

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

Reporting period: 07/01/2022-12/31/2022

Program Name: All FSP
Provider ID: Total

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All FSP

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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

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

Children, Youth and Families FSP Dashboard and Report

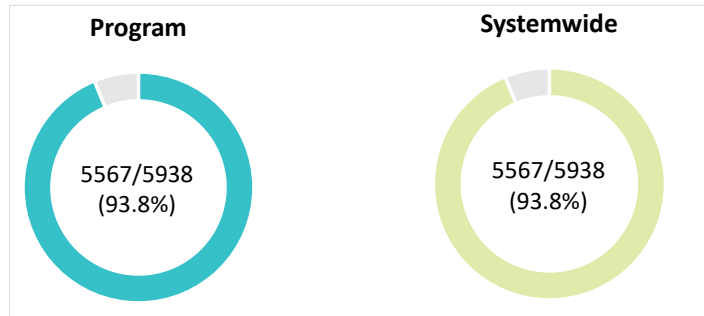
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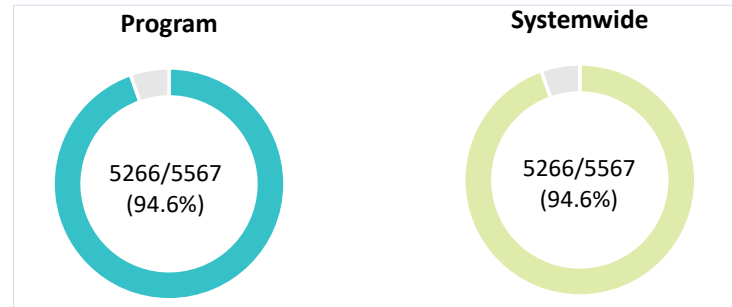
Provider ID: Total

DATA COMPLIANCE*

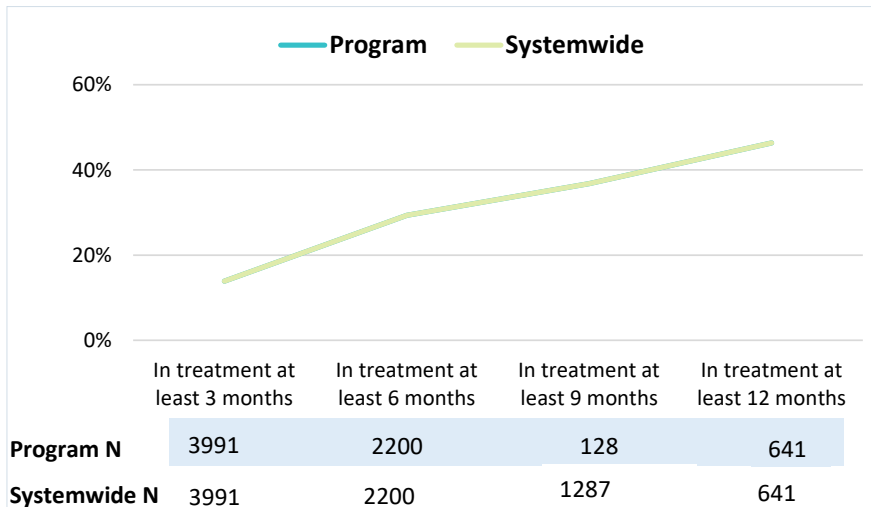
Percent of service events entered in the DCR



