

Children, Youth and Families FSP  
Dashboard and Report

Reporting period: 07/01/2024-12/31/2024

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

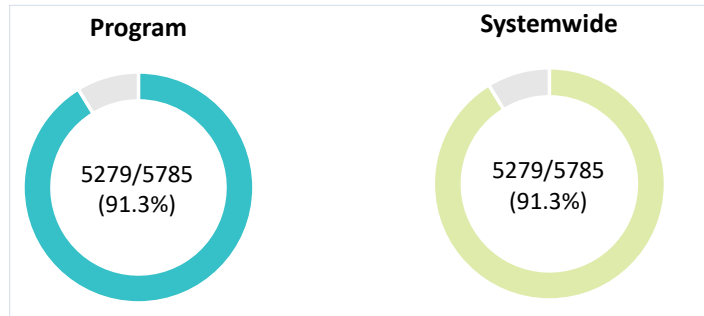
Reporting period: 07/01/2024-12/31/2024

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## DATA COMPLIANCE\*

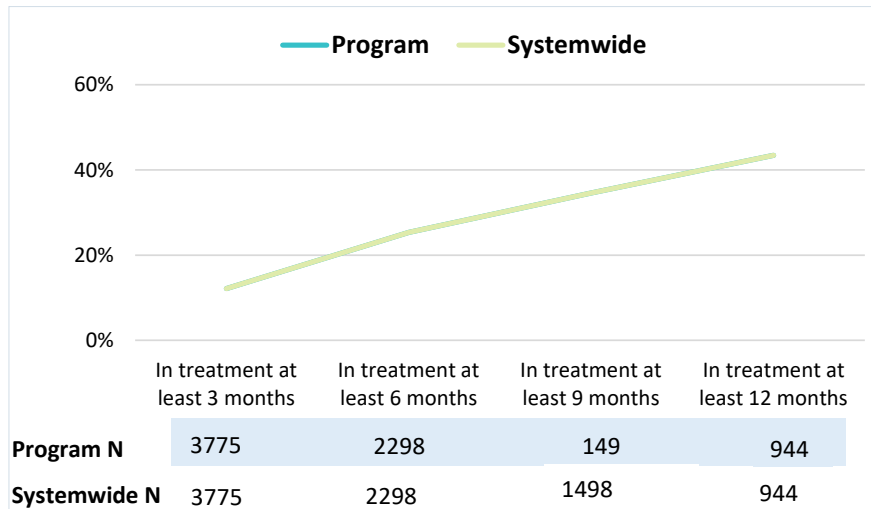
### Percent of service events entered in the DCR



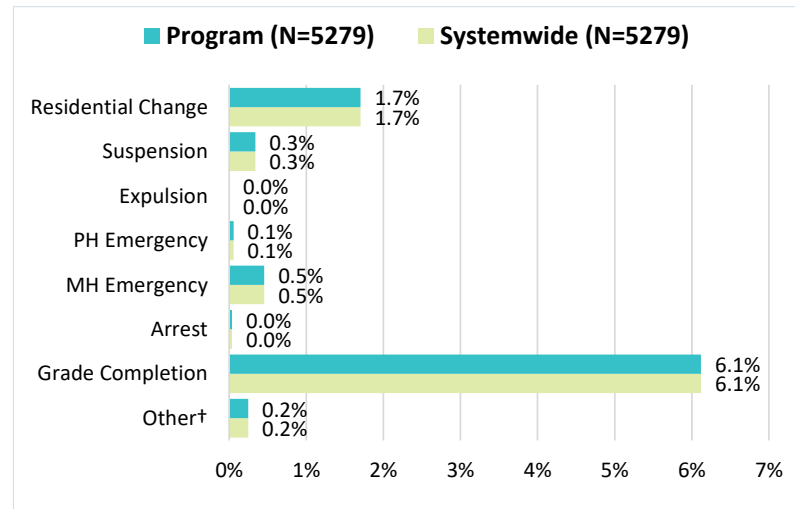
### Percent of quarterly reports entered on time



