

System of Care Evaluation (SOCE)

CYF mHOMS Outcomes Report

July 2020—March 2021

Children, Youth & Families Behavioral Health Services



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

June 2021

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Overview

All County-contracted and County-run mental health treatment programs for children are collecting outcomes measures on their clients on a regular basis. Data are entered into the Children, Youth & Families Mental Health Outcomes Measurement System (CYF mHOMS) created and maintained by the System of Care Evaluation (SOCE) project at the Child & Adolescent Services Research Center (CASRC) in collaboration with the Health Services Research Center (HSRC). Program staff can use CYF mHOMS to generate data to populate relevant items on their Quarterly Status Report, monitor treatment progress, and for program planning.

Beginning in FY 2018-19, the following measures are collected by SOCE for the County of San Diego Children, Youth & Families Behavioral Health Services (CYFBHS) system:

- Pediatric Symptom Checklist for caregivers (PSC), a psychosocial screening tool to identify emotional and behavioral problems, completed by caregivers of clients ages 3 through 18.
- Pediatric Symptom Checklist for youth (PSC-Y), a psychosocial screening tool to identify emotional and behavioral problems, completed by clients ages 11 through 18.
- San Diego Child and Adolescent Needs and Strengths (CANS), a structured assessment to identify youth and family strengths and needs, completed by clinicians for clients ages 6 through 21.
- Personal Experiences Screening Questionnaire (PESQ), a substance use assessment administered by alcohol and drug counselors at Full Service Partnership (FSP) programs.
- **Implemented in FY 2019-20:** San Diego Child and Adolescent Needs and Strengths—Early Childhood (CANS-EC), a structured assessment to identify youth and family strengths and needs, completed by clinicians for clients ages 0-5.

CYF mHOMS program data are merged to generate County-wide reports on the County's process and outcomes objectives. This report provides information on the April 15, 2021 data download, which covers data on clients served during Q1-3 of FY 2020-21. A summary of the results is provided below, followed by the full reports at the end of the document. **The COVID-19 pandemic and accompanying stay-at-home order began March of 2020, requiring the majority of services to shift to telehealth. This may have impacted programs' ability to collect outcomes and enter data in a timely manner.**

Key Findings

1. Ninety-seven percent of clients ages 6 to 21 had at least one actionable need on the initial CANS and 90% of clients ages 0 to 5 had at least one actionable need on the initial CANS-EC. This suggests that the majority of clients are meeting the minimum threshold for County service need.
2. The County Completion objective (95% of discharged clients with two timepoints entered) was met for the CANS (97%) and the CANS-EC (97%).
3. The percentage of discharged clients with two timepoints entered for the PSC and PSC-Y was 63% and 59%, respectively. The County Completion objective of 75% completion was not met for these measures.
4. A medium to large amount of improvement (5+ point reduction from intake to discharge) was reported by caregivers on the PSC for 59% of clients, and by youth on the PSC-Y for 62% of clients. Reliable improvement was reported for 56% and 58% of clients on the PSC and the PSC-Y, respectively. Clinically significant improvement of clients who scored above the clinical cutoff on the initial assessment was reported on the PSC for 61% of clients, and on the PSC-Y for 64% of clients.
5. Approximately three-quarters of discharged clients were reported to have a reduction of at least one need across the CANS and CANS-EC domains.
6. The County Outcomes objectives of 80% improvement was not met for the PESQ; positive outcomes were reported for 46% of clients discharged from FSP-Substance Use subunits in Q1-3 FY 2020-21. It is important to consider the small number of clients assessed with this measure (35 clients in Q1-3 FY 2020-21, as compared to 3,656 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, including eligible Prevention & Early Intervention (PEI) and Innovation programs. 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: youth client received service from an eligible program and was open to the system at least 60 days.

Compliance calculations are currently being revised to ensure programs that have open clients in multiple subunits in CCBH but only enter outcomes for one subunit in CYF mHOMS are not being inaccurately represented. Eligibility data will be available in the Q4 Outcomes Report.

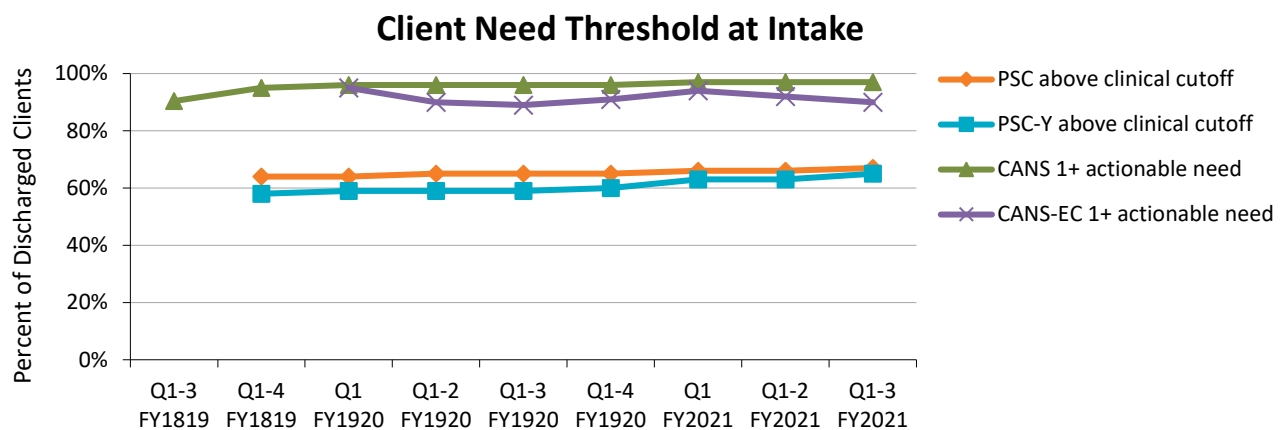
Section II. Severity of Clients Served

Clients served meet the threshold for need: The majority of clients receiving services from CYFBHS are expected to meet a minimum threshold of need. Initial PSC/PSC-Y scores above the clinical cutoff and having at least one actionable need on the Child Behavioral and Emotional Needs, Risk Behaviors, or Life Functioning domains on the initial CANS are markers for service threshold.

Results

Discharged clients: Clients with intake data entered in CYF mHOMS who had a CCBH discharge date between July 1, 2020 and March 31, 2021:

- **PSC: 67%** (2,883 of 4,302) of clients ages 3 to 18 scored above the clinical cutoff on at least one of the 3 initial PSC subscales or total scale. This is comparable to the developers' data. For instance, one study reported that 67% of clients at an outpatient psychiatry clinic scored above the clinical cutpoint on at least one of the four PSC scales at intake (N = 531; Murphy et al., 2015).
- **PSC-Y: 65%** (1,807 of 2,780) of clients ages 11 to 18 scored above the clinical cutoff on at least one of the 3 initial PSC-Y subscales or total scale.
- **CANS: 97%** (4,099 of 4,235) of clients ages 6 to 21 had at least one actionable need on the initial CANS.
- **CANS-EC: 90%** (397 of 442) of clients ages 0 to 5 had at least one actionable need on the initial CANS-EC.



NOTE: Measurement of client need on the PSC and PSC-Y was modified in Q4 FY 2018-19; data from previous quarters are not comparable.

Section III. Completion Objectives

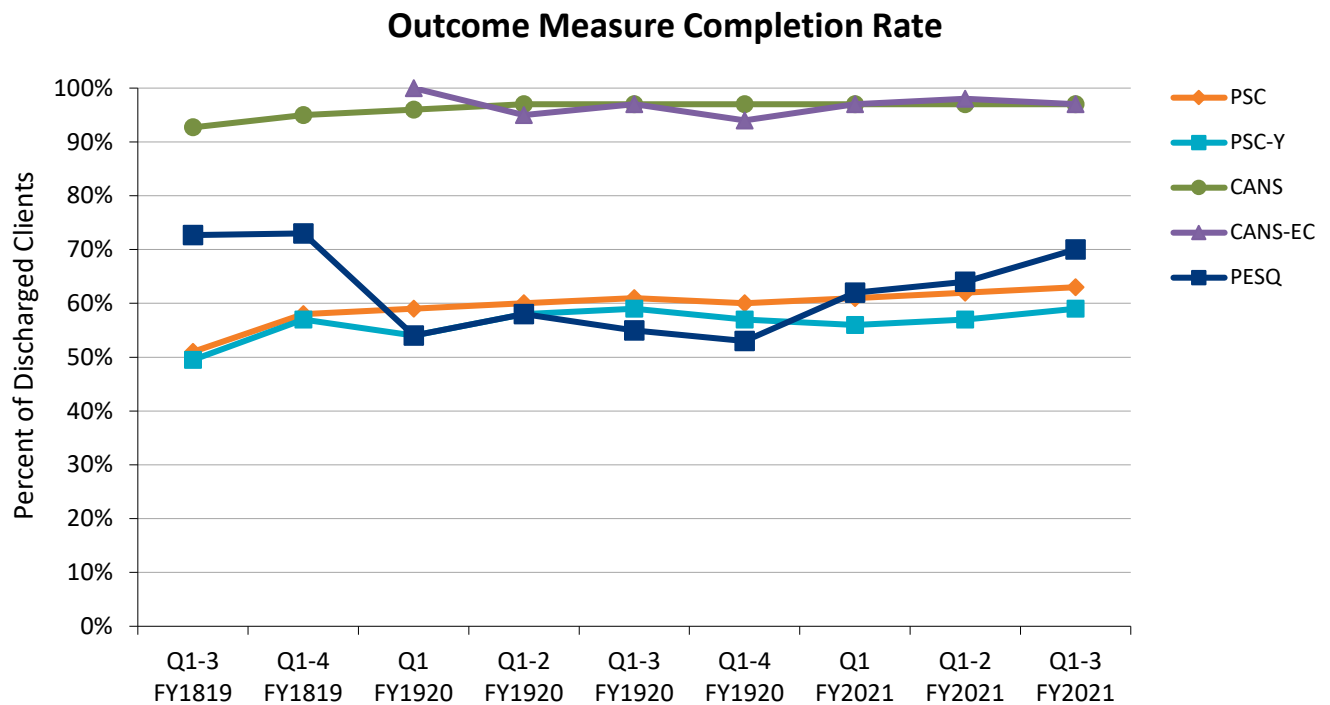
Measures being entered at appropriate timeframes: SOCE measures should be completed on all eligible clients at intake, at UM/UR or every 6 months (if applicable, whichever comes first), and at discharge. In order to accurately examine system and program level outcomes, data from as many clients as possible 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/CANS-EC.

Results

Discharged clients: Clients open for 60+ days with a CCBH discharge date between July 1, 2020 and March 31, 2021:

- **PSC: 63%** (2,591 of 4,093) had an initial and a discharge PSC score entered.
- **PSC-Y: 59%** (1,525 of 2,590) had an initial and a discharge PSC-Y score entered.
- **CANS: 97%** (3,656 of 3,788) had an initial and discharge CANS score entered.
- **CANS-EC: 97%** (392 of 404) had an initial and discharge CANS-EC score entered.
- **PESQ: 70%** (35 of 50) 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.



Section IV. Outcomes Measurement

Discharge Outcomes, PSC/PSC-Y:

Level of improvement on the **PSC/PSC-Y** between initial assessment and discharge was measured for eligible clients open for a minimum of 60 days, with a CCBH discharge date between July 1, 2020 and March 31, 2021. For the PSC/PSC-Y, "improvement" is evaluated three ways:

Amount of Improvement

Percentage of all clients who reported an increase in impairment (1+ increase), no improvement (0-1 point reduction), small improvement (2-4 point reduction), medium improvement (5-8 point reduction), and a large improvement (9+ point reduction). This reflects the amount of change youth and their caregivers report from intake to discharge on the symptoms evaluated by the PSC/PSC-Y. Amount of improvement was calculated using Cohen's d effect size.

Reliable Improvement

Percentage of all clients who had at least a 6-point reduction on the PSC/PSC-Y total scale score. Reliable improvement was defined by the developers and means that the clients improved by a statistically reliable amount.

Clinically Significant Improvement

Percentage of clients who started above the clinical cutoff on at least one of the three subscales or total scale score at intake and ended below the cutoff at discharge. Additionally, these clients **must** have had at least a 6-point reduction on the PSC/PSC-Y total scale score. Clinically significant improvement was defined by the measures' developers and means that treatment had a noticeable genuine effect on clients' daily life and that clients are now functioning like non-impaired youth.

Outcomes results are reported by measure on the following pages.

