

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

Reporting period: 07/01/2023-03/31/2024

**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

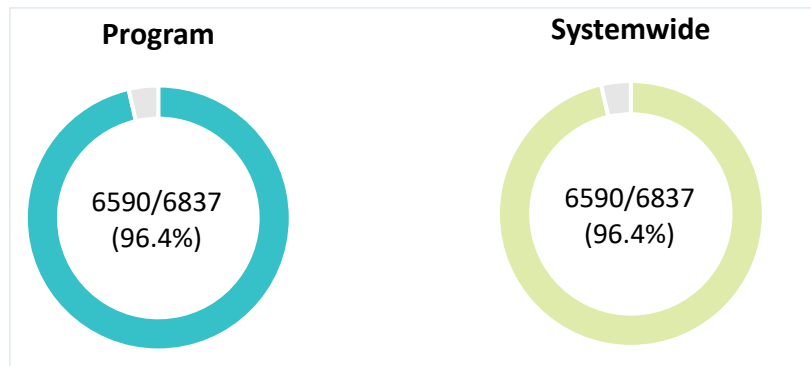
# Children, Youth and Families FSP Dashboard and Report

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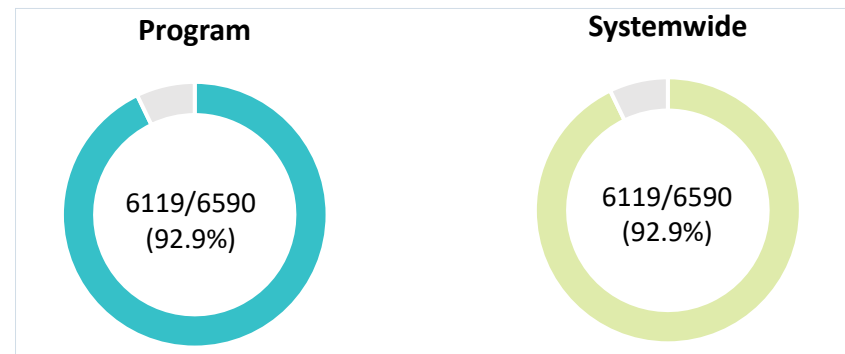
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## DATA COMPLIANCE\*

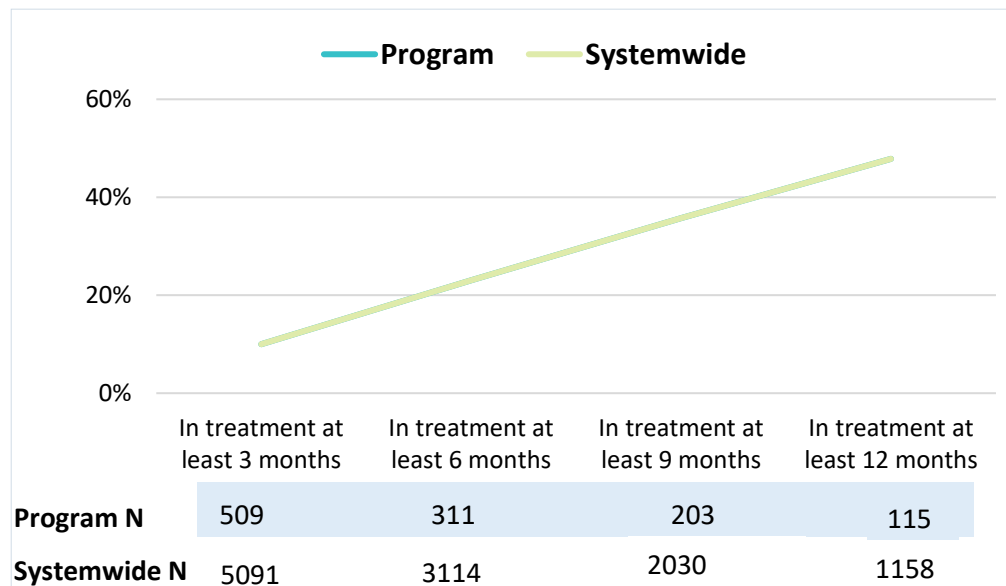
Percent of service events entered in the DCR



