

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

Reporting period: 07/01/2023-06/30/2024

**Program Name:** All FSP  
**Provider ID:** Total

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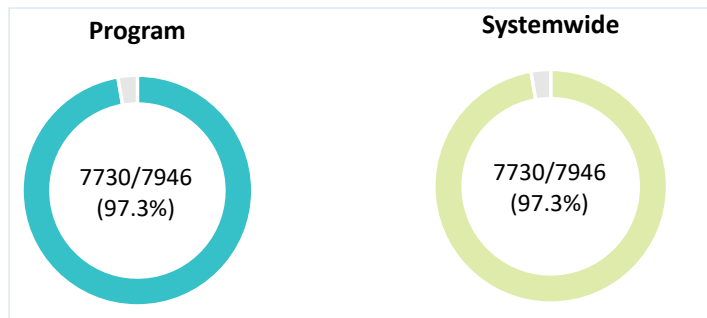
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Notes: - Data are cumulative across the Fiscal Year  
- DCR: Data Collection and Reporting System. CCBH: Cerner Community Behavioral Health  
- PAF: Partnership Assessment Form. KET: Key Event Tracking. 3M: Quarterly Assessment

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**DATA COMPLIANCE\***

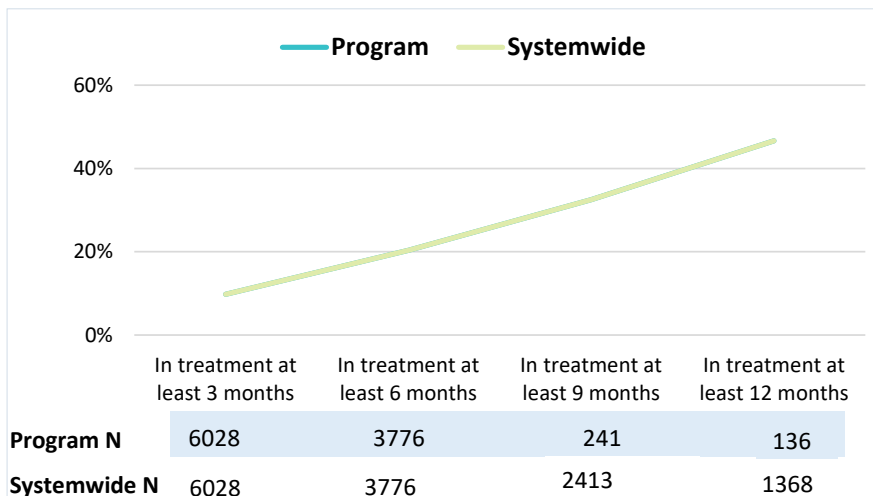
Percent of service events entered in the DCR



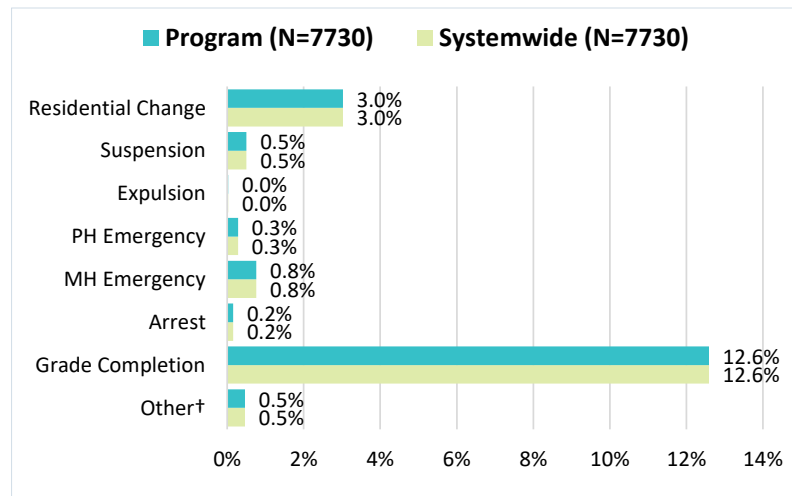
Percent of quarterly reports entered on time



