Children, Youth and Families FSP
Dashboard and Report

Program Name: All FSP
Provider ID: Total

Table of Contents — All FSP

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

Please note: Data may be impacted starting March 2020 due to COVID-19

SOCE system of care evaluation

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COUNTY OF SAN DIEGO **HHSA** HEALTH AND HUMAN SERVICES AGENCY | LIVE WELL SAN DIEGO

Program Name: All FSP
Provider ID: Total

DATA COMPLIANCE*

Percent of service events entered in the DCR

Program

6847/7112
(96.3%)

Systemwide

6847/7112
(96.3%)
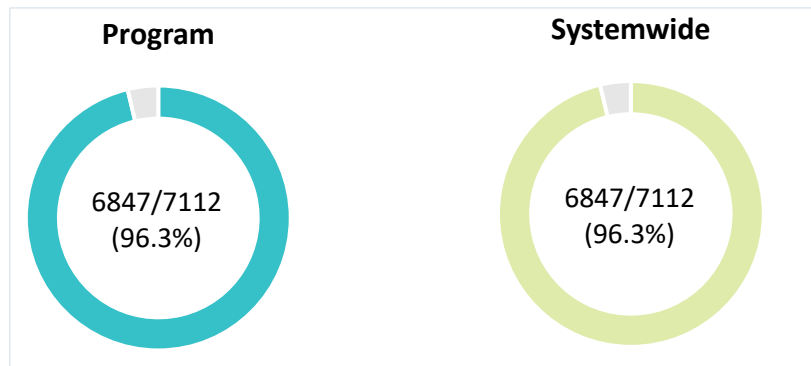
Percent of quarterly reports entered on time

Program

6417/6847
(93.7%)

Systemwide

6417/6847
(93.7%)
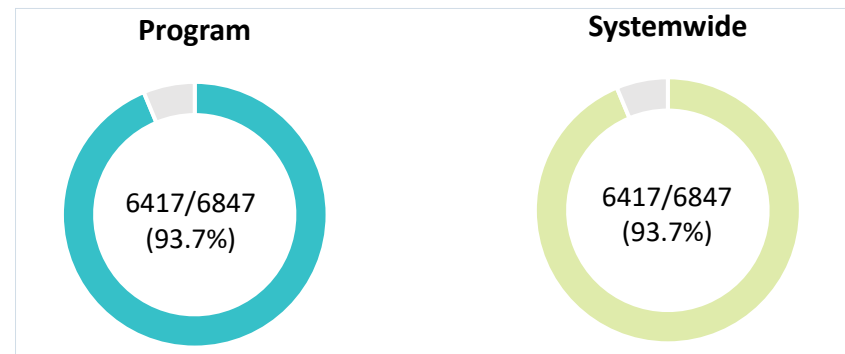
Percent of clients with at least one KET submitted by the amount of time in treatment

— Program   — Systemwide

	In treatment at least 3 months	In treatment at least 6 months	In treatment at least 9 months	In treatment at least 12 months
Program N	507	292	169	869
Systemwide N	5074	2925	1690	869
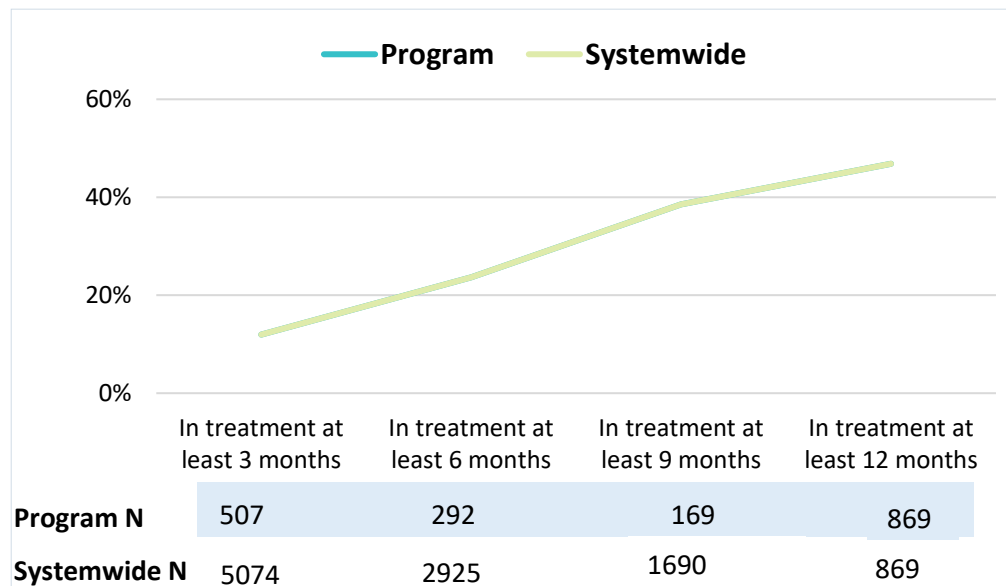
Percent of clients with at least one KET submitted within the current FY

