

# System of Care Evaluation (SOCE)

## CYF mHOMS Outcomes Report

### July 2022—March 2023

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*Children, Youth & Families Behavioral Health Services*



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

June 2023

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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 17, 2023 data download, which covers data on clients served during Q1-3 of FY 2022-23. A summary of the results is provided below, followed by the full reports at the end of the document. **Please note: Data may be impacted starting March 2020 due to COVID-19.**

## Key Findings

1. Ninety-six percent of clients ages 6 to 21 had at least one actionable need on the initial CANS and 95% of clients ages 0 to 5 had at least one actionable need on the initial CANS-EC. This suggests that the majority of clients are meeting the minimum threshold for County service need.
2. The County Completion objective (95% of discharged clients with two timepoints entered) was met for the CANS (96%) and the CANS-EC (98%).
3. The percentage of discharged clients with two timepoints entered for the PSC and PSC-Y was 65% and 60%, 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 56% of clients, and by youth on the PSC-Y for 58% of clients.
5. The County Outcomes objective of 50% of clients demonstrating reliable improvement was met for the PSC (52%) and the PSC-Y (55%).
6. The County Outcomes objective of 50% of clients who scored above the clinical cutoff on the initial assessment demonstrating clinically significant improvement was met for the PSC (57%) and the PSC-Y (59%).
7. Reduction of at least one need on *individual* CANS and CANS-EC domains ranged from 39% to 81%. Reduction of at least one need on *any* of the three CANS or CANS-EC domains was reported for 85% and 84% of discharged clients, respectively.
8. The County Outcomes objective of 80% improvement was not met for the PESQ; positive outcomes were reported for 47% of clients discharged from FSP-Substance Use subunits in Q1-3 FY 2022-23. It is important to consider the small number of clients assessed with this measure (17 clients in Q1-3 FY2022-23, as compared to 3,327 clients assessed with the CANS in the same timeframe).

## Section I. Severity of Clients Served

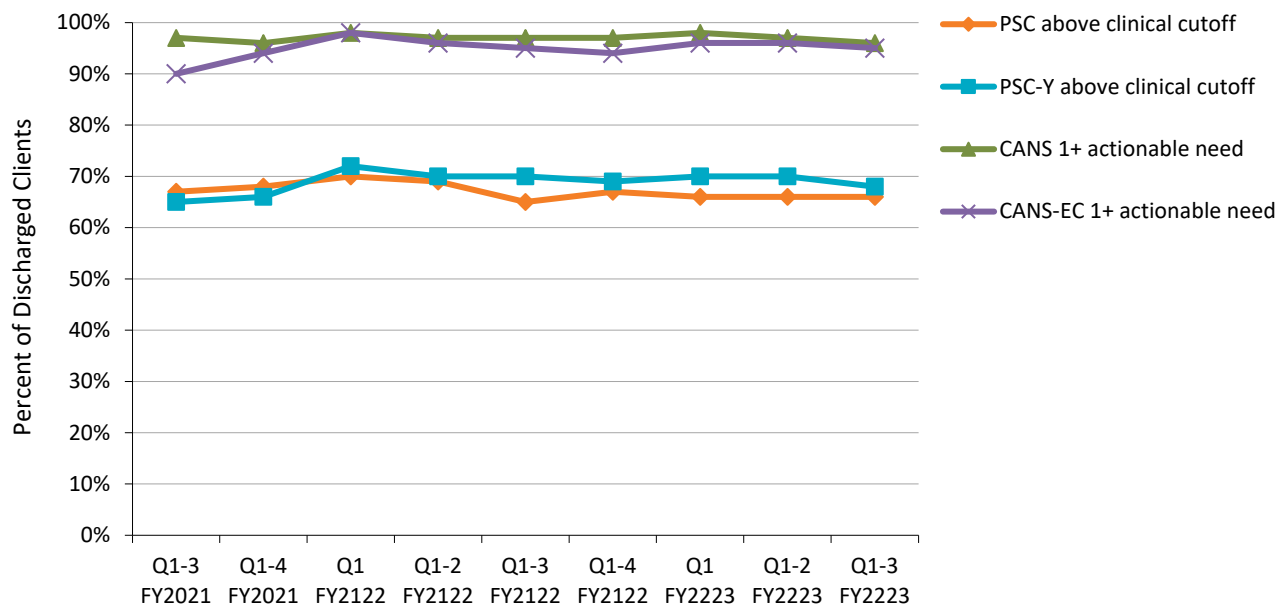
**Clients served meet the threshold for need:** The majority of clients receiving services from CYFBHS are expected to meet a minimum threshold of need. Initial PSC/PSC-Y scores above the clinical cutoff and having at least one actionable need on the Child Behavioral and Emotional Needs, Risk Behaviors,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

### Results

**Discharged clients:** Clients with intake data entered in CYF mHOMS who had a CCBH discharge date between July 1, 2022 and March 31, 2023:

- **PSC: 66%** (2,591 of 3,955) 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: 68%** (1,759 of 2,574) of clients ages 11 to 18 scored above the clinical cutoff on at least one of the 3 initial PSC-Y subscales or total scale.
- **CANS: 96%** (3,722 of 3,860) of clients ages 6 to 21 had at least one actionable need on the initial CANS.
- **CANS-EC: 95%** (361 of 382) of clients ages 0 to 5 had at least one actionable need on the initial CANS-EC.

### Client Need Threshold at Intake



## Section II. Completion Objectives

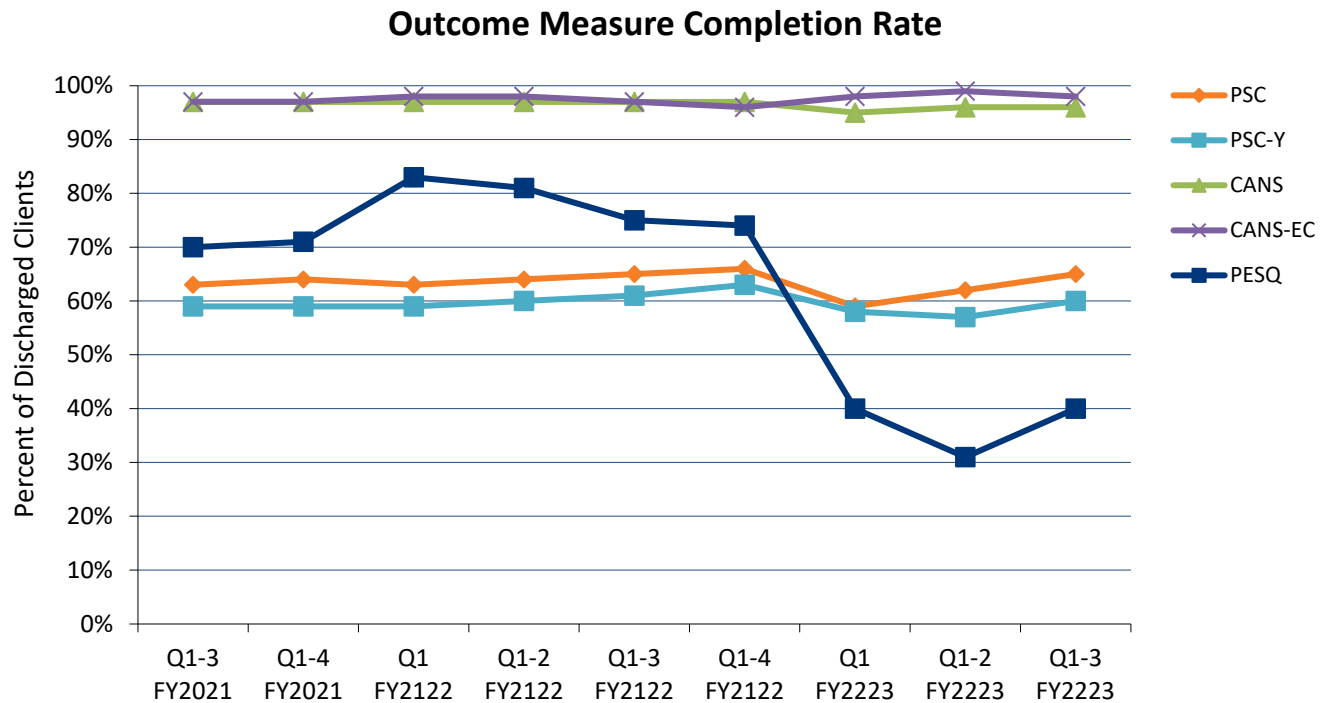
**Measures being entered at appropriate timeframes:** SOCE measures should be completed on all eligible clients at intake, at UM/UR or every 6 months (if applicable, whichever comes first), and at discharge. In order to accurately examine system and program level outcomes, data from as many clients as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

### Results

**Discharged clients:** Clients open for 60+ days with a CCBH discharge date between July 1, 2022, and March 31, 2023:

- **PSC: 65%** (2,414 of 3,732) had an initial and a discharge PSC score entered.
- **PSC-Y: 60%** (1,448 of 2,401) had an initial and a discharge PSC-Y score entered.
- **CANS: 96%** (3,327 of 3,468) had an initial and discharge CANS score entered.
- **CANS-EC: 98%** (347 of 355) had an initial and discharge CANS-EC score entered.
- **PESQ: 40%** (17 of 43) had an initial and discharge PESQ score entered.

Note: If a discharge CANS/PSC/PSC-Y score was not collected and a follow-up CANS/PSC/PSC-Y was completed within 60 days of discharge, the most recent CANS/PSC/PSC-Y score was used as the discharge score.



\*PESQ clients open for 30+ days

## Section III. Outcomes Measurement

### Discharge Outcomes, PSC/PSC-Y:

Level of improvement on the **PSC/PSC-Y** between initial assessment and discharge was measured for eligible clients open for a minimum of 60 days, with a CCBH discharge date between July 1, 2022 and March 31, 2023. For the PSC/PSC-Y, "improvement" is evaluated three ways:

