

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

Reporting period: 07/01/2023-12/31/2023

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

Children, Youth and Families FSP Dashboard and Report

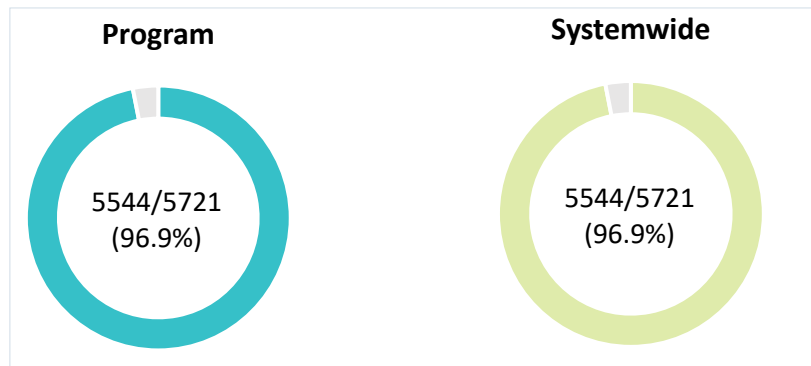
Reporting period: 07/01/2023-12/31/2023

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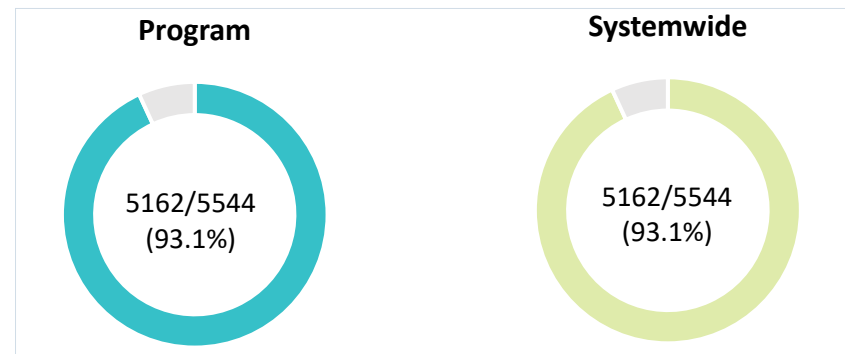
Provider ID: Total

DATA COMPLIANCE*

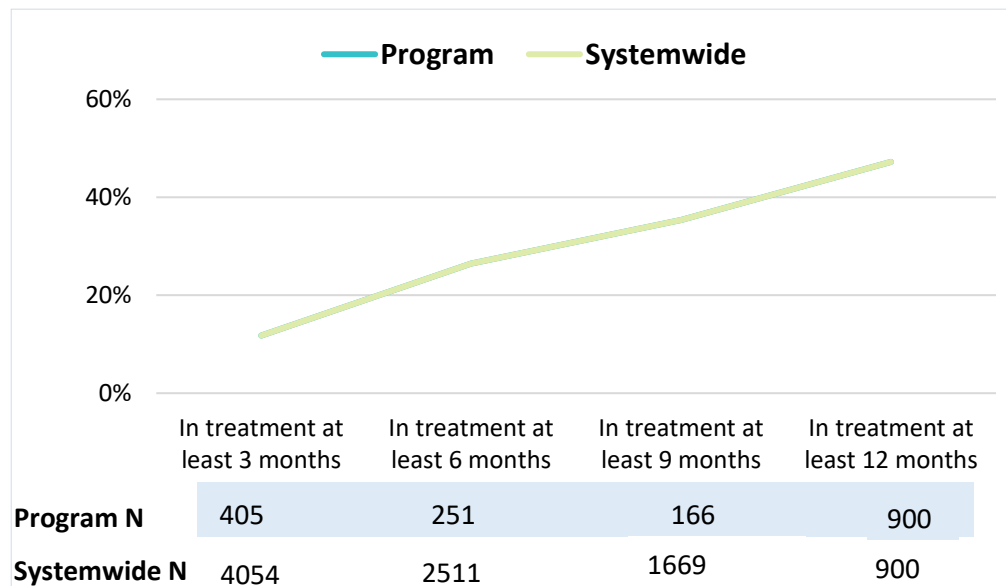
Percent of service events entered in the DCR