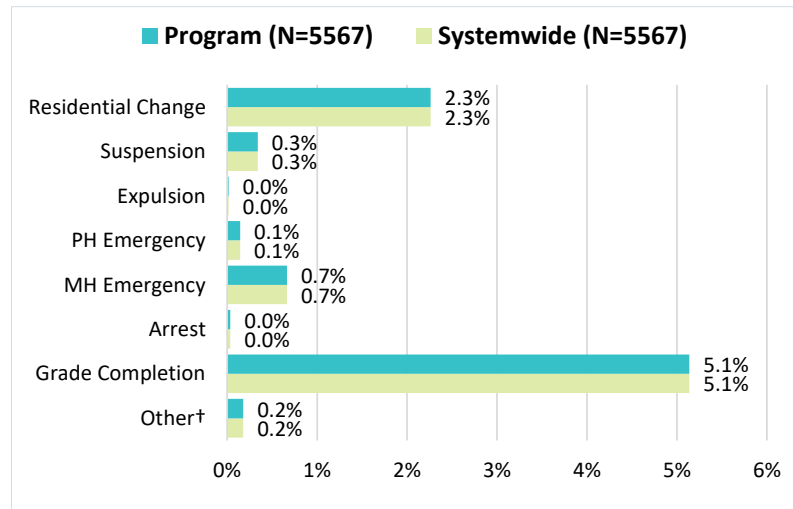
Percent of quarterly reports entered on time



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

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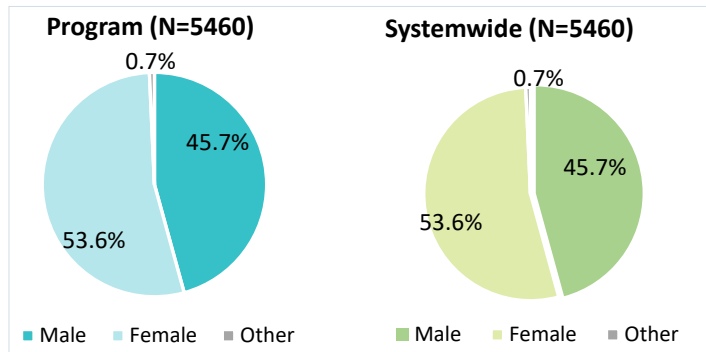
Reporting period: 07/01/2022-12/31/2022

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POPULATION SERVED*

Demographics

Gender



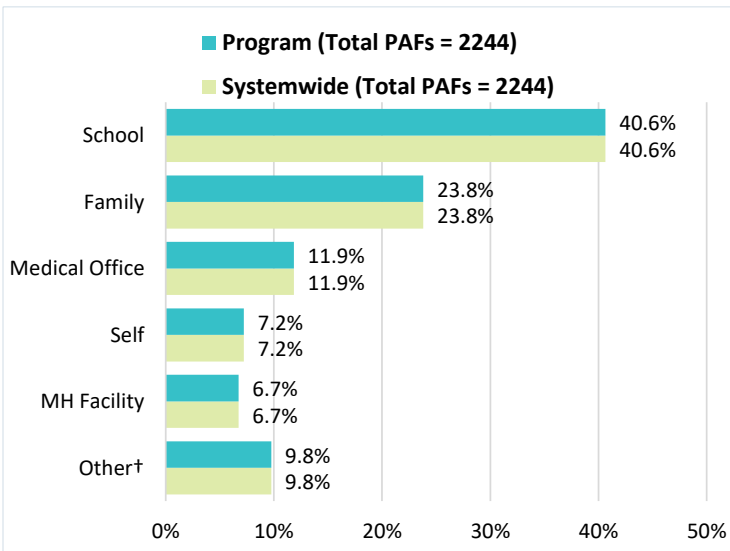
Age

Program			Systemwide		
Min	Mean	Max	Min	Mean	Max
0	11.6	21	0	11.6	21

Partnership status

	Program	Systemwide
Clients active on the first day of the FY (i.e., rollover clients)	3208	3208
Clients admitted during the FY	2881	2881
Clients discharged during the FY	2337	2337
Clients active on the last day of the reporting period	3752	3752

Referral sources (%)