#### *Amount of Improvement*

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

#### *Reliable Improvement*

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

#### *Clinically Significant Improvement*

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

**Outcomes results are reported by measure on the following pages.**

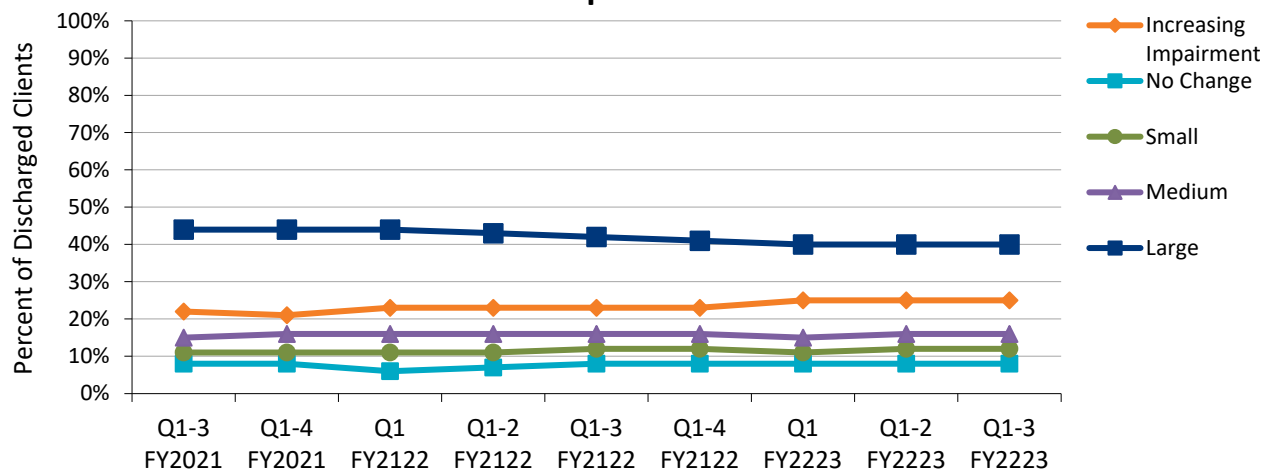


## Discharge Outcomes, PSC:

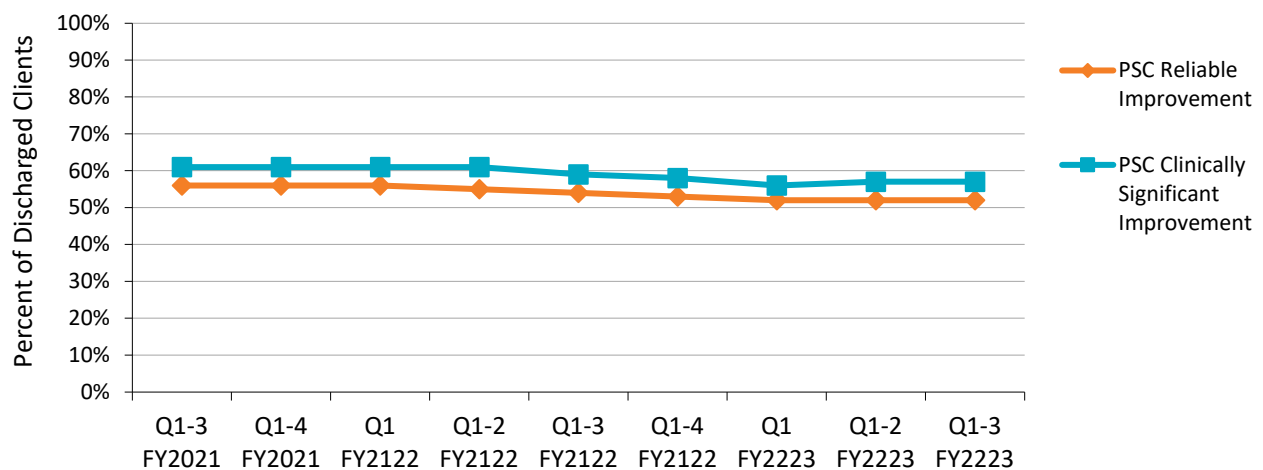
### Results

- **PSC** (caregiver report, N=2,414)
  - **Amount of Improvement:**
    - 25% (n=605) of clients reported an increase in impairment
    - 8% (n=184) of clients reported no improvement
    - 12% (n=278) of clients reported a small improvement
    - 16% (n=392) of clients reported a medium improvement
    - 40% (n=955) of clients reported a large improvement
  - **Reliable Improvement:** 52% (n=1,250) of clients reliably improved on the PSC total score between initial assessment and discharge. According to a study conducted by the PSC developers, at a 3-month follow-up 33% of clients reliably improved (Murphy et al., 2005). This is not directly comparable because this quarterly report focuses on discharged clients, but it does add additional context. The CYFBHS minimum standard for reliable improvement is 50%.
  - **Clinically Significant Improvement:** Of 1,544 discharged clients who scored above the clinical cutoff at intake, 57% (n=887) reported clinically significant improvement between initial assessment and discharge. The CYFBHS standard for clinically significant improvement is 50%.

### Amount of Improvement—PSC



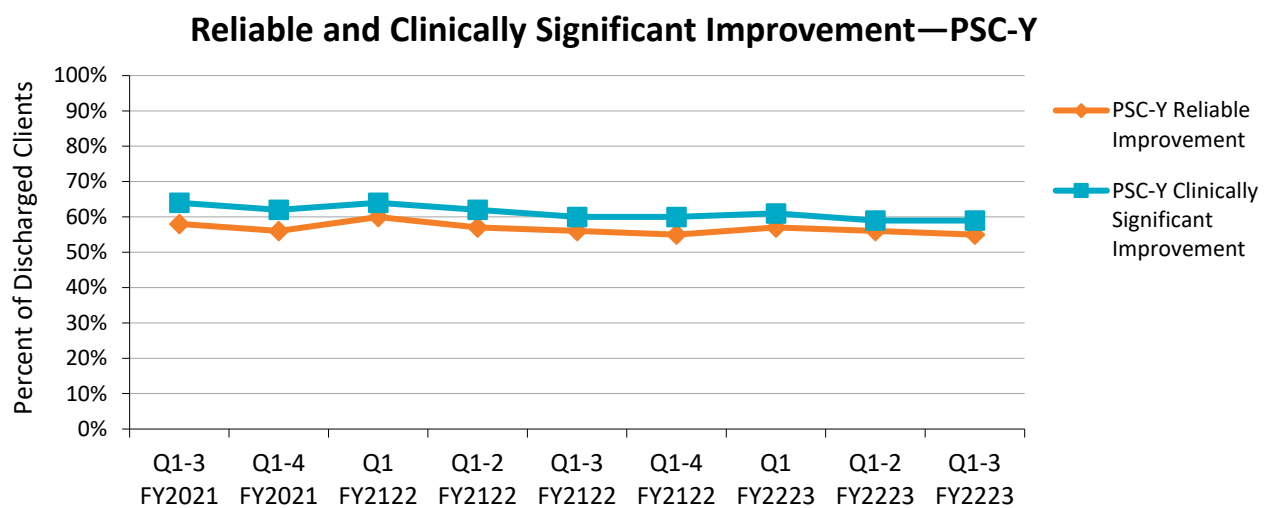
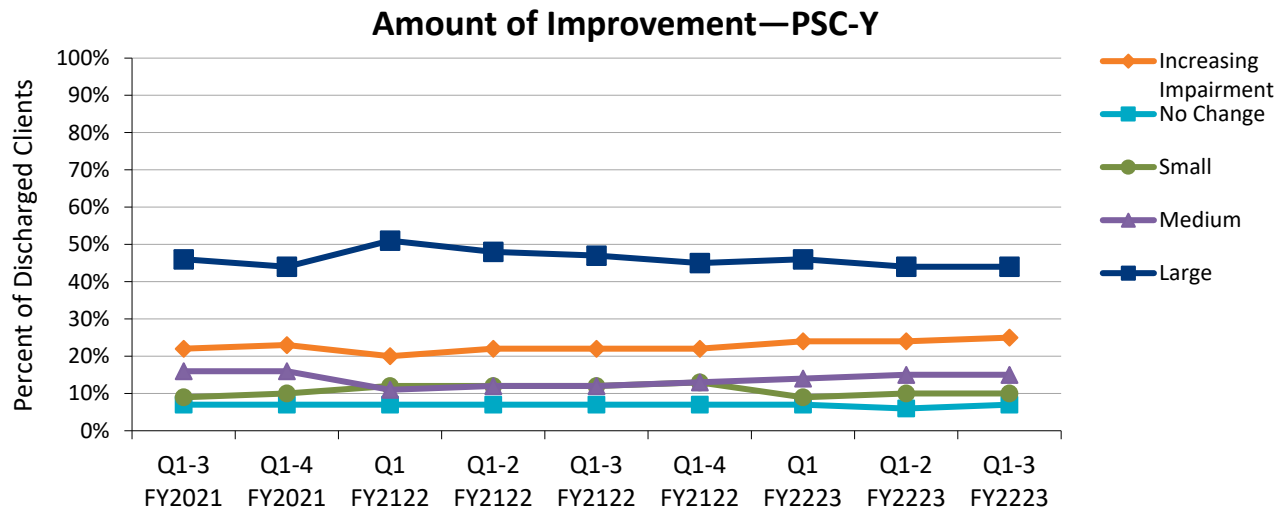
### Reliable and Clinically Significant Improvement—PSC



## Discharge Outcomes, PSC-Y:

### Results

- **PSC-Y** (youth self-report ages 11+; N=1,448)
  - **Amount of Improvement:**
    - 25% (n=358) of clients reported an increase in impairment
    - 7% (n=99) of clients reported no improvement
    - 10% (n=149) of clients reported a small improvement
    - 15% (n=211) of clients reported a medium improvement
    - 44% (n=631) of clients reported a large improvement
  - **Reliable Improvement:** 55% (n=794) of clients reliably improved on the PSC-Y total score between initial assessment and discharge. The CYFBHS minimum standard for reliable improvement is 50%.
  - **Clinically Significant Improvement:** Of 1,026 discharged clients who scored above the clinical cutoff at intake, 59% (n=602) reported clinically significant improvement between initial assessment and discharge. The CYFBHS minimum standard for clinically significant improvement is 50%.



### Discharge Outcomes, CANS:

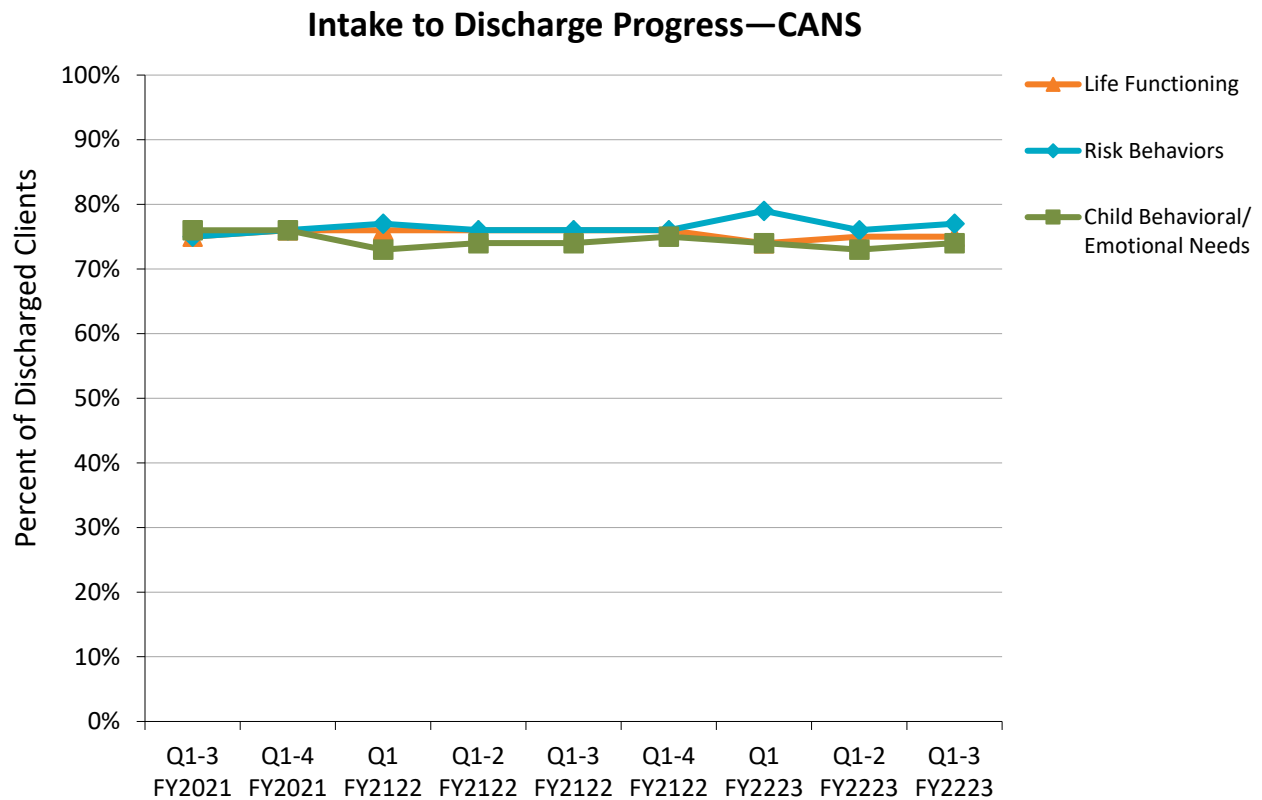
Level of progress on the **CANS** between initial assessment and discharge was measured for eligible clients open for a minimum of 60 days, with a CCBH discharge date between July 1, 2022, and March 31, 2023.

### Progress

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

### Results

- **CANS** (clinician report; N=3,327)
  - **75% (n=2,106) of 2,790 clients** who had a need on the **Life Functioning domain** at initial assessment showed progress at discharge.
  - **77% (n=733) of 950 clients** who had a need on the **Risk Behaviors domain** at initial assessment showed progress at discharge.
  - **74% (n=2,324) of 3,138 clients** who had a need on the **Child Behavioral and Emotional Needs domain** at initial assessment showed progress at discharge.





