



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

November 02, 2023 | Virtual - Microsoft Teams | 2:00 PM - 4:00 PM

AGENDA

1	Welcome	Wendy Maramba
2	FSP/DCR Public Facing Portal	Caryl Montillano
3	DCR Assistance <ul style="list-style-type: none">• Roles and Responsibilities Program/County/CASRC/State	Children’s DCR Support Team Eric Camerino Reigel Javinal
4	CASRC Introduction	Kate McDonald, CASRC Anh Tran, CASRC
5	FSP Quarterly Report and Data Entry Review Report	Kate McDonald, CASRC Anh Tran, CASRC
6	Attendance and Grades Outcome Measures	Wendy Maramba Kate McDonald, CASRC
7	Reminders and Announcements	
8	FSP/DCR Support Staff DCR Team Support Fax/Email eFax# (858) 999-8921 BHS.CYF.DCR.Support@sdcounty.ca.gov Caryl Montillano Children’s FSP Support Analyst (619) 548-9393 Caryl.Montillano@sdcounty.ca.gov Eric Camerino Children’s FSP Support Analyst (619) 854-0203 Eric.Camerino@sdcounty.ca.gov Reigel Javinal Children’s FSP Support Analyst (619) 228-4512 Reigel.Javinal@sdcounty.ca.gov Wendy Maramba Children’s FSP/DCR Lead (619) 417-0873 Wendy.Maramba@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 November 2024	

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

Bi-Annual DCR User Meeting

November 02, 2023

2:00 PM to 4:00 PM



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TEAMS GROUND RULES

- All attendees have been muted on entry
- Any questions that was not answered will be collected at the end of the meeting and sent to all attendees via email and uploaded into the Children's Full-Service Partnership Portal.
 - Ask questions by typing them into the chat box



DCR SUPPORT TEAM'S EMAIL ADDRESS



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
- Bi-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)

DCR PASSWORDS



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)



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- 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 titled "Data Collection & Reporting (DCR) Behavioral Health Information System (BHIS) Add Request Form". It includes a header, a sub-header "Add DCR access and/or be added to the Partnership Service Coordinator (PSC) Assignment List", and a numbered list of instructions. The form contains several sections for user information, each with fields for First/Last Name, Email Address, Phone Number, Job Title, Full Program Name, and Program Manager Name. Below each section are checkboxes for "Type of Access" (Read Only, Read/Write, Does not need DCR access) and "Add to PSC Assignment List" (Yes/No). At the bottom, there are "CLEAR", "SAVE", and "SUBMIT" buttons. The bottom form is titled "Data Collection & Reporting (DCR) Behavioral Health Information System (BHIS) Terminate Request Form". It includes a header, a sub-header "Terminate Request Form", and a numbered list of instructions. It contains checkboxes for "User no longer employed in the organization", "User no longer require access to any of the systems; within BHIS", and "DCR User / PSC does not have current partners assigned". At the bottom, there is a "SUBMIT" button. Both forms have a date stamp "Revised 05.17.2021" at the bottom left.

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.
 - To determine who is the primary, check CCBH and see which program the client was opened to first.



*****Always confirm Client name, CCN#, and DOB through CCBH 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



ABOUT CASRC



- 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 Children, Youth and Families Behavioral Health Services (CYFBHS)
- For CYF FSP programs, CASRC is responsible for downloading, analyzing, and reporting DCR data on a quarterly and annual basis
- CASRC submits reports to the DCR Support Team
- The DCR Support Team distributes reports to the providers and manages communications with providers

FSP-DCR Quarterly Report



- Main report
 - This report includes dashboards and tables drawn from the FSP-DCR data.
 - There are 5 parts: Data compliance, Population served, Outcome data, Appendix, Academic and Attendance Performance Outcome
- Data Entry Review report that tracks clients who are missing from the DCR or have missing data
- Data for these reports come from three data collection sources in the DCR:
 - PAF (collected at intake)
 - 3M (collected quarterly)
 - KETS (collected for key events)

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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

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

Data compliance



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DATA COMPLIANCE*

Percent of service events entered in the DCR



To determine compliance, clients entered in the CCBH are matched with those entered in the DCR using criteria like the CSI Number, client details, and opening dates

If too much data are missing/inaccurate in either system, we may not be able to accurately match clients and they will be reported as missing in your data entry report. This can be corrected.

Percent of quarterly reports entered on time

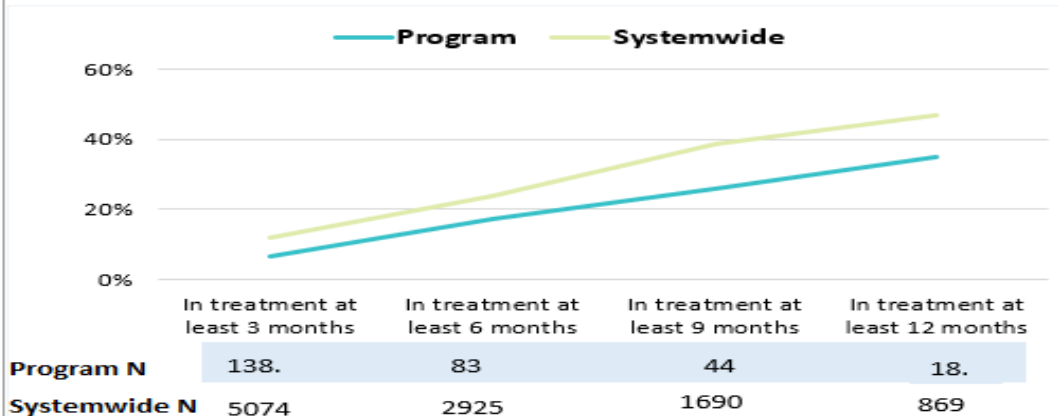


Quarterly (3M) submissions are considered "on time" if they are submitted within 126 days of the most recent PAF or previous quarterly report, or if they are not yet due for submission.

