



Children’s Full-Service Partnership (FSP) / Data Collection Reporting (DCR) Annual Meeting

December 3, 2024 | Virtual - Microsoft Teams | 11:00 AM - 1:00 PM

AGENDA

1	<p>Welcome</p> <ul style="list-style-type: none"> • Staffing Update <ul style="list-style-type: none"> ○ Caryl Montillano is DCR Lead 	Caryl Montillano
2	<p>FSP/DCR Public Facing Portal</p>	Caryl Montillano
3	<p>DCR Assistance</p> <ul style="list-style-type: none"> • Roles and Responsibilities Program/County/CASRC/State 	<p>Children’s DCR Support Team</p> <p>Eric Camerino</p> <p>Reigel Javinal</p>
4	<p>CASRC Introduction</p>	<p>Kate McDonald, CASRC</p> <p>Anh Tran, CASRC</p>
5	<p>FSP Quarterly Report and Data Entry Review Report</p> <ul style="list-style-type: none"> • SmartCare Transition 	<p>Kate McDonald, CASRC</p> <p>Anh Tran, CASRC</p>
6	<p>Attendance and Grades Outcome Measures</p>	Kate McDonald, CASRC
7	<p>Reminders and Announcements</p> <ul style="list-style-type: none"> • For SmartCare access, please send email to: BHS_EHRAccessRequest.HHSA@sdcounty.ca.gov • For DCR related issues, please send email to: BHS.CYF.DCR.Support@sdcounty.ca.gov • UTTM sent in August 13th: <p><u>FSP Agreements & FSP Documentation Requirements effective 9/1/24</u></p> <p>Effective 9/1/24, FSP programs will be required to include the Full Partnership Agreement (FSP) consent form as part of their intake process which should be reviewed and signed by the beneficiary when engaging in FSP services. This form will be required to be scanned into SmartCare. DHCS requires a signed FSP Agreement and explanation to client regarding these services and ability to opt-out or decline FSP services at any time.</p> <hr style="border: 1px solid black;"/> <hr style="border: 1px solid black;"/> <p>QA MH - UP TO THE MINUTE August 2024</p> <p>FSP clients will continue to require completion of an Individual Services & Supports Plan (ISSP) which can be completed within the Progress Note Care Plan section, in alignment with BHIN 23-068 Documentation Standards requirements.</p> <p>FSP programs will continue to complete PAF, KET and 3M documents using the paper forms and enter the data into the DCR at this time. Use of FSP forms and reporting in SmartCare will not be available upon Go Live on 9/1/24 but will be implemented in future a future roll out.</p> <div style="display: flex; justify-content: flex-end; align-items: center; margin-top: 20px;"> </div>	

Programs and Services



		FSP/DCR Support Staff		
8	DCR Team Support Fax/Email	eFax# (858) 999-8921	BHS.CYF.DCR.Support@sdcounty.ca.gov	
	Eric Camerino	Children’s FSP Support Analyst	(619) 854-0203	Eric.Camerino@sdcounty.ca.gov
	Reigel Javinal	Children’s FSP Lead Analyst	(619) 228-4512	Reigel.Javinal@sdcounty.ca.gov
	Caryl Montillano	Children’s FSP/DCR Lead	(619) 548-9393	Caryl.Montillano@sdcounty.ca.gov
	Kate McDonald	CASRC Senior Mental Health Researcher		klmcdonald@health.ucsd.edu
	Anh Tran	CASRC Research Associate		alt041@health.ucsd.edu
9	Next Meeting – Tentatively December 2025			



CHILDREN'S
FULL-SERVICE PARTNERSHIP (FSP) /
DATA COLLECTION REPORTING(DCR)

Annual DCR User Meeting

December 03, 2024

11:00 AM to 1:00 PM



LIVE WELL
SAN DIEGO

WELCOME!



TEAMS GROUND RULES

- All attendees have been muted on entry
- Please enter any questions into the chat box.
 - Questions collected in this meeting will be sent to all attendees via email and uploaded into the Children's Full-Service Partnership Portal.



[Full Service Partnership \(sandiegocounty.gov\)](https://sandiegocounty.gov)

- Public Facing Portal link for FSP provides:
 - Current FSP/DCR Contact List - *downloadable*
 - DCR User Add / Terminate Request Forms – *downloadable*
 - DCR Training Modules – *links to trainings*
 - DCR Procedure, Manuals etc.
 - Data Forms (PAFs, 3Ms, KETs)
 - Previous DCR Meeting Agendas and Portfolios
 - FAQs
 - Full-Service Partnership Quarterly Reports

DCR SUPPORT TEAM'S EMAIL ADDRESS



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BHS.CYF.DCR.Support@sdcounty.ca.gov

PROGRAMS AND SERVICES DCR SUPPORT

The CYF DCR Support Team should be the first point of contact for all DCR related issues and requests, and will address issues regarding, but not limited to:



- Approving Users
- Removing Users
- DCR Initial Access
- DHCS Contact Liaison



- Roster Maintenance
- Annual Meeting
- Special Circumstances
Client Transfers

What if I have other questions?

- DCR User Manual and other program staff that utilize DCR are available for user level troubleshooting
- DCR data collection, data entry, technical assistance, or reporting issues are to be submitted in writing to the DCR Support Team for triage (Response times will vary due to complexity of the issue)

WHO CAN RESET PASSWORDS

- BHS Support Staff and CASRC do not have the capability to reset password.
- State BHIS will assist with password resets.
- To reset passwords, send requests to State BHIS email address listed below:
 - BHIS@dhcs.ca.gov



REQUEST FORMS (ADD, TERMINATE USER)



- Add and Terminate Request Forms will be dropped in the chat
- **Add Request Form**
 - Adding new staff into the DCR system
 - Modifying DCR Access
 - Adding users to PSC Assignment List
- **Terminate Request Form**
 - Removing staff no longer with program

****NOTE:** DCR Support cannot remove users if there are currently active clients tied to the staff.

The image shows two overlapping forms. The top form is the 'Add Request Form' and the bottom form is the 'Terminate Request Form'. Both forms are for the 'Data Collection & Reporting (DCR) Behavioral Health Information System (BHIS)'. The 'Add Request Form' includes fields for user information (First/Last Name, Email Address, Phone Number, Job Title, Full Program Name, Program Manager Name) and access options (Type of Access, DCR Data Entry, Add to PSC Assignment List). The 'Terminate Request Form' includes a section for 'Reason for Termination' with checkboxes for 'User no longer employed in the organization', 'User no longer require access to any of the systems; within BHIS', and 'Other'. Both forms have 'CLEAR', 'SAVE', and 'SUBMIT' buttons at the bottom.

COMMUNICATION IS KEY!!



COMMUNICATION IS NEEDED WHEN:

- **Transferring clients into programs:**
 - Submit a KET Request to previous program client was opened to.
- **Primary/Secondary Programs:**
 - Client is active to two programs. Primary program is responsible for entering the partner's information in the DCR.
 - Primary is the first program the client was opened to first. To determine who is the primary, verify the client history through CCBH and or SmartCare.



*****Always confirm Client name, CCN# (Client ID), and DOB through CCBH/SmartCare prior to submitting any forms.***

COUNTY TLS EMAIL ENCRYPTION



WHAT IS TLS?

- Transport Layer Security
 - The County has established a secured email connection called Transport Layer Security (TLS) email encryption between the Business Partner/Legal Entity and the County.
 - Only works between County and the County approved Business Partner/Legal Entity.
 - Emails between other agencies will not be encrypted. Please ensure to encrypt when communicating with other programs.



For more information on TLS or if you would like to know if your program has TLS, please send an email to:

BHS.CYF.DCR.Support@sdcounty.ca.gov

REMINDERS:

- **WHO CAN ACCESS/EDIT PAF VIA DCR SYSTEM:**
 - Any DCR user who has read/write (modify) access.
**if you do not have read/write access and needs to make changes in DCR system, please submit an Add Request form to DCR Support.
- **FOR CLIENTS WHO ARE OPENED TO TWO PROGRAMS:**
 - Do not discontinue client if they are opened to two programs, instead process a KET to transfer to the other program.
- **CSI# ISSUES IN DCR:**
 - If DCR states CSI# does not match their records, double check the CSI# in Cerner or SmartCare. If numbers match, DCR Support does not have capability to fix the issue. Please leave the record as “Pending”.



ABOUT CASRC



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- The Child and Adolescent Research Center (CASRC) is a consortium of over 100 investigators based in UC San Diego's Department of Psychiatry
- CASRC provides technical and analytical support for the County of San Diego's Behavioral Health Services for Children and Youth (BHS-CY)
- CASRC is responsible for downloading, analyzing, and reporting DCR data on a quarterly and annual basis
- CASRC submits reports to the DCR Support Team at County
- The DCR Support Team distributes reports to the providers and manages communications with providers

SmartCare Transition

Updates to DCR Reporting, Data Entry, and Client Transfer Procedures

SmartCare Transition: Background



- September 1, 2024 – SmartCare was implemented as the Electronic Health Record (EHR) for the System of Care (SOC)
- SmartCare data are not yet integrated with the DCR system and are currently unavailable for reporting.
- Implications:
 - Quarterly reports
 - DCR data entry
 - Client transfer procedures

SmartCare Transition: DCR Reporting

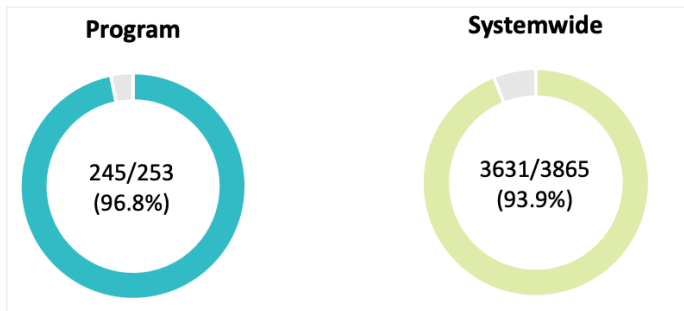


Q1 FY 2024-25 Program Report Impacts

- Service event compliance and client demographics are only reported for July and August.
- All other elements use DCR data for the entire quarter (July, August, and **September**).
- However, minor errors may exist in program assignments, 3M compliance, or outcomes for data entered in September.