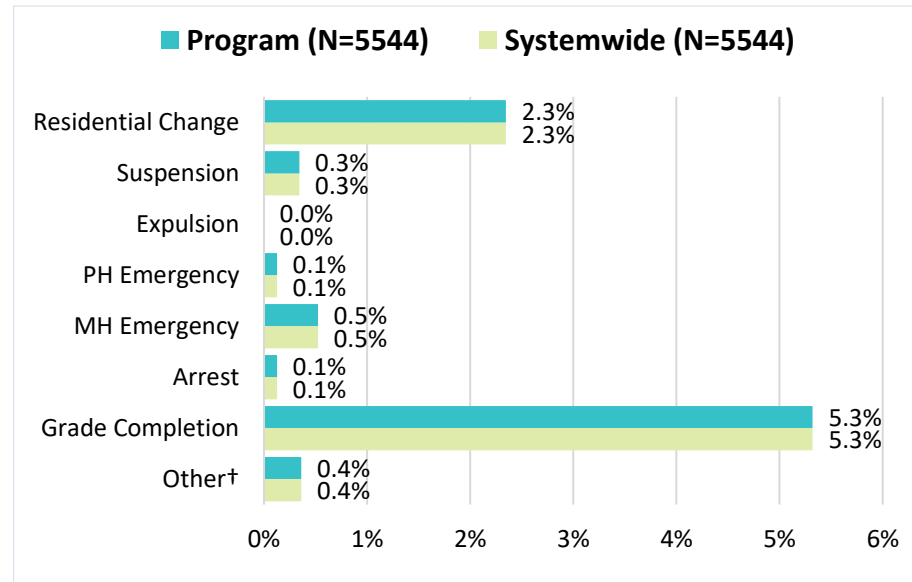
Percent of quarterly reports entered on time



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

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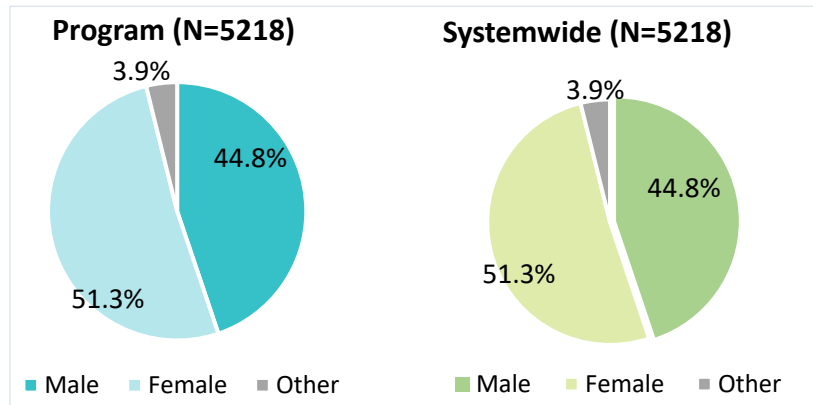
Reporting period: 07/01/2023-12/31/2023

