

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

Reporting period: 07/01/2023-09/30/2023

Program Name: All FSP
Provider ID: Total

Table of Contents

Dashboard	
Page 2	Data Compliance Service events entered in the DCR Quarterly reports entered on time KETs submitted by time in treatment KETs submitted during reporting period
Page 3	Population Served Demographics Partnership status Referral sources
Pages 4 - 5	Outcome Data Residential status Financial source Attendance Grades Risk and Protective factors Reason for discharge
Appendix	
Pages 6 - 12	Data Tables

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

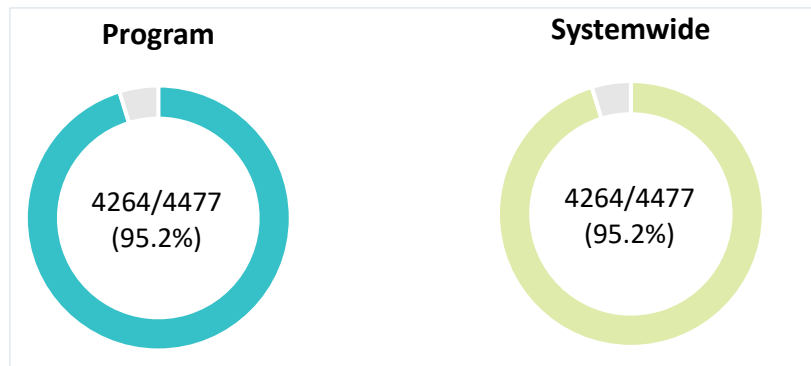
Children, Youth and Families FSP Dashboard and Report

Reporting period: 07/01/2023-09/30/2023

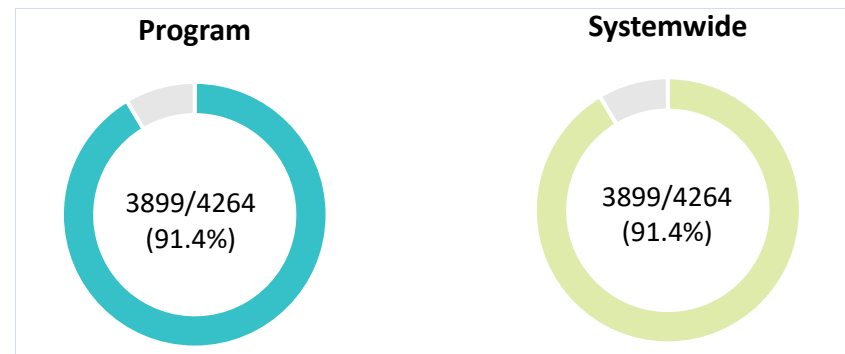
Program Name: All FSP
Provider ID: Total

DATA COMPLIANCE*

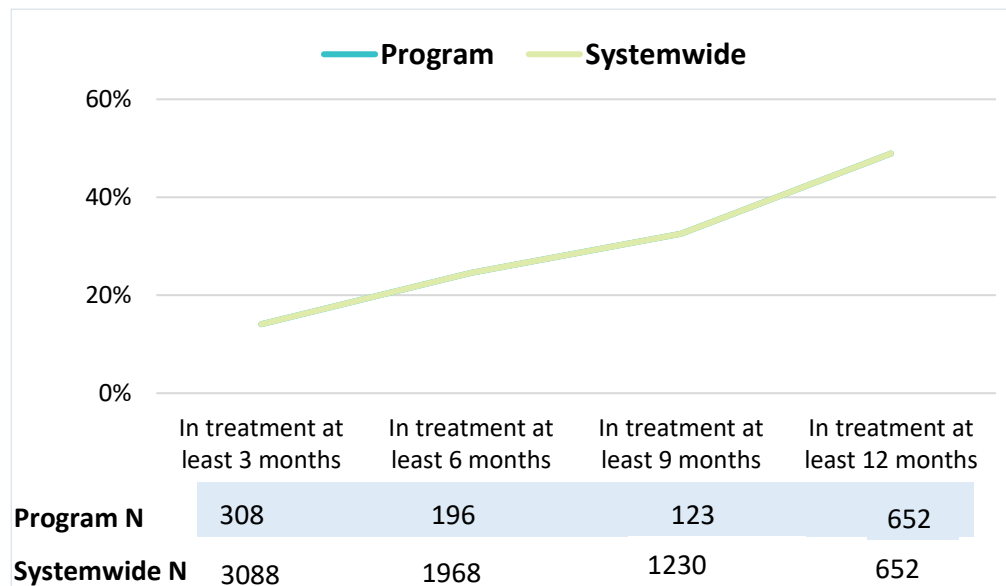
Percent of service events entered in the DCR



