

Children, Youth and Families FSP  
Dashboard and Report

Reporting period: 07/01/2024-09/30/2024

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

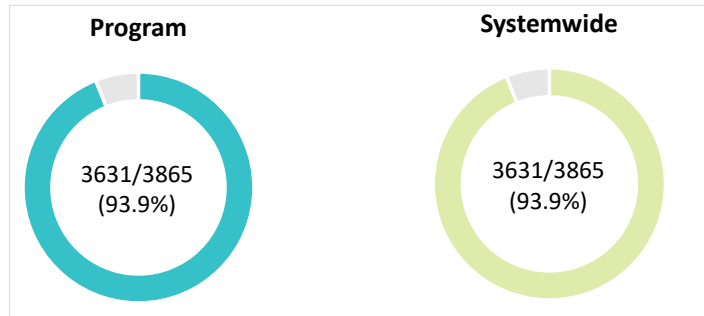
Reporting period: 07/01/2024-09/30/2024

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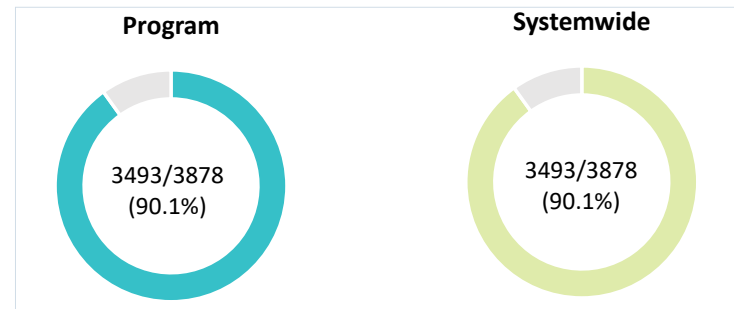
Provider ID: Total

## DATA COMPLIANCE\*

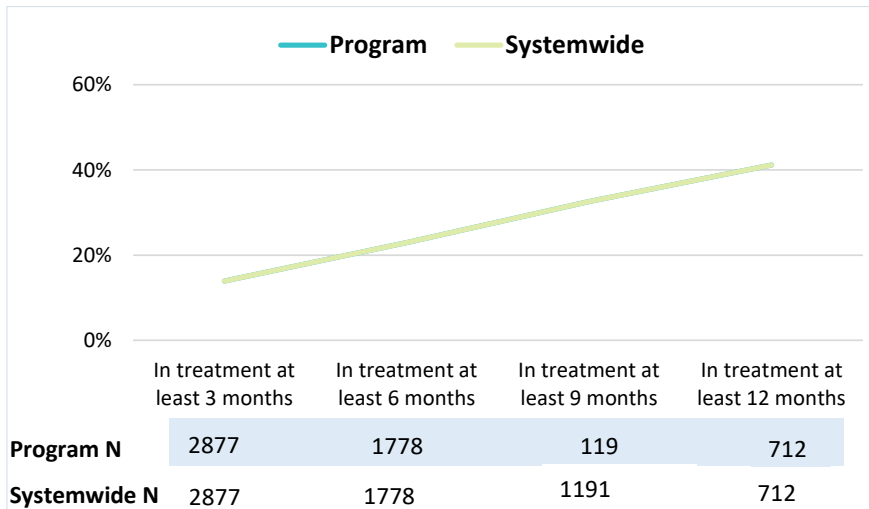
### Percent of service events entered in the DCR†



