

**Children, Youth and Families FSP
Dashboard and Report**

Reporting period: 07/01/2022-06/30/2023

Program Name: All FSP
Provider ID: Total

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Notes: - Data are cumulative across the Fiscal Year
- DCR: Data Collection and Reporting System. CCBH: Cerner Community Behavioral Health
- PAF: Partnership Assessment Form. KET: Key Event Tracking. 3M: Quarterly Assessment

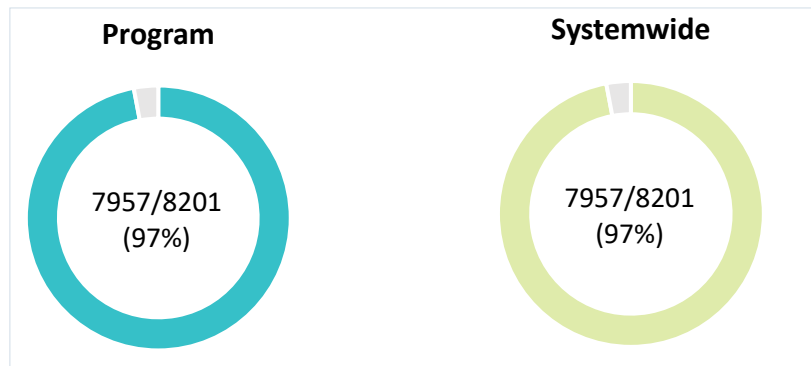
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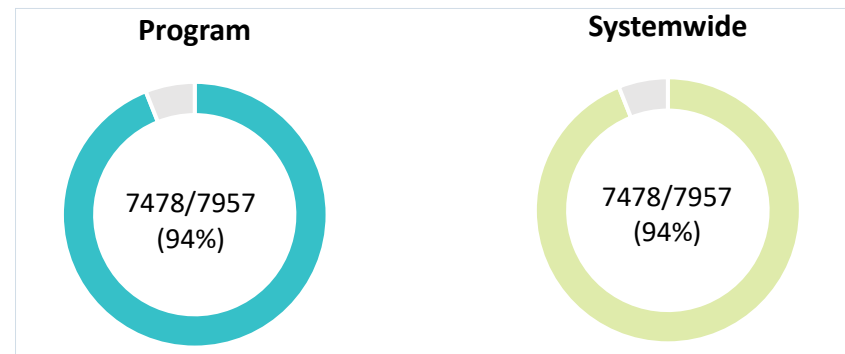
Program Name: All FSP
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DATA COMPLIANCE*

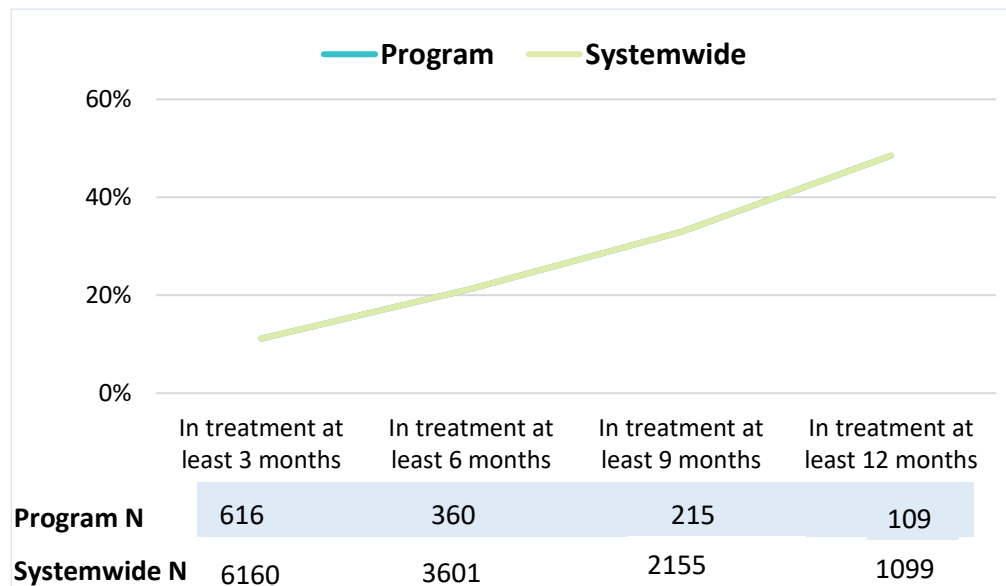
Percent of service events entered in the DCR



