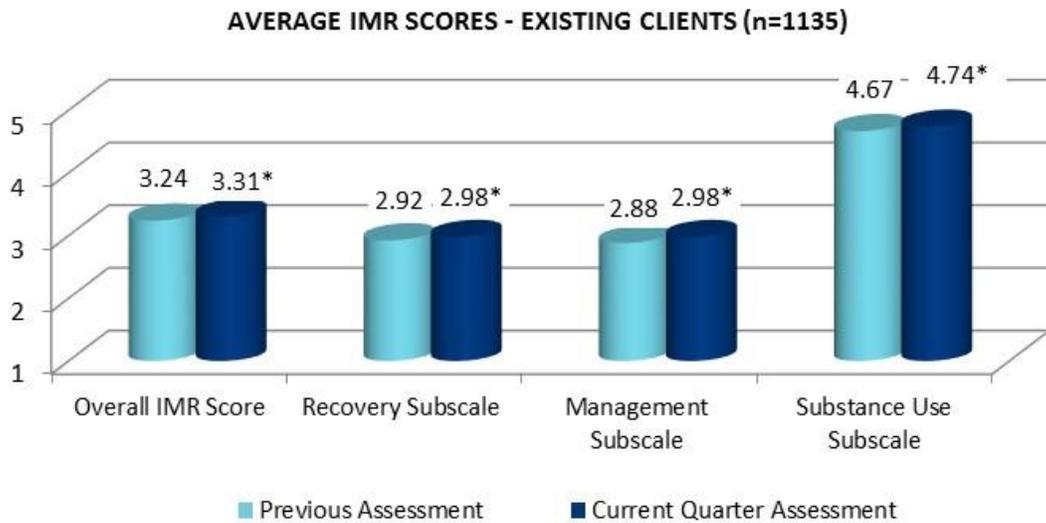
"NEW" clients (n=80) are those individuals who had a follow-up assessment within the current quarter and their previous assessment was an intake assessment.



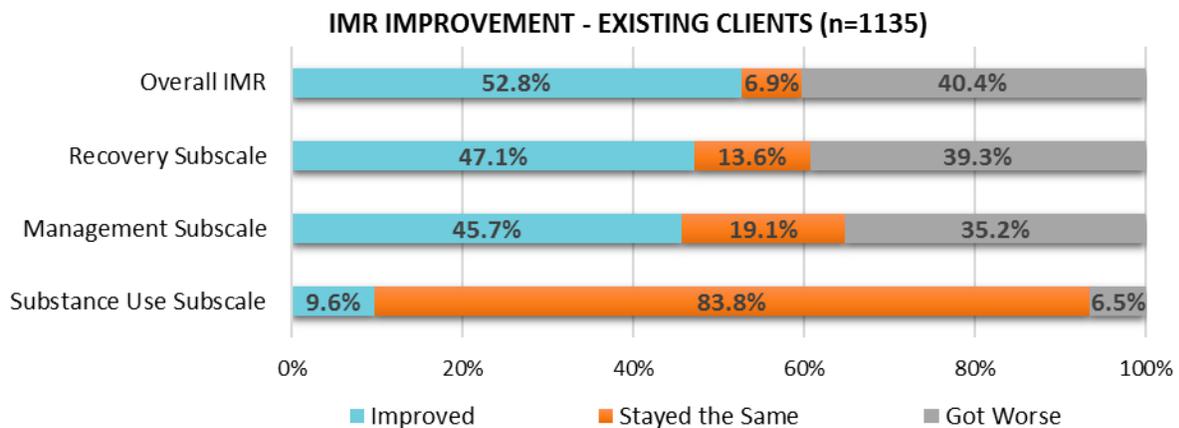
\* Indicates statistical significance



“EXISTING” clients (n=1,135) 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).



\* Indicates statistical significance



## 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.

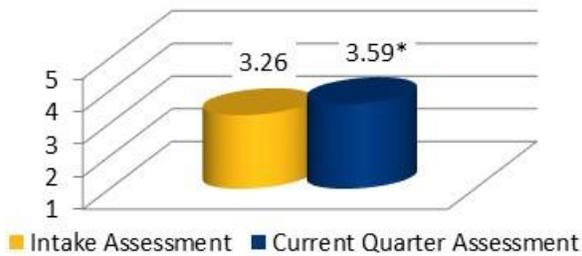
- New clients had lower Overall IMR, IMR Recovery, and IMR Management subscale scores at intake, compared to existing clients' previous assessment. This trend is expected, as clients new to services may be in crisis or experiencing greater symptom distress than existing clients who have been receiving services for several months or years.
- Most new clients (90.0%) 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 clients between the intake assessment and the current assessment.
- IMR Substance Use subscale scores did not change for the majority of new (96.2%) or existing (83.8%) clients with paired assessments; however, average Substance Use subscale scores were relatively high, indicating that few clients were impacted by alcohol or drug use.
- The majority (74.1%) of existing clients (n=58) 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. Few clients identified as experiencing substance use concerns (8.6%) experienced a greater level of impairment at the current assessment, compared to the previous assessment.
- There were statistically significant changes in Overall IMR, IMR Recovery, IMR Management and IMR Substance Use subscale scores for existing clients between the previous assessment and the current assessment.
- Between 45.7% and 52.8% 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.
- More existing clients had a pair of assessments during the current quarter (n=1,135) compared to the second quarter of FY 2017-18 (n=932).

## 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.

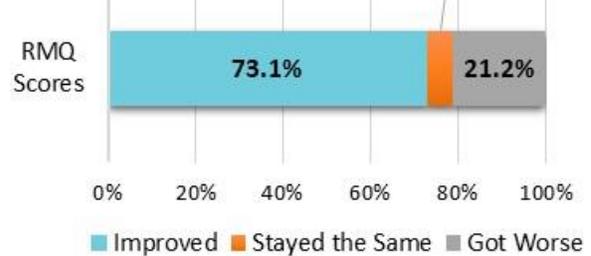
"NEW" clients (n=52) are those individuals who had a follow-up RMQ assessment within the current quarter, and their previous assessment was an intake assessment.

**AVERAGE RMQ SCORES - NEW CLIENTS**  
(n=52)



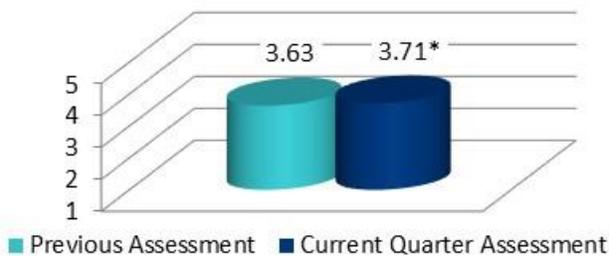
\* Indicates statistical significance

**RMQ IMPROVEMENT - NEW CLIENTS**  
(n=52)



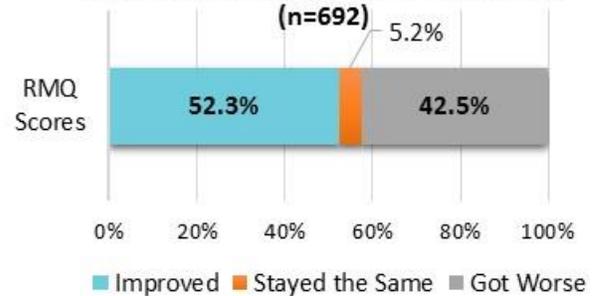
“EXISTING” clients (n=692) include individuals served who had a follow-up RMQ assessment completed within the current quarter, and a prior assessment completed within the past four to eight months (Previous Assessment).