Data compliance

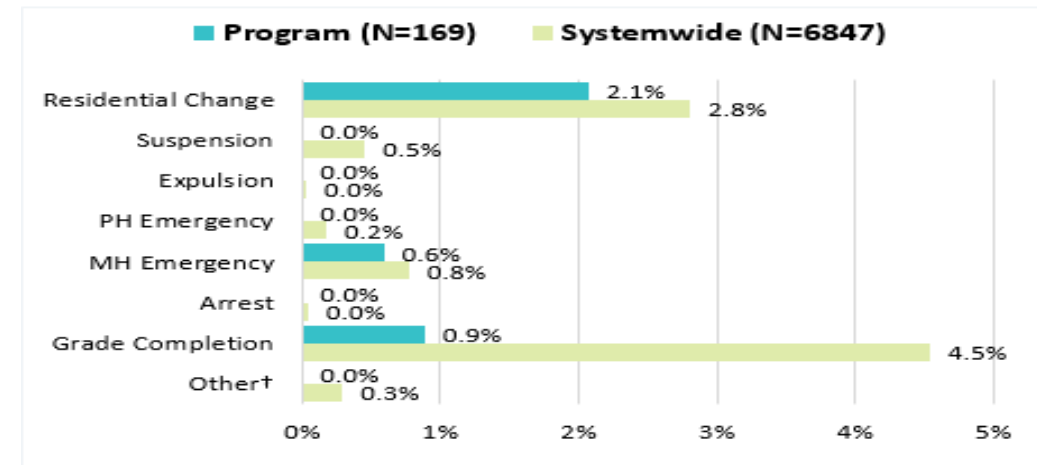


Percent of clients with at least one KET submitted by the amount of time in treatment



* Compliance data sources: CCBH, PAF, 3M and KET
 † Other categories are listed in the appendix

Percent of clients with at least one KET submitted within the current FY



These measure looks at the percent of clients with a non-administrative KET submitted. A non-administrative KET is any KET other than one submitted to open, discharge, or transfer a client.

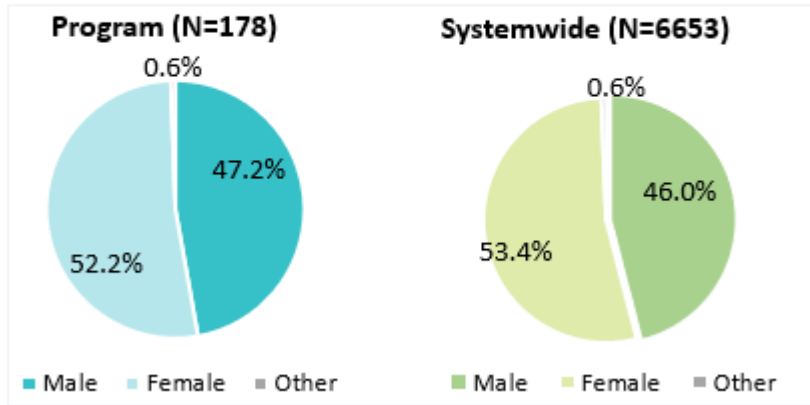
Population Served



POPULATION SERVED*

Demographics

Gender



Data about the gender and age of clients are taken from the CCBH.

Demographic data are reported for unique clients at each program (so if a client re-enrolls at your program during the reporting period their demographic data are only counted once)

Age

Program			Systemwide		
Min	Mean	Max	Min	Mean	Max
4	12.9	19	0	11.4	21

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

This section of the report tracks 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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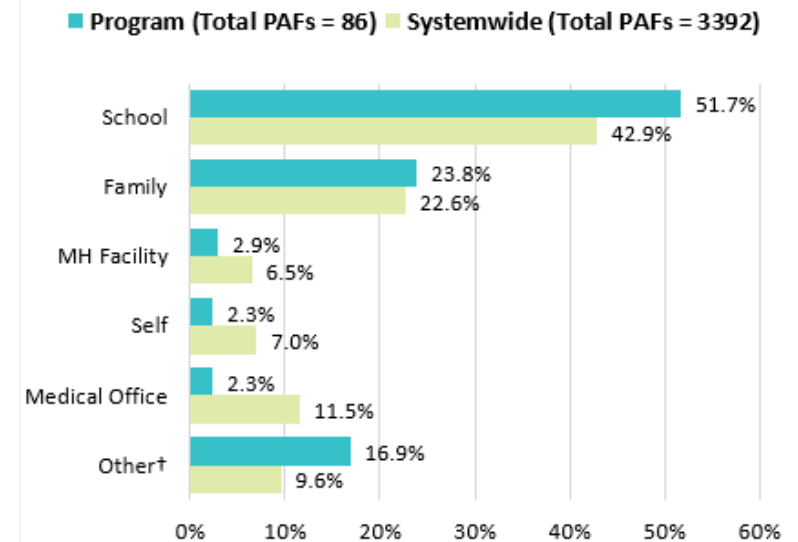
Data about referrals are collected on the PAF

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

In your quarterly reports, referral data are only reported for clients that had a PAF submitted in the reporting period. Data from your program are 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					