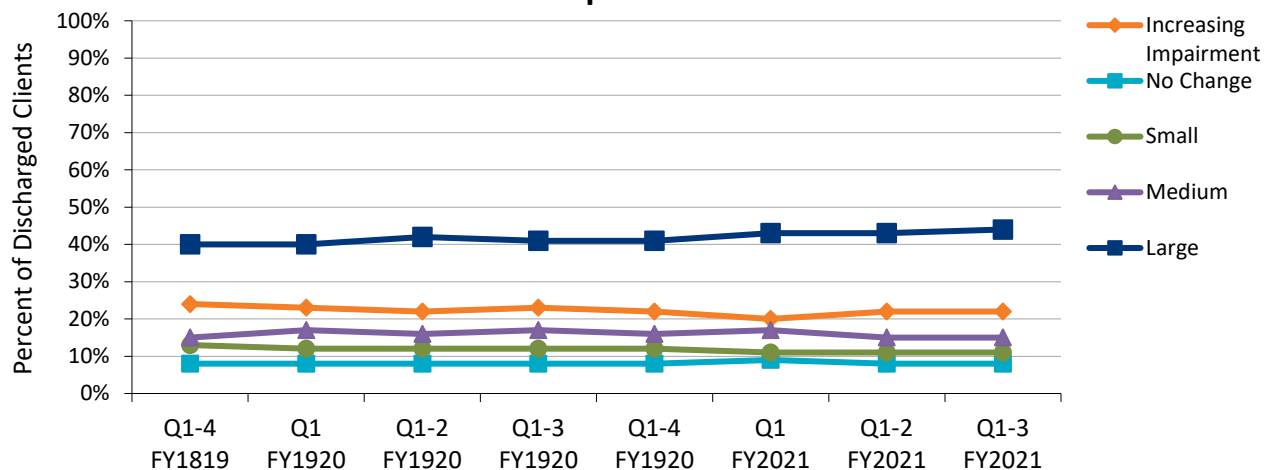


Discharge Outcomes, PSC:

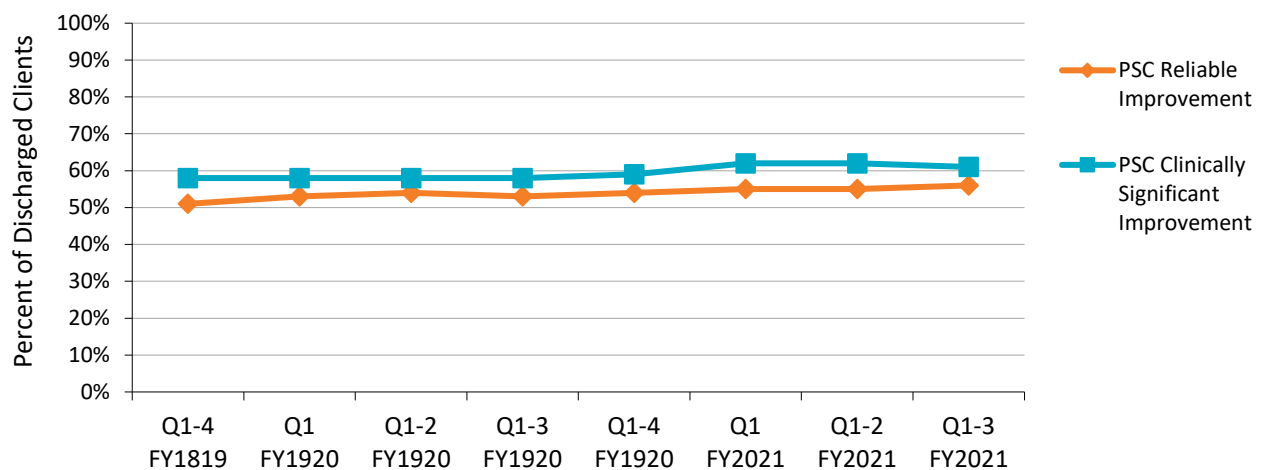
Results

- **PSC** (caregiver report, N=2,591)
 - **Amount of Improvement:**
 - 22% (n=566) of clients reported an increase in impairment
 - 8% (n=216) of clients reported no improvement
 - 11% (n=275) of clients reported a small improvement
 - 15% (n=395) of clients reported a medium improvement
 - 44% (n=1,139) of clients reported a large improvement
 - **Reliable Improvement:** 56% (n=1,440) of clients reliably improved on the PSC total score between initial assessment and discharge. According to a study conducted by the PSC developers, at a 3-month follow-up 33% of clients reliably improved (Murphy et al., 2005). This is not directly comparable because this quarterly report focuses on discharged clients, but it does add additional context.
 - **Clinically Significant Improvement:** Of 1,731 discharged clients who scored above the clinical cutoff at intake, 61% (n=1,062) reported clinically significant improvement between initial assessment and discharge.

Amount of Improvement—PSC



Reliable and Clinically Significant Improvement—PSC

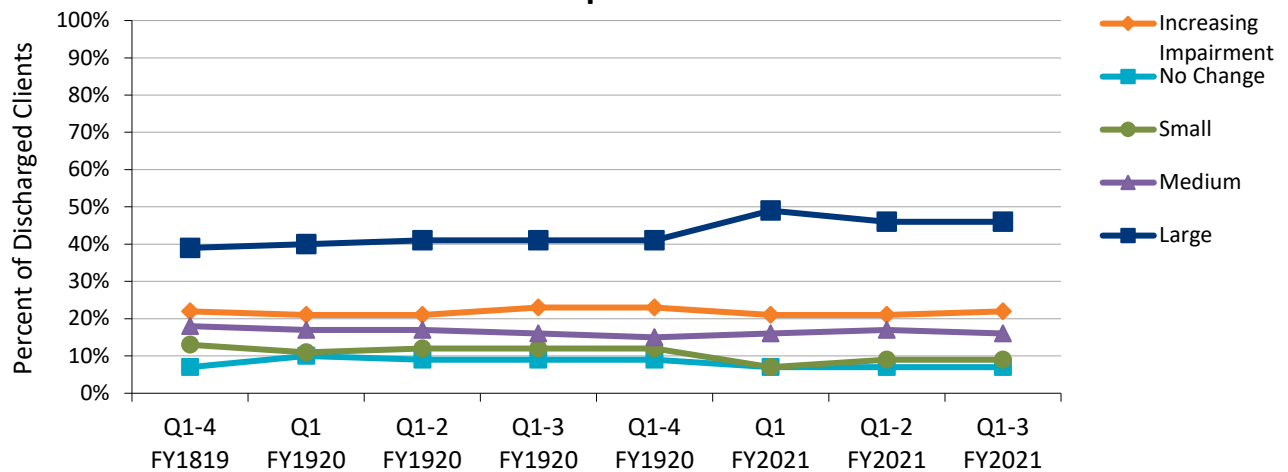


Discharge Outcomes, PSC-Y:

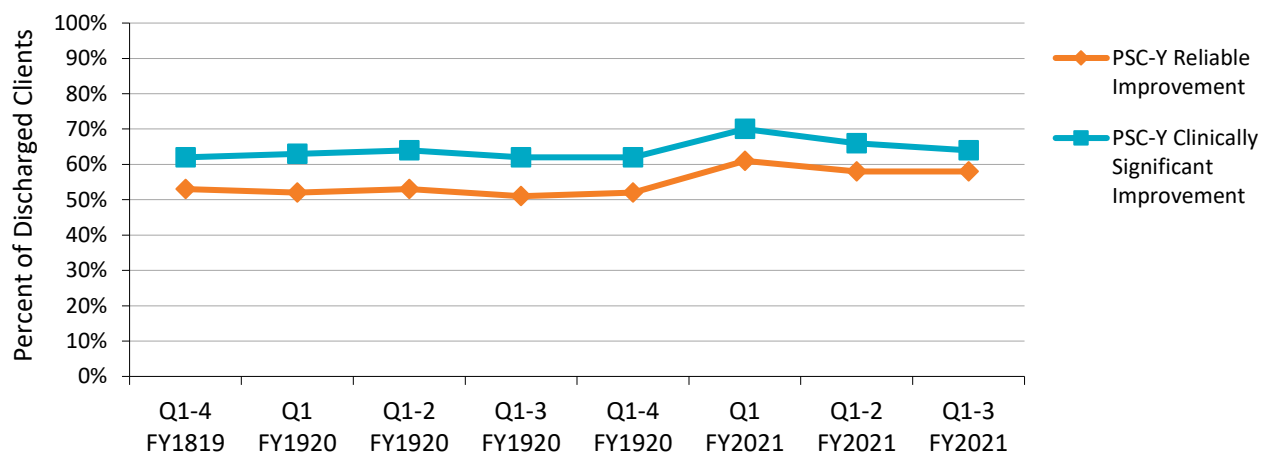
Results

- **PSC-Y** (youth self-report ages 11+; N=1,525)
 - **Amount of Improvement:**
 - 22% (n=338) of clients reported an increase in impairment
 - 7% (n=111) of clients reported no improvement
 - 9% (n=138) of clients reported a small improvement
 - 16% (n=241) of clients reported a medium improvement
 - 46% (n=697) of clients reported a large improvement
 - **Reliable Improvement:** 58% (n=881) of clients reliably improved on the PSC-Y total score between initial assessment and discharge.
 - **Clinically Significant Improvement:** Of 979 discharged clients who scored above the clinical cutoff at intake, 64% (n=631) reported clinically significant improvement between initial assessment and discharge.

Amount of Improvement—PSC-Y



Reliable and Clinically Significant Improvement—PSC-Y



Discharge Outcomes, CANS:

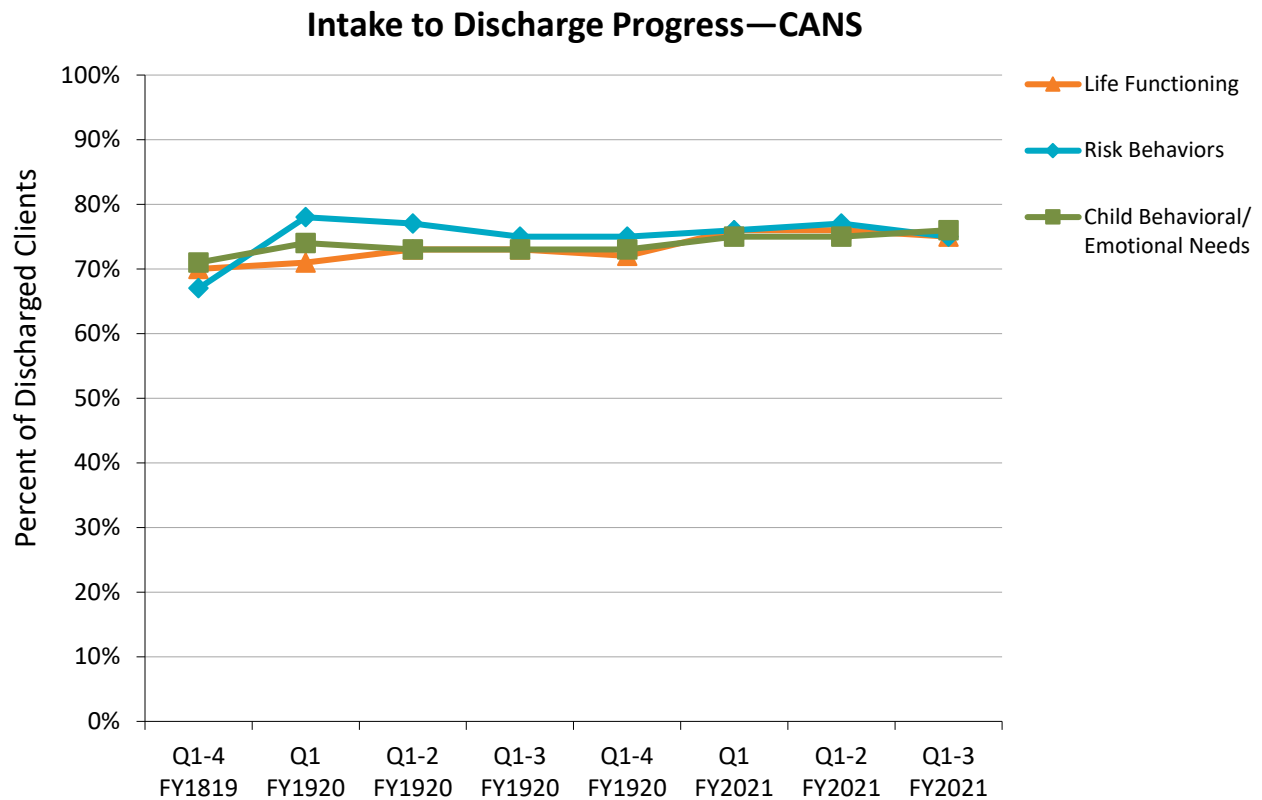
Level of progress on the **CANS** between initial assessment and discharge was measured for eligible clients open for a minimum of 60 days, with a CCBH discharge date between July 1, 2020 and March 31, 2021.

Progress

For the CANS, “progress” is operationally defined as a reduction of at least one need from initial assessment to discharge on the CANS domains: Life Functioning, Risk Behaviors, and/or Child Behavioral and Emotional needs (i.e., moving from a ‘2’ or ‘3’ at initial assessment to a ‘0’ or ‘1’ on the same item at the discharge assessment).

Results

- **CANS** (clinician report; N=3,656)
 - **75% (n=2,368) of 3,147 clients** who had a need on the **Life Functioning domain** at initial assessment showed progress at discharge.
 - **75% (n=880) of 1,171 clients** who had a need on the **Risk Behaviors domain** at initial assessment showed progress at discharge.
 - **76% (n=2,644) of 3,496 clients** who had a need on the **Child Behavioral and Emotional Needs domain** at initial assessment showed progress at discharge.



