

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

Reporting period: 07/01/2021-06/30/2022

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

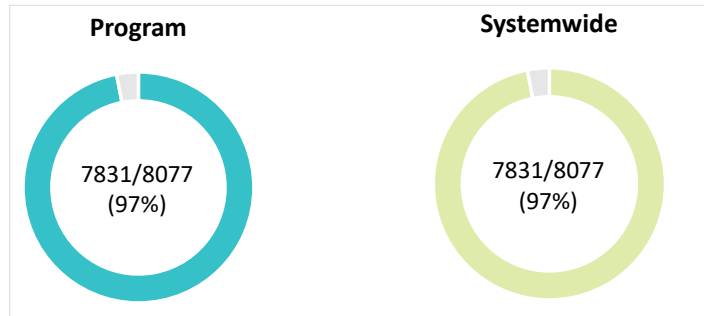
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DATA COMPLIANCE*

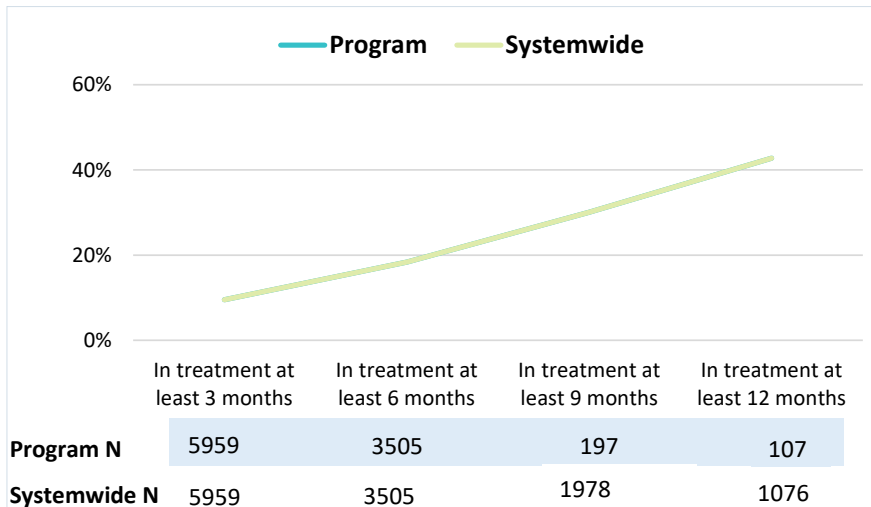
Percent of service events entered in the DCR



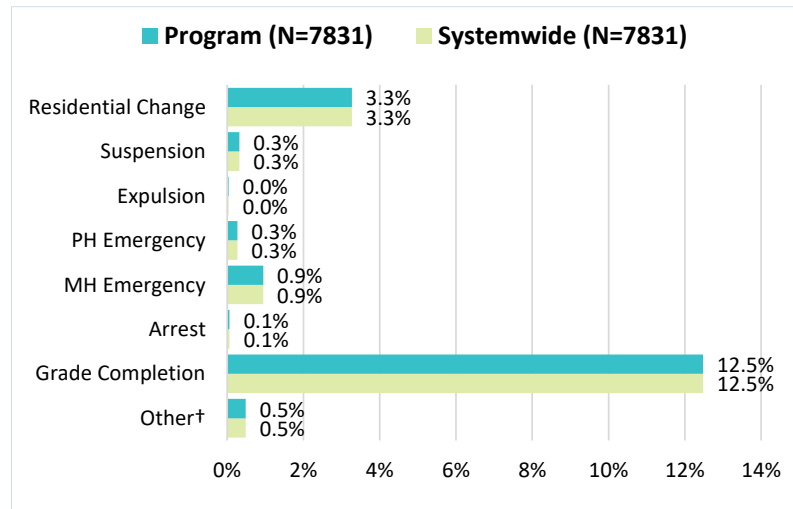
Percent of quarterly reports entered on time



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

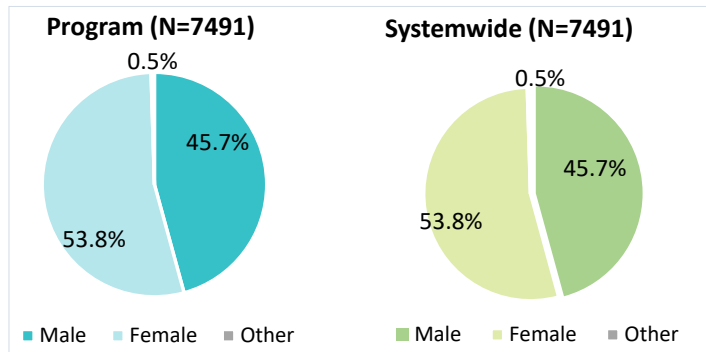
† Other categories are listed in the appendix