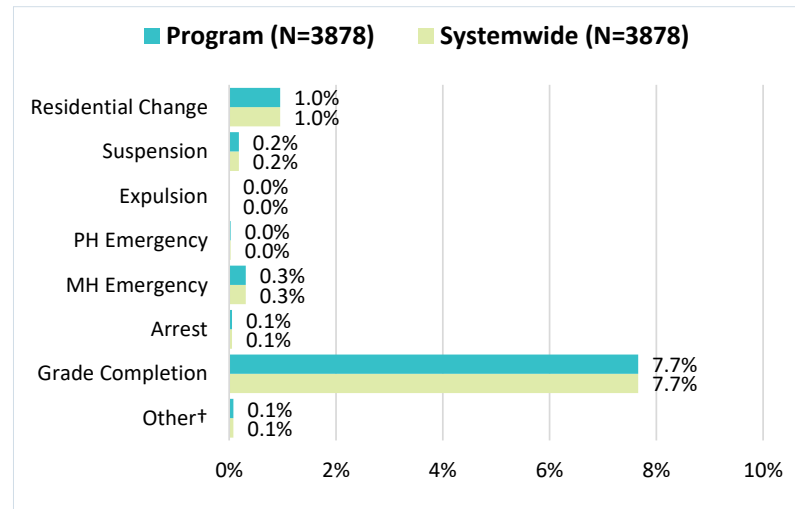
### Percent of quarterly reports entered on time



### 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.

\*Due to the transition to SmartCare, service entry compliance is based only on data entered from 07/01/24 to 08/31/24.

# Children, Youth and Families FSP Dashboard and Report

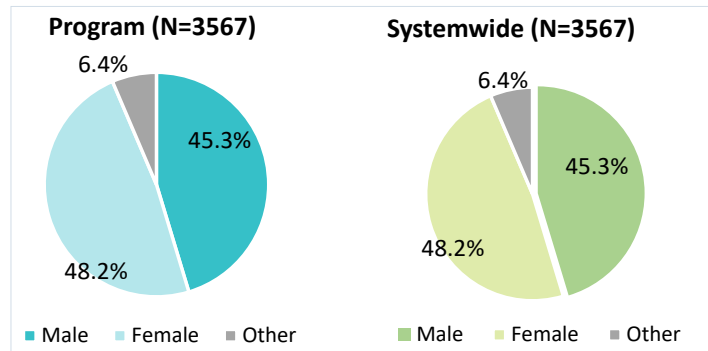
Reporting period: 07/01/2024-09/30/2024

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## POPULATION SERVED\*

### Demographics‡

#### Gender



### Partnership status§

	Program	Systemwide
Clients active on the first day of the FY (i.e., rollover clients)	3118	3118
Clients admitted during the FY	1082	1082
Clients discharged during the FY	978	978
Clients active on the last day of the reporting period	3222	3222

\* Population served data sources: CCBH and PAF. † Other categories are listed in the appendix

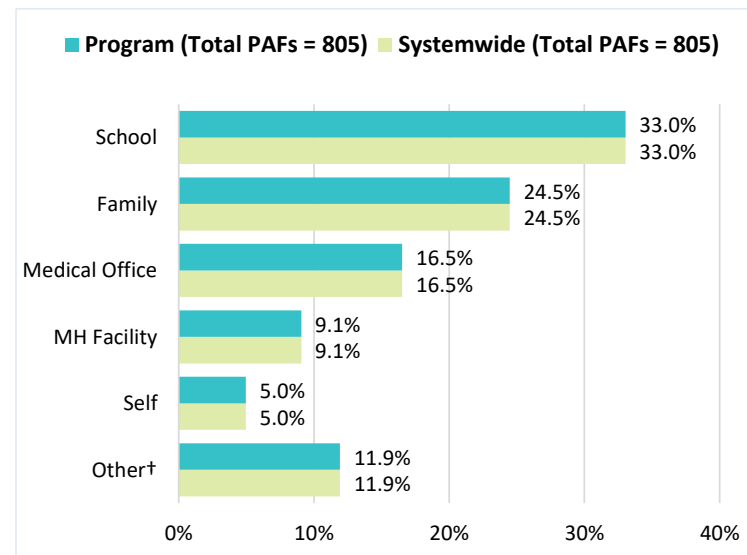
‡Due to the transition to SmartCare, demographic data are based only on entries in CCBH from 07/01/24 to 08/31/24.

§Due to the transition to SmartCare, there may be minor errors in partnership status for data entered in September.