Discharge Outcomes, CANS-EC:

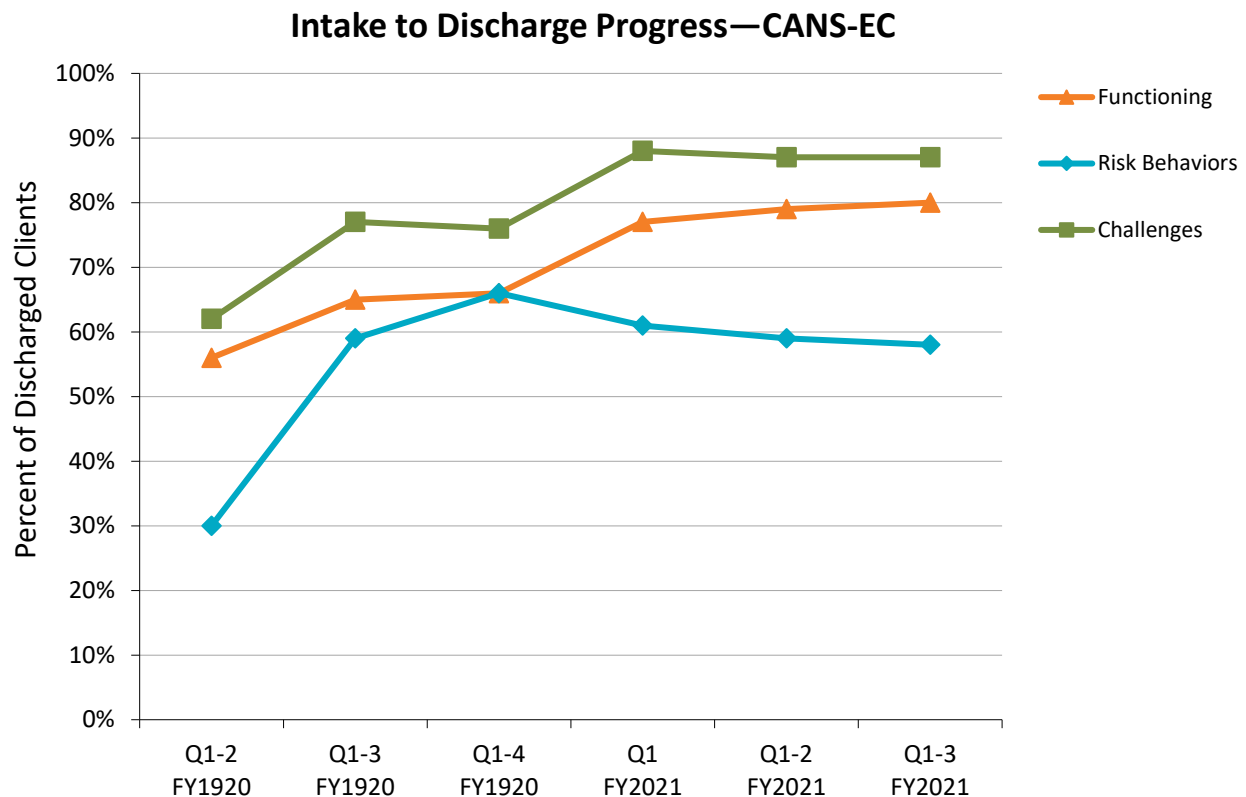
Level of progress on the **CANS-EC** between initial assessment and discharge was measured for eligible clients open for a minimum of 60 days, with a CCBH discharge date between July 1, 2020 and March 31, 2021.

Progress

For the CANS-EC, “progress” is operationally defined as a reduction of at least one need from initial assessment to discharge on the CANS-EC domains: Functioning, Risk Behaviors, and/or Challenges (i.e., moving from a ‘2’ or ‘3’ at initial assessment to a ‘0’ or ‘1’ on the same item at the discharge assessment).

Results

- **CANS-EC** (clinician report; N=392)
 - **80% (n=190) of 237 clients** who had a need on the **Life Functioning domain** at initial assessment showed progress at discharge.
 - **58% (n=33) of 57 clients** who had a need on the **Risk Behaviors domain** at initial assessment showed progress at discharge.
 - **86% (n=297) of 344 clients** who had a need on the **Challenges domain** at initial assessment showed progress at discharge.



NOTE: Only one client age 0-5 discharged with two completed CANS-EC measures in Q1 FY1920; those data are not reported here.

Discharge Outcomes objectives, PESQ:

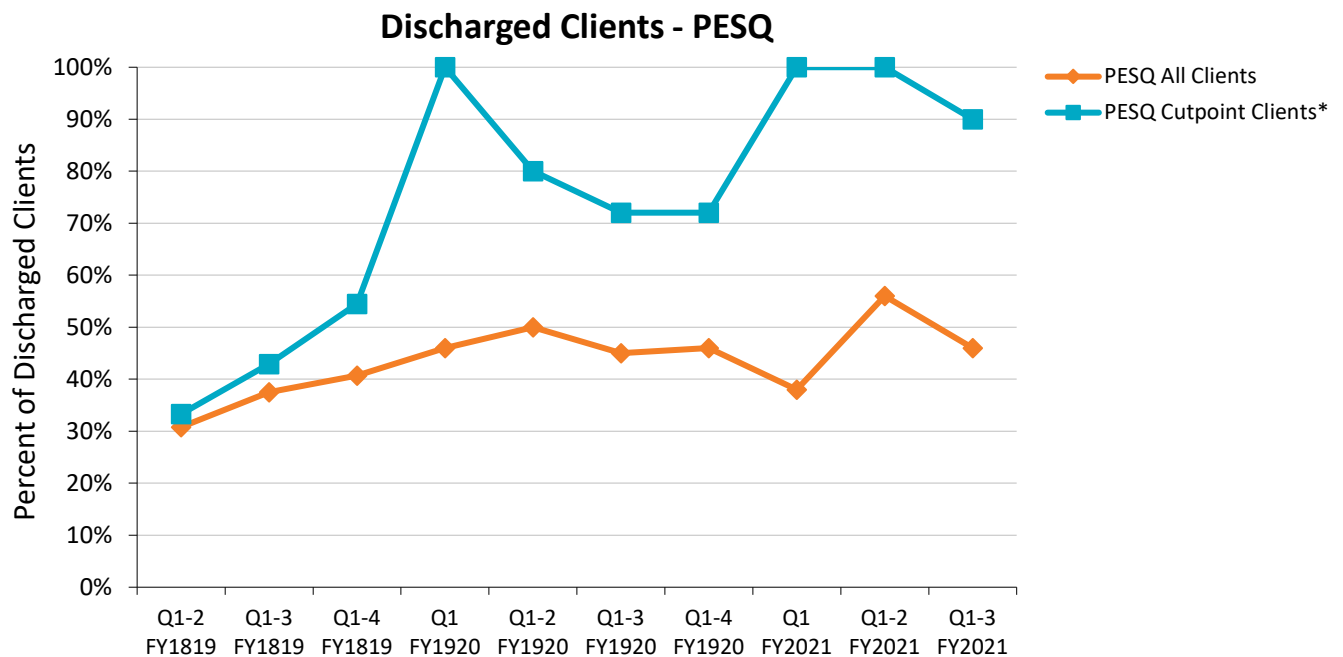
One additional measure is currently tracked in the Children, Youth & Families Behavioral Health Service system for special populations: The **PESQ** is administered by alcohol and drug counselors at 9 FSP programs. Level of improvement on the PESQ between initial assessment and discharge was measured for eligible clients open for a minimum of 30 days, with a PESQ discharge date between July 1, 2020 and March 31, 2021. The County goal for this measure is at least 80% of clients improving between initial assessment and discharge. Due to the small number of clients evaluated with this measure, trends and progress are difficult to reliably assess.

Improvement

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

Results

- **PESQ (clinician report, N=35)**
 - **46% (n=16) of clients improved** between initial assessment and discharge on the severity scale.
 - Clients who were **above the clinical cutpoint at initial assessment (n=10): 90% (n=9) were below the clinical cutpoint** at discharge.



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

Copies of the full Reports

SYSTEM OF CARE EVALUATION
Discharged Clients - Initial to Discharge Parent PSC Report
(Administered to caregivers of youth ages 3 - 18 only)
 CCBH Discharge Dates between 7/1/2020 and 3/31/2021

		Discharged clients open 60 days + ^a	1 Clients with initial and discharge scores ^b (COMPLIANCE RATE)	2a No improvement ^c	2b Small improvement ^c	2c Medium improvement ^c	2d Large improvement ^c	2e Increase in impairment ^c	3 Reliable improvement ^d	4 Clients above cutoff at initial ^e	5a Clinically significant improvement ^f
6000	CASA DE AMPARO	27 / 42	26 (96%)	1 (4%)	2 (8%)	3 (12%)	6 (23%)	14 (54%)	8 (31%)	35 / 41 (85%)	7 / 22 (32%)
6010	NA INCREDIBLE FAMILIES SOUTH	32 / 32	28 (88%)	7 (25%)	2 (7%)	3 (11%)	6 (21%)	10 (36%)	9 (32%)	10 / 32 (31%)	6 / 10 (60%)
6020	NA INCREDIBLE FAMILIES NORTH	16 / 16	13 (81%)	1 (8%)	1 (8%)	1 (8%)	1 (8%)	9 (69%)	2 (15%)	4 / 13 (31%)	2 / 4 (50%)
6060	CRF CROSSROADS	214 / 241	157 (73%)	11 (7%)	17 (11%)	14 (9%)	75 (48%)	40 (25%)	86 (55%)	180 / 237 (76%)	72 / 118 (61%)
6070	CRF DOUGLAS YOUNG	236 / 268	173 (73%)	17 (10%)	15 (9%)	32 (18%)	79 (46%)	30 (17%)	103 (60%)	178 / 261 (68%)	77 / 117 (66%)
6080	CRF MAST	98 / 115	67 (68%)	1 (1%)	10 (15%)	12 (18%)	24 (36%)	20 (30%)	32 (48%)	63 / 112 (56%)	20 / 38 (53%)
6090	CRF NUEVA VISTA	347 / 382	245 (71%)	14 (6%)	19 (8%)	45 (18%)	120 (49%)	47 (19%)	153 (62%)	284 / 371 (77%)	119 / 183 (65%)
6140	SWEETWATER OP CLINIC	41 / 43	31 (76%)	1 (3%)	3 (10%)	7 (23%)	14 (45%)	6 (19%)	19 (61%)	28 / 39 (72%)	15 / 22 (68%)
6150	ECS PARA LAS FAMILIAS	58 / 61	46 (79%)	7 (15%)	7 (15%)	6 (13%)	21 (46%)	5 (11%)	27 (59%)	34 / 60 (57%)	19 / 24 (79%)
6200	FHC COMM CIRCLE CENT	54 / 62	30 (56%)	4 (13%)	4 (13%)	5 (17%)	13 (43%)	4 (13%)	15 (50%)	32 / 62 (52%)	10 / 14 (71%)
6210	FHC COMM CIRCLE EAST	51 / 60	22 (43%)	3 (14%)	0 (0%)	6 (27%)	8 (36%)	5 (23%)	12 (55%)	34 / 54 (63%)	10 / 15 (67%)
6260	MHS SCHOOL BASED	31 / 31	9 (29%)	0 (0%)	1 (11%)	2 (22%)	5 (56%)	1 (11%)	7 (78%)	18 / 29 (62%)	3 / 4 (75%)
6340	NA KENORA STRTP	7 / 12	4 (57%)	0 (0%)	1 (25%)	1 (25%)	1 (25%)	1 (25%)	1 (25%)	7 / 11 (64%)	1 / 3 (33%)
6350	NA CABRILLO ASSESS CTR CENT	113 / 240	45 (40%)	5 (11%)	5 (11%)	7 (16%)	18 (40%)	10 (22%)	24 (53%)	137 / 174 (79%)	18 / 38 (47%)
6400	NA INCREDIBLE FAMILIES CENTR	7 / 9	6 (86%)	2 (33%)	0 (0%)	0 (0%)	0 (0%)	4 (67%)	0 (0%)	4 / 9 (44%)	0 / 1 (0%)
6460	NC LIFELINE OCEANSIDE	20 / 25	11 (55%)	1 (9%)	3 (27%)	3 (27%)	3 (27%)	1 (9%)	6 (55%)	20 / 24 (83%)	6 / 9 (67%)
6480	NC LIFELINE VISTA	79 / 83	48 (61%)	3 (6%)	10 (21%)	5 (10%)	24 (50%)	6 (13%)	29 (60%)	55 / 81 (68%)	22 / 31 (71%)

a. 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.

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

c. For clients whose episode lasted 60 days or longer who completed an initial and discharge assessment, improvement categories are defined as: No improvement (0 or 1-point reduction), Small improvement (2-4 point reduction), Medium improvement (5-8 point reduction), Large improvement (9+ point reduction), Increase in impairment (1+ point increase).

d. Reliable improvement for all clients is defined as number of clients who had at least a 6-point reduction on the Parent PSC total scale score.

e. For all clients with an initial assessment, number of clients who started at or above the clinical cutoff with a total score of 28 or higher (ages 6-18) or a total score of 24 or higher (for clients ages 3-5), attention subscale score of 7 or higher, internalizing subscale score of 6 or higher, or externalizing subscale score of 7 or higher.

f. For clients who scored above cutoff at initial, were open 60 days or longer, and had a discharge assessment, Clinically Significant improvement is defined as number of clients who scored below the clinical cutoff on at least one scale (which was elevated on their initial assessment) at discharge and who had at least a 6-point reduction on the Parent PSC total scale score.