■ Program (N=6847)   ■ Systemwide (N=6847)

	Program	Systemwide
Residential Change	2.8%	2.8%
Suspension	0.5%	0.5%
Expulsion	0.0%	0.0%
PH Emergency	0.2%	0.2%
MH Emergency	0.8%	0.8%
Arrest	0.0%	0.0%
Grade Completion	4.5%	4.5%
Other†	0.3%	0.3%
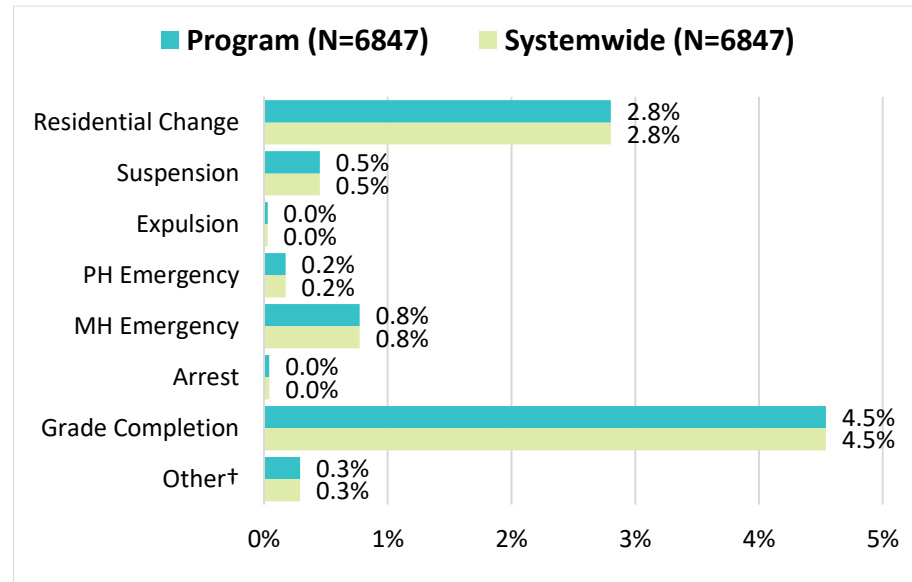
* Compliance data sources: CCBH, PAF, 3M and KET

† Other categories are listed in the appendix

SOCE system of care evaluation

COUNTY OF SAN DIEGO **HHSA** HEALTH AND HUMAN SERVICES AGENCY | LIVE WELL SAN DIEGO

Program Name: All FSP
Provider ID: Total

POPULATION SERVED*

Demographics

Gender

Program (N=6653)

0.6%
46.0%
53.4%

■ Male ■ Female ■ Other

Systemwide (N=6653)