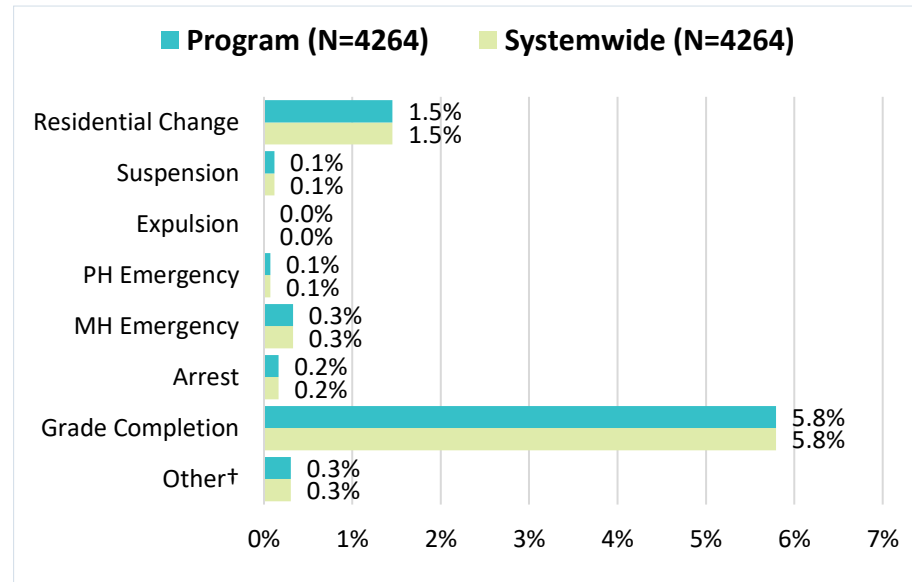
Percent of quarterly reports entered on time



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

Children, Youth and Families FSP Dashboard and Report

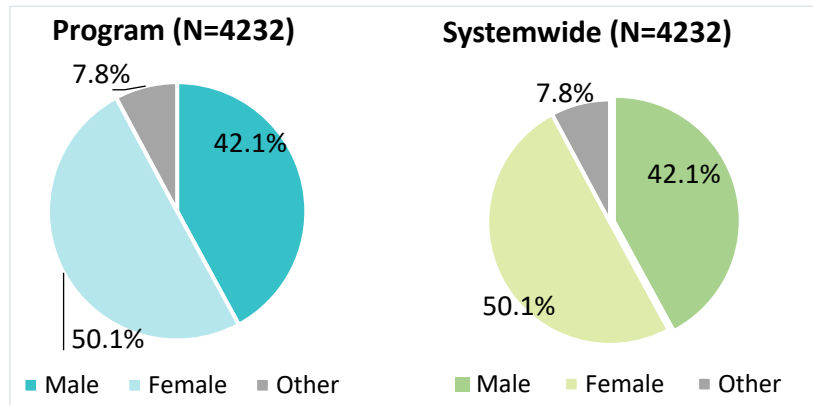
Reporting period: 07/01/2023-09/30/2023

Program Name: All FSP
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POPULATION SERVED*