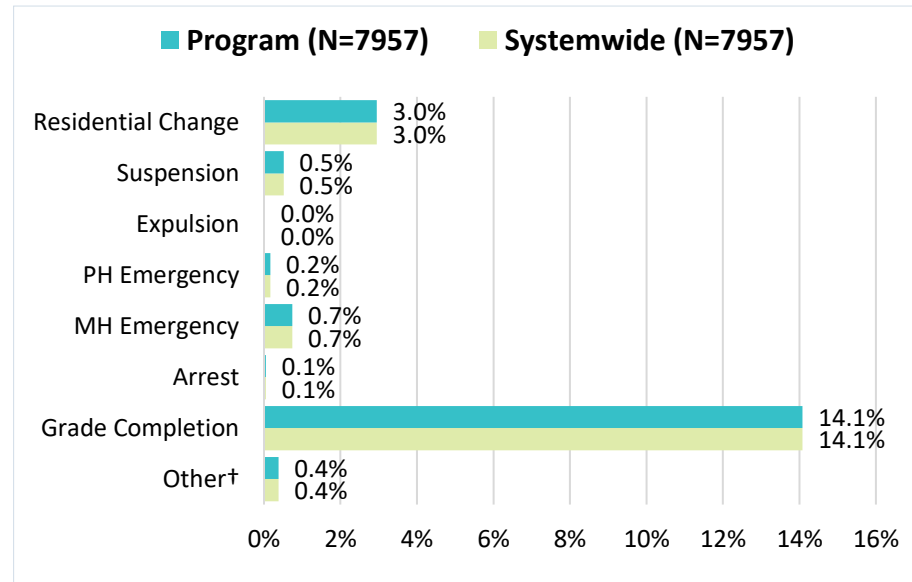
Percent of quarterly reports entered on time



Percent of clients with at least one KET submitted by the amount of time in treatment



Percent of clients with at least one KET submitted within the current FY



* Compliance data sources: CCBH, PAF, 3M and KET

† Other categories are listed in the appendix

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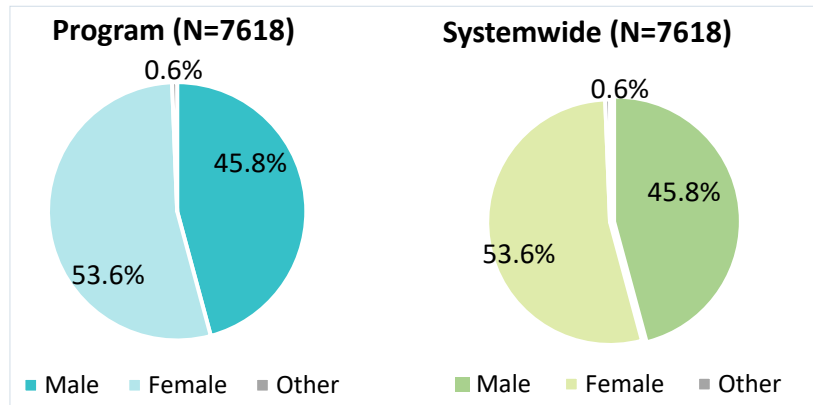
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POPULATION SERVED*

Demographics

Gender



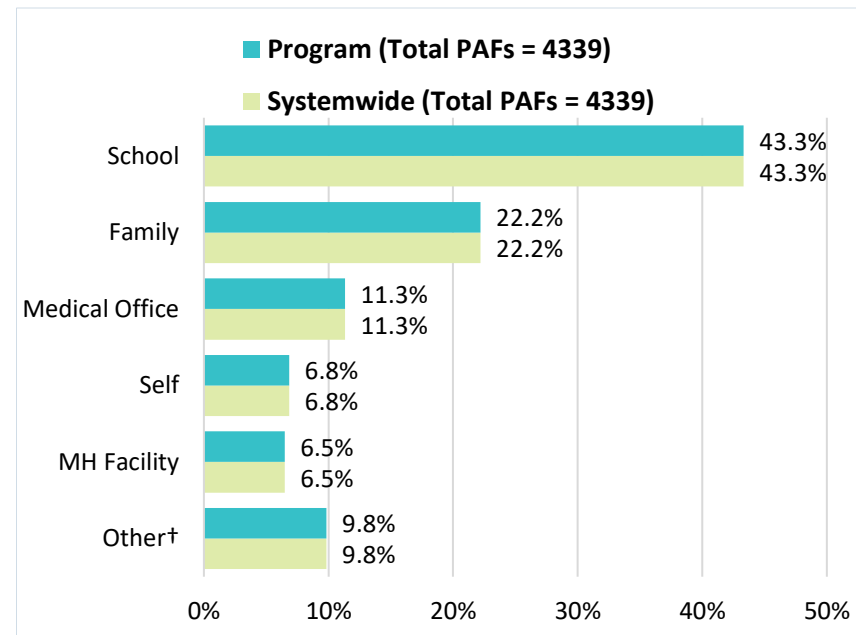
Age

Program			Systemwide		
Min	Mean	Max	Min	Mean	Max
0	11.3	21	0	11.3	21

Partnership status

	Program	Systemwide
Clients active on the first day of the FY (i.e., rollover clients)	3067	3067
Clients admitted during the FY	5355	5355
Clients discharged during the FY	4830	4830
Clients active on the last day of the reporting period	3592	3592

