

Children, Youth and Families FSP Dashboard and Report

Reporting period: 07/01/2022-09/30/2022

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

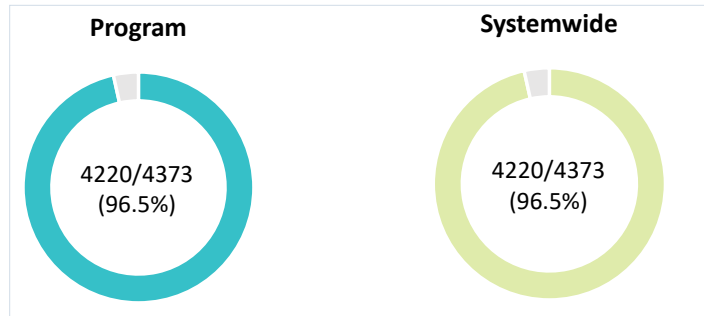
Reporting period: 07/01/2022-09/30/2022

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DATA COMPLIANCE*

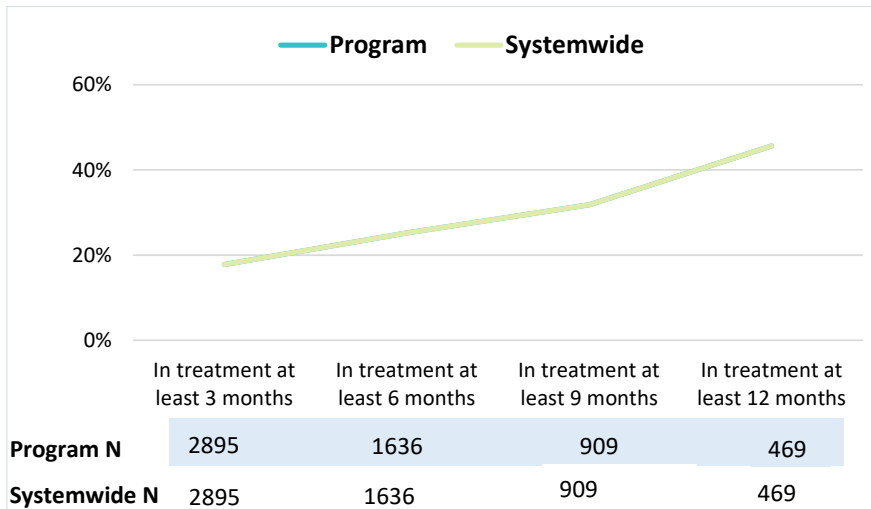
Percent of service events entered in the DCR



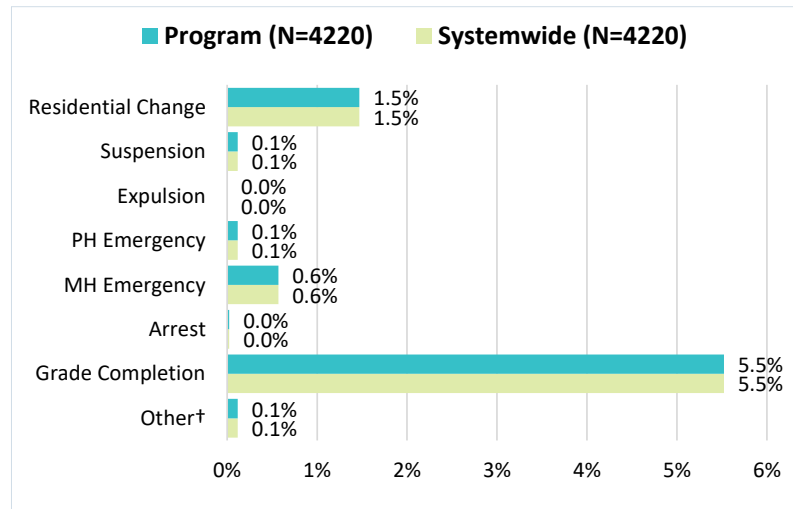
Percent of quarterly reports entered on time