### 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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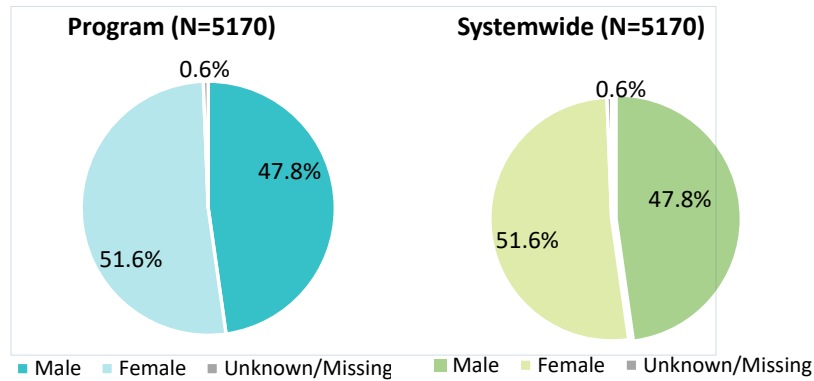
Reporting period: 07/01/2024-12/31/2024

**Program Name:** All FSP  
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## POPULATION SERVED\*

### Demographics

#### Sex §



### Partnership status

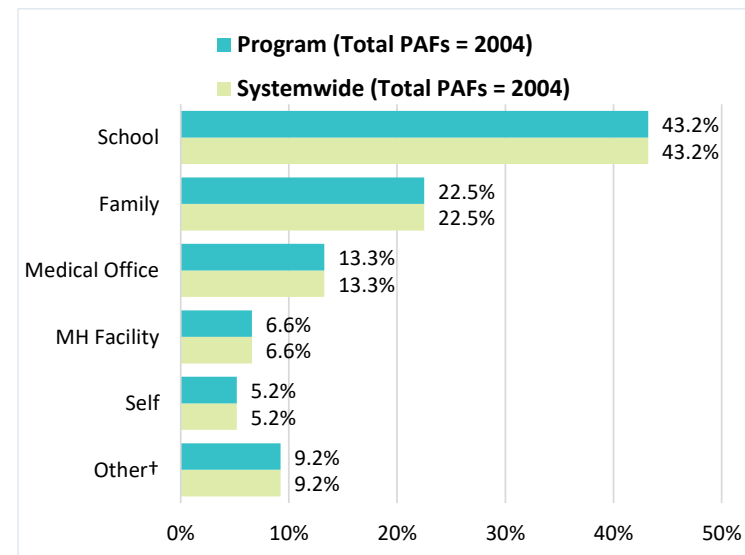
	Program	Systemwide
Clients active on the first day of the FY (i.e., rollover clients)	3097	3097
Clients admitted during the FY	2843	2843
Clients discharged during the FY	2046	2046
Clients active on the last day of the reporting period	3894	3894

\* Population served data sources: CCBH and PAF. † Other categories are listed in the appendix  
§ Due to the transition to SmartCare, client sex is now reported in place of gender.

#### Age

Program			Systemwide		
Min	Mean	Max	Min	Mean	Max
0	11.3	20	0	11.3	20

### Referral sources (%)



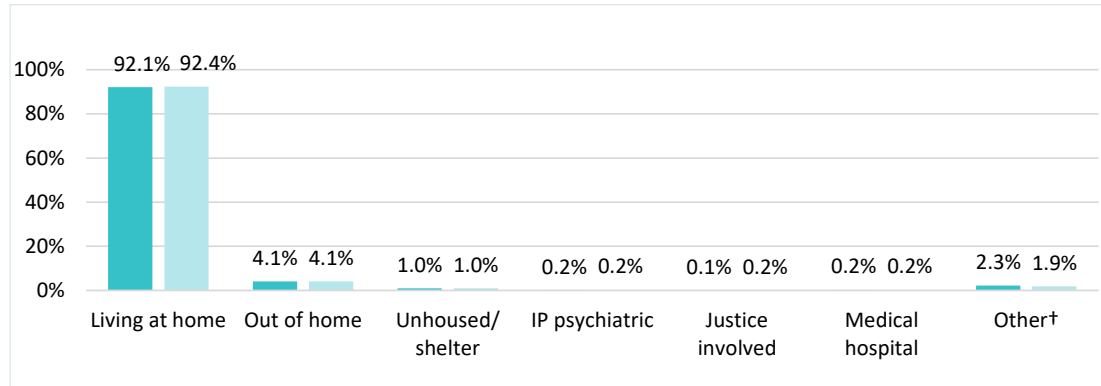
# Children, Youth and Families FSP Dashboard and Report