#### Age

Program			Systemwide		
Min	Mean	Max	Min	Mean	Max
0	11.7	20	0	11.7	20

### Referral sources (%)



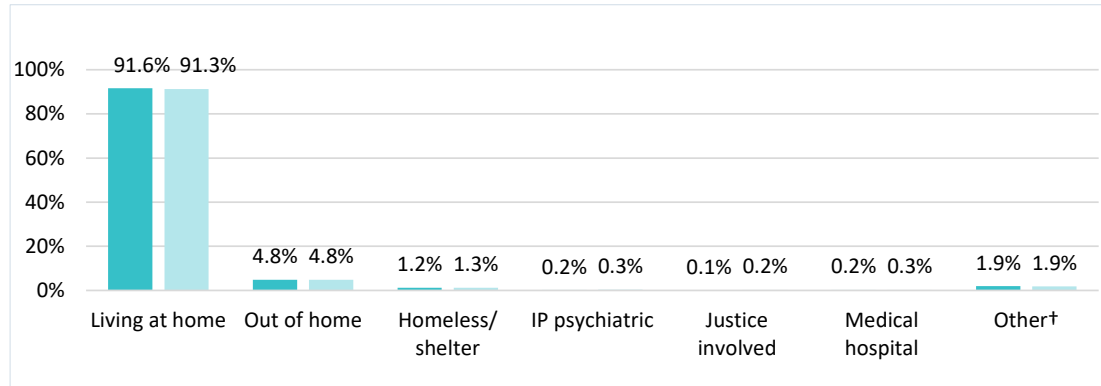
# Children, Youth and Families FSP Dashboard and Report

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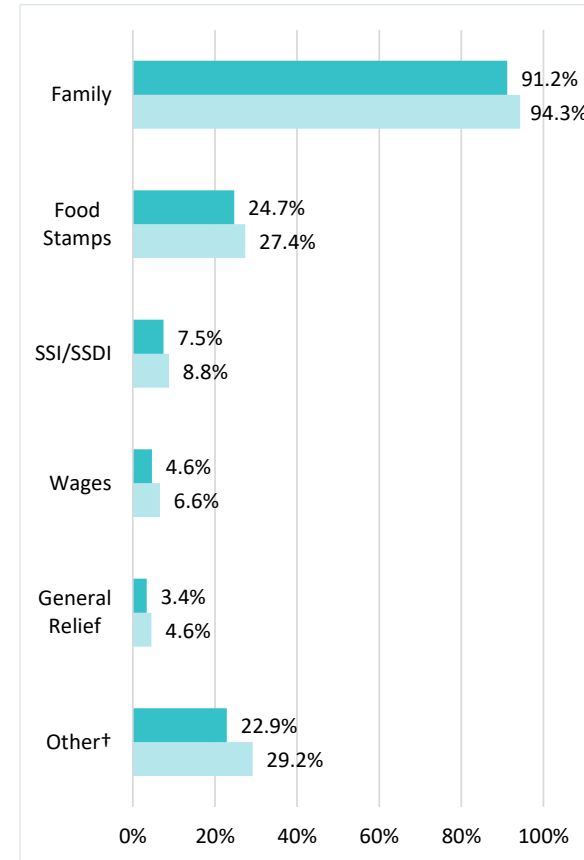
**Program Name:** All FSP  
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## OUTCOME DATA\*§ - Program level (N= 3864 clients) ■ Intake ■ Latest

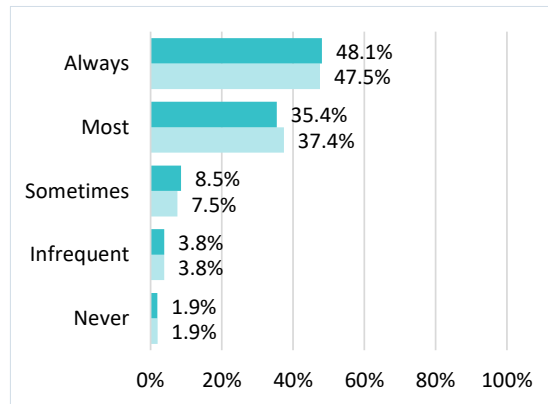
### Residential Status at Intake and Latest (%)