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

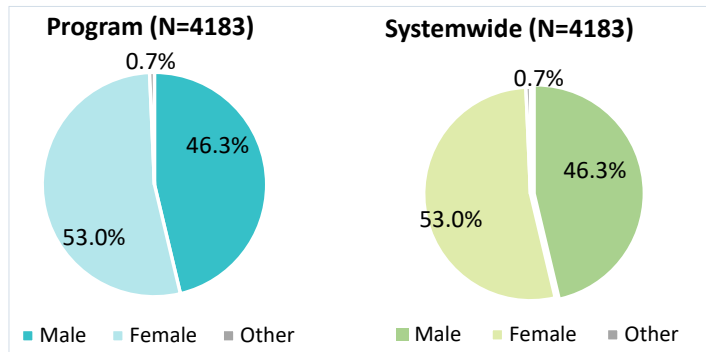
† Other categories are listed in the appendix

Program Name: All FSP
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POPULATION SERVED*

Demographics

Gender



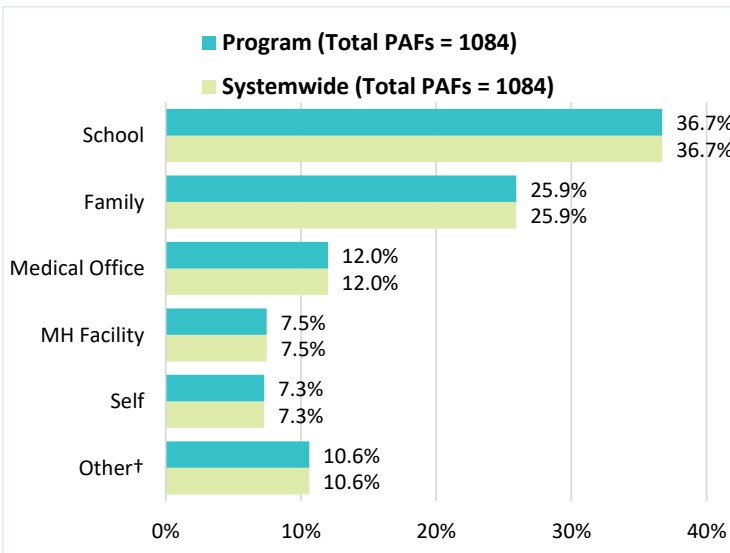
Age

Program			Systemwide		
Min	Mean	Max	Min	Mean	Max
0	11.7	21	0	11.7	21

Partnership status

	Program	Systemwide
Clients active on the first day of the FY (i.e., rollover clients)	3086	3086
Clients admitted during the FY	1376	1376
Clients discharged during the FY	1220	1220
Clients active on the last day of the reporting period	3242	3242

Referral sources (%)



* Population served data sources: CCBH and PAF

† Other categories are listed in the appendix

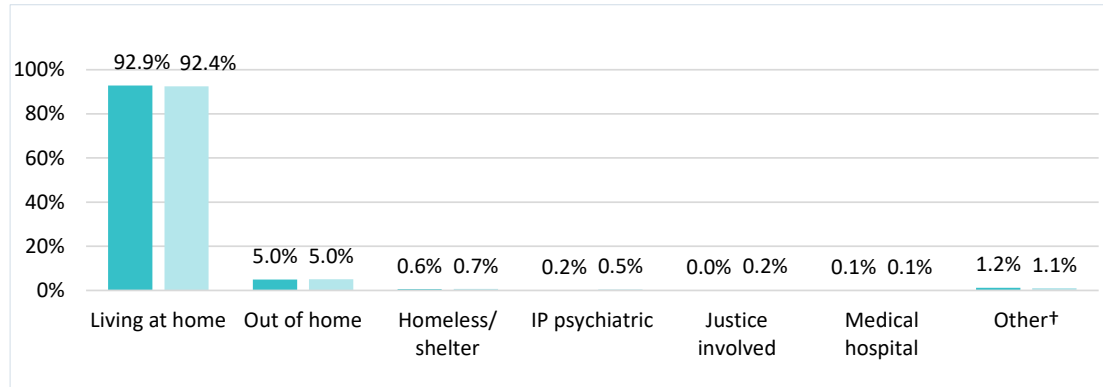
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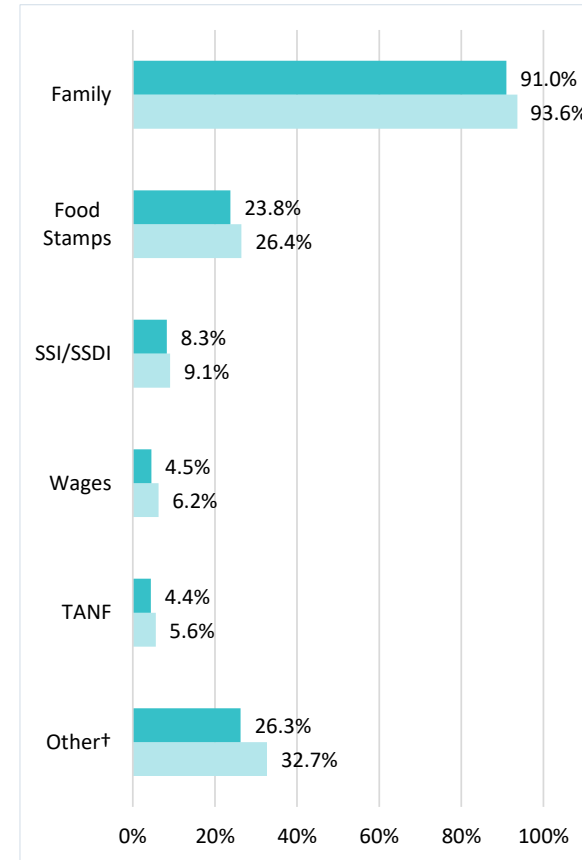
Program Name: All FSP
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OUTCOME DATA* - Program level (N= 4183 clients)