**AVERAGE RMQ SCORES - EXISTING CLIENTS**  
(n=692)



\* Indicates statistical significance

**RMQ IMPROVEMENT - EXISTING CLIENTS**  
(n=692)



## 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 (73.1%) of new clients had improvements in RMQ scores at the follow-up assessment, compared to intake.
- There was a statistically significant change in RMQ scores for new and existing clients between the previous assessment and the current assessment, suggesting that, on average, both existing and new clients perceived that they are making progress towards recovery.
- Half of existing clients (52.3%) reported that their recovery had improved at the follow-up assessment, compared to their previous assessment.

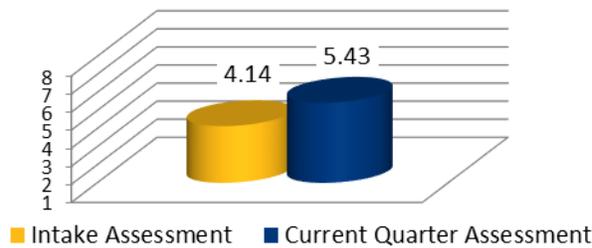
- More existing clients had a pair of assessments during the current quarter (n=692) compared to the second quarter of FY 2017-18 (n=530).

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

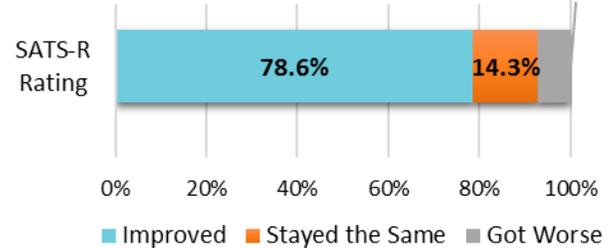
The SATS-R is used by clinicians to assess a person's motivation to change their substance use behavior. It should not be used for diagnosis purposes. A clinician is required to complete a SATS-R when a client has an active substance-related treatment plan goal in his/her client plan. The SATS-R should 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=14) 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.

**AVERAGE SATS-R LEVEL - NEW CLIENTS**  
(n=14)

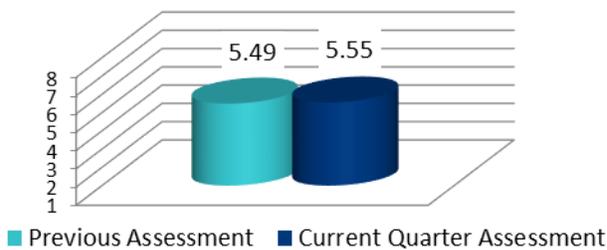


**SATS-R IMPROVEMENT - NEW CLIENTS**  
(n=14)

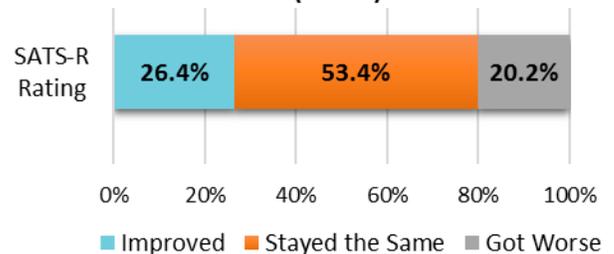


“EXISTING” clients (n=504) include individuals served who had a substance use goal, had a follow-up SATS-R assessment completed within the current quarter, and a prior SATS-R assessment completed within the past four to eight months (Previous Assessment).

**AVERAGE SATS-R LEVEL - EXISTING CLIENTS**  
(n=504)



**SATS-R IMPROVEMENT - EXISTING CLIENTS**  
(n=504)



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

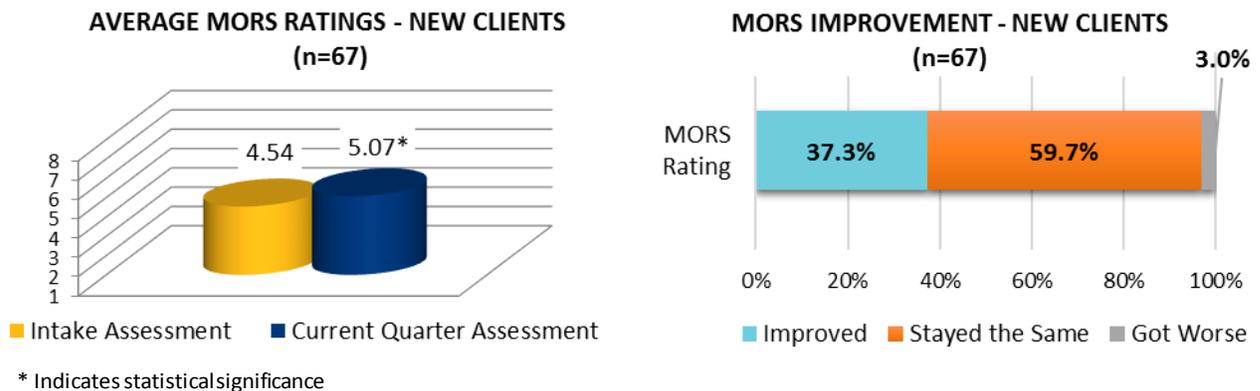
The above charts include SATS-R data for clients who had a follow-up assessment completed within the current quarter and an intake or previous assessment completed within the past four to eight months. The method of comparing two assessments completed at different time points (also known as paired assessments) 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 (78.6%) 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.
- At intake, the majority of new clients were rated by their clinician as being in the “Early Active Treatment” stage of recovery (35.7%).
- SATS-R ratings remained consistent for more than half (53.4%) 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.
- The highest proportion of existing patients were rated as being in “Remission or Recovery” stage at both the current (36.3%) and previous (38.1%) assessments.

## Milestones of Recovery Scale (MORS)

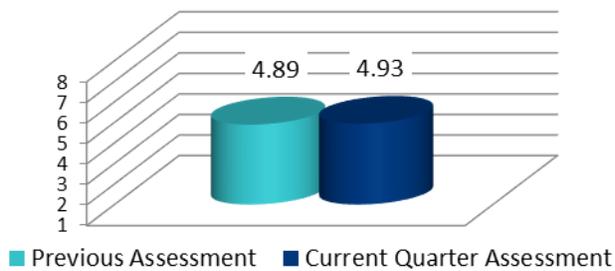
The Milestones of Recovery Scale (MORS) is an assessment of the clinicians’ perceptions of their clients’ current milestone of recovery, and is typically conducted at intake with re-assessment every six months. MORS ratings range from 1 to 8, with higher scores indicating greater progress towards recovery.