Referral sources (%)



* Population served data sources: CCBH and PAF

† Other categories are listed in the appendix

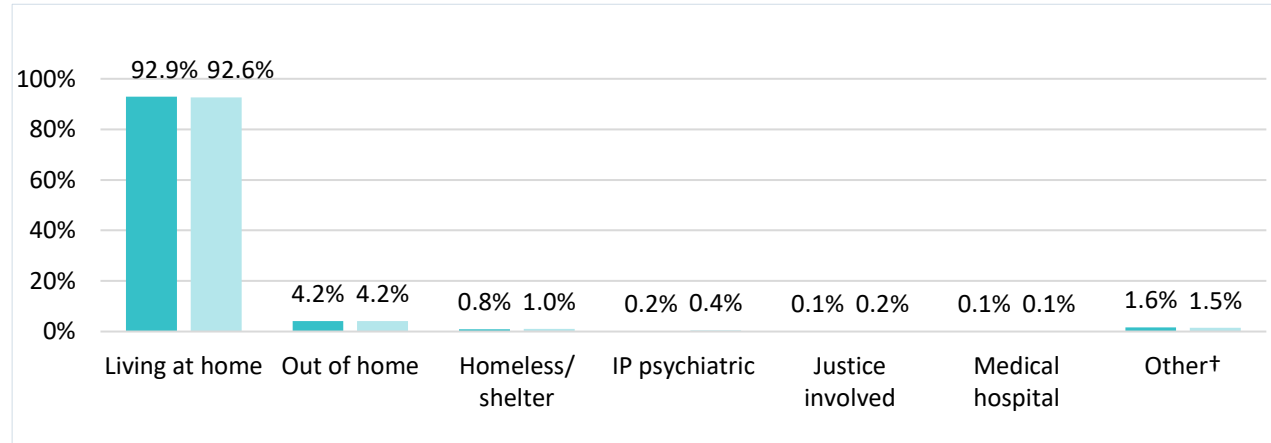
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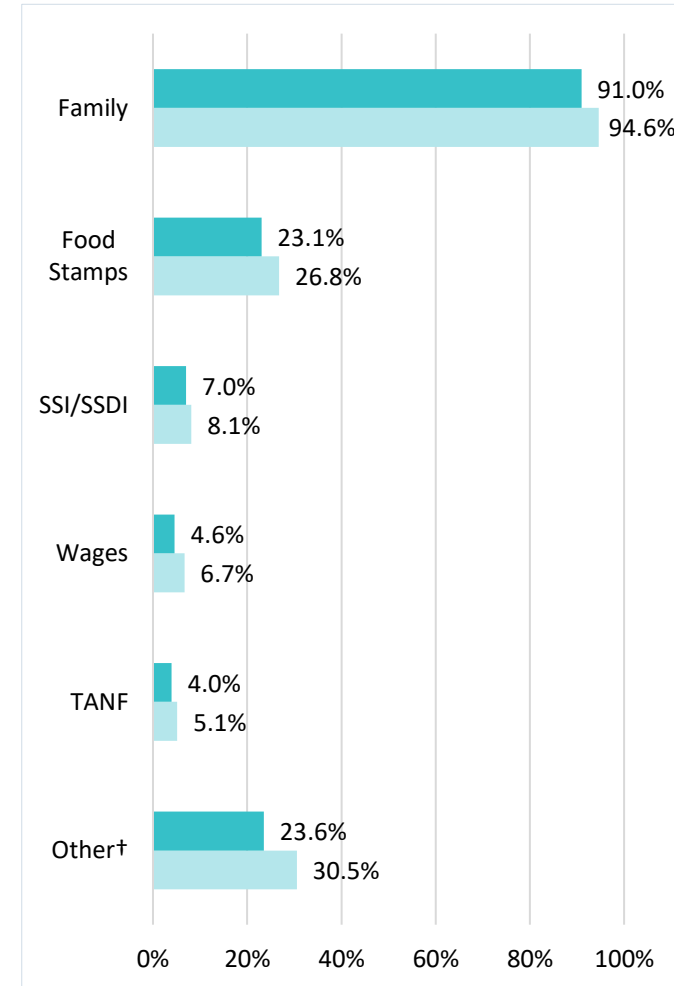
Program Name: All FSP
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OUTCOME DATA* - Program level (N= 7618 clients) ■ Intake ■ Latest