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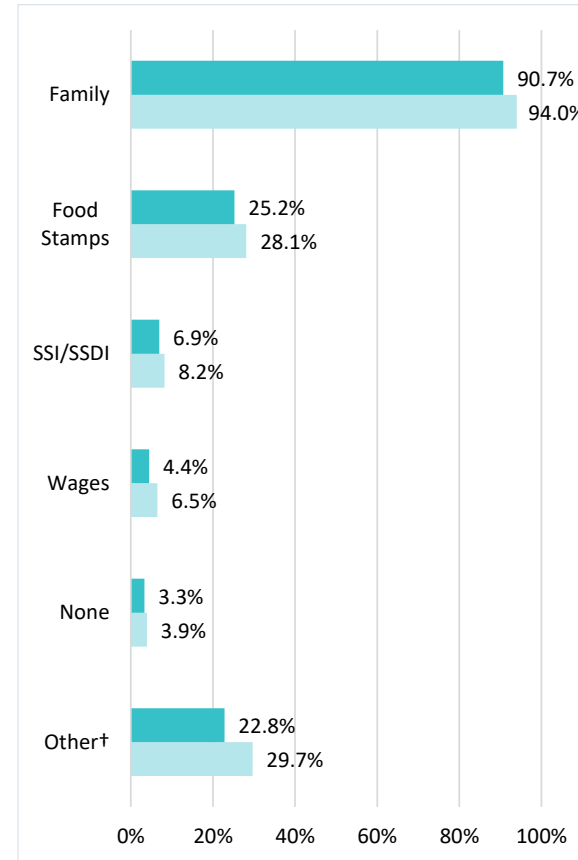
**Program Name:** All FSP  
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## OUTCOME DATA\* - Program level (N= 5170 clients) ■ Intake ■ Latest

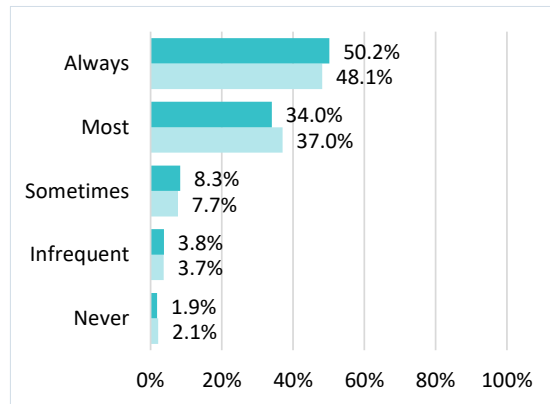
### Residential Status at Intake and Latest (%)



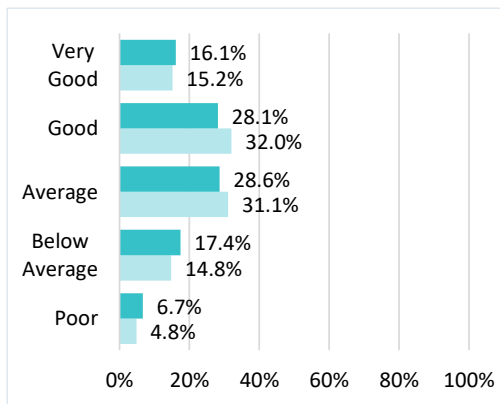
### Financial Source at Intake and Latest (%)‡