### Discharge Outcomes, CANS-EC:

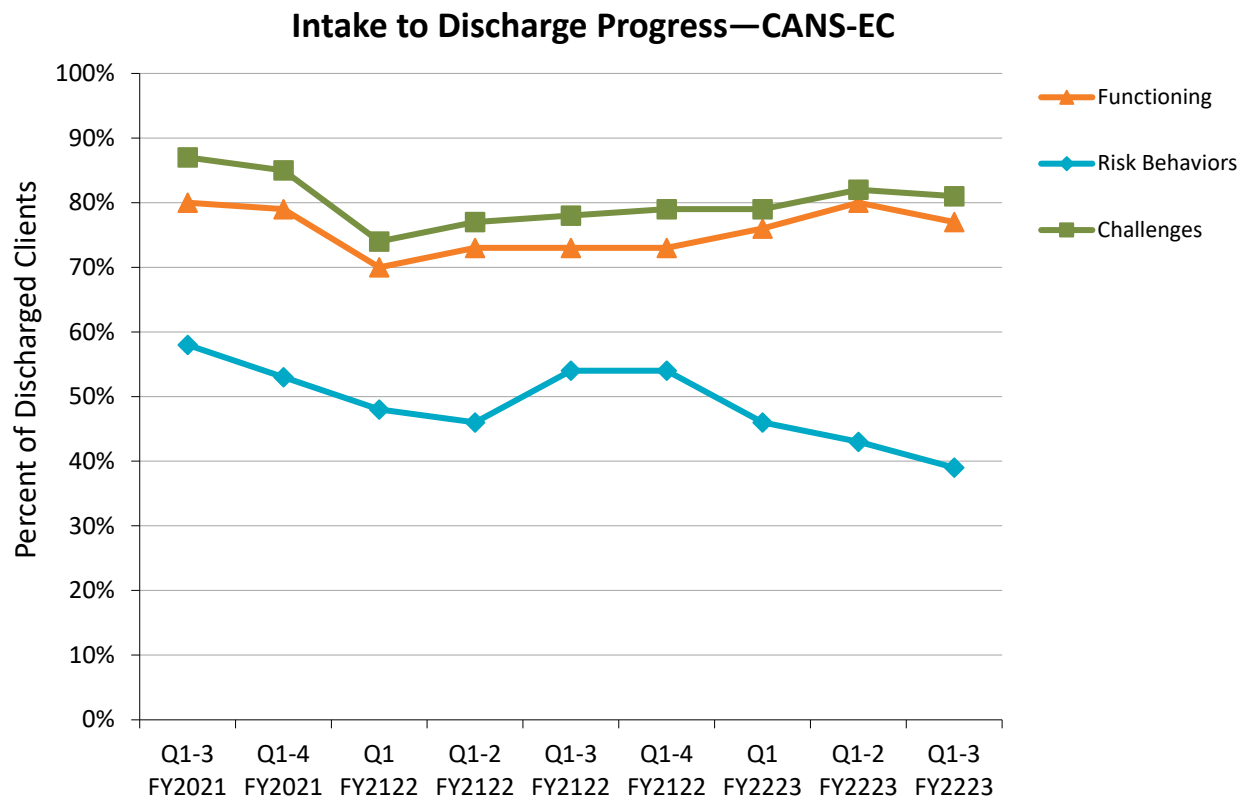
Level of progress on the **CANS-EC** between initial assessment and discharge was measured for eligible clients open for a minimum of 60 days, with a CCBH discharge date between July 1, 2022 and March 31, 2023.

### Progress

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

### Results

- **CANS-EC** (clinician report; N=347)
  - **77% (n=167) of 216 clients** who had a need on the **Life Functioning domain** at initial assessment showed progress at discharge.
  - **39% (n=24) of 61 clients** who had a need on the **Risk Behaviors domain** at initial assessment showed progress at discharge.
  - **81% (n=258) of 320 clients** who had a need on the **Challenges domain** at initial assessment showed progress at discharge.



### Discharge Outcomes objectives, PESQ:

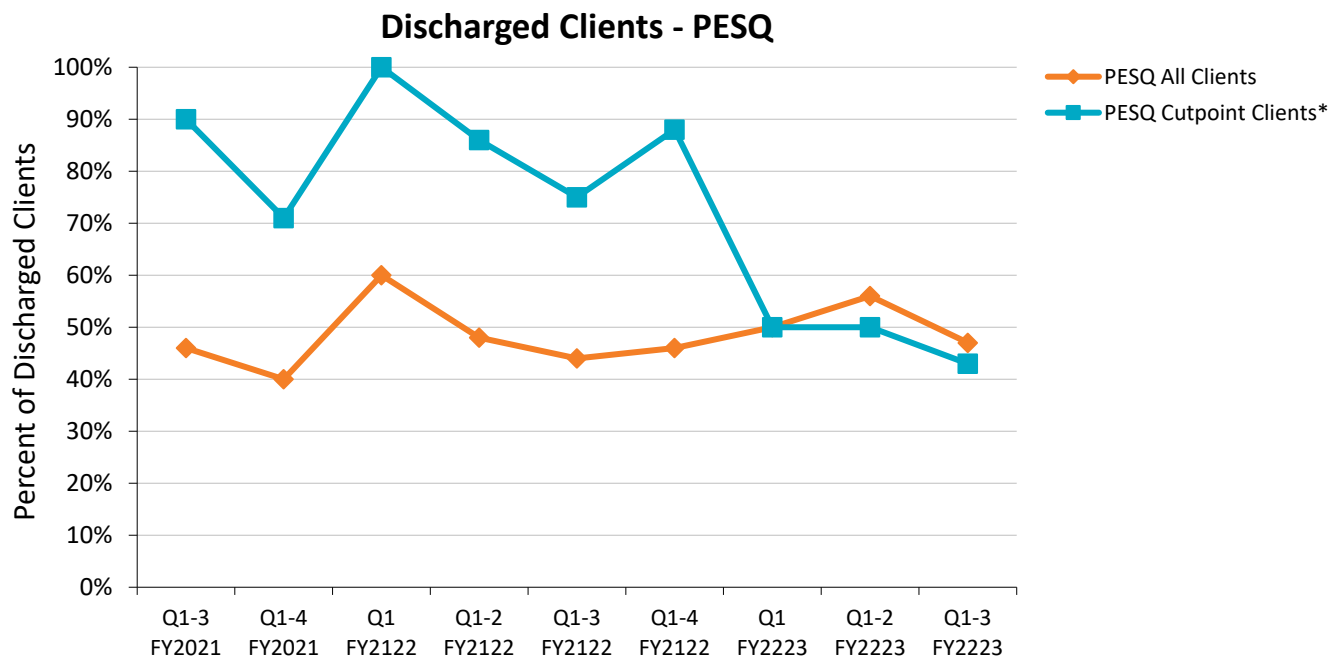
One additional measure is currently tracked in the Children, Youth & Families Behavioral Health Service system for special populations: The **PESQ** is administered by alcohol and drug counselors at 9 FSP programs. Level of improvement on the PESQ between initial assessment and discharge was measured for eligible clients open for a minimum of 30 days, with a PESQ discharge date between July 1, 2022 and March 31, 2023. The County goal for this measure is at least 80% of clients improving between initial assessment and discharge. Due to the small number of clients evaluated with this measure, trends and progress are difficult to reliably assess.

### Improvement

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

### Results

- **PESQ** (clinician report, N=17)
  - **47% (n=8) of clients improved** between initial assessment and discharge on the severity scale.
  - Clients who were **above the clinical cutpoint at initial assessment (n=7): 43% (n=3) were below the clinical cutpoint** at discharge.



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

## **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 7/1/2022 and 3/31/2023

		Discharged clients open 60 days + <sup>a</sup>	1 Clients with initial and discharge scores <sup>b</sup> <b>(COMPLIANCE RATE)</b>	2a No improvement <sup>c</sup>	2b Small improvement <sup>c</sup>	2c Medium improvement <sup>c</sup>	2d Large improvement <sup>c</sup>	2e Increase in impairment <sup>c</sup>	3 Reliable improvement <sup>d</sup>	4 Clients above cutoff at initial <sup>e</sup>	5a Clinically significant improvement <sup>f</sup>
6000	CASA DE AMPARO	16 / 25	15 (94%)	3 (20%)	0 (0%)	0 (0%)	3 (20%)	9 (60%)	3 (20%)	19 / 23 (83%)	3 / 14 (21%)
6010	NA INCREDIBLE FAMILIES SOUTH	10 / 15	7 (70%)	1 (14%)	1 (14%)	2 (29%)	2 (29%)	1 (14%)	4 (57%)	4 / 10 (40%)	2 / 2 (100%)
6020	NA INCREDIBLE FAMILIES NORTH	1 / 1	1 (100%)	0 (0%)	0 (0%)	0 (0%)	1 (100%)	0 (0%)	1 (100%)	1 / 1 (100%)	1 / 1 (100%)
6060	CRF CROSSROADS	202 / 222	144 (71%)	9 (6%)	15 (10%)	24 (17%)	58 (40%)	38 (26%)	76 (53%)	147 / 215 (68%)	57 / 95 (60%)
6070	CRF DOUGLAS YOUNG	133 / 147	84 (63%)	7 (8%)	9 (11%)	11 (13%)	33 (39%)	24 (29%)	38 (45%)	104 / 147 (71%)	28 / 62 (45%)
6080	CRF MAST	130 / 139	86 (66%)	9 (10%)	10 (12%)	5 (6%)	31 (36%)	31 (36%)	35 (41%)	78 / 128 (61%)	28 / 50 (56%)
6090	CRF NUEVA VISTA	247 / 283	188 (76%)	14 (7%)	28 (15%)	27 (14%)	73 (39%)	46 (24%)	92 (49%)	208 / 281 (74%)	73 / 136 (54%)
6120	NCL CONNECTION COMMUNITY C	16 / 16	3 (19%)	0 (0%)	0 (0%)	0 (0%)	3 (100%)	0 (0%)	3 (100%)	3 / 6 (50%)	2 / 2 (100%)
6140	SWEETWATER OP CLINIC	8 / 8	2 (25%)	1 (50%)	0 (0%)	0 (0%)	1 (50%)	0 (0%)	1 (50%)	6 / 8 (75%)	1 / 2 (50%)
6150	ECS PARA LAS FAMILIAS	65 / 74	45 (69%)	3 (7%)	4 (9%)	9 (20%)	16 (36%)	13 (29%)	24 (53%)	37 / 70 (53%)	18 / 21 (86%)
6190	CASA DE AMPARO STRTP B&C	1 / 1	1 (100%)	0 (0%)	0 (0%)	0 (0%)	1 (100%)	0 (0%)	1 (100%)	1 / 1 (100%)	1 / 1 (100%)
6200	FHC COMM CIRCLE CENT	37 / 45	20 (54%)	2 (10%)	5 (25%)	3 (15%)	6 (30%)	4 (20%)	7 (35%)	19 / 45 (42%)	3 / 9 (33%)
6210	FHC COMM CIRCLE EAST	68 / 69	45 (66%)	3 (7%)	4 (9%)	11 (24%)	15 (33%)	12 (27%)	22 (49%)	39 / 67 (58%)	13 / 23 (57%)
6260	MHS SCHOOL BASED	59 / 61	19 (32%)	4 (21%)	1 (5%)	4 (21%)	5 (26%)	5 (26%)	9 (47%)	37 / 57 (65%)	6 / 12 (50%)
6340	NA KENORA STRTP	7 / 11	7 (100%)	0 (0%)	1 (14%)	1 (14%)	1 (14%)	4 (57%)	2 (29%)	9 / 11 (82%)	1 / 6 (17%)
6350	NA CABRILLO ASSESS CTR CENT	85 / 165	32 (38%)	3 (9%)	6 (19%)	7 (22%)	8 (25%)	8 (25%)	14 (44%)	97 / 125 (78%)	10 / 25 (40%)
6400	NA INCREDIBLE FAMILIES CENTRA	6 / 6	3 (50%)	0 (0%)	1 (33%)	0 (0%)	0 (0%)	2 (67%)	0 (0%)	1 / 5 (20%)	--