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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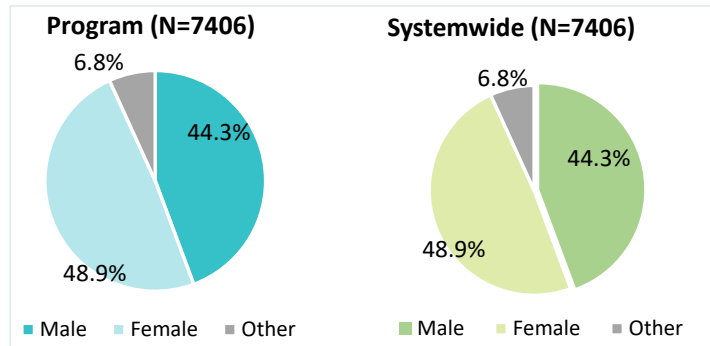
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## POPULATION SERVED\*

### Demographics

#### Gender



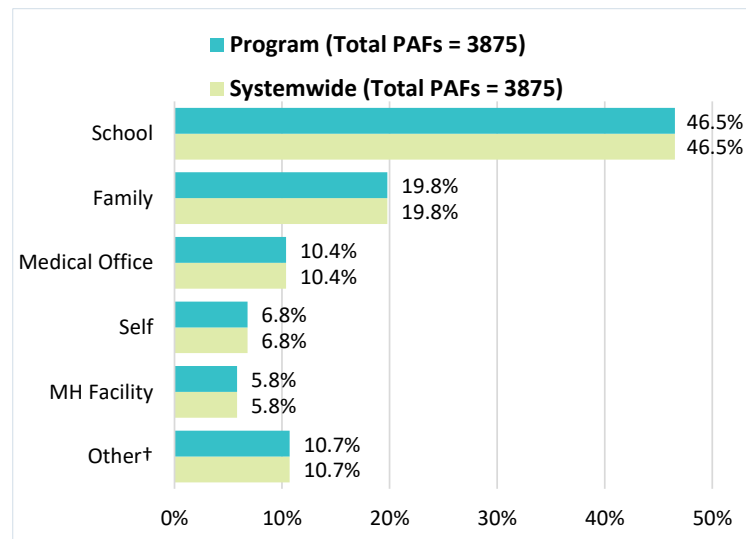
#### Age

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)	3349	3349
Clients admitted during the FY	4806	4806
Clients discharged during the FY	4892	4892
Clients active on the last day of the reporting period	3263	3263

### Referral sources (%)



\* Population served data sources: CCBH and PAF

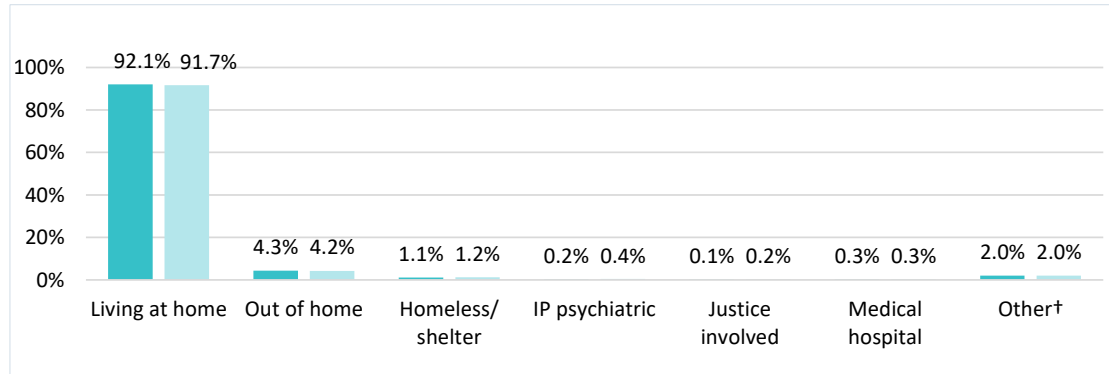
† Other categories are listed in the appendix