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POPULATION SERVED*

Demographics

Gender



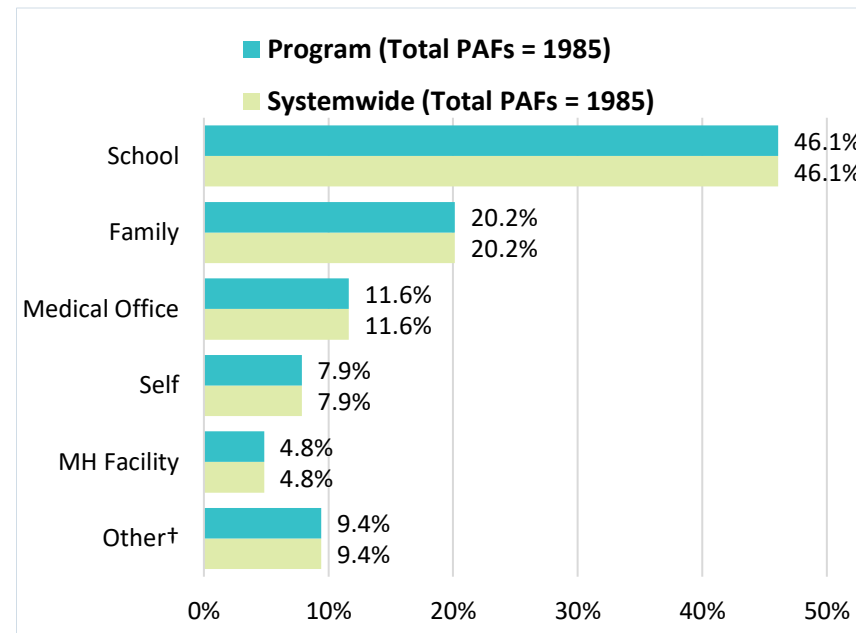
Age

Program			Systemwide		
Min	Mean	Max	Min	Mean	Max
0	11.5	21	0	11.5	21

Partnership status

	Program	Systemwide
Clients active on the first day of the FY (i.e., rollover clients)	3356	3356
Clients admitted during the FY	2489	2489
Clients discharged during the FY	2318	2318
Clients active on the last day of the reporting period	3527	3527

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

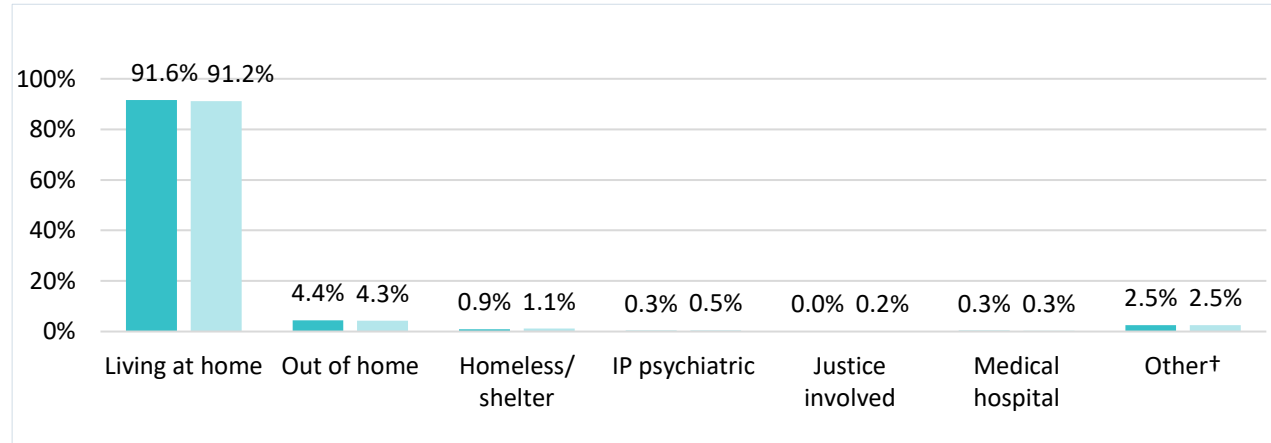
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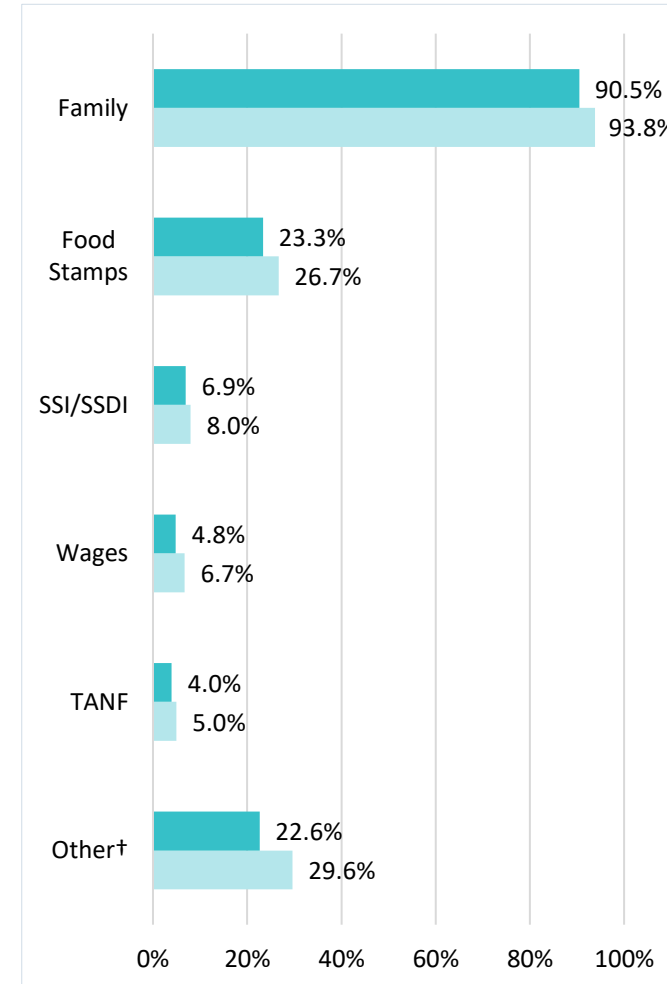
Program Name: All FSP
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OUTCOME DATA* - Program level (N= 5427 clients) ■ Intake ■ Latest