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 7/1/2022 and 3/31/2023

**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 7/1/2022 and 3/31/2023

		Discharged clients open 60 days + <sup>a</sup>	1 Clients with initial and discharge scores <sup>b</sup> <b>(COMPLIANCE RATE)</b>	2a No improvement <sup>c</sup>	2b Small improvement <sup>c</sup>	2c Medium improvement <sup>c</sup>	2d Large improvement <sup>c</sup>	2e Increase in impairment <sup>c</sup>	3 Reliable improvement <sup>d</sup>	4 Clients above cutoff at initial <sup>e</sup>	5a Clinically significant improvement <sup>f</sup>
6460	NC LIFELINE OCEANSIDE	10 / 12	5 (50%)	0 (0%)	0 (0%)	0 (0%)	4 (80%)	1 (20%)	4 (80%)	8 / 12 (67%)	3 / 4 (75%)
6480	NC LIFELINE VISTA	56 / 60	23 (41%)	1 (4%)	6 (26%)	5 (22%)	7 (30%)	4 (17%)	10 (43%)	33 / 56 (59%)	7 / 12 (58%)
6510	NEW HAVEN STRTP	1 / 1	1 (100%)	0 (0%)	0 (0%)	0 (0%)	1 (100%)	0 (0%)	1 (100%)	1 / 1 (100%)	1 / 1 (100%)
6530	SDYS ICARE	18 / 21	7 (39%)	0 (0%)	1 (14%)	0 (0%)	5 (71%)	1 (14%)	5 (71%)	15 / 18 (83%)	5 / 6 (83%)
6540	SDYS OUR SAFE PLACE	6 / 9	1 (17%)	0 (0%)	0 (0%)	0 (0%)	1 (100%)	0 (0%)	1 (100%)	2 / 2 (100%)	1 / 1 (100%)
6550	PALOMAR FC CHILDNET	71 / 72	70 (99%)	5 (7%)	13 (19%)	13 (19%)	30 (43%)	9 (13%)	42 (60%)	30 / 72 (42%)	23 / 29 (79%)
6560	PALOMAR FC FALLBROOK	59 / 68	48 (81%)	2 (4%)	5 (10%)	7 (15%)	24 (50%)	10 (21%)	30 (63%)	50 / 66 (76%)	22 / 34 (65%)
6570	PALOMAR FC N. INLAND/COASTAL	129 / 136	84 (65%)	3 (4%)	12 (14%)	12 (14%)	42 (50%)	15 (18%)	52 (62%)	83 / 128 (65%)	39 / 54 (72%)
6660	PWS CORNERSTONE	127 / 134	48 (38%)	1 (2%)	9 (19%)	9 (19%)	20 (42%)	9 (19%)	27 (56%)	66 / 118 (56%)	20 / 29 (69%)
6740	RADY C.E.S. SCHOOL	48 / 49	26 (54%)	1 (4%)	3 (12%)	4 (15%)	13 (50%)	5 (19%)	15 (58%)	28 / 44 (64%)	12 / 17 (71%)
6750	RADY CENTRAL CLINIC	166 / 187	113 (68%)	4 (4%)	11 (10%)	22 (19%)	47 (42%)	29 (26%)	62 (55%)	132 / 183 (72%)	47 / 83 (57%)
6770	RADY NORTH COASTAL CLINIC	132 / 145	84 (64%)	7 (8%)	6 (7%)	14 (17%)	46 (55%)	11 (13%)	58 (69%)	85 / 134 (63%)	41 / 60 (68%)
6790	RADY NORTH INLAND REGION	93 / 108	60 (65%)	6 (10%)	7 (12%)	10 (17%)	27 (45%)	10 (17%)	33 (55%)	78 / 101 (77%)	27 / 47 (57%)
6890	SBCS BERRY CLINIC	29 / 38	11 (38%)	0 (0%)	1 (9%)	4 (36%)	2 (18%)	4 (36%)	6 (55%)	21 / 36 (58%)	1 / 2 (50%)
6910	SB COMM SRVC SO. REGION OP	120 / 134	68 (57%)	4 (6%)	10 (15%)	16 (24%)	27 (40%)	11 (16%)	37 (54%)	87 / 130 (67%)	25 / 44 (57%)
6950	SDCC EAST OP LA MESA	125 / 138	69 (55%)	5 (7%)	4 (6%)	9 (13%)	32 (46%)	19 (28%)	39 (57%)	93 / 130 (72%)	29 / 54 (54%)
6980	SDCC FFA STABL AND TREATMEN	24 / 29	24 (100%)	2 (8%)	3 (13%)	4 (17%)	6 (25%)	9 (38%)	10 (42%)	14 / 29 (48%)	5 / 10 (50%)

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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.

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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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6990	SDCC WRAPWORKS	76 / 93	45 (59%)	3 (7%)	8 (18%)	8 (18%)	11 (24%)	15 (33%)	19 (42%)	59 / 83 (71%)	13 / 32 (41%)
7040	UPAC CMH	87 / 98	60 (69%)	6 (10%)	5 (8%)	12 (20%)	18 (30%)	19 (32%)	26 (43%)	47 / 91 (52%)	15 / 29 (52%)
7050	SDUSD INTENSIVE OP	116 / 122	103 (89%)	9 (9%)	13 (13%)	17 (17%)	48 (47%)	16 (16%)	62 (60%)	65 / 121 (54%)	37 / 52 (71%)
7130	SDYS EAST REGION OP	80 / 90	68 (85%)	3 (4%)	9 (13%)	13 (19%)	28 (41%)	15 (22%)	40 (59%)	70 / 90 (78%)	26 / 57 (46%)
7180	SDYS BRIDGEWAYS	2 / 6	0 (0%)							3 / 5 (60%)	--
7200	SYHC BHG YES	76 / 86	49 (64%)	6 (12%)	7 (14%)	9 (18%)	19 (39%)	8 (16%)	25 (51%)	65 / 81 (80%)	22 / 39 (56%)
7210	SYHC CHALDEAN MID EAST (C)	3 / 3	0 (0%)							3 / 3 (100%)	--
7220	CENTER FOR POSITIVE CHANGES	4 / 7	1 (25%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	1 (100%)	0 (0%)	2 / 5 (40%)	0 / 1 (0%)
7230	CENTER FOR POSITIVE CHANGES	3 / 6	2 (67%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	2 (100%)	0 (0%)	1 / 5 (20%)	--
7260	CENTER FOR POSITIVE CHANGES	5 / 5	5 (100%)	0 (0%)	0 (0%)	0 (0%)	1 (20%)	4 (80%)	1 (20%)	2 / 5 (40%)	1 / 2 (50%)
7270	CENTER FOR POSITIVE CHANGES	6 / 8	5 (83%)	0 (0%)	1 (20%)	1 (20%)	0 (0%)	3 (60%)	1 (20%)	2 / 8 (25%)	1 / 2 (50%)
7280	CENTER FOR POSITIVE CHANGES	5 / 5	1 (20%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	1 (100%)	0 (0%)	1 / 5 (20%)	0 / 1 (0%)
7350	VH VISTA HILL ESCONDIDO	173 / 182	149 (86%)	9 (6%)	10 (7%)	24 (16%)	87 (58%)	19 (13%)	102 (68%)	111 / 181 (61%)	70 / 90 (78%)
7360	VH VISTA HILL NORTH INLAND	67 / 71	38 (57%)	3 (8%)	9 (24%)	5 (13%)	8 (21%)	13 (34%)	10 (26%)	42 / 70 (60%)	7 / 19 (37%)
7370	VH JUVENILE COURT CLINIC MHS	23 / 43	10 (43%)	2 (20%)	0 (0%)	4 (40%)	2 (20%)	2 (20%)	5 (50%)	27 / 41 (66%)	4 / 6 (67%)
7410	VH MERIT	6 / 7	4 (67%)	0 (0%)	0 (0%)	0 (0%)	2 (50%)	2 (50%)	2 (50%)	6 / 7 (86%)	1 / 4 (25%)
7440	UPAC MULTI COMM COUNSEL MH	82 / 86	65 (79%)	2 (3%)	5 (8%)	10 (15%)	34 (52%)	14 (22%)	42 (65%)	51 / 83 (61%)	28 / 40 (70%)

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 7/1/2022 and 3/31/2023

Data current as of 4/17/2023 at 8 am (downloaded from CYF mHOMS).

**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 7/1/2022 and 3/31/2023

		Discharged clients open 60 days + <sup>a</sup>	1 Clients with initial and discharge scores <sup>b</sup> <b>(COMPLIANCE RATE)</b>		2a No improvement <sup>c</sup>		2b Small improvement <sup>c</sup>		2c Medium improvement <sup>c</sup>		2d Large improvement <sup>c</sup>		2e Increase in impairment <sup>c</sup>		3 Reliable improvement <sup>d</sup>		4 Clients above cutoff at initial <sup>e</sup>		5a Clinically significant improvement <sup>f</sup>	
7450	YMCA TIDES	101 / 107	81	(80%)	12	(15%)	6	(7%)	14	(17%)	27	(33%)	22	(27%)	37	(46%)	54 / 106	(51%)	25 / 42	(60%)
7480	NA N CNTY OP SCHOOL BASED SV	51 / 58	42	(82%)	5	(12%)	5	(12%)	10	(24%)	13	(31%)	9	(21%)	22	(52%)	31 / 53	(58%)	14 / 24	(58%)
7530	VH SMARTCARE BH CONNECT	32 / 46	8	(25%)	1	(13%)	1	(13%)	1	(13%)	3	(38%)	2	(25%)	4	(50%)	22 / 27	(81%)	3 / 7	(43%)
7600	RADY KIDSTART EPSDT CLINIC SO	10 / 12	6	(60%)	0	(0%)	0	(0%)	0	(0%)	3	(50%)	3	(50%)	3	(50%)	7 / 11	(64%)	3 / 5	(60%)
7610	RADY KIDSTART EPSDT CLINIC CT	23 / 25	18	(78%)	2	(11%)	1	(6%)	2	(11%)	2	(11%)	11	(61%)	4	(22%)	14 / 22	(64%)	3 / 11	(27%)
7620	RADY KIDSTART EPSDT CLINIC NC	4 / 5	3	(75%)	1	(33%)	1	(33%)	0	(0%)	0	(0%)	1	(33%)	0	(0%)	2 / 5	(40%)	--	
8030	VARSITY TEAM #1 STRTP	8 / 8	7	(88%)	1	(14%)	2	(29%)	1	(14%)	1	(14%)	2	(29%)	2	(29%)	8 / 8	(100%)	2 / 7	(29%)
8040	VARSITY TEAM #2 STRTP	2 / 2	2	(100%)	0	(0%)	0	(0%)	0	(0%)	0	(0%)	2	(100%)	0	(0%)	2 / 2	(100%)	0 / 2	(0%)
8110	MHS STEPS ADOLESCENT	20 / 21	14	(70%)	3	(21%)	0	(0%)	0	(0%)	8	(57%)	3	(21%)	8	(57%)	14 / 20	(70%)	6 / 9	(67%)
8220	NA SAN PASQUAL ACADEMY	30 / 30	28	(93%)	4	(14%)	0	(0%)	1	(4%)	4	(14%)	19	(68%)	4	(14%)	11 / 28	(39%)	4 / 11	(36%)
8230	NA SO CAMPUS RCL 12	12 / 12	8	(67%)	1	(13%)	0	(0%)	0	(0%)	3	(38%)	4	(50%)	3	(38%)	8 / 12	(67%)	2 / 5	(40%)
8270	NA CASS	87 / 104	76	(87%)	6	(8%)	13	(17%)	12	(16%)	23	(30%)	22	(29%)	31	(41%)	61 / 89	(69%)	22 / 49	(45%)
8290	NA CTR CHILD YOUTH PSYCH	168 / 173	33	(20%)	2	(6%)	1	(3%)	9	(27%)	8	(24%)	13	(39%)	16	(48%)	106 / 154	(69%)	8 / 21	(38%)
8380	SDCC STRTP PROGRAM	5 / 5	4	(80%)	0	(0%)	1	(25%)	0	(0%)	1	(25%)	2	(50%)	1	(25%)	3 / 4	(75%)	1 / 3	(33%)
8400	SDUSD MARCY	4 / 6	2	(50%)	0	(0%)	0	(0%)	0	(0%)	1	(50%)	1	(50%)	1	(50%)	5 / 6	(83%)	1 / 1	(100%)
8410	SDUSD NEW DAWN	9 / 9	4	(44%)	1	(25%)	1	(25%)	0	(0%)	0	(0%)	2	(50%)	0	(0%)	6 / 8	(75%)	0 / 2	(0%)
8420	SDUSD UNIFIED DAY SCHOOL	10 / 10	5	(50%)	1	(20%)	0	(0%)	2	(40%)	2	(40%)	0	(0%)	4	(80%)	6 / 10	(60%)	2 / 3	(67%)