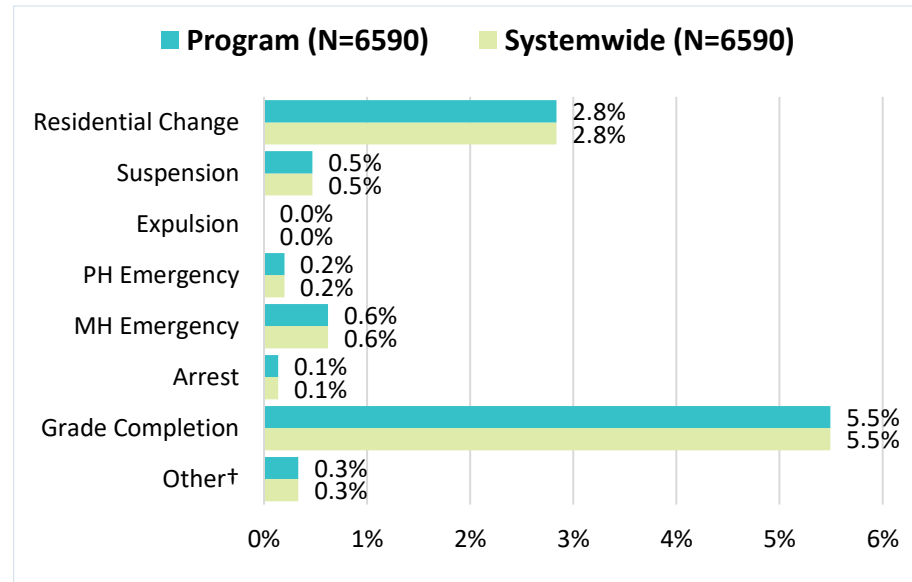
Percent of quarterly reports entered on time



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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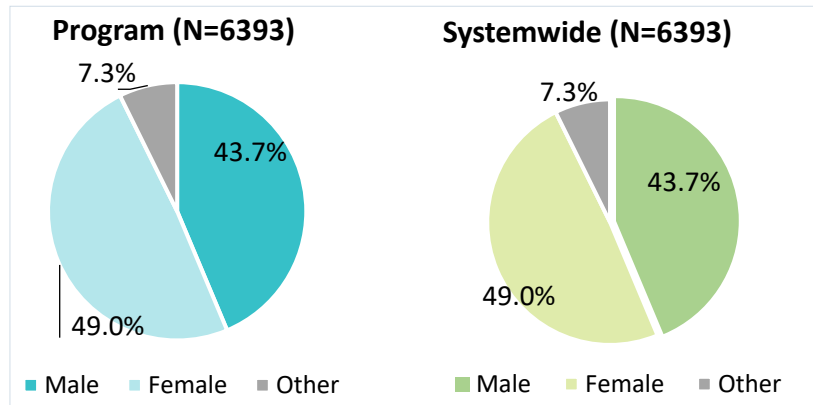
Reporting period: 07/01/2023-03/31/2024