DATA COMPLIANCE*

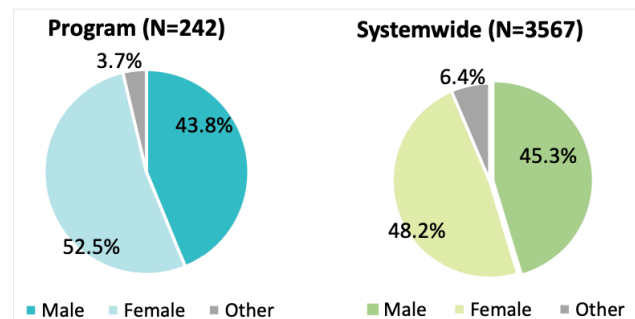
Percent of service events entered in the DCR‡



POPULATION SERVED*

Demographics‡

Gender



Age

Program			Systemwide		
Min	Mean	Max	Min	Mean	Max
5	12.7	18	0	11.7	20

Q1 FY 2024-25 Data Entry Review Reports Impacts

We only list missing DCR clients for **July and August**.

FSP Data Entry Review Report

FSP Program:

Reporting Period: FY24-25 Q1

Clients that have not been entered in the DCR as of **08/31/2024**

Due to the SmartCare transition, data to track “clients that have not been entered in the DCR” are only based on entries from 07/01/2024 to 08/31/2024. September data will be included in future reports as SmartCare extracts become available.



SmartCare Transition: DCR Reporting (continued)



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Reminder: If you notice a DCR client was entered in the CCBH in July or August with incorrect data, **please do not correct the data in CCBH.** Contact the DCR Support Team. They can alert CASRC to update the data manually.

County of San Diego – Health and Human Services Agency (HHSA)
Behavioral Health Services (BHS) – Information Notice



To:	BHS County-Operated Providers and BHS Contracted Service Providers
From:	Behavioral Health Services
Date:	November 5, 2024
Title	Summary of SmartCare Post Go-Live Updates

REMINDER TO NOT DOCUMENT IN CCBH

As new clients are opened to programs in SmartCare, providers may need to view historical information in CCBH. Currently, most providers have access in CCBH to view information for clients who have been opened to the provider’s program. If needed, the provider may open an assignment for the client in CCBH to view this documentation and then close it in CCBH when the client closes with them in SmartCare, or once the necessary documentation is reviewed. **Providers should not complete any intake documentation or update any client information in CCBH**, this path is solely for view only. The only exception to documentation in CCBH is if providers need to update information related to billing if the service shows on a suspense report.

SmartCare Transition: DCR Error Messages



- **Error Message**
 - When opening a PAF for a new FSP Client you may see the error: **“CSI Number Did not Match Our Records”**.
- **Cause**
 - This error occurs because the DCR client number lookup feature is not yet integrated with SmartCare.
- **Next Steps**
 - Ignore the error and continue to create the PAF.

SmartCare Transition: Handling Client Transfers



- **Error Message**

- When opening a PAF for a new FSP Client you may see the error **“CSI Number already exists for another partner”**.

- **Action Required**

- STOP and cancel the PAF – this indicates the client needs to be transferred.

- **Revised Steps to Determine Service History**

- Check CCBH for Clients opened before 9/1/2024.
- Check SmartCare for Clients opened after 9/1/2024.

SmartCare Transition: DCR Reporting (continued)



Current Impact:

- The full effects of the SmartCare transition on DCR data reports and data integration timelines are still unknown.

As SmartCare Data Becomes Available, We Will:

- Review and update analyses and reports as needed
- Integrate outstanding data if possible (e.g., future reports will likely include September compliance)
- Update training modules and support materials (e.g., revise Client Transfer procedures)

FSP-DCR Quarterly Reporting



FSP-DCR Quarterly Reports



Program Level Report

- This report includes dashboards and tables drawn from the FSP-DCR data.

Data for the report come from three data collection sources in the DCR:

- PAF (collected at intake)
- 3M (collected quarterly)
- KETS (collected for key events)

Table of Contents

Dashboard	
Page 2	Data Compliance Service events entered in the DCR Quarterly reports entered on time KETs submitted by time in treatment KETs submitted during reporting period
Page 3	Population Served Demographics Partnership status Referral sources
Pages 4 - 5	Outcome Data Residential status Financial source Attendance Grades Risk and Protective factors Reason for discharge
Appendix	
Pages 6 - 12	Data Tables

Due to the SmartCare transition, we will not be covering “Data Compliance”, “Demographics”, or “Data Entry Review Reports” today.

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

Population Served



Partnership status

	Program	Systemwide
Clients active on the first day of the FY (i.e., rollover clients)	88.5	3067
Clients admitted during the FY	106	4210
Clients discharged during the FY	91.5	3373
Clients active on the last day of the reporting period	102	3904

* Population served data sources: CCBH and PAF

† Other categories are listed in the appendix

How many clients were

1. Enrolled on the first day of the FY
2. Admitted during the FY
3. Discharged during the FY
4. Active on the last day of the reporting period

Referral Sources



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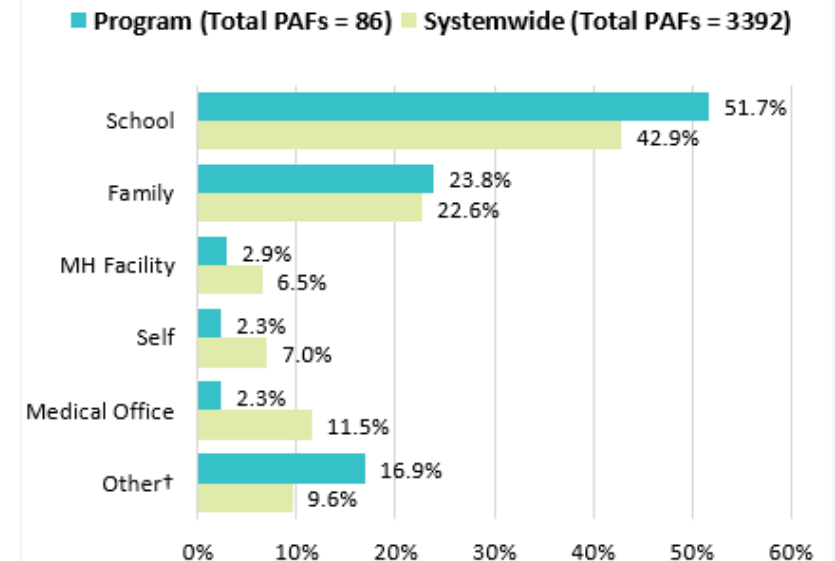
- Data about referrals are collected on the PAF.

Who Referred the Partner? (Choose One)

- Self
- Family Member (e.g. parent, guardian, sibling, aunt, uncle, grandparent)
- Significant Other (e.g. boyfriend / girlfriend, spouse)
- Friend / Neighbor (i.e., unrelated other)
- School
- Primary Care/Medical Office
- Emergency Room
- Mental Health Facility /Community Agency
- Social Services Agency
- Substance Abuse Treatment Facility / Agency
- Faith-based Organization
- Other County / Community Agency
- Homeless Shelter
- Street Outreach
- Juvenile Hall / Camp / Ranch / Division of Juvenile Justice
- Acute Psychiatric / State Hospital
- Other

- Referral data are only reported for clients that had a PAF submitted in the reporting period.
- Data from your program is compared to data from all FSP programs.

Referral sources (%)



Outcome Data: Residential Status



Data about residential status are first collected on the PAF.

Residential Information – Includes Hospitalizations and Incarcerations

Residential Setting	Tonight (Choose one)	Yesterday As of 11:59 pm The day before partnership (Choose one)	During the past 12 months Indicate the total # of occurrences	During the past 12 months Indicate the total # of days (Column must = 365 days)	Prior to the last 12 months (Mark all that apply)
General Living Arrangement					
1. With one or both biological /adoptive parents	<input type="radio"/>	<input type="radio"/>	_____	_____	<input type="checkbox"/>
2. With adult family member(s) other than parents - non-foster care	<input type="radio"/>	<input type="radio"/>	_____	_____	<input type="checkbox"/>
3. In an apartment or house alone/with spouse/partner/minor					

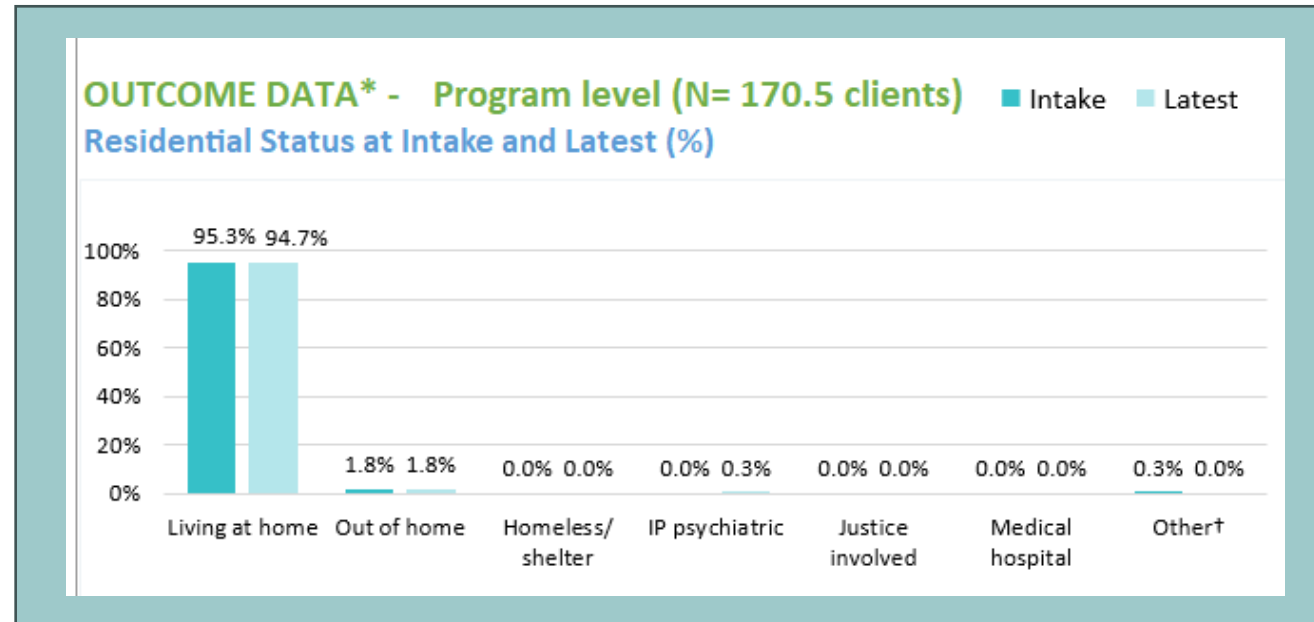
Outcome Data: Residential Status



- If a client moves, their new residential status is recorded via a residential KET submission.