Selection Criteria: Clients with CCBH Discharge Dates between 7/1/2020 and 3/31/2021

SYSTEM OF CARE EVALUATION
Discharged Clients - Initial to Discharge Parent PSC Report
(Administered to caregivers of youth ages 3 - 18 only)
 CCBH Discharge Dates between 7/1/2020 and 3/31/2021

		Discharged clients open 60 days + ^a	1 Clients with initial and discharge scores ^b (COMPLIANCE RATE)	2a No improvement ^c	2b Small improvement ^c	2c Medium improvement ^c	2d Large improvement ^c	2e Increase in impairment ^c	3 Reliable improvement ^d	4 Clients above cutoff at initial ^e	5a Clinically significant improvement ^f
6530	SDYS ICARE	24 / 26	7 (29%)	1 (14%)	1 (14%)	1 (14%)	1 (14%)	3 (43%)	2 (29%)	13 / 18 (72%)	1 / 6 (17%)
6540	SDYS OUR SAFE PLACE	5 / 5	0 (0%)							2 / 4 (50%)	--
6550	PALOMAR FC CHILDNET	41 / 48	38 (93%)	7 (18%)	5 (13%)	5 (13%)	12 (32%)	9 (24%)	17 (45%)	20 / 47 (43%)	10 / 14 (71%)
6560	PALOMAR FC FALLBROOK	68 / 77	51 (75%)	4 (8%)	5 (10%)	6 (12%)	31 (61%)	5 (10%)	36 (71%)	56 / 76 (74%)	30 / 39 (77%)
6570	PALOMAR FC N. INLAND/COASTAL	162 / 169	128 (79%)	5 (4%)	15 (12%)	19 (15%)	81 (63%)	8 (6%)	95 (74%)	111 / 164 (68%)	67 / 87 (77%)
6660	PWS CORNERSTONE	97 / 106	46 (47%)	5 (11%)	6 (13%)	5 (11%)	20 (43%)	10 (22%)	23 (50%)	43 / 85 (51%)	15 / 27 (56%)
6740	RADY C.E.S. SCHOOL	73 / 77	41 (56%)	2 (5%)	6 (15%)	8 (20%)	25 (61%)	0 (0%)	32 (78%)	49 / 71 (69%)	23 / 31 (74%)
6750	RADY CENTRAL CLINIC	133 / 140	79 (59%)	7 (9%)	10 (13%)	11 (14%)	32 (41%)	19 (24%)	40 (51%)	95 / 129 (74%)	30 / 54 (56%)
6770	RADY NORTH COASTAL CLINIC	130 / 138	86 (66%)	6 (7%)	9 (10%)	6 (7%)	51 (59%)	14 (16%)	57 (66%)	102 / 134 (76%)	44 / 67 (66%)
6790	RADY NORTH INLAND REGION	66 / 70	39 (59%)	3 (8%)	4 (10%)	4 (10%)	20 (51%)	8 (21%)	24 (62%)	48 / 66 (73%)	21 / 30 (70%)
6860	SAY MARSHALL	30 / 34	19 (63%)	1 (5%)	1 (5%)	5 (26%)	9 (47%)	3 (16%)	11 (58%)	15 / 32 (47%)	6 / 10 (60%)
6890	SBCS BERRY CLINIC	48 / 56	29 (60%)	4 (14%)	3 (10%)	1 (3%)	17 (59%)	4 (14%)	18 (62%)	38 / 53 (72%)	16 / 21 (76%)
6910	SB COMM SRVC SO. REGION OP	86 / 107	64 (74%)	1 (2%)	9 (14%)	7 (11%)	39 (61%)	8 (13%)	45 (70%)	69 / 102 (68%)	36 / 45 (80%)
6950	SDCC EAST OP LA MESA	112 / 137	41 (37%)	2 (5%)	4 (10%)	6 (15%)	20 (49%)	9 (22%)	25 (61%)	90 / 132 (68%)	18 / 31 (58%)
6980	SDCC FFA STABL AND TREATMEN	69 / 78	52 (75%)	6 (12%)	8 (15%)	7 (13%)	21 (40%)	10 (19%)	24 (46%)	38 / 60 (63%)	17 / 36 (47%)
6990	SDCC WRAPWORKS	133 / 148	101 (76%)	10 (10%)	6 (6%)	18 (18%)	29 (29%)	38 (38%)	43 (43%)	91 / 136 (67%)	25 / 69 (36%)
7040	UPAC CMH	121 / 125	89 (74%)	7 (8%)	10 (11%)	12 (13%)	38 (43%)	22 (25%)	47 (53%)	72 / 123 (59%)	30 / 48 (63%)

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

c. For clients whose episode lasted 60 days or longer who completed an initial and discharge assessment, improvement categories are defined as: No improvement (0 or 1-point reduction), Small improvement (2-4 point reduction), Medium improvement (5-8 point reduction), Large improvement (9+ point reduction), Increase in impairment (1+ point increase).

d. Reliable improvement for all clients is defined as number of clients who had at least a 6-point reduction on the Parent PSC total scale score.

e. For all clients with an initial assessment, number of clients who started at or above the clinical cutoff with a total score of 28 or higher (ages 6-18) or a total score of 24 or higher (for clients ages 3-5), attention subscale score of 7 or higher, internalizing subscale score of 6 or higher, or externalizing subscale score of 7 or higher.

f. For clients who scored above cutoff at initial, were open 60 days or longer, and had a discharge assessment, Clinically Significant improvement is defined as number of clients who scored below the clinical cutoff on at least one scale (which was elevated on their initial assessment) at discharge and who had at least a 6-point reduction on the Parent PSC total scale score.

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7050	SDUSD INTENSIVE OP	123 / 131	58	(47%)	4	(7%)	5	(9%)	10	(17%)	27	(47%)	12	(21%)	36	(62%)	65 / 123	(53%)	18 / 27	(67%)
7110	SDYS COUNS COVE FSP	18 / 18	1	(6%)	0	(0%)	0	(0%)	0	(0%)	0	(0%)	1	(100%)	0	(0%)	4 / 6	(67%)	0 / 1	(0%)
7130	SDYS EAST REGION OP	72 / 83	60	(83%)	7	(12%)	8	(13%)	9	(15%)	23	(38%)	13	(22%)	30	(50%)	59 / 80	(74%)	26 / 48	(54%)
7180	SDYS BRIDGEWAYS	18 / 24	2	(11%)	0	(0%)	0	(0%)	0	(0%)	2	(100%)	0	(0%)	2	(100%)	9 / 14	(64%)	2 / 2	(100%)
7200	SYHC BHG YES	89 / 99	69	(78%)	5	(7%)	5	(7%)	13	(19%)	32	(46%)	14	(20%)	40	(58%)	66 / 98	(67%)	30 / 46	(65%)
7210	SYHC CHALDEAN MID EAST (C)	4 / 4	3	(75%)	1	(33%)	0	(0%)	0	(0%)	2	(67%)	0	(0%)	2	(67%)	1 / 4	(25%)	1 / 1	(100%)
7350	VH VISTA HILL ESCONDIDO	141 / 146	99	(70%)	10	(10%)	12	(12%)	19	(19%)	42	(42%)	16	(16%)	57	(58%)	85 / 146	(58%)	37 / 52	(71%)
7360	VH VISTA HILL NORTH INLAND	90 / 96	35	(39%)	3	(9%)	4	(11%)	7	(20%)	16	(46%)	5	(14%)	21	(60%)	55 / 90	(61%)	15 / 24	(63%)
7370	VH JUVENILE COURT CLINIC MHS	51 / 64	38	(75%)	4	(11%)	4	(11%)	11	(29%)	7	(18%)	12	(32%)	17	(45%)	45 / 59	(76%)	14 / 28	(50%)
7410	VH MERIT	2 / 2	1	(50%)	0	(0%)	0	(0%)	0	(0%)	1	(100%)	0	(0%)	1	(100%)	1 / 1	(100%)	1 / 1	(100%)
7440	UPAC MULTI COMM COUNSEL MH	39 / 47	29	(74%)	3	(10%)	4	(14%)	3	(10%)	12	(41%)	7	(24%)	15	(52%)	17 / 38	(45%)	9 / 10	(90%)
7450	YMCA TIDES	115 / 119	40	(35%)	5	(13%)	2	(5%)	7	(18%)	22	(55%)	4	(10%)	28	(70%)	62 / 116	(53%)	19 / 24	(79%)
7480	NA N CNTY OP SCHOOL BASED S	53 / 62	21	(40%)	2	(10%)	2	(10%)	5	(24%)	5	(24%)	7	(33%)	8	(38%)	33 / 51	(65%)	4 / 12	(33%)
7530	VH SMARTCARE BH CONNECT	31 / 43	6	(19%)	1	(17%)	0	(0%)	0	(0%)	5	(83%)	0	(0%)	5	(83%)	21 / 25	(84%)	4 / 6	(67%)
7600	RADY KIDSTART EPSDT CLINIC S	18 / 24	10	(56%)	0	(0%)	1	(10%)	2	(20%)	2	(20%)	5	(50%)	2	(20%)	9 / 21	(43%)	2 / 6	(33%)
7610	RADY KIDSTART EPSDT CLINIC CT	21 / 23	16	(76%)	0	(0%)	3	(19%)	4	(25%)	5	(31%)	4	(25%)	7	(44%)	10 / 21	(48%)	5 / 8	(63%)
7620	RADY KIDSTART EPSDT CLINIC N	2 / 2	0	(0%)													1 / 1	(100%)	--	

a. 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.

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

c. For clients whose episode lasted 60 days or longer who completed an initial and discharge assessment, improvement categories are defined as: No improvement (0 or 1-point reduction), Small improvement (2-4 point reduction), Medium improvement (5-8 point reduction), Large improvement (9+ point reduction), Increase in impairment (1+ point increase).

d. Reliable improvement for all clients is defined as number of clients who had at least a 6-point reduction on the Parent PSC total scale score.

e. For all clients with an initial assessment, number of clients who started at or above the clinical cutoff with a total score of 28 or higher (ages 6-18) or a total score of 24 or higher (for clients ages 3-5), attention subscale score of 7 or higher, internalizing subscale score of 6 or higher, or externalizing subscale score of 7 or higher.

f. For clients who scored above cutoff at initial, were open 60 days or longer, and had a discharge assessment, Clinically Significant improvement is defined as number of clients who scored below the clinical cutoff on at least one scale (which was elevated on their initial assessment) at discharge and who had at least a 6-point reduction on the Parent PSC total scale score.

Selection Criteria: Clients with CCBH Discharge Dates between 7/1/2020 and 3/31/2021

SYSTEM OF CARE EVALUATION
Discharged Clients - Initial to Discharge Parent PSC Report
(Administered to caregivers of youth ages 3 - 18 only)
 CCBH Discharge Dates between 7/1/2020 and 3/31/2021

		Discharged clients open 60 days + ^a	1 Clients with initial and discharge scores ^b (COMPLIANCE RATE)	2a No improvement ^c	2b Small improvement ^c	2c Medium improvement ^c	2d Large improvement ^c	2e Increase in impairment ^c	3 Reliable improvement ^d	4 Clients above cutoff at initial ^e	5a Clinically significant improvement ^f
7650	SB COMM SRVC MI ESCUELITA	5 / 7	4 (80%)	1 (25%)	0 (0%)	1 (25%)	1 (25%)	1 (25%)	2 (50%)	2 / 7 (29%)	1 / 2 (50%)
8110	MHS STEPS ADOLESCENT	27 / 28	14 (52%)	2 (14%)	5 (36%)	0 (0%)	5 (36%)	2 (14%)	5 (36%)	14 / 24 (58%)	5 / 8 (63%)
8220	NA SAN PASQUAL ACADEMY	26 / 29	24 (92%)	1 (4%)	1 (4%)	0 (0%)	2 (8%)	20 (83%)	2 (8%)	11 / 27 (41%)	2 / 10 (20%)
8230	NA SO CAMPUS RCL 12	32 / 33	28 (88%)	2 (7%)	1 (4%)	6 (21%)	14 (50%)	5 (18%)	19 (68%)	23 / 33 (70%)	15 / 21 (71%)
8270	NA CASS	53 / 69	45 (85%)	5 (11%)	4 (9%)	11 (24%)	11 (24%)	14 (31%)	21 (47%)	39 / 60 (65%)	16 / 31 (52%)
8290	NA CTR CHILD YOUTH PSYCH	72 / 76	24 (33%)	0 (0%)	3 (13%)	4 (17%)	8 (33%)	9 (38%)	11 (46%)	48 / 67 (72%)	8 / 14 (57%)
8380	SDCC STRTP PROGRAM	11 / 11	5 (45%)	1 (20%)	0 (0%)	1 (20%)	2 (40%)	1 (20%)	3 (60%)	4 / 6 (67%)	3 / 3 (100%)
8400	SDUSD MARCY	16 / 16	9 (56%)	1 (11%)	0 (0%)	1 (11%)	2 (22%)	5 (56%)	3 (33%)	12 / 14 (86%)	2 / 7 (29%)
8410	SDUSD NEW DAWN	6 / 6	2 (33%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	2 (100%)	0 (0%)	4 / 4 (100%)	0 / 2 (0%)
8420	SDUSD UNIFIED DAY SCHOOL	14 / 15	6 (43%)	0 (0%)	0 (0%)	1 (17%)	1 (17%)	4 (67%)	1 (17%)	8 / 12 (67%)	0 / 5 (0%)
8800	MHS FAMILIES FORWARD	39 / 41	27 (69%)	2 (7%)	3 (11%)	1 (4%)	11 (41%)	10 (37%)	12 (44%)	35 / 38 (92%)	12 / 25 (48%)
8830	FF YOUTH CENTER	4 / 5	1 (25%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	1 (100%)	0 (0%)	2 / 4 (50%)	--
8850	MHS FAMILIES FORWARD N CNTY	30 / 30	18 (60%)	3 (17%)	2 (11%)	3 (17%)	5 (28%)	5 (28%)	6 (33%)	26 / 30 (87%)	5 / 15 (33%)
8860	MHS FAMILIES FORWARD E CNTY	42 / 50	25 (60%)	4 (16%)	4 (16%)	3 (12%)	10 (40%)	4 (16%)	12 (48%)	37 / 40 (93%)	10 / 24 (42%)
Countywide Summary		4093 / 4666	2591 (63%)	216 (8%)	275 (11%)	395 (15%)	1139 (44%)	566 (22%)	1440 (56%)	2883 / 4302 (67%)	1062 / 1731 (61%)

a. 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.