“NEW” clients (n=67) are those individuals who had a follow-up MORS assessment within the current quarter, and the previous assessment was an intake assessment.

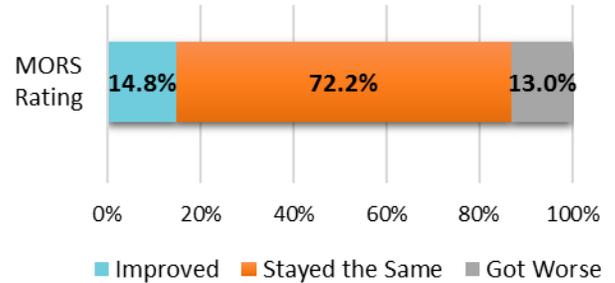


“EXISTING” clients (n=461) includes individuals served who had a follow-up MORS assessment completed within the current quarter and a prior MORS assessment completed within the past four to eight months (Previous Assessment).

**AVERAGE MORS RATINGS - EXISTING CLIENTS**  
(n=461)



**MORS IMPROVEMENT - EXISTING CLIENTS**  
(n=461)



### 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.
- MORS ratings remained consistent for the majority of new (59.7%) and existing (72.2%) clients between the current and previous assessment.
- Poorly coping/engaged was the most common rating by clinicians for new clients (65.7%) at intake and for existing clients (80.7%) at the current assessment.
- The changes in MORS ratings from the previous assessment to the current follow-up assessment were statistically significant for new clients only.
- More existing clients had a pair of assessments during the current quarter (n=461) compared to the second quarter of FY 2017-18 (n=407).

# APPENDIX A

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Collecting and evaluating outcomes can support a greater understanding of the impact of services on clients' recovery over time. The subsequent tables summarize two sets of information—the first table is for “NEW” clients and the second table is for “EXISTING” clients.

The Q3 Completion Column summarizes the percentage of Illness Management and Recovery (IMR) and Recovery Marker Questionnaire (RMQ) assessments entered into mHOMS during Q3 FY 17-18 for new or existing clients. “NEW” clients are those individuals who had an intake assessment within the current quarter and “EXISTING” clients include individuals served who had a non-intake prior assessment completed within the current quarter. These percentages can be used to gain a sense of how regularly each program (unit) is using mHOMS to document their clients' recovery progress. Higher percentages indicate that staff are entering completed assessments into mHOMS more consistently.

The Changes in Outcomes in Q3 columns document the number of new or existing clients who have a pair of IMR and/or RMQ assessments, completed between four to eight months apart, as well as the percentage of clients whose recovery outcomes have improved since the previous assessment. “NEW” clients are those individuals who had a follow-up assessment within the current quarter and their previous assessment was an intake assessment. “EXISTING” clients include individuals served who had a follow-up assessment completed within the current quarter, and a prior non-intake assessment completed within the past four to eight months.

“NA” is reported for programs that did not have a pair of assessments available to report during the current quarter. It is common for some programs to not have a pair of assessments available for new clients.

## Mental Health Outcomes Management System (mHOMS)

### FY 2017-18 Q3 Outcomes Report

Summary of IMR Data for New Clients

Data collected between 1/1/2018 and 3/31/2018

Unit	Site Name	Q3 COMPLETION	CHANGES IN OUTCOMES IN Q3		
		Intake IMR Completion for NEW Clients in Q3 (% and total client count)	# NEW Clients with a pair of IMR Assessments (Intake and Current)	# of NEW Clients with IMR Improvement	% IMR Overall Improvement - NEW Clients
1110	CO SOUTHEAST CLINIC	80% (n=15)	0	NA	NA
1120	CO NORTH CENTRAL CLINIC	75% (n=20)	0	NA	NA
1130	CO EAST COUNTY CLINIC	91% (n=22)	4	4	100%
1320	CO MORENA STRENGTH BASED CM	0% (n=0)	0	NA	NA
3000	UPAC MIDTOWN CENTER	71% (n=7)	0	NA	NA
3010	UPAC EAST WIND ADULT MHSA	100% (n=1)	1	1	100%
3030	NHA PROJECT ENABLE	88% (n=16)	1	1	100%
3040	CRF HEARTLAND CENTER	97% (n=31)	15	14	53%
3050	MHS KINESIS	100% (n=5)	0	NA	NA
3060	MHS VISTA CLINIC	67% (n=6)	5	5	100%
3070	MHS NORTH INLAND CLINIC	85% (n=20)	0	NA	NA
3080	MHS NORTH COASTAL CLINIC	100% (n=16)	0	NA	NA
3090	CRF DOUGLAS YOUNG CLINIC MHSA	95% (n=19)	0	NA	NA
3100	CRF SOUTH BAY GUIDANCE SBCM	88% (n=24)	4	3	75%
3110	CRF ARETA CROWELL CENTER MHSA	67% (n=6)	0	NA	NA
3150	FHC LOGAN HEIGHTS	100% (n=10)	6	5	83%
3160	SURVIVORS OF TORTURE MHSA	86% (n=7)	4	4	100%
3180	CRF MARIA SARDINAS	88% (n=24)	0	NA	NA
3240	CRF DOWNTOWN IMPACT	0% (n=0)	2	2	100%
3250	DCS DEAF COMMUNITY SERVICES (A)	86% (n=7)	4	4	100%
3280	TELECARE AGEWISE OLDER ADULT SBCM	80% (n=10)	7	3	43%
3310	TELECARE GATEWAY TO RECOVERY	0% (n=0)	0	NA	NA
3330	TELECARE ACT	0% (n=0)	0	NA	NA
3350	MHS NO COUNTY SB CASEMGMT MHSA	67% (n=3)	1	0	0%
3360	MHS NORTH STAR ACT	0% (n=0)	0	NA	NA
3400	CRF IMPACT	0% (n=0)	0	NA	NA
3410	MHS CENTER STAR ACT	0% (n=0)	0	NA	NA
3480	CRF SENIOR IMPACT	100% (n=2)	1	1	54%
3960	CRF CASA PACIFICA	0% (n=0)	0	NA	NA
4110	EXODUS CENTRAL	86% (n=7)	1	1	100%