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## POPULATION SERVED\*

### Demographics

#### Gender



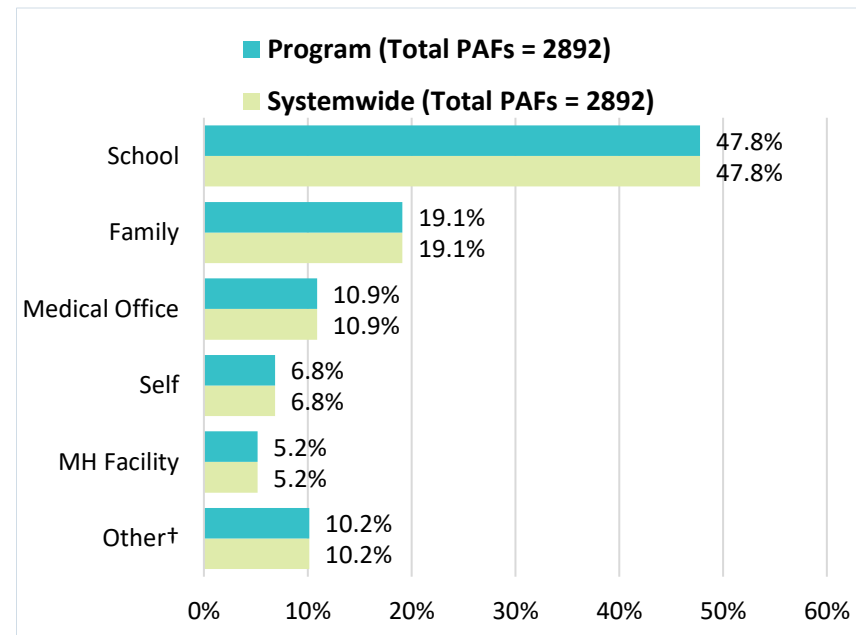
#### Age

Program			Systemwide		
Min	Mean	Max	Min	Mean	Max
0	11.4	21	0	11.4	21

### Partnership status

	Program	Systemwide
Clients active on the first day of the FY (i.e., rollover clients)	3351	3351
Clients admitted during the FY	3661	3661
Clients discharged during the FY	3445	3445
Clients active on the last day of the reporting period	3567	3567

### 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

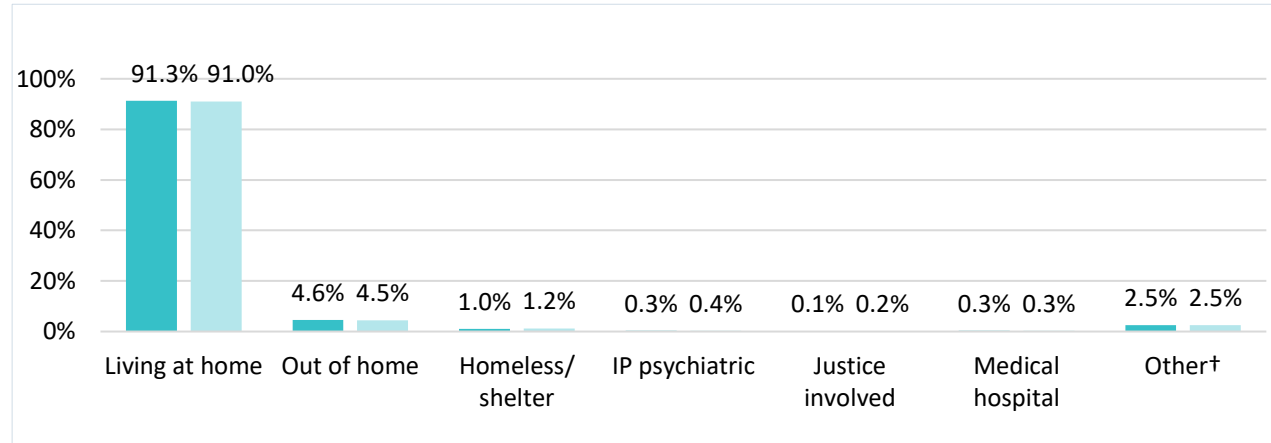
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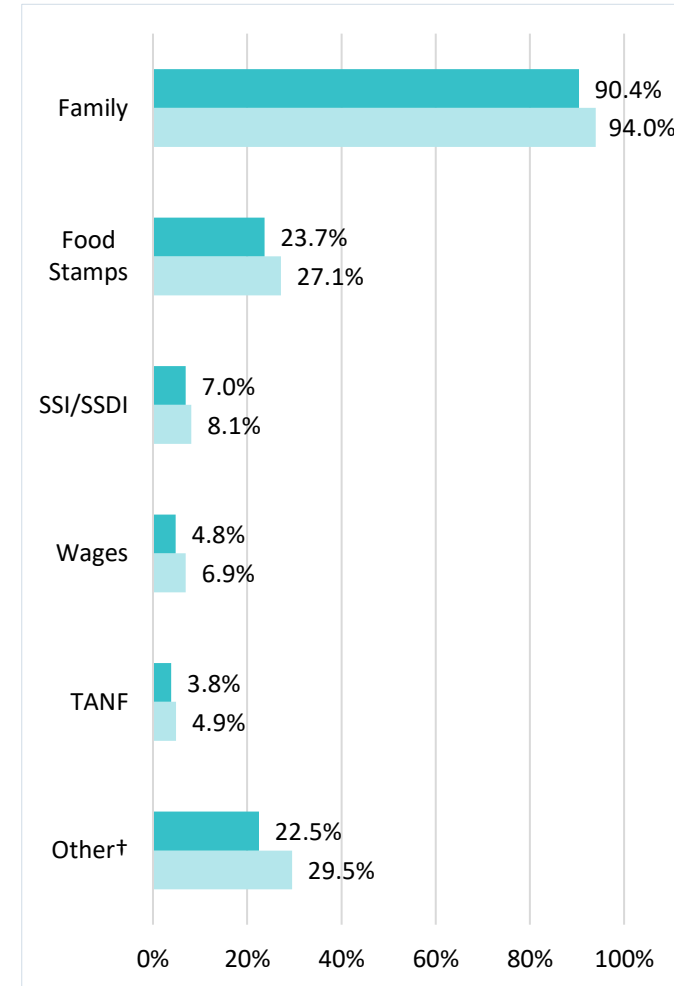
**Program Name:** All FSP  
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## OUTCOME DATA\* - Program level (N= 6393 clients) ■ Intake ■ Latest