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

c. For clients whose episode lasted 60 days or longer who completed an initial and discharge assessment, improvement categories are defined as: No improvement (0 or 1-point reduction), Small improvement (2-4 point reduction), Medium improvement (5-8 point reduction), Large improvement (9+ point reduction), Increase in impairment (1+ point increase).

d. Reliable improvement for all clients is defined as number of clients who had at least a 6-point reduction on the Parent PSC total scale score.

e. For all clients with an initial assessment, number of clients who started at or above the clinical cutoff with a total score of 28 or higher (ages 6-18) or a total score of 24 or higher (for clients ages 3-5), attention subscale score of 7 or higher, internalizing subscale score of 6 or higher, or externalizing subscale score of 7 or higher.

f. For clients who scored above cutoff at initial, were open 60 days or longer, and had a discharge assessment, Clinically Significant improvement is defined as number of clients who scored below the clinical cutoff on at least one scale (which was elevated on their initial assessment) at discharge and who had at least a 6-point reduction on the Parent PSC total scale score.

SYSTEM OF CARE EVALUATION
Discharged Clients - Initial to Discharge Youth PSC Report
(Administered to youth ages 11 - 18 only)

CCBH Discharge Dates between 7/1/2020 and 3/31/2021

		Discharged clients open 60 days + ^a	1 Clients with initial and discharge scores ^b (COMPLIANCE RATE)	2a No improvement ^c	2b Small improvement ^c	2c Medium improvement ^c	2d Large improvement ^c	2e Increase in impairment ^c	3 Reliable improvement ^d	4 Clients above cutoff at initial ^e	5a Clinically significant improvement ^f
6000	CASA DE AMPARO	27 / 42	5 (19%)	0 (0%)	0 (0%)	0 (0%)	2 (40%)	3 (60%)	2 (40%)	20 / 29 (69%)	1 / 3 (33%)
6010	NA INCREDIBLE FAMILIES SOUTH	5 / 5	5 (100%)	1 (20%)	1 (20%)	1 (20%)	1 (20%)	1 (20%)	1 (20%)	0 / 5	--
6020	NA INCREDIBLE FAMILIES NORTH	2 / 2	2 (100%)	0 (0%)	0 (0%)	1 (50%)	1 (50%)	0 (0%)	1 (50%)	1 / 2 (50%)	0 / 1 (0%)
6060	CRF CROSSROADS	136 / 155	88 (65%)	8 (9%)	8 (9%)	20 (23%)	29 (33%)	23 (26%)	48 (55%)	99 / 149 (66%)	30 / 51 (59%)
6070	CRF DOUGLAS YOUNG	146 / 172	98 (67%)	6 (6%)	8 (8%)	11 (11%)	48 (49%)	25 (26%)	57 (58%)	108 / 167 (65%)	37 / 63 (59%)
6080	CRF MAST	77 / 92	58 (75%)	4 (7%)	8 (14%)	10 (17%)	28 (48%)	8 (14%)	38 (66%)	49 / 92 (53%)	23 / 33 (70%)
6090	CRF NUEVA VISTA	226 / 251	158 (70%)	16 (10%)	13 (8%)	17 (11%)	75 (47%)	37 (23%)	90 (57%)	175 / 245 (71%)	70 / 117 (60%)
6140	SWEETWATER OP CLINIC	41 / 41	28 (68%)	1 (4%)	4 (14%)	7 (25%)	13 (46%)	3 (11%)	19 (68%)	26 / 41 (63%)	13 / 16 (81%)
6200	FHC COMM CIRCLE CENT	18 / 23	6 (33%)	1 (17%)	0 (0%)	3 (50%)	1 (17%)	1 (17%)	1 (17%)	9 / 20 (45%)	0 / 2 (0%)
6210	FHC COMM CIRCLE EAST	21 / 26	8 (38%)	1 (13%)	0 (0%)	0 (0%)	4 (50%)	3 (38%)	4 (50%)	12 / 23 (52%)	3 / 5 (60%)
6260	MHS SCHOOL BASED	18 / 18	5 (28%)	1 (20%)	0 (0%)	2 (40%)	2 (40%)	0 (0%)	3 (60%)	8 / 17 (47%)	--
6340	NA KENORA STRTP	7 / 12	6 (86%)	0 (0%)	1 (17%)	1 (17%)	1 (17%)	3 (50%)	2 (33%)	7 / 12 (58%)	2 / 4 (50%)
6350	NA CABRILLO ASSESS CTR CENT	106 / 221	48 (45%)	3 (6%)	7 (15%)	9 (19%)	18 (38%)	11 (23%)	22 (46%)	148 / 175 (85%)	20 / 43 (47%)
6400	NA INCREDIBLE FAMILIES CENTR	1 / 3	1 (100%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	1 (100%)	0 (0%)	0 / 1	--
6460	NC LIFELINE OCEANSIDE	16 / 21	8 (50%)	1 (13%)	0 (0%)	4 (50%)	1 (13%)	2 (25%)	5 (63%)	18 / 21 (86%)	4 / 7 (57%)
6480	NC LIFELINE VISTA	66 / 68	36 (55%)	3 (8%)	2 (6%)	10 (28%)	16 (44%)	5 (14%)	22 (61%)	46 / 65 (71%)	17 / 25 (68%)
6530	SDYS ICARE	23 / 25	4 (17%)	0 (0%)	2 (50%)	0 (0%)	2 (50%)	0 (0%)	2 (50%)	16 / 23 (70%)	1 / 2 (50%)
6540	SDYS OUR SAFE PLACE	4 / 4	0 (0%)							4 / 4 (100%)	--
6560	PALOMAR FC FALLBROOK	42 / 47	33 (79%)	0 (0%)	4 (12%)	9 (27%)	19 (58%)	1 (3%)	27 (82%)	29 / 47 (62%)	18 / 20 (90%)
6570	PALOMAR FC N. INLAND/COASTAL	105 / 109	75 (71%)	1 (1%)	4 (5%)	11 (15%)	51 (68%)	8 (11%)	59 (79%)	73 / 108 (68%)	41 / 48 (85%)

a. 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.

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

c. For clients whose episode lasted 60 days or longer who completed an initial and discharge assessment, improvement categories are defined as: No improvement (0 or 1-point reduction), Small improvement (2-4 point reduction), Medium improvement (5-8 point reduction), Large improvement (9+ point reduction), Increase in impairment (1+ point increase).

d. Reliable improvement for all clients is defined as number of clients who had at least a 6-point reduction on the Youth PSC total scale score.

e. For all clients with an initial assessment, number of clients who started at or above the clinical cutoff with a total score of 30 or higher, attention subscale score of 7 or higher, internalizing subscale score of 6 or higher, or externalizing subscale score of 7 or higher.

f. For clients who scored above cutoff at initial, were open 60 days or longer, and had a discharge assessment, Clinically Significant improvement is defined as number of clients who scored below the clinical cutoff on at least one scale (which was elevated on their initial assessment) at discharge and who had at least a 6-point reduction on the Youth PSC total scale score.

SYSTEM OF CARE EVALUATION
Discharged Clients - Initial to Discharge Youth PSC Report
(Administered to youth ages 11 - 18 only)

CCBH Discharge Dates between 7/1/2020 and 3/31/2021

	Discharged clients open 60 days + ^a	1 Clients with initial and discharge scores ^b (COMPLIANCE RATE)	2a No improvement ^c	2b Small improvement ^c	2c Medium improvement ^c	2d Large improvement ^c	2e Increase in impairment ^c	3 Reliable improvement ^d	4 Clients above cutoff at initial ^e	5a Clinically significant improvement ^f	
6660	PWS CORNERSTONE	46 / 49	16 (35%)	2 (13%)	1 (6%)	2 (13%)	7 (44%)	4 (25%)	9 (56%)	24 / 38 (63%)	9 / 12 (75%)
6740	RADY C.E.S. SCHOOL	59 / 62	35 (59%)	1 (3%)	2 (6%)	4 (11%)	24 (69%)	4 (11%)	28 (80%)	38 / 61 (62%)	16 / 19 (84%)
6750	RADY CENTRAL CLINIC	63 / 69	45 (71%)	3 (7%)	1 (2%)	8 (18%)	19 (42%)	14 (31%)	25 (56%)	40 / 64 (63%)	15 / 27 (56%)
6770	RADY NORTH COASTAL CLINIC	76 / 83	51 (67%)	3 (6%)	5 (10%)	6 (12%)	25 (49%)	12 (24%)	30 (59%)	56 / 79 (71%)	24 / 37 (65%)
6790	RADY NORTH INLAND REGION	39 / 40	30 (77%)	1 (3%)	3 (10%)	2 (7%)	19 (63%)	5 (17%)	21 (70%)	27 / 38 (71%)	19 / 22 (86%)
6860	SAY MARSHALL	19 / 21	11 (58%)	2 (18%)	1 (9%)	1 (9%)	4 (36%)	3 (27%)	4 (36%)	10 / 20 (50%)	3 / 5 (60%)
6890	SBCS BERRY CLINIC	27 / 33	22 (81%)	2 (9%)	1 (5%)	3 (14%)	10 (45%)	6 (27%)	12 (55%)	23 / 32 (72%)	9 / 17 (53%)
6910	SB COMM SRVC SO. REGION OP	49 / 65	34 (69%)	0 (0%)	3 (9%)	4 (12%)	24 (71%)	3 (9%)	26 (76%)	41 / 60 (68%)	21 / 26 (81%)
6950	SDCC EAST OP LA MESA	70 / 87	27 (39%)	1 (4%)	5 (19%)	3 (11%)	12 (44%)	6 (22%)	15 (56%)	49 / 79 (62%)	10 / 15 (67%)
6980	SDCC FFA STABL AND TREATMEN	25 / 29	16 (64%)	3 (19%)	2 (13%)	2 (13%)	5 (31%)	4 (25%)	7 (44%)	12 / 23 (52%)	4 / 8 (50%)
6990	SDCC WRAPWORKS	101 / 111	67 (66%)	3 (4%)	5 (7%)	13 (19%)	24 (36%)	22 (33%)	30 (45%)	43 / 96 (45%)	21 / 31 (68%)
7040	UPAC CMH	70 / 73	55 (79%)	3 (5%)	5 (9%)	9 (16%)	28 (51%)	10 (18%)	34 (62%)	45 / 68 (66%)	24 / 35 (69%)
7050	SDUSD INTENSIVE OP	106 / 114	44 (42%)	3 (7%)	8 (18%)	6 (14%)	20 (45%)	7 (16%)	24 (55%)	63 / 106 (59%)	16 / 27 (59%)
7110	SDYS COUNS COVE FSP	18 / 18	7 (39%)	0 (0%)	0 (0%)	1 (14%)	4 (57%)	2 (29%)	5 (71%)	11 / 16 (69%)	4 / 4 (100%)
7130	SDYS EAST REGION OP	51 / 59	45 (88%)	4 (9%)	6 (13%)	9 (20%)	15 (33%)	11 (24%)	20 (44%)	37 / 58 (64%)	14 / 27 (52%)
7180	SDYS BRIDGEWAYS	18 / 24	4 (22%)	0 (0%)	0 (0%)	3 (75%)	1 (25%)	0 (0%)	3 (75%)	9 / 21 (43%)	2 / 3 (67%)
7200	SYHC BHG YES	59 / 68	39 (66%)	9 (23%)	3 (8%)	5 (13%)	18 (46%)	4 (10%)	21 (54%)	42 / 67 (63%)	15 / 26 (58%)
7210	SYHC CHALDEAN MID EAST (C)	2 / 2	1 (50%)	1 (100%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 / 2	--
7350	VH VISTA HILL ESCONDIDO	57 / 61	42 (74%)	2 (5%)	3 (7%)	10 (24%)	20 (48%)	7 (17%)	28 (67%)	26 / 58 (45%)	17 / 21 (81%)
7360	VH VISTA HILL NORTH INLAND	55 / 57	20 (36%)	2 (10%)	3 (15%)	2 (10%)	10 (50%)	3 (15%)	12 (60%)	34 / 53 (64%)	10 / 14 (71%)

a. 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.

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

c. For clients whose episode lasted 60 days or longer who completed an initial and discharge assessment, improvement categories are defined as: No improvement (0 or 1-point reduction), Small improvement (2-4 point reduction), Medium improvement (5-8 point reduction), Large improvement (9+ point reduction), Increase in impairment (1+ point increase).

d. Reliable improvement for all clients is defined as number of clients who had at least a 6-point reduction on the Youth PSC total scale score.

e. For all clients with an initial assessment, number of clients who started at or above the clinical cutoff with a total score of 30 or higher, attention subscale score of 7 or higher, internalizing subscale score of 6 or higher, or externalizing subscale score of 7 or higher.

f. For clients who scored above cutoff at initial, were open 60 days or longer, and had a discharge assessment, Clinically Significant improvement is defined as number of clients who scored below the clinical cutoff on at least one scale (which was elevated on their initial assessment) at discharge and who had at least a 6-point reduction on the Youth PSC total scale score.