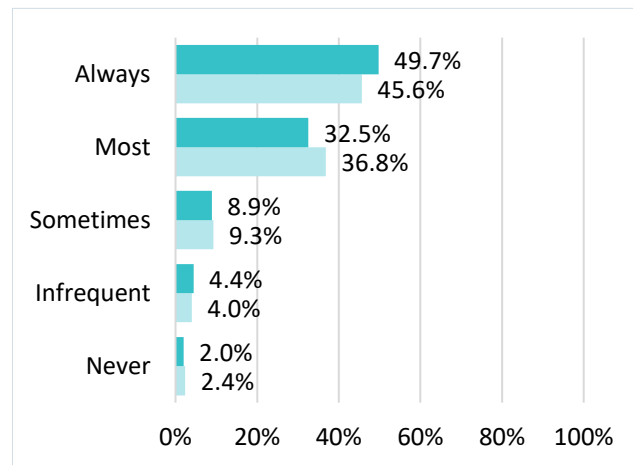
Residential Status at Intake and Latest (%)



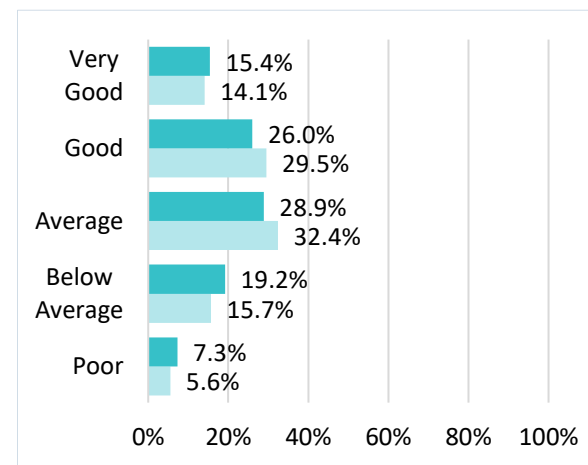
Financial Source at Intake and Latest (%)‡



Attendance at Intake and Latest (%)



Grades at Intake and Latest (%)



* Outcome data sources: PAF, 3M and KET. Changes in outcomes may be misrepresented for clients with missing PAFs, 3Ms or KET data
† Other categories are listed in the appendix

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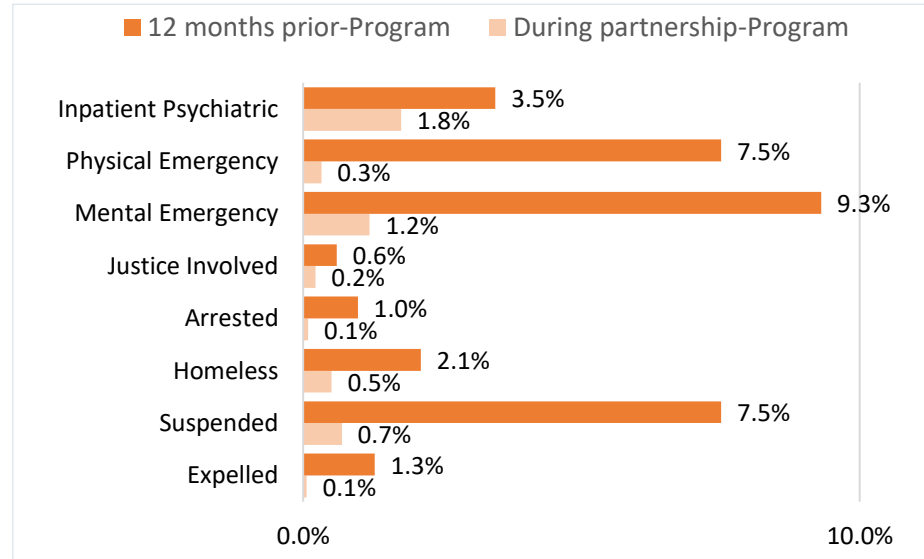
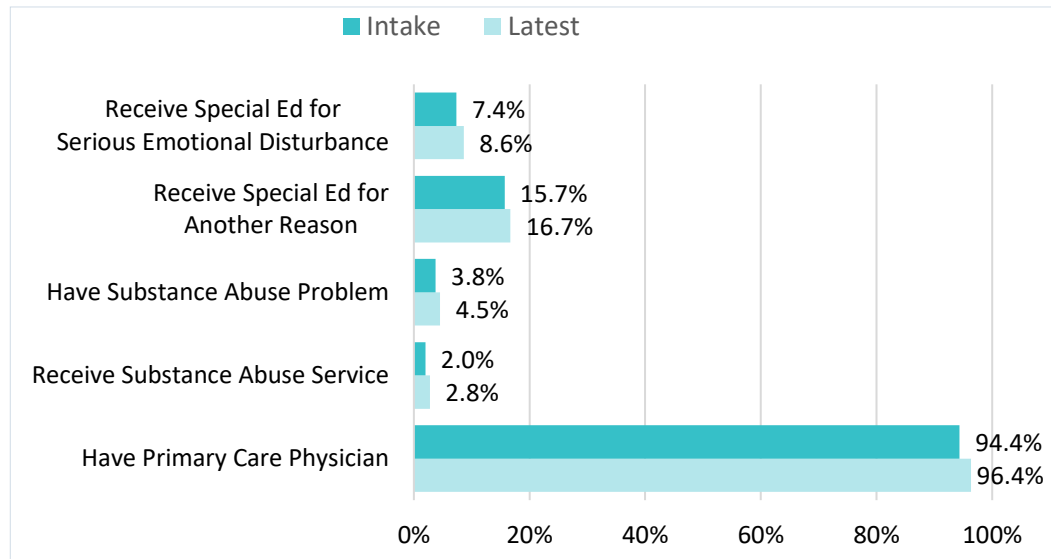
Reporting period: 07/01/2022-06/30/2023