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 7/1/2022 and 3/31/2023

**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 7/1/2022 and 3/31/2023

		Discharged clients open 60 days + <sup>a</sup>	1 Clients with initial and discharge scores <sup>b</sup> <b>(COMPLIANCE RATE)</b>	2a No improvement <sup>c</sup>	2b Small improvement <sup>c</sup>	2c Medium improvement <sup>c</sup>	2d Large improvement <sup>c</sup>	2e Increase in impairment <sup>c</sup>	3 Reliable improvement <sup>d</sup>	4 Clients above cutoff at initial <sup>e</sup>	5a Clinically significant improvement <sup>f</sup>
8480	NATSA CIRCLE OF FRIENDS1	3 / 8	3 (100%)	0 (0%)	0 (0%)	1 (33%)	1 (33%)	1 (33%)	2 (67%)	7 / 8 (88%)	2 / 3 (67%)
8490	NATSA CIRCLE OF FRIENDS2	4 / 4	2 (50%)	0 (0%)	0 (0%)	0 (0%)	2 (100%)	0 (0%)	2 (100%)	4 / 4 (100%)	2 / 2 (100%)
8570	MILESTONE HOUSE	4 / 5	4 (100%)	0 (0%)	0 (0%)	1 (25%)	0 (0%)	3 (75%)	1 (25%)	3 / 5 (60%)	1 / 3 (33%)
8830	FF YOUTH CENTER	2 / 2	1 (50%)	0 (0%)	1 (100%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	2 / 2 (100%)	0 / 1 (0%)
8950	FF WRAP CONNECTIONS SOUTH	4 / 6	3 (75%)	0 (0%)	0 (0%)	1 (33%)	2 (67%)	0 (0%)	3 (100%)	5 / 5 (100%)	3 / 3 (100%)
8960	FF WRAP CONNECTIONS PRIMAR	7 / 7	4 (57%)	1 (25%)	0 (0%)	0 (0%)	1 (25%)	2 (50%)	1 (25%)	5 / 7 (71%)	1 / 3 (33%)
8970	FF WRAP CONNECTIONS NORTH	11 / 14	7 (64%)	0 (0%)	2 (29%)	1 (14%)	1 (14%)	3 (43%)	2 (29%)	11 / 14 (79%)	2 / 5 (40%)
8980	FF WRAP CONNECTIONS EAST	2 / 3	0 (0%)							1 / 1 (100%)	--
<b>Countywide Summary</b>		3732 / 4229	2414 (65%)	184 (8%)	278 (12%)	392 (16%)	955 (40%)	605 (25%)	1250 (52%)	2591 / 3955 (66%)	887 / 1544 (57%)

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 7/1/2022 and 3/31/2023

	Discharged clients open 60 days + <sup>a</sup>	1 Clients with initial and discharge scores <sup>b</sup> <b>(COMPLIANCE RATE)</b>	2a No improvement <sup>c</sup>	2b Small improvement <sup>c</sup>	2c Medium improvement <sup>c</sup>	2d Large improvement <sup>c</sup>	2e Increase in impairment <sup>c</sup>	3 Reliable improvement <sup>d</sup>	4 Clients above cutoff at initial <sup>e</sup>	5a Clinically significant improvement <sup>f</sup>	
6000	CASA DE AMPARO	16 / 25	8 (50%)	2 (25%)	0 (0%)	0 (0%)	4 (50%)	2 (25%)	4 (50%)	15 / 20 (75%)	4 / 8 (50%)
6010	NA INCREDIBLE FAMILIES SOUTH	0 / 1	0 (0%)						1 / 0	--	
6060	CRF CROSSROADS	146 / 161	100 (68%)	8 (8%)	2 (2%)	11 (11%)	48 (48%)	31 (31%)	57 (57%)	112 / 157 (71%)	51 / 78 (65%)
6070	CRF DOUGLAS YOUNG	91 / 101	64 (70%)	2 (3%)	5 (8%)	16 (25%)	23 (36%)	18 (28%)	34 (53%)	66 / 100 (66%)	25 / 45 (56%)
6080	CRF MAST	113 / 121	80 (71%)	5 (6%)	7 (9%)	13 (16%)	35 (44%)	20 (25%)	45 (56%)	65 / 121 (54%)	29 / 44 (66%)
6090	CRF NUEVA VISTA	174 / 197	128 (74%)	14 (11%)	8 (6%)	12 (9%)	59 (46%)	35 (27%)	68 (53%)	145 / 195 (74%)	52 / 91 (57%)
6120	NCL CONNECTION COMMUNITY C	15 / 15	4 (27%)	1 (25%)	0 (0%)	0 (0%)	2 (50%)	1 (25%)	2 (50%)	4 / 11 (36%)	2 / 2 (100%)
6140	SWEETWATER OP CLINIC	8 / 8	3 (38%)	1 (33%)	0 (0%)	0 (0%)	2 (67%)	0 (0%)	2 (67%)	4 / 8 (50%)	1 / 2 (50%)
6190	CASA DE AMPARO STRTP B&C	1 / 1	0 (0%)						1 / 1 (100%)	--	
6200	FHC COMM CIRCLE CENT	12 / 16	2 (17%)	0 (0%)	0 (0%)	1 (50%)	1 (50%)	0 (0%)	2 (100%)	10 / 13 (77%)	1 / 1 (100%)
6210	FHC COMM CIRCLE EAST	38 / 38	22 (58%)	0 (0%)	7 (32%)	6 (27%)	4 (18%)	5 (23%)	9 (41%)	19 / 35 (54%)	4 / 11 (36%)
6260	MHS SCHOOL BASED	36 / 38	11 (31%)	0 (0%)	1 (9%)	2 (18%)	3 (27%)	5 (45%)	4 (36%)	21 / 36 (58%)	3 / 7 (43%)
6340	NA KENORA STRTP	7 / 11	4 (57%)	1 (25%)	1 (25%)	0 (0%)	1 (25%)	1 (25%)	1 (25%)	7 / 11 (64%)	1 / 3 (33%)
6350	NA CABRILLO ASSESS CTR CENT	79 / 157	43 (54%)	0 (0%)	6 (14%)	5 (12%)	13 (30%)	19 (44%)	17 (40%)	108 / 130 (83%)	11 / 34 (32%)
6460	NC LIFELINE OCEANSIDE	10 / 11	5 (50%)	0 (0%)	0 (0%)	1 (20%)	2 (40%)	2 (40%)	3 (60%)	8 / 11 (73%)	2 / 4 (50%)
6480	NC LIFELINE VISTA	45 / 49	17 (38%)	3 (18%)	3 (18%)	2 (12%)	6 (35%)	3 (18%)	7 (41%)	28 / 47 (60%)	5 / 9 (56%)
6510	NEW HAVEN STRTP	1 / 1	1 (100%)	0 (0%)	1 (100%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 / 1	--
6530	SDYS ICARE	18 / 21	9 (50%)	1 (11%)	3 (33%)	2 (22%)	2 (22%)	1 (11%)	3 (33%)	15 / 20 (75%)	3 / 7 (43%)
6540	SDYS OUR SAFE PLACE	6 / 9	5 (83%)	1 (20%)	1 (20%)	1 (20%)	1 (20%)	1 (20%)	2 (40%)	8 / 9 (89%)	1 / 5 (20%)
6560	PALOMAR FC FALLBROOK	43 / 50	34 (79%)	3 (9%)	4 (12%)	2 (6%)	13 (38%)	12 (35%)	15 (44%)	36 / 49 (73%)	15 / 25 (60%)

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 7/1/2022 and 3/31/2023

		Discharged clients open 60 days + <sup>a</sup>	1 Clients with initial and discharge scores <sup>b</sup> <b>(COMPLIANCE RATE)</b>	2a No improvement <sup>c</sup>	2b Small improvement <sup>c</sup>	2c Medium improvement <sup>c</sup>	2d Large improvement <sup>c</sup>	2e Increase in impairment <sup>c</sup>	3 Reliable improvement <sup>d</sup>	4 Clients above cutoff at initial <sup>e</sup>	5a Clinically significant improvement <sup>f</sup>
6570	PALOMAR FC N. INLAND/COASTAL	86 / 91	54 (63%)	1 (2%)	8 (15%)	8 (15%)	30 (56%)	7 (13%)	36 (67%)	65 / 89 (73%)	28 / 40 (70%)
6660	PWS CORNERSTONE	73 / 73	22 (30%)	0 (0%)	0 (0%)	4 (18%)	13 (59%)	5 (23%)	16 (73%)	36 / 63 (57%)	11 / 13 (85%)
6740	RADY C.E.S. SCHOOL	43 / 44	31 (72%)	0 (0%)	4 (13%)	4 (13%)	21 (68%)	2 (6%)	24 (77%)	37 / 44 (84%)	19 / 25 (76%)
6750	RADY CENTRAL CLINIC	107 / 118	72 (67%)	4 (6%)	6 (8%)	11 (15%)	33 (46%)	18 (25%)	43 (60%)	73 / 110 (66%)	35 / 52 (67%)
6770	RADY NORTH COASTAL CLINIC	74 / 82	49 (66%)	3 (6%)	6 (12%)	9 (18%)	23 (47%)	8 (16%)	29 (59%)	53 / 79 (67%)	16 / 30 (53%)
6790	RADY NORTH INLAND REGION	58 / 69	39 (67%)	3 (8%)	3 (8%)	5 (13%)	21 (54%)	7 (18%)	25 (64%)	49 / 63 (78%)	20 / 35 (57%)
6890	SBCS BERRY CLINIC	11 / 16	8 (73%)	0 (0%)	0 (0%)	2 (25%)	5 (63%)	1 (13%)	6 (75%)	14 / 15 (93%)	4 / 7 (57%)
6910	SB COMM SRVC SO. REGION OP	74 / 79	42 (57%)	5 (12%)	6 (14%)	7 (17%)	13 (31%)	11 (26%)	19 (45%)	58 / 77 (75%)	14 / 34 (41%)
6950	SDCC EAST OP LA MESA	80 / 89	52 (65%)	2 (4%)	5 (10%)	4 (8%)	31 (60%)	10 (19%)	35 (67%)	62 / 79 (78%)	29 / 44 (66%)
6980	SDCC FFA STABL AND TREATMEN	4 / 6	3 (75%)	1 (33%)	1 (33%)	0 (0%)	1 (33%)	0 (0%)	1 (33%)	2 / 4 (50%)	1 / 1 (100%)
6990	SDCC WRAPWORKS	54 / 65	30 (56%)	2 (7%)	5 (17%)	5 (17%)	6 (20%)	12 (40%)	11 (37%)	36 / 59 (61%)	6 / 22 (27%)
7040	UPAC CMH	44 / 49	26 (59%)	2 (8%)	2 (8%)	4 (15%)	12 (46%)	6 (23%)	14 (54%)	31 / 44 (70%)	11 / 17 (65%)
7050	SDUSD INTENSIVE OP	96 / 102	77 (80%)	11 (14%)	12 (16%)	9 (12%)	36 (47%)	9 (12%)	43 (56%)	72 / 101 (71%)	34 / 57 (60%)
7130	SDYS EAST REGION OP	58 / 66	50 (86%)	5 (10%)	3 (6%)	12 (24%)	20 (40%)	10 (20%)	30 (60%)	45 / 66 (68%)	22 / 36 (61%)
7180	SDYS BRIDGEWAYS	2 / 6	0 (0%)							4 / 6 (67%)	--
7200	SYHC BHG YES	54 / 62	28 (52%)	0 (0%)	4 (14%)	2 (7%)	15 (54%)	7 (25%)	16 (57%)	44 / 58 (76%)	14 / 20 (70%)
7210	SYHC CHALDEAN MID EAST (C)	1 / 1	0 (0%)							0 / 1	--
7220	CENTER FOR POSITIVE CHANGES	4 / 7	0 (0%)							3 / 5 (60%)	--
7230	CENTER FOR POSITIVE CHANGES	3 / 6	1 (33%)	0 (0%)	0 (0%)	0 (0%)	1 (100%)	0 (0%)	1 (100%)	0 / 4	--
7260	CENTER FOR POSITIVE CHANGES	5 / 5	2 (40%)	0 (0%)	0 (0%)	0 (0%)	2 (100%)	0 (0%)	2 (100%)	4 / 5 (80%)	2 / 2 (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 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 7/1/2022 and 3/31/2023