## Mental Health Outcomes Management System (mHOMS)

### FY 2017-18 Q3 Outcomes Report

Summary of IMR Data for New Clients

Data collected between 1/1/2018 and 3/31/2018

Unit	Site Name	Q3 COMPLETION	CHANGES IN OUTCOMES IN Q3		
		Intake IMR Completion for NEW Clients in Q3 (% and total client count)	# NEW Clients with a pair of IMR Assessments (Intake and Current)	# of NEW Clients with IMR Improvement	% IMR Overall Improvement - NEW Clients
4190	TELECARE PROPS SD	0% (n=0)	0	NA	NA
4200	TELECARE BEHAVIORAL HEALTH COURT	0% (n=0)	0	NA	NA
4230	SYHC CHALDEAN MIDDLE EASTERN	100% (n=16)	19	19	100%
4240	MHS ACTION CENTRAL FSP MHSA POFA	0% (n=0)	0	NA	NA
4250	MHS - ACTION EAST FSP MHSA POFA	100% (n=5)	0	NA	NA
4260	PATHWAYS CATALYST	0% (n=0)	0	NA	NA
4270	PATHWAYS KICKSTART PEI MHSA	44% (n=9)	5	5	100%
4280	UPAC CMTY WELLNESS CLINIC MD	50% (n=12)	0	NA	NA
4290	UPAC NEW LEAF REC CENTER MD	80% (n=5)	0	NA	NA
4340	CRF ADELANTE FSP MHSA	0% (n=0)	0	NA	NA
4350	MHS NORTH COASTAL ACT FSP MHSA	0% (n=0)	0	NA	NA
4360	UPAC NEW LEAF RC NO OP MHSA	0% (n=0)	0	NA	NA
7240	SURVIVORS OF TORTURE	100% (n=1)	0	NA	NA

## Mental Health Outcomes Management System (mHOMS)

### FY 2017-18 Q3 Outcomes Report

Summary of IMR Data for Existing Clients

Data collected between 1/1/2018 and 3/31/2018

Unit	Site Name	Q3 COMPLETION	CHANGES IN OUTCOMES IN Q3		
		Follow-up IMR Completion for EXISTING Clients in Q3 (% and total client count)	# EXISTING Clients with a pair of IMR Assessments (Previous and Current)	# of EXISTING Clients with IMR Improvement	% IMR Overall Improvement - EXISTING Clients
1110	CO SOUTHEAST CLINIC	57% (n=110)	1	1	100%
1120	CO NORTH CENTRAL CLINIC	64% (n=295)	6	3	50%
1130	CO EAST COUNTY CLINIC	84% (n=265)	58	33	57%
1320	CO MORENA STRENGTH BASED CM	28% (n=378)	61	28	46%
3000	UPAC MIDTOWN CENTER	62% (n=120)	9	5	56%
3010	UPAC EAST WIND ADULT MHSA	91% (n=69)	29	11	38%
3030	NHA PROJECT ENABLE	54% (n=192)	10	7	70%
3040	CRF HEARTLAND CENTER	72% (n=307)	87	56	53%
3050	MHS KINESIS	62% (n=154)	16	12	75%
3060	MHS VISTA CLINIC	86% (n=274)	125	48	38%
3070	MHS NORTH INLAND CLINIC	64% (n=282)	1	1	100%
3080	MHS NORTH COASTAL CLINIC	72% (n=452)	10	7	70%
3090	CRF DOUGLAS YOUNG CLINIC MHSA	62% (n=172)	2	1	50%
3100	CRF SOUTH BAY GUIDANCE SBCM	66% (n=394)	10	5	50%
3110	CRF ARETA CROWELL CENTER MHSA	37% (n=353)	0	NA	NA
3150	FHC LOGAN HEIGHTS	100% (n=43)	18	10	56%
3160	SURVIVORS OF TORTURE MHSA	76% (n=42)	23	10	43%
3180	CRF MARIA SARDINAS	31% (n=400)	2	1	50%
3240	CRF DOWNTOWN IMPACT	49% (n=347)	135	88	65%
3250	DCS DEAF COMMUNITY SERVICES (A)	46% (n=24)	1	1	100%
3280	TELECARE AGEWISE OLDER ADULT SBCM	52% (n=319)	136	65	48%
3310	TELECARE GATEWAY TO RECOVERY	61% (n=207)	91	39	43%
3330	TELECARE ACT	70% (n=140)	63	40	63%
3350	MHS NO COUNTY SB CASEMGMT MHSA	50% (n=145)	15	4	27%
3360	MHS NORTH STAR ACT	31% (n=107)	6	2	33%
3400	CRF IMPACT	54% (n=253)	75	38	51%
3410	MHS CENTER STAR ACT	23% (n=177)	9	7	78%
3480	CRF SENIOR IMPACT	60% (n=176)	64	32	54%
3960	CRF CASA PACIFICA	68% (n=22)	1	1	100%
4110	EXODUS CENTRAL	53% (n=130)	7	5	71%

## Mental Health Outcomes Management System (mHOMS)

### FY 2017-18 Q3 Outcomes Report

Summary of IMR Data for Existing Clients

Data collected between 1/1/2018 and 3/31/2018

Unit	Site Name	Q3 COMPLETION	CHANGES IN OUTCOMES IN Q3		
		Follow-up IMR Completion for EXISTING Clients in Q3 (% and total client count)	# EXISTING Clients with a pair of IMR Assessments (Previous and Current)	# of EXISTING Clients with IMR Improvement	% IMR Overall Improvement - EXISTING Clients
4190	TELECARE PROPS SD	36% (n=58)	6	1	17%
4200	TELECARE BEHAVIORAL HEALTH COURT	51% (n=45)	3	1	33%
4230	SYHC CHALDEAN MIDDLE EASTERN	79% (n=126)	36	26	72%
4240	MHS ACTION CENTRAL FSP MHSA POFA	28% (n=43)	0	NA	NA
4250	MHS - ACTION EAST FSP MHSA POFA	54% (n=79)	0	NA	NA
4260	PATHWAYS CATALYST	28% (n=212)	11	4	36%
4270	PATHWAYS KICKSTART PEI MHSA	40% (n=94)	8	6	75%
4280	UPAC CMTY WELLNESS CLINIC MD	60% (n=99)	0	NA	NA
4290	UPAC NEW LEAF REC CENTER MD	71% (n=21)	0	NA	NA
4340	CRF ADELANTE FSP MHSA	83% (n=24)	0	NA	NA
4350	MHS NORTH COASTAL ACT FSP MHSA	19% (n=67)	0	NA	NA
4360	UPAC NEW LEAF RC NO OP MHSA	50% (n=2)	0	NA	NA
7240	SURVIVORS OF TORTURE	100% (n=1)	0	NA	NA