Demographics

Gender



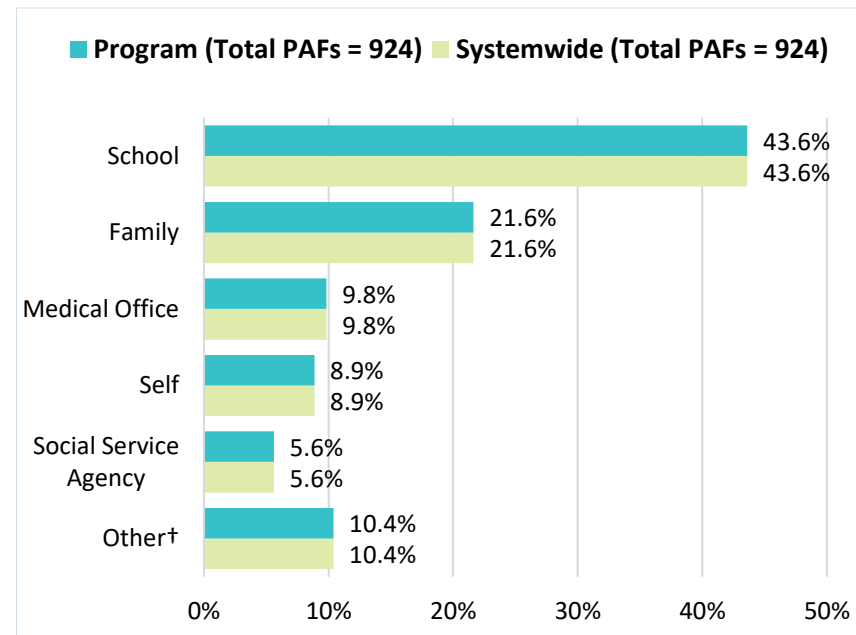
Age

Program			Systemwide		
Min	Mean	Max	Min	Mean	Max
0	11.8	21	0	11.8	21

Partnership status

	Program	Systemwide
Clients active on the first day of the FY (i.e., rollover clients)	3378	3378
Clients admitted during the FY	1196	1196
Clients discharged during the FY	1215	1215
Clients active on the last day of the reporting period	3359	3359

Referral sources (%)



* Population served data sources: CCBH and PAF

† Other categories are listed in the appendix

Beginning Q1 FY 23-24, current gender is reported instead of sex at birth

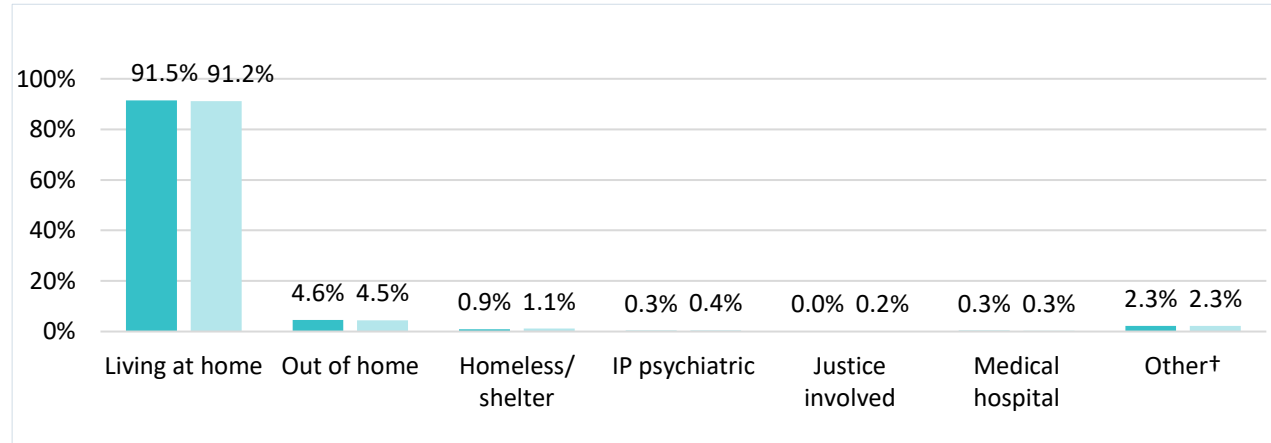
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Reporting period: 07/01/2023-09/30/2023