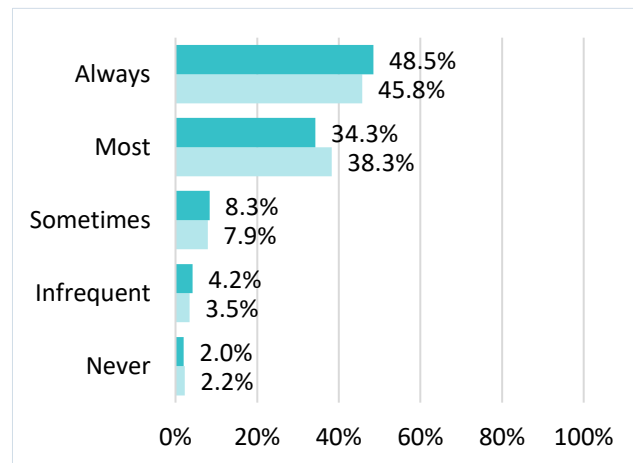
Residential Status at Intake and Latest (%)



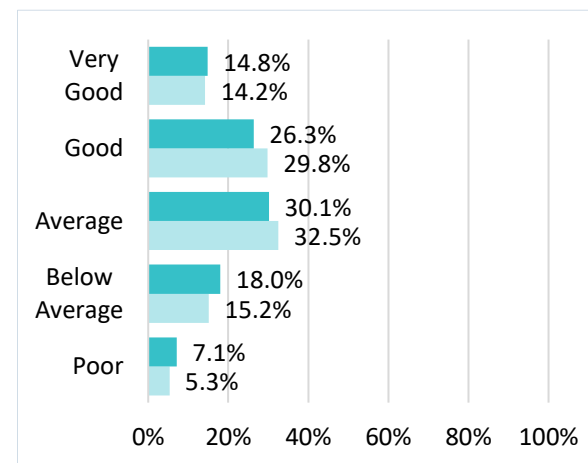
Financial Source at Intake and Latest (%)‡