## Mental Health Outcomes Management System (mHOMS)

### FY 2017-18 Q3 Outcomes Report

Summary of RMQ Data for New Clients

Data collected between 1/1/2018 and 3/31/2018

Unit	Site Name	Q3 COMPLETION	CHANGES IN OUTCOMES IN Q3		
		Intake RMQ Completion for NEW Clients in Q3 (% and total client count)	# NEW Clients with a pair of RMQ Assessments (Intake and Current)	# of NEW Clients with RMQ Improvement	% RMQ Overall Improvement - NEW Clients
1110	CO SOUTHEAST CLINIC	80% (n=15)	0	NA	NA
1120	CO NORTH CENTRAL CLINIC	85% (n=20)	0	NA	NA
1130	CO EAST COUNTY CLINIC	95% (n=22)	4	2	50%
1320	CO MORENA STRENGTH BASED CM	0% (n=0)	0	NA	NA
3000	UPAC MIDTOWN CENTER	57% (n=7)	0	NA	NA
3010	UPAC EAST WIND ADULT MHSA	100% (n=1)	1	1	100%
3030	NHA PROJECT ENABLE	75% (n=16)	1	0	0%
3040	CRF HEARTLAND CENTER	97% (n=31)	12	9	53%
3050	MHS KINESIS	80% (n=5)	0	NA	NA
3060	MHS VISTA CLINIC	50% (n=6)	4	3	75%
3070	MHS NORTH INLAND CLINIC	80% (n=20)	0	NA	NA
3080	MHS NORTH COASTAL CLINIC	81% (n=16)	0	NA	NA
3090	CRF DOUGLAS YOUNG CLINIC MHSA	89% (n=19)	0	NA	NA
3100	CRF SOUTH BAY GUIDANCE SBCM	88% (n=24)	4	4	100%
3110	CRF ARETA CROWELL CENTER MHSA	67% (n=6)	0	NA	NA
3150	FHC LOGAN HEIGHTS	100% (n=10)	6	4	67%
3160	SURVIVORS OF TORTURE MHSA	86% (n=7)	2	2	100%
3180	CRF MARIA SARDINAS	83% (n=24)	0	NA	NA
3240	CRF DOWNTOWN IMPACT	0% (n=0)	2	1	50%
3250	DCS DEAF COMMUNITY SERVICES (A)	71% (n=7)	4	3	75%
3280	TELECARE AGEWISE OLDER ADULT SBCM	60% (n=10)	4	3	75%
3310	TELECARE GATEWAY TO RECOVERY	0% (n=0)	0	NA	NA
3330	TELECARE ACT	0% (n=0)	0	NA	NA
3350	MHS NO COUNTY SB CASEMGMT MHSA	67% (n=3)	0	NA	NA
3360	MHS NORTH STAR ACT	0% (n=0)	0	NA	NA
3400	CRF IMPACT	0% (n=0)	0	NA	NA
3410	MHS CENTER STAR ACT	0% (n=0)	0	NA	NA
3480	CRF SENIOR IMPACT	100% (n=2)	1	1	54%
3960	CRF CASA PACIFICA	0% (n=0)	0	NA	NA
4110	EXODUS CENTRAL	86% (n=7)	0	NA	NA

## Mental Health Outcomes Management System (mHOMS)

### FY 2017-18 Q3 Outcomes Report

Summary of RMQ Data for New Clients

Data collected between 1/1/2018 and 3/31/2018

Unit	Site Name	Q3 COMPLETION	CHANGES IN OUTCOMES IN Q3		
		Intake RMQ Completion for NEW Clients in Q3 (% and total client count)	# NEW Clients with a pair of RMQ Assessments (Intake and Current)	# of NEW Clients with RMQ Improvement	% RMQ Overall Improvement - NEW Clients
4190	TELECARE PROPS SD	0% (n=0)	0	NA	NA
4200	TELECARE BEHAVIORAL HEALTH COURT	0% (n=0)	0	NA	NA
4230	SYHC CHALDEAN MIDDLE EASTERN	0% (n=0)	1	1	100%
4240	MHS ACTION CENTRAL FSP MHSA POFA	0% (n=0)	0	NA	NA
4250	MHS - ACTION EAST FSP MHSA POFA	19% (n=5)	0	NA	NA
4260	PATHWAYS CATALYST	0% (n=0)	1	0	0%
4270	PATHWAYS KICKSTART PEI MHSA	33% (n=9)	5	4	80%
4280	UPAC CMTY WELLNESS CLINIC MD	42% (n=12)	0	NA	NA
4290	UPAC NEW LEAF REC CENTER MD	60% (n=5)	0	NA	NA
4340	CRF ADELANTE FSP MHSA	0% (n=0)	0	NA	NA
4350	MHS NORTH COASTAL ACT FSP MHSA	0% (n=0)	0	NA	NA
4360	UPAC NEW LEAF RC NO OP MHSA	0% (n=0)	0	NA	NA
7240	SURVIVORS OF TORTURE	0% (n=1)	0	NA	NA

## Mental Health Outcomes Management System (mHOMS)

### FY 2017-18 Q3 Outcomes Report

Summary of RMQ Data for Existing Clients

Data collected between 1/1/2018 and 3/31/2018

Unit	Site Name	Q3 COMPLETION	CHANGES IN OUTCOMES IN Q3		
		Follow-up RMQ Completion for EXISTING Clients in Q3 (% and total client count)	# EXISTING Clients with a pair of RMQ Assessments (Previous and Current)	# of EXISTING Clients with RMQ Improvement	% RMQ Overall Improvement - EXISTING Clients
1110	CO SOUTHEAST CLINIC	55% (n=110)	0	NA	NA
1120	CO NORTH CENTRAL CLINIC	66% (n=295)	7	5	71%
1130	CO EAST COUNTY CLINIC	83% (n=265)	57	30	53%
1320	CO MORENA STRENGTH BASED CM	21% (n=378)	35	18	51%
3000	UPAC MIDTOWN CENTER	53% (n=120)	9	4	44%
3010	UPAC EAST WIND ADULT MHSA	62% (n=69)	14	6	43%
3030	NHA PROJECT ENABLE	52% (n=192)	11	6	55%
3040	CRF HEARTLAND CENTER	73% (n=307)	61	32	53%
3050	MHS KINESIS	45% (n=154)	10	6	60%
3060	MHS VISTA CLINIC	69% (n=274)	79	42	53%
3070	MHS NORTH INLAND CLINIC	58% (n=282)	1	0	0%
3080	MHS NORTH COASTAL CLINIC	60% (n=452)	8	3	38%
3090	CRF DOUGLAS YOUNG CLINIC MHSA	60% (n=172)	2	1	50%
3100	CRF SOUTH BAY GUIDANCE SBCM	67% (n=394)	11	8	73%
3110	CRF ARETA CROWELL CENTER MHSA	33% (n=353)	0	NA	NA
3150	FHC LOGAN HEIGHTS	100% (n=43)	18	10	56%
3160	SURVIVORS OF TORTURE MHSA	55% (n=42)	14	9	64%
3180	CRF MARIA SARDINAS	29% (n=400)	1	1	100%
3240	CRF DOWNTOWN IMPACT	40% (n=347)	97	51	53%
3250	DCS DEAF COMMUNITY SERVICES (A)	29% (n=24)	1	0	0%
3280	TELECARE AGEWISE OLDER ADULT SBCM	36% (n=319)	65	35	54%
3310	TELECARE GATEWAY TO RECOVERY	36% (n=207)	39	23	59%
3330	TELECARE ACT	29% (n=140)	10	3	30%
3350	MHS NO COUNTY SB CASEMGMT MHSA	32% (n=145)	6	4	67%
3360	MHS NORTH STAR ACT	31% (n=107)	5	0	0%
3400	CRF IMPACT	45% (n=253)	55	28	51%
3410	MHS CENTER STAR ACT	17% (n=177)	7	3	43%
3480	CRF SENIOR IMPACT	48% (n=176)	43	23	54%
3960	CRF CASA PACIFICA	68% (n=22)	0	NA	NA
4110	EXODUS CENTRAL	55% (n=130)	7	3	43%