Date of Residential Status Change (mm/dd/yyyy):		
General Living Arrangement		
<input type="radio"/>	1. With one or both biological /adoptive parents	
<input type="radio"/>	2. With adult family member(s) other than parents - non-foster care	
<input type="radio"/>	3. In an apartment or house alone/with spouse/partner/minor childre dependents/roommate(must hold lease or share in rent/mortgage)	
<input type="radio"/>	4. Foster Home (with relative)	
<input type="radio"/>	5. Foster Home (with non-relative)	

- Data in the reports show changes in client living arrangements from intake to the most recent evaluation.



Outcome data



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Attendance

Currently, estimate the partner's attendance level (excluding scheduled breaks and excused absences)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Always attends school (never truant)	Attends school most of the time	Sometimes attends school	Infrequently attends school	Never attends school

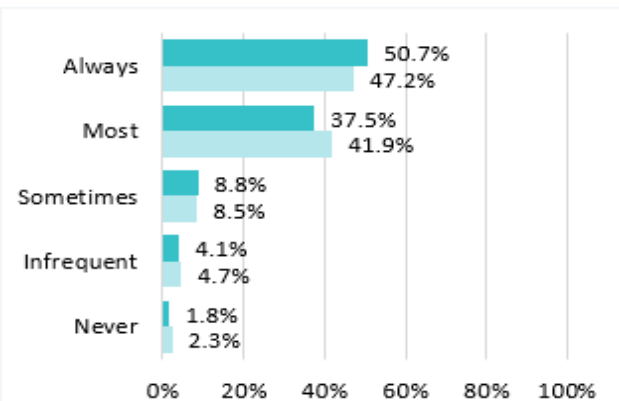
Grades

Currently
His / her grades are:

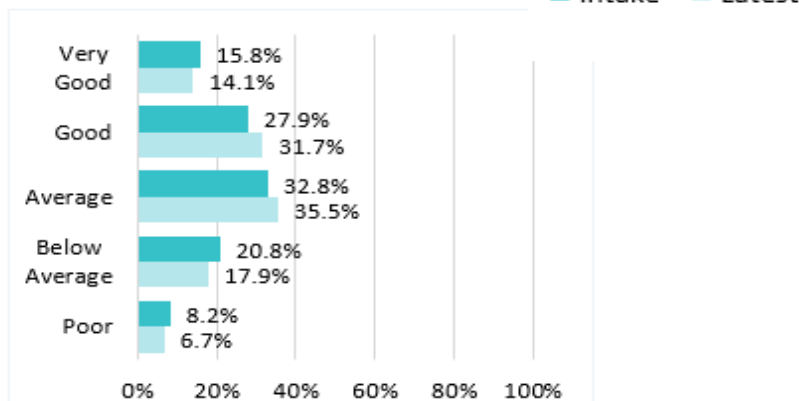
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Very Good	Good	Average	Below Average	Poor

- Attendance and grades data are first reported on the PAF. Changes in attendance and grades are tracked on the 3M.

Attendance at Intake and Latest (%)



Grades at Intake and Latest (%)



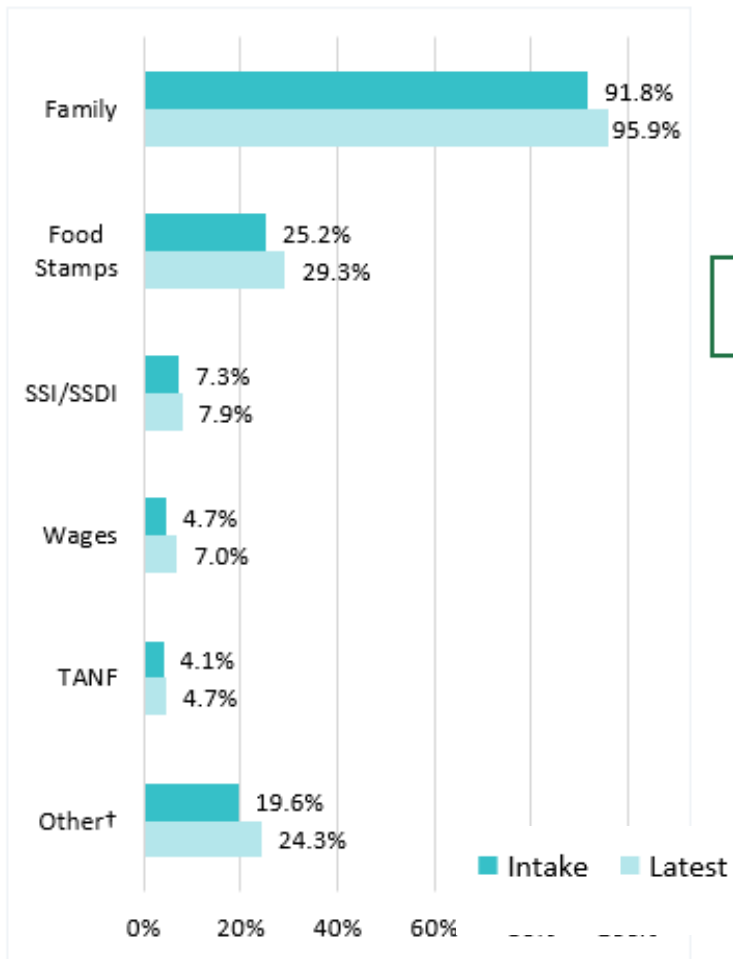
* Outcome data sources: PAF, 3M and KET. Changes in outcomes may be misrepresented for clients with missing PAFs, 3Ms or KET data
† Other categories are listed in the appendix

- Data in the reports show changes in grades and intake from intake to the most recent evaluation.

Outcome data



Financial Source at Intake and Latest (%)‡



Sources of Financial Support

Indicate all the sources of financial aid used to meet the needs of the partner:	Currently (mark all that apply)
1. Caregiver's Wages	<input type="checkbox"/>
2. Partner's Wages	<input type="checkbox"/>
3. Partner's Spouse/ Significant Other's Wages	<input type="checkbox"/>
4. Savings	<input type="checkbox"/>
5. Child Support	<input type="checkbox"/>
6. Other Family Member/Friend	<input type="checkbox"/>

- Sources of financial support are first reported on the PAF. Changes are tracked on the 3M.
- Data in the reports show changes in sources of financial support from intake to the most recent evaluation.

Outcome Data



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Education

Special Education/S.E.D.

Yes No Is the partner **currently** receiving special education due to serious emotional disturbance?

Special Education/Other

Yes No Is the partner **currently** receiving special education due to another reason?

- Risk and protective factors are first reported on the PAF. Changes in factors are tracked on the 3M.
- Data in the reports show changes in risk and protective factors from intake to the most recent evaluation.

Health Status

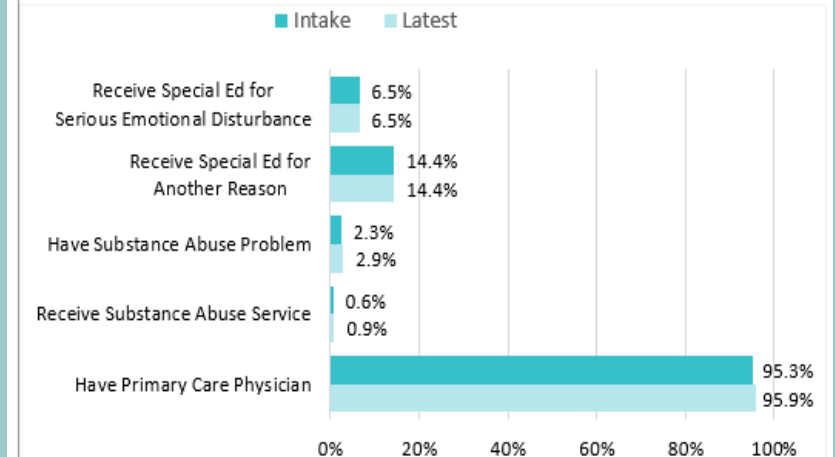
Yes No **Current PCP:** Does the partner have a Primary Care Physician (PCP) CURRENTLY?

Substance Abuse

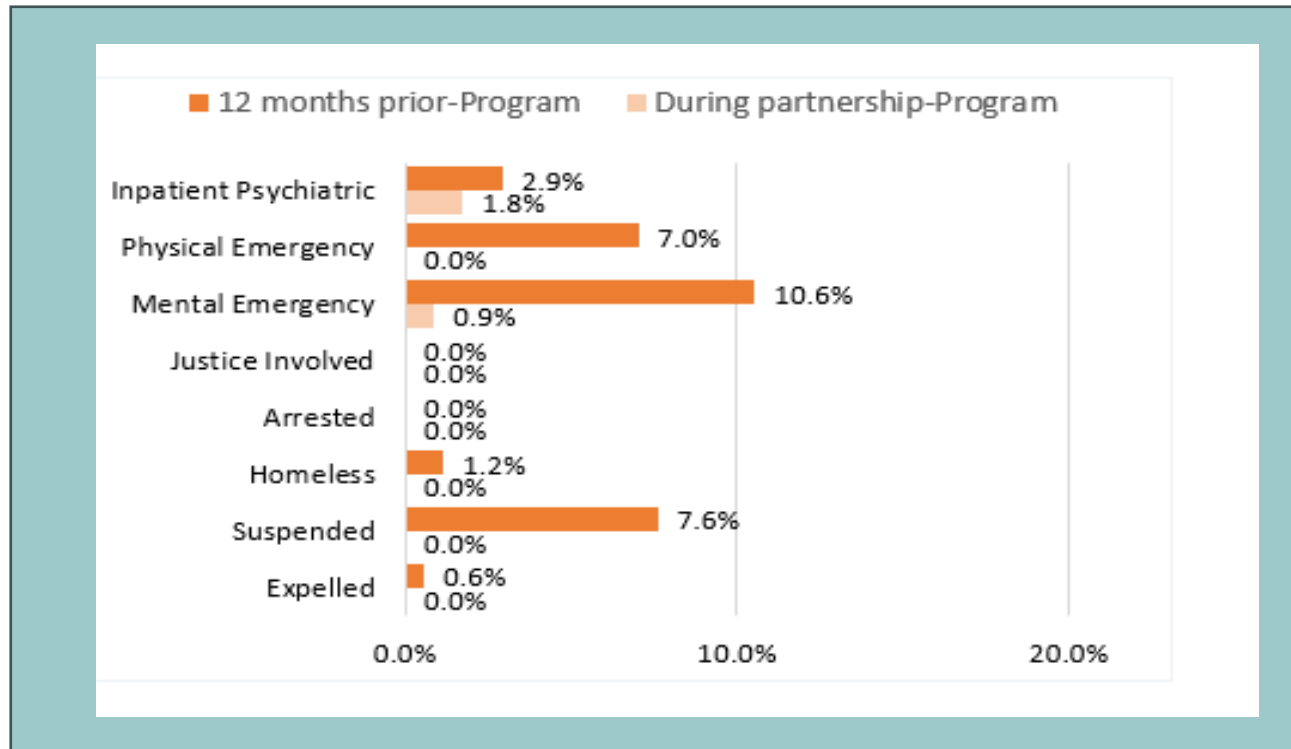
Yes No **Current Issue:** In the opinion of the Partnership Service Coordinator (PSC), does the partner currently have an active co-occurring mental illness and substance use problem?

