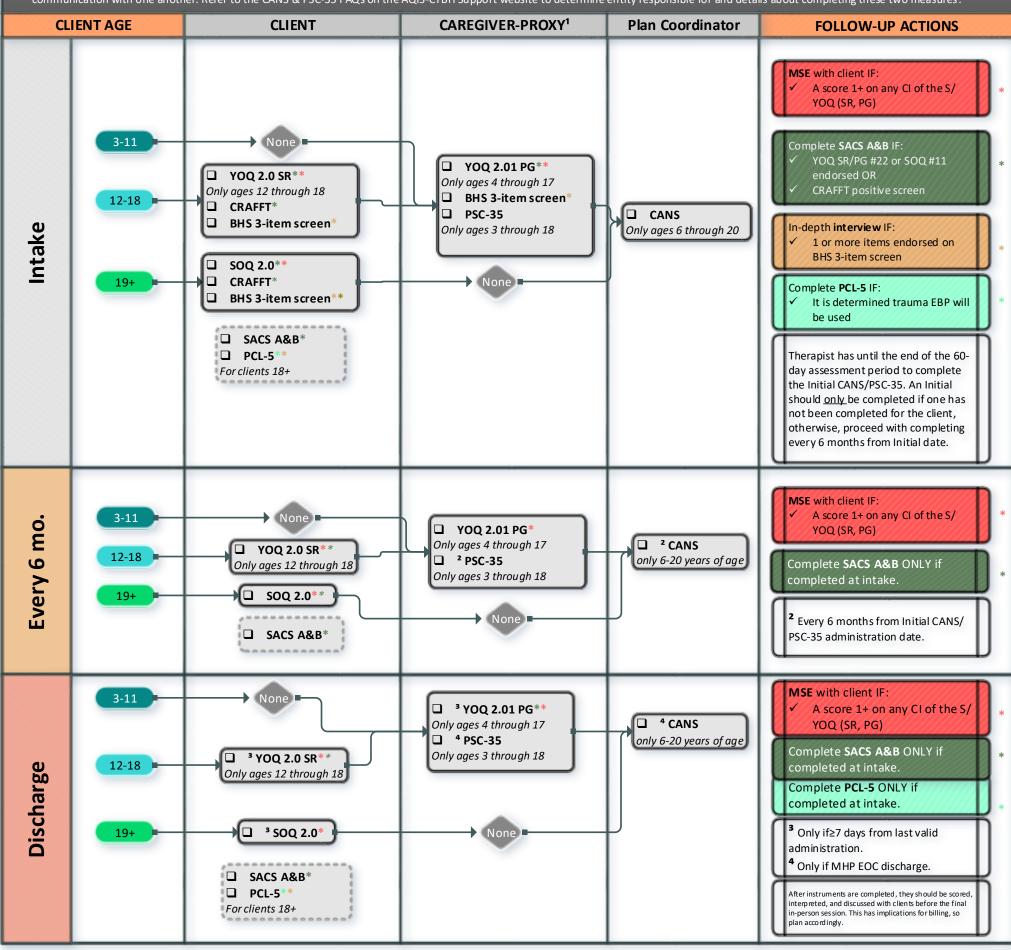
## **Outcome Monitoring Flowchart: CYBH County-Operated Outpatient Services**

- Purpose & How To: A guide for planned coordinator and staff in completing client, caregiver, and clinician outcome forms at intake, and throughout the course of treatment. Identify the appropriate treatment phase and age group for your client, and follow the sequence of required forms.
- Note about dual-program enrollment. The primary therapist is always responsible for completing all assessments with client; however, all staff involved in treatment should be in active communication with one another. Refer to the CANS & PSC-35 FAQs on the AQIS-CYBH Support website to determine entity responsible for and details about completing these two measures.



## Notes.

- At Annual Assessment, clinicians should reset the clock with all outcome measure intervals of administration; that is, the 6 month interval is reset and linked to the EOC start date from when the client began services in your program. The CANS and PSC-35 are linked to the MHP EOC start date, so those tools follow their own timeline; .
- <sup>1</sup> Caregiver proxy forms should be completed by the same respondent each administration. If a caregiver is not available, then another trusted adult with regular client contact may complete the forms.
- <sup>2</sup> Administer every 6 months from the Initial CANS/PSC-35 administration date within our system, as opposed to every 6 months from when client began services in your program.
  <sup>3</sup> Only administer a discharge Y/SOQ if ≥7 days from last valid YOQ follow-up.
- <sup>4</sup> Complete a discharge CANS and PSC-35 regardless of when the last follow-up occurred <u>only if</u> the MHP EOC is discharged, and not when the client is simply transferred internally to another CYBH county or contract program.
- Pay close attention to the age range limitations for each measure and do NOT administer measures outside of the range, as measures are only appropriate and valid within range.
- Note that 18-year-old clients have the option of completing the YOQ 2.0 SR or SOQ 2.0 SR during their full year at this age. There is no hard line with this special age group but we do recommend that if the client is expected to transition to adult behavioral health services, the client complete the SOQ as soon as the youth reaches the age of 18, and all else should continue to complete the YOQ 2.0 SR during the full year they are 18. Note that once the client turns 19, the YOQ 2.0 SR should not be administered, as this measure is not intended for clients over the age of 19.

## Initialisms & Acronyms.

Behavioral Health Services 3-item screen (BHS); *trauma*; Car, Relax, Alone, Forget, Friends, Trouble (CRAFFT); *substance use/dependence*; Child and Adolescent Needs and Strengths Assessment (CANS); Critical Item (CI); Mental Status Exam (MSE); Pediatric Symptom Checklist (PSC-35); PTSD Checklist for DSM-5 (PCL-5); Substances and Choices Scale (SACS-Parts A&B); Severe Outcome Questionnaire (SOQ); Youth Outcome Questionnaire (YOQ); *YOQ 2.0 Self-Report (SR) is the youth self-report version for ages 12 through 18; while the YOQ 2.01 Parent-Guardian (PG) is the caregiver version and should only be administered to guardians of youth ages 4 through 17 (not including 18).*