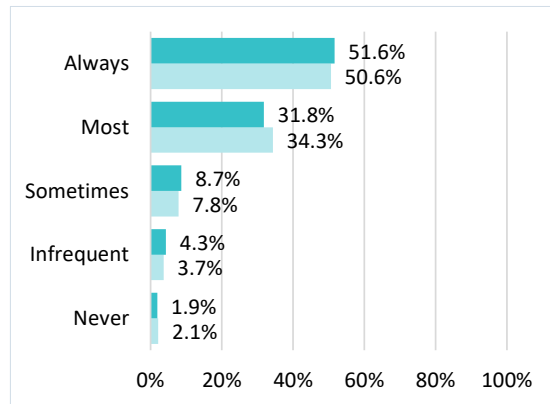
Residential Status at Intake and Latest (%)



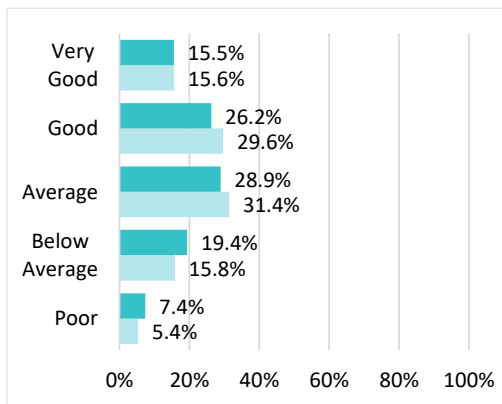
Financial Source at Intake and Latest (%)‡



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

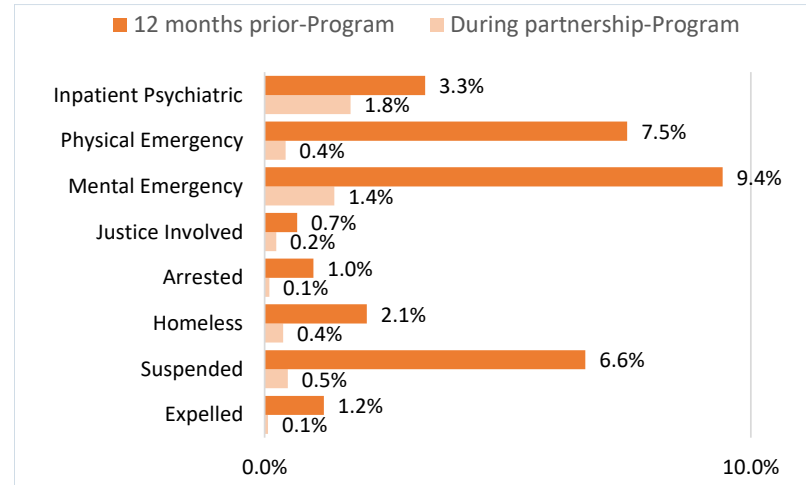
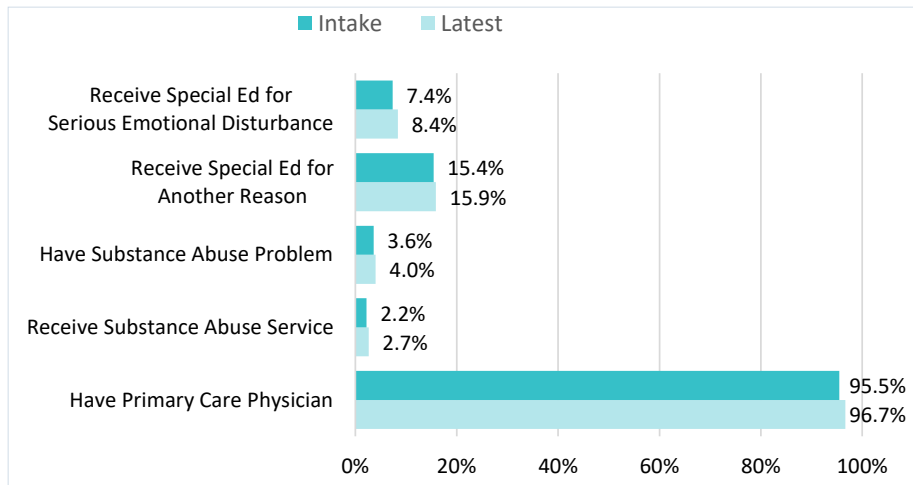
‡ Clients may endorse more than one financial source so the data may sum to more than 100%