## Mental Health Outcomes Management System (mHOMS)

### FY 2017-18 Q3 Outcomes Report

Summary of RMQ Data for Existing Clients

Data collected between 1/1/2018 and 3/31/2018

Unit	Site Name	Q3 COMPLETION	CHANGES IN OUTCOMES IN Q3		
		Follow-up RMQ Completion for EXISTING Clients in Q3 (% and total client count)	# EXISTING Clients with a pair of RMQ Assessments (Previous and Current)	# of EXISTING Clients with RMQ Improvement	% RMQ Overall Improvement - EXISTING Clients
4190	TELECARE PROPS SD	12% (n=58)	0	NA	NA
4200	TELECARE BEHAVIORAL HEALTH COURT	53% (n=45)	4	1	25%
4230	SYHC CHALDEAN MIDDLE EASTERN	2% (n=126)	0	NA	NA
4240	MHS ACTION CENTRAL FSP MHSA POFA	28% (n=43)	0	NA	NA
4250	MHS - ACTION EAST FSP MHSA POFA	46% (n=79)	0	NA	NA
4260	PATHWAYS CATALYST	24% (n=212)	7	3	43%
4270	PATHWAYS KICKSTART PEI MHSA	34% (n=94)	8	4	50%
4280	UPAC CMTY WELLNESS CLINIC MD	58% (n=99)	0	NA	NA
4290	UPAC NEW LEAF REC CENTER MD	48% (n=21)	0	NA	NA
4340	CRF ADELANTE FSP MHSA	79% (n=24)	0	NA	NA
4350	MHS NORTH COASTAL ACT FSP MHSA	10% (n=67)	0	NA	NA
4360	UPAC NEW LEAF RC NO OP MHSA	50% (n=2)	0	NA	NA
7240	SURVIVORS OF TORTURE	100% (n=1)	0	NA	NA

## APPENDIX B

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Complete data from as many clients as possible is necessary for accurate examinations of system and program-level outcomes. The subsequent tables outline the following data quality issues, summarized by unit, for assessments entered into mHOMS during Q3 FY 17-18:

- Suspected or invalid subunit and/or unit
- Reason assessment could not be completed was left blank.
- Number of assessments with any missing data, including a missing response for an individual question.
- Invalid assessment date, which includes assessment dates that are in the future or prior to the enrollment date.
- Invalid date of birth, which includes birthdates that are in the future or unrealistically far in the past.

The information in these tables can be used to support a feedback loop with program data leads to discuss data system concerns and questions.

## mHOMS Data Quality Check

Data collected between 1/1/2018 and 3/31/2018

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

Unit	Site Name	Total Submitted Surveys	Error Identified	Frequency	Valid Percent
1110	CO SOUTHEAST CLINIC	72	Yes	1	1%
1120	CO NORTH CENTRAL CLINIC	171	No	0	0%
1130	CO EAST COUNTY CLINIC	228	Yes	3	1%
1320	CO MORENA	74	No	0	0%
3000	UPAC MIDTOWN CENTER MHSA	105	No	0	0%
3010	UPAC EAST WIND ADULT MHSA	62	No	0	0%
3020	UCSD GIFFORD	0	No	0	0%
3030	NHA PROJECT ENABLE	128	No	0	0%
3040	CRF HEARTLAND CENTER	378	Yes	2	1%
3050	MHS KINESIS NORTH	82	No	0	0%
3060	MHS VISTA CLINIC ADULT MHSA	193	Yes	1	1%
3070	MHS NORTH INLAND CLINIC	139	Yes	1	1%
3080	MHS NORTH COASTAL ADULT MHSA	291	Yes	2	1%
3090	CRF DOUGLAS YOUNG CLINIC MHSA	95	Yes	3	3%
3100	CRF SOUTH BAY GUIDANCE SBCM	215	Yes	1	<1%
3110	CRF ARETA CROWELL CENTER MHSA	123	No	0	0%
3150	FHC LOGAN HEIGHTS	51	No	0	0%
3160	SURVIVORS OF TORTURE MHSA	42	No	0	0%
3180	CRF MARIA SARDINAS	139	Yes	1	1%
3240	CRF DOWNTOWN IMPACT	189	No	0	0%
3250	DCS DEAF COMMUNITY SERVICES (A)	14	No	0	0%
3280	TELECARE AGEWISE OLDER ADULT SBCM	215	No	0	0%
3310	TELECARE GATEWAY TO RECOVERY	203	Yes	1	<1%
3330	TELECARE ACT	114	Yes	2	2%
3350	MHS NO COUNTY SB CASEMGMT MHSA	167	Yes	1	1%
3360	MHS NORTH STAR ACT	23	No	0	0%
3400	CRF IMPACT	150	No	0	0%
3410	MHS CENTER STAR ACT	39	No	0	0%
3480	CRF SENIOR IMPACT	95	No	0	0%
3490	PCS KICKSTART PEI MHSA	1	Yes	1	100%
3960	CRF CASA PACIFICA	7	Yes	1	14%
4110	EXODUS CENTRAL	103	Yes	3	3%
4190	TELECARE PROPS SD	26	Yes	2	8%
4200	TELECARE BEHAVIORAL HEALTH COURT	29	No	0	0%
4220	MHS CITY STAR ACT FSP MHSA	1	No	0	0%
4230	SYHC CHALDEAN MIDDLE EASTERN	105	Yes	3	3%
4240	MHS ACTION CENTRAL FSP MHSA POFA	1	No	0	0%
4250	MHS - ACTION EAST	43	No	0	0%
4260	PATHWAYS CATALYST FSP MHSA	97	No	0	0%
4270	PATHWAYS KICKSTART PEI MHSA	52	Yes	1	2%
4280	UPAC CMTY WELLNESS CLINIC MD	76	Yes	6	8%
4290	UPAC NEW LEAF REC CENTER MD	36	Yes	6	17%
4340	CRF ADELANTE FSP MHSA	21	No	0	0%
4350	MHS NORTH COASTAL ACT FSP MHSA	15	No	0	0%
7240	SURVIVORS OF TORTURE	4	No	0	0%