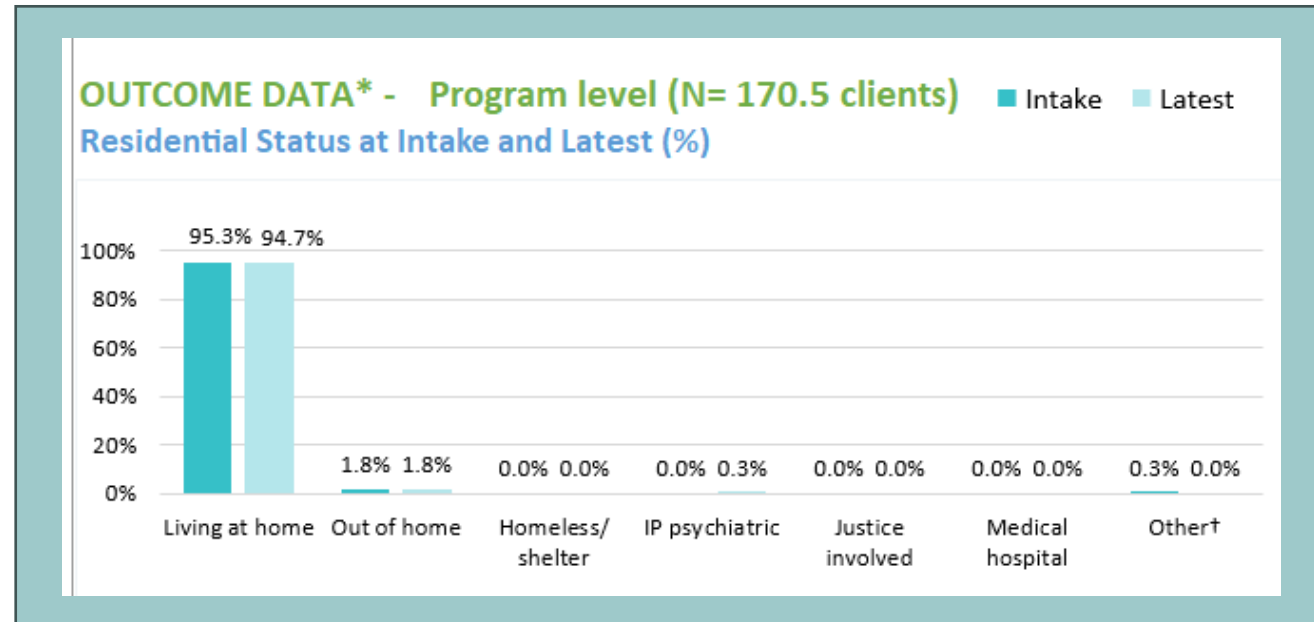
Outcome Data: Residential Status



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

Date of Residential Status Change (mm/dd/yyyy):	
<input type="text"/>	
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 your quarterly reports show changes in residential status between where clients lived at intake and their most recently recorded living arrangements



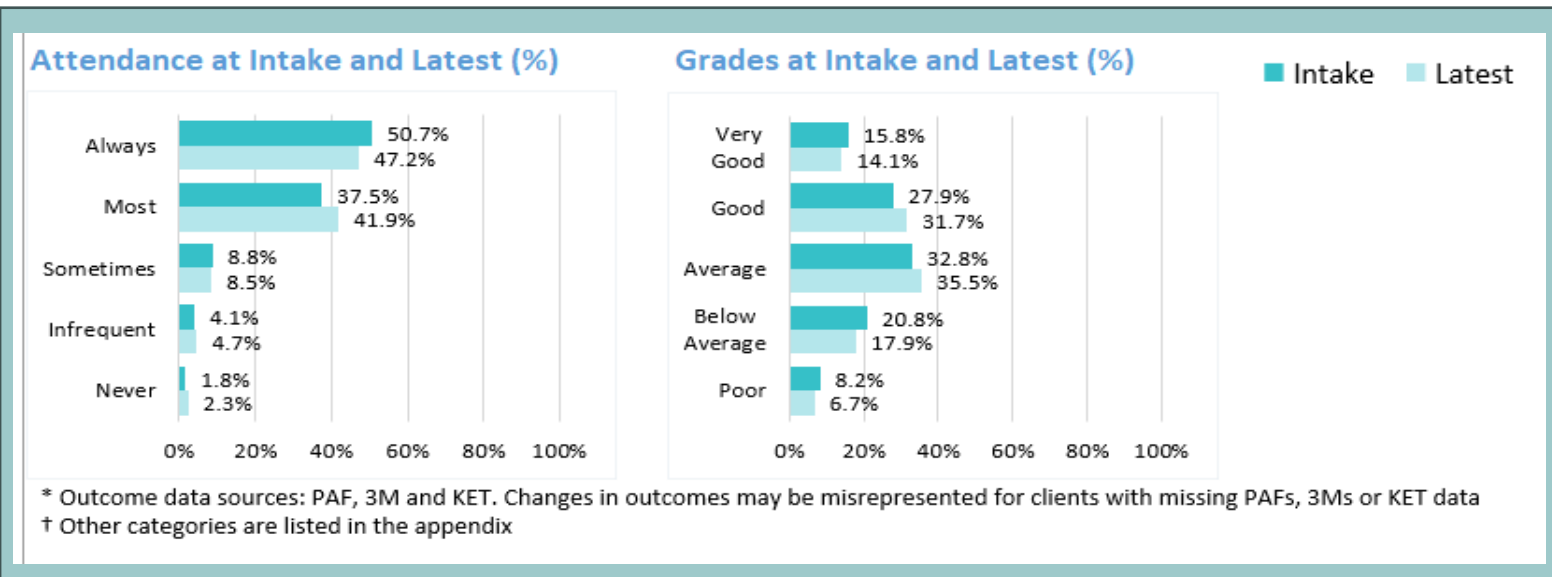
Outcome data



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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

Data in your quarterly reports show attendance and grades by category from the start of service (i.e., intake) to the last known service date (i.e., the discharge date or last day of the service period for those not discharged).