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

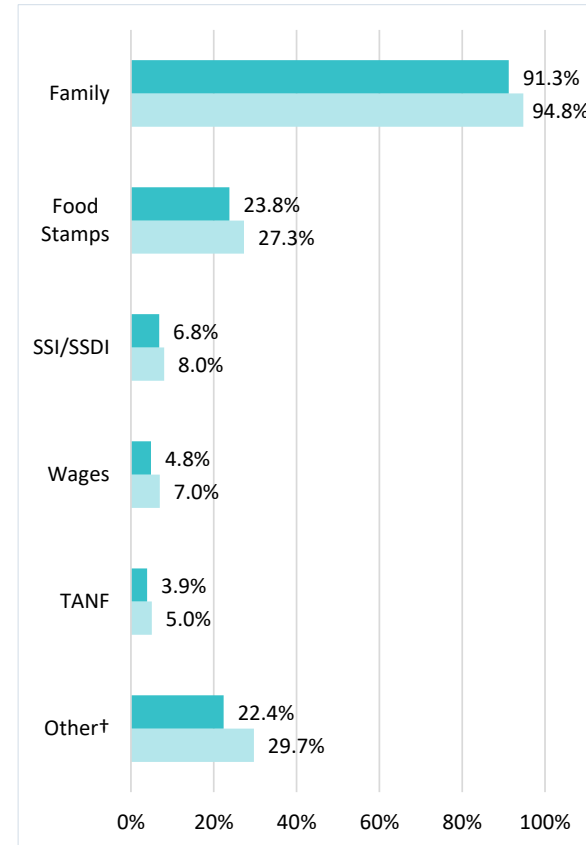
Program Name: All FSP  
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**OUTCOME DATA\* - Program level (N= 7406 clients)** ■ Intake ■ Latest

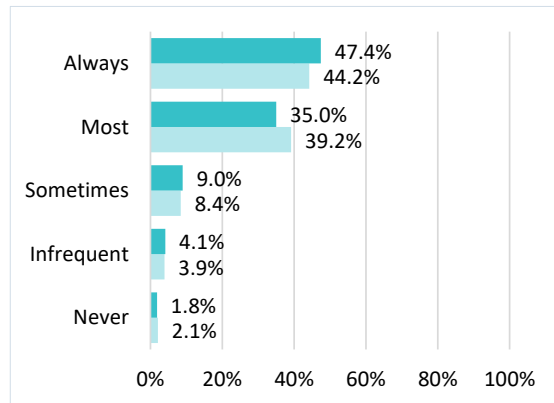
**Residential Status at Intake and Latest (%)**



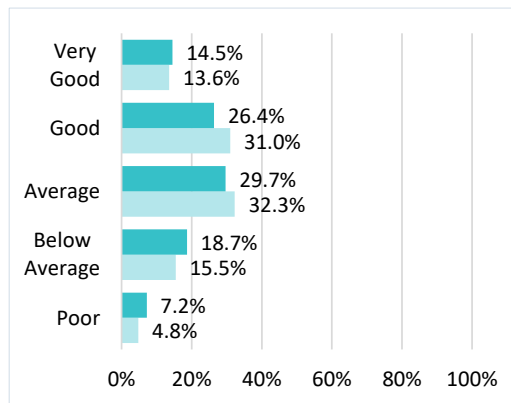
**Financial Source at Intake and Latest (%)‡**