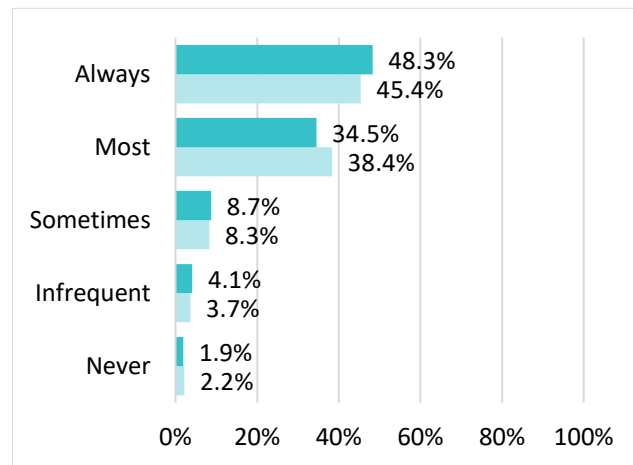
### Residential Status at Intake and Latest (%)



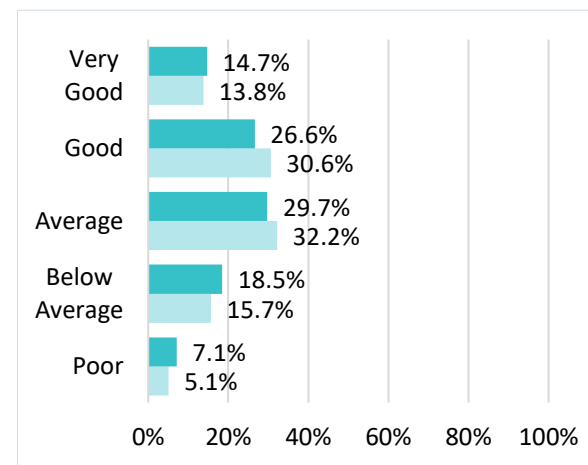
### Financial Source at Intake and Latest (%)‡