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POPULATION SERVED*

Demographics

Gender



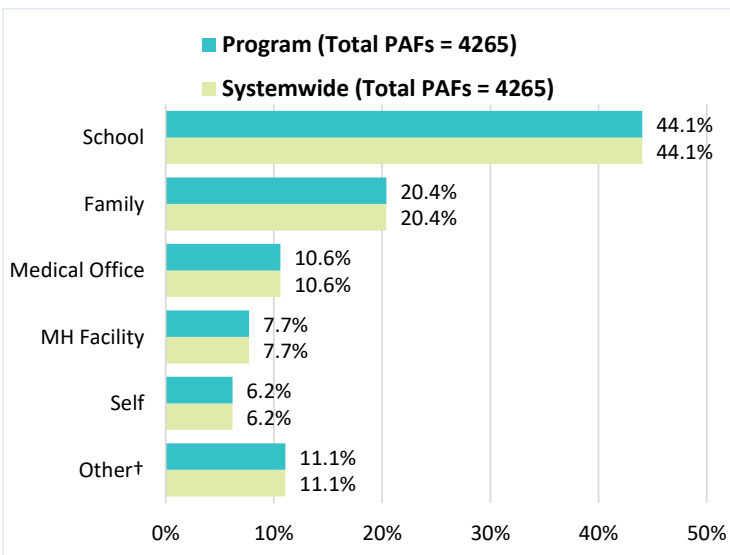
Age

Program			Systemwide		
Min	Mean	Max	Min	Mean	Max
0	12.1	21	0	12.1	21

Partnership status

	Program	Systemwide
Clients active on the first day of the FY (i.e., rollover clients)	3067	3067
Clients admitted during the FY	5204	5204
Clients discharged during the FY	5064	5064
Clients active on the last day of the reporting period	3207	3207

Referral sources (%)



* Population served data sources: CCBH and PAF

† Other categories are listed in the appendix

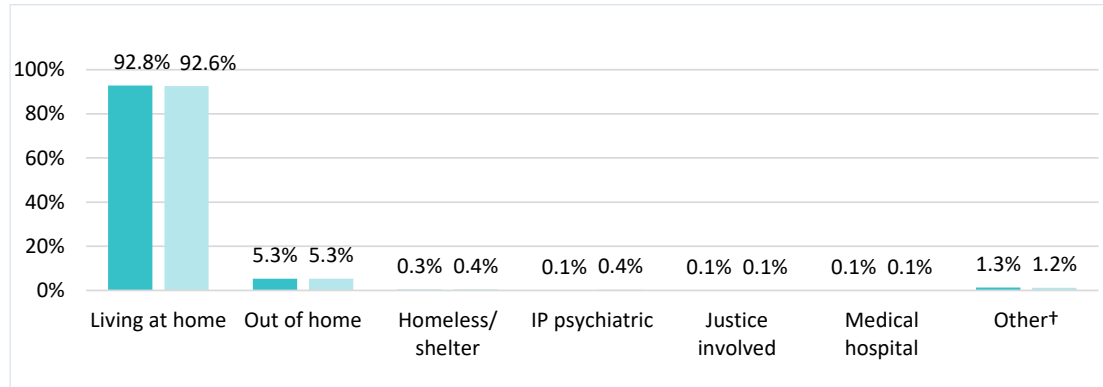
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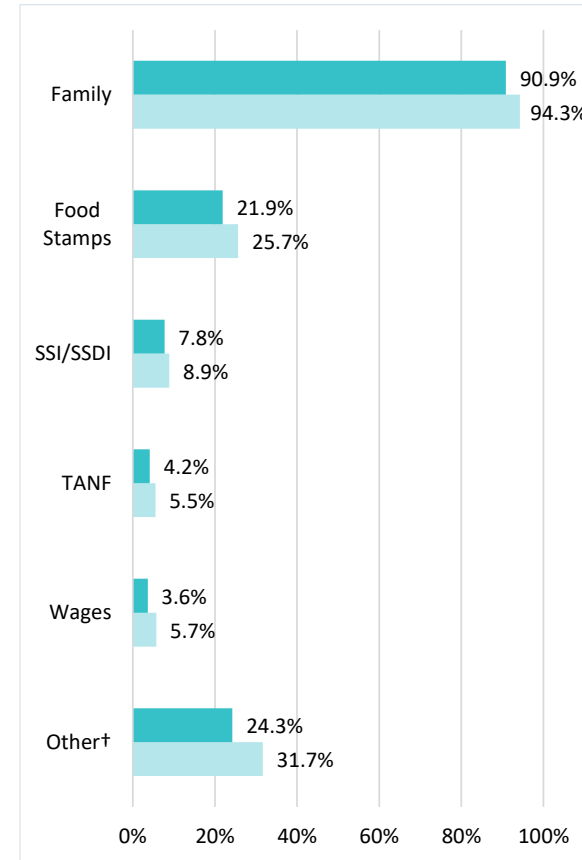
Program Name: All FSP
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OUTCOME DATA* - Program level (N= 7492 clients)