* Population served data sources: CCBH and PAF

† Other categories are listed in the appendix

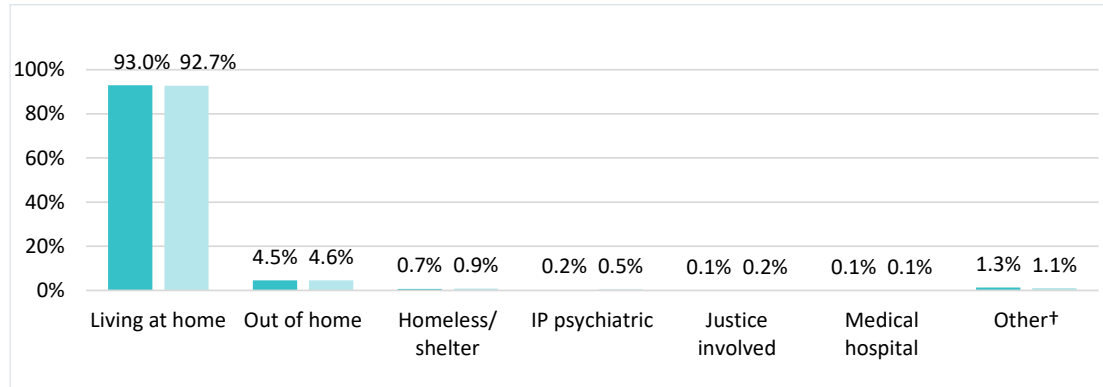
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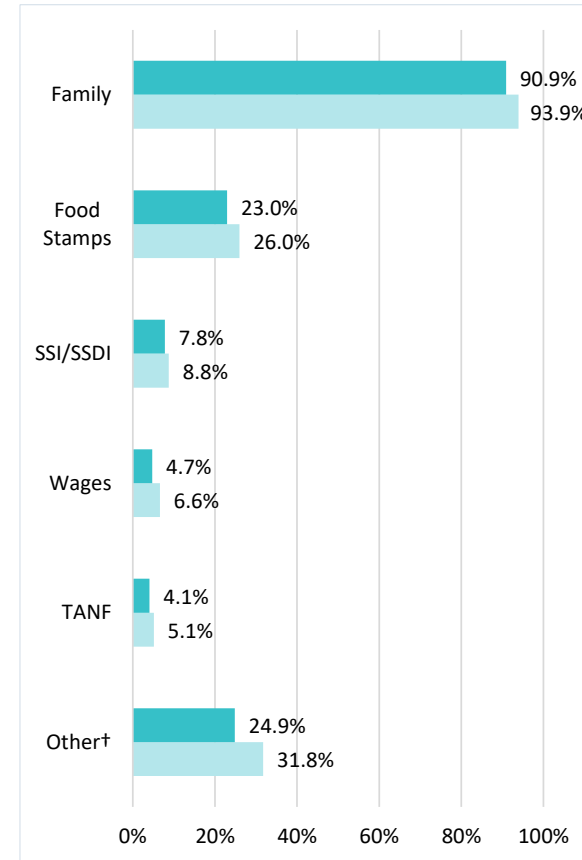
Program Name: All FSP
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OUTCOME DATA* - Program level (N= 5460 clients)

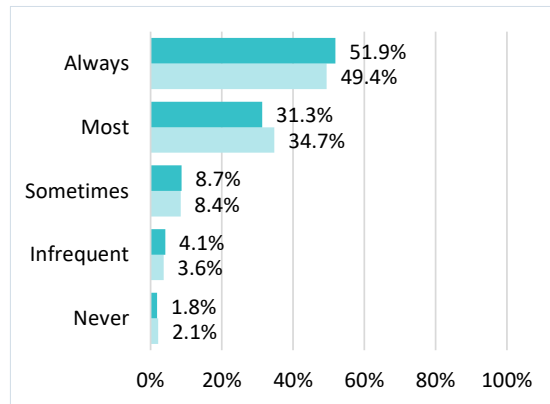
Residential Status at Intake and Latest (%)