### 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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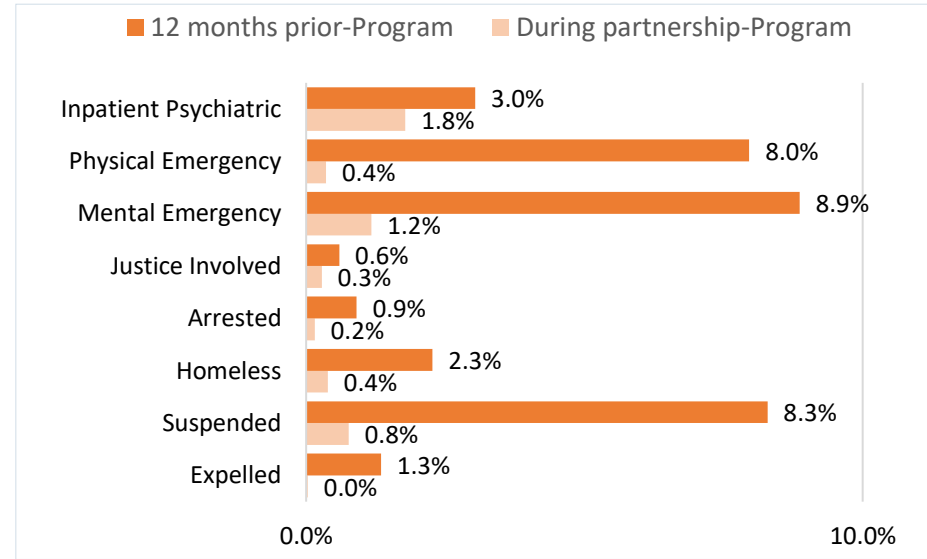
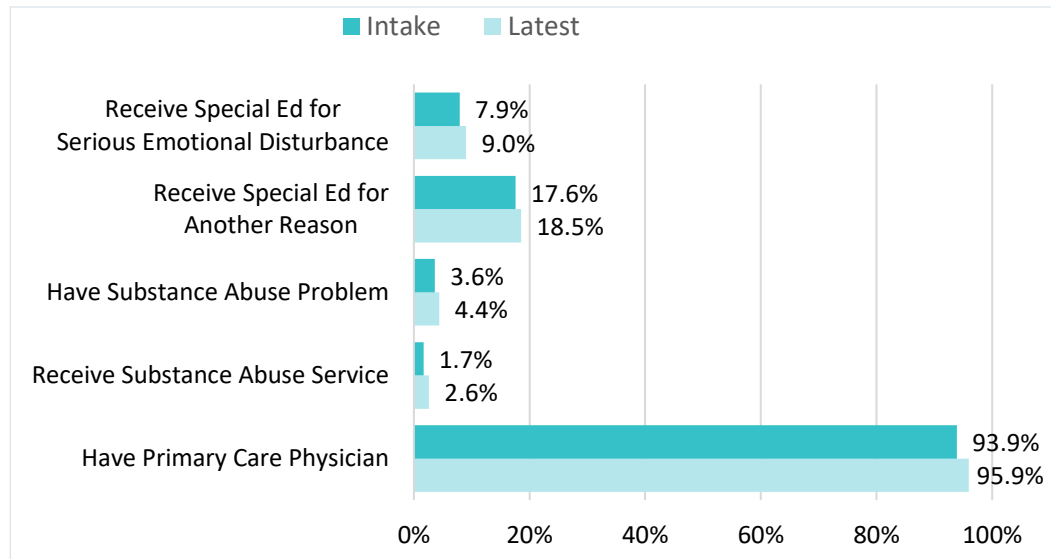
Reporting period: 07/01/2023-03/31/2024

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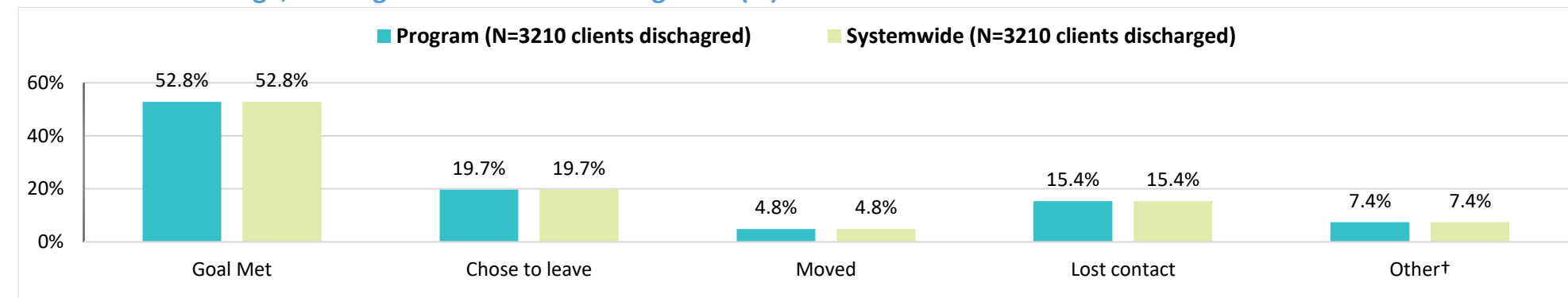
Provider ID: Total

## OUTCOME DATA\* - Program level (N= 6393 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	
	#	%	#	%
<b>Service events included in compliance outcomes*</b>				
Service events included in compliance outcomes	6837	97.5%	6837	97.5%
Service events not included in compliance outcomes	175	2.5%	175	2.5%
<b>Total service events</b>	<b>7012</b>		<b>7012</b>	

\* 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.