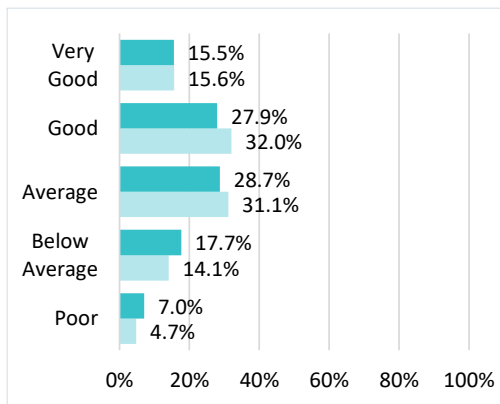
### Financial Source at Intake and Latest (%)‡



### 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%. §Due to the transition to SmartCare, there may be minor errors in outcome reporting for data entered in September.

# Children, Youth and Families FSP Dashboard and Report

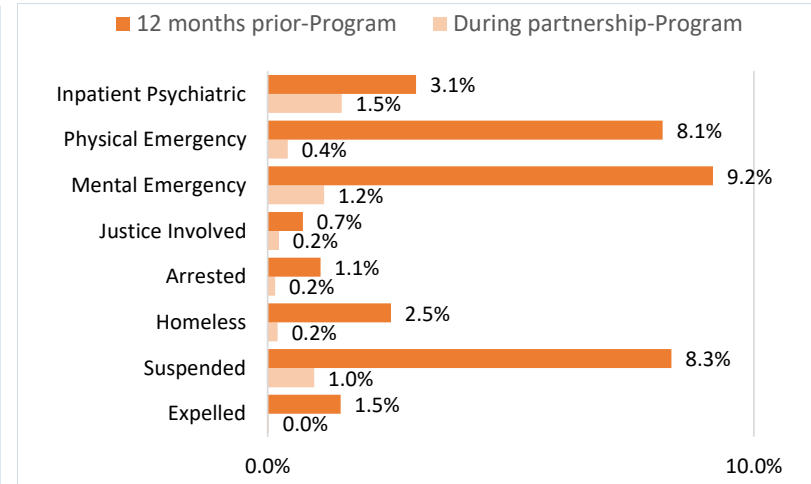
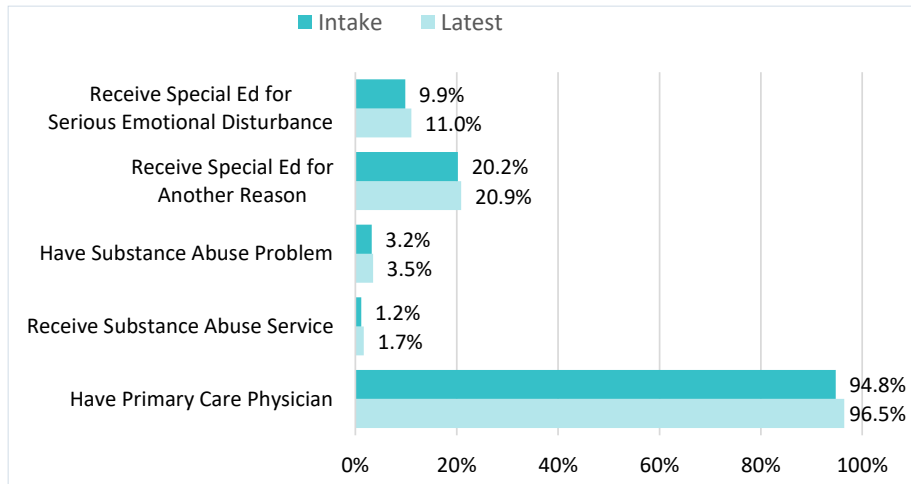
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Program Name: All FSP