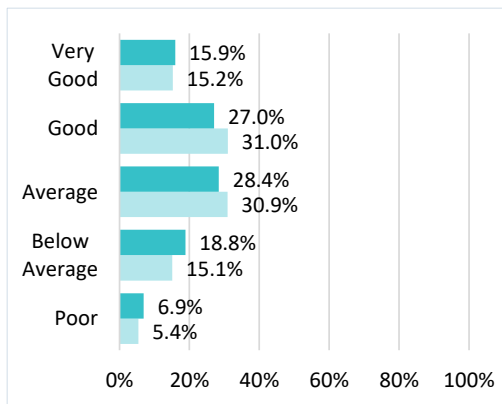
Financial Source at Intake and Latest (%)‡



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

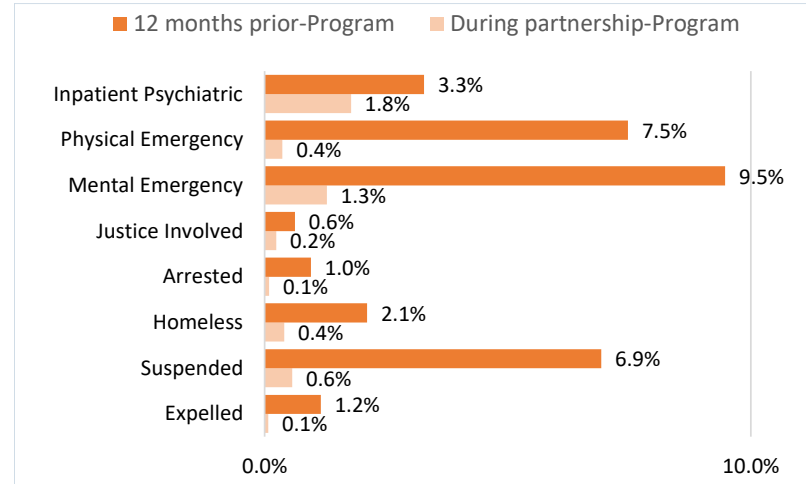
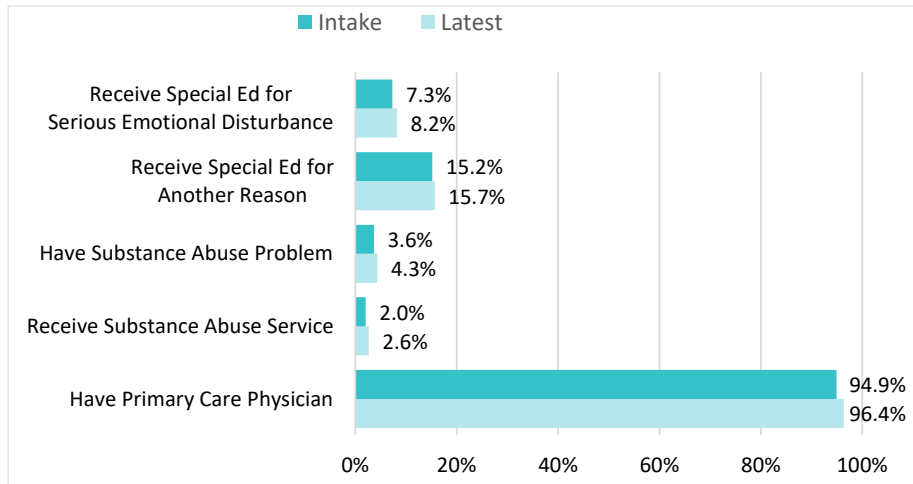
‡ Clients may endorse more than one financial source so the data may sum to more than 100%