	#	%	#	%
<b>Compliance - Eligible service events entered in the DCR</b>				
Service event not entered in the DCR (i.e., non-compliant)	247	3.6%	247	3.6%
Service event entered in the DCR (i.e., compliant)	6590	96.4%	6590	96.4%
<b>Total service events included in compliance</b>	<b>6837</b>		<b>6837</b>	

	#	%	#	%
<b>Quarterly reports (3Ms) submitted</b>				
On Time	6119	92.9%	6119	92.9%
126-200 days late	355	5.4%	355	5.4%
201-365 days late	102	1.5%	102	1.5%
More than 365 days late	14	0.2%	14	0.2%
<b>Total service events matched in the DCR</b>	<b>6590</b>		<b>6590</b>	

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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	509	5091	10.0%	509	5091	10.0%
At least 6 months in treatment	719	3114	23.1%	719	3114	23.1%
At least 9 months in treatment	725	2030	35.7%	725	2030	35.7%
At least 12 months in treatment	554	1158	47.8%	554	1158	47.8%

Clients with KETs submitted in the FY, by type of KET	#	%	#	%
Residential Change	187	2.8%	187	2.8%
Dependent of the Court	3	0.0%	3	0.0%
Conservatorship	6	0.1%	6	0.1%
Suspension	31	0.5%	31	0.5%
Expulsion	0	0.0%	0	0.0%
Physical Health Emergency	13	0.2%	13	0.2%
Mental Health Emergency	41	0.6%	41	0.6%
Arrest	9	0.1%	9	0.1%
Probation	7	0.1%	7	0.1%
Parole	6	0.1%	6	0.1%
Grade Completion	362	5.5%	362	5.5%
Setting Change	0	0.0%	0	0.0%
<b>Total service events matched in the DCR</b>	<b>6590</b>		<b>6590</b>	

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**Population Served**

Gender	Program level		Systemwide level	
	#	%	#	%
Female	3134	49.0%	3134	49.0%
Male	2792	43.7%	2792	43.7%
Other	467	7.3%	467	7.3%
<b>Total unique clients</b>	<b>6393</b>		<b>6393</b>	

Age	#	#
Average Age	11.4	11.4
Age Range	0-21	0-21

Partnership Status	#	%	#	%
Clients open on the first day of the FY	3351	47.8%	3351	47.8%
Clients admitted during the FY	3661	52.2%	3661	52.2%
Clients discharged during the FY	3445	49.1%	3445	49.1%
Clients open on the last day of the reporting period	3567	50.9%	3567	50.9%
Average number of days clients were open in the CCBH	222.6	-	222.6	-
<b>Total service events</b>	<b>7012</b>		<b>7012</b>	



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Referral Sources	Program level		Systemwide level	
	#	%	#	%
Self	198	6.8%	198	6.8%
Family	553	19.1%	553	19.1%
Friend	15	0.5%	15	0.5%
School	1382	47.8%	1382	47.8%
Medical Office	315	10.9%	315	10.9%
Emergency Room	17	0.6%	17	0.6%
Mental Health Facility	150	5.2%	150	5.2%
Social Service Agency	141	4.9%	141	4.9%
Substance Abuse Facility	2	0.1%	2	0.1%
Faith-based Organization	1	0.0%	1	0.0%
Other County Agency	21	0.7%	21	0.7%
Homeless Shelter	3	0.1%	3	0.1%
Street Outreach	0	0.0%	0	0.0%
Juvenile Hall	26	0.9%	26	0.9%
Acute Psychiatric	23	0.8%	23	0.8%
Other	35	1.2%	35	1.2%
Unknown/Missing	10	0.3%	10	0.3%
<b>Total PAFs*</b>	<b>2892</b>		<b>2892</b>	

\* 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	5840	91.3%	5816	91.0%	5840	91.3%	5816	91.0%
Out of Home	291	4.6%	286	4.5%	291	4.6%	286	4.5%
Homeless/Shelter	65	1.0%	76	1.2%	65	1.0%	76	1.2%
Inpatient Psychiatric	16	0.3%	23	0.4%	16	0.3%	23	0.4%
Justice Involved	4	0.1%	13	0.2%	4	0.1%	13	0.2%
Medical Hospital	17	0.3%	18	0.3%	17	0.3%	18	0.3%
Other Settings	32	0.5%	35	0.5%	32	0.5%	35	0.5%
Unknown/Missing	128	2.0%	126	2.0%	128	2.0%	126	2.0%
<b>Total unique clients</b>	<b>6393</b>		<b>6393</b>		<b>6393</b>		<b>6393</b>	