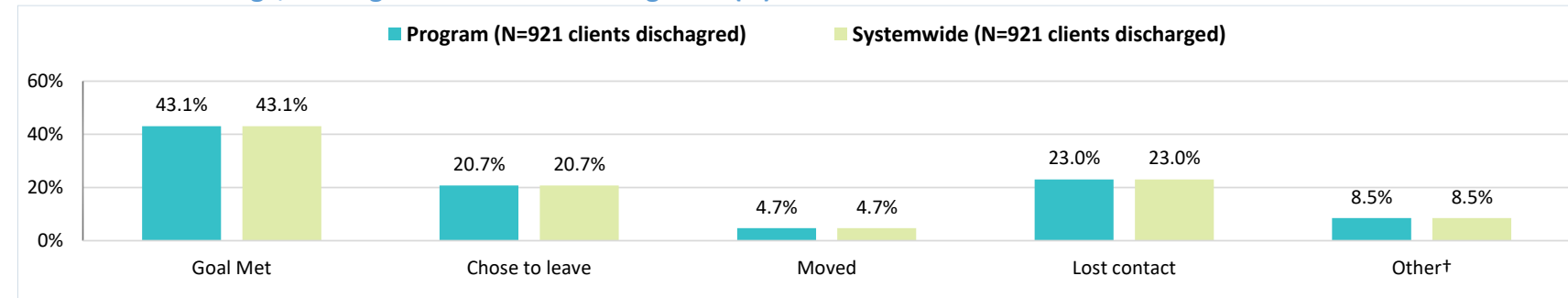
Provider ID: Total

## OUTCOME DATA\*§ - Program level (N= 3864 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.

§Due to the transition to SmartCare, there may be minor errors in outcome reporting for data entered in September.

# Children, Youth and Families FSP Dashboard and Report

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## APPENDIX

### Data Compliance

	Program level		Systemwide level	
Service events included in compliance outcomes*	#	%	#	%
Service events included in compliance outcomes	3865	97.8%	3865	97.8%
Service events not included in compliance outcomes	88	2.2%	88	2.2%
<b>Total service events</b>	<b>3953</b>		<b>3953</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.

Compliance - Eligible service events entered in the DCR	#	%	#	%
Service event not entered in the DCR (i.e., non-compliant)	234	6.1%	234	6.1%
Service event entered in the DCR (i.e., compliant)	3631	93.9%	3631	93.9%
<b>Total service events included in compliance</b>	<b>3865</b>		<b>3865</b>	

Quarterly reports (3Ms) submitted	#	%	#	%
On Time	3493	90.1%	3493	90.1%
126-200 days late	288	7.4%	288	7.4%
201-365 days late	86	2.2%	86	2.2%
More than 365 days late	11	0.3%	11	0.3%
<b>Total service events matched in the DCR</b>	<b>3878</b>		<b>3878</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	400	2877	13.9%	400	2877	13.9%
At least 6 months in treatment	408	1778	22.9%	408	1778	22.9%
At least 9 months in treatment	388	1191	32.6%	388	1191	32.6%
At least 12 months in treatment	293	712	41.2%	293	712	41.2%

<b>Clients with KETs submitted in the FY, by type of KET</b>	#	%	#	%
Residential Change	37	1.0%	37	1.0%
Dependent of the Court	0	0.0%	0	0.0%
Conservatorship	2	0.1%	2	0.1%
Suspension	7	0.2%	7	0.2%
Expulsion	0	0.0%	0	0.0%
Physical Health Emergency	1	0.0%	1	0.0%
Mental Health Emergency	12	0.3%	12	0.3%
Arrest	2	0.1%	2	0.1%
Probation	0	0.0%	0	0.0%
Parole	1	0.0%	1	0.0%
Grade Completion	297	7.7%	297	7.7%
Setting Change	0	0.0%	0	0.0%
<b>Total service events matched in the DCR</b>	<b>3878</b>		<b>3878</b>	

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## Population Served

Gender	Program level		Systemwide level	
	#	%	#	%
Female	1721	48.2%	1721	48.2%
Male	1617	45.3%	1617	45.3%
Other	229	6.4%	229	6.4%
<b>Total unique clients</b>	3567		3567	

Age	#	#
Average Age	11.7	11.7
Age Range	0-20	0-20

Partnership Status	#	%	#	%
Clients open on the first day of the FY	3118	74.2%	3118	74.2%
Clients admitted during the FY	1082	25.8%	1082	25.8%
Clients discharged during the FY	978	23.3%	978	23.3%
Clients open on the last day of the reporting period	3222	76.7%	3222	76.7%
Average number of days clients were open in the CCBH	219.0	-	219.0	-
<b>Total service events</b>	4200		4200	