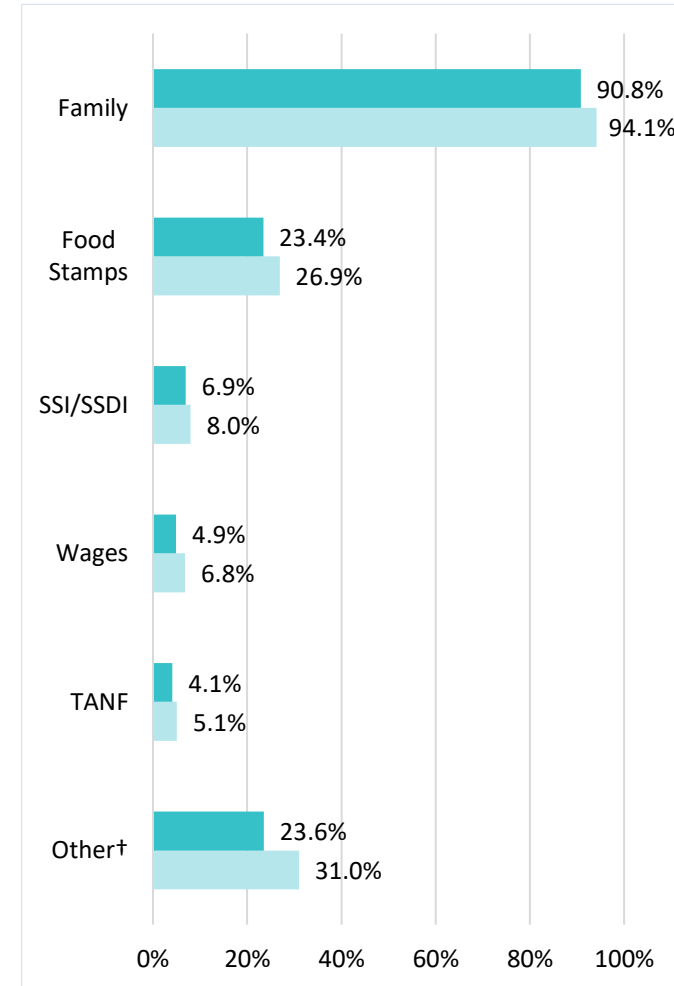
Program Name: All FSP
Provider ID: Total

OUTCOME DATA* - Program level (N= 4232 clients) ■ Intake ■ Latest

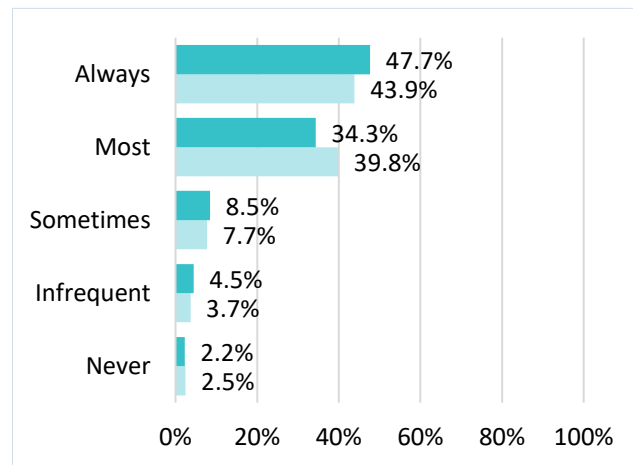
Residential Status at Intake and Latest (%)



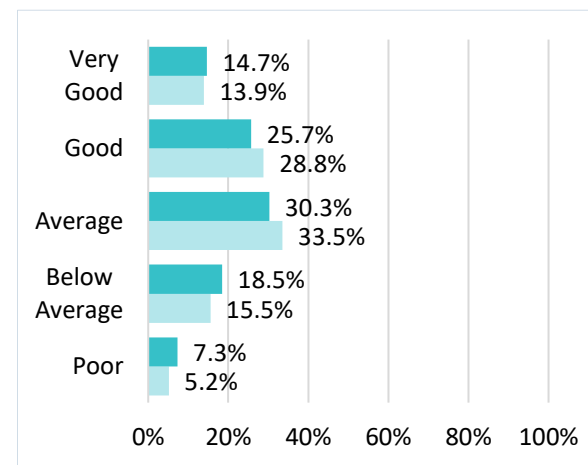
Financial Source at Intake and Latest (%)‡