### 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%.

# Children, Youth and Families FSP Dashboard and Report

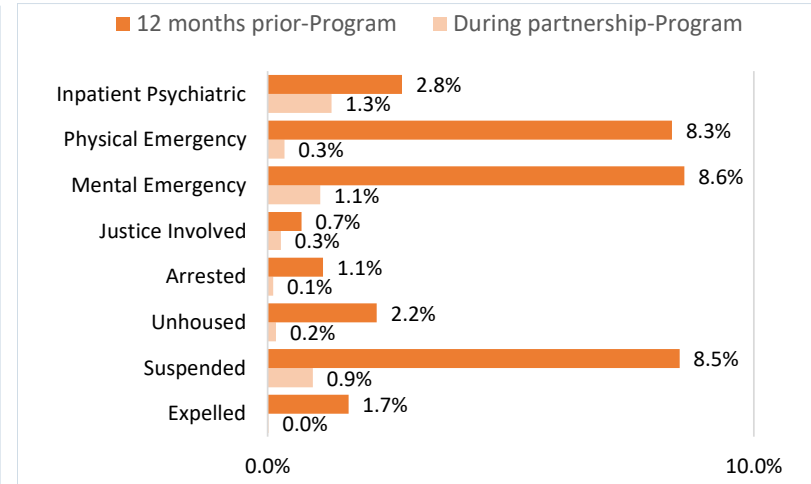
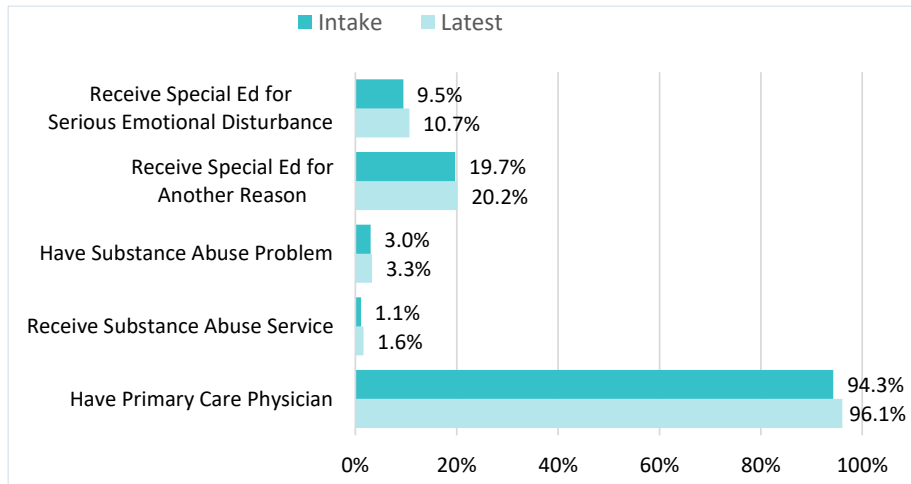
Reporting period: 07/01/2024-12/31/2024