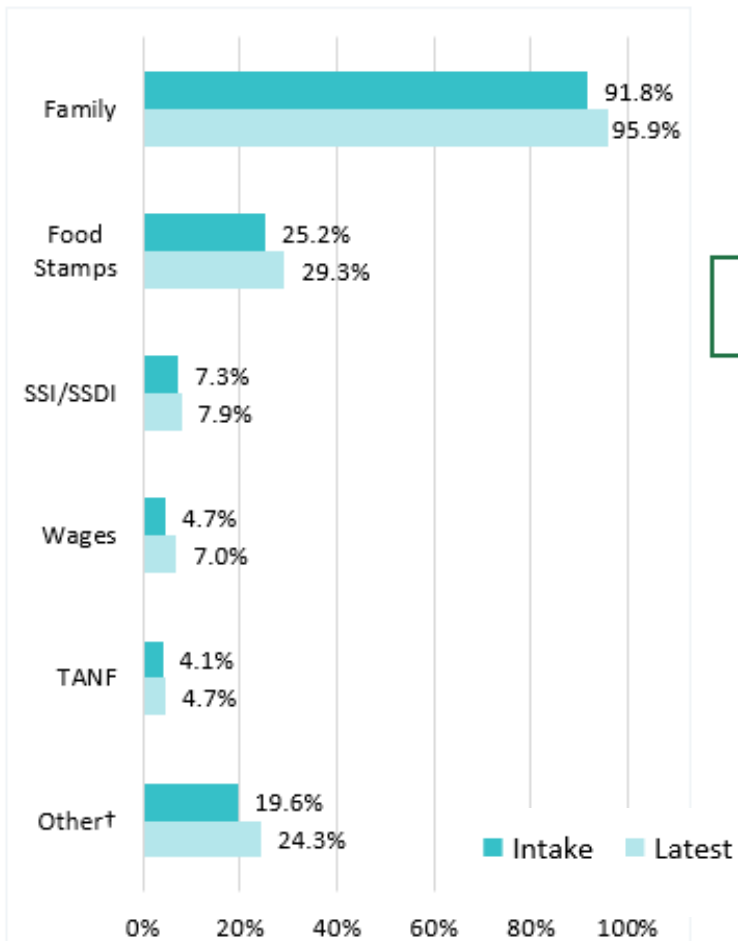
At each time point, the last known status from either the PAF or most recently submitted quarterly report (3M) is used.

Outcome data



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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"/>

Data in the quarterly report show financial support by each source from the start of service (i.e., intake) to the last known service date (i.e., either the discharge date or last day of the service period for those not discharged).

At each time point, the last known status from either the PAF or most recently submitted quarterly report (3M) is used

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?

Health Status

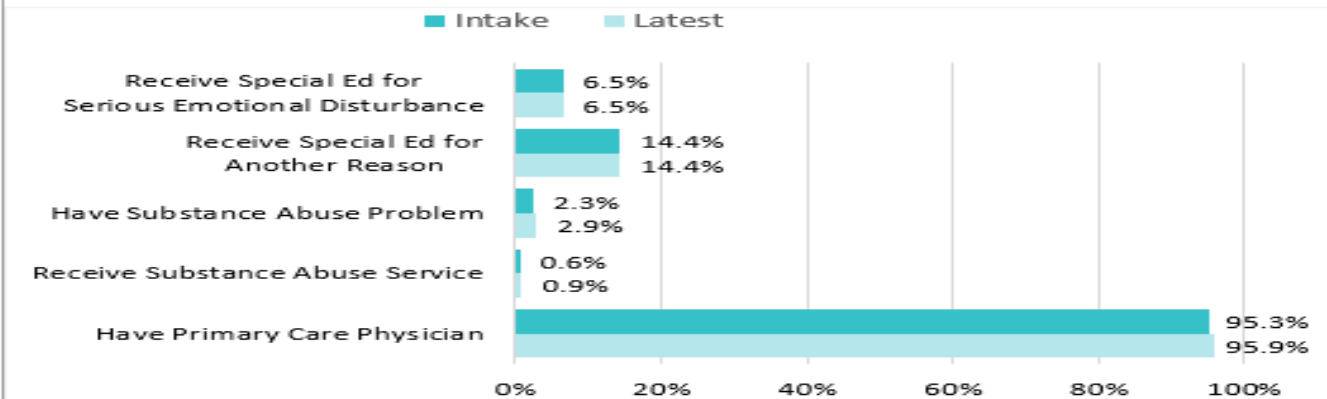
Yes No **Current PCP:** Does the partner have a Primary Care Physician (PCP) CURRENTLY?

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?