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

Children, Youth and Families FSP Dashboard and Report

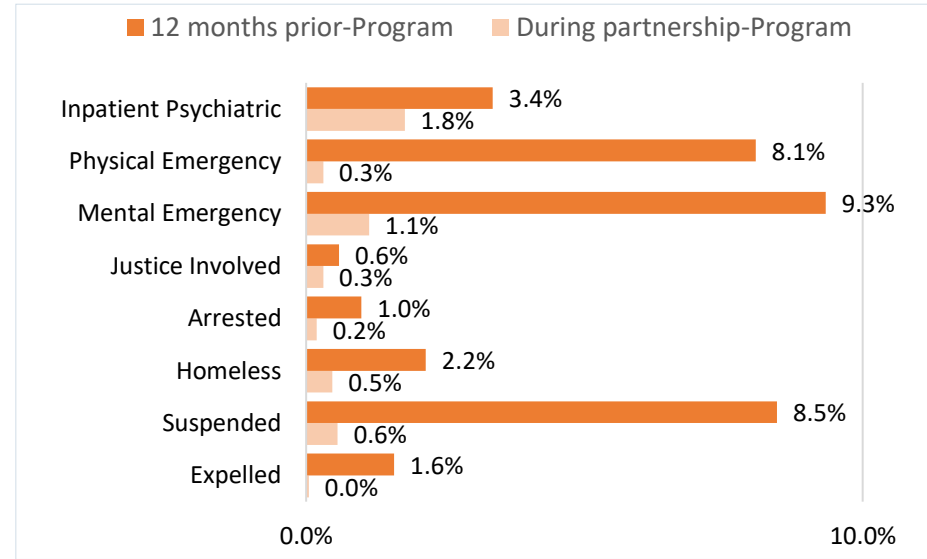
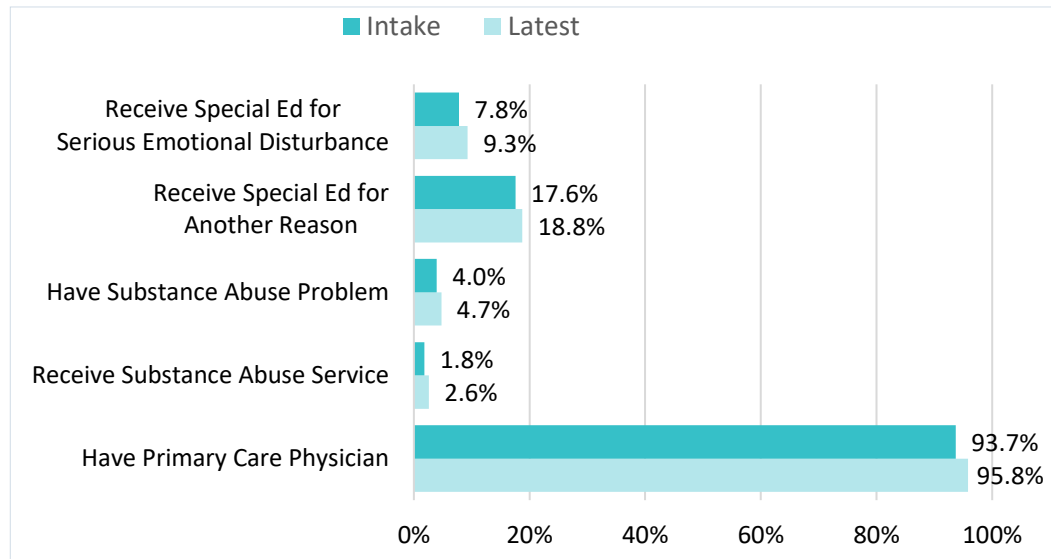
Reporting period: 07/01/2023-09/30/2023

