FY 16-17	7 Client Engagement Data for MH Treatment				
RU	Provider Name	# Eligible clients open 30+ days	% Eligible clients with 2+ visits in their 1st 30 days	# Eligible clients open 60+ days	% Eligible clients with 4+ visits in their 1st 60 days
Early	Childhood MH Programs (14 Tota	l Progr	ams)		
	TOTAL UNDUPLICATED CLIENTS:	677	98%	606	98%
Sahar	Daniel Bahaviaral Haalth MH Dr	. O O K O M	o /162 Total	Droaro	mal
School	ol-Based Behavioral Health MH Pr				-
	TOTAL UNDUPLICATED CLIENTS:	2,502	96%	2,319	96%
Child	Welfare and Probation MH Progra	ams (22	2 Total Progr	rams)	
	TOTAL UNDUPLICATED CLIENTS:	1,099		869	98%
	Child Outpatient MH Programs (3				
Various	CHILDREN'S HOSPOTAL CPC	306	49%	323	18%
Various	PATHWAYS TO WELLNESS CHILD	141	62%	141	27%
	TOTAL UNDUPLICATED CLIENTS:	1,895	78%	1,772	61%
TAY (Outpatient MH Programs (17 Total	Progra	ams)		
	TOTAL UNDUPLICATED CLIENTS:	450	85%	381	87%
	/IH Programs (11 Total Programs)				
01NE1	FAMILY SVC OF SF PREP HYWRDTAY	19	37%	14	43%
01E82	E BAY COMM PREP SUTRO MH TAY	19	58%	14	50%
01EG1	ABODE SERVICES GRTR HOPE	14	50%	14	57%
	TOTAL UNDUPLICATED CLIENTS:	154	86%	140	91%
MH S	ervice Team Programs (8 Total Pr	ograms	(2		
8133T1	BOSS OAKLAND SERVICE TEAM 1	15	47%	17	41%
0.00	TOTAL UNDUPLICATED CLIENTS:	137	79%	138	75%
Adult	Level III MH Programs (9 Total Pr				
	TOTAL UNDUPLICATED CLIENTS:	433	92%	384	88%
CallW	OPKs Brograms (9 Total Brogram	c)			
Calvy	ORKs Programs (8 Total Program TOTAL UNDUPLICATED CLIENTS:	,	070/	400	000/
	TOTAL UNDUPLICATED CLIENTS:	114	97%	102	90%
Δdult	Outpatient MH Programs (8 Total	Progra	ams)		
	PATHWAYS TO WELLNESS ADULT	996	62%	979	27%
Marionic					33%
Various	TOTAL UNDUPLICATED CLIENTS:	1 ()49)	n 2 %	1 0/0	
Various	TOTAL UNDUPLICATED CLIENTS:	1,049	65%	1,026	337
		· · · · · · · · · · · · · · · · · · ·		1,026	3370
	Adult Outpatient MH Programs (2 CITY OF FREMONT HSD MHS ADULT	· · · · · · · · · · · · · · · · · · ·		1,026	61%

Note: Specific programs listed have engagement that is lower than the average for other similar programs. There can be many reasons for low engagement, some of which may be associated with the specific sub-population served, others with changes to data collection or staffing, and others with a lack of specific focus on client engagement within the program. BHCS is asking all programs to focus on maximizing client engagement for needed services.