SYSTEM OF CARE EVALUATION
Discharged Clients - Initial to Discharge Youth PSC Report
(Administered to youth ages 11 - 18 only)

CCBH Discharge Dates between 7/1/2020 and 3/31/2021

		Discharged clients open 60 days + ^a	1 Clients with initial and discharge scores ^b (COMPLIANCE RATE)	2a No improvement ^c	2b Small improvement ^c	2c Medium improvement ^c	2d Large improvement ^c	2e Increase in impairment ^c	3 Reliable improvement ^d	4 Clients above cutoff at initial ^e	5a Clinically significant improvement ^f
7370	VH JUVENILE COURT CLINIC MHS	51 / 64	35 (69%)	5 (14%)	0 (0%)	5 (14%)	17 (49%)	8 (23%)	21 (60%)	42 / 60 (70%)	19 / 28 (68%)
7410	VH MERIT	2 / 2	2 (100%)	0 (0%)	0 (0%)	0 (0%)	1 (50%)	1 (50%)	1 (50%)	2 / 2 (100%)	0 / 2 (0%)
7440	UPAC MULTI COMM COUNSEL MH	22 / 28	15 (68%)	2 (13%)	0 (0%)	5 (33%)	5 (33%)	3 (20%)	10 (67%)	13 / 23 (57%)	7 / 8 (88%)
7450	YMCA TIDES	65 / 69	25 (38%)	3 (12%)	0 (0%)	5 (20%)	12 (48%)	5 (20%)	16 (64%)	42 / 64 (66%)	13 / 17 (76%)
7480	NA N CNTY OP SCHOOL BASED S	44 / 52	18 (41%)	0 (0%)	2 (11%)	2 (11%)	11 (61%)	3 (17%)	13 (72%)	37 / 48 (77%)	11 / 15 (73%)
7530	VH SMARTCARE BH CONNECT	23 / 35	7 (30%)	0 (0%)	2 (29%)	0 (0%)	4 (57%)	1 (14%)	4 (57%)	20 / 23 (87%)	3 / 6 (50%)
8110	MHS STEPS ADOLESCENT	23 / 24	17 (74%)	2 (12%)	5 (29%)	0 (0%)	3 (18%)	7 (41%)	3 (18%)	8 / 23 (35%)	2 / 6 (33%)
8220	NA SAN PASQUAL ACADEMY	26 / 29	9 (35%)	0 (0%)	0 (0%)	1 (11%)	3 (33%)	5 (56%)	4 (44%)	11 / 24 (46%)	4 / 7 (57%)
8230	NA SO CAMPUS RCL 12	32 / 33	23 (72%)	1 (4%)	2 (9%)	5 (22%)	8 (35%)	7 (30%)	13 (57%)	21 / 32 (66%)	6 / 15 (40%)
8270	NA CASS	9 / 15	7 (78%)	1 (14%)	1 (14%)	0 (0%)	3 (43%)	2 (29%)	3 (43%)	11 / 15 (73%)	2 / 3 (67%)
8290	NA CTR CHILD YOUTH PSYCH	56 / 60	12 (21%)	2 (17%)	0 (0%)	2 (17%)	2 (17%)	6 (50%)	3 (25%)	36 / 57 (63%)	2 / 6 (33%)
8380	SDCC STRTP PROGRAM	6 / 6	4 (67%)	0 (0%)	0 (0%)	1 (25%)	2 (50%)	1 (25%)	3 (75%)	5 / 5 (100%)	3 / 4 (75%)
8400	SDUSD MARCY	16 / 16	8 (50%)	0 (0%)	1 (13%)	1 (13%)	3 (38%)	3 (38%)	4 (50%)	9 / 16 (56%)	3 / 5 (60%)
8410	SDUSD NEW DAWN	6 / 6	3 (50%)	0 (0%)	0 (0%)	0 (0%)	1 (33%)	2 (67%)	1 (33%)	4 / 6 (67%)	1 / 2 (50%)
8420	SDUSD UNIFIED DAY SCHOOL	11 / 11	3 (27%)	0 (0%)	0 (0%)	0 (0%)	1 (33%)	2 (67%)	1 (33%)	3 / 5 (60%)	1 / 2 (50%)
8800	MHS FAMILIES FORWARD	38 / 40	23 (61%)	1 (4%)	2 (9%)	3 (13%)	7 (30%)	10 (43%)	10 (43%)	26 / 35 (74%)	10 / 16 (63%)
8830	FF YOUTH CENTER	4 / 5	0 (0%)							2 / 5 (40%)	--
8850	MHS FAMILIES FORWARD N CNTY	24 / 24	16 (67%)	2 (13%)	2 (13%)	1 (6%)	6 (38%)	5 (31%)	7 (44%)	14 / 24 (58%)	4 / 8 (50%)
8860	MHS FAMILIES FORWARD E CNTY	35 / 39	15 (43%)	0 (0%)	2 (13%)	1 (7%)	7 (47%)	5 (33%)	7 (47%)	23 / 28 (82%)	7 / 13 (54%)

a. 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.

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

c. For clients whose episode lasted 60 days or longer who completed an initial and discharge assessment, improvement categories are defined as: No improvement (0 or 1-point reduction), Small improvement (2-4 point reduction), Medium improvement (5-8 point reduction), Large improvement (9+ point reduction), Increase in impairment (1+ point increase).

d. Reliable improvement for all clients is defined as number of clients who had at least a 6-point reduction on the Youth PSC total scale score.

e. For all clients with an initial assessment, number of clients who started at or above the clinical cutoff with a total score of 30 or higher, attention subscale score of 7 or higher, internalizing subscale score of 6 or higher, or externalizing subscale score of 7 or higher.

f. For clients who scored above cutoff at initial, were open 60 days or longer, and had a discharge assessment, Clinically Significant improvement is defined as number of clients who scored below the clinical cutoff on at least one scale (which was elevated on their initial assessment) at discharge and who had at least a 6-point reduction on the Youth PSC total scale score.

SYSTEM OF CARE EVALUATION
Discharged Clients - Initial to Discharge Youth PSC Report
(Administered to youth ages 11 - 18 only)

CCBH Discharge Dates between 7/1/2020 and 3/31/2021

	Discharged clients open 60 days + ^a	1 Clients with initial and discharge scores ^b (COMPLIANCE RATE)	2a No improvement ^c	2b Small improvement ^c	2c Medium improvement ^c	2d Large improvement ^c	2e Increase in impairment ^c	3 Reliable improvement ^d	4 Clients above cutoff at initial ^e	5a Clinically significant improvement ^f
Countywide Summary	2590 / 3020	1525 (59%)	111 (7%)	138 (9%)	241 (16%)	697 (46%)	338 (22%)	881 (58%)	1807 / 2780 (65%)	631 / 979 (64%)

a. 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.

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

c. For clients whose episode lasted 60 days or longer who completed an initial and discharge assessment, improvement categories are defined as: No improvement (0 or 1-point reduction), Small improvement (2-4 point reduction), Medium improvement (5-8 point reduction), Large improvement (9+ point reduction), Increase in impairment (1+ point increase).

d. Reliable improvement for all clients is defined as number of clients who had at least a 6-point reduction on the Youth PSC total scale score.

e. For all clients with an initial assessment, number of clients who started at or above the clinical cutoff with a total score of 30 or higher, attention subscale score of 7 or higher, internalizing subscale score of 6 or higher, or externalizing subscale score of 7 or higher.

f. For clients who scored above cutoff at initial, were open 60 days or longer, and had a discharge assessment, Clinically Significant improvement is defined as number of clients who scored below the clinical cutoff on at least one scale (which was elevated on their initial assessment) at discharge and who had at least a 6-point reduction on the Youth PSC total scale score.

SYSTEM OF CARE EVALUATION
Discharged Clients - Initial to Discharge CANS Report
(for clients ages 6-21 at initial CANS assessment)

CCBH Discharge Dates between 7/1/2020 and 3/31/2021

	Discharged Clients	1a Clients with no AN at Intake ^a	1b Clients with 1-5 AN at Intake ^a	1c Clients with 6+ AN at Intake ^a	Discharged clients open 60 days + ^b	2 Clients with initial and discharge scores ^c (COMPLIANCE RATE)	4a Progress on Life Func ^d	4b Progress on Risk Bhv ^d	4c Progress on Bhv/Emot needs ^d	
6000	CASA DE AMPARO	42	0 (0%)	6 (15%)	35 (85%)	27 / 42	26 (96%)	18 / 23 (78%)	14 / 20 (70%)	18 / 26 (69%)
6010	NA INCREDIBLE FAMILIES SOUTH	17	6 (35%)	8 (47%)	3 (18%)	17 / 17	17 (100%)	7 / 10 (70%)	1 / 1 (100%)	5 / 11 (45%)
6020	NA INCREDIBLE FAMILIES NORTH	11	3 (27%)	6 (55%)	2 (18%)	11 / 11	11 (100%)	6 / 6 (100%)	2 / 3 (67%)	7 / 8 (88%)
6060	CRF CROSSROADS	231	5 (2%)	120 (52%)	106 (46%)	204 / 231	200 (98%)	144 / 162 (89%)	60 / 66 (91%)	175 / 198 (88%)
6070	CRF DOUGLAS YOUNG	256	9 (4%)	160 (63%)	86 (34%)	225 / 256	224 (100%)	124 / 183 (68%)	31 / 44 (70%)	158 / 213 (74%)
6080	CRF MAST	115	0 (0%)	53 (46%)	61 (54%)	97 / 115	95 (98%)	51 / 86 (59%)	18 / 37 (49%)	61 / 95 (64%)
6090	CRF NUEVA VISTA	372	15 (4%)	204 (55%)	153 (41%)	337 / 372	333 (99%)	129 / 283 (46%)	58 / 112 (52%)	200 / 317 (63%)
6140	SWEETWATER OP CLINIC	42	0 (0%)	24 (59%)	17 (41%)	41 / 42	40 (98%)	30 / 34 (88%)	5 / 7 (71%)	34 / 40 (85%)
6200	FHC COMM CIRCLE CENT	54	1 (2%)	33 (61%)	20 (37%)	48 / 54	46 (96%)	22 / 30 (73%)	9 / 10 (90%)	30 / 43 (70%)
6210	FHC COMM CIRCLE EAST	60	1 (2%)	35 (64%)	19 (35%)	51 / 60	49 (96%)	29 / 48 (60%)	3 / 3 (100%)	32 / 48 (67%)
6260	MHS SCHOOL BASED	30	1 (3%)	23 (77%)	6 (20%)	30 / 30	18 (60%)	13 / 16 (81%)	2 / 2 (100%)	11 / 13 (85%)
6340	NA KENORA STRTP	12	0 (0%)	1 (8%)	11 (92%)	7 / 12	7 (100%)	6 / 7 (86%)	4 / 5 (80%)	2 / 7 (29%)
6350	NA CABRILLO ASSESS CTR CENTR	240	0 (0%)	57 (27%)	151 (73%)	113 / 240	103 (91%)	73 / 102 (72%)	81 / 103 (79%)	76 / 103 (74%)
6400	NA INCREDIBLE FAMILIES CENTRA	5	1 (20%)	3 (60%)	1 (20%)	3 / 5	3 (100%)	0 / 1 (0%)	0 / 1 (0%)	1 / 2 (50%)
6460	NC LIFELINE OCEANSIDE	24	0 (0%)	5 (21%)	19 (79%)	19 / 24	19 (100%)	16 / 19 (84%)	12 / 13 (92%)	13 / 19 (68%)
6480	NC LIFELINE VISTA	84	2 (2%)	45 (54%)	37 (44%)	80 / 84	78 (98%)	62 / 72 (86%)	19 / 23 (83%)	61 / 75 (81%)
6530	SDYS ICARE	27	0 (0%)	12 (44%)	15 (56%)	25 / 27	25 (100%)	13 / 22 (59%)	6 / 13 (46%)	16 / 24 (67%)
6540	SDYS OUR SAFE PLACE	7	0 (0%)	2 (29%)	5 (71%)	7 / 7	7 (100%)	2 / 6 (33%)	2 / 3 (67%)	3 / 7 (43%)
6560	PALOMAR FC FALLBROOK	74	2 (3%)	20 (28%)	50 (69%)	65 / 74	65 (100%)	59 / 62 (95%)	35 / 36 (97%)	56 / 64 (88%)
6570	PALOMAR FC N. INLAND/COASTAL	165	2 (1%)	71 (43%)	92 (56%)	158 / 165	156 (99%)	132 / 143 (92%)	22 / 23 (96%)	141 / 153 (92%)
6660	PWS CORNERSTONE	103	1 (1%)	40 (43%)	52 (56%)	94 / 103	85 (90%)	67 / 80 (84%)	15 / 19 (79%)	62 / 81 (77%)
6740	RADY C.E.S. SCHOOL	76	1 (1%)	55 (72%)	20 (26%)	72 / 76	71 (99%)	49 / 62 (79%)	6 / 9 (67%)	46 / 69 (67%)

a. For discharged clients, number of actionable needs (2 or 3) across Child Behavioral/Emotional needs, Risk Behaviors and Life Functioning domains at intake are defined as: Clients with no actionable needs (0 needs), clients with 1-5 actionable needs, clients with 6+ actionable needs.

b. 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.

c. Clients ages 6-21 whose episode lasted 60 days or longer have CANS data available for both initial and discharge assessments or follow-up assessment (if the measure was completed within 60 days prior to client CCBH discharge date).

d. Progress: Number of clients ages 6-21 whose episode lasted 60 days or longer who moved from a '2' or '3' to '0' or '1' in the following areas (Life Functioning, Risk Behaviors or Child Behavioral/Emotional needs).