**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

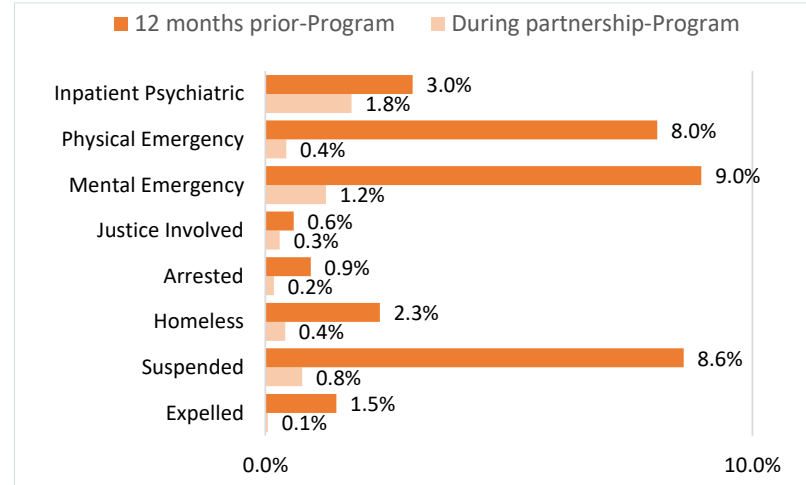
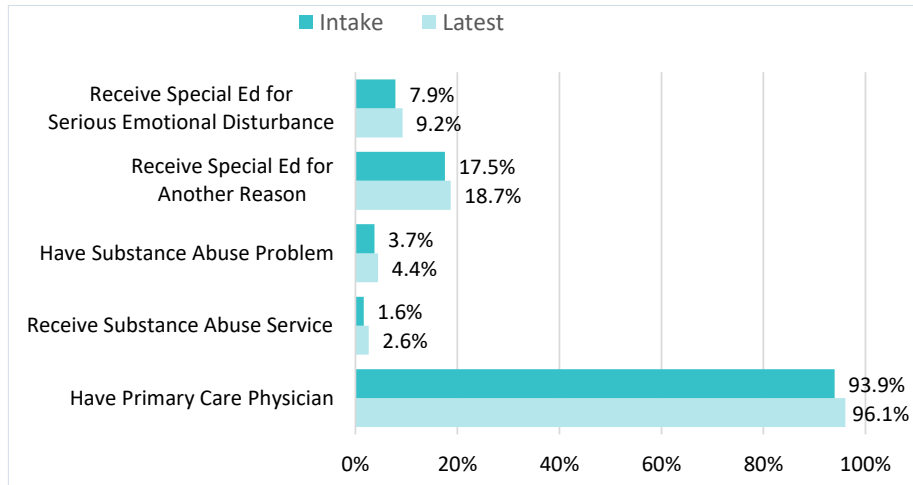
† Other categories are listed in the appendix

‡ Clients may endorse more than one financial source so the data may sum to more than 100%

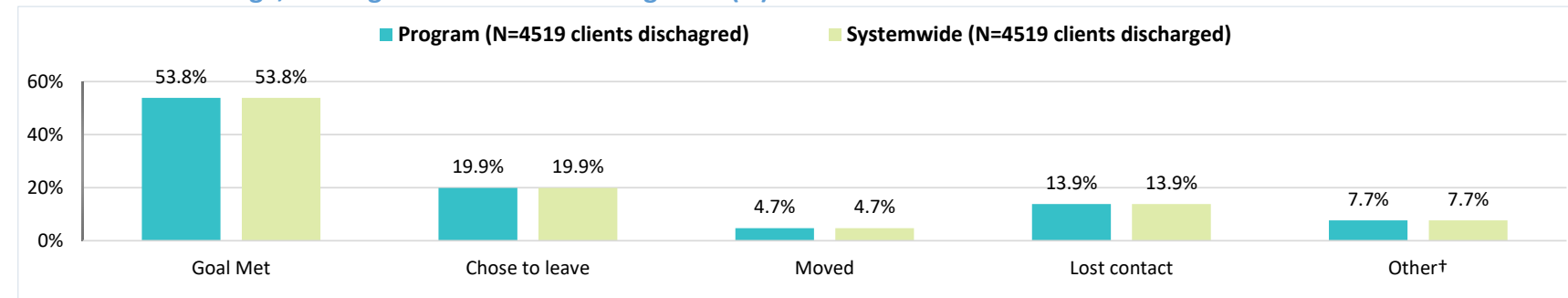
Program Name: All FSP  
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**OUTCOME DATA\* - Program level (N= 7406 clients)**