0.6%
46.0%
53.4%

■ Male ■ Female ■ Other
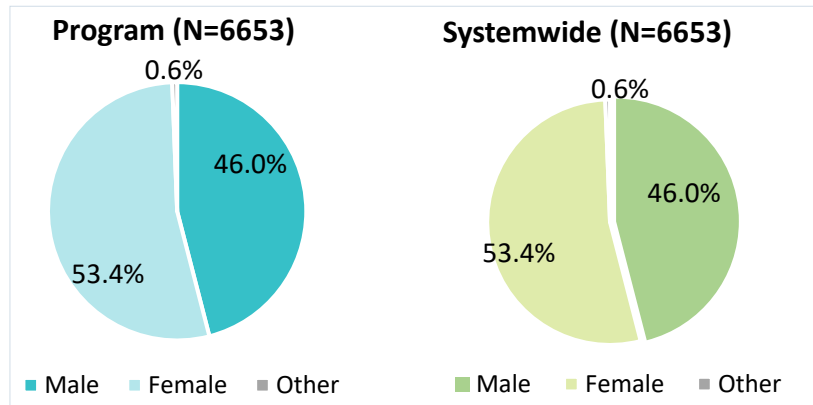
Age

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

Referral sources (%)

■ Program (Total PAFs = 3392)
■ Systemwide (Total PAFs = 3392)

	Program	Systemwide
School	42.9%	42.9%
Family	22.6%	22.6%
Medical Office	11.5%	11.5%
Self	7.0%	7.0%
MH Facility	6.5%	6.5%
Other†	9.6%	9.6%

Partnership status

	Program	Systemwide
Clients active on the first day of the FY (i.e., rollover clients)	3067	3067
Clients admitted during the FY	4210	4210
Clients discharged during the FY	3373	3373
Clients active on the last day of the reporting period	3904	3904
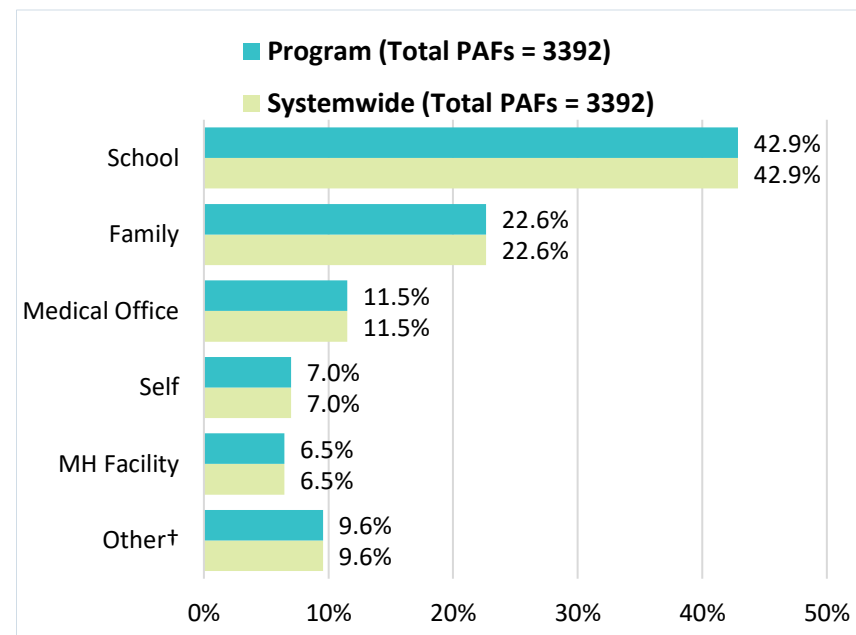
* Population served data sources: CCBH and PAF