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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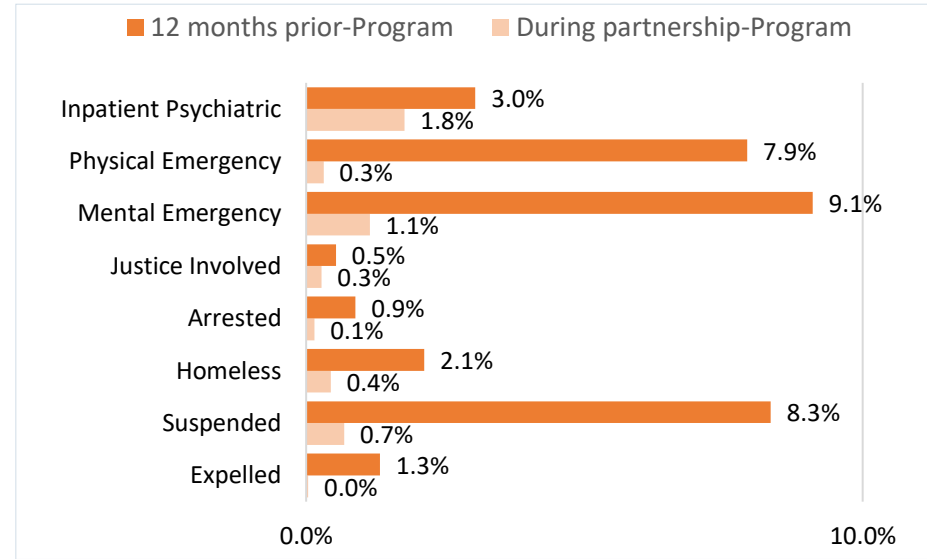
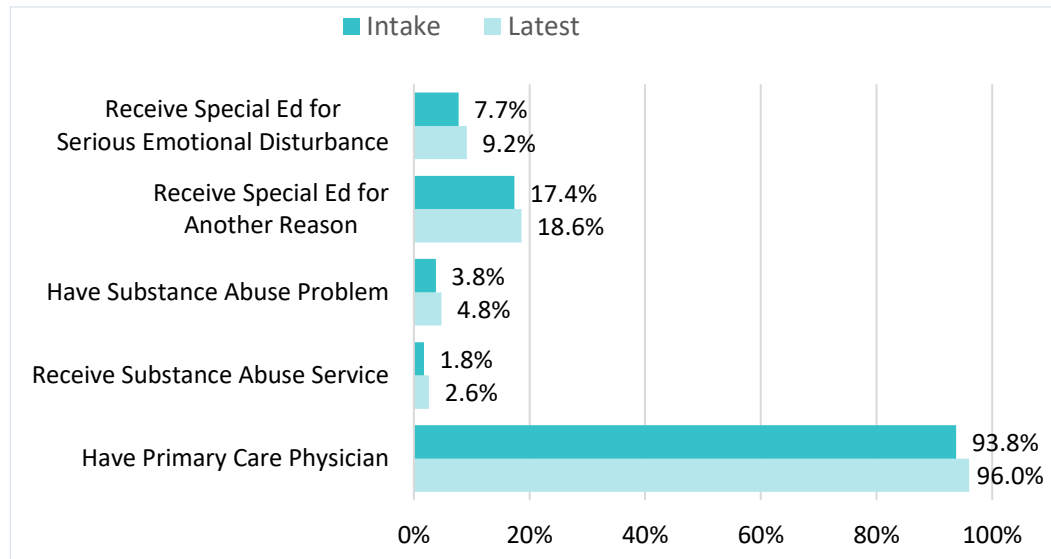
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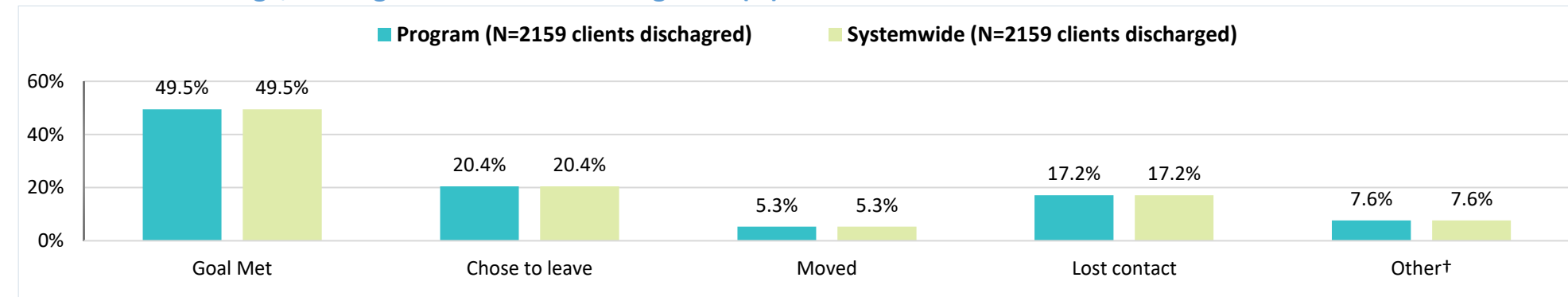
Provider ID: Total