Program Name: All FSP

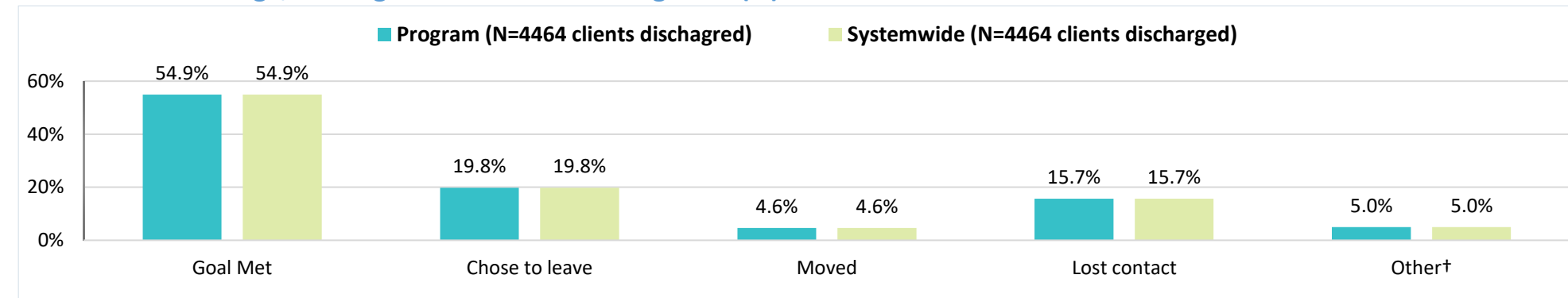
Provider ID: Total

OUTCOME DATA* - Program level (N= 7618 clients)

Risk and Protective Factors (%)



Reasons for Discharge, among Those with A Discharge KET (%)



* Outcome data source: PAF, 3M and KET. Change in outcomes may be misrepresented for clients with missing PAFs, 3Ms or KETS data

† Other categories are listed in the appendix

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APPENDIX
Data Compliance

	Program level		Systemwide level	
	#	%	#	%
Service events included in compliance outcomes*				
Service events included in compliance outcomes	8201	97.4%	8201	97.4%
Service events not included in compliance outcomes	221	2.6%	221	2.6%
Total service events	8422		8422	

* In cases where clients are served by more than one FSP program at the same time, the program where the client first received services is responsible for entering the DCR data. Compliance is only calculated for programs that are responsible for entering data in the DCR.