† Other categories are listed in the appendix

SOCE
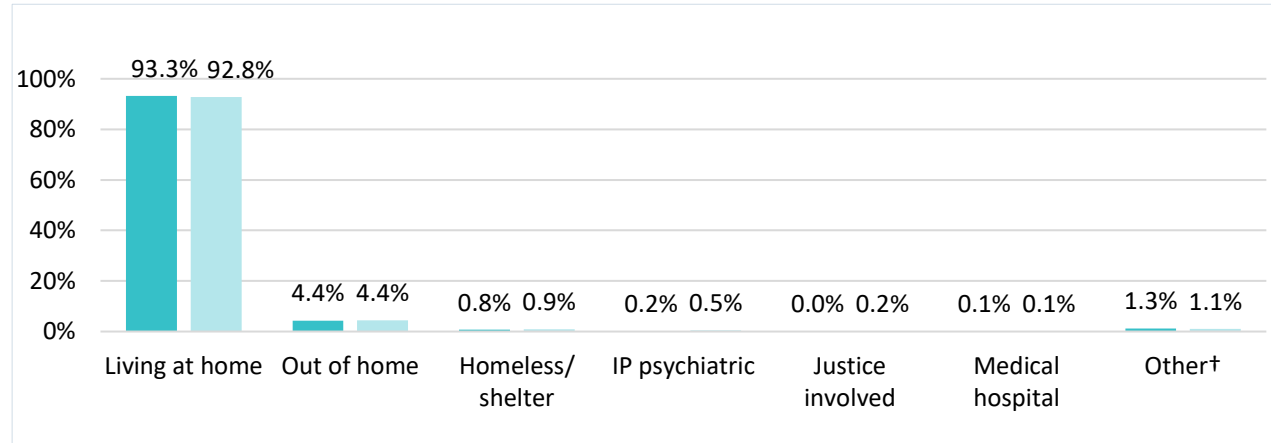system of care evaluation

COUNTY OF SAN DIEGO
HHSA
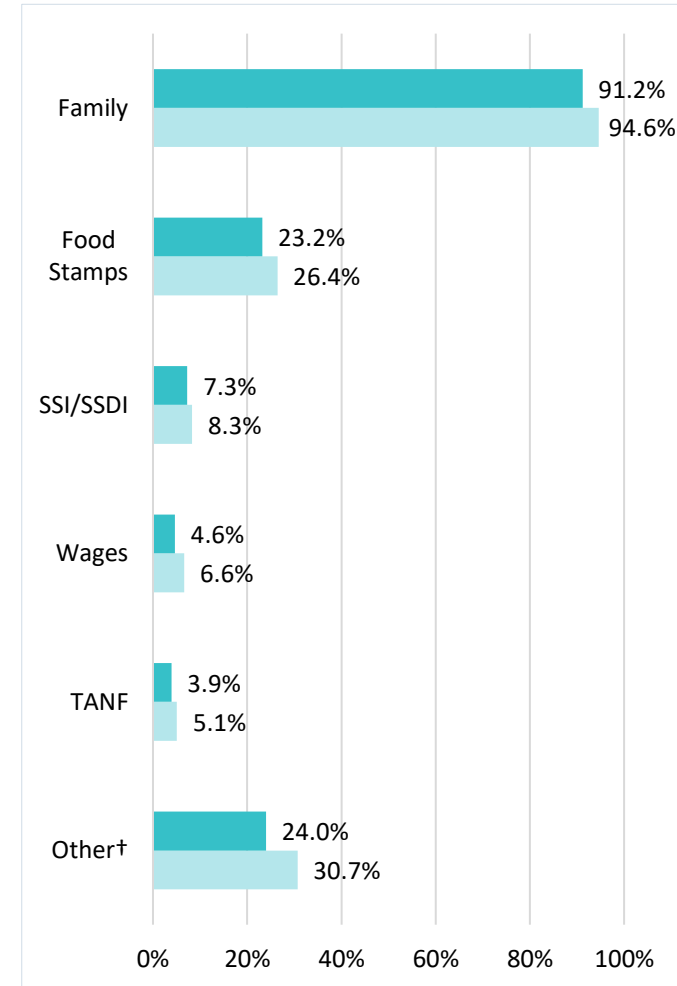HEALTH AND HUMAN SERVICES AGENCY

LIVE WELL
SAN DIEGO

Program Name: All FSP
Provider ID: Total

OUTCOME DATA* - Program level (N= 6653 clients)   ■ Intake ■ Latest

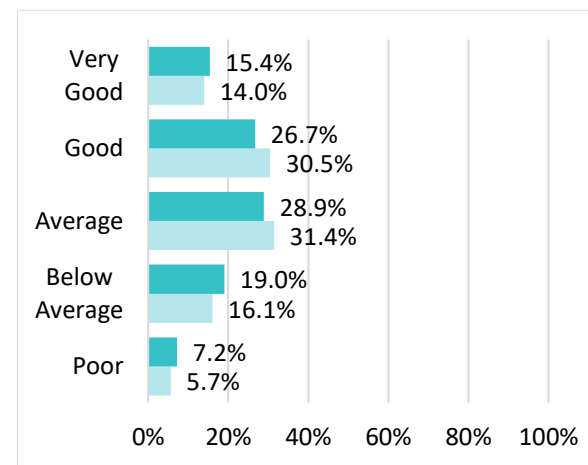### Residential Status at Intake and Latest (%)

Category	Intake	Latest
Living at home	93.3%	92.8%
Out of home	4.4%	4.4%
Homeless/shelter	0.8%	0.9%
IP psychiatric	0.2%	0.5%
Justice involved	0.0%	0.2%
Medical hospital	0.1%	0.1%
Other†	1.3%	1.1%

Financial Source at Intake and Latest (%)‡

Category	Intake	Latest
Family	91.2%	94.6%
Food Stamps	23.2%	26.4%
SSI/SSDI	7.3%	8.3%
Wages	4.6%	6.6%
TANF	3.9%	5.1%
Other†	24.0%	30.7%

Attendance at Intake and Latest (%)

Category	Intake	Latest
Always	51.0%	47.6%
Most	32.2%	36.2%
Sometimes	8.8%	8.4%
Infrequent	4.2%	3.9%
Never	1.9%	2.3%

Grades at Intake and Latest (%)