Yes No **Current Services:** Is the partner currently receiving substance abuse services?

Risk and Protective Factors (%)



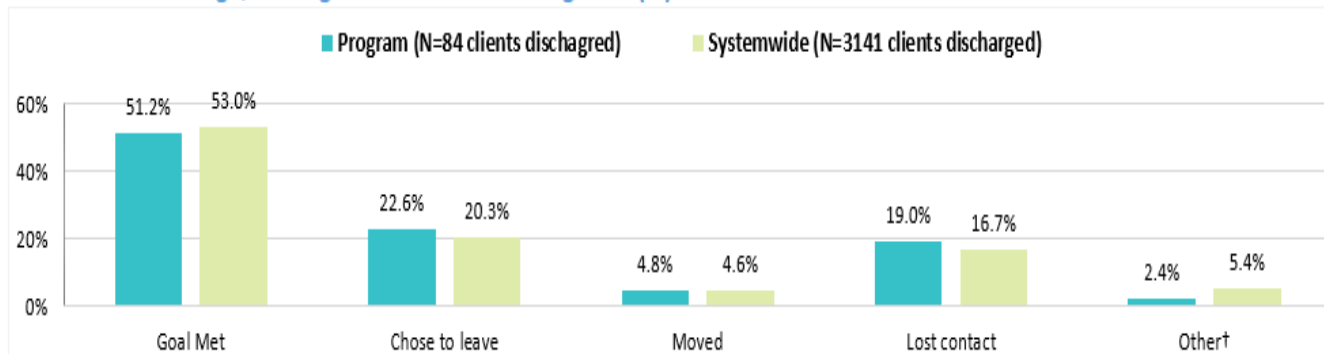
Outcome data



- Data on risk factors from the year before services began are taken from the earliest non-missing PAF.
- Risk factors experienced during the partnership are taken from KET submissions.

Discharge data

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

Discharge data are collected on the discharge KET and are only reported for clients discharged during the reporting period.

If there is a **Discontinuation / Interruption** of Full Service Partnership and / or Community Services/ Program, indicate the reason (choose one):

- Target Criteria: Target population criteria are not met
- Partner Discontinued: Partner decided to discontinue Full Service Partnership participation after partnership established
- Moved: Partner moved to another County/ service area
- Not Located: After repeated attempts to contact Partner, s/he cannot be located
- Residential / Institutional Mental Health Services :Partner's circumstances reflect a need for Residential/ Institutional Mental Health Services at this time (such as State Hospital)
- Juvenile Hall / Camp / Ranch : Partner will be placed in Juvenile hall/Camp/Ranch
- Division of Juvenile Justice: Partner will be placed in a division of Juvenile Justice
- Met Goals: Partner has successfully met their goals such that the discontinuation of Full Service Partnership is appropriate
- Deceased: Partner is deceased

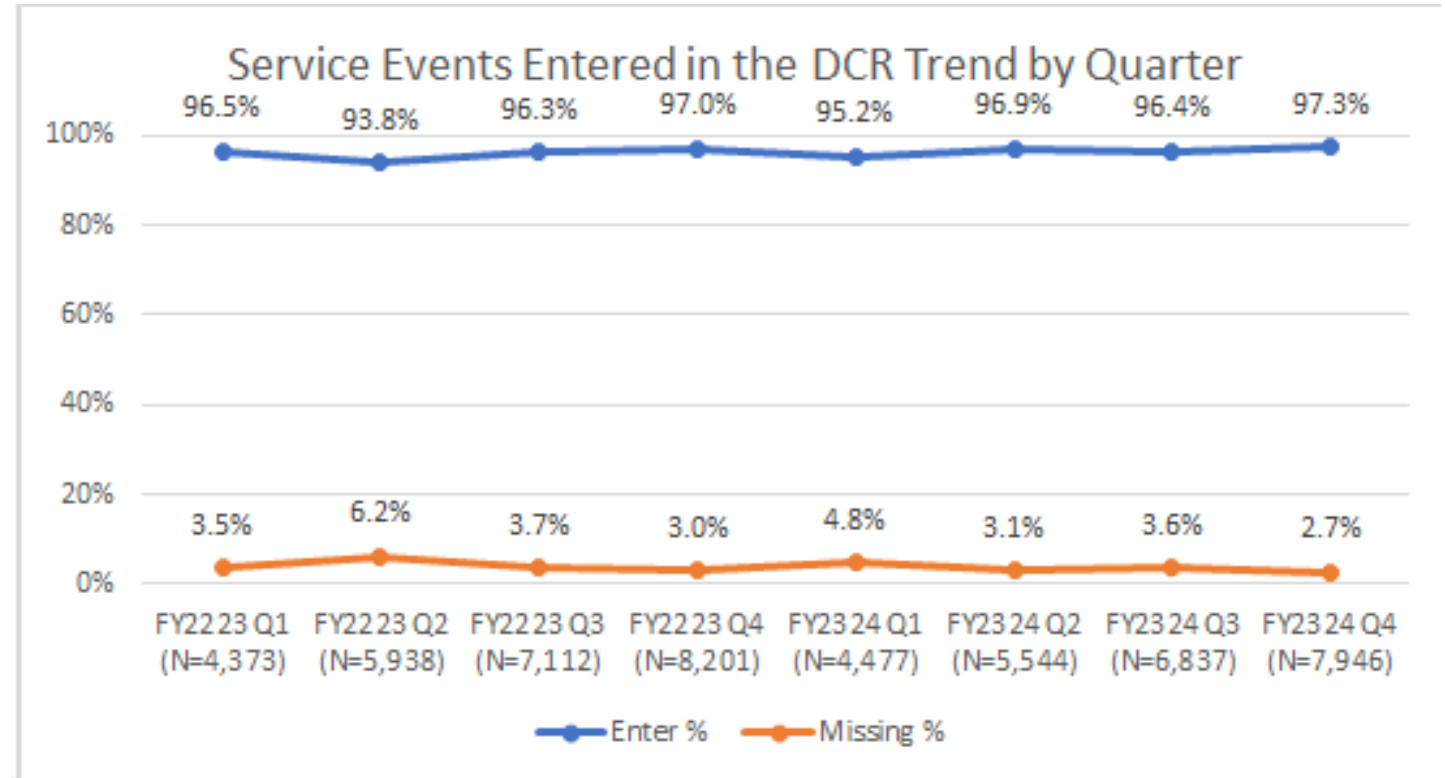
Trends in Compliance Over time



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The percent of clients opened in CCBH that have been entered in the DCR has remained high since 2022.

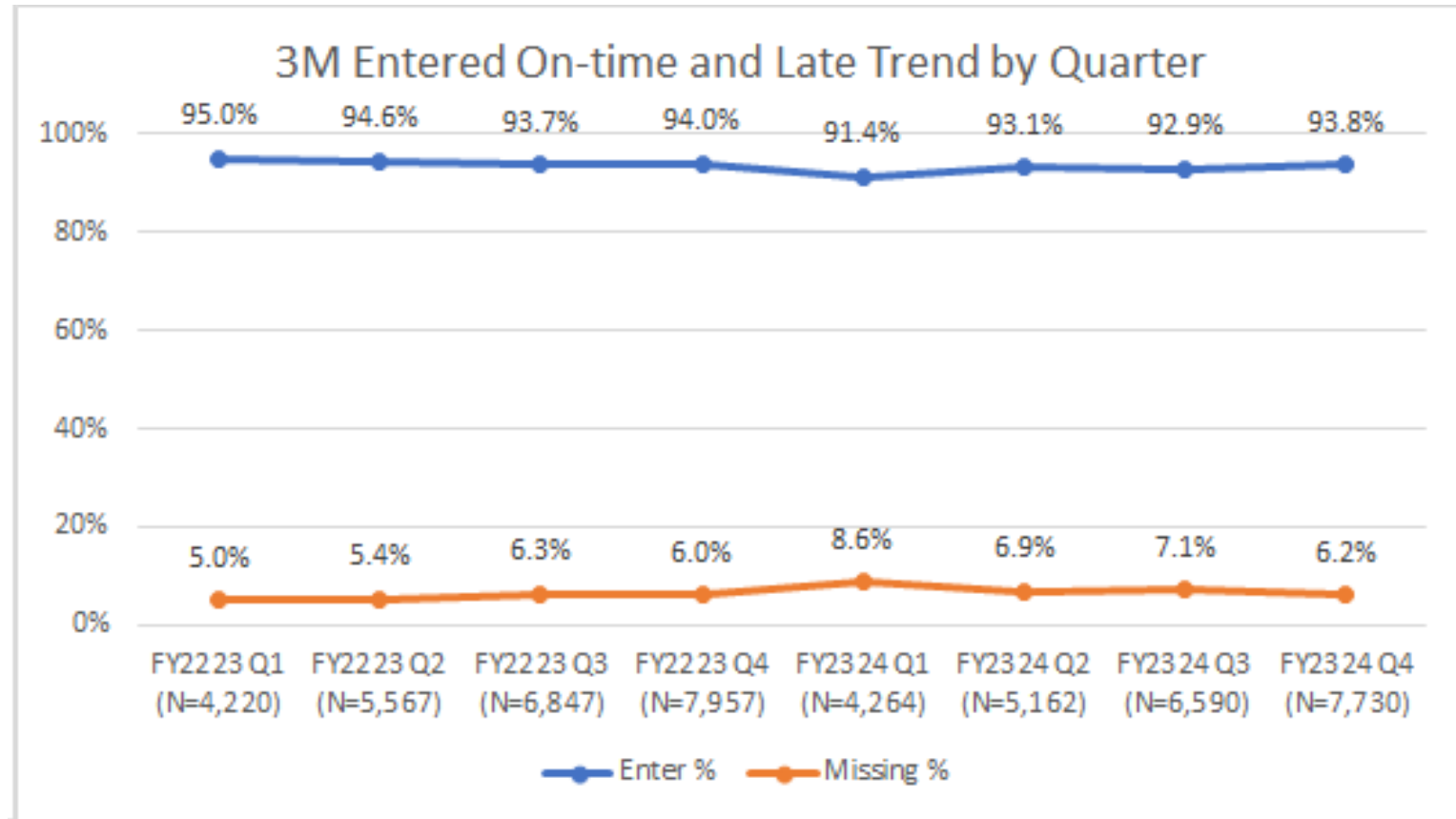
As a reminder, data compliance for Q1 FY23-24 are not included due to the transition to SmartCare



Trends in On-Time Quarterly (3m) Reports



The percent of clients who have no missing/late 3Ms, has also remained high since 2022.