Program Name: All FSP

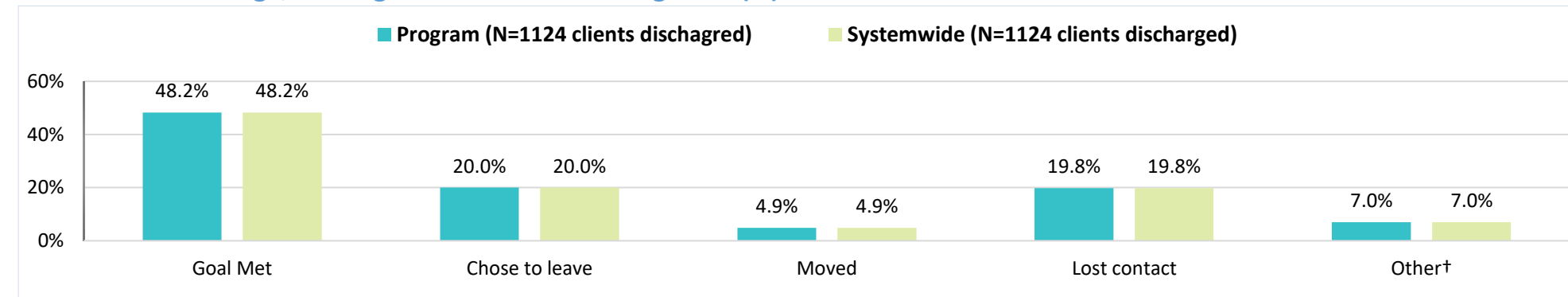
Provider ID: Total

OUTCOME DATA* - Program level (N= 4232 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	4477	97.9%	4477	97.9%
Service events not included in compliance outcomes	97	2.1%	97	2.1%
Total service events	4574		4574	

* 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)	213	4.8%	213	4.8%
Service event entered in the DCR (i.e., compliant)	4264	95.2%	4264	95.2%
Total service events included in compliance	4477		4477	

Quarterly reports (3Ms) submitted	#	%	#	%
On Time	3899	91.4%	3899	91.4%
126-200 days late	240	5.6%	240	5.6%
201-365 days late	107	2.5%	107	2.5%
More than 365 days late	18	0.4%	18	0.4%
Total service events matched in the DCR	4264		4264	

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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	435	3088	14.1%	435	3088	14.1%
At least 6 months in treatment	483	1968	24.5%	483	1968	24.5%
At least 9 months in treatment	400	1230	32.5%	400	1230	32.5%
At least 12 months in treatment	319	652	48.9%	319	652	48.9%

Clients with KETs submitted in the FY, by type of KET	#	%	#	%
Residential Change	62	1.5%	62	1.5%
Dependent of the Court	3	0.1%	3	0.1%
Conservatorship	2	0.0%	2	0.0%
Suspension	5	0.1%	5	0.1%
Expulsion	0	0.0%	0	0.0%
Physical Health Emergency	3	0.1%	3	0.1%
Mental Health Emergency	14	0.3%	14	0.3%
Arrest	7	0.2%	7	0.2%
Probation	5	0.1%	5	0.1%
Parole	3	0.1%	3	0.1%
Grade Completion	247	5.8%	247	5.8%
Setting Change	0	0.0%	0	0.0%
Total service events matched in the DCR	4264		4264	

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Population Served

Gender	Program level		Systemwide level	
	#	%	#	%
Female	2120	50.1%	2120	50.1%
Male	1780	42.1%	1780	42.1%
Other	332	7.8%	332	7.8%
Total unique clients	4232		4232	