Financial Sources*	Program level				Systemwide level			
	Intake		Latest		Intake		Latest	
	#	%	#	%	#	%	#	%
Family	5780	90.4%	6008	94.0%	5780	90.4%	6008	94.0%
Wages	307	4.8%	443	6.9%	307	4.8%	443	6.9%
Savings	126	2.0%	217	3.4%	126	2.0%	217	3.4%
Loans	42	0.7%	56	0.9%	42	0.7%	56	0.9%
Housing	143	2.2%	200	3.1%	143	2.2%	200	3.1%
General Relief	219	3.4%	309	4.8%	219	3.4%	309	4.8%
Food Stamps	1514	23.7%	1735	27.1%	1514	23.7%	1735	27.1%
TANF	246	3.8%	313	4.9%	246	3.8%	313	4.9%
SSI/SSDI	445	7.0%	521	8.1%	445	7.0%	521	8.1%
Other	703	11.0%	870	13.6%	703	11.0%	870	13.6%
None	206	3.2%	236	3.7%	206	3.2%	236	3.7%
<b>Total unique clients</b>	<b>6393</b>		<b>6393</b>		<b>6393</b>		<b>6393</b>	

\* Clients may endorse more than one financial source

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Attendance	Program level				Systemwide level			
	Intake		Latest		Intake		Latest	
	#	%	#	%	#	%	#	%
Always	3088	48.3%	2902	45.4%	3088	48.3%	2902	45.4%
Most	2206	34.5%	2452	38.4%	2206	34.5%	2452	38.4%
Sometimes	557	8.7%	532	8.3%	557	8.7%	532	8.3%
Infrequent	264	4.1%	235	3.7%	264	4.1%	235	3.7%
Never	123	1.9%	140	2.2%	123	1.9%	140	2.2%
NA/Missing	155	2.4%	132	2.1%	155	2.4%	132	2.1%
<b>Total unique clients</b>	<b>6393</b>		<b>6393</b>		<b>6393</b>		<b>6393</b>	

Grades	Program level				Systemwide level			
	Intake		Latest		Intake		Latest	
	#	%	#	%	#	%	#	%
Very Good	940	14.7%	881	13.8%	940	14.7%	881	13.8%
Good	1701	26.6%	1957	30.6%	1701	26.6%	1957	30.6%
Average	1901	29.7%	2058	32.2%	1901	29.7%	2058	32.2%
Below Average	1183	18.5%	1002	15.7%	1183	18.5%	1002	15.7%
Poor	456	7.1%	326	5.1%	456	7.1%	326	5.1%
NA/Missing	212	3.3%	169	2.6%	212	3.3%	169	2.6%
<b>Total unique clients</b>	<b>6393</b>		<b>6393</b>		<b>6393</b>		<b>6393</b>	

Risk and protective factors	Program level				Systemwide level			
	Intake		Latest		Intake		Latest	
	#	%	#	%	#	%	#	%
Receive Special Ed for Serious Emotional Disturbance	505	7.9%	578	9.0%	505	7.9%	578	9.0%
Receive Special Ed for Another Reason	1123	17.6%	1185	18.5%	1123	17.6%	1185	18.5%
Have Substance Abuse Problem	233	3.6%	279	4.4%	233	3.6%	279	4.4%
Receive Substance Abuse Service	107	1.7%	167	2.6%	107	1.7%	167	2.6%
Have Primary Care Physician	6001	93.9%	6134	95.9%	6001	93.9%	6134	95.9%
<b>Total unique clients</b>	<b>6393</b>		<b>6393</b>		<b>6393</b>		<b>6393</b>	