	#	%	#	%
Compliance - Eligible service events entered in the DCR				
Service event not entered in the DCR (i.e., non-compliant)	244	3.0%	244	3.0%
Service event entered in the DCR (i.e., compliant)	7957	97.0%	7957	97.0%
Total service events included in compliance	8201		8201	

	#	%	#	%
Quarterly reports (3Ms) submitted				
On Time	7478	94.0%	7478	94.0%
126-200 days late	332	4.2%	332	4.2%
201-365 days late	129	1.6%	129	1.6%
More than 365 days late	18	0.2%	18	0.2%
Total service events matched in the DCR	7957		7957	

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KETs submitted by time in treatment	Program level			Systemwide level		
	# of KETs submitted	# of clients in treatment	KET Submission %	# of KETs submitted	# of clients in treatment	KET Submission %
At least 3 months in treatment	686	6160	11.1%	686	6160	11.1%
At least 6 months in treatment	768	3601	21.3%	768	3601	21.3%
At least 9 months in treatment	710	2155	32.9%	710	2155	32.9%
At least 12 months in treatment	533	1099	48.5%	533	1099	48.5%

Clients with KETs submitted in the FY, by type of KET	#	%	#	%
Residential Change	235	3.0%	235	3.0%
Dependent of the Court	7	0.1%	7	0.1%
Conservatorship	5	0.1%	5	0.1%
Suspension	41	0.5%	41	0.5%
Expulsion	2	0.0%	2	0.0%
Physical Health Emergency	13	0.2%	13	0.2%
Mental Health Emergency	59	0.7%	59	0.7%
Arrest	4	0.1%	4	0.1%
Probation	8	0.1%	8	0.1%
Parole	2	0.0%	2	0.0%
Grade Completion	1120	14.1%	1120	14.1%
Setting Change	8	0.1%	8	0.1%
Total service events matched in the DCR	7957		7957	

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Population Served

Gender	Program level		Systemwide level	
	#	%	#	%
Female	4081	53.6%	4081	53.6%
Male	3489	45.8%	3489	45.8%
Other	48	0.6%	48	0.6%
Total unique clients	7618		7618	

Age	#	#
Average Age	11.3	11.3
Age Range	0-21	0-21

Partnership Status	#	%	#	%
Clients open on the first day of the FY	3067	36.4%	3067	36.4%
Clients admitted during the FY	5355	63.6%	5355	63.6%
Clients discharged during the FY	4830	57.3%	4830	57.3%
Clients open on the last day of the reporting period	3592	42.7%	3592	42.7%
Average number of days clients were open in the CCBH	213.3	-	213.3	-
Total service events	8422		8422	

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Referral Sources	Program level		Systemwide level	
	#	%	#	%
Self	297	6.8%	297	6.8%
Family	963	22.2%	963	22.2%
Friend	21	0.5%	21	0.5%
School	1880	43.3%	1880	43.3%
Medical Office	491	11.3%	491	11.3%
Emergency Room	39	0.9%	39	0.9%
Mental Health Facility	281	6.5%	281	6.5%
Social Service Agency	190	4.4%	190	4.4%
Substance Abuse Facility	0	0.0%	0	0.0%
Faith-based Organization	0	0.0%	0	0.0%
Other County Agency	54	1.2%	54	1.2%
Homeless Shelter	1	0.0%	1	0.0%
Street Outreach	1	0.0%	1	0.0%
Juvenile Hall	29	0.7%	29	0.7%
Acute Psychiatric	28	0.6%	28	0.6%
Other	54	1.2%	54	1.2%
Unknown/Missing	10	0.2%	10	0.2%
Total PAFs*	4339		4339	

* Only includes new PAFS submitted during the FY

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Outcome Data

Residential Status	Program level					Systemwide level				
	Intake		Latest		Intake		Latest			
	#	%	#	%	#	%	#	%		
Living at Home	7079	92.9%	7053	92.6%	7079	92.9%	7053	92.6%		
Out of Home	320	4.2%	319	4.2%	320	4.2%	319	4.2%		
Homeless/Shelter	63	0.8%	75	1.0%	63	0.8%	75	1.0%		
Inpatient Psychiatric	17	0.2%	32	0.4%	17	0.2%	32	0.4%		
Justice Involved	4	0.1%	14	0.2%	4	0.1%	14	0.2%		
Medical Hospital	10	0.1%	11	0.1%	10	0.1%	11	0.1%		
Other Settings	36	0.5%	35	0.5%	36	0.5%	35	0.5%		
Unknown/Missing	89	1.2%	79	1.0%	89	1.2%	79	1.0%		
Total unique clients	7618		7618		7618		7618			

Financial Sources*	Program level					Systemwide level				
	Intake		Latest		Intake		Latest			
	#	%	#	%	#	%	#	%		
Family	6932	91.0%	7210	94.6%	6932	91.0%	7210	94.6%		
Wages	351	4.6%	509	6.7%	351	4.6%	509	6.7%		
Savings	153	2.0%	258	3.4%	153	2.0%	258	3.4%		
Loans	47	0.6%	61	0.8%	47	0.6%	61	0.8%		
Housing	182	2.4%	247	3.2%	182	2.4%	247	3.2%		
General Relief	299	3.9%	412	5.4%	299	3.9%	412	5.4%		
Food Stamps	1756	23.1%	2041	26.8%	1756	23.1%	2041	26.8%		
TANF	301	4.0%	391	5.1%	301	4.0%	391	5.1%		
SSI/SSDI	537	7.0%	619	8.1%	537	7.0%	619	8.1%		
Other	884	11.6%	1103	14.5%	884	11.6%	1103	14.5%		
None	230	3.0%	246	3.2%	230	3.0%	246	3.2%		
Total unique clients	7618		7618		7618		7618			