		Discharged clients open 60 days + <sup>a</sup>	1 Clients with initial and discharge scores <sup>b</sup> <b>(COMPLIANCE RATE)</b>	2a No improvement <sup>c</sup>	2b Small improvement <sup>c</sup>	2c Medium improvement <sup>c</sup>	2d Large improvement <sup>c</sup>	2e Increase in impairment <sup>c</sup>	3 Reliable improvement <sup>d</sup>	4 Clients above cutoff at initial <sup>e</sup>	5a Clinically significant improvement <sup>f</sup>
7270	CENTER FOR POSITIVE CHANGES	6 / 8	3 (50%)	1 (33%)	0 (0%)	0 (0%)	1 (33%)	1 (33%)	1 (33%)	3 / 7 (43%)	0 / 2 (0%)
7280	CENTER FOR POSITIVE CHANGES	5 / 5	1 (20%)	0 (0%)	0 (0%)	0 (0%)	1 (100%)	0 (0%)	1 (100%)	3 / 5 (60%)	1 / 1 (100%)
7350	VH VISTA HILL ESCONDIDO	78 / 82	56 (72%)	1 (2%)	5 (9%)	8 (14%)	33 (59%)	9 (16%)	39 (70%)	48 / 80 (60%)	25 / 32 (78%)
7360	VH VISTA HILL NORTH INLAND	35 / 37	17 (49%)	1 (6%)	1 (6%)	4 (24%)	6 (35%)	5 (29%)	10 (59%)	29 / 36 (81%)	9 / 13 (69%)
7370	VH JUVENILE COURT CLINIC MHS	22 / 39	9 (41%)	0 (0%)	0 (0%)	3 (33%)	3 (33%)	3 (33%)	6 (67%)	18 / 38 (47%)	6 / 7 (86%)
7410	VH MERIT	6 / 7	5 (83%)	0 (0%)	0 (0%)	1 (20%)	2 (40%)	2 (40%)	3 (60%)	4 / 7 (57%)	3 / 4 (75%)
7440	UPAC MULTI COMM COUNSEL MH	62 / 65	50 (81%)	3 (6%)	8 (16%)	6 (12%)	30 (60%)	3 (6%)	36 (72%)	51 / 61 (84%)	30 / 41 (73%)
7450	YMCA TIDES	53 / 56	40 (75%)	2 (5%)	5 (13%)	4 (10%)	17 (43%)	12 (30%)	20 (50%)	33 / 52 (63%)	13 / 26 (50%)
7480	NA N CNTY OP SCHOOL BASED SV	42 / 48	35 (83%)	2 (6%)	4 (11%)	10 (29%)	8 (23%)	11 (31%)	15 (43%)	35 / 46 (76%)	14 / 27 (52%)
7530	VH SMARTCARE BH CONNECT	29 / 42	11 (38%)	1 (9%)	0 (0%)	3 (27%)	7 (64%)	0 (0%)	8 (73%)	23 / 31 (74%)	7 / 10 (70%)
8030	VARSITY TEAM #1 STRTP	8 / 8	3 (38%)	0 (0%)	0 (0%)	0 (0%)	1 (33%)	2 (67%)	1 (33%)	3 / 8 (38%)	0 / 1 (0%)
8040	VARSITY TEAM #2 STRTP	2 / 2	1 (50%)	0 (0%)	1 (100%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 / 2	--
8110	MHS STEPS ADOLESCENT	18 / 19	12 (67%)	2 (17%)	2 (17%)	2 (17%)	5 (42%)	1 (8%)	6 (50%)	6 / 18 (33%)	3 / 4 (75%)
8220	NA SAN PASQUAL ACADEMY	30 / 30	11 (37%)	1 (9%)	0 (0%)	0 (0%)	2 (18%)	8 (73%)	2 (18%)	11 / 23 (48%)	2 / 5 (40%)
8230	NA SO CAMPUS RCL 12	12 / 12	1 (8%)	0 (0%)	1 (100%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	4 / 10 (40%)	0 / 1 (0%)
8270	NA CASS	21 / 26	19 (90%)	3 (16%)	2 (11%)	1 (5%)	4 (21%)	9 (47%)	4 (21%)	11 / 22 (50%)	4 / 10 (40%)
8290	NA CTR CHILD YOUTH PSYCH	132 / 137	24 (18%)	1 (4%)	2 (8%)	6 (25%)	2 (8%)	13 (54%)	6 (25%)	83 / 123 (67%)	4 / 19 (21%)
8380	SDCC STRTP PROGRAM	1 / 1	1 (100%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	1 (100%)	0 (0%)	1 / 1 (100%)	0 / 1 (0%)
8400	SDUSD MARCY	4 / 6	2 (50%)	0 (0%)	1 (50%)	0 (0%)	1 (50%)	0 (0%)	1 (50%)	3 / 6 (50%)	--
8410	SDUSD NEW DAWN	9 / 9	6 (67%)	0 (0%)	0 (0%)	0 (0%)	1 (17%)	5 (83%)	1 (17%)	3 / 9 (33%)	1 / 2 (50%)

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 7/1/2022 and 3/31/2023

		Discharged clients open 60 days + <sup>a</sup>	1 Clients with initial and discharge scores <sup>b</sup> <b>(COMPLIANCE RATE)</b>	2a No improvement <sup>c</sup>	2b Small improvement <sup>c</sup>	2c Medium improvement <sup>c</sup>	2d Large improvement <sup>c</sup>	2e Increase in impairment <sup>c</sup>	3 Reliable improvement <sup>d</sup>	4 Clients above cutoff at initial <sup>e</sup>	5a Clinically significant improvement <sup>f</sup>
8420	SDUSD UNIFIED DAY SCHOOL	4 / 4	2 (50%)	0 (0%)	0 (0%)	0 (0%)	1 (50%)	1 (50%)	1 (50%)	4 / 4 (100%)	1 / 2 (50%)
8480	NATSA CIRCLE OF FRIENDS1	3 / 8	0 (0%)							3 / 6 (50%)	--
8490	NATSA CIRCLE OF FRIENDS2	4 / 4	0 (0%)							2 / 4 (50%)	--
8570	MILESTONE HOUSE	4 / 5	2 (50%)	0 (0%)	1 (50%)	0 (0%)	0 (0%)	1 (50%)	0 (0%)	4 / 5 (80%)	0 / 2 (0%)
8830	FF YOUTH CENTER	2 / 2	1 (50%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	1 (100%)	0 (0%)	1 / 2 (50%)	0 / 1 (0%)
8950	FF WRAP CONNECTIONS SOUTH	3 / 5	2 (67%)	0 (0%)	0 (0%)	0 (0%)	2 (100%)	0 (0%)	2 (100%)	4 / 4 (100%)	2 / 2 (100%)
8960	FF WRAP CONNECTIONS PRIMAR	6 / 6	3 (50%)	0 (0%)	1 (33%)	2 (67%)	0 (0%)	0 (0%)	2 (67%)	3 / 6 (50%)	1 / 1 (100%)
8970	FF WRAP CONNECTIONS NORTH	8 / 11	4 (50%)	0 (0%)	1 (25%)	1 (25%)	2 (50%)	0 (0%)	3 (75%)	4 / 9 (44%)	--
8980	FF WRAP CONNECTIONS EAST	2 / 3	1 (50%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	1 (100%)	0 (0%)	2 / 2 (100%)	0 / 1 (0%)
<b>Countywide Summary</b>		2401 / 2754	1448 (60%)	99 (7%)	149 (10%)	211 (15%)	631 (44%)	358 (25%)	794 (55%)	1759 / 2574 (68%)	602 / 1026 (59%)

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 7/1/2022 and 3/31/2023

	Discharged Clients	1a Clients with no AN at Intake <sup>a</sup>		1b Clients with 1-5 AN at Intake <sup>a</sup>		1c Clients with 6+ AN at Intake <sup>a</sup>		Discharged clients open 60 days + <sup>b</sup>	2 Clients with initial and discharge scores <sup>c</sup> <b>(COMPLIANCE RATE)</b>		4a Progress on Life Func <sup>d</sup>		4b Progress on Risk Bhv <sup>d</sup>		4c Progress on Bhv/Emot needs <sup>d</sup>	
6000	CASA DE AMPARO	25	0 (0%)	3 (13%)	21 (88%)	16 / 25	16 (100%)	14 / 16 (88%)	10 / 14 (71%)	13 / 16 (81%)						
6010	NA INCREDIBLE FAMILIES SOUTH	8	0 (0%)	2 (50%)	2 (50%)	3 / 8	3 (100%)	1 / 3 (33%)	0 / 1 (0%)	1 / 3 (33%)						
6060	CRF CROSSROADS	219	6 (3%)	129 (59%)	84 (38%)	199 / 219	191 (96%)	120 / 152 (79%)	50 / 59 (85%)	144 / 185 (78%)						
6070	CRF DOUGLAS YOUNG	145	6 (4%)	81 (56%)	58 (40%)	131 / 145	131 (100%)	76 / 105 (72%)	23 / 34 (68%)	95 / 127 (75%)						
6080	CRF MAST	136	4 (3%)	71 (52%)	61 (45%)	127 / 136	127 (100%)	87 / 110 (79%)	32 / 34 (94%)	92 / 122 (75%)						
6090	CRF NUEVA VISTA	275	2 (1%)	156 (57%)	117 (43%)	240 / 275	230 (96%)	117 / 191 (61%)	42 / 67 (63%)	146 / 225 (65%)						
6120	NCL CONNECTION COMMUNITY C	43	0 (0%)	23 (58%)	17 (43%)	39 / 43	37 (95%)	14 / 35 (40%)	7 / 18 (39%)	14 / 37 (38%)						
6140	SWEETWATER OP CLINIC	8	2 (25%)	3 (38%)	3 (38%)	8 / 8	6 (75%)	1 / 5 (20%)	1 / 2 (50%)	0 / 5 (0%)						
6190	CASA DE AMPARO STRTP B&C	1	0 (0%)	0 (0%)	1 (100%)	1 / 1	1 (100%)	1 / 1 (100%)	1 / 1 (100%)	1 / 1 (100%)						
6200	FHC COMM CIRCLE CENT	39	4 (10%)	25 (64%)	10 (26%)	31 / 39	31 (100%)	15 / 21 (71%)	2 / 2 (100%)	19 / 24 (79%)						
6210	FHC COMM CIRCLE EAST	68	3 (4%)	41 (60%)	24 (35%)	67 / 68	67 (100%)	40 / 58 (69%)	8 / 11 (73%)	52 / 63 (83%)						
6260	MHS SCHOOL BASED	58	7 (12%)	38 (66%)	13 (22%)	56 / 58	46 (82%)	28 / 35 (80%)	5 / 5 (100%)	29 / 39 (74%)						
6340	NA KENORA STRTP	11	0 (0%)	0 (0%)	11 (100%)	7 / 11	7 (100%)	4 / 7 (57%)	5 / 7 (71%)	1 / 7 (14%)						
6350	NA CABRILLO ASSESS CTR CENTR	165	1 (1%)	58 (38%)	94 (61%)	85 / 165	84 (99%)	47 / 73 (64%)	55 / 68 (81%)	60 / 82 (73%)						
6400	NA INCREDIBLE FAMILIES CENTRA	6	0 (0%)	5 (83%)	1 (17%)	6 / 6	6 (100%)	2 / 3 (67%)	0 / 0 #Num!	3 / 6 (50%)						
6460	NC LIFELINE OCEANSIDE	12	1 (8%)	5 (42%)	6 (50%)	10 / 12	10 (100%)	8 / 10 (80%)	1 / 5 (20%)	7 / 10 (70%)						
6480	NC LIFELINE VISTA	60	1 (2%)	38 (63%)	21 (35%)	56 / 60	50 (89%)	26 / 41 (63%)	6 / 11 (55%)	33 / 47 (70%)						
6510	NEW HAVEN STRTP	1	0 (0%)	0 (0%)	1 (100%)	1 / 1	1 (100%)	1 / 1 (100%)	0 / 0 #Num!	1 / 1 (100%)						
6530	SDYS ICARE	25	0 (0%)	5 (20%)	20 (80%)	21 / 25	20 (95%)	15 / 20 (75%)	10 / 11 (91%)	13 / 20 (65%)						
6540	SDYS OUR SAFE PLACE	12	0 (0%)	11 (92%)	1 (8%)	9 / 12	9 (100%)	5 / 7 (71%)	0 / 0 #Num!	2 / 9 (22%)						
6560	PALOMAR FC FALLBROOK	68	1 (1%)	32 (47%)	35 (51%)	59 / 68	59 (100%)	36 / 47 (77%)	18 / 19 (95%)	52 / 57 (91%)						
6570	PALOMAR FC N. INLAND/COASTAL	135	1 (1%)	54 (40%)	80 (59%)	128 / 135	125 (98%)	93 / 111 (84%)	26 / 30 (87%)	99 / 125 (79%)						