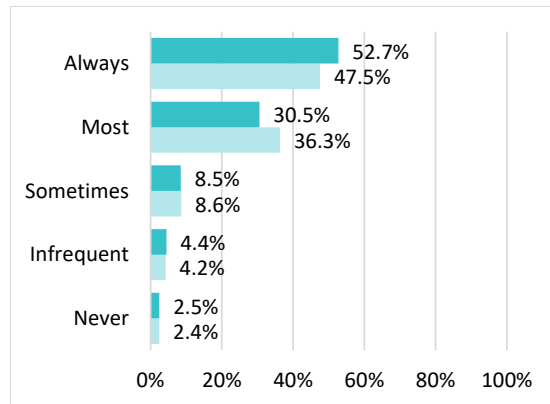
Residential Status at Intake and Latest (%)



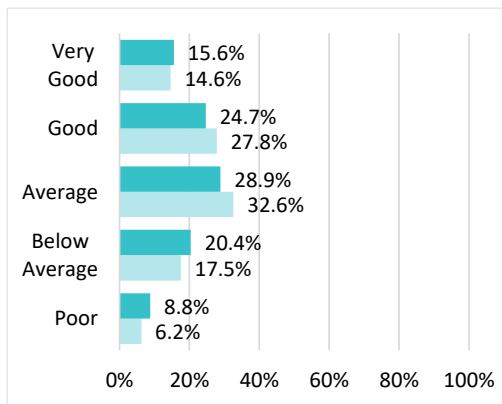
Financial Source at Intake and Latest (%)‡



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

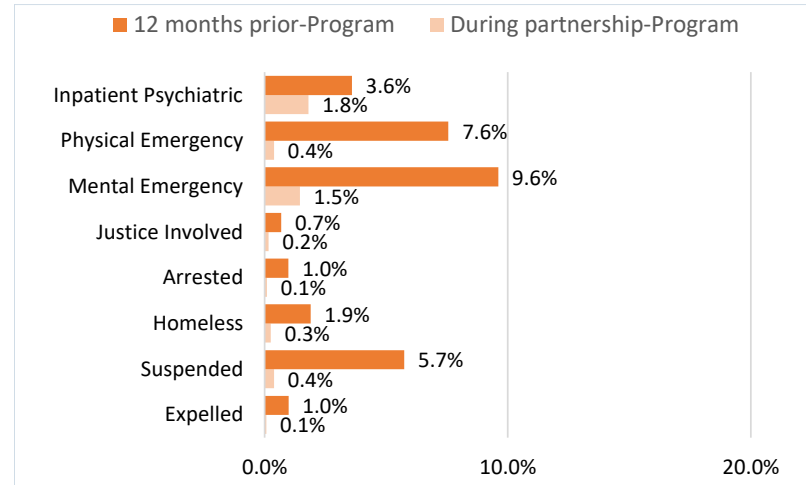
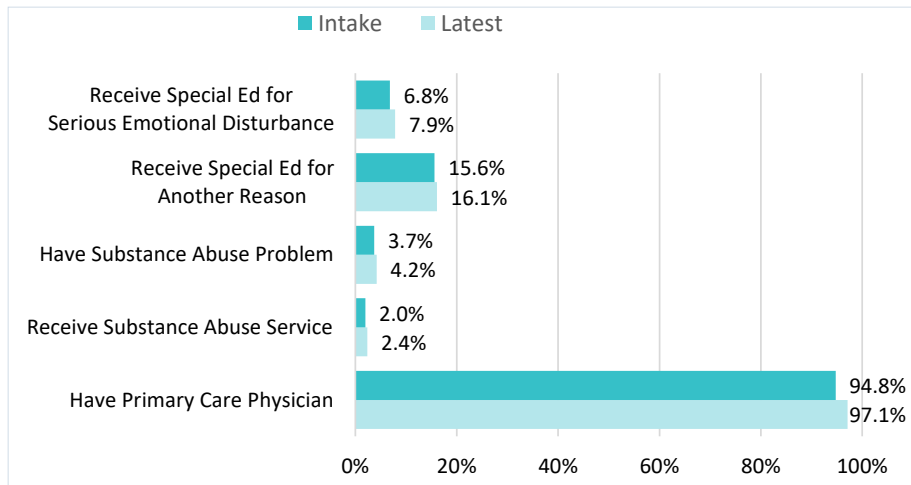
‡ Clients may endorse more than one financial source so the data may sum to more than 100%