* Clients may endorse more than one financial source

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Attendance	Program level				Systemwide level			
	Intake		Latest		Intake		Latest	
	#	%	#	%	#	%	#	%
Always	3788	49.7%	3477	45.6%	3788	49.7%	3477	45.6%
Most	2477	32.5%	2802	36.8%	2477	32.5%	2802	36.8%
Sometimes	677	8.9%	707	9.3%	677	8.9%	707	9.3%
Infrequent	338	4.4%	302	4.0%	338	4.4%	302	4.0%
Never	151	2.0%	180	2.4%	151	2.0%	180	2.4%
NA/Missing	187	2.5%	150	2.0%	187	2.5%	150	2.0%
Total unique clients	7618		7618		7618		7618	

Grades	Program level				Systemwide level			
	Intake		Latest		Intake		Latest	
	#	%	#	%	#	%	#	%
Very Good	1175	15.4%	1075	14.1%	1175	15.4%	1075	14.1%
Good	1979	26.0%	2248	29.5%	1979	26.0%	2248	29.5%
Average	2199	28.9%	2470	32.4%	2199	28.9%	2470	32.4%
Below Average	1463	19.2%	1194	15.7%	1463	19.2%	1194	15.7%
Poor	555	7.3%	424	5.6%	555	7.3%	424	5.6%
NA/Missing	247	3.2%	207	2.7%	247	3.2%	207	2.7%
Total unique clients	7618		7618		7618		7618	

Risk and protective factors	Program level				Systemwide level			
	Intake		Latest		Intake		Latest	
	#	%	#	%	#	%	#	%
Receive Special Ed for Serious Emotional Disturbance	561	7.4%	657	8.6%	561	7.4%	657	8.6%
Receive Special Ed for Another Reason	1195	15.7%	1272	16.7%	1195	15.7%	1272	16.7%
Have Substance Abuse Problem	286	3.8%	346	4.5%	286	3.8%	346	4.5%
Receive Substance Abuse Service	151	2.0%	211	2.8%	151	2.0%	211	2.8%
Have Primary Care Physician	7189	94.4%	7341	96.4%	7189	94.4%	7341	96.4%
Total unique clients	7618		7618		7618		7618	

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Risk and protective factors	Program level				Systemwide level			
	12 Months Prior		During Partnership		12 Months Prior		During Partnership	
	#	%	#	%	#	%	#	%
Expelled	98	1.3%	5	0.1%	98	1.3%	5	0.1%
Suspended	572	7.5%	53	0.7%	572	7.5%	53	0.7%
Homeless	161	2.1%	39	0.5%	161	2.1%	39	0.5%
Arrested	75	1.0%	7	0.1%	75	1.0%	7	0.1%
Justice Involved	46	0.6%	17	0.2%	46	0.6%	17	0.2%
Mental Health Emergency	709	9.3%	91	1.2%	709	9.3%	91	1.2%
Physical Health Emergency	572	7.5%	25	0.3%	572	7.5%	25	0.3%
Inpatient Psychiatric	263	3.5%	134	1.8%	263	3.5%	134	1.8%
Total unique clients	7618		7618		7618		7618	

Reasons for discharge, among those with a Discharge KET	Program level		Systemwide level	
	#	%	#	%
Goal Met	2450	54.9%	2450	54.9%
Target Criteria Not Met	100	2.2%	100	2.2%
Chose to Leave	886	19.8%	886	19.8%
Moved	205	4.6%	205	4.6%
Lost Contact	699	15.7%	699	15.7%
Placed In An Institution	33	0.7%	33	0.7%
Jail/Juvenile Hall/DJJ	17	0.4%	17	0.4%
Deceased	3	0.1%	3	0.1%
Unknown/Missing	71	1.6%	71	1.6%
Total unique clients with a discharge KET	4464		4464	