**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	7946	97.4%	7946	97.4%
Service events not included in compliance outcomes	209	2.6%	209	2.6%
<b>Total service events</b>	<b>8155</b>		<b>8155</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)	216	2.7%	216	2.7%
Service event entered in the DCR (i.e., compliant)	7730	97.3%	7730	97.3%
<b>Total service events included in compliance</b>	<b>7946</b>		<b>7946</b>	

<b>Quarterly reports (3Ms) submitted</b>	#	%	#	%
On Time	7250	93.8%	7250	93.8%
126-200 days late	344	4.5%	344	4.5%
201-365 days late	121	1.6%	121	1.6%
More than 365 days late	15	0.2%	15	0.2%
<b>Total service events matched in the DCR</b>	<b>7730</b>		<b>7730</b>	

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	Program level			Systemwide level		
<b>KETs submitted by time in treatment</b>	# of KETs submitted	# of clients in treatment	KET Submission %	# of KETs submitted	# of clients in treatment	KET Submission %
At least 3 months in treatment	590	6028	9.8%	590	6028	9.8%
At least 6 months in treatment	768	3776	20.3%	768	3776	20.3%
At least 9 months in treatment	785	2413	32.5%	785	2413	32.5%
At least 12 months in treatment	638	1368	46.6%	638	1368	46.6%

<b>Clients with KETs submitted in the FY, by type of KET</b>	#	%	#	%
Residential Change	234	3.0%	234	3.0%
Dependent of the Court	4	0.1%	4	0.1%
Conservatorship	9	0.1%	9	0.1%
Suspension	39	0.5%	39	0.5%
Expulsion	2	0.0%	2	0.0%
Physical Health Emergency	22	0.3%	22	0.3%
Mental Health Emergency	59	0.8%	59	0.8%
Arrest	12	0.2%	12	0.2%
Probation	10	0.1%	10	0.1%
Parole	6	0.1%	6	0.1%
Grade Completion	973	12.6%	973	12.6%
Setting Change	7	0.1%	7	0.1%
<b>Total service events matched in the DCR</b>	<b>7730</b>		<b>7730</b>	

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**Population Served**

Gender	Program level		Systemwide level	
	#	%	#	%
Female	3619	48.9%	3619	48.9%
Male	3283	44.3%	3283	44.3%
Other	504	6.8%	504	6.8%
<b>Total unique clients</b>	<b>7406</b>		<b>7406</b>	

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

Partnership Status	#	%	#	%
Clients open on the first day of the FY	3349	41.1%	3349	41.1%
Clients admitted during the FY	4806	58.9%	4806	58.9%
Clients discharged during the FY	4892	60.0%	4892	60.0%
Clients open on the last day of the reporting period	3263	40.0%	3263	40.0%
Average number of days clients were open in the CCBH	228.9	-	228.9	-
<b>Total service events</b>	<b>8155</b>		<b>8155</b>	