Program Name: All FSP

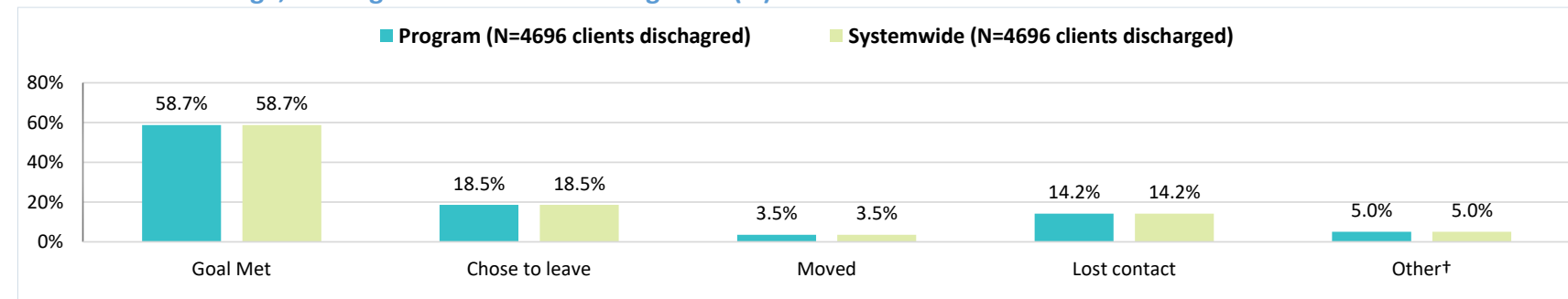
Provider ID: Total

OUTCOME DATA* - Program level (N= 7492 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	8077	97.7%	8077	97.7%
Service events not included in compliance outcomes	194	2.3%	194	2.3%
Total service events	8271		8271	

* 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)	246	3.0%	246	3.0%
Service event entered in the DCR (i.e., compliant)	7831	97.0%	7831	97.0%
Total service events included in compliance	8077		8077	

Quarterly reports (3Ms) submitted	#	%	#	%
On Time	7523	96.1%	7523	96.1%
126-200 days late	227	2.9%	227	2.9%
201-365 days late	68	0.9%	68	0.9%
More than 365 days late	13	0.2%	13	0.2%
Total service events matched in the DCR	7831		7831	

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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	567	5959	9.5%	567	5959	9.5%
At least 6 months in treatment	644	3505	18.4%	644	3505	18.4%
At least 9 months in treatment	595	1978	30.1%	595	1978	30.1%
At least 12 months in treatment	460	1076	42.8%	460	1076	42.8%

Clients with KETs submitted in the FY, by type of KET	#	%	#	%
Residential Change	256	3.3%	256	3.3%
Dependent of the Court	16	0.2%	16	0.2%
Conservatorship	6	0.1%	6	0.1%
Suspension	25	0.3%	25	0.3%
Expulsion	3	0.0%	3	0.0%
Physical Health Emergency	21	0.3%	21	0.3%
Mental Health Emergency	74	0.9%	74	0.9%
Arrest	5	0.1%	5	0.1%
Probation	10	0.1%	10	0.1%
Parole	2	0.0%	2	0.0%
Grade Completion	977	12.5%	977	12.5%
Setting Change	4	0.1%	4	0.1%
Total service events matched in the DCR	7831		7831	