**How to
improve
DCR data
compliance?**

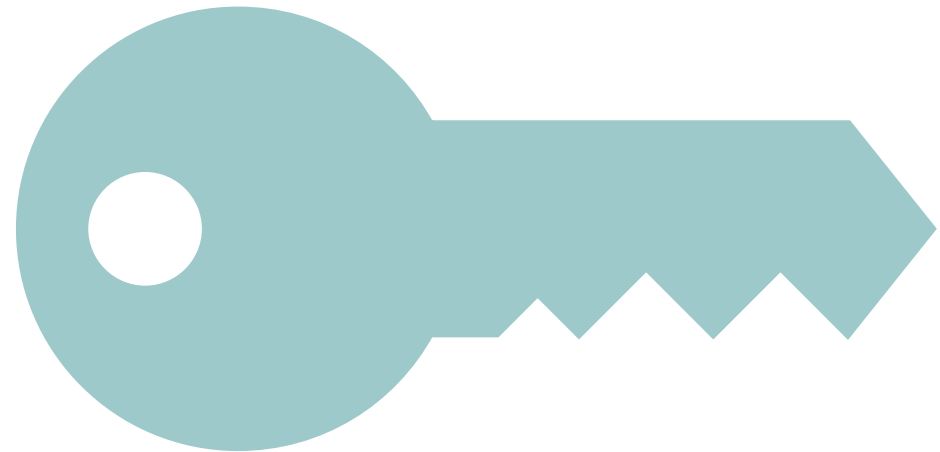


Make sure key data points entered correctly



When entering PAF data into the DCR system, please make sure these key data points are correct:

- 1) CSI Number – Can modify
- 2) Date of birth – Cannot modify
- 3) Partnership Date – Cannot modify



Check KET and 3M data before submitting



- Before hitting the “get form” button to open a KET or 3M, make sure that the “Date Completed” is correct.
- Before submitting a KET or 3M, make sure that the data is entered correctly
- **KETs and 3Ms cannot be deleted when entered.**
- PAFs can be deleted but doing so will erase all client information (including KETs and 3Ms).



Review Missing Data



Outcomes Assessments for:	
PAF	
03/02/2022 Pending Validation Report	

Use the data entry review report (sent by the County FSP team) and the validation report (in the DCR system) to correct any missing data

Reach out



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Contact the DCR Support Team if you have any questions.

BHS.CYF.DCR.Support@sdcounty.ca.gov



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Grades and Attendance



County of San Diego – Health and Human Services Agency (HHSA)

Behavioral Health Services (BHS) – Information Notice



To:	BHS Children’s Mental Health Contracted Service Providers
From:	Behavioral Health Services
Date:	May 1, 2022
Title	School-Based Outcomes Definitions and Reporting Guidelines: School Attendance and Grades

Children's Full-Service Partnership (FSP)/Data
Collection Reporting (DCR)
Annual DCR User Meeting

THANK YOU!

December 03, 2024

11:00 AM to 1:00 PM



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Behavioral Health Services (BHS) – Information Notice

To:	BHS Children’s Mental Health Contracted Service Providers
From:	Behavioral Health Services
Date:	May 1, 2022
Title	School-Based Outcomes Definitions and Reporting Guidelines: School Attendance and Grades

Background

In Fiscal Year (FY) 2021-22 many programs that serve students were enhanced, and two new data points collected by Full Service Partnership (FSP) programs via the Data Collection Reporting (DCR) system were pulled forward into a revised Statement of Work and reads as follows:

- Contractor shall ensure children who are receiving treatment service will have increased school attendance with a goal of consistent attendance, as recorded in the Quarterly Status Report (QSR) with FSP programs leveraging the data from the DCR to complete the QSR.
- Contractor shall ensure children who are receiving treatment service will have improved academic performance with a goal of sustaining or improving grades, as recorded in the QSR with FSP programs leveraging the data from the DCR to complete the QSR.

To effectively leverage these existing DCR variables, standardized definitions were established, and a reporting format was developed for school-based outcomes. Input by providers was a critical component of this process and obtained through FSP and Program Manager meetings.

School-based FSP programs will begin to utilize the DCR to report academic outcomes on the QSR starting in FY 2022-23 (with the first report reflecting FY 2021-22 data).

Given the delay in DCR data availability, these variables will be reported one quarter (Q) behind:

QSR Period Due Date	Attendance/ Grades Data Period	Obtain data from DCR Support Team
Q1 - Oct. 15	Prior FY DCR data (cumulative data for the entire prior FY)	Sept. 5
Q2 - Jan. 15	Q1 DCR data for the current FY	Nov. 20
Q3 - April 15	Q1 and Q2 DCR data for the current FY (cumulative YTD)	Feb. 20
Q4 - July 15	Q1, Q2 and Q3 DCR data for the current FY (cumulative YTD)	May 20

Next Steps

- Beginning FY 2022-23, the quarterly DCR reports generated by Child & Adolescent Services Research Center (CASRC) and obtained by the Program Managers through the Behavioral Health Services (BHS) DCR Support Team will include two additional pages that provide program and systemwide level data on these two outcome measures. The first report generated will be for FY 2021-22 data, recognizing that this report will not reflect the new uniform definitions.
- Each provider will populate program-level information into the QSR as done with other data points, such as the Child and Adolescent Needs and Strengths (CANS) and Pediatric Symptom Checklist (PSC).

For More Information:

- Contact your Contracting Officer’s Representative (COR) or
- DCR Support Team BHS.CYF.DCR.Support@sdcounty.ca.gov

Behavioral Health Services (BHS) – Information Notice

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Date:	May 1, 2022
Title	School-Based Outcomes Definitions and Reporting Guidelines: School Attendance and Grades

- Non-FSP programs who report school attendance and grades will utilize the system definition, but will track the information independently, as this information is not entered into the DCR.

School-based Outcome Definitions

Attendance:

Attendance question from the DCR					
Currently , estimate the partner’s attendance level (excluding scheduled breaks and excused absence)	Always attends school (never truant)	Attends school most of the time	Sometimes attends school	Infrequently attends school	Never attends school
Clinicians should use these standards to complete the question					
In the past month , the partner had ...	No unexcused absences (never truant)	1 or 2 unexcused absences	3 to 10 unexcused absences	More than 10 unexcused absences	The partner was unexcused (truant) the entire month

Unexcused Absence (Truancy): A child is considered truant if they miss school, or are tardy for 30 minutes or more, and the absence is unexcused. Unexcused absences include absences due to transportation issues, going on vacation, oversleeping, skipping/ditching, or other unjustifiable circumstances. Suspensions and expulsions should be categorized with unexcused absences.

Excused Absence: A child is excused from school when the absence is due to an illness (including an absence for the benefit of the student’s mental or behavioral health), quarantine, medical or dental appointments, funeral services, court appearances, religious holidays or ceremonies, or other justifiable circumstances.

Grades:

Grades question from the DCR					
Currently His/her grades are:	Very Good	Good	Average	Below Average	Poor
Clinicians should use these standards to complete the question					
In the past month , the partner mostly received...	“As” (or equivalent)	“Bs” (or equivalent)	“Cs” (or equivalent)	“Ds” (or equivalent)	“Fs” (or equivalent)

For More Information:

- Contact your Contracting Officer’s Representative (COR) or
- DCR Support Team BHS.CYF.DCR.Support@sdcounty.ca.gov

Behavioral Health Services (BHS) – Information Notice

To:	BHS Children’s Mental Health Contracted Service Providers
From:	Behavioral Health Services
Date:	May 1, 2022
Title	School-Based Outcomes Definitions and Reporting Guidelines: School Attendance and Grades

Frequently Asked Questions

Where are “attendance” and “grades” data collected?

Attendance and grades outcomes are based on two existing questions in the DCR. The questions are included in the *Partnership Assessment Form (PAF)* and *3M Form* (quarterly assessment). Non-FSP programs collecting this data need to leverage the newly developed definitions and establish program-level tracking to be reported in the QSR.

How often should the data be collected?

The questions should be administered at new client intake using the *Partnership Assessment Form (PAF)* and updated quarterly (i.e., every three months) using the *3M Form*. Non-FSP programs will have intake and discharge data points.

How should clinicians obtain the information?

Clinicians may collect this data from parents/caregivers, students, and/or other collateral contacts (e.g., teachers).

How should clinicians complete “attendance” and “grades” questions during a school break (e.g., winter vacation)?

If the DCR assessment occurs during a scheduled school break, clinicians reference the month of school before the break began. Non-FSP programs would also reference the month of school before the break began.

How should clinicians complete “attendance” and “grades” questions for clients who are not yet attending school?

If a child is too young to be enrolled in school, clinicians leave the “grades” and “attendance” questions blank. If a child is enrolled in preschool, clinicians complete the “attendance” question, but leave the “grades” question blank.

How should clinicians complete “attendance” and “grades” questions for youth who have already graduated from high school (or received their GED)?

If a youth has graduated from high school (or received their GED) and is not enrolled in postsecondary education, clinicians leave the “grades” and “attendance” questions blank. If the youth is enrolled in postsecondary education, clinicians complete the “attendance” and “grades” questions.

How should clinicians complete “attendance” and “grades” questions for youth who have “dropped out” of school?

If a child has “dropped out” of school, clinicians assign the following rankings in the DCR:

- Attendance: “5. Never attends school”
- Grades: “5. Poor”

For More Information:

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Behavioral Health Services (BHS) – Information Notice

To:	BHS Children’s Mental Health Contracted Service Providers
From:	Behavioral Health Services
Date:	May 1, 2022
Title	School-Based Outcomes Definitions and Reporting Guidelines: School Attendance and Grades

Table 1. Attendance Performance Outcome Objectives for the QSR - FY 2020-21 FSP Systemwide

Number	OUTCOME OBJECTIVES	YTD Results*		
		%	X	of Y
1	Attendance 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	86.2%	2,605	3,022
b)	Please provide explanation below if compliance rate is below 95% :			
2	<p>Percent of clients that sustained “high” school attendance or improved school attendance between intake and discharge</p> <ul style="list-style-type: none"> ○ “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 “Infrequently attends school” to “Never 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)	79.4%	2,068	2,605
b)	“Low” School Attendance Sustained (3 or more unexcused absences a month)	4.0%	106	2,605
c)	School Attendance Improved (movement on the 5-point rating scale)	6.5%	169	2,605
d)	School Attendance Declined (movement on the 5-point rating scale)	10.1%	262	2,605
	TOTAL	100%	2,605	2,605

* Year-to-Date (YTD) Results are calculated using all FSP programs with data submitted to DCR/CCBH in FY 2020-21. 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. These data are for demonstration purposes only and do not reflect the new uniform definitions.