Program Name: All FSP

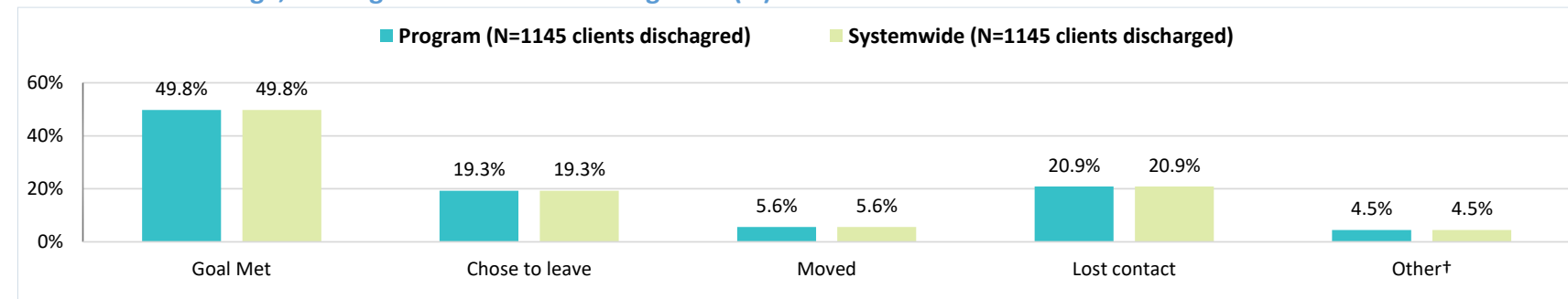
Provider ID: Total

OUTCOME DATA* - Program level (N= 4183 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

	Program level		Systemwide level	
	#	%	#	%
Service events included in compliance outcomes*				
Service events included in compliance outcomes	4373	98.0%	4373	98.0%
Service events not included in compliance outcomes	89	2.0%	89	2.0%
Total service events	4462		4462	

* 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)	153	3.5%	153	3.5%
Service event entered in the DCR (i.e., compliant)	4220	96.5%	4220	96.5%
Total service events included in compliance	4373		4373	

Quarterly reports (3Ms) submitted	#	%	#	%
On Time	4007	95.0%	4007	95.0%
126-200 days late	163	3.9%	163	3.9%
201-365 days late	45	1.1%	45	1.1%
More than 365 days late	5	0.1%	5	0.1%
Total service events matched in the DCR	4220		4220	

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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	515	2895	17.8%	515	2895	17.8%
At least 6 months in treatment	412	1636	25.2%	412	1636	25.2%
At least 9 months in treatment	289	909	31.8%	289	909	31.8%
At least 12 months in treatment	214	469	45.6%	214	469	45.6%

Clients with KETs submitted in the FY, by type of KET	#	%	#	%
Residential Change	62	1.5%	62	1.5%
Dependent of the Court	0	0.0%	0	0.0%
Conservatorship	0	0.0%	0	0.0%
Suspension	5	0.1%	5	0.1%
Expulsion	0	0.0%	0	0.0%
Physical Health Emergency	5	0.1%	5	0.1%
Mental Health Emergency	24	0.6%	24	0.6%
Arrest	1	0.0%	1	0.0%
Probation	1	0.0%	1	0.0%
Parole	0	0.0%	0	0.0%
Grade Completion	233	5.5%	233	5.5%
Setting Change	4	0.1%	4	0.1%
Total service events matched in the DCR	4220		4220	