Category	Intake	Latest
Very Good	15.4%	14.0%
Good	26.7%	30.5%
Average	28.9%	31.4%
Below Average	19.0%	16.1%
Poor	7.2%	5.7%
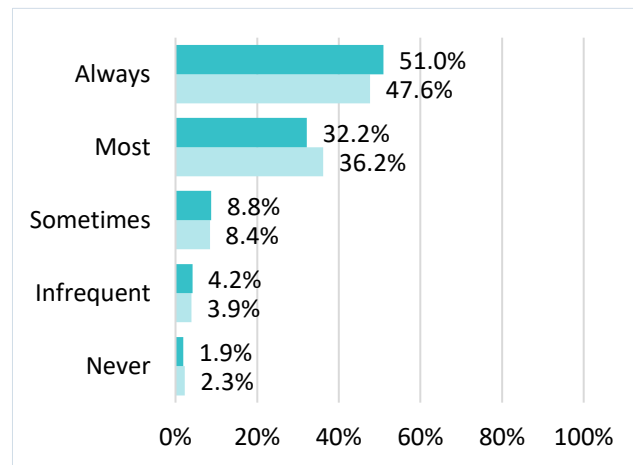
* Outcome data sources: PAF, 3M and KET. Changes in outcomes may be misrepresented for clients with missing PAFs, 3Ms or KET data

† Other categories are listed in the appendix

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COUNTY OF SAN DIEGO
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HEALTH AND HUMAN SERVICES AGENCY

LIVE WELL
SAN DIEGO

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3 of 13

Program Name: All FSP
Provider ID: Total

OUTCOME DATA* - Program level (N= 6653 clients)

Risk and Protective Factors (%)

Legend: ■ Intake ■ Latest

Receive Special Ed for Serious Emotional Disturbance	7.3% / 8.5%
Receive Special Ed for Another Reason	15.5% / 16.2%
Have Substance Abuse Problem	3.6% / 4.3%
Receive Substance Abuse Service	1.9% / 2.7%
Have Primary Care Physician	94.8% / 96.5%