Selection Criteria: Clients with CCBH Discharge Dates between 7/1/2020 and 3/31/2021

Data current as of 04/16/2021 at 8 am (downloaded from CYF mHOMS).

SYSTEM OF CARE EVALUATION
Discharged Clients - Initial to Discharge CANS Report
(for clients ages 6-21 at initial CANS assessment)

CCBH Discharge Dates between 7/1/2020 and 3/31/2021

	Discharged Clients	1a Clients with no AN at Intake ^a	1b Clients with 1-5 AN at Intake ^a	1c Clients with 6+ AN at Intake ^a	Discharged clients open 60 days + ^b	2 Clients with initial and discharge scores ^c (COMPLIANCE RATE)	4a Progress on Life Func ^d	4b Progress on Risk Bhv ^d	4c Progress on Bhv/Emot needs ^d	
6750	RADY CENTRAL CLINIC	131	1 (1%)	54 (41%)	76 (58%)	124 / 131	121 (98%)	101 / 113 (89%)	41 / 46 (89%)	93 / 120 (78%)
6770	RADY NORTH COASTAL CLINIC	133	2 (2%)	56 (42%)	75 (56%)	125 / 133	120 (96%)	93 / 115 (81%)	26 / 33 (79%)	95 / 117 (81%)
6790	RADY NORTH INLAND REGION	66	0 (0%)	48 (73%)	18 (27%)	63 / 66	63 (100%)	50 / 60 (83%)	11 / 14 (79%)	44 / 62 (71%)
6860	SAY MARSHALL	34	0 (0%)	22 (67%)	11 (33%)	30 / 34	29 (97%)	17 / 28 (61%)	2 / 3 (67%)	13 / 27 (48%)
6890	SBCS BERRY CLINIC	54	4 (7%)	25 (46%)	25 (46%)	46 / 54	46 (100%)	32 / 37 (86%)	9 / 9 (100%)	39 / 44 (89%)
6910	SB COMM SRVC SO. REGION OP	102	5 (5%)	51 (51%)	44 (44%)	81 / 102	81 (100%)	56 / 71 (79%)	25 / 31 (81%)	64 / 79 (81%)
6950	SDCC EAST OP LA MESA	131	29 (22%)	84 (64%)	18 (14%)	108 / 131	104 (96%)	54 / 64 (84%)	8 / 9 (89%)	59 / 77 (77%)
6980	SDCC FFA STABL AND TREATMEN	52	0 (0%)	32 (68%)	15 (32%)	45 / 52	43 (96%)	23 / 35 (66%)	3 / 6 (50%)	29 / 42 (69%)
6990	SDCC WRAPWORKS	135	0 (0%)	38 (29%)	93 (71%)	124 / 135	123 (99%)	92 / 116 (79%)	55 / 75 (73%)	93 / 123 (76%)
7040	UPAC CMH	120	0 (0%)	44 (37%)	74 (63%)	116 / 120	115 (99%)	95 / 113 (84%)	25 / 26 (96%)	88 / 114 (77%)
7050	SDUSD INTENSIVE OP	130	3 (2%)	95 (73%)	32 (25%)	122 / 130	118 (97%)	48 / 81 (59%)	6 / 16 (38%)	80 / 113 (71%)
7110	SDYS COUNS COVE FSP	33	2 (6%)	14 (42%)	17 (52%)	29 / 33	26 (90%)	8 / 23 (35%)	7 / 11 (64%)	10 / 25 (40%)
7130	SDYS EAST REGION OP	80	3 (4%)	47 (59%)	30 (38%)	69 / 80	68 (99%)	40 / 57 (70%)	10 / 14 (71%)	51 / 64 (80%)
7180	SDYS BRIDGEWAYS	30	2 (7%)	15 (52%)	12 (41%)	24 / 30	23 (96%)	10 / 18 (56%)	2 / 5 (40%)	11 / 22 (50%)
7200	SYHC BHG YES	98	1 (1%)	69 (70%)	28 (29%)	88 / 98	86 (98%)	59 / 77 (77%)	13 / 16 (81%)	70 / 84 (83%)
7210	SYHC CHALDEAN MID EAST (C)	4	0 (0%)	4 (100%)	0 (0%)	4 / 4	3 (75%)	2 / 3 (67%)	0 / 0 #Num!	2 / 3 (67%)
7350	VH VISTA HILL ESCONDIDO	137	0 (0%)	81 (59%)	56 (41%)	132 / 137	126 (95%)	86 / 97 (89%)	23 / 27 (85%)	112 / 125 (90%)
7360	VH VISTA HILL NORTH INLAND	90	6 (7%)	71 (79%)	13 (14%)	85 / 90	84 (99%)	38 / 60 (63%)	8 / 12 (67%)	51 / 74 (69%)
7370	VH JUVENILE COURT CLINIC MHSA	64	0 (0%)	12 (20%)	49 (80%)	51 / 64	50 (98%)	43 / 49 (88%)	20 / 28 (71%)	44 / 48 (92%)
7410	VH MERIT	2	0 (0%)	0 (0%)	2 (100%)	2 / 2	2 (100%)	0 / 2 (0%)	2 / 2 (100%)	2 / 2 (100%)
7440	UPAC MULTI COMM COUNSEL MHS	44	2 (5%)	26 (59%)	16 (36%)	37 / 44	37 (100%)	21 / 30 (70%)	8 / 10 (80%)	29 / 36 (81%)
7450	YMCA TIDES	116	7 (6%)	85 (73%)	24 (21%)	112 / 116	93 (83%)	69 / 80 (86%)	5 / 6 (83%)	71 / 85 (84%)

a. For discharged clients, number of actionable needs (2 or 3) across Child Behavioral/Emotional needs, Risk Behaviors and Life Functioning domains at intake are defined as: Clients with no actionable needs (0 needs), clients with 1-5 actionable needs, clients with 6+ actionable needs.

b. 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.

c. Clients ages 6-21 whose episode lasted 60 days or longer have CANS data available for both initial and discharge assessments or follow-up assessment (if the measure was completed within 60 days prior to client CCBH discharge date).

d. Progress: Number of clients ages 6-21 whose episode lasted 60 days or longer who moved from a '2' or '3' to '0' or '1' in the following areas (Life Functioning, Risk Behaviors or Child Behavioral/Emotional needs).

Selection Criteria: Clients with CCBH Discharge Dates between 7/1/2020 and 3/31/2021

Data current as of 04/16/2021 at 8 am (downloaded from CYF mHOMS).

SYSTEM OF CARE EVALUATION
Discharged Clients - Initial to Discharge CANS Report
(for clients ages 6-21 at initial CANS assessment)

CCBH Discharge Dates between 7/1/2020 and 3/31/2021

	Discharged Clients	1a Clients with no AN at Intake ^a	1b Clients with 1-5 AN at Intake ^a	1c Clients with 6+ AN at Intake ^a	Discharged clients open 60 days + ^b	2 Clients with initial and discharge scores ^c (COMPLIANCE RATE)	4a Progress on Life Func ^d	4b Progress on Risk Bhv ^d	4c Progress on Bhv/Emot needs ^d
7480 NA N CNTY OP SCHOOL BASED SV	62	1 (2%)	23 (38%)	37 (61%)	53 / 62	47 (89%)	36 / 46 (78%)	12 / 17 (71%)	36 / 47 (77%)
7530 VH SMARTCARE BH CONNECT	43	2 (6%)	22 (69%)	8 (25%)	31 / 43	25 (81%)	10 / 15 (67%)	7 / 12 (58%)	13 / 24 (54%)
7600 RADY KIDSTART EPSDT CLINIC SO	3	0 (0%)	2 (100%)	0 (0%)	3 / 3	2 (67%)	2 / 2 (100%)	0 / 0 #Num!	1 / 1 (100%)
7610 RADY KIDSTART EPSDT CLINIC CT	2	1 (50%)	1 (50%)	0 (0%)	2 / 2	2 (100%)	1 / 1 (100%)	0 / 0 #Num!	1 / 1 (100%)
8110 MHS STEPS ADOLESCENT	28	0 (0%)	16 (57%)	12 (43%)	27 / 28	25 (93%)	17 / 24 (71%)	10 / 15 (67%)	18 / 24 (75%)
8220 NA SAN PASQUAL ACADEMY	29	1 (3%)	18 (62%)	10 (34%)	26 / 29	25 (96%)	20 / 23 (87%)	3 / 4 (75%)	19 / 23 (83%)
8230 NA SO CAMPUS RCL 12	33	0 (0%)	1 (3%)	31 (97%)	32 / 33	30 (94%)	27 / 30 (90%)	21 / 27 (78%)	26 / 30 (87%)
8270 NA CASS	42	0 (0%)	10 (27%)	27 (73%)	30 / 42	29 (97%)	27 / 29 (93%)	13 / 15 (87%)	24 / 28 (86%)
8290 NA CTR CHILD YOUTH PSYCH	78	12 (15%)	51 (65%)	15 (19%)	74 / 78	74 (100%)	30 / 40 (75%)	6 / 9 (67%)	43 / 59 (73%)
8380 SDCC STRTP PROGRAM	11	0 (0%)	2 (18%)	9 (82%)	11 / 11	10 (91%)	8 / 10 (80%)	8 / 9 (89%)	9 / 10 (90%)
8400 SDUSD MARCY	16	0 (0%)	3 (19%)	13 (81%)	16 / 16	16 (100%)	7 / 14 (50%)	9 / 11 (82%)	11 / 16 (69%)
8410 SDUSD NEW DAWN	6	0 (0%)	3 (50%)	3 (50%)	6 / 6	6 (100%)	3 / 4 (75%)	1 / 1 (100%)	2 / 6 (33%)
8420 SDUSD UNIFIED DAY SCHOOL	15	1 (7%)	4 (27%)	10 (67%)	14 / 15	14 (100%)	8 / 13 (62%)	2 / 4 (50%)	8 / 13 (62%)
8800 MHS FAMILIES FORWARD	40	1 (3%)	3 (8%)	35 (90%)	38 / 40	37 (97%)	30 / 37 (81%)	26 / 31 (84%)	27 / 37 (73%)
8830 FF YOUTH CENTER	6	0 (0%)	2 (33%)	4 (67%)	5 / 6	5 (100%)	5 / 5 (100%)	5 / 5 (100%)	3 / 5 (60%)
8850 MHS FAMILIES FORWARD N CNTY	30	0 (0%)	6 (20%)	24 (80%)	30 / 30	30 (100%)	18 / 28 (64%)	19 / 24 (79%)	21 / 30 (70%)
8860 MHS FAMILIES FORWARD E CNTY	50	0 (0%)	5 (10%)	44 (90%)	42 / 50	40 (95%)	30 / 40 (75%)	24 / 35 (69%)	24 / 40 (60%)
Countywide Summary	4327	136 (3%)	2128 (50%)	1971 (47%)	3788 / 4327	3656 (97%)	2368 / 3147 (75%)	880 / 1171 (75%)	2644 / 3496 (76%)

2128+1971=4099
4099+136=4235
4099/4235=96.8%

- a. For discharged clients, number of actionable needs (2 or 3) across Child Behavioral/Emotional needs, Risk Behaviors and Life Functioning domains at intake are defined as: Clients with no actionable needs (0 needs), clients with 1-5 actionable needs, clients with 6+ actionable needs.
- b. 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.
- c. Clients ages 6-21 whose episode lasted 60 days or longer have CANS data available for both initial and discharge assessments or follow-up assessment (if the measure was completed within 60 days prior to client CCBH discharge date).
- d. Progress: Number of clients ages 6-21 whose episode lasted 60 days or longer who moved from a '2' or '3' to '0' or '1' in the following areas (Life Functioning, Risk Behaviors or Child Behavioral/Emotional needs).

Selection Criteria: Clients with CCBH Discharge Dates between 7/1/2020 and 3/31/2021
Data current as of 04/16/2021 at 8 am (downloaded from CYF mHOMS).