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Population Served

Gender	Program level		Systemwide level	
	#	%	#	%
Female	2218	53.0%	2218	53.0%
Male	1936	46.3%	1936	46.3%
Other	29	0.7%	29	0.7%
Total unique clients	4183		4183	

Age	#	#
Average Age	11.7	11.7
Age Range	0-21	0-21

Partnership Status	#	%	#	%
Clients open on the first day of the FY	3086	69.2%	3086	69.2%
Clients admitted during the FY	1376	30.8%	1376	30.8%
Clients discharged during the FY	1220	27.3%	1220	27.3%
Clients open on the last day of the reporting period	3242	72.7%	3242	72.7%
Average number of days clients were open in the CCBH	218.6	-	218.6	-
Total service events	4462		4462	

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Referral Sources	Program level		Systemwide level	
	#	%	#	%
Self	79	7.3%	79	7.3%
Family	281	25.9%	281	25.9%
Friend	5	0.5%	5	0.5%
School	398	36.7%	398	36.7%
Medical Office	130	12.0%	130	12.0%
Emergency Room	10	0.9%	10	0.9%
Mental Health Facility	81	7.5%	81	7.5%
Social Service Agency	53	4.9%	53	4.9%
Substance Abuse Facility	0	0.0%	0	0.0%
Faith-based Organization	0	0.0%	0	0.0%
Other County Agency	9	0.8%	9	0.8%
Homeless Shelter	0	0.0%	0	0.0%
Street Outreach	1	0.1%	1	0.1%
Juvenile Hall	5	0.5%	5	0.5%
Acute Psychiatric	10	0.9%	10	0.9%
Other	22	2.0%	22	2.0%
Unknown/Missing	0	0.0%	0	0.0%
Total PAFs*	1084		1084	

* 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	3884	92.9%	3867	92.4%	3884	92.9%	3867	92.4%
Out of Home	209	5.0%	210	5.0%	209	5.0%	210	5.0%
Homeless/Shelter	25	0.6%	28	0.7%	25	0.6%	28	0.7%
Inpatient Psychiatric	8	0.2%	20	0.5%	8	0.2%	20	0.5%
Justice Involved	2	0.0%	9	0.2%	2	0.0%	9	0.2%
Medical Hospital	5	0.1%	5	0.1%	5	0.1%	5	0.1%
Other Settings	27	0.6%	22	0.5%	27	0.6%	22	0.5%
Unknown/Missing	23	0.5%	22	0.5%	23	0.5%	22	0.5%
Total unique clients	4183		4183		4183		4183	

Financial Sources*	Program level				Systemwide level			
	Intake		Latest		Intake		Latest	
	#	%	#	%	#	%	#	%
Family	3806	91.0%	3917	93.6%	3806	91.0%	3917	93.6%
Wages	188	4.5%	261	6.2%	188	4.5%	261	6.2%
Savings	90	2.2%	140	3.3%	90	2.2%	140	3.3%
Loans	28	0.7%	33	0.8%	28	0.7%	33	0.8%
Housing	105	2.5%	143	3.4%	105	2.5%	143	3.4%
General Relief	176	4.2%	238	5.7%	176	4.2%	238	5.7%
Food Stamps	994	23.8%	1106	26.4%	994	23.8%	1106	26.4%
TANF	185	4.4%	233	5.6%	185	4.4%	233	5.6%
SSI/SSDI	347	8.3%	381	9.1%	347	8.3%	381	9.1%
Other	562	13.4%	668	16.0%	562	13.4%	668	16.0%
None	138	3.3%	145	3.5%	138	3.3%	145	3.5%
Total unique clients	4183		4183		4183		4183	

* Clients may endorse more than one financial source

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Attendance	Program level				Systemwide level			
	Intake		Latest		Intake		Latest	
	#	%	#	%	#	%	#	%
Always	2159	51.6%	2117	50.6%	2159	51.6%	2117	50.6%
Most	1329	31.8%	1436	34.3%	1329	31.8%	1436	34.3%
Sometimes	362	8.7%	328	7.8%	362	8.7%	328	7.8%
Infrequent	181	4.3%	153	3.7%	181	4.3%	153	3.7%
Never	78	1.9%	89	2.1%	78	1.9%	89	2.1%
NA/Missing	74	1.8%	60	1.4%	74	1.8%	60	1.4%
Total unique clients	4183		4183		4183		4183	