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Referral Sources	Program level		Systemwide level	
	#	%	#	%
Self	263	6.8%	263	6.8%
Family	767	19.8%	767	19.8%
Friend	15	0.4%	15	0.4%
School	1803	46.5%	1803	46.5%
Medical Office	402	10.4%	402	10.4%
Emergency Room	26	0.7%	26	0.7%
Mental Health Facility	225	5.8%	225	5.8%
Social Service Agency	184	4.7%	184	4.7%
Substance Abuse Facility	2	0.1%	2	0.1%
Faith-based Organization	1	0.0%	1	0.0%
Other County Agency	42	1.1%	42	1.1%
Homeless Shelter	3	0.1%	3	0.1%
Street Outreach	0	0.0%	0	0.0%
Juvenile Hall	36	0.9%	36	0.9%
Acute Psychiatric	36	0.9%	36	0.9%
Other	62	1.6%	62	1.6%
Unknown/Missing	8	0.2%	8	0.2%
<b>Total PAFs*</b>	<b>3875</b>		<b>3875</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	6821	92.1%	6791	91.7%	6821	92.1%	6791	91.7%
Out of Home	320	4.3%	313	4.2%	320	4.3%	313	4.2%
Homeless/Shelter	78	1.1%	89	1.2%	78	1.1%	89	1.2%
Inpatient Psychiatric	18	0.2%	30	0.4%	18	0.2%	30	0.4%
Justice Involved	5	0.1%	16	0.2%	5	0.1%	16	0.2%
Medical Hospital	19	0.3%	20	0.3%	19	0.3%	20	0.3%
Other Settings	33	0.4%	39	0.5%	33	0.4%	39	0.5%
Unknown/Missing	112	1.5%	108	1.5%	112	1.5%	108	1.5%
<b>Total unique clients</b>	<b>7406</b>		<b>7406</b>		<b>7406</b>		<b>7406</b>	

Financial Sources*	Program level				Systemwide level			
	Intake		Latest		Intake		Latest	
	#	%	#	%	#	%	#	%
Family	6759	91.3%	7020	94.8%	6759	91.3%	7020	94.8%
Wages	357	4.8%	515	7.0%	357	4.8%	515	7.0%
Savings	153	2.1%	254	3.4%	153	2.1%	254	3.4%
Loans	49	0.7%	67	0.9%	49	0.7%	67	0.9%
Housing	170	2.3%	241	3.3%	170	2.3%	241	3.3%
General Relief	254	3.4%	360	4.9%	254	3.4%	360	4.9%
Food Stamps	1759	23.8%	2021	27.3%	1759	23.8%	2021	27.3%
TANF	290	3.9%	372	5.0%	290	3.9%	372	5.0%
SSI/SSDI	504	6.8%	594	8.0%	504	6.8%	594	8.0%
Other	804	10.9%	1011	13.7%	804	10.9%	1011	13.7%
None	226	3.1%	264	3.6%	226	3.1%	264	3.6%
<b>Total unique clients</b>	<b>7406</b>		<b>7406</b>		<b>7406</b>		<b>7406</b>	

\* Clients may endorse more than one financial source

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Attendance	Program level				Systemwide level			
	Intake		Latest		Intake		Latest	
	#	%	#	%	#	%	#	%
Always	3514	47.4%	3276	44.2%	3514	47.4%	3276	44.2%
Most	2592	35.0%	2902	39.2%	2592	35.0%	2902	39.2%
Sometimes	665	9.0%	625	8.4%	665	9.0%	625	8.4%
Infrequent	307	4.1%	288	3.9%	307	4.1%	288	3.9%
Never	135	1.8%	152	2.1%	135	1.8%	152	2.1%
NA/Missing	193	2.6%	163	2.2%	193	2.6%	163	2.2%
<b>Total unique clients</b>	7406		7406		7406		7406	

Grades	Program level				Systemwide level			
	Intake		Latest		Intake		Latest	
	#	%	#	%	#	%	#	%
Very Good	1076	14.5%	1006	13.6%	1076	14.5%	1006	13.6%
Good	1956	26.4%	2297	31.0%	1956	26.4%	2297	31.0%
Average	2196	29.7%	2392	32.3%	2196	29.7%	2392	32.3%
Below Average	1383	18.7%	1145	15.5%	1383	18.7%	1145	15.5%
Poor	532	7.2%	356	4.8%	532	7.2%	356	4.8%
NA/Missing	263	3.6%	210	2.8%	263	3.6%	210	2.8%
<b>Total unique clients</b>	7406		7406		7406		7406	