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Referral Sources	Program level		Systemwide level	
	#	%	#	%
Self	40	5.0%	40	5.0%
Family	197	24.5%	197	24.5%
Friend	6	0.7%	6	0.7%
School	266	33.0%	266	33.0%
Medical Office	133	16.5%	133	16.5%
Emergency Room	13	1.6%	13	1.6%
Mental Health Facility	73	9.1%	73	9.1%
Social Service Agency	37	4.6%	37	4.6%
Substance Abuse Facility	0	0.0%	0	0.0%
Faith-based Organization	0	0.0%	0	0.0%
Other County Agency	9	1.1%	9	1.1%
Homeless Shelter	0	0.0%	0	0.0%
Street Outreach	0	0.0%	0	0.0%
Juvenile Hall	9	1.1%	9	1.1%
Acute Psychiatric	6	0.7%	6	0.7%
Other	14	1.7%	14	1.7%
Unknown/Missing	2	0.2%	2	0.2%
<b>Total PAFs*</b>	805		805	

\* 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	3539	91.6%	3527	91.3%	3539	91.6%	3527	91.3%
Out of Home	185	4.8%	185	4.8%	185	4.8%	185	4.8%
Homeless/Shelter	45	1.2%	49	1.3%	45	1.2%	49	1.3%
Inpatient Psychiatric	8	0.2%	11	0.3%	8	0.2%	11	0.3%
Justice Involved	4	0.1%	9	0.2%	4	0.1%	9	0.2%
Medical Hospital	9	0.2%	10	0.3%	9	0.2%	10	0.3%
Other Settings	29	0.8%	28	0.7%	29	0.8%	28	0.7%
Unknown/Missing	45	1.2%	45	1.2%	45	1.2%	45	1.2%
<b>Total unique clients</b>	<b>3864</b>		<b>3864</b>		<b>3864</b>		<b>3864</b>	

Financial Sources*	Program level				Systemwide level			
	Intake		Latest		Intake		Latest	
	#	%	#	%	#	%	#	%
Family	3524	91.2%	3644	94.3%	3524	91.2%	3644	94.3%
Wages	179	4.6%	256	6.6%	179	4.6%	256	6.6%
Savings	75	1.9%	119	3.1%	75	1.9%	119	3.1%
Loans	23	0.6%	30	0.8%	23	0.6%	30	0.8%
Housing	89	2.3%	128	3.3%	89	2.3%	128	3.3%
General Relief	131	3.4%	176	4.6%	131	3.4%	176	4.6%
Food Stamps	955	24.7%	1057	27.4%	955	24.7%	1057	27.4%
TANF	130	3.4%	182	4.7%	130	3.4%	182	4.7%
SSI/SSDI	290	7.5%	341	8.8%	290	7.5%	341	8.8%
Other	444	11.5%	525	13.6%	444	11.5%	525	13.6%
None	123	3.2%	143	3.7%	123	3.2%	143	3.7%
<b>Total unique clients</b>	<b>3864</b>		<b>3864</b>		<b>3864</b>		<b>3864</b>	

\* Clients may endorse more than one financial source

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Program level					Systemwide level				
Attendance	Intake		Latest		Intake		Latest		
	#	%	#	%	#	%	#	%	
Always	1859	48.1%	1837	47.5%	1859	48.1%	1837	47.5%	
Most	1368	35.4%	1445	37.4%	1368	35.4%	1445	37.4%	
Sometimes	330	8.5%	290	7.5%	330	8.5%	290	7.5%	
Infrequent	148	3.8%	147	3.8%	148	3.8%	147	3.8%	
Never	74	1.9%	75	1.9%	74	1.9%	75	1.9%	
NA/Missing	85	2.2%	70	1.8%	85	2.2%	70	1.8%	
<b>Total unique clients</b>	3864		3864		3864		3864		