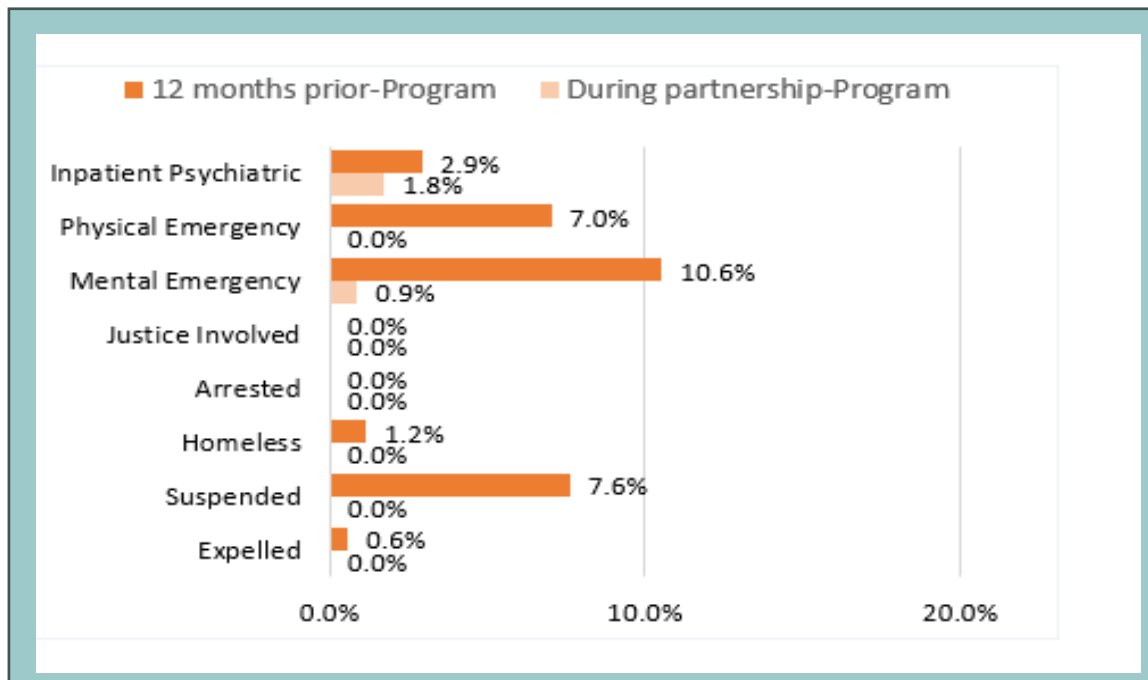
Risk and Protective Factors (%)



This is the percent of clients experiencing risk factors from the start of service (intake) to the last known service date (either the discharge date or last day of the service period for those not discharged).

At each time point, the last known status from either the PAF or most recently submitted quarterly report (3M) is used.

Outcome data



This chart represents the percentage of clients with risk factors from the year before starting FSP services to the present service period.

Data from the previous 12 months originates from the earliest non-missing PAF. Current data is sourced from KETs submitted during the service term, indicating any risk from the beginning of the service to the last known service date (either discharge or the service period's end for undischarged clients).

Outcome data



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Inpatient Psychiatric

- 13. Acute Psychiatric Hospital/ Psychiatric Health Facility (PHF)
- 14. State Psychiatric Hospital
- 21. Skilled Nursing Facility (psychiatric)
- 22. Long-Term Institutional Care (Institution for Mental Disease (IMD), Mental Health Rehabilitation Center (MHRC))

Justice Involved

Justice Placement

- 23. Juvenile Hall/Camp/Ranch
- 24. Division of Juvenile Justice
- 25. Jail
- 26. Prison

Homeless

Shelter/Homeless

- 7. Emergency Shelter/Temporary Housing (includes living with friends but not paying rent)
- 8. Homeless (includes living in their car)

Emergency Intervention

Indicate the number of emergency interventions (e.g., emergency room visit, crisis stabilization unit) the partner had DURING THE PAST 12 MONTHS that were:

_____ Physical Health Related

_____ Mental Health / Substance Abuse Related

Suspension/Expulsion

During the past 12 months, how many times has s/he been suspended?

During the past 12 months, how many times has s/he been expelled?

Arrest Information

Indicate the number of times the partner was arrested DURING THE PAST 12 MONTHS

Yes No

Prior 12: Was the partner arrested any time PRIOR TO THE LAST 12 MONTHS?

Outcome data



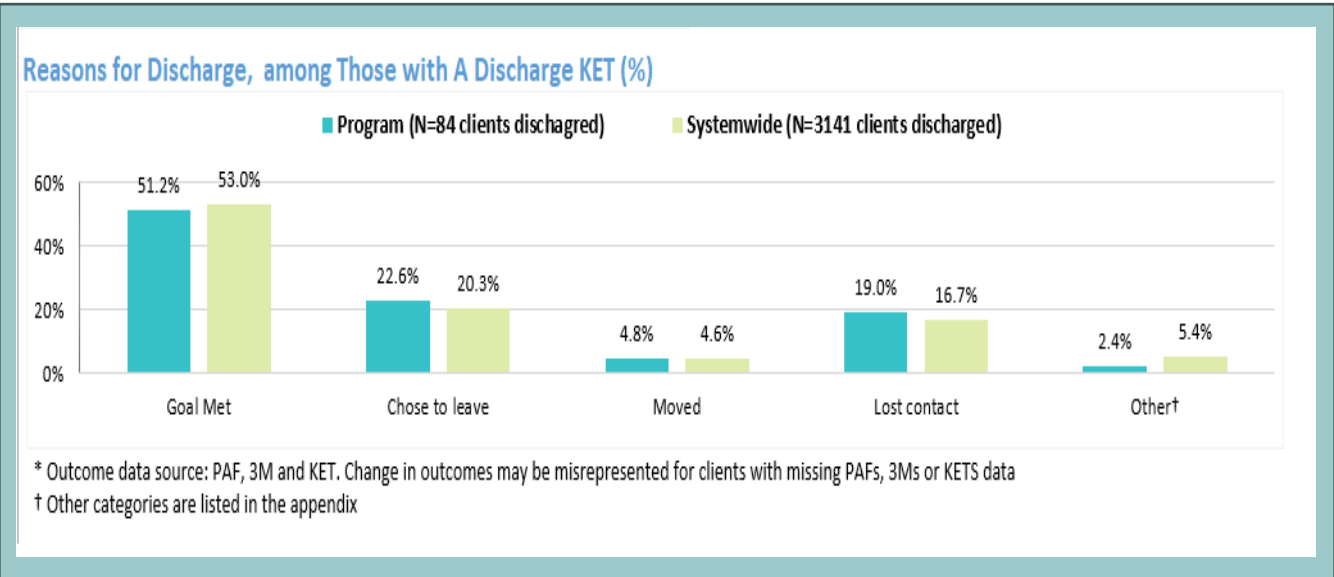
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If there is a **Discontinuation / Interruption** of Full Service Partnership and / or Community Services/ Program, indicate the reason (choose one):

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

Discharge data is collected on the KET.