Legend: ■ 12 months prior-Program ■ During partnership-Program

Inpatient Psychiatric	3.2% / 1.8%
Physical Emergency	7.5% / 0.4%
Mental Emergency	9.2% / 1.3%
Justice Involved	0.6% / 0.3%
Arrested	0.9% / 0.1%
Homeless	2.1% / 0.5%
Suspended	7.2% / 0.6%
Expelled	1.2% / 0.1%

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

Legend: ■ Program (N=3141 clients dischagred) ■ Systemwide (N=3141 clients discharged)

	Goal Met	Chose to leave	Moved	Lost contact	Other†
Program	53.0%	20.3%	4.6%	16.7%	5.4%
Systemwide	53.0%	20.3%	4.6%	16.7%	5.4%

* 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

SOCE system of care evaluation

COUNTY OF SAN DIEGO HHSA HEALTH AND HUMAN SERVICES AGENCY | LIVE WELL SAN DIEGO

Program Name: All FSP
Provider ID: Total

APPENDIX

Data Compliance

	Program level		Systemwide level	
Service events included in compliance outcomes*	**#**	**%**	**#**	**%**
Service events included in compliance outcomes	7112	97.7%	7112	97.7%
Service events not included in compliance outcomes	165	2.3%	165	2.3%
Total service events	**7277**		**7277**	

* 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)	265	3.7%	265	3.7%
Service event entered in the DCR (i.e., compliant)	6847	96.3%	6847	96.3%
Total service events included in compliance	**7112**		**7112**	

Quarterly reports (3Ms) submitted	#	%	#	%
On Time	6417	93.7%	6417	93.7%
126-200 days late	316	4.6%	316	4.6%
201-365 days late	102	1.5%	102	1.5%
More than 365 days late	12	0.2%	12	0.2%
Total service events matched in the DCR	**6847**		**6847**	

Program Name: All FSP
Provider ID: Total

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	607	5074	12.0%	607	5074	12.0%
At least 6 months in treatment	693	2925	23.7%	693	2925	23.7%
At least 9 months in treatment	651	1690	38.5%	651	1690	38.5%
At least 12 months in treatment	407	869	46.8%	407	869	46.8%

Clients with KETs submitted in the FY, by type of KET	#	%	#	%
Residential Change	192	2.8%	192	2.8%
Dependent of the Court	4	0.1%	4	0.1%
Conservatorship	4	0.1%	4	0.1%
Suspension	31	0.5%	31	0.5%
Expulsion	2	0.0%	2	0.0%
Physical Health Emergency	12	0.2%	12	0.2%
Mental Health Emergency	53	0.8%	53	0.8%
Arrest	3	0.0%	3	0.0%
Probation	5	0.1%	5	0.1%
Parole	2	0.0%	2	0.0%
Grade Completion	311	4.5%	311	4.5%
Setting Change	5	0.1%	5	0.1%
Total service events matched in the DCR	6847		6847	

Program Name: All FSP
Provider ID: Total

Population Served

Gender	Program level		Systemwide level	
	#	%	#	%
Female	3553	53.4%	3553	53.4%
Male	3059	46.0%	3059	46.0%
Other	41	0.6%	41	0.6%
Total unique clients	**6653**		**6653**	

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

Partnership Status	#	%	#	%
Clients open on the first day of the FY	3067	42.1%	3067	42.1%
Clients admitted during the FY	4210	57.9%	4210	57.9%
Clients discharged during the FY	3373	46.4%	3373	46.4%
Clients open on the last day of the reporting period	3904	53.6%	3904	53.6%
Average number of days clients were open in the CCBH	199.8	-	199.8	-
Total service events	**7277**		**7277**	