Age	#	#
Average Age	11.8	11.8
Age Range	0-21	0-21

Partnership Status	#	%	#	%
Clients open on the first day of the FY	3378	73.9%	3378	73.9%
Clients admitted during the FY	1196	26.1%	1196	26.1%
Clients discharged during the FY	1215	26.6%	1215	26.6%
Clients open on the last day of the reporting period	3359	73.4%	3359	73.4%
Average number of days clients were open in the CCBH	208.7	-	208.7	-
Total service events	4574		4574	

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Referral Sources	Program level		Systemwide level	
	#	%	#	%
Self	82	8.9%	82	8.9%
Family	200	21.6%	200	21.6%
Friend	6	0.6%	6	0.6%
School	403	43.6%	403	43.6%
Medical Office	91	9.8%	91	9.8%
Emergency Room	6	0.6%	6	0.6%
Mental Health Facility	48	5.2%	48	5.2%
Social Service Agency	52	5.6%	52	5.6%
Substance Abuse Facility	2	0.2%	2	0.2%
Faith-based Organization	1	0.1%	1	0.1%
Other County Agency	7	0.8%	7	0.8%
Homeless Shelter	0	0.0%	0	0.0%
Street Outreach	0	0.0%	0	0.0%
Juvenile Hall	9	1.0%	9	1.0%
Acute Psychiatric	8	0.9%	8	0.9%
Other	7	0.8%	7	0.8%
Unknown/Missing	2	0.2%	2	0.2%
Total PAFs*	924		924	

* 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	3873	91.5%	3859	91.2%	3873	91.5%	3859	91.2%
Out of Home	195	4.6%	189	4.5%	195	4.6%	189	4.5%
Homeless/Shelter	39	0.9%	48	1.1%	39	0.9%	48	1.1%
Inpatient Psychiatric	13	0.3%	19	0.4%	13	0.3%	19	0.4%
Justice Involved	2	0.0%	9	0.2%	2	0.0%	9	0.2%
Medical Hospital	13	0.3%	11	0.3%	13	0.3%	11	0.3%
Other Settings	19	0.4%	19	0.4%	19	0.4%	19	0.4%
Unknown/Missing	78	1.8%	78	1.8%	78	1.8%	78	1.8%
Total unique clients	4232		4232		4232		4232	

Financial Sources*	Program level				Systemwide level			
	Intake		Latest		Intake		Latest	
	#	%	#	%	#	%	#	%
Family	3843	90.8%	3983	94.1%	3843	90.8%	3983	94.1%
Wages	208	4.9%	288	6.8%	208	4.9%	288	6.8%
Savings	78	1.8%	143	3.4%	78	1.8%	143	3.4%
Loans	33	0.8%	43	1.0%	33	0.8%	43	1.0%
Housing	97	2.3%	136	3.2%	97	2.3%	136	3.2%
General Relief	166	3.9%	227	5.4%	166	3.9%	227	5.4%
Food Stamps	991	23.4%	1139	26.9%	991	23.4%	1139	26.9%
TANF	173	4.1%	215	5.1%	173	4.1%	215	5.1%
SSI/SSDI	293	6.9%	337	8.0%	293	6.9%	337	8.0%
Other	480	11.3%	600	14.2%	480	11.3%	600	14.2%
None	143	3.4%	164	3.9%	143	3.4%	164	3.9%
Total unique clients	4232		4232		4232		4232	

* Clients may endorse more than one financial source

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Attendance	Program level				Systemwide level			
	Intake		Latest		Intake		Latest	
	#	%	#	%	#	%	#	%
Always	2018	47.7%	1857	43.9%	2018	47.7%	1857	43.9%
Most	1452	34.3%	1686	39.8%	1452	34.3%	1686	39.8%
Sometimes	359	8.5%	327	7.7%	359	8.5%	327	7.7%
Infrequent	189	4.5%	156	3.7%	189	4.5%	156	3.7%
Never	95	2.2%	104	2.5%	95	2.2%	104	2.5%
NA/Missing	119	2.8%	102	2.4%	119	2.8%	102	2.4%
Total unique clients	4232		4232		4232		4232	