For More Information:

- Contact your Contracting Officer’s Representative (COR) or
- DCR Support Team BHS.CYF.DCR.Support@sdcounty.ca.gov

Behavioral Health Services (BHS) – Information Notice

To:	BHS Children’s Mental Health Contracted Service Providers
From:	Behavioral Health Services
Date:	May 1, 2022
Title	School-Based Outcomes Definitions and Reporting Guidelines: School Attendance and Grades

Table 2. Academic Performance Outcome Objectives for the QSR – FY 2020-21 Systemwide

Number	OUTCOME OBJECTIVES	YTD Results*		
		%	X	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 academic performance data available for both the initial and most recent quarterly (3M) assessment	86.2%	2,605	3,022
b)	Please provide explanation below if compliance rate is below 95% :			
2	<p>Percent of clients that had sustained “high” academic performance or improved academic performance between intake and discharge</p> <ul style="list-style-type: none"> ○ “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 academic ratings 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)	30.1%	783	2,605
b)	“Average” Academic Performance Sustained (grades of “Cs or equivalent)	15.4%	400	2,605
c)	“Low” Academic Performance Sustained (grades of “Ds”, “Fs” or equivalent)	10.7%	278	2,605
d)	Academic Performance Improved (movement on the 5-point rating scale)	26.4%	687	2,605
e)	Academic Performance Declined (movement on the 5-point rating scale)	17.5%	457	2,605
	TOTAL	100%	2,605	2,605

* Year-to-Date (YTD) Results are calculated using all FSP programs with data submitted to DCR/CCBH in FY 2020-21. 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. These data are for demonstration purposes only and do not reflect the new uniform definitions.

For More Information:

- Contact your Contracting Officer’s Representative (COR) or
- DCR Support Team BHS.CYF.DCR.Support@sdcounty.ca.gov



To:	BHS County-Operated Providers and BHS Contracted Service Providers
From:	Behavioral Health Services
Date:	November 5, 2024
Title	Summary of SmartCare Post Go-Live Updates

This information notice contains both new guidance and a summary of recent guidance related to the SmartCare electronic health record (EHR) for both the mental health (MH) and substance use disorder (SUD) systems of care (SOC), inclusive of the following:

- **Requirements and Functionality:**
 - Multi-Factor Authentication (MFA)
 - Annual updates for CalOMS Providers
 - Entry of Services
 - Reminder not to document in CCBH
 - Creating services in SmartCare for 24-hour programs
 - ASAM reporting for youth programs and SUD providers not in SmartCare
 - Reports updates
 - E-prescribing: CalMHSA Rx
 - Billing updates
- **SmartCare Access and Training**
 - Updates regarding access
 - Updates regarding training
 - November technical support hours (formerly office hours)
- **Help Desk and Support Reminders**
 - Issue reporting
 - Resources for workflow and documentation questions
- **Additional Information**
 - Site leads
 - SmartCare Advisory Group
 - Key upcoming dates

REQUIREMENTS AND FUNCTIONALITY

MULTI-FACTOR AUTHENTICATION (MFA)

To assure the best possible security of our client’s data, the County will be rolling out multi-factor authentication (MFA) to all contractor users. This means that after you enter your user ID and password, you’ll receive an email with a one-time code that you will need to enter before gaining access into the system. You will use this MFA each time you access SmartCare. Please confirm the email

For More Information:

- Check the SmartCare tab on the Optum website under [MHP Provider Documents](#) for the MH SOC or [DMC-ODS Provider Documents](#) for the SUD SOC.
- Contact your Contracting Officer’s Representative (COR) or QIMatters.HHSA@sdcounty.ca.gov



To:	BHS County-Operated Providers and BHS Contracted Service Providers
From:	Behavioral Health Services
Date:	November 5, 2024
Title	Summary of SmartCare Post Go-Live Updates

address in your SmartCare profile is accurate to avoid access issues and delays. To verify and/or update your email address, access the ‘My Preferences’ screen, ‘Contacts’ section. If you have any trouble updating your email address or need help, please contact the CalMHSA Help Desk by following the instructions on the help desk flyer located on the SmartCare tab of the [MHP Provider Documents](#) or [DMC-ODS pages](#) of the Optum website.

ANNUAL UPDATES FOR CALOMS PROVIDERS

Previous instruction was provided by CalOMS representatives to input annual updates on paper for admission dates in October and November. **Programs should now proceed to enter the annual updates previously captured on paper directly into SmartCare for admission dates in October and November 2018 to 2023.** The annual update must be completed 10 to 11 months from the admission date. For example, for a client admitted in October 2018, the annual update is due by September.

When entering annual updates into SmartCare, please follow these steps:

1. Change the effective date to the date the annual update was conducted with the client; SmartCare autogenerates to the current date.
2. Make sure the Fully Specified Name (FSN) matches from the admission record.
3. Manually input the annual update number into SmartCare based on the year of the admission date. For example, if the admission date is 10/01/2021, the annual update number for 2024 is 3.
4. Review all of the information.
5. Save and Sign.

Please report to Bianca Lopez at bianca.lopez@sdcounty.ca.gov upon completion of these records in SmartCare.

ENTRY OF SERVICES

Programs should NOT enter any services into CCBH or SanWITS for dates of service after 8/31/2024. Any services entered in CCBH or SanWITS with dates of service 9/1/2024 or later will need to be re-entered into SmartCare to avoid billing impacts. **BHS will be contacting programs to fix services entered incorrectly. Services entered in the wrong system will not be paid.**

For More Information:

- Check the SmartCare tab on the Optum website under [MHP Provider Documents](#) for the MH SOC or [DMC-ODS Provider Documents](#) for the SUD SOC.
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REMINDER TO NOT DOCUMENT IN CCBH

As new clients are opened to programs in SmartCare, providers may need to view historical information in CCBH. Currently, most providers have access in CCBH to view information for clients who have been opened to the provider’s program. If needed, the provider may open an assignment for the client in CCBH to view this documentation and then close it in CCBH when the client closes with them in SmartCare, or once the necessary documentation is reviewed. **Providers should not complete any intake documentation or update any client information in CCBH**, this path is solely for view only. The only exception to documentation in CCBH is if providers need to update information related to billing if the service shows on a suspense report.

CREATING SERVICES IN SMARTCARE FOR 24-HOUR PROGRAMS (RESIDENTIAL)

24-Hour programs bill automatically from the Residential Board (Residential/Crisis Residential) via the nightly job in SmartCare. Services for these facilities should not be entered by admin staff via the Services (Client) screen. Services entered in this manner will cause errors in billing for the service.

If a client enrolled in a 24-Hour program is to be seen at a Crisis Stabilization Unit (CSU), leave the client in current status and do not mark “on leave.” Documentation should note that the client was seen at a CSU and how long they were away from the facility. A day remains billable as long as minimum service provision noted in regulations is met.

ASAM REPORTING FOR YOUTH PROGRAMS AND PROVIDERS NOT IN SMARTCARE

All SUD Programs that do not use SmartCare as their primary EHR for documentation must submit ASAM data to MIS every month. All programs who serve youth, regardless of their EHR, are required to provide ASAM data to MIS monthly for brief screenings only. BHS has developed a process for ASAM submission to reduce dual entry and administrative burden. Instructions for submission and a reporting tool have been shared with the SOC and is available [on the Optum website](#).

REPORTS UPDATES

BHS has formed a Reports Committee to prioritize report creation, determine gaps in the system, and advise on needed reports. The EHR project team, data sciences, and other reports teams now have access to SmartCare reports and are having daily meetings. Dashboards and canned reports are being prioritized, and State reporting data cleanup and readiness is in progress. An initial reports crosswalk has been posted on the Optum website for [CCBH to SmartCare](#) and [SanWITS to SmartCare](#).

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- Contact your Contracting Officer’s Representative (COR) or QIMatters.HHSA@sdcounty.ca.gov



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E-PRESCRIBING: CALMHSA RX

Prior to go-live, it was believed that integration existed between CalMHSA Rx and SmartCare; at go-live BHS learned this integration does not exist. To fix this issue, doctors and registered nurses were given direct access to CalMHSA Rx. Doctors currently have access to prescribe medications, and registered nurses currently have access to stage medications. BHS is trying to provide access to Licensed Practitioners of Healing Arts (LPHAs) to view and to document existing medications; the details at this time are still unknown and will be shared with the SOC as soon as possible.

BILLING UPDATES

Some billing functionalities have not yet been turned on in SmartCare but is forthcoming. BHS will start by turning on nightly billing jobs that will assist programs with identifying service errors and will prepare us to eventually generate claims, which will come later. To be clear, we do not have a date yet for either the nightly billing jobs or the subsequent claim generation but are hoping to turn on the nightly billing jobs soon. We will provide programs with instructions on how to identify and correct service errors forthwith.

SMARTCARE ACCESS AND TRAINING

UPDATES REGARDING ACCESS

BHS recognizes that SmartCare system access has been a significant challenge and is taking steps to remediate. There have been problems with users having the correct role-based access. BHS is currently working through a process to review each role in detail to ensure the correct access to SmartCare for all users. Updates will be shared as they become available.

An [Access Request Form \(ARF\) for Treatment Programs](#) or an [Access Request Form \(ARF\) for BHS or Optum Staff](#) is needed to secure access to SmartCare either for new users, user modifications, and updates. Users should submit via the instructions on the ARF form. The turnaround time for processing ARFs is currently 5-10 days. BHS is working as quickly as possible to complete ARF requests; please remain patient and do not submit multiple emails.

UPDATES REGARDING TRAINING

All new users must also complete all required trainings. For most roles, required training is available through the [CalMHSA LMS system](#) with optional supplemental instruction offered by Optum. For residential, crisis residential, and crisis stabilization unit users, live in-person training is required for

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access to SmartCare, also provided by Optum. See the [Optum SmartCare Training](#) webpage for training dates and registration. For questions, contact sdu_sdtraining@optum.com.

NOVEMBER TECHNICAL SUPPORT HOURS

To continue supporting users in SmartCare, Optum will offer Technical Support Hours (formerly titled Office Hours) on an ongoing basis.

