

EXHIBIT 5

CBHI OUTCOMES

OUTCOMES AND INDICATORS	IMPLEMENTATION STATUS
CHILD/FAMILY LEVEL OUTCOMES:	
"Increased child and family functioning in home, school and community"	
CANS Data: Subscale Scores:	Data being collected; approximately 50% of the records are input into the CANS data system; CANS compliance activities are underway and accelerating. First analysis of CANS data, profiling youth in different levels of care is in process and will be available in October. Next analysis will be of change between sequential administrations of the CANS. Expected to be available by the end of 2010.
Child Functioning:	
Family	
Social Functioning	
Community	
School Behavior	
School Achievement	
School Attendance	
Child Behavioral/Emotional Needs	
Risk Behaviors	
Family Functioning: CANS Subscale Scores	
Caregiver Resources & Needs	
SYSTEM LEVEL OUTCOMES:	
"Increased number of youth able to remain in the community; Increased child safety; Increased access, utilization and positive outcomes for culturally and linguistically diverse families; Increased school engagement, attendance, graduation rates and decreased disciplinary actions and expulsions."	
Community Tenure	
Use of any 24 hour behavioral health service (hospital, Community Based Acute Treatment) by youths receiving ICC and IHT services	Data on use of 24 hour BH services by youth receiving ICC will be analyzed this Fall, with initial results for the MBHP population available in early Winter. A report on the entire population is expected to be available during the Summer of 2011. Analysis will look at utilization before, during and after enrollment in these services. A similar analysis will be conducted for youth receiving IHT, but because IHT began four months later than ICC, the reports will be available four months later than the ICC reports. Please note that the length of time to produce these reports is due to the fact that these services are relatively long in duration and that it is necessary to analyze data for the period prior to the service, during the service and

	for some time after the service. This requires 18-24 months of data collection from the point of program inception.
Use of DCF and DMH congregate care by youths receiving remedy services	EHS is working to address privacy concerns related to sharing information about youth between MassHealth and DCF and DMH.
Increased Child Safety	
DCF data on repeat 51As	EHS is working to address privacy concerns related to sharing information between MassHealth and DCF and DMH.
DYS data on recidivism	EHS is working to address privacy concerns related to sharing information about youth between MassHealth and DCF and DMH.
Increased Access, Utilization and Positive Outcomes for Culturally and Linguistically Diverse Youth and Families	
Analyze MassHealth utilization data and CANS data by race and language	Plan for production of these reports is under development.
Increased School Engagement, Attendance, Graduation Rates and Decreased Disciplinary Actions	
CANS Data: Subscale Scores	
School Attendance	Expected to be available by the end of 2010.
School Achievement	Expected to be available by the end of 2010.
School Behavior	Expected to be available by the end of 2010.