Grades	Intake		Latest		Intake		Latest		
	#	%	#	%	#	%	#	%	
Very Good	600	15.5%	604	15.6%	600	15.5%	604	15.6%	
Good	1079	27.9%	1238	32.0%	1079	27.9%	1238	32.0%	
Average	1108	28.7%	1202	31.1%	1108	28.7%	1202	31.1%	
Below Average	682	17.7%	544	14.1%	682	17.7%	544	14.1%	
Poor	271	7.0%	183	4.7%	271	7.0%	183	4.7%	
NA/Missing	124	3.2%	93	2.4%	124	3.2%	93	2.4%	
<b>Total unique clients</b>	3864		3864		3864		3864		

Risk and protective factors	Intake		Latest		Intake		Latest		
	#	%	#	%	#	%	#	%	
Receive Special Ed for Serious Emotional Disturbance	381	9.9%	426	11.0%	381	9.9%	426	11.0%	
Receive Special Ed for Another Reason	781	20.2%	807	20.9%	781	20.2%	807	20.9%	
Have Substance Abuse Problem	124	3.2%	135	3.5%	124	3.2%	135	3.5%	
Receive Substance Abuse Service	46	1.2%	65	1.7%	46	1.2%	65	1.7%	
Have Primary Care Physician	3663	94.8%	3727	96.5%	3663	94.8%	3727	96.5%	
<b>Total unique clients</b>	3864		3864		3864		3864		

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Risk and protective factors	Program level				Systemwide level			
	12 Months Prior		During Partnership		12 Months Prior		During Partnership	
	#	%	#	%	#	%	#	%
Expelled	58	1.5%	1	0.0%	58	1.5%	1	0.0%
Suspended	321	8.3%	37	1.0%	321	8.3%	37	1.0%
Homeless	98	2.5%	8	0.2%	98	2.5%	8	0.2%
Arrested	42	1.1%	6	0.2%	42	1.1%	6	0.2%
Justice Involved	28	0.7%	9	0.2%	28	0.7%	9	0.2%
Mental Health Emergency	354	9.2%	45	1.2%	354	9.2%	45	1.2%
Physical Health Emergency	314	8.1%	16	0.4%	314	8.1%	16	0.4%
Inpatient Psychiatric	118	3.1%	59	1.5%	118	3.1%	59	1.5%
<b>Total unique clients</b>	3864		3864		3864		3864	

Reasons for discharge, among those with a Discharge KET	Program level		Systemwide level	
	#	%	#	%
Goal Met	397	43.1%	397	43.1%
Target Criteria Not Met	31	3.4%	31	3.4%
Chose to Leave	191	20.7%	191	20.7%
Moved	43	4.7%	43	4.7%
Lost Contact	212	23.0%	212	23.0%
Placed In An Institution	4	0.4%	4	0.4%
Jail/Juvenile Hall/DJJ	3	0.3%	3	0.3%
Deceased	0	0.0%	0	0.0%
Unknown/Missing	40	4.3%	40	4.3%
<b>Total unique clients with a discharge KET</b>	921		921	

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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	86.06%	494	574
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)	80.0%	395	494
b)	<b>“Low” School Attendance Sustained</b> (3 or more unexcused absences a month)	2.4%	12	494
c)	<b>School Attendance Improved</b> (movement on the 5-point rating scale)	8.3%	41	494
d)	<b>School Attendance Declined</b> (movement on the 5-point rating scale)	9.3%	46	494
	TOTAL	100.0%	494	494

\* This table reflects cumulative FY 2024-25 DCR data and may be used to populate the Q2 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 2024-25. 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	85.02%	488	574
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)	29.5%	144	488
b)	<b>“Average” Academic Performance Sustained</b> (grades of “Cs or equivalent)	13.3%	65	488
c)	<b>“Low” Academic Performance Sustained</b> (grades of “Ds”, “Fs” or equivalent)	8.2%	40	488
d)	<b>Academic Performance Improved</b> (movement on the 5-point rating scale)	27.3%	133	488
e)	<b>Academic Performance Declined</b> (movement on the 5-point rating scale)	21.7%	106	488
	TOTAL	100.0%	488	488

\* This table reflects cumulative FY 2024-25 DCR data and may be used to populate the Q2 FY 2024-25 "Academic Outcome" requirements for the QSR. Please note, not all programs are required to enter these data in the QSR.

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