Technical Support Hours are virtual sessions where users can “drop in” based on role. These are intended for program staff who know what function they want to perform in SmartCare and would like a refresher on how to do it. Optum staff won't be advising program staff what they should do in the system, nor will they resolve live access issues or elevate system issues.

The following Technical Support Hours are available, and users can drop in by joining this MS Teams Link: [Click Here](#)

Date	Day	Time	Technical Support Hours
30-Oct	Wednesday	3pm-4pm	Program Managers, CORS, & QA
31-Oct	Thursday	3pm-4pm	Residential & Crisis Residential Clinical/Nurses/Prescribers
5-Nov	Tuesday	2pm-3pm	CSU Clinical/Nurses/Prescribers
6-Nov	Wednesday	2pm-3pm	CSU Admin/Clerical
7-Nov	Thursday	2pm-3pm	Outpatient Admin Clerical Front Desk
12-Nov	Tuesday	2pm-3pm	Outpatient Prescribers
13-Nov	Wednesday	2pm-3pm	Program Managers, CORS, & QA
14-Nov	Thursday	2pm-3pm	Outpatient Nurses
18-Nov	Monday	2pm-3pm	Residential & Crisis Residential Admin/Clerical
19-Nov	Tuesday	2pm-3pm	Admin Billing Only
20-Nov	Wednesday	2pm-3pm	Outpatient Clinical Direct Services
21-Nov	Thursday	2pm-3pm	Outpatient Prescribers
25-Nov	Monday	2pm-3pm	Residential & Crisis Residential Clinical/Nurses/Prescribers
26-Nov	Tuesday	2pm-3pm	CSU Clinical/Nurses/Prescribers
27-Nov	Wednesday	2pm-3pm	CSU Admin/Clerical

For questions, contact sdu_sdtraining@optum.com.

For More Information:

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- Contact your Contracting Officer’s Representative (COR) or QIMatters.HHSA@sdcounty.ca.gov



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HELP DESK AND SUPPORT REMINDERS

ISSUE REPORTING

Users should contact the CalMHSA SmartCare help desk as the first step for all SmartCare issues and concerns. The help desk is available Monday through Friday, 7:00 am to 7:00 pm. The preferred order of contact is connecting via live chat, followed by submitting a ticket, and finally a phone call. Outside of normal business hours, a phone line is available for system outages only. For more details please see the help desk flyer on the SmartCare tab of the [MHP Provider Documents](#) or [DMC-ODS pages](#) of the Optum website.

The exception to reaching out directly to the CalMHSA SmartCare help desk is if an ARF is submitted. **If you know you need to submit an ARF for access to SmartCare, complete the ARF form available on the [Optum website](#) and send directly to MIS at BHS_EHRAccessRequest.HHSA@sdcounty.ca.gov.** If you have a question about access and are not sure if an ARF is needed, start by reaching out to the CalMHSA help desk.

The QIMatters.HHSA@sdcounty.ca.gov email address should be used now only for clinically related questions (as with CCBH and SanWITS).

RESOURCES FOR WORKFLOW AND DOCUMENTATION QUESTIONS

Numerous SmartCare resources are available to assist you with workflow and documentation questions. These include the [CalMHSA Knowledge Base](#), access to help from directly within SmartCare, and San Diego specific resources on the Optum website. Please see the second page of the help desk flyer on the SmartCare tab of the [MHP Provider Documents](#) or [DMC-ODS pages](#) of the Optum website for instructions to access resources.

ADDITIONAL INFORMATION

SITE LEADS

A survey was sent to the site leads to capture feedback in lieu of a 30-day check-in in late September, with only 10% responding. A follow-up email was sent to site leads to assess whether there would be value in a 60-day check-in meeting or if the Town Halls and other forums are meeting current needs. Based on these responses and feedback from the SmartCare Advisory Group, additional site lead

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- Contact your Contracting Officer’s Representative (COR) or QIMatters.HHSA@sdcounty.ca.gov



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touchpoints will not be scheduled. For questions related to site leads, contact Timmy at politimy.paraskevopoulos@sdcounty.ca.gov.

SMARTCARE ADVISORY GROUP

Advisory Group meetings will continue through December to communicate issues, discuss questions about policy changes, and explore post-go live considerations or issues. QA representatives from both mental health and substance use disorder programs are participating to ensure alignment on policy and procedure and to share any concerns on behalf of the SOC. The purpose of these meetings is to share information, collaborate with decision-making representatives from the system of care, and facilitate alignment under one BHS system of care.

KEY UPCOMING DATES

Town Hall

- **Tuesday, November 12, 2024 at 10:00 am** | [Click here to join the meeting](#)
- **Tuesday, December 17, 2024 at 2:00 pm** | [Click here to join the meeting](#)

For More Information:

- Check the SmartCare tab on the Optum website under [MHP Provider Documents](#) for the MH SOC or [DMC-ODS Provider Documents](#) for the SUD SOC.
- Contact your Contracting Officer’s Representative (COR) or QIMatters.HHSA@sdcounty.ca.gov

DCR User/Support Team Contact List

COR / AAILI	Program	FSP Subunit	Provider #	Contact Person	Phone #	Email Address	Fax #	TLS?	
County of San Diego	CASRC			DCR Access User Approver: Noelita Robeniol	(619) 548-9652	Noelita.Robeniol@sdcounty.ca.gov	(858) 999-8921	YES	
				DCR/FSP Lead: Saskya Caicedo	(619) 888-3350	SaskyaP.Caicedo@sdcounty.ca.gov			
				Lead Support Analyst: Reigel Javinal	(619) 228-4512	Reigel.Javinal@sdcounty.ca.gov			
				Support Analyst: Eric Camerino	(619) 854-0203	Eric.Camerino@sdcounty.ca.gov			
				Support Analyst: Caryl Montillano	(619) 548-9393	Caryl.Montillano@sdcounty.ca.gov			
	COSD				Sr. MH Researcher: Kate McDonald	(858) 966-7703 x241237	klmcdonald@health.ucsd.edu	(858) 966-7704	YES
					MH Researcher: Anh Tran	(858) 966-7703 x243582	alt041@health.ucsd.edu		
					Yael Koenig		Yael.Koenig@sdcounty.ca.gov		
					Magsanoc, Janette		Janette.Magsanoc@sdcounty.ca.gov		
					Quinn-O'Malley, Eileen		Eileen.Quinn-O'Malley@sdcounty.ca.gov		
					Norris, Maria		Maria.Norris@sdcounty.ca.gov		
					Welton, Melizza		melizza.welton@sdcounty.ca.gov		
					Saelens, Kimberley		kimberley.saelens@sdcounty.ca.gov		
					Gabin, Autumn		Autumn.Gabin@sdcounty.ca.gov		
					Hernandez, Margarita		Margarita.Hernandez@sdcounty.ca.gov		
Saskya Caicedo / Caryl Montillano	CRF - Crossroads	6055	37C7	Program Manager: Josue Pimienta	(619) 441-1907	JPimienta@comresearch.org	(619) 441-1908	YES	
				Office Manager: Samantha Alvarado	(619) 441-1907	salvarado@comresearch.org			
				Data Entry: Veronica Abeldano	(619) 441-1907	vabeldano@comresearch.org			
				Data Entry: Marla Diaz	(619) 441-1907 Ext. 204	mdiaz@comresearch.org			
				Medical Records Specialist: Jaime Raygoza	(619) 441-1907	JRaygoza@comresearch.org			
	CRF - Douglas Young	6079	37H5		Program Manager: Elycia Jones	(858) 300-8282	ejones@comresearch.org	(858) 300-8284	YES
					Main Data Entry: Ruby Lara	(858) 300-8282	rlara@comresearch.org		
					Data Entry: Karen Borquez	(858) 300-8282	KBorquez@comresearch.org		
					Office Manager/Data Entry: Amada Gonzalez	(858) 300-8282	agonzalez@comresearch.org		
					Program Manager: Stacie Redmond	(619) 585-7686	sredmond@comresearch.org		
	CRF - Nueva Vista	6098	37B9		Office Manager: Yukie Leon	(619) 585-7686	yleon@comresearch.org	(619) 585-7699	YES
					Data Entry: Alonso Pastrano	(619) 585-7686	apastrano@comresearch.org		
					Data Entry: Luis Bermudez	(619) 585-7686	lbermudez@comresearch.org		
					Program Manager: Christine Phelps	(619) 398-3261 ext 108	cphelps@comresearch.org		
					Data Entry: Edna Jimenez	(619) 398-3261	ejimenez@comresearch.org		
CRF - MAST	6085	37HH		Office Manager: Ariel Castillo	(619) 398-3261	acastillo@comresearch.org	(619) 275-2023	YES	
				Data Entry: Adriana Miranda	(619) 398-3261	amiranda@comresearch.org			
				Assistant Director: Leslie Manriquez-Jimenez	(619) 565-2650	lmanriquez@ecscalifornia.org			
				Program Manager back-up: Stacie Perez	(619) 565-2650	sperez@ecscalifornia.org			
				Data Entry: Bibiana Gomez	(619) 565-2650	bgomez@ecscalifornia.org			
FHC Community Circle Central	6205	37EJ		Program Manager: Charles Banzon	(619) 255-5171	charlesb@fhcsd.org	(619) 269-0464	NO	
				Data Entry: Melissa Santos	(619) 515-2355 x3336	melissas@fhcsd.org			
FHC Community Circle East	6216	37EK		Program Manager: Kristen Martin	(619) 515-5059	kristenma@fhcsd.org	(619) 713-0480	NO	
				Data Entry: Paola Meraz-Salas	(619) 255-7520	paolam@fhcsd.org			
Mental Health Systems - Community and School Based	6266	37GN		Program Manager: Sol Gomez	(858) 636-3620	sol.gomez@turnbhs.org	(858) 292-3294	YES	
				Data Entry: Araceli Banuelos	(858) 388-9271	araceli.banuelos@turnbhs.org			
New Alternatives Inc - North County Outpatient School Based Services	7481	37FN		Program Manager: Kally Vieira	(760) 798-0299	kally.vieira@newalternatives.org	(760) 798-0399	YES	
				Data Entry: Lindsay Fernandez	(760) 798-0299	lindsay.fernandez@newalternatives.org			
New Alternatives Inc - TBS	6382	37FE		Program Manager/Data Entry: Christine Boyd	(619) 254-2243	christine.boyd@newalternatives.org	(858) 256-2186	YES	
North County Lifeline - VIVA Counseling	6466, 6486	37K6		Program Director: Jennifer Busico	(760) 509-3350	jbusico@nclifeline.org	(760) 631-0778	YES	
				Program Manager: Adilene Arredondo	(760) 509-3363	aarredondo@nclifeline.org			
				Data Entry: Yannette Meza	(760) 726-4900 x6323	ymeza@nclifeline.org			
North County Lifeline - Connections Community Counseling	6121	3749		Program Director: Jennifer Busico	(760) 509-3350	jbusico@nclifeline.org	(760) 631-0778	YES	
				Program Manager: Lea Katt	(760) 842-6227	lkatt@nclifeline.org			
				Data Entry: Paulina Gonzalez	(760) 509-3465	pgonzalez@nclifeline.org			