Program Name: All FSP
Provider ID: Total

	Program level		Systemwide level	
Referral Sources	**#**	**%**	**#**	**%**
Self	237	7.0%	237	7.0%
Family	768	22.6%	768	22.6%
Friend	16	0.5%	16	0.5%
School	1454	42.9%	1454	42.9%
Medical Office	390	11.5%	390	11.5%
Emergency Room	29	0.9%	29	0.9%
Mental Health Facility	219	6.5%	219	6.5%
Social Service Agency	152	4.5%	152	4.5%
Substance Abuse Facility	0	0.0%	0	0.0%
Faith-based Organization	0	0.0%	0	0.0%
Other County Agency	36	1.1%	36	1.1%
Homeless Shelter	0	0.0%	0	0.0%
Street Outreach	1	0.0%	1	0.0%
Juvenile Hall	20	0.6%	20	0.6%
Acute Psychiatric	23	0.7%	23	0.7%
Other	41	1.2%	41	1.2%
Unknown/Missing	6	0.2%	6	0.2%
Total PAFs*	3392		3392	

* Only includes new PAFS submitted during the FY

Program Name: All FSP
Provider ID: Total

Outcome Data

	Program level				Systemwide level			
Residential Status	Intake		Latest		Intake		Latest	
	#	%	#	%	#	%	#	%
Living at Home	6206	93.3%	6176	92.8%	6206	93.3%	6176	92.8%
Out of Home	290	4.4%	291	4.4%	290	4.4%	291	4.4%
Homeless/Shelter	50	0.8%	61	0.9%	50	0.8%	61	0.9%
Inpatient Psychiatric	12	0.2%	31	0.5%	12	0.2%	31	0.5%
Justice Involved	3	0.0%	13	0.2%	3	0.0%	13	0.2%
Medical Hospital	8	0.1%	7	0.1%	8	0.1%	7	0.1%
Other Settings	32	0.5%	29	0.4%	32	0.5%	29	0.4%
Unknown/Missing	52	0.8%	45	0.7%	52	0.8%	45	0.7%
Total unique clients	6653		6653		6653		6653	

	Intake		Latest		Intake		Latest	
Financial Sources*	#	%	#	%	#	%	#	%
Family	6069	91.2%	6296	94.6%	6069	91.2%	6296	94.6%
Wages	309	4.6%	439	6.6%	309	4.6%	439	6.6%
Savings	135	2.0%	217	3.3%	135	2.0%	217	3.3%
Loans	42	0.6%	53	0.8%	42	0.6%	53	0.8%
Housing	155	2.3%	216	3.2%	155	2.3%	216	3.2%
General Relief	256	3.8%	356	5.4%	256	3.8%	356	5.4%
Food Stamps	1543	23.2%	1758	26.4%	1543	23.2%	1758	26.4%
TANF	260	3.9%	338	5.1%	260	3.9%	338	5.1%
SSI/SSDI	483	7.3%	551	8.3%	483	7.3%	551	8.3%
Other	805	12.1%	986	14.8%	805	12.1%	986	14.8%
None	202	3.0%	214	3.2%	202	3.0%	214	3.2%
Total unique clients	6653		6653		6653		6653	

* Clients may endorse more than one financial source

Program Name: All FSP
Provider ID: Total

	Program level				Systemwide level			
Attendance	Intake		Latest		Intake		Latest	
	#	%	#	%	#	%	#	%
Always	3390	51.0%	3169	47.6%	3390	51.0%	3169	47.6%
Most	2143	32.2%	2409	36.2%	2143	32.2%	2409	36.2%
Sometimes	583	8.8%	561	8.4%	583	8.8%	561	8.4%
Infrequent	278	4.2%	259	3.9%	278	4.2%	259	3.9%
Never	129	1.9%	152	2.3%	129	1.9%	152	2.3%
NA/Missing	130	2.0%	103	1.5%	130	2.0%	103	1.5%
Total unique clients	6653		6653		6653		6653	

	Intake		Latest		Intake		Latest	
Grades	#	%	#	%	#	%	#	%
Very Good	1024	15.4%	933	14.0%	1024	15.4%	933	14.0%
Good	1776	26.7%	2028	30.5%	1776	26.7%	2028	30.5%
Average	1922	28.9%	2092	31.4%	1922	28.9%	2092	31.4%
Below Average	1267	19.0%	1069	16.1%	1267	19.0%	1069	16.1%
Poor	480	7.2%	377	5.7%	480	7.2%	377	5.7%
NA/Missing	184	2.8%	154	2.3%	184	2.8%	154	2.3%
Total unique clients	6653		6653		6653		6653	