Program Name: All FSP

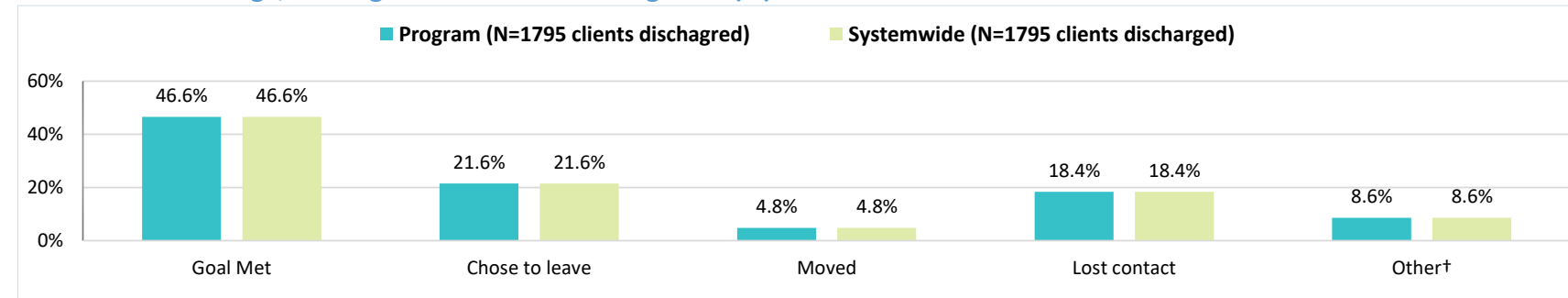
Provider ID: Total

## OUTCOME DATA\* - Program level (N= 5170 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.

# Children, Youth and Families FSP Dashboard and Report

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## APPENDIX

### Data Compliance

	Program level		Systemwide level	
<b>Service events included in compliance outcomes*</b>	<b>#</b>	<b>%</b>	<b>#</b>	<b>%</b>
Service events included in compliance outcomes	5785	97.4%	5785	97.4%
Service events not included in compliance outcomes	155	2.6%	155	2.6%
<b>Total service events</b>	<b>5940</b>		<b>5940</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>	<b>#</b>	<b>%</b>	<b>#</b>	<b>%</b>
Service event not entered in the DCR (i.e., non-compliant)	506	8.7%	506	8.7%
Service event entered in the DCR (i.e., compliant)	5279	91.3%	5279	91.3%
<b>Total service events included in compliance</b>	<b>5785</b>		<b>5785</b>	

<b>Quarterly reports (3Ms) submitted</b>	<b>#</b>	<b>%</b>	<b>#</b>	<b>%</b>
On Time	4805	91.0%	4805	91.0%
126-200 days late	299	5.7%	299	5.7%
201-365 days late	160	3.0%	160	3.0%
More than 365 days late	15	0.3%	15	0.3%
<b>Total service events matched in the DCR</b>	<b>5279</b>		<b>5279</b>	

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**Program Name:** All FSP  
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	Program level			Systemwide level		
KETs submitted by time in treatment	# of KETs submitted	# of clients in treatment	KET Submission %	# of KETs submitted	# of clients in treatment	KET Submission %
At least 3 months in treatment	458	3775	12.1%	458	3775	12.1%
At least 6 months in treatment	582	2298	25.3%	582	2298	25.3%
At least 9 months in treatment	518	1498	34.6%	518	1498	34.6%
At least 12 months in treatment	410	944	43.4%	410	944	43.4%

Clients with KETs submitted in the FY, by type of KET	#	%	#	%
Residential Change	90	1.7%	90	1.7%
Dependent of the Court	3	0.1%	3	0.1%
Conservatorship	9	0.2%	9	0.2%
Suspension	18	0.3%	18	0.3%
Expulsion	0	0.0%	0	0.0%
Physical Health Emergency	3	0.1%	3	0.1%
Mental Health Emergency	24	0.5%	24	0.5%
Arrest	2	0.0%	2	0.0%
Probation	0	0.0%	0	0.0%
Parole	1	0.0%	1	0.0%
Grade Completion	323	6.1%	323	6.1%
Setting Change	0	0.0%	0	0.0%
<b>Total service events matched in the DCR</b>	<b>5279</b>		<b>5279</b>	

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## Population Served

Sex	Program level		Systemwide level	
	#	%	#	%
Female	2669	51.6%	2669	51.6%
Male	2469	47.8%	2469	47.8%
Unknown/Missing	32	0.6%	32	0.6%
<b>Total unique clients</b>	5170		5170	

Age	#	#
Average Age	11.3	11.3
Age Range	0-20	0-20

Partnership Status	#	%	#	%
Clients open on the first day of the FY	3097	52.1%	3097	52.1%
Clients admitted during the FY	2843	47.9%	2843	47.9%
Clients discharged during the FY	2046	34.4%	2046	34.4%
Clients open on the last day of the reporting period	3894	65.6%	3894	65.6%
Average number of days clients were open in the CCBH	229.3	-	229.3	-
<b>Total service events</b>	5940		5940	