SYSTEM OF CARE EVALUATION
Discharged Clients - Initial to Discharge SD CANS-EC Report
(for clients ages 0-5 at initial SD CANS-EC assessment)

CCBH Discharge Dates between 7/1/2020 and 3/31/2021

	Discharged Clients	1a		1b		1c		Discharged clients open 60 days + ^b	2		4a		4b		4c	
		Clients with no AN at Intake ^a	(%)	Clients with 1-5 AN at Intake ^a	(%)	Clients with 6+ AN at Intake ^a	(%)		Clients with initial and discharge scores ^c (COMPLIANCE RATE)	(%)	Progress on Life Funct ^d	(%)	Progress on Risk Behv ^d	(%)	Progress on Challenges ^d	(%)
6010 NA INCREDIBLE FAMILIES SOUTH	20	6 (30%)	13 (65%)	1 (5%)	20 / 20	20 (100%)	5 / 8 (63%)	0 / 1 (0%)	10 / 12 (83%)							
6020 NA INCREDIBLE FAMILIES NORTH	10	3 (33%)	4 (44%)	2 (22%)	9 / 10	7 (78%)	3 / 4 (75%)	0 / 1 (0%)	5 / 5 (100%)							
6060 CRF CROSSROADS	11	0 (0%)	7 (64%)	4 (36%)	11 / 11	11 (100%)	3 / 7 (43%)	0 / 1 (0%)	9 / 11 (82%)							
6070 CRF DOUGLAS YOUNG	11	1 (9%)	9 (82%)	1 (9%)	10 / 11	10 (100%)	2 / 4 (50%)	0 / 2 (0%)	7 / 9 (78%)							
6080 CRF MAST	2	0 (0%)	1 (50%)	1 (50%)	2 / 2	2 (100%)	2 / 2 (100%)	0 / 0 #Num!	2 / 2 (100%)							
6090 CRF NUEVA VISTA	10	0 (0%)	6 (60%)	4 (40%)	10 / 10	10 (100%)	5 / 7 (71%)	1 / 2 (50%)	7 / 9 (78%)							
6140 SWEETWATER OP CLINIC	1	0 #Num!	0 #Num!	0 #Num!	0 / 1	0 (0%)	0 / 0 #Num!	0 / 0 #Num!	0 / 0 #Num!							
6150 ECS PARA LAS FAMILIAS	74	1 (1%)	52 (70%)	21 (28%)	68 / 74	67 (99%)	34 / 38 (89%)	4 / 5 (80%)	57 / 66 (86%)							
6200 FHC COMM CIRCLE CENT	6	1 (17%)	5 (83%)	0 (0%)	4 / 6	4 (100%)	0 / 2 (0%)	0 / 0 #Num!	0 / 3 (0%)							
6260 MHS SCHOOL BASED	1	0 (0%)	1 (100%)	0 (0%)	1 / 1	1 (100%)	0 / 0 #Num!	0 / 0 #Num!	1 / 1 (100%)							
6400 NA INCREDIBLE FAMILIES CENTRA	5	2 (40%)	3 (60%)	0 (0%)	5 / 5	5 (100%)	0 / 0 #Num!	0 / 0 #Num!	3 / 3 (100%)							
6460 NC LIFELINE OCEANSIDE	1	0 (0%)	0 (0%)	1 (100%)	1 / 1	1 (100%)	1 / 1 (100%)	0 / 0 #Num!	1 / 1 (100%)							
6480 NC LIFELINE VISTA	1	0 (0%)	0 (0%)	1 (100%)	0 / 1	0 (0%)	0 / 0 #Num!	0 / 0 #Num!	0 / 0 #Num!							
6550 PALOMAR FC CHILDNET	50	2 (4%)	30 (60%)	18 (36%)	43 / 50	41 (95%)	18 / 22 (82%)	1 / 3 (33%)	34 / 39 (87%)							
6560 PALOMAR FC FALLBROOK	4	0 (0%)	2 (50%)	2 (50%)	4 / 4	4 (100%)	4 / 4 (100%)	1 / 1 (100%)	4 / 4 (100%)							
6570 PALOMAR FC N. INLAND/COASTAL	35	16 (46%)	3 (9%)	16 (46%)	35 / 35	35 (100%)	19 / 19 (100%)	0 / 0 #Num!	19 / 19 (100%)							
6660 PWS CORNERSTONE	2	0 (0%)	1 (50%)	1 (50%)	2 / 2	2 (100%)	1 / 1 (100%)	0 / 0 #Num!	2 / 2 (100%)							
6740 RADY C.E.S. SCHOOL	2	0 (0%)	1 (50%)	1 (50%)	2 / 2	1 (50%)	1 / 1 (100%)	0 / 1 (0%)	1 / 1 (100%)							

a. For discharged clients, number of actionable needs (2 or 3) across Challenges, Risk Behaviors and Functioning domains at intake are defined as: Clients with no actionable needs (0 needs), clients with 1-5 actionable needs, clients with 6+ actionable needs.

b. 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.

c. Clients ages 0-5 whose episode lasted 60 days or longer have SD CANS-EC data available for both initial and discharge assessments or follow-up assessment (if the measure was completed within 60 days prior to client CCBH discharge date).

d. Progress: Number of clients ages 0-5 whose episode lasted 60 days or longer who moved from a '2' or '3' to '0' or '1' in the following areas (Functioning, Risk Behaviors or Challenges).

Selection Criteria: Clients with CCBH Discharge Dates between 7/1/2020 and 3/31/2021

Data current as of 04/16/2021 at 8 am (downloaded from CYF mHOMS).

Friday, June 11, 2021

SYSTEM OF CARE EVALUATION
Discharged Clients - Initial to Discharge SD CANS-EC Report
(for clients ages 0-5 at initial SD CANS-EC assessment)

CCBH Discharge Dates between 7/1/2020 and 3/31/2021

	Discharged Clients	1a		1b		1c		Discharged clients open 60 days + ^b	2		4a		4b		4c	
		Clients with no AN at Intake ^a	(%)	Clients with 1-5 AN at Intake ^a	(%)	Clients with 6+ AN at Intake ^a	(%)		Clients with initial and discharge scores ^c (COMPLIANCE RATE)	(%)	Progress on Life Funct ^d	(%)	Progress on Risk Behv ^d	(%)	Progress on Challenges ^d	(%)
6750	RADY CENTRAL CLINIC	9	0 (0%)	4 (44%)	5 (56%)	9 / 9	8 (89%)	7 / 8 (88%)	2 / 3 (67%)	6 / 8 (75%)						
6770	RADY NORTH COASTAL CLINIC	5	0 (0%)	1 (20%)	4 (80%)	5 / 5	5 (100%)	5 / 5 (100%)	2 / 2 (100%)	5 / 5 (100%)						
6790	RADY NORTH INLAND REGION	3	0 (0%)	2 (67%)	1 (33%)	2 / 3	2 (100%)	1 / 2 (50%)	0 / 0 #Num!	2 / 2 (100%)						
6890	SBCS BERRY CLINIC	2	0 (0%)	1 (50%)	1 (50%)	2 / 2	2 (100%)	1 / 1 (100%)	2 / 2 (100%)	2 / 2 (100%)						
6910	SB COMM SRVC SO. REGION OP	6	1 (17%)	3 (50%)	2 (33%)	6 / 6	6 (100%)	5 / 5 (100%)	0 / 1 (0%)	5 / 5 (100%)						
6950	SDCC EAST OP LA MESA	6	0 (0%)	3 (50%)	3 (50%)	4 / 6	4 (100%)	1 / 2 (50%)	0 / 1 (0%)	2 / 4 (50%)						
6980	SDCC FFA STABL AND TREATMEN	41	0 (0%)	22 (55%)	18 (45%)	35 / 41	35 (100%)	18 / 28 (64%)	2 / 3 (67%)	32 / 35 (91%)						
6990	SDCC WRAPWORKS	12	0 (0%)	7 (70%)	3 (30%)	8 / 12	8 (100%)	6 / 6 (100%)	2 / 3 (67%)	6 / 6 (100%)						
7040	UPAC CMH	5	0 (0%)	3 (60%)	2 (40%)	5 / 5	5 (100%)	2 / 4 (50%)	1 / 1 (100%)	3 / 5 (60%)						
7050	SDUSD INTENSIVE OP	1	1 (100%)	0 (0%)	0 (0%)	1 / 1	1 (100%)	0 / 0 #Num!	0 / 0 #Num!	0 / 0 #Num!						
7130	SDYS EAST REGION OP	4	0 (0%)	3 (75%)	1 (25%)	4 / 4	4 (100%)	1 / 2 (50%)	0 / 0 #Num!	3 / 4 (75%)						
7210	SYHC CHALDEAN MID EAST (C)	1	0 #Num!	0 #Num!	0 #Num!	1 / 1	0 (0%)	0 / 0 #Num!	0 / 0 #Num!	0 / 0 #Num!						
7350	VH VISTA HILL ESCONDIDO	8	1 (13%)	5 (63%)	2 (25%)	8 / 8	8 (100%)	3 / 6 (50%)	0 / 0 #Num!	5 / 7 (71%)						
7360	VH VISTA HILL NORTH INLAND	3	0 (0%)	2 (67%)	1 (33%)	2 / 3	2 (100%)	1 / 1 (100%)	0 / 0 #Num!	2 / 2 (100%)						
7440	UPAC MULTI COMM COUNSEL MHS	3	0 (0%)	2 (100%)	0 (0%)	2 / 3	2 (100%)	2 / 2 (100%)	0 / 0 #Num!	1 / 2 (50%)						
7450	YMCA TIDES	2	0 (0%)	2 (100%)	0 (0%)	2 / 2	1 (50%)	1 / 1 (100%)	0 / 0 #Num!	1 / 1 (100%)						
7600	RADY KIDSTART EPSDT CLINIC SO	26	7 (30%)	13 (57%)	3 (13%)	20 / 26	20 (100%)	9 / 10 (90%)	2 / 2 (100%)	9 / 13 (69%)						
7610	RADY KIDSTART EPSDT CLINIC CT	26	0 (0%)	21 (91%)	2 (9%)	21 / 26	19 (90%)	4 / 5 (80%)	6 / 10 (60%)	16 / 18 (89%)						

a. For discharged clients, number of actionable needs (2 or 3) across Challenges, Risk Behaviors and Functioning domains at intake are defined as: Clients with no actionable needs (0 needs), clients with 1-5 actionable needs, clients with 6+ actionable needs.

b. 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.

c. Clients ages 0-5 whose episode lasted 60 days or longer have SD CANS-EC data available for both initial and discharge assessments or follow-up assessment (if the measure was completed within 60 days prior to client CCBH discharge date).

d. Progress: Number of clients ages 0-5 whose episode lasted 60 days or longer who moved from a '2' or '3' to '0' or '1' in the following areas (Functioning, Risk Behaviors or Challenges).

Selection Criteria: Clients with CCBH Discharge Dates between 7/1/2020 and 3/31/2021

Data current as of 04/16/2021 at 8 am (downloaded from CYF mHOMS).

Friday, June 11, 2021

SYSTEM OF CARE EVALUATION
Discharged Clients - Initial to Discharge SD CANS-EC Report
(for clients ages 0-5 at initial SD CANS-EC assessment)

CCBH Discharge Dates between 7/1/2020 and 3/31/2021

	Discharged Clients	1a Clients with no AN at Intake ^a	1b Clients with 1-5 AN at Intake ^a	1c Clients with 6+ AN at Intake ^a	Discharged clients open 60 days + ^b	2 Clients with initial and discharge scores ^c (COMPLIANCE RATE)	4a Progress on Life Funct ^d	4b Progress on Risk Behv ^d	4c Progress on Challenges ^d
7620 RADY KIDSTART EPSDT CLINIC NC	4	0 (0%)	4 (100%)	0 (0%)	4 / 4	4 (100%)	1 / 3 (33%)	0 / 2 (0%)	1 / 4 (25%)
7650 SB COMM SRVC MI ESCUELITA	7	3 (43%)	1 (14%)	3 (43%)	5 / 7	5 (100%)	4 / 4 (100%)	0 / 0 #Num!	4 / 4 (100%)
8270 NA CASS	37	0 (0%)	12 (35%)	22 (65%)	30 / 37	30 (100%)	20 / 22 (91%)	7 / 10 (70%)	30 / 30 (100%)
8290 NA CTR CHILD YOUTH PSYCH	1	0 (0%)	1 (100%)	0 (0%)	1 / 1	0 (0%)	0 / 0 #Num!	0 / 0 #Num!	0 / 0 #Num!
Countywide Summary	458	45 (10%)	250 (57%)	147 (33%)	404 / 458	392 (97%)	190 / 237 (80%)	33 / 57 (58%)	297 / 344 (86%)

250+147=397
397+45=442
397/442=89.8%

- a. For discharged clients, number of actionable needs (2 or 3) across Challenges, Risk Behaviors and Functioning domains at intake are defined as: Clients with no actionable needs (0 needs), clients with 1-5 actionable needs, clients with 6+ actionable needs.
- b. 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.
- c. Clients ages 0-5 whose episode lasted 60 days or longer have SD CANS-EC data available for both initial and discharge assessments or follow-up assessment (if the measure was completed within 60 days prior to client CCBH discharge date).
- d. Progress: Number of clients ages 0-5 whose episode lasted 60 days or longer who moved from a '2' or '3' to '0' or '1' in the following areas (Functioning, Risk Behaviors or Challenges).

Selection Criteria: Clients with CCBH Discharge Dates between 7/1/2020 and 3/31/2021

Data current as of 04/16/2021 at 8 am (downloaded from CYF mHOMS).

Friday, June 11, 2021

SYSTEM OF CARE EVALUATION

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

Discharge Dates between 7/1/2020 and 3/31/2021 (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	2	2	(100.0%)	2	(100.0%)	-12.0
	Clients above clinical cutpoint	---	0	---	0	#Num!	
6070	CRF DOUGLAS YOUNG	10	5	(50.0%)	4	(80.0%)	-12.2
	Clients above clinical cutpoint	---	2	---	2	(100.0%)	
6080	CRF MAST	23	15	(65.2%)	6	(40.0%)	-4.5
	Clients above clinical cutpoint	---	5	---	4	(80.0%)	
6090	CRF NUEVA VISTA	13	12	(92.3%)	3	(25.0%)	-3.5
	Clients above clinical cutpoint	---	2	---	2	(100.0%)	
6750	RADY CENTRAL CLINIC	2	1	(50.0%)	1	(100.0%)	-8.0
	Clients above clinical cutpoint	---	1	---	1	(100.0%)	
Countywide Summary		50	35	(70.0%)	16	(45.7%)	-5.8
	Clients above clinical cutpoint	---	10	---	9	(90.0%)	

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

Selection Criteria: Clients with PESQ Discharge Dates between 7/1/2020 and 3/31/2021 (According to PESQ Date).