OUTCOME DATA* - Program level (N= 5427 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	5721	97.9%	5721	97.9%
Service events not included in compliance outcomes	124	2.1%	124	2.1%
Total service events	5845		5845	

* 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)	177	3.1%	177	3.1%
Service event entered in the DCR (i.e., compliant)	5544	96.9%	5544	96.9%
Total service events included in compliance	5721		5721	

	#	%	#	%
Quarterly reports (3Ms) submitted				
On Time	5162	93.1%	5162	93.1%
126-200 days late	275	5.0%	275	5.0%
201-365 days late	85	1.5%	85	1.5%
More than 365 days late	22	0.4%	22	0.4%
Total service events matched in the DCR	5544		5544	

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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	477	4054	11.8%	477	4054	11.8%
At least 6 months in treatment	664	2511	26.4%	664	2511	26.4%
At least 9 months in treatment	590	1669	35.4%	590	1669	35.4%
At least 12 months in treatment	425	900	47.2%	425	900	47.2%

Clients with KETs submitted in the FY, by type of KET	#	%	#	%
Residential Change	130	2.3%	130	2.3%
Dependent of the Court	3	0.1%	3	0.1%
Conservatorship	5	0.1%	5	0.1%
Suspension	19	0.3%	19	0.3%
Expulsion	0	0.0%	0	0.0%
Physical Health Emergency	7	0.1%	7	0.1%
Mental Health Emergency	29	0.5%	29	0.5%
Arrest	7	0.1%	7	0.1%
Probation	7	0.1%	7	0.1%
Parole	5	0.1%	5	0.1%
Grade Completion	295	5.3%	295	5.3%
Setting Change	0	0.0%	0	0.0%
Total service events matched in the DCR	5544		5544	

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Population Served

Gender	Program level		Systemwide level	
	#	%	#	%
Female	2677	51.3%	2677	51.3%
Male	2339	44.8%	2339	44.8%
Other	202	3.9%	202	3.9%
Total unique clients	5218		5218	

Age	#	#
Average Age	11.5	11.5
Age Range	0-21	0-21

Partnership Status	#	%	#	%
Clients open on the first day of the FY	3356	57.4%	3356	57.4%
Clients admitted during the FY	2489	42.6%	2489	42.6%
Clients discharged during the FY	2318	39.7%	2318	39.7%
Clients open on the last day of the reporting period	3527	60.3%	3527	60.3%
Average number of days clients were open in the CCBH	215.3	-	215.3	-
Total service events	5845		5845	