DCR User/Support Team Contact List

COR / AAILI	Program	FSP Subunit	Provider #	Contact Person	Phone #	Email Address	Fax #	TLS?
Autumn Gabin / Margarita Hernandez	PFCS - IY ChildNET FSP MHSA	6553	37H8	Program Manager: Analia Chapero	(760) 466-8883	achapero@pfcs.agency	(760) 741-2647	NO
				Administrative Assistant: Monique Flores	(760) 741-2660 x897	moflores@pfcs.agency		
Autumn Gabin / Margarita Hernandez	PFCS - Fallbrook MHSA-FSP	6565	37HB	Program Manager: Jodi Erickson		jerickson@pfcs.agency	(760) 741-2647	NO
	PFCS - North Inland North Coastal MHSA-FSP			Data Entry: Areli Pereda	(760) 731-3235	apereda@pfcs.agency		
				Program Manager: Jodi Erickson	(760) 741-2660 x120	jerickson@pfcs.agency		
Saskya Caicedo / Caryl Montillano	Pathways Cornerstone	6664	37QU	Program Director: Mary Ellen Baracerros	(619) 640-3266	maryellen.baracerros@pathways.com	(619) 640-3269	YES
				Program Manager: Taylor Valdivia	(619) 640-3266	Taylor.Valdivia@pathways.com		
				Data Entry:	(619) 640-3266			
Saskya Caicedo / Caryl Montillano	Rady Children's Hospital - Central	6757	3711	Program Manager: Kristine Villanueva	(858) 966-5832 x245751	kvillanueva@rchsd.org	(858) 966-6733	YES
				Director of BH Operations: Margaret Anello	(858) 966-5832	manello@rchsd.org		
				Data Entry: Cassandra Marroquin	(858) 966 5832 x243240	cmarroquin@rchsd.org		
				Data Entry: Yvonne Macias	(858) 966-5832	ymacias@rchsd.org		
Emily Gaines / Maria Ventura	Rady Children's Hospital - CES	6746	37LV	Program Manager: Katie Miller	(858) 966-5832 x241602	kcmler@rchsd.org	(858) 966-8470	YES
				Director of BH Operations: Margaret Anello	(858) 966-5832	manello@rchsd.org		
				Data Entry: Lili Vasquez	(858) 966-5832 x243794	lvasquez@rchsd.org		
Autumn Gabin / Margarita Hernandez	Rady Children's Hospital - North Coastal School/Clinic	6777	37HD	Program Manager: Emmett 'Tray' Thomason	(760) 758-1480 x256520	Ethomason@rchsd.org	(760) 435-9472	YES
				Data Entry: Ana Perez-Torres	(760) 758-1480 x258881	Aperez-Torres@rchsd.org		
Autumn Gabin / Margarita Hernandez	Rady Children's Hospital - North Inland	6799	3721	Program Manager: Zulma DiGaudio	(760) 294-9270	zdigaudio@rchsd.org	(760) 294-9268	YES
				Data Entry: Connie Sanchez	(760) 294-9270 x253369 or 25741	cpsanchez@rchsd.org		
Emily Gaines / Maria Ventura	SBSCS	6915	37LA	Program Manager: Bobbi Smylie	(619) 420-3620 x4478	bsmylie@csbcs.org	(619) 420-8722	YES
				Program Coordinator: Hannah Zimmerman	(619) 213-2545	hzimmerman@csbcs.org		
				Data Entry: Maura Moreno	(619) 420-3620	mmoreno@csbcs.org		
Autumn Gabin / Margarita Hernandez	SDCC - East Region OP	6955	37G5	Data Entry: Aylin Ramirez	(619) 213-3773	aylin.ramirez@csbcs.org	(619) 628-3589	YES
				Program Manager: Michael "Zach" Stones	(619) 668-6200	zstones@centerforchildren.org		
Eileen Quinn-O'Malley / Maria Norris	SDCC - FFAST	6985	37OA	Office manager: Susana Hanna	(619) 668-6200	shanna@centerforchildren.org	(858) 737-6972	YES
				Program Manager: Aisha Pope	(858) 633-4115	apope@centerforchildren.org		
Emily Gaines / Maria Ventura	SDCC WrapWorks - North / Central / South	6931, 6941, 6991	37P5	Program Director: Adia Nembhard	(858) 633-4100	anembhard@centerforchildren.org	(619) 773-1307	YES
				Program Manager: Laura Medina	(858) 688-2485	lmedina@centerforchildren.org		
				Data Entry: Priscila Rodriguez	(858) 633-4100	prodriguez@centerforchildren.org		
				Data Entry: Marina Marta		mmarta@centerforchildren.org		
Autumn Gabin / Margarita Hernandez	SDYS - ECBHC	7138	37K3	Data Entry: Diana Peraza	(619) 797-1773	dperaza@centerforchildren.org		YES
				Interim Program Director: Victoria Abigania	(619) 446-7802	vabigania@sdyouthservices.org		
				Program Manager: Caleb Harris	(619) 448-9700 x3305	charris@sdyouthservices.org		
Saskya Caicedo / Caryl Montillano	UPAC CMH FSP MHSA	7040, 7048	37AK	Data Entry: Sandi Fontaine	(619) 448-9700	sfontaine@sdyouthservices.org	(619) 235-4607	YES
				Program Manager: Carmen Pat	(619) 232-6454 x816	cpat@upacsd.com		
Autumn Gabin / Margarita Hernandez	UPAC MCC MHSA	7441	37PX	Data Entry: Mary Jane Bertulfo	(619) 232-6454 x806	mbertulfo@upacsd.com	(619) 578-2211	YES
				Program Manager: TzuTing Lin	(619) 578-2211 x204	tzlin@upacsd.com		
Autumn Gabin / Margarita Hernandez	Vista Hill - VHLAC Escondido	7357	37EG	Office Manager: Lily Taing Phan	(619) 578-2211 x202	lphan@upacsd.com	(760) 489-4129	NO
				Program Manager: Sara Brenner	(760) 607-2964	sbrenner@vistahill.org		
	Vista Hill - VHLAC North Inland	7367	37GI	Data Entry: Maribel Alvarado	(760) 489-4126	malvarado@vistahill.org	(760) 788-9754	NO
				Data Entry: Elle Bohn	(760) 489-4126	ebohn@vistahill.org		
Emily Gaines / Maria Ventura	Vista Hill - Merit Academy	7412	37OS	Program Manager: Kathryn Block	(760) 788-9724	kblock@vistahill.org	(619) 448-4262	NO
				Data Entry: Jeanne Nichols	(760) 788-9724	jnichols@vistahill.org		
Saskya Caicedo / Caryl Montillano	YMCA Tides	7455	37GS	Program Manager: Stephanie Lopez	(619) 994-7860	slopez@vistahill.org	(619) 281-8324	YES
				Data Entry: Guadalupe Razo	(619) 510-2071	grazo@vistahill.org		
				Program Manager: Deanna Zamudio	(619) 281-8313 x10734	dzamudio@ymcasd.org		
				Data Entry: Theresa Benintende	619-837-8076	tbenintende@ymcasd.org		

Q&A 12/3/24

Q1: What is the consent form that FSP have to do during intake?

A: DCR Support attached a separate PDF for FSP Agreement on the DCR Annual Portfolio. We will also upload this FSP Agreement to be downloadable on the FSP Public Facing Portal.

FSP Agreements & FSP Documentation Requirements effective 9/1/24

Effective 9/1/24, FSP programs will be required to include the Full Partnership Agreement (FSP) consent form as part of their intake process which should be reviewed and signed by the beneficiary when engaging in FSP services. This form will be required to be scanned into SmartCare. DHCS requires a signed FSP Agreement and explanation to client regarding these services and ability to opt-out or decline FSP services at any time.

Q2: If the PAF shows as pending where can we check to make corrections?

A: Use the validation report underneath the pending. You can also use the data entry review report provided by DCR Support.

Q3: When looking up the client on CCBH we would have DCR User contact list which included the FSP Subunit which makes it easier looking through all programs the client has been opened to. How is that going to look like in SmartCare?

A: In SmartCare, you can click on “Client Programs” side tab once you are in the client’s chart. On that page, you can see what programs client is currently enrolled in, their enrollment dates, and discharge dates.

Q4: How often is the contact list updated?

A: We try to update on a monthly basis. If there are changes to your staff and or need to add or remove anyone from the contact list, you will need to send DCR Support an email with the staff's name, phone #, email address and position title.

Q4: Is it correct that if a client has a been inactive in a program for over a year, I need to contact DCR support for the transfer? and not the previous program?

A: Correct. Please reach out to DCR if the client has been inactive for over a year. We will transfer for you.

San Diego County Behavioral Health Services

Full Service Partnership Agreement

Note: This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions Code, Civil Code and HIPPA Privacy Standards. Duplication of this information for further disclosure is prohibited without prior written authorization of the client/authorized representative to whom it pertains unless otherwise permitted by law. Destruction of this information is required after the stated purpose of the original request is fulfilled.

Client #:	
Client Name:	
Date of Birth:	
Partnership Date:	
Name of Full Service Partner:	

As a member of this Mental Health Plan (MHP) your signature below gives your consent to voluntarily receive Full Service Partnership (FSP) treatment services as provided by (enter FSP name):

By signing below, I agree to work with my Personal Service Coordinator (PSC) to develop my individual service plan. This will be a collaborative relationship to enable me to work with staff to accomplish my goals for recovery. I understand the services available to me may include the Full Spectrum of Community Services necessary to attain the goals identified in my individual service plan. I understand that an FSP level of care is my treatment team's recommendation, and that I have the right to refuse to participate in treatment and I may withdraw my consent and stop participating in FSP level treatment at any time, at which time I may be referred to less intensive outpatient mental health treatment instead.

Client Signature	Date

Signature of Partner or Parent/Legal Guardian	Date
Printed Name of Partner or Parent/Legal Guardian	

Signature of PSC/Case Manager Supervisor	Date
Printed Name of PSC/Case Manager Supervisor & Credentials	