Program Name: All FSP

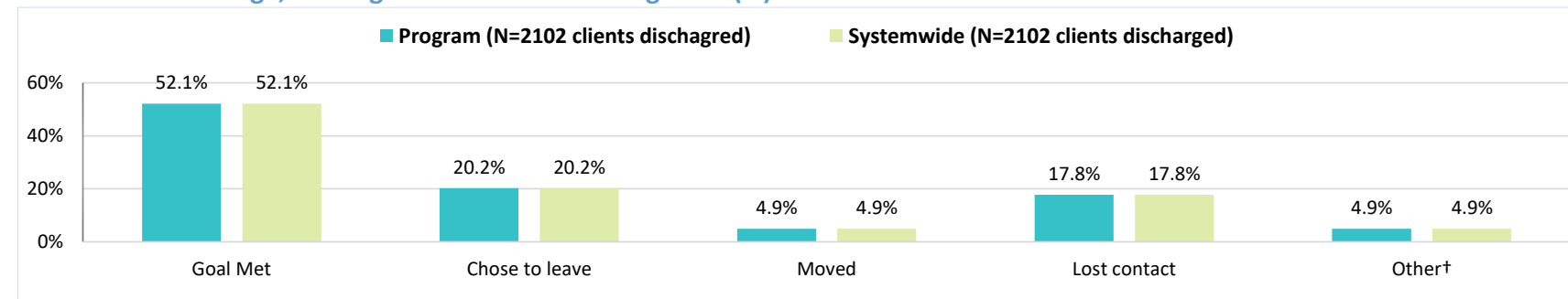
Provider ID: Total

OUTCOME DATA* - Program level (N= 5460 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

Service events included in compliance outcomes*	Program level		Systemwide level	
	#	%	#	%
Service events included in compliance outcomes	5938	97.5%	5938	97.5%
Service events not included in compliance outcomes	151	2.5%	151	2.5%
Total service events	6089		6089	

* 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)	371	6.2%	371	6.2%
Service event entered in the DCR (i.e., compliant)	5567	93.8%	5567	93.8%
Total service events included in compliance	5938		5938	

Quarterly reports (3Ms) submitted	#	%	#	%
On Time	5266	94.6%	5266	94.6%
126-200 days late	236	4.2%	236	4.2%
201-365 days late	58	1.0%	58	1.0%
More than 365 days late	7	0.1%	7	0.1%
Total service events matched in the DCR	5567		5567	

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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	554	3991	13.9%	554	3991	13.9%
At least 6 months in treatment	645	2200	29.3%	645	2200	29.3%
At least 9 months in treatment	473	1287	36.8%	473	1287	36.8%
At least 12 months in treatment	297	641	46.3%	297	641	46.3%

Clients with KETs submitted in the FY, by type of KET	#	%	#	%
Residential Change	126	2.3%	126	2.3%
Dependent of the Court	1	0.0%	1	0.0%
Conservatorship	1	0.0%	1	0.0%
Suspension	19	0.3%	19	0.3%
Expulsion	1	0.0%	1	0.0%
Physical Health Emergency	8	0.1%	8	0.1%
Mental Health Emergency	37	0.7%	37	0.7%
Arrest	2	0.0%	2	0.0%
Probation	2	0.0%	2	0.0%
Parole	1	0.0%	1	0.0%
Grade Completion	286	5.1%	286	5.1%
Setting Change	5	0.1%	5	0.1%
Total service events matched in the DCR	5567		5567	

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Population Served

Gender	Program level		Systemwide level	
	#	%	#	%
Female	2924	53.6%	2924	53.6%
Male	2497	45.7%	2497	45.7%
Other	39	0.7%	39	0.7%
Total unique clients	5460		5460	

Age	#	#
Average Age	11.6	11.6
Age Range	0-21	0-21

Partnership Status	#	%	#	%
Clients open on the first day of the FY	3208	52.7%	3208	52.7%
Clients admitted during the FY	2881	47.3%	2881	47.3%
Clients discharged during the FY	2337	38.4%	2337	38.4%
Clients open on the last day of the reporting period	3752	61.6%	3752	61.6%
Average number of days clients were open in the CCBH	6876.3	-	6876.3	-
Total service events	6089		6089	