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Risk and protective factors	Program level				Systemwide level			
	12 Months Prior		During Partnership		12 Months Prior		During Partnership	
	#	%	#	%	#	%	#	%
Expelled	86	1.3%	2	0.0%	86	1.3%	2	0.0%
Suspended	530	8.3%	49	0.8%	530	8.3%	49	0.8%
Homeless	145	2.3%	25	0.4%	145	2.3%	25	0.4%
Arrested	58	0.9%	10	0.2%	58	0.9%	10	0.2%
Justice Involved	38	0.6%	18	0.3%	38	0.6%	18	0.3%
Mental Health Emergency	567	8.9%	75	1.2%	567	8.9%	75	1.2%
Physical Health Emergency	509	8.0%	23	0.4%	509	8.0%	23	0.4%
Inpatient Psychiatric	194	3.0%	114	1.8%	194	3.0%	114	1.8%
<b>Total unique clients</b>	<b>6393</b>		<b>6393</b>		<b>6393</b>		<b>6393</b>	

Reasons for discharge, among those with a Discharge KET	Program level		Systemwide level	
	#	%	#	%
Goal Met	1694	52.8%	1694	52.8%
Target Criteria Not Met	80	2.5%	80	2.5%
Chose to Leave	631	19.7%	631	19.7%
Moved	155	4.8%	155	4.8%
Lost Contact	493	15.4%	493	15.4%
Placed In An Institution	19	0.6%	19	0.6%
Jail/Juvenile Hall/DJJ	14	0.4%	14	0.4%
Deceased	1	0.0%	1	0.0%
Unknown/Missing	123	3.8%	123	3.8%
<b>Total unique clients with a discharge KET</b>	<b>3210</b>		<b>3210</b>	

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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 <b>school attendance data available</b> for both the initial and most recent quarterly (3M) assessment	81.76%	1,708	2,089
b)	Please provide explanation below if <b>compliance rate is below 95%</b> :			
2	Percent of clients that had sustained “high” academic performance or improved academic performance between intake and discharge - <b>“High” School Attendance Sustained:</b> 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. - <b>“Low” School Attendance Sustained:</b> 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. - <b>School Attendance Improved:</b> 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”). - <b>School Attendance Declined:</b> 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)	<b>“High” School Attendance Sustained</b> (2 or fewer unexcused absences a month)	78.3%	1338	1708
b)	<b>“Low” School Attendance Sustained</b> (3 or more unexcused absences a month)	4.0%	69	1708
c)	<b>School Attendance Improved</b> (movement on the 5-point rating scale)	9.6%	164	1708
d)	<b>School Attendance Declined</b> (movement on the 5-point rating scale)	8.0%	137	1708
	TOTAL	100.0%	1708	1708

\* This table reflects cumulative FY 2023-24 DCR data and may be used to populate the Q4 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, <b>95%</b> of clients whose episode lasted 120 days or longer have <b>academic performance data available</b> for both the initial and most recent quarterly (3M) assessment	81.52%	1,703	2,089
b)	Please provide explanation below if <b>compliance rate is below 95%</b> :			
2	Percent of clients that had sustained “high” academic performance or improved academic performance between intake and discharge - <b>“High” Academic Performance Sustained:</b> Clients who had academic ratings of “Very Good” or “Good” at both the initial assessment and the last quarterly (3M) assessment. - <b>“Average” Performance Sustained:</b> Clients who had the same rating of “Average” at both the initial assessment and the last quarterly (3M) assessment. - <b>“Low” Performance Sustained:</b> Clients who had the same academic ratings of “Below Average”, or “Poor” at both the initial assessment and the last quarterly (3M) assessment - <b>Academic Performance Improved:</b> 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”). - <b>Academic Performance Declined:</b> 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)	<b>“High” Academic Performance Sustained</b> (grades of “As”, “Bs”, or equivalent)	30.9%	527	1703
b)	<b>“Average” Academic Performance Sustained</b> (grades of “Cs or equivalent)	15.8%	269	1703
c)	<b>“Low” Academic Performance Sustained</b> (grades of “Ds”, “Fs” or equivalent)	7.8%	132	1703
d)	<b>Academic Performance Improved</b> (movement on the 5-point rating scale)	28.8%	490	1703
e)	<b>Academic Performance Declined</b> (movement on the 5-point rating scale)	16.7%	285	1703
	TOTAL	100.0%	1703	1703

\* This table reflects cumulative FY 2023-24 DCR data and may be used to populate the Q4 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.