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 7/1/2022 and 3/31/2023

Data current as of 4/17/2023 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 7/1/2022 and 3/31/2023

	Discharged Clients	1a Clients with no AN at Intake <sup>a</sup>		1b Clients with 1-5 AN at Intake <sup>a</sup>		1c Clients with 6+ AN at Intake <sup>a</sup>		Discharged clients open 60 days + <sup>b</sup>	2 Clients with initial and discharge scores <sup>c</sup> <b>(COMPLIANCE RATE)</b>		4a Progress on Life Func <sup>d</sup>		4b Progress on Risk Bhv <sup>d</sup>		4c Progress on Bhv/Emot needs <sup>d</sup>	
6660	PWS CORNERSTONE	128	4 (3%)	73 (57%)	51 (40%)	122 / 128	121 (99%)	79 / 106 (75%)	16 / 23 (70%)	86 / 110 (78%)						
6740	RADY C.E.S. SCHOOL	49	0 (0%)	27 (55%)	22 (45%)	48 / 49	46 (96%)	32 / 44 (73%)	8 / 9 (89%)	28 / 46 (61%)						
6750	RADY CENTRAL CLINIC	184	0 (0%)	103 (56%)	81 (44%)	164 / 184	162 (99%)	142 / 160 (89%)	40 / 46 (87%)	115 / 157 (73%)						
6770	RADY NORTH COASTAL CLINIC	139	2 (1%)	82 (59%)	55 (40%)	127 / 139	121 (95%)	89 / 104 (86%)	22 / 22 (100%)	95 / 119 (80%)						
6790	RADY NORTH INLAND REGION	107	1 (1%)	59 (56%)	46 (43%)	92 / 107	91 (99%)	67 / 83 (81%)	16 / 21 (76%)	71 / 90 (79%)						
6890	SBCS BERRY CLINIC	36	2 (6%)	18 (50%)	16 (44%)	28 / 36	28 (100%)	18 / 25 (72%)	4 / 7 (57%)	20 / 28 (71%)						
6910	SB COMM SRVC SO. REGION OP	134	5 (4%)	86 (64%)	43 (32%)	120 / 134	120 (100%)	84 / 98 (86%)	27 / 29 (93%)	97 / 115 (84%)						
6950	SDCC EAST OP LA MESA	135	18 (13%)	75 (56%)	41 (31%)	122 / 135	117 (96%)	64 / 84 (76%)	25 / 28 (89%)	84 / 100 (84%)						
6980	SDCC FFA STABL AND TREATMENT	17	1 (6%)	8 (47%)	8 (47%)	12 / 17	12 (100%)	7 / 10 (70%)	3 / 4 (75%)	8 / 11 (73%)						
6990	SDCC WRAPWORKS	87	1 (1%)	28 (36%)	49 (63%)	73 / 87	72 (99%)	47 / 64 (73%)	33 / 41 (80%)	47 / 66 (71%)						
7040	UPAC CMH	92	1 (1%)	39 (46%)	44 (52%)	82 / 92	81 (99%)	59 / 78 (76%)	16 / 21 (76%)	56 / 81 (69%)						
7050	SDUSD INTENSIVE OP	121	8 (7%)	74 (61%)	39 (32%)	115 / 121	108 (94%)	63 / 91 (69%)	10 / 16 (63%)	66 / 87 (76%)						
7130	SDYS EAST REGION OP	94	9 (10%)	66 (70%)	19 (20%)	84 / 94	84 (100%)	31 / 57 (54%)	12 / 21 (57%)	47 / 72 (65%)						
7180	SDYS BRIDGEWAYS	6	1 (17%)	4 (67%)	1 (17%)	2 / 6	2 (100%)	1 / 2 (50%)	0 / 1 (0%)	1 / 2 (50%)						
7200	SYHC BHG YES	86	14 (16%)	43 (51%)	28 (33%)	76 / 86	66 (87%)	34 / 43 (79%)	16 / 19 (84%)	44 / 54 (81%)						
7210	SYHC CHALDEAN MID EAST (C)	3	0 (0%)	2 (67%)	1 (33%)	3 / 3	0 (0%)	0 / 0 #Num!	0 / 0 #Num!	0 / 0 #Num!						
7220	CENTER FOR POSITIVE CHANGES	7	0 (0%)	1 (14%)	6 (86%)	4 / 7	2 (50%)	0 / 2 (0%)	0 / 2 (0%)	0 / 2 (0%)						
7230	CENTER FOR POSITIVE CHANGES	6	0 (0%)	0 (0%)	6 (100%)	3 / 6	3 (100%)	2 / 3 (67%)	1 / 3 (33%)	2 / 3 (67%)						
7260	CENTER FOR POSITIVE CHANGES	5	0 (0%)	1 (20%)	4 (80%)	5 / 5	5 (100%)	3 / 5 (60%)	3 / 4 (75%)	3 / 5 (60%)						
7270	CENTER FOR POSITIVE CHANGES	8	0 (0%)	0 (0%)	8 (100%)	6 / 8	6 (100%)	4 / 6 (67%)	4 / 5 (80%)	4 / 6 (67%)						
7280	CENTER FOR POSITIVE CHANGES	5	0 (0%)	1 (20%)	4 (80%)	5 / 5	1 (20%)	1 / 1 (100%)	1 / 1 (100%)	1 / 1 (100%)						
7350	VH VISTA HILL ESCONDIDO	172	2 (1%)	119 (69%)	51 (30%)	163 / 172	163 (100%)	106 / 116 (91%)	32 / 32 (100%)	145 / 159 (91%)						

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 7/1/2022 and 3/31/2023

Data current as of 4/17/2023 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 7/1/2022 and 3/31/2023

	Discharged Clients	1a Clients with no AN at Intake <sup>a</sup>		1b Clients with 1-5 AN at Intake <sup>a</sup>		1c Clients with 6+ AN at Intake <sup>a</sup>		Discharged clients open 60 days + <sup>b</sup>	2 Clients with initial and discharge scores <sup>c</sup> <b>(COMPLIANCE RATE)</b>		4a Progress on Life Func <sup>d</sup>		4b Progress on Risk Bhv <sup>d</sup>		4c Progress on Bhv/Emot needs <sup>d</sup>	
7360	VH VISTA HILL NORTH INLAND	64	0 (0%)	26 (41%)	38 (59%)	60 / 64	59 (98%)	40 / 55 (73%)	9 / 12 (75%)	37 / 59 (63%)						
7370	VH JUVENILE COURT CLINIC MHSA	44	0 (0%)	3 (7%)	40 (93%)	23 / 44	21 (91%)	17 / 20 (85%)	11 / 15 (73%)	18 / 21 (86%)						
7410	VH MERIT	7	0 (0%)	3 (43%)	4 (57%)	6 / 7	6 (100%)	3 / 6 (50%)	6 / 6 (100%)	5 / 6 (83%)						
7440	UPAC MULTI COMM COUNSEL MHS	85	3 (4%)	57 (68%)	24 (29%)	81 / 85	78 (96%)	64 / 74 (86%)	19 / 20 (95%)	61 / 75 (81%)						
7450	YMCA TIDES	107	3 (3%)	76 (71%)	28 (26%)	101 / 107	93 (92%)	66 / 79 (84%)	11 / 12 (92%)	76 / 87 (87%)						
7480	NA N CNTY OP SCHOOL BASED SV	57	0 (0%)	28 (49%)	29 (51%)	50 / 57	49 (98%)	38 / 46 (83%)	13 / 19 (68%)	41 / 49 (84%)						
7530	VH SMARTCARE BH CONNECT	46	1 (3%)	15 (41%)	21 (57%)	32 / 46	24 (75%)	13 / 21 (62%)	8 / 15 (53%)	14 / 22 (64%)						
8030	VARSITY TEAM #1 STRTP	8	0 (0%)	4 (50%)	4 (50%)	8 / 8	8 (100%)	5 / 8 (63%)	1 / 4 (25%)	5 / 8 (63%)						
8040	VARSITY TEAM #2 STRTP	2	0 (0%)	2 (100%)	0 (0%)	2 / 2	2 (100%)	1 / 2 (50%)	0 / 0 #Num!	1 / 2 (50%)						
8110	MHS STEPS ADOLESCENT	22	0 (0%)	10 (45%)	12 (55%)	21 / 22	19 (90%)	12 / 16 (75%)	12 / 13 (92%)	15 / 19 (79%)						
8220	NA SAN PASQUAL ACADEMY	30	4 (13%)	19 (63%)	7 (23%)	30 / 30	30 (100%)	19 / 22 (86%)	1 / 1 (100%)	12 / 24 (50%)						
8230	NA SO CAMPUS RCL 12	12	0 (0%)	0 (0%)	12 (100%)	12 / 12	11 (92%)	7 / 11 (64%)	4 / 11 (36%)	6 / 11 (55%)						
8270	NA CASS	59	2 (4%)	29 (53%)	24 (44%)	52 / 59	52 (100%)	37 / 41 (90%)	20 / 21 (95%)	38 / 49 (78%)						
8290	NA CTR CHILD YOUTH PSYCH	174	17 (11%)	104 (68%)	33 (21%)	169 / 174	147 (87%)	63 / 98 (64%)	10 / 13 (77%)	66 / 123 (54%)						
8380	SDCC STRTP PROGRAM	5	0 (0%)	0 (0%)	5 (100%)	5 / 5	5 (100%)	4 / 5 (80%)	3 / 4 (75%)	4 / 5 (80%)						
8400	SDUSD MARCY	6	0 (0%)	5 (83%)	1 (17%)	4 / 6	4 (100%)	3 / 4 (75%)	0 / 0 #Num!	2 / 3 (67%)						
8410	SDUSD NEW DAWN	9	0 (0%)	2 (22%)	7 (78%)	9 / 9	9 (100%)	6 / 9 (67%)	4 / 6 (67%)	5 / 9 (56%)						
8420	SDUSD UNIFIED DAY SCHOOL	10	0 (0%)	6 (60%)	4 (40%)	10 / 10	10 (100%)	7 / 9 (78%)	3 / 3 (100%)	5 / 9 (56%)						
8480	NATSA CIRCLE OF FRIENDS1	8	0 (0%)	1 (13%)	7 (88%)	3 / 8	3 (100%)	3 / 3 (100%)	0 / 2 (0%)	2 / 3 (67%)						
8490	NATSA CIRCLE OF FRIENDS2	4	0 (0%)	1 (25%)	3 (75%)	4 / 4	3 (75%)	3 / 3 (100%)	1 / 1 (100%)	2 / 3 (67%)						
8570	MILESTONE HOUSE	5	0 (0%)	1 (20%)	4 (80%)	4 / 5	4 (100%)	2 / 4 (50%)	1 / 3 (33%)	2 / 4 (50%)						
8830	FF YOUTH CENTER	2	0 (0%)	1 (50%)	1 (50%)	2 / 2	2 (100%)	0 / 2 (0%)	0 / 2 (0%)	0 / 2 (0%)						

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 7/1/2022 and 3/31/2023

Data current as of 4/17/2023 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 7/1/2022 and 3/31/2023