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Referral Sources	Program level		Systemwide level	
	#	%	#	%
Self	104	5.2%	104	5.2%
Family	451	22.5%	451	22.5%
Friend	12	0.6%	12	0.6%
School	866	43.2%	866	43.2%
Medical Office	266	13.3%	266	13.3%
Emergency Room	16	0.8%	16	0.8%
Mental Health Facility	132	6.6%	132	6.6%
Social Service Agency	86	4.3%	86	4.3%
Substance Abuse Facility	0	0.0%	0	0.0%
Faith-based Organization	0	0.0%	0	0.0%
Other County Agency	13	0.6%	13	0.6%
Unhoused Shelter	1	0.0%	1	0.0%
Street Outreach	0	0.0%	0	0.0%
Juvenile Hall	17	0.8%	17	0.8%
Acute Psychiatric	15	0.7%	15	0.7%
Other	21	1.0%	21	1.0%
Unknown/Missing	4	0.2%	4	0.2%
<b>Total PAFs*</b>	2004		2004	

\* Only includes new PAFs submitted during the FY

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## Outcome Data

Program level					Systemwide level				
Residential Status	Intake		Latest		Intake		Latest		
	#	%	#	%	#	%	#	%	
Living at Home	4762	92.1%	4777	92.4%	4762	92.1%	4777	92.4%	
Out of Home	214	4.1%	212	4.1%	214	4.1%	212	4.1%	
Unhoused/Shelter	50	1.0%	52	1.0%	50	1.0%	52	1.0%	
Inpatient Psychiatric	9	0.2%	12	0.2%	9	0.2%	12	0.2%	
Justice Involved	7	0.1%	8	0.2%	7	0.1%	8	0.2%	
Medical Hospital	11	0.2%	12	0.2%	11	0.2%	12	0.2%	
Other Settings	40	0.8%	38	0.7%	40	0.8%	38	0.7%	
Unknown/Missing	77	1.5%	59	1.1%	77	1.5%	59	1.1%	
<b>Total unique clients</b>	5170		5170		5170		5170		

Financial Sources*	Intake		Latest		Intake		Latest		
	#	%	#	%	#	%	#	%	
Family	4691	90.7%	4861	94.0%	4691	90.7%	4861	94.0%	
Wages	230	4.4%	336	6.5%	230	4.4%	336	6.5%	
Savings	102	2.0%	161	3.1%	102	2.0%	161	3.1%	
Loans	32	0.6%	44	0.9%	32	0.6%	44	0.9%	
Housing	119	2.3%	163	3.2%	119	2.3%	163	3.2%	
General Relief	164	3.2%	218	4.2%	164	3.2%	218	4.2%	
Food Stamps	1305	25.2%	1455	28.1%	1305	25.2%	1455	28.1%	
TANF	166	3.2%	229	4.4%	166	3.2%	229	4.4%	
SSI/SSDI	358	6.9%	424	8.2%	358	6.9%	424	8.2%	
Other	598	11.6%	718	13.9%	598	11.6%	718	13.9%	
None	173	3.3%	203	3.9%	173	3.3%	203	3.9%	
<b>Total unique clients</b>	5170		5170		5170		5170		

\* Clients may endorse more than one financial source

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Program level					Systemwide level				
Attendance	Intake		Latest		Intake		Latest		
	#	%	#	%	#	%	#	%	
Always	2593	50.2%	2489	48.1%	2593	50.2%	2489	48.1%	
Most	1759	34.0%	1914	37.0%	1759	34.0%	1914	37.0%	
Sometimes	428	8.3%	396	7.7%	428	8.3%	396	7.7%	
Infrequent	194	3.8%	191	3.7%	194	3.8%	191	3.7%	
Never	96	1.9%	109	2.1%	96	1.9%	109	2.1%	
NA/Missing	100	1.9%	71	1.4%	100	1.9%	71	1.4%	
<b>Total unique clients</b>	5170		5170		5170		5170		