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Referral Sources	Program level		Systemwide level	
	#	%	#	%
Self	162	7.2%	162	7.2%
Family	534	23.8%	534	23.8%
Friend	8	0.4%	8	0.4%
School	912	40.6%	912	40.6%
Medical Office	266	11.9%	266	11.9%
Emergency Room	18	0.8%	18	0.8%
Mental Health Facility	151	6.7%	151	6.7%
Social Service Agency	99	4.4%	99	4.4%
Substance Abuse Facility	0	0.0%	0	0.0%
Faith-based Organization	0	0.0%	0	0.0%
Other County Agency	28	1.2%	28	1.2%
Homeless Shelter	2	0.1%	2	0.1%
Street Outreach	1	0.0%	1	0.0%
Juvenile Hall	13	0.6%	13	0.6%
Acute Psychiatric	16	0.7%	16	0.7%
Other	32	1.4%	32	1.4%
Unknown/Missing	2	0.1%	2	0.1%
Total PAFs*	2244		2244	

* 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	5079	93.0%	5061	92.7%	5079	93.0%	5061	92.7%
Out of Home	248	4.5%	249	4.6%	248	4.5%	249	4.6%
Homeless/Shelter	39	0.7%	47	0.9%	39	0.7%	47	0.9%
Inpatient Psychiatric	13	0.2%	25	0.5%	13	0.2%	25	0.5%
Justice Involved	3	0.1%	10	0.2%	3	0.1%	10	0.2%
Medical Hospital	7	0.1%	8	0.1%	7	0.1%	8	0.1%
Other Settings	32	0.6%	28	0.5%	32	0.6%	28	0.5%
Unknown/Missing	39	0.7%	32	0.6%	39	0.7%	32	0.6%
Total unique clients	5460		5460		5460		5460	

Financial Sources*	Program level				Systemwide level			
	Intake		Latest		Intake		Latest	
	#	%	#	%	#	%	#	%
Family	4963	90.9%	5128	93.9%	4963	90.9%	5128	93.9%
Wages	258	4.7%	362	6.6%	258	4.7%	362	6.6%
Savings	113	2.1%	184	3.4%	113	2.1%	184	3.4%
Loans	36	0.7%	43	0.8%	36	0.7%	43	0.8%
Housing	126	2.3%	173	3.2%	126	2.3%	173	3.2%
General Relief	214	3.9%	295	5.4%	214	3.9%	295	5.4%
Food Stamps	1255	23.0%	1417	26.0%	1255	23.0%	1417	26.0%
TANF	223	4.1%	281	5.1%	223	4.1%	281	5.1%
SSI/SSDI	426	7.8%	479	8.8%	426	7.8%	479	8.8%
Other	695	12.7%	857	15.7%	695	12.7%	857	15.7%
None	173	3.2%	182	3.3%	173	3.2%	182	3.3%
Total unique clients	5460		5460		5460		5460	

* Clients may endorse more than one financial source

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	Program level				Systemwide level			
	Intake		Latest		Intake		Latest	
Attendance	#	%	#	%	#	%	#	%
Always	2833	51.9%	2698	49.4%	2833	51.9%	2698	49.4%
Most	1711	31.3%	1897	34.7%	1711	31.3%	1897	34.7%
Sometimes	475	8.7%	460	8.4%	475	8.7%	460	8.4%
Infrequent	226	4.1%	199	3.6%	226	4.1%	199	3.6%
Never	101	1.8%	115	2.1%	101	1.8%	115	2.1%
NA/Missing	114	2.1%	91	1.7%	114	2.1%	91	1.7%
Total unique clients	5460		5460		5460		5460	