	Discharged Clients	1a Clients with no AN at Intake <sup>a</sup>		1b Clients with 1-5 AN at Intake <sup>a</sup>		1c Clients with 6+ AN at Intake <sup>a</sup>		Discharged clients open 60 days + <sup>b</sup>	2 Clients with initial and discharge scores <sup>c</sup> <b>(COMPLIANCE RATE)</b>		4a Progress on Life Func <sup>d</sup>		4b Progress on Risk Bhv <sup>d</sup>		4c Progress on Bhv/Emot needs <sup>d</sup>	
8950 FF WRAP CONNECTIONS SOUTH	7	0	(0%)	1	(17%)	5	(83%)	4 / 7	4	(100%)	1 / 4	(25%)	1 / 3	(33%)	2 / 4	(50%)
8960 FF WRAP CONNECTIONS PRIMARY	7	0	(0%)	2	(29%)	5	(71%)	7 / 7	6	(86%)	4 / 6	(67%)	2 / 4	(50%)	3 / 6	(50%)
8970 FF WRAP CONNECTIONS NORTH	14	0	(0%)	5	(38%)	8	(62%)	11 / 14	9	(82%)	4 / 7	(57%)	2 / 5	(40%)	5 / 9	(56%)
8980 FF WRAP CONNECTIONS EAST	3	0	(0%)	0	(0%)	2	(100%)	2 / 3	1	(50%)	0 / 1	(0%)	0 / 1	(0%)	0 / 1	(0%)
<b>Countywide Summary</b>	3938	138	(4%)	2090	(54%)	1632	(42%)	3468 / 3938	3327	(96%)	2106 / 2790	(75%)	733 / 950	(77%)	2324 / 3138	(74%)

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 7/1/2022 and 3/31/2023

Data current as of 4/17/2023 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 7/1/2022 and 3/31/2023

		Discharged Clients	1a Clients with no AN at Intake <sup>a</sup>	1b Clients with 1-5 AN at Intake <sup>a</sup>	1c Clients with 6+ AN at Intake <sup>a</sup>	Discharged clients open 60 days + <sup>b</sup>	2 Clients with initial and discharge scores <sup>c</sup> <b>(COMPLIANCE RATE)</b>	4a Progress on Life Funct <sup>d</sup>	4b Progress on Risk Behv <sup>d</sup>	4c Progress on Challenges <sup>d</sup>
6010	NA INCREDIBLE FAMILIES SOUTH	8	1 (13%)	5 (63%)	2 (25%)	8 / 8	7 (88%)	4 / 6 (67%)	0 / 0 #Num!	4 / 6 (67%)
6020	NA INCREDIBLE FAMILIES NORTH	2	0 (0%)	2 (100%)	0 (0%)	2 / 2	2 (100%)	1 / 1 (100%)	0 / 0 #Num!	2 / 2 (100%)
6060	CRF CROSSROADS	3	0 (0%)	3 (100%)	0 (0%)	3 / 3	3 (100%)	1 / 1 (100%)	0 / 0 #Num!	3 / 3 (100%)
6070	CRF DOUGLAS YOUNG	2	0 (0%)	2 (100%)	0 (0%)	2 / 2	2 (100%)	1 / 2 (50%)	0 / 0 #Num!	1 / 2 (50%)
6080	CRF MAST	4	1 (25%)	2 (50%)	1 (25%)	4 / 4	4 (100%)	0 / 1 (0%)	1 / 1 (100%)	3 / 3 (100%)
6090	CRF NUEVA VISTA	8	0 (0%)	7 (88%)	1 (13%)	7 / 8	7 (100%)	1 / 5 (20%)	0 / 1 (0%)	3 / 7 (43%)
6150	ECS PARA LAS FAMILIAS	93	4 (4%)	64 (71%)	22 (24%)	82 / 93	80 (98%)	31 / 39 (79%)	1 / 13 (8%)	57 / 73 (78%)
6200	FHC COMM CIRCLE CENT	6	0 (0%)	4 (67%)	2 (33%)	6 / 6	6 (100%)	1 / 3 (33%)	0 / 0 #Num!	3 / 6 (50%)
6210	FHC COMM CIRCLE EAST	1	0 (0%)	0 (0%)	1 (100%)	1 / 1	1 (100%)	1 / 1 (100%)	1 / 1 (100%)	1 / 1 (100%)
6260	MHS SCHOOL BASED	2	0 (0%)	2 (100%)	0 (0%)	2 / 2	1 (50%)	0 / 0 #Num!	0 / 0 #Num!	1 / 1 (100%)
6400	NA INCREDIBLE FAMILIES CENTRA	1	0 (0%)	0 (0%)	1 (100%)	1 / 1	1 (100%)	1 / 1 (100%)	0 / 1 (0%)	0 / 1 (0%)
6550	PALOMAR FC CHILDNET	74	7 (9%)	40 (54%)	27 (36%)	73 / 74	72 (99%)	43 / 48 (90%)	2 / 9 (22%)	58 / 65 (89%)
6560	PALOMAR FC FALLBROOK	2	0 (0%)	2 (100%)	0 (0%)	2 / 2	2 (100%)	0 / 0 #Num!	0 / 0 #Num!	1 / 2 (50%)
6570	PALOMAR FC N. INLAND/COASTAL	2	0 (0%)	1 (50%)	1 (50%)	2 / 2	2 (100%)	2 / 2 (100%)	1 / 1 (100%)	2 / 2 (100%)
6660	PWS CORNERSTONE	6	0 (0%)	2 (33%)	4 (67%)	5 / 6	5 (100%)	1 / 4 (25%)	1 / 2 (50%)	2 / 5 (40%)
6750	RADY CENTRAL CLINIC	5	0 (0%)	5 (100%)	0 (0%)	4 / 5	4 (100%)	3 / 3 (100%)	0 / 0 #Num!	4 / 4 (100%)
6770	RADY NORTH COASTAL CLINIC	6	0 (0%)	3 (50%)	3 (50%)	5 / 6	3 (60%)	1 / 3 (33%)	0 / 0 #Num!	1 / 2 (50%)
6790	RADY NORTH INLAND REGION	1	0 (0%)	1 (100%)	0 (0%)	1 / 1	1 (100%)	1 / 1 (100%)	1 / 1 (100%)	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 7/1/2022 and 3/31/2023

Data current as of 4/17/2023 at 8 am (downloaded from CYF mHOMS).

Monday, May 22, 2023

**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 7/1/2022 and 3/31/2023

	Discharged Clients	1a Clients with no AN at Intake <sup>a</sup>	1b Clients with 1-5 AN at Intake <sup>a</sup>	1c Clients with 6+ AN at Intake <sup>a</sup>	Discharged clients open 60 days + <sup>b</sup>	2 Clients with initial and discharge scores <sup>c</sup> <b>(COMPLIANCE RATE)</b>	4a Progress on Life Funct <sup>d</sup>	4b Progress on Risk Behv <sup>d</sup>	4c Progress on Challenges <sup>d</sup>
6890 SBCS BERRY CLINIC	2	0 (0%)	2 (100%)	0 (0%)	1 / 2	1 (100%)	1 / 1 (100%)	0 / 0 #Num!	1 / 1 (100%)
6950 SDCC EAST OP LA MESA	4	0 (0%)	2 (50%)	2 (50%)	4 / 4	4 (100%)	4 / 4 (100%)	0 / 0 #Num!	3 / 4 (75%)
6980 SDCC FFA STABL AND TREATMENT	23	1 (4%)	18 (78%)	4 (17%)	20 / 23	20 (100%)	9 / 10 (90%)	1 / 2 (50%)	18 / 20 (90%)
6990 SDCC WRAPWORKS	7	1 (17%)	4 (67%)	1 (17%)	4 / 7	4 (100%)	2 / 2 (100%)	0 / 1 (0%)	3 / 4 (75%)
7040 UPAC CMH	6	0 (0%)	4 (80%)	1 (20%)	5 / 6	5 (100%)	5 / 5 (100%)	0 / 0 #Num!	4 / 5 (80%)
7050 SDUSD INTENSIVE OP	1	0 (0%)	1 (100%)	0 (0%)	1 / 1	1 (100%)	1 / 1 (100%)	0 / 0 #Num!	1 / 1 (100%)
7350 VH VISTA HILL ESCONDIDO	10	0 (0%)	7 (70%)	3 (30%)	10 / 10	10 (100%)	6 / 8 (75%)	3 / 3 (100%)	9 / 10 (90%)
7360 VH VISTA HILL NORTH INLAND	7	1 (14%)	6 (86%)	0 (0%)	7 / 7	7 (100%)	2 / 4 (50%)	0 / 0 #Num!	4 / 5 (80%)
7440 UPAC MULTI COMM COUNSEL MHS	1	0 (0%)	1 (100%)	0 (0%)	1 / 1	1 (100%)	1 / 1 (100%)	0 / 0 #Num!	0 / 0 #Num!
7450 YMCA TIDES	2	0 (0%)	1 (50%)	1 (50%)	1 / 2	1 (100%)	1 / 1 (100%)	0 / 0 #Num!	1 / 1 (100%)
7480 NA N CNTY OP SCHOOL BASED SV	1	0 (0%)	0 (0%)	1 (100%)	1 / 1	1 (100%)	1 / 1 (100%)	1 / 1 (100%)	1 / 1 (100%)
7600 RADY KIDSTART EPSDT CLINIC SO	16	2 (13%)	11 (73%)	2 (13%)	13 / 16	13 (100%)	2 / 4 (50%)	3 / 6 (50%)	9 / 11 (82%)
7610 RADY KIDSTART EPSDT CLINIC CT	30	0 (0%)	24 (83%)	5 (17%)	27 / 30	26 (96%)	11 / 17 (65%)	1 / 5 (20%)	14 / 25 (56%)
7620 RADY KIDSTART EPSDT CLINIC NC	6	1 (20%)	4 (80%)	0 (0%)	4 / 6	4 (100%)	2 / 3 (67%)	0 / 1 (0%)	1 / 2 (50%)
8270 NA CASS	56	2 (4%)	23 (48%)	23 (48%)	46 / 56	46 (100%)	26 / 33 (79%)	7 / 12 (58%)	42 / 44 (95%)
<b>Countywide Summary</b>	<b>398</b>	<b>21 (5%)</b>	<b>253 (66%)</b>	<b>108 (28%)</b>	<b>355 / 398</b>	<b>347 (98%)</b>	<b>167 / 216 (77%)</b>	<b>24 / 61 (39%)</b>	<b>258 / 320 (81%)</b>

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 7/1/2022 and 3/31/2023

Data current as of 4/17/2023 at 8 am (downloaded from CYF mHOMS).

Monday, May 22, 2023

# SYSTEM OF CARE EVALUATION

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

Discharge Dates between 7/1/2022 and 3/31/2023 (According to PESQ Date)

		Clients discharged that were open at least one month <sup>1</sup>	Clients with intake and discharge scores <b>(COMPLIANCE RATE)</b>		Clients improved <sup>2</sup>	Average PESQ change score <sup>4</sup>	
6060	<b>CRF CROSSROADS</b>	6	0	<b>(0.0%)</b>	0	<b>#Num!</b>	
	Clients above clinical cutpoint	---	0	---	0	<b>#Num!</b>	
<b>6070</b>	<b>CRF DOUGLAS YOUNG</b>	<b>8</b>	<b>3</b>	<b>(37.5%)</b>	<b>2</b>	<b>(66.7%)</b>	<b>-2.0</b>
	Clients above clinical cutpoint	---	2	---	0	<b>(0.0%)</b>	
6080	<b>CRF MAST</b>	18	8	<b>(44.4%)</b>	3	<b>(37.5%)</b>	-0.8
	Clients above clinical cutpoint	---	2	---	1	<b>(50.0%)</b>	
<b>6090</b>	<b>CRF NUEVA VISTA</b>	<b>3</b>	<b>2</b>	<b>(66.7%)</b>	<b>2</b>	<b>(100.0%)</b>	<b>-15.0</b>
	Clients above clinical cutpoint	---	2	---	2	<b>(100.0%)</b>	
<b>6750</b>	<b>RADY CENTRAL CLINIC</b>	<b>5</b>	<b>3</b>	<b>(60.0%)</b>	<b>1</b>	<b>(33.3%)</b>	<b>-6.0</b>
	Clients above clinical cutpoint	---	0	---	0	<b>#Num!</b>	
6790	<sup>3</sup> <b>RADY NORTH INLAND REGION</b>	3	1	<b>(33.3%)</b>	0	<b>(0.0%)</b>	-1.0
	Clients above clinical cutpoint	---	1	---	0	<b>(0.0%)</b>	
<b>Countywide Summary</b>		<b>43</b>	<b>17</b>	<b>(39.5%)</b>	<b>8</b>	<b>(47.1%)</b>	-3.6
	<b>Clients above clinical cutpoint</b>	---	<b>7</b>	---	<b>3</b>	<b>(42.9%)</b>	

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 7/1/2022 and 3/31/2023 (According to PESQ Date).