Grades	Intake		Latest		Intake		Latest		
	#	%	#	%	#	%	#	%	
Very Good	834	16.1%	785	15.2%	834	16.1%	785	15.2%	
Good	1455	28.1%	1655	32.0%	1455	28.1%	1655	32.0%	
Average	1478	28.6%	1606	31.1%	1478	28.6%	1606	31.1%	
Below Average	901	17.4%	765	14.8%	901	17.4%	765	14.8%	
Poor	344	6.7%	250	4.8%	344	6.7%	250	4.8%	
NA/Missing	158	3.1%	109	2.1%	158	3.1%	109	2.1%	
<b>Total unique clients</b>	5170		5170		5170		5170		

Risk and protective factors	Intake		Latest		Intake		Latest		
	#	%	#	%	#	%	#	%	
Receive Special Ed for Serious Emotional Disturbance	489	9.5%	551	10.7%	489	9.5%	551	10.7%	
Receive Special Ed for Another Reason	1019	19.7%	1042	20.2%	1019	19.7%	1042	20.2%	
Have Substance Abuse Problem	156	3.0%	171	3.3%	156	3.0%	171	3.3%	
Receive Substance Abuse Service	58	1.1%	84	1.6%	58	1.1%	84	1.6%	
Have Primary Care Physician	4876	94.3%	4967	96.1%	4876	94.3%	4967	96.1%	
<b>Total unique clients</b>	5170		5170		5170		5170		

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Risk and protective factors	Program level				Systemwide level			
	12 Months Prior		During Partnership		12 Months Prior		During Partnership	
	#	%	#	%	#	%	#	%
Expelled	86	1.7%	1	0.0%	86	1.7%	1	0.0%
Suspended	438	8.5%	48	0.9%	438	8.5%	48	0.9%
Unhoused	116	2.2%	9	0.2%	116	2.2%	9	0.2%
Arrested	59	1.1%	6	0.1%	59	1.1%	6	0.1%
Justice Involved	36	0.7%	14	0.3%	36	0.7%	14	0.3%
Mental Health Emergency	443	8.6%	56	1.1%	443	8.6%	56	1.1%
Physical Health Emergency	430	8.3%	18	0.3%	430	8.3%	18	0.3%
Inpatient Psychiatric	143	2.8%	68	1.3%	143	2.8%	68	1.3%
<b>Total unique clients</b>	5170		5170		5170		5170	

Reasons for discharge, among those with a Discharge KET	Program level		Systemwide level	
	#	%	#	%
Goal Met	836	46.6%	836	46.6%
Target Criteria Not Met	53	3.0%	53	3.0%
Chose to Leave	387	21.6%	387	21.6%
Moved	87	4.8%	87	4.8%
Lost Contact	330	18.4%	330	18.4%
Placed In An Institution	11	0.6%	11	0.6%
Jail/Juvenile Hall/DJJ	6	0.3%	6	0.3%
Deceased	0	0.0%	0	0.0%
Unknown/Missing	85	4.7%	85	4.7%
<b>Total unique clients with a discharge KET</b>	1795		1795	

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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	78.51%	877	1,117
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)	78.6%	689	877
b)	<b>“Low” School Attendance Sustained</b> (3 or more unexcused absences a month)	3.1%	27	877
c)	<b>School Attendance Improved</b> (movement on the 5-point rating scale)	9.0%	79	877
d)	<b>School Attendance Declined</b> (movement on the 5-point rating scale)	9.4%	82	877
	TOTAL	100.0%	877	877

\* This table reflects cumulative FY 2024-25 DCR data and may be used to populate the Q3 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	78.16%	873	1,117
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)	29.9%	261	873
b)	<b>“Average” Academic Performance Sustained</b> (grades of “Cs or equivalent)	13.9%	121	873
c)	<b>“Low” Academic Performance Sustained</b> (grades of “Ds”, “Fs” or equivalent)	7.2%	63	873
d)	<b>Academic Performance Improved</b> (movement on the 5-point rating scale)	29.8%	260	873
e)	<b>Academic Performance Declined</b> (movement on the 5-point rating scale)	19.2%	168	873
	TOTAL	100.0%	873	873

\* This table reflects cumulative FY 2024-25 DCR data and may be used to populate the Q3 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.