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Referral Sources	Program level		Systemwide level	
	#	%	#	%
Self	156	7.9%	156	7.9%
Family	400	20.2%	400	20.2%
Friend	8	0.4%	8	0.4%
School	915	46.1%	915	46.1%
Medical Office	231	11.6%	231	11.6%
Emergency Room	11	0.6%	11	0.6%
Mental Health Facility	96	4.8%	96	4.8%
Social Service Agency	95	4.8%	95	4.8%
Substance Abuse Facility	3	0.2%	3	0.2%
Faith-based Organization	1	0.1%	1	0.1%
Other County Agency	14	0.7%	14	0.7%
Homeless Shelter	3	0.2%	3	0.2%
Street Outreach	0	0.0%	0	0.0%
Juvenile Hall	16	0.8%	16	0.8%
Acute Psychiatric	11	0.6%	11	0.6%
Other	19	1.0%	19	1.0%
Unknown/Missing	6	0.3%	6	0.3%
Total PAFs*	1985		1985	

* 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	4971	91.6%	4947	91.2%	4971	91.6%	4947	91.2%
Out of Home	238	4.4%	232	4.3%	238	4.4%	232	4.3%
Homeless/Shelter	51	0.9%	62	1.1%	51	0.9%	62	1.1%
Inpatient Psychiatric	14	0.3%	25	0.5%	14	0.3%	25	0.5%
Justice Involved	2	0.0%	10	0.2%	2	0.0%	10	0.2%
Medical Hospital	16	0.3%	15	0.3%	16	0.3%	15	0.3%
Other Settings	25	0.5%	28	0.5%	25	0.5%	28	0.5%
Unknown/Missing	110	2.0%	108	2.0%	110	2.0%	108	2.0%
Total unique clients	5427		5427		5427		5427	

Financial Sources*	Program level				Systemwide level			
	Intake		Latest		Intake		Latest	
	#	%	#	%	#	%	#	%
Family	4910	90.5%	5091	93.8%	4910	90.5%	5091	93.8%
Wages	263	4.8%	364	6.7%	263	4.8%	364	6.7%
Savings	104	1.9%	179	3.3%	104	1.9%	179	3.3%
Loans	35	0.6%	45	0.8%	35	0.6%	45	0.8%
Housing	116	2.1%	162	3.0%	116	2.1%	162	3.0%
General Relief	191	3.5%	268	4.9%	191	3.5%	268	4.9%
Food Stamps	1267	23.3%	1447	26.7%	1267	23.3%	1447	26.7%
TANF	216	4.0%	269	5.0%	216	4.0%	269	5.0%
SSI/SSDI	377	6.9%	433	8.0%	377	6.9%	433	8.0%
Other	605	11.1%	750	13.8%	605	11.1%	750	13.8%
None	177	3.3%	204	3.8%	177	3.3%	204	3.8%
Total unique clients	5427		5427		5427		5427	

* Clients may endorse more than one financial source

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Attendance	Program level				Systemwide level			
	Intake		Latest		Intake		Latest	
	#	%	#	%	#	%	#	%
Always	2631	48.5%	2483	45.8%	2631	48.5%	2483	45.8%
Most	1861	34.3%	2077	38.3%	1861	34.3%	2077	38.3%
Sometimes	453	8.3%	429	7.9%	453	8.3%	429	7.9%
Infrequent	228	4.2%	189	3.5%	228	4.2%	189	3.5%
Never	109	2.0%	122	2.2%	109	2.0%	122	2.2%
NA/Missing	145	2.7%	127	2.3%	145	2.7%	127	2.3%
Total unique clients	5427		5427		5427		5427	