# FY 2017-18 Q3 mHOMS Data Quality Report

Data collected between 1/1/2018 and 3/31/2018

Missing Reason for Incomplete IMR					
Unit	Site Name	Total Submitted Surveys	Error Identified	Frequency	Valid Percent
1110	CO SOUTHEAST CLINIC	72	No	0	0%
1120	CO NORTH CENTRAL CLINIC	171	No	0	0%
1130	CO EAST COUNTY CLINIC	228	No	0	0%
1320	CO MORENA	74	No	0	0%
3000	UPAC MIDTOWN CENTER MHSA	105	No	0	0%
3010	UPAC EAST WIND ADULT MHSA	62	No	0	0%
3020	UCSD GIFFORD	0	No	0	0%
3030	NHA PROJECT ENABLE	128	No	0	0%
3040	CRF HEARTLAND CENTER	378	No	0	0%
3050	MHS KINESIS NORTH	82	No	0	0%
3060	MHS VISTA CLINIC ADULT MHSA	193	No	0	0%
3070	MHS NORTH INLAND CLINIC	139	No	0	0%
3080	MHS NORTH COASTAL ADULT MHSA	291	Yes	1	<1%
3090	CRF DOUGLAS YOUNG CLINIC MHSA	95	No	0	0%
3100	CRF SOUTH BAY GUIDANCE SBCM	215	No	0	0%
3110	CRF ARETA CROWELL CENTER MHSA	123	No	0	0%
3150	FHC LOGAN HEIGHTS	51	No	0	0%
3160	SURVIVORS OF TORTURE MHSA	42	No	0	0%
3180	CRF MARIA SARDINAS	139	No	0	0%
3240	CRF DOWNTOWN IMPACT	189	No	0	0%
3250	DCS DEAF COMMUNITY SERVICES (A)	14	No	0	0%
3280	TELECARE AGEWISE OLDER ADULT SBCM	215	No	0	0%
3310	TELECARE GATEWAY TO RECOVERY	203	Yes	1	<1%
3330	TELECARE ACT	114	No	0	0%
3350	MHS NO COUNTY SB CASEMGMT MHSA	167	No	0	0%
3360	MHS NORTH STAR ACT	23	No	0	0%
3400	CRF IMPACT	150	No	0	0%
3410	MHS CENTER STAR ACT	39	No	0	0%
3480	CRF SENIOR IMPACT	95	No	0	0%
3490	PCS KICKSTART PEI MHSA	1	No	0	0%
3960	CRF CASA PACIFICA	7	No	0	0%
4110	EXODUS CENTRAL	103	No	0	0%
4190	TELECARE PROPS SD	26	No	0	0%
4200	TELECARE BEHAVIORAL HEALTH COURT	29	No	0	0%
4220	MHS CITY STAR ACT FSP MHSA	1	No	0	0%
4230	SYHC CHALDEAN MIDDLE EASTERN	105	No	0	0%
4240	MHS ACTION CENTRAL FSP MHSA POFA	1	No	0	0%
4250	MHS - ACTION EAST	43	No	0	0%
4260	PATHWAYS CATALYST FSP MHSA	97	No	0	0%
4270	PATHWAYS KICKSTART PEI MHSA	52	No	0	0%
4280	UPAC CMTY WELLNESS CLINIC MD	76	No	0	0%
4290	UPAC NEW LEAF REC CENTER MD	36	No	0	0%
4340	CRF ADELANTE FSP MHSA	21	No	0	0%
4350	MHS NORTH COASTAL ACT FSP MHSA	15	No	0	0%
7240	SURVIVORS OF TORTURE	4	No	0	0%

# FY 2017-18 Q3 mHOMS Data Quality Report

Data collected between 1/1/2018 and 3/31/2018

Missing Any IMR Data					
Unit	Site Name	Total Submitted Surveys	Error Identified	Frequency	Valid Percent
1110	CO SOUTHEAST CLINIC	72	No	0	0%
1120	CO NORTH CENTRAL CLINIC	171	No	0	0%
1130	CO EAST COUNTY CLINIC	228	No	0	0%
1320	CO MORENA	74	No	0	0%
3000	UPAC MIDTOWN CENTER MHSA	105	No	0	0%
3010	UPAC EAST WIND ADULT MHSA	62	No	0	0%
3020	UCSD GIFFORD	0	No	0	0%
3030	NHA PROJECT ENABLE	128	No	0	0%
3040	CRF HEARTLAND CENTER	378	No	0	0%
3050	MHS KINESIS NORTH	82	No	0	0%
3060	MHS VISTA CLINIC ADULT MHSA	193	No	0	0%
3070	MHS NORTH INLAND CLINIC	139	No	0	0%
3080	MHS NORTH COASTAL ADULT MHSA	291	No	0	0%
3090	CRF DOUGLAS YOUNG CLINIC MHSA	95	No	0	0%
3100	CRF SOUTH BAY GUIDANCE SBCM	215	No	0	0%
3110	CRF ARETA CROWELL CENTER MHSA	123	No	0	0%
3150	FHC LOGAN HEIGHTS	51	No	0	0%
3160	SURVIVORS OF TORTURE MHSA	42	No	0	0%
3180	CRF MARIA SARDINAS	139	No	0	0%
3240	CRF DOWNTOWN IMPACT	189	No	0	0%
3250	DCS DEAF COMMUNITY SERVICES (A)	14	No	0	0%
3280	TELECARE AGEWISE OLDER ADULT SBCM	215	No	0	0%
3310	TELECARE GATEWAY TO RECOVERY	203	No	0	0%
3330	TELECARE ACT	114	No	0	0%
3350	MHS NO COUNTY SB CASEMGMT MHSA	167	No	0	0%
3360	MHS NORTH STAR ACT	23	No	0	0%
3400	CRF IMPACT	150	No	0	0%
3410	MHS CENTER STAR ACT	39	No	0	0%
3480	CRF SENIOR IMPACT	95	No	0	0%
3490	PCS KICKSTART PEI MHSA	1	No	0	0%
3960	CRF CASA PACIFICA	7	No	0	0%
4110	EXODUS CENTRAL	103	No	0	0%
4190	TELECARE PROPS SD	26	No	0	0%
4200	TELECARE BEHAVIORAL HEALTH COURT	29	No	0	0%
4220	MHS CITY STAR ACT FSP MHSA	1	No	0	0%
4230	SYHC CHALDEAN MIDDLE EASTERN	105	No	0	0%
4240	MHS ACTION CENTRAL FSP MHSA POFA	1	No	0	0%
4250	MHS - ACTION EAST	43	No	0	0%
4260	PATHWAYS CATALYST FSP MHSA	97	No	0	0%
4270	PATHWAYS KICKSTART PEI MHSA	52	No	0	0%
4280	UPAC CMTY WELLNESS CLINIC MD	76	No	0	0%
4290	UPAC NEW LEAF REC CENTER MD	36	No	0	0%
4340	CRF ADELANTE FSP MHSA	21	No	0	0%
4350	MHS NORTH COASTAL ACT FSP MHSA	15	No	0	0%
7240	SURVIVORS OF TORTURE	4	No	0	0%