Discharge data are reported for unique clients discharged in the reporting period. Only the most frequently endorsed referral sources are presented in the graphs; remaining outcomes are grouped as "other."



Data tables



APPENDIX Data Compliance

	Program level		Systemwide level	
	#	%	#	%
Service events included in compliance outcomes*				
Service events included in compliance outcomes	185	100.0%	7112	97.7%
Service events not included in compliance outcomes	0.5	0.3%	165	2.3%
Total service events	185		7277	

* 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)	4	2.2%	265	3.7%
Service event entered in the DCR (i.e., compliant)	169	91.4%	6847	96.3%
Total service events included in compliance	185		7112	

	#	%	#	%
Quarterly reports (3Ms) submitted				
On Time	166	97.4%	6417	93.7%
126-200 days late	4.5	2.6%	316	4.6%
201-365 days late	0	0.0%	102	1.5%
More than 365 days late	0	0.0%	12	0.2%
Total service events matched in the DCR	170.5		6847	

Data Entry Review Report Components



Clients that have not been entered in the DCR as of MM/DD/YYYY

Clients with missing Quarterly (3M) Reports as of MM/DD/YYYY

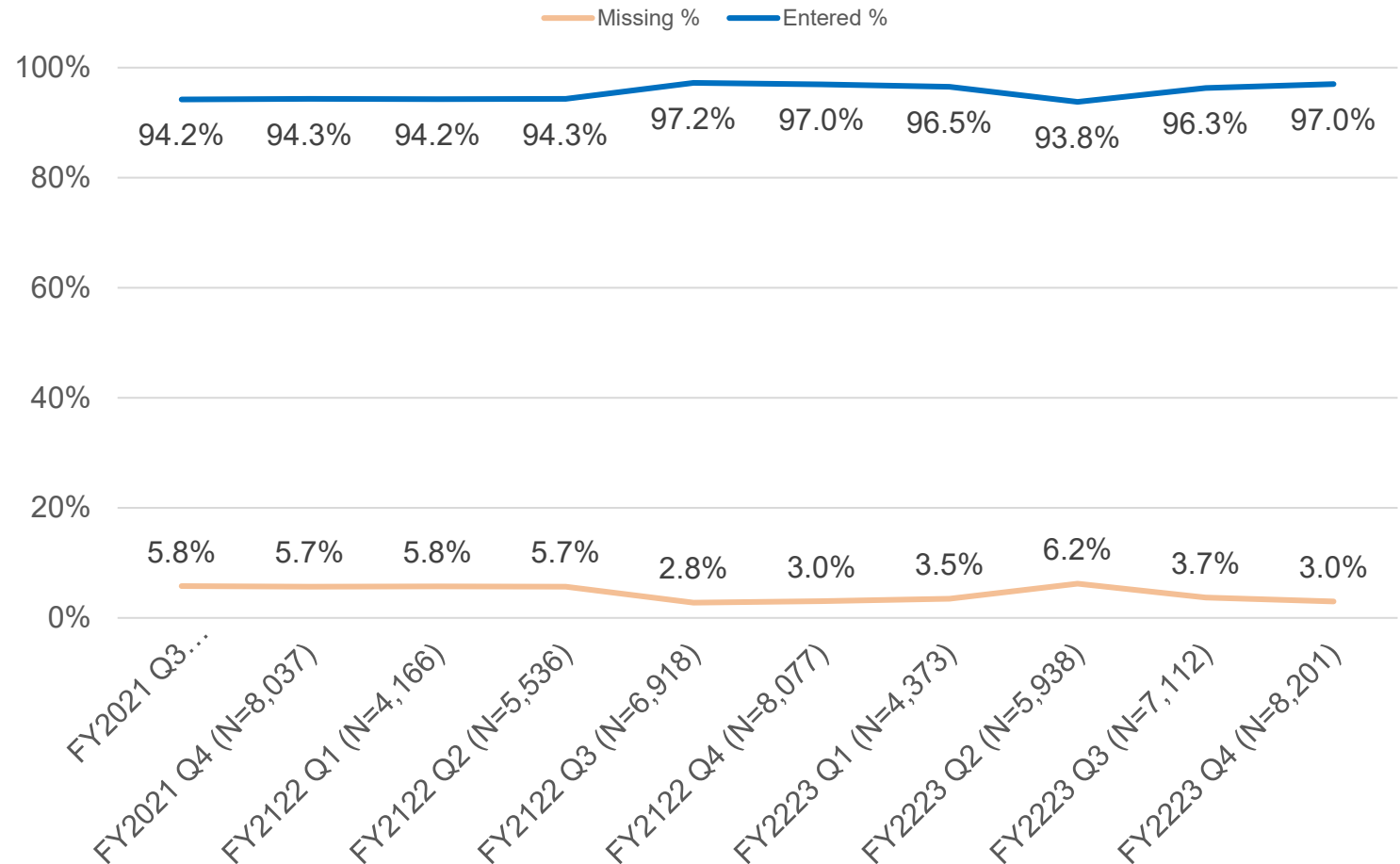
Clients with missing PAF data as of MM/DD/YYYY

Clients that have not been entered in the DCR



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Service Events Entered in the DCR Trend by Quarter



This section lists clients receiving services during the fiscal year who were entered in the CCBH but are not found in the DCR.

What do you need to do to correct the missing data?