	Program level				Systemwide level			
	Intake		Latest		Intake		Latest	
Grades	#	%	#	%	#	%	#	%
Very Good	870	15.9%	831	15.2%	870	15.9%	831	15.2%
Good	1476	27.0%	1692	31.0%	1476	27.0%	1692	31.0%
Average	1551	28.4%	1688	30.9%	1551	28.4%	1688	30.9%
Below Average	1029	18.8%	824	15.1%	1029	18.8%	824	15.1%
Poor	378	6.9%	295	5.4%	378	6.9%	295	5.4%
NA/Missing	156	2.9%	130	2.4%	156	2.9%	130	2.4%
Total unique clients	5460		5460		5460		5460	

	Program level				Systemwide level			
	Intake		Latest		Intake		Latest	
Risk and protective factors	#	%	#	%	#	%	#	%
Receive Special Ed for Serious Emotional Disturbance	400	7.3%	448	8.2%	400	7.3%	448	8.2%
Receive Special Ed for Another Reason	829	15.2%	855	15.7%	829	15.2%	855	15.7%
Have Substance Abuse Problem	199	3.6%	235	4.3%	199	3.6%	235	4.3%
Receive Substance Abuse Service	111	2.0%	144	2.6%	111	2.0%	144	2.6%
Have Primary Care Physician	5183	94.9%	5261	96.4%	5183	94.9%	5261	96.4%
Total unique clients	5460		5460		5460		5460	

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Risk and protective factors	Program level				Systemwide level			
	12 Months Prior		During Partnership		12 Months Prior		During Partnership	
	#	%	#	%	#	%	#	%
Expelled	63	1.2%	4	0.1%	63	1.2%	4	0.1%
Suspended	378	6.9%	31	0.6%	378	6.9%	31	0.6%
Homeless	115	2.1%	22	0.4%	115	2.1%	22	0.4%
Arrested	52	1.0%	5	0.1%	52	1.0%	5	0.1%
Justice Involved	34	0.6%	13	0.2%	34	0.6%	13	0.2%
Mental Health Emergency	517	9.5%	70	1.3%	517	9.5%	70	1.3%
Physical Health Emergency	408	7.5%	20	0.4%	408	7.5%	20	0.4%
Inpatient Psychiatric	179	3.3%	97	1.8%	179	3.3%	97	1.8%
Total unique clients	5460		5460		5460		5460	

Reasons for discharge, among those with a Discharge KET	Program level		Systemwide level	
	#	%	#	%
Goal Met	1096	52.1%	1096	52.1%
Target Criteria Not Met	46	2.2%	46	2.2%
Chose to Leave	425	20.2%	425	20.2%
Moved	104	4.9%	104	4.9%
Lost Contact	374	17.8%	374	17.8%
Placed In An Institution	14	0.7%	14	0.7%
Jail/Juvenile Hall/DJJ	7	0.3%	7	0.3%
Deceased	1	0.0%	1	0.0%
Unknown/Missing	35	1.7%	35	1.7%
Total unique clients with a discharge KET	2102		2102	

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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 school attendance data available for both the initial and most recent quarterly (3M) assessment	78.60%	1,076	1,369
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)	78.0%	839	1076
b)	“Low” School Attendance Sustained (3 or more unexcused absences a month)	4.8%	52	1076
c)	School Attendance Improved (movement on the 5-point rating scale)	8.9%	96	1076
d)	School Attendance Declined (movement on the 5-point rating scale)	8.3%	89	1076
	TOTAL	100.0%	1076	1076

* This table reflects cumulative FY 2022-23 DCR data and may be used to populate the Q3 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.

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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, 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	78.38%	1,073	1,369
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)	30.9%	332	1073
b)	“Average” Academic Performance Sustained (grades of “Cs or equivalent)	16.5%	177	1073
c)	“Low” Academic Performance Sustained (grades of “Ds”, “Fs” or equivalent)	9.9%	106	1073
d)	Academic Performance Improved (movement on the 5-point rating scale)	28.5%	306	1073
e)	Academic Performance Declined (movement on the 5-point rating scale)	14.2%	152	1073
	TOTAL	100.0%	1073	1073

* This table reflects cumulative FY 2022-23 DCR data and may be used to populate the Q3 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.