Grades	Program level				Systemwide level			
	Intake		Latest		Intake		Latest	
	#	%	#	%	#	%	#	%
Very Good	622	14.7%	589	13.9%	622	14.7%	589	13.9%
Good	1087	25.7%	1220	28.8%	1087	25.7%	1220	28.8%
Average	1281	30.3%	1419	33.5%	1281	30.3%	1419	33.5%
Below Average	781	18.5%	658	15.5%	781	18.5%	658	15.5%
Poor	310	7.3%	218	5.2%	310	7.3%	218	5.2%
NA/Missing	151	3.6%	128	3.0%	151	3.6%	128	3.0%
Total unique clients	4232		4232		4232		4232	

Risk and protective factors	Program level				Systemwide level			
	Intake		Latest		Intake		Latest	
	#	%	#	%	#	%	#	%
Receive Special Ed for Serious Emotional Disturbance	330	7.8%	394	9.3%	330	7.8%	394	9.3%
Receive Special Ed for Another Reason	744	17.6%	794	18.8%	744	17.6%	794	18.8%
Have Substance Abuse Problem	168	4.0%	201	4.7%	168	4.0%	201	4.7%
Receive Substance Abuse Service	78	1.8%	109	2.6%	78	1.8%	109	2.6%
Have Primary Care Physician	3965	93.7%	4055	95.8%	3965	93.7%	4055	95.8%
Total unique clients	4232		4232		4232		4232	

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Risk and protective factors	Program level				Systemwide level			
	12 Months Prior		During Partnership		12 Months Prior		During Partnership	
	#	%	#	%	#	%	#	%
Expelled	67	1.6%	2	0.0%	67	1.6%	2	0.0%
Suspended	358	8.5%	24	0.6%	358	8.5%	24	0.6%
Homeless	91	2.2%	20	0.5%	91	2.2%	20	0.5%
Arrested	42	1.0%	8	0.2%	42	1.0%	8	0.2%
Justice Involved	25	0.6%	13	0.3%	25	0.6%	13	0.3%
Mental Health Emergency	395	9.3%	48	1.1%	395	9.3%	48	1.1%
Physical Health Emergency	342	8.1%	13	0.3%	342	8.1%	13	0.3%
Inpatient Psychiatric	142	3.4%	75	1.8%	142	3.4%	75	1.8%
Total unique clients	4232		4232		4232		4232	

Reasons for discharge, among those with a Discharge KET	Program level		Systemwide level	
	#	%	#	%
Goal Met	542	48.2%	542	48.2%
Target Criteria Not Met	17	1.5%	17	1.5%
Chose to Leave	225	20.0%	225	20.0%
Moved	55	4.9%	55	4.9%
Lost Contact	223	19.8%	223	19.8%
Placed In An Institution	5	0.4%	5	0.4%
Jail/Juvenile Hall/DJJ	2	0.2%	2	0.2%
Deceased	0	0.0%	0	0.0%
Unknown/Missing	55	4.9%	55	4.9%
Total unique clients with a discharge KET	1124		1124	

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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	77.60%	589	759
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)	80.5%	474	589
b)	“Low” School Attendance Sustained (3 or more unexcused absences a month)	4.1%	24	589
c)	School Attendance Improved (movement on the 5-point rating scale)	7.3%	43	589
d)	School Attendance Declined (movement on the 5-point rating scale)	8.1%	48	589
	TOTAL	100.0%	589	589

* This table reflects cumulative FY 2023-24 DCR data and may be used to populate the Q2 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 2023-24. 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	77.08%	585	759
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)	31.6%	185	585
b)	“Average” Academic Performance Sustained (grades of “Cs or equivalent)	15.4%	90	585
c)	“Low” Academic Performance Sustained (grades of “Ds”, “Fs” or equivalent)	8.7%	51	585
d)	Academic Performance Improved (movement on the 5-point rating scale)	26.2%	153	585
e)	Academic Performance Declined (movement on the 5-point rating scale)	18.1%	106	585
	TOTAL	100.0%	585	585

* This table reflects cumulative FY 2023-24 DCR data and may be used to populate the Q2 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 2023-24. 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.