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Population Served

Gender	Program level		Systemwide level	
	#	%	#	%
Female	4027	53.8%	4027	53.8%
Male	3427	45.7%	3427	45.7%
Other	37	0.5%	37	0.5%
Total unique clients	7491		7491	

Age	#	#
Average Age	12.1	12.1
Age Range	0-21	0-21

Partnership Status	#	%	#	%
Clients open on the first day of the FY	3067	37.1%	3067	37.1%
Clients admitted during the FY	5204	62.9%	5204	62.9%
Clients discharged during the FY	5064	61.2%	5064	61.2%
Clients open on the last day of the reporting period	3207	38.8%	3207	38.8%
Average number of days clients were open in the CCBH	230.3	-	230.3	-
Total service events	8271		8271	

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Referral Sources	Program level		Systemwide level	
	#	%	#	%
Self	263	6.2%	263	6.2%
Family	870	20.4%	870	20.4%
Friend	15	0.4%	15	0.4%
School	1879	44.1%	1879	44.1%
Medical Office	452	10.6%	452	10.6%
Emergency Room	32	0.8%	32	0.8%
Mental Health Facility	329	7.7%	329	7.7%
Social Service Agency	203	4.8%	203	4.8%
Substance Abuse Facility	1	0.0%	1	0.0%
Faith-based Organization	0	0.0%	0	0.0%
Other County Agency	67	1.6%	67	1.6%
Homeless Shelter	0	0.0%	0	0.0%
Street Outreach	0	0.0%	0	0.0%
Juvenile Hall	32	0.8%	32	0.8%
Acute Psychiatric	46	1.1%	46	1.1%
Other	62	1.5%	62	1.5%
Unknown/Missing	14	0.3%	14	0.3%
Total PAFs*	4265		4265	

* 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	6952	92.8%	6934	92.6%	6952	92.8%	6934	92.6%
Out of Home	396	5.3%	398	5.3%	396	5.3%	398	5.3%
Homeless/Shelter	25	0.3%	31	0.4%	25	0.3%	31	0.4%
Inpatient Psychiatric	10	0.1%	27	0.4%	10	0.1%	27	0.4%
Justice Involved	4	0.1%	8	0.1%	4	0.1%	8	0.1%
Medical Hospital	9	0.1%	7	0.1%	9	0.1%	7	0.1%
Other Settings	41	0.5%	43	0.6%	41	0.5%	43	0.6%
Unknown/Missing	55	0.7%	44	0.6%	55	0.7%	44	0.6%
Total unique clients	7492		7492		7492		7492	

Financial Sources*	Program level				Systemwide level			
	Intake		Latest		Intake		Latest	
	#	%	#	%	#	%	#	%
Family	6809	90.9%	7063	94.3%	6809	90.9%	7063	94.3%
Wages	272	3.6%	429	5.7%	272	3.6%	429	5.7%
Savings	143	1.9%	222	3.0%	143	1.9%	222	3.0%
Loans	43	0.6%	57	0.8%	43	0.6%	57	0.8%
Housing	144	1.9%	203	2.7%	144	1.9%	203	2.7%
General Relief	265	3.5%	386	5.2%	265	3.5%	386	5.2%
Food Stamps	1640	21.9%	1922	25.7%	1640	21.9%	1922	25.7%
TANF	311	4.2%	413	5.5%	311	4.2%	413	5.5%
SSI/SSDI	581	7.8%	667	8.9%	581	7.8%	667	8.9%
Other	971	13.0%	1231	16.4%	971	13.0%	1231	16.4%
None	251	3.4%	276	3.7%	251	3.4%	276	3.7%
Total unique clients	7492		7492		7492		7492	

* Clients may endorse more than one financial source

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Attendance	Program level				Systemwide level			
	Intake		Latest		Intake		Latest	
	#	%	#	%	#	%	#	%
Always	3952	52.7%	3561	47.5%	3952	52.7%	3561	47.5%
Most	2288	30.5%	2721	36.3%	2288	30.5%	2721	36.3%
Sometimes	635	8.5%	645	8.6%	635	8.5%	645	8.6%
Infrequent	332	4.4%	313	4.2%	332	4.4%	313	4.2%
Never	185	2.5%	180	2.4%	185	2.5%	180	2.4%
NA/Missing	100	1.3%	72	1.0%	100	1.3%	72	1.0%
Total unique clients	7492		7492		7492		7492	