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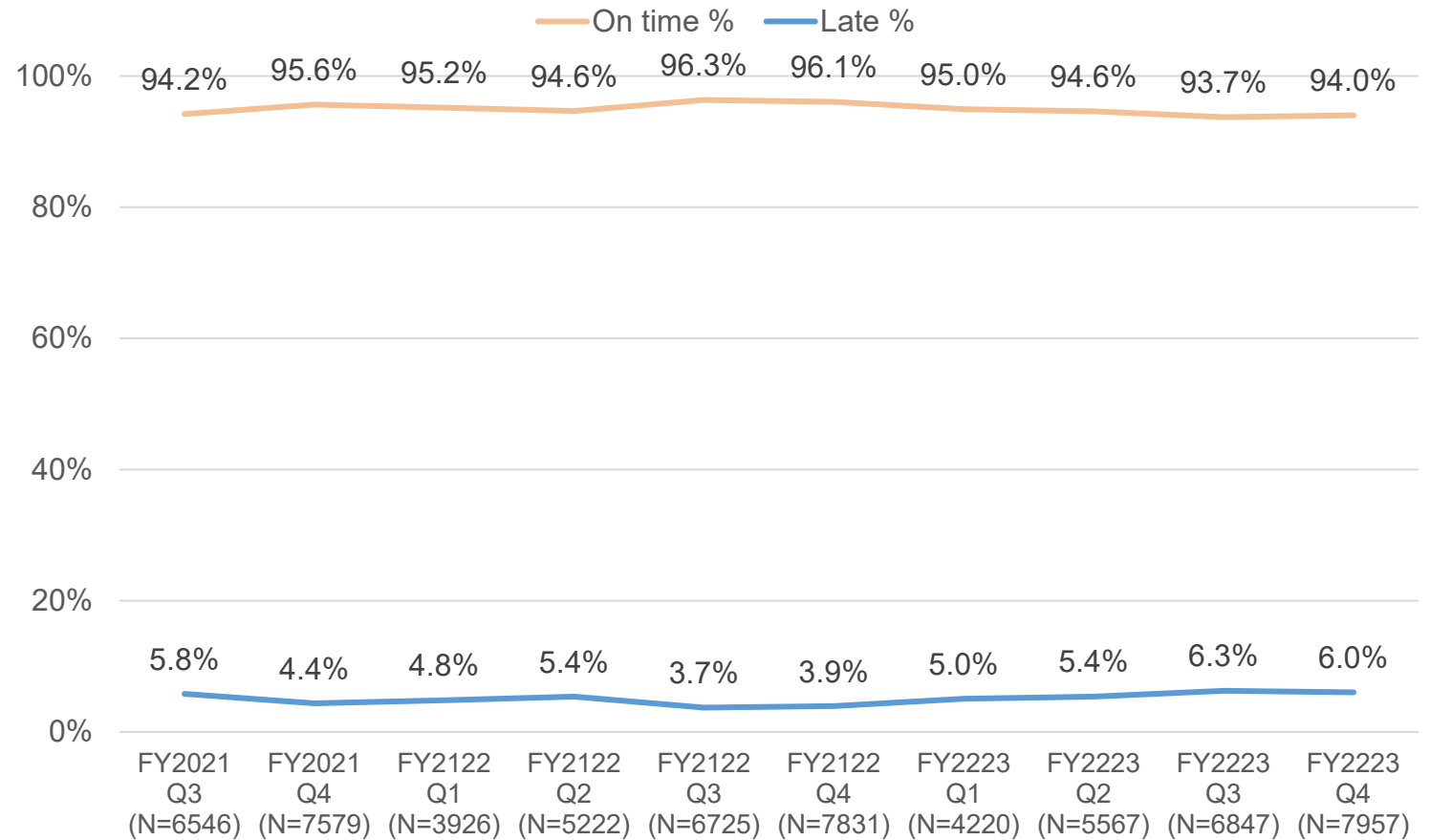
- Enter all missing clients in the DCR. If entered correctly, these clients should not be counted as missing on the next report.
- If you entered clients in the DCR after the download date listed on the DCR report, you can ignore the warning. These clients will not be counted as missing on the next report.
- If you entered a client in the DCR before the download date and they still appear as missing, there may be some discrepancies between the CCBH and DCR data entries.
 - For example, the client's name, DOB, CSI#, PartnershipDate, or ProviderSiteID may be different between the two systems.
 - Please check and correct any discrepancies.
 - Once corrected, the client should not be counted as missing on the next report.

Clients with missing Quarterly (3m) Reports



This section lists clients who received services during the fiscal year and have at least one missing quarterly report, which could be in the current or previous FY.

3M Entered On-time vs. Late Trend by Quarter



What do you need to do to correct the missing data?



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- Collect/enter the quarterly data. If entered correctly, these data should not be counted as missing on the next report.
- If the quarterly report was entered after the download date listed on the FSP report, you can ignore the warning. These data will not be counted as missing on the next report.
- If you are no longer able to collect the quarterly data (e.g., you are no longer in contact with the client), these data will continue to appear as “missing/late” throughout the fiscal year and cannot be corrected.
- If you find any “unusual” cases (e.g., no 3M place holders to enter), please send those lists to the DCR Support Team. They will be excluded from the next missing client data report.

Clients with Missing PAF data



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This section lists clients who are missing the data elements from their PAFs.

Abbreviations used in the report:

Att = Attendance

Fin = Financial Source,

Gra = Grade,

Phy = Physician Info

Ref = Referral Source,

Res = Residential Status,

SpeEd_Emo = Special Ed for Serious Emotional Disturbance,

SpedEd_Ano = Special Ed for Other Reason,

Sub_Pro = Substance Abuse Problem,

Sub_Ser = Substance Abuse Service

What do you need to do to correct the missing data?