Grades	Program level				Systemwide level			
	Intake		Latest		Intake		Latest	
	#	%	#	%	#	%	#	%
Very Good	805	14.8%	772	14.2%	805	14.8%	772	14.2%
Good	1430	26.3%	1619	29.8%	1430	26.3%	1619	29.8%
Average	1636	30.1%	1764	32.5%	1636	30.1%	1764	32.5%
Below Average	979	18.0%	823	15.2%	979	18.0%	823	15.2%
Poor	385	7.1%	289	5.3%	385	7.1%	289	5.3%
NA/Missing	192	3.5%	160	2.9%	192	3.5%	160	2.9%
Total unique clients	5427		5427		5427		5427	

Risk and protective factors	Program level				Systemwide level			
	Intake		Latest		Intake		Latest	
	#	%	#	%	#	%	#	%
Receive Special Ed for Serious Emotional Disturbance	419	7.7%	497	9.2%	419	7.7%	497	9.2%
Receive Special Ed for Another Reason	943	17.4%	1009	18.6%	943	17.4%	1009	18.6%
Have Substance Abuse Problem	206	3.8%	260	4.8%	206	3.8%	260	4.8%
Receive Substance Abuse Service	96	1.8%	142	2.6%	96	1.8%	142	2.6%
Have Primary Care Physician	5089	93.8%	5210	96.0%	5089	93.8%	5210	96.0%
Total unique clients	5427		5427		5427		5427	

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Risk and protective factors	Program level				Systemwide level			
	12 Months Prior		During Partnership		12 Months Prior		During Partnership	
	#	%	#	%	#	%	#	%
Expelled	72	1.3%	2	0.0%	72	1.3%	2	0.0%
Suspended	453	8.3%	37	0.7%	453	8.3%	37	0.7%
Homeless	115	2.1%	24	0.4%	115	2.1%	24	0.4%
Arrested	48	0.9%	8	0.1%	48	0.9%	8	0.1%
Justice Involved	29	0.5%	15	0.3%	29	0.5%	15	0.3%
Mental Health Emergency	494	9.1%	62	1.1%	494	9.1%	62	1.1%
Physical Health Emergency	430	7.9%	17	0.3%	430	7.9%	17	0.3%
Inpatient Psychiatric	165	3.0%	96	1.8%	165	3.0%	96	1.8%
Total unique clients	5427		5427		5427		5427	

Reasons for discharge, among those with a Discharge KET	Program level		Systemwide level	
	#	%	#	%
Goal Met	1069	49.5%	1069	49.5%
Target Criteria Not Met	55	2.5%	55	2.5%
Chose to Leave	441	20.4%	441	20.4%
Moved	114	5.3%	114	5.3%
Lost Contact	371	17.2%	371	17.2%
Placed In An Institution	14	0.6%	14	0.6%
Jail/Juvenile Hall/DJJ	10	0.5%	10	0.5%
Deceased	1	0.0%	1	0.0%
Unknown/Missing	84	3.9%	84	3.9%
Total unique clients with a discharge KET	2159		2159	

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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	82.26%	1,145	1,392
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)	78.1%	894	1145
b)	“Low” School Attendance Sustained (3 or more unexcused absences a month)	4.2%	48	1145
c)	School Attendance Improved (movement on the 5-point rating scale)	10.0%	114	1145
d)	School Attendance Declined (movement on the 5-point rating scale)	7.8%	89	1145
	TOTAL	100.0%	1145	1145

* This table reflects cumulative FY 2022-23 DCR data and may be used to populate the Q3 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	81.97%	1,141	1,392
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)	29.5%	337	1141
b)	“Average” Academic Performance Sustained (grades of “Cs or equivalent)	16.5%	188	1141
c)	“Low” Academic Performance Sustained (grades of “Ds”, “Fs” or equivalent)	7.7%	88	1141
d)	Academic Performance Improved (movement on the 5-point rating scale)	28.2%	322	1141
e)	Academic Performance Declined (movement on the 5-point rating scale)	18.1%	206	1141
	TOTAL	100.0%	1141	1141

* This table reflects cumulative FY 2022-23 DCR data and may be used to populate the Q3 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.