	Intake		Latest		Intake		Latest	
Risk and protective factors	#	%	#	%	#	%	#	%
Receive Special Ed for Serious Emotional Disturbance	487	7.3%	563	8.5%	487	7.3%	563	8.5%
Receive Special Ed for Another Reason	1032	15.5%	1079	16.2%	1032	15.5%	1079	16.2%
Have Substance Abuse Problem	241	3.6%	289	4.3%	241	3.6%	289	4.3%
Receive Substance Abuse Service	129	1.9%	177	2.7%	129	1.9%	177	2.7%
Have Primary Care Physician	6307	94.8%	6418	96.5%	6307	94.8%	6418	96.5%
Total unique clients	6653		6653		6653		6653	

Program Name: All FSP
Provider ID: Total

Risk and protective factors	Program level				Systewide level			
	12 Months Prior		During Partnership		12 Months Prior		During Partnership	
	#	%	#	%	#	%	#	%
Expelled	78	1.2%	5	0.1%	78	1.2%	5	0.1%
Suspended	478	7.2%	43	0.6%	478	7.2%	43	0.6%
Homeless	138	2.1%	34	0.5%	138	2.1%	34	0.5%
Arrested	62	0.9%	6	0.1%	62	0.9%	6	0.1%
Justice Involved	38	0.6%	17	0.3%	38	0.6%	17	0.3%
Mental Health Emergency	609	9.2%	85	1.3%	609	9.2%	85	1.3%
Physical Health Emergency	496	7.5%	24	0.4%	496	7.5%	24	0.4%
Inpatient Psychiatric	215	3.2%	117	1.8%	215	3.2%	117	1.8%
Total unique clients	6653		6653		6653		6653	

Reasons for discharge, among those with a Discharge KET	Program level		Systemwide level	
	#	%	#	%
Goal Met	1665	53.0%	1665	53.0%
Target Criteria Not Met	74	2.4%	74	2.4%
Chose to Leave	639	20.3%	639	20.3%
Moved	144	4.6%	144	4.6%
Lost Contact	523	16.7%	523	16.7%
Placed In An Institution	24	0.8%	24	0.8%
Jail/Juvenile Hall/DJJ	12	0.4%	12	0.4%
Deceased	2	0.1%	2	0.1%
Unknown/Missing	58	1.8%	58	1.8%
Total unique clients with a discharge KET	3141		3141	

Program Name: All FSP
Provider ID: Total
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	80.92%	1,637	2,023
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)	78.3%	1282	1637
b)	**"Low" School Attendance Sustained** (3 or more unexcused absences a month)	4.9%	81	1637
c)	**School Attendance Improved** (movement on the 5-point rating scale)	8.9%	146	1637
d)	**School Attendance Declined** (movement on the 5-point rating scale)	7.8%	128	1637
	TOTAL	100.0%	1637	1637

* This table reflects cumulative FY 2022-23 DCR data and may be used to populate the Q4 FY 2022-23 "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. Please note, these data do not reflect the new uniform definitions that were adopted 07/01/2022.

Program Name: All FSP
Provider ID: Total
School-based program: No

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	80.72%	1,633	2,023
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)	32.6%	532	1633
b)	**"Average" Academic Performance Sustained** (grades of "Cs or equivalent)	16.2%	264	1633
c)	**"Low" Academic Performance Sustained** (grades of "Ds", "Fs" or equivalent)	9.4%	154	1633
d)	**Academic Performance Improved** (movement on the 5-point rating scale)	27.1%	442	1633
e)	**Academic Performance Declined** (movement on the 5-point rating scale)	14.8%	241	1633
	TOTAL	100.0%	1633	1633

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