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- Complete/enter the missing PAF data. If entered correctly, these data should not be counted as missing on the next report.
- If the data were entered after the download date listed on the DCR report, you can ignore the warning. These data will not be counted as missing on the next report.
- If you are no longer able to collect the data (e.g., you are no longer in contact with the client), these data will continue to appear as “missing/late” throughout the fiscal year and cannot be corrected.

How to improve the DCR data compliance



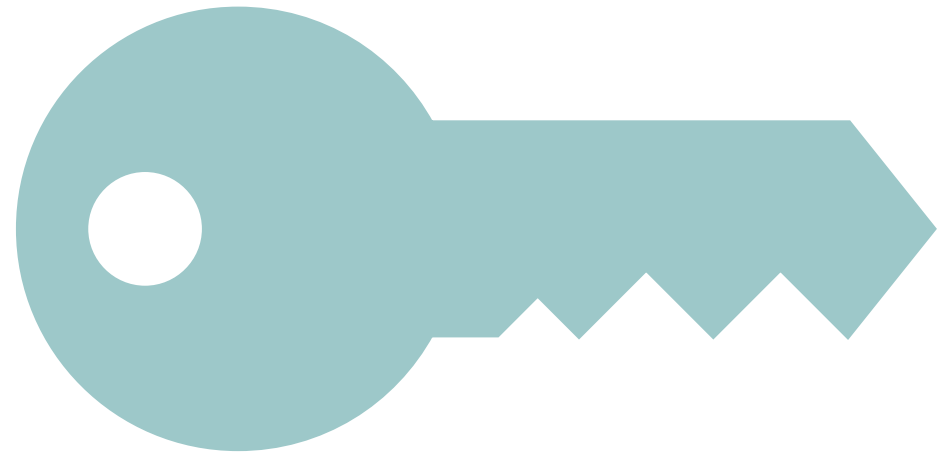
Make sure key data points entered correctly



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

- 1) CSI Number – Can modify
- 2) Date of birth – Cannot modify
- 3) Partnership Date – Cannot modify
- 4) ProviderSiteID (Use the correct one from the DCR roster list. It usually starts with 37??. If entered correctly, you will see “Provider # Matched”)
- 5) Service Coordinator ID (only update the one belonged to your program)

Tip: You can cross check with CCBH to make sure the data were entered correctly.

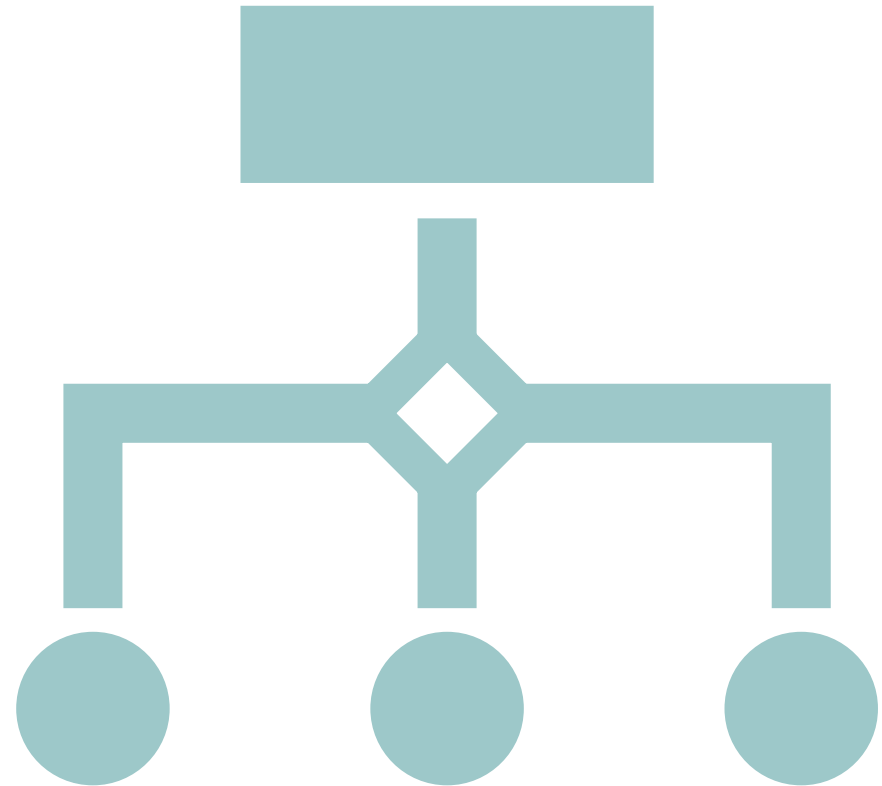


Pay attention to transferred clients



Before entering data for a new client, check the CCBH to see if there is another program that served this client previously or concurrently. If so, you need to submit a client transfer request.

Tip: Use the “FSP Client Transfer Procedure Tree Diagram”



Check KET and 3M 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



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

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

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



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

November 02, 2023
2:00 PM to 4:00 PM

THANK YOU!

November 02, 2023
2:00 PM to 4:00 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

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

- 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)

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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”

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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:

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- 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

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

Behavioral Health Services / Children's System of Care

DCR User/Support Team Contact List

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		Support Analyst: Eric Camerino	(619) 854-0203	Eric.Camerino@sdcounty.ca.gov		
		Support Analyst: Reigel Javinal	(619) 228-4512	Reigel.Javinal@sdcounty.ca.gov		
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Behavioral Health Services / Children's System of Care

DCR User/Support Team Contact List

COR / AAIL	Program	Contact Person	Phone #	Email Address	Fax #	TLS?
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