Risk and protective factors	Program level				Systemwide level			
	Intake		Latest		Intake		Latest	
	#	%	#	%	#	%	#	%
Receive Special Ed for Serious Emotional Disturbance	582	7.9%	683	9.2%	582	7.9%	683	9.2%
Receive Special Ed for Another Reason	1298	17.5%	1383	18.7%	1298	17.5%	1383	18.7%
Have Substance Abuse Problem	275	3.7%	329	4.4%	275	3.7%	329	4.4%
Receive Substance Abuse Service	119	1.6%	194	2.6%	119	1.6%	194	2.6%
Have Primary Care Physician	6957	93.9%	7115	96.1%	6957	93.9%	7115	96.1%
<b>Total unique clients</b>	7406		7406		7406		7406	

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Risk and protective factors	Program level				Systemwide level			
	12 Months Prior		During Partnership		12 Months Prior		During Partnership	
	#	%	#	%	#	%	#	%
Expelled	108	1.5%	4	0.1%	108	1.5%	4	0.1%
Suspended	636	8.6%	56	0.8%	636	8.6%	56	0.8%
Homeless	174	2.3%	30	0.4%	174	2.3%	30	0.4%
Arrested	69	0.9%	13	0.2%	69	0.9%	13	0.2%
Justice Involved	43	0.6%	22	0.3%	43	0.6%	22	0.3%
Mental Health Emergency	663	9.0%	92	1.2%	663	9.0%	92	1.2%
Physical Health Emergency	596	8.0%	32	0.4%	596	8.0%	32	0.4%
Inpatient Psychiatric	224	3.0%	131	1.8%	224	3.0%	131	1.8%
<b>Total unique clients</b>	<b>7406</b>		<b>7406</b>		<b>7406</b>		<b>7406</b>	

Reasons for discharge, among those with a Discharge KET	Program level		Systemwide level	
	#	%	#	%
Goal Met	2432	53.8%	2432	53.8%
Target Criteria Not Met	157	3.5%	157	3.5%
Chose to Leave	900	19.9%	900	19.9%
Moved	213	4.7%	213	4.7%
Lost Contact	626	13.9%	626	13.9%
Placed In An Institution	28	0.6%	28	0.6%
Jail/Juvenile Hall/DJJ	17	0.4%	17	0.4%
Deceased	1	0.0%	1	0.0%
Unknown/Missing	145	3.2%	145	3.2%
<b>Total unique clients with a discharge KET</b>	<b>4519</b>		<b>4519</b>	

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**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	82.05%	2,423	2,953
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)	78.2%	1894	2423
b)	<b>“Low” School Attendance Sustained</b> (3 or more unexcused absences a month)	3.7%	90	2423
c)	<b>School Attendance Improved</b> (movement on the 5-point rating scale)	9.3%	226	2423
d)	<b>School Attendance Declined</b> (movement on the 5-point rating scale)	8.8%	213	2423
	TOTAL	100.0%	2423	2423

\* This table reflects cumulative FY 2023-24 DCR data and may be used to populate the Q1 FY 2024-25 "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	81.88%	2,418	2,953
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)	30.7%	742	2418
b)	<b>“Average” Academic Performance Sustained</b> (grades of “Cs or equivalent)	15.2%	367	2418
c)	<b>“Low” Academic Performance Sustained</b> (grades of “Ds”, “Fs” or equivalent)	7.8%	188	2418
d)	<b>Academic Performance Improved</b> (movement on the 5-point rating scale)	29.1%	703	2418
e)	<b>Academic Performance Declined</b> (movement on the 5-point rating scale)	17.3%	418	2418
	<b>TOTAL</b>	100.0%	2418	2418

\* This table reflects cumulative FY 2023-24 DCR data and may be used to populate the Q1 FY 2024-25 "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.