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School-based program: No

Attendance Performance Outcome Objectives for the QSR*

Number	OUTCOME OBJECTIVES	YTD Results†		
		%	X of Y	
1	Academic performance compliance rates			
a)	At discharge, 95% of clients between the ages of 5 and 18, whose episode lasted 120 days or longer have school attendance data available for both the initial and most recent quarterly (3M) assessment	80.95%	2,359	2,914
b)	Please provide explanation below if compliance rate is below 95% :			
2	Percent of clients that had sustained “high” academic performance or improved academic performance between intake and discharge - “High” School Attendance Sustained: Clients who had ratings of “Always attends school (never truant)” or “Attends school most of the time” at both the initial assessment and the last quarterly (3M) assessment. - “Low” School Attendance Sustained: Clients who had the same ratings of “Sometimes attends school “Infrequently attends school”, or “Never attends school” at both the initial assessment and the last quarterly (3M) assessment. - School Attendance Improved: Clients who had any improvement in attendance ratings between the initial assessment and the last quarterly (3M) assessment (e.g., moving from a rating of “Never attends school” to “Infrequently attends school”). - School Attendance Declined: Clients who had any decline in attendance ratings between the initial assessment and the last quarterly (3M) assessment (e.g., moving from a rating of “Infrequently attends school” to “Never attends school”).			
a)	“High” School Attendance Sustained (2 or fewer unexcused absences a month)	79.4%	1872	2359
b)	“Low” School Attendance Sustained (3 or more unexcused absences a month)	4.4%	103	2359
c)	School Attendance Improved (movement on the 5-point rating scale)	8.7%	206	2359
d)	School Attendance Declined (movement on the 5-point rating scale)	7.5%	178	2359
	TOTAL	100.0%	2359	2359

* This table reflects cumulative FY 2022-23 DCR data and may be used to populate the Q1 FY 2023-24 "Academic Outcome" requirements for the QSR. Please note, not all programs are required to enter these data in the QSR.

† Year-to-Date (YTD) Results are calculated using data submitted to DCR/CCBH in FY 2022-23. Outcomes are calculated for clients who meet the following eligibility criteria: (a) Discharged within the current fiscal year; (b) In services for at least 120 days; (c) Between the ages of 5 and 18; (d) Served by a primary program (i.e., ancillary programs are excluded); (e) Eligible to receive a Partnership Assessment Form (PAF) assessment at intake.

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Academic Performance Outcome Objectives for the QSR*

Number	OUTCOME OBJECTIVES	YTD Results†		
		%	X of Y	
1	Academic performance compliance rates			
a)	At discharge, 95% of clients whose episode lasted 120 days or longer have academic performance data available for both the initial and most recent quarterly (3M) assessment	80.85%	2,356	2,914
b)	Please provide explanation below if compliance rate is below 95% :			
2	Percent of clients that had sustained “high” academic performance or improved academic performance between intake and discharge - “High” Academic Performance Sustained: Clients who had academic ratings of “Very Good” or “Good” at both the initial assessment and the last quarterly (3M) assessment. - “Average” Performance Sustained: Clients who had the same rating of “Average” at both the initial assessment and the last quarterly (3M) assessment. - “Low” Performance Sustained: Clients who had the same academic ratings of “Below Average”, or “Poor” at both the initial assessment and the last quarterly (3M) assessment - Academic Performance Improved: Clients who had any improvement in academic ratings between the initial assessment and the last quarterly (3M) assessment (e.g., moving from a rating of “Below Average” to “Average”). - Academic Performance Declined: Clients who had any decline in academic ratings between the initial assessment and the last quarterly (3M) assessment (e.g., moving from a rating of “Average” to “Below Average”).			
a)	“High” Academic Performance Sustained (grades of “As”, “Bs”, or equivalent)	33.8%	797	2356
b)	“Average” Academic Performance Sustained (grades of “Cs or equivalent)	14.9%	352	2356
c)	“Low” Academic Performance Sustained (grades of “Ds”, “Fs” or equivalent)	9.1%	214	2356
d)	Academic Performance Improved (movement on the 5-point rating scale)	27.2%	641	2356
e)	Academic Performance Declined (movement on the 5-point rating scale)	14.9%	352	2356
	TOTAL	100.0%	2356	2356

* This table reflects cumulative FY 2022-23 DCR data and may be used to populate the Q1 FY 2023-24 "Academic Outcome" requirements for the QSR. Please note, not all programs are required to enter these data in the QSR.

† Year-to-Date (YTD) Results are calculated using data submitted to DCR/CCBH in FY 2022-23. Outcomes are calculated for clients who meet the following eligibility criteria: (a) Discharged within the current fiscal year; (b) In services for at least 120 days; (c) Between the ages of 5 and 18; (d) Served by a primary program (i.e., ancillary programs are excluded); (e) Eligible to receive a Partnership Assessment Form (PAF) assessment at intake.