Grades	Program level				Systemwide level			
	Intake		Latest		Intake		Latest	
	#	%	#	%	#	%	#	%
Very Good	649	15.5%	653	15.6%	649	15.5%	653	15.6%
Good	1097	26.2%	1240	29.6%	1097	26.2%	1240	29.6%
Average	1209	28.9%	1312	31.4%	1209	28.9%	1312	31.4%
Below Average	810	19.4%	663	15.8%	810	19.4%	663	15.8%
Poor	308	7.4%	224	5.4%	308	7.4%	224	5.4%
NA/Missing	110	2.6%	91	2.2%	110	2.6%	91	2.2%
Total unique clients	4183		4183		4183		4183	

Risk and protective factors	Program level				Systemwide level			
	Intake		Latest		Intake		Latest	
	#	%	#	%	#	%	#	%
Receive Special Ed for Serious Emotional Disturbance	308	7.4%	351	8.4%	308	7.4%	351	8.4%
Receive Special Ed for Another Reason	646	15.4%	665	15.9%	646	15.4%	665	15.9%
Have Substance Abuse Problem	151	3.6%	168	4.0%	151	3.6%	168	4.0%
Receive Substance Abuse Service	92	2.2%	111	2.7%	92	2.2%	111	2.7%
Have Primary Care Physician	3995	95.5%	4043	96.7%	3995	95.5%	4043	96.7%
Total unique clients	4183		4183		4183		4183	

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Risk and protective factors	Program level				Systemwide level			
	12 Months Prior		During Partnership		12 Months Prior		During Partnership	
	#	%	#	%	#	%	#	%
Expelled	51	1.2%	3	0.1%	51	1.2%	3	0.1%
Suspended	276	6.6%	20	0.5%	276	6.6%	20	0.5%
Homeless	88	2.1%	16	0.4%	88	2.1%	16	0.4%
Arrested	42	1.0%	4	0.1%	42	1.0%	4	0.1%
Justice Involved	28	0.7%	10	0.2%	28	0.7%	10	0.2%
Mental Health Emergency	394	9.4%	60	1.4%	394	9.4%	60	1.4%
Physical Health Emergency	312	7.5%	18	0.4%	312	7.5%	18	0.4%
Inpatient Psychiatric	138	3.3%	74	1.8%	138	3.3%	74	1.8%
Total unique clients	4183		4183		4183		4183	

Reasons for discharge, among those with a Discharge KET	Program level		Systemwide level	
	#	%	#	%
Goal Met	570	49.8%	570	49.8%
Target Criteria Not Met	12	1.0%	12	1.0%
Chose to Leave	221	19.3%	221	19.3%
Moved	64	5.6%	64	5.6%
Lost Contact	239	20.9%	239	20.9%
Placed In An Institution	6	0.5%	6	0.5%
Jail/Juvenile Hall/DJJ	4	0.3%	4	0.3%
Deceased	0	0.0%	0	0.0%
Unknown/Missing	29	2.5%	29	2.5%
Total unique clients with a discharge KET	1145		1145	

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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	81.88%	610	745
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)	76.7%	468	610
b)	“Low” School Attendance Sustained (3 or more unexcused absences a month)	4.9%	30	610
c)	School Attendance Improved (movement on the 5-point rating scale)	8.9%	54	610
d)	School Attendance Declined (movement on the 5-point rating scale)	9.5%	58	610
	TOTAL	100.0%	610	610

* This table reflects cumulative FY 2022-23 DCR data and may be used to populate the Q2 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	81.74%	609	745
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)	32.5%	198	609
b)	“Average” Academic Performance Sustained (grades of “Cs or equivalent)	17.9%	109	609
c)	“Low” Academic Performance Sustained (grades of “Ds”, “Fs” or equivalent)	10.2%	62	609
d)	Academic Performance Improved (movement on the 5-point rating scale)	24.1%	147	609
e)	Academic Performance Declined (movement on the 5-point rating scale)	15.3%	93	609
	TOTAL	100.0%	609	609

* This table reflects cumulative FY 2022-23 DCR data and may be used to populate the Q2 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.