# FY 2017-18 Q3 mHOMS Data Quality Report

Data collected between 1/1/2018 and 3/31/2018

Suspect Invalid Assessment Date					
Unit	Site Name	Total Submitted Surveys	Error Identified	Frequency	Valid Percent
1110	CO SOUTHEAST CLINIC	72	No	0	0%
1120	CO NORTH CENTRAL CLINIC	171	No	0	0%
1130	CO EAST COUNTY CLINIC	228	No	0	0%
1320	CO MORENA	74	No	0	0%
3000	UPAC MIDTOWN CENTER MHSA	105	No	0	0%
3010	UPAC EAST WIND ADULT MHSA	62	No	0	0%
3020	UCSD GIFFORD	0	No	0	0%
3030	NHA PROJECT ENABLE	128	No	0	0%
3040	CRF HEARTLAND CENTER	378	No	0	0%
3050	MHS KINESIS NORTH	82	No	0	0%
3060	MHS VISTA CLINIC ADULT MHSA	193	No	0	0%
3070	MHS NORTH INLAND CLINIC	139	No	0	0%
3080	MHS NORTH COASTAL ADULT MHSA	291	No	0	0%
3090	CRF DOUGLAS YOUNG CLINIC MHSA	95	No	0	0%
3100	CRF SOUTH BAY GUIDANCE SBCM	215	No	0	0%
3110	CRF ARETA CROWELL CENTER MHSA	123	No	0	0%
3150	FHC LOGAN HEIGHTS	51	No	0	0%
3160	SURVIVORS OF TORTURE MHSA	42	No	0	0%
3180	CRF MARIA SARDINAS	139	No	0	0%
3240	CRF DOWNTOWN IMPACT	189	No	0	0%
3250	DCS DEAF COMMUNITY SERVICES (A)	14	No	0	0%
3280	TELECARE AGEWISE OLDER ADULT SBCM	215	No	0	0%
3310	TELECARE GATEWAY TO RECOVERY	203	No	0	0%
3330	TELECARE ACT	114	No	0	0%
3350	MHS NO COUNTY SB CASEMGMT MHSA	167	No	0	0%
3360	MHS NORTH STAR ACT	23	No	0	0%
3400	CRF IMPACT	150	No	0	0%
3410	MHS CENTER STAR ACT	39	No	0	0%
3480	CRF SENIOR IMPACT	95	No	0	0%
3490	PCS KICKSTART PEI MHSA	1	No	0	0%
3960	CRF CASA PACIFICA	7	No	0	0%
4110	EXODUS CENTRAL	103	No	0	0%
4190	TELECARE PROPS SD	26	No	0	0%
4200	TELECARE BEHAVIORAL HEALTH COURT	29	No	0	0%
4220	MHS CITY STAR ACT FSP MHSA	1	No	0	0%
4230	SYHC CHALDEAN MIDDLE EASTERN	105	No	0	0%
4240	MHS ACTION CENTRAL FSP MHSA POFA	1	No	0	0%
4250	MHS - ACTION EAST	43	No	0	0%
4260	PATHWAYS CATALYST FSP MHSA	97	No	0	0%
4270	PATHWAYS KICKSTART PEI MHSA	52	No	0	0%
4280	UPAC CMTY WELLNESS CLINIC MD	76	No	0	0%
4290	UPAC NEW LEAF REC CENTER MD	36	No	0	0%
4340	CRF ADELANTE FSP MHSA	21	No	0	0%
4350	MHS NORTH COASTAL ACT FSP MHSA	15	No	0	0%
7240	SURVIVORS OF TORTURE	4	No	0	0%

# FY 2017-18 Q3 mHOMS Data Quality Report

Data collected between 1/1/2018 and 3/31/2018

Suspect Invalid Date of Birth (DOB)					
Unit	Site Name	Total Submitted Surveys	Error Identified	Frequency	Valid Percent
1110	CO SOUTHEAST CLINIC	72	No	0	0%
1120	CO NORTH CENTRAL CLINIC	171	No	0	0%
1130	CO EAST COUNTY CLINIC	228	No	0	0%
1320	CO MORENA	74	No	0	0%
3000	UPAC MIDTOWN CENTER MHSA	105	No	0	0%
3010	UPAC EAST WIND ADULT MHSA	62	No	0	0%
3020	UCSD GIFFORD	0	No	0	0%
3030	NHA PROJECT ENABLE	128	No	0	0%
3040	CRF HEARTLAND CENTER	378	No	0	0%
3050	MHS KINESIS NORTH	82	No	0	0%
3060	MHS VISTA CLINIC ADULT MHSA	193	No	0	0%
3070	MHS NORTH INLAND CLINIC	139	No	0	0%
3080	MHS NORTH COASTAL ADULT MHSA	291	No	0	0%
3090	CRF DOUGLAS YOUNG CLINIC MHSA	95	No	0	0%
3100	CRF SOUTH BAY GUIDANCE SBCM	215	No	0	<1%
3110	CRF ARETA CROWELL CENTER MHSA	123	No	0	0%
3150	FHC LOGAN HEIGHTS	51	No	0	0%
3160	SURVIVORS OF TORTURE MHSA	42	No	0	0%
3180	CRF MARIA SARDINAS	139	No	0	0%
3240	CRF DOWNTOWN IMPACT	189	No	0	0%
3250	DCS DEAF COMMUNITY SERVICES (A)	14	No	0	0%
3280	TELECARE AGEWISE OLDER ADULT SBCM	215	No	0	0%
3310	TELECARE GATEWAY TO RECOVERY	203	No	0	<1%
3330	TELECARE ACT	114	No	0	0%
3350	MHS NO COUNTY SB CASEMGMT MHSA	167	No	0	0%
3360	MHS NORTH STAR ACT	23	No	0	0%
3400	CRF IMPACT	150	No	0	0%
3410	MHS CENTER STAR ACT	39	No	0	0%
3480	CRF SENIOR IMPACT	95	No	0	0%
3490	PCS KICKSTART PEI MHSA	1	No	0	0%
3960	CRF CASA PACIFICA	7	No	0	0%
4110	EXODUS CENTRAL	103	No	0	0%
4190	TELECARE PROPS SD	26	No	0	0%
4200	TELECARE BEHAVIORAL HEALTH COURT	29	No	0	0%
4220	MHS CITY STAR ACT FSP MHSA	1	No	0	0%
4230	SYHC CHALDEAN MIDDLE EASTERN	105	No	0	0%
4240	MHS ACTION CENTRAL FSP MHSA POFA	1	No	0	0%
4250	MHS - ACTION EAST	43	No	0	0%
4260	PATHWAYS CATALYST FSP MHSA	97	No	0	0%
4270	PATHWAYS KICKSTART PEI MHSA	52	No	0	0%
4280	UPAC CMTY WELLNESS CLINIC MD	76	No	0	0%
4290	UPAC NEW LEAF REC CENTER MD	36	No	0	0%
4340	CRF ADELANTE FSP MHSA	21	No	0	0%
4350	MHS NORTH COASTAL ACT FSP MHSA	15	No	0	0%
7240	SURVIVORS OF TORTURE	4	No	0	0%