Grades	Program level				Systemwide level			
	Intake		Latest		Intake		Latest	
	#	%	#	%	#	%	#	%
Very Good	1166	15.6%	1097	14.6%	1166	15.6%	1097	14.6%
Good	1847	24.7%	2083	27.8%	1847	24.7%	2083	27.8%
Average	2164	28.9%	2442	32.6%	2164	28.9%	2442	32.6%
Below Average	1527	20.4%	1312	17.5%	1527	20.4%	1312	17.5%
Poor	658	8.8%	467	6.2%	658	8.8%	467	6.2%
NA/Missing	130	1.7%	91	1.2%	130	1.7%	91	1.2%
Total unique clients	7492		7492		7492		7492	

Risk and protective factors	Program level				Systemwide level			
	Intake		Latest		Intake		Latest	
	#	%	#	%	#	%	#	%
Receive Special Ed for Serious Emotional Disturbance	510	6.8%	589	7.9%	510	6.8%	589	7.9%
Receive Special Ed for Another Reason	1170	15.6%	1205	16.1%	1170	15.6%	1205	16.1%
Have Substance Abuse Problem	278	3.7%	315	4.2%	278	3.7%	315	4.2%
Receive Substance Abuse Service	148	2.0%	178	2.4%	148	2.0%	178	2.4%
Have Primary Care Physician	7101	94.8%	7275	97.1%	7101	94.8%	7275	97.1%
Total unique clients	7492		7492		7492		7492	

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Risk and protective factors	Program level				Systemwide level			
	12 Months Prior		During Partnership		12 Months Prior		During Partnership	
	#	%	#	%	#	%	#	%
Expelled	74	1.0%	5	0.1%	74	1.0%	5	0.1%
Suspended	430	5.7%	29	0.4%	430	5.7%	29	0.4%
Homeless	142	1.9%	19	0.3%	142	1.9%	19	0.3%
Arrested	73	1.0%	7	0.1%	73	1.0%	7	0.1%
Justice Involved	51	0.7%	12	0.2%	51	0.7%	12	0.2%
Mental Health Emergency	720	9.6%	109	1.5%	720	9.6%	109	1.5%
Physical Health Emergency	566	7.6%	29	0.4%	566	7.6%	29	0.4%
Inpatient Psychiatric	269	3.6%	135	1.8%	269	3.6%	135	1.8%
Total unique clients	7492		7492		7492		7492	

Reasons for discharge, among those with a Discharge KET	Program level		Systemwide level	
	#	%	#	%
Goal Met	2757	58.7%	2757	58.7%
Target Criteria Not Met	140	3.0%	140	3.0%
Chose to Leave	871	18.5%	871	18.5%
Moved	166	3.5%	166	3.5%
Lost Contact	665	14.2%	665	14.2%
Placed In An Institution	31	0.7%	31	0.7%
Jail/Juvenile Hall/DJJ	14	0.3%	14	0.3%
Deceased	3	0.1%	3	0.1%
Unknown/Missing	49	1.0%	49	1.0%
Total unique clients with a discharge KET	4696		4696	

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School-based program: Yes

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	89.94%	2,628	2,922
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)	78.2%	2054	2628
b)	“Low” School Attendance Sustained (3 or more unexcused absences a month)	4.1%	108	2628
c)	School Attendance Improved (movement on the 5-point rating scale)	9.1%	238	2628
d)	School Attendance Declined (movement on the 5-point rating scale)	8.7%	228	2628
	TOTAL	100.0%	2628	2628

* This table reflects cumulative FY 2021-22 DCR data and may be used to populate the Q1 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 2021-22. 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	89.77%	2,623	2,922
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)	28.9%	758	2623
b)	“Average” Academic Performance Sustained (grades of “Cs or equivalent)	15.6%	410	2623
c)	“Low” Academic Performance Sustained (grades of “Ds”, “Fs” or equivalent)	11.0%	288	2623
d)	Academic Performance Improved (movement on the 5-point rating scale)	28.5%	747	2623
e)	Academic Performance Declined (movement on the 5-point rating scale)	16.0%	420	2623
	TOTAL	100.0%	2623	2623

* This table reflects cumulative FY 2021-22 DCR data and may be used to populate the Q1 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 2021-22. 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.