

Using the Data Collection & Reporting (DCR) System

A series of horizontal lines in teal and light blue colors, with varying lengths and offsets, creating a modern, layered effect across the width of the slide.

MHSA Full Service Partnership (FSP) Forms & Procedure

A series of horizontal lines in teal and light blue colors, with varying lengths and offsets, creating a modern, layered effect across the width of the slide.

MHSA FSP FORMS

- Forms by Age group
 - Youth (ages 0-15)
 - Transitional Age Youth (ages 16-25)
- History/Baseline data:
 - Partnership Assessment Form (PAF)
 - *Typically completed ONCE, when partnership is established (Exception: interruption in services)*
- Follow-Up data:
 - Key Event Tracking Form (KET)
 - *Completed when change occurs in key areas*
 - Quarterly Assessment Form (3M)

Partnership Assessment Form (PAF)

- Residential (includes hospitalization & incarceration)
- Education
- Employment
- Sources of Financial Support
- Legal Issues/Designations
- Emergency Intervention
- Health Status
- Substance Abuse

Key Even Tracking Form (KET)

Completed when there are changes in any of the following areas:

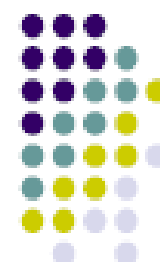
- **Administrative Information:** changes in partnership status (discontinuations or interruptions) or changes in program participation
- **Residential (includes hospitalization and incarceration):** whenever a partner **moves** from a residential setting or moves from one physical location to another
- **Education:** a partner *completes a grade*, is *suspended* or *expelled* or when he/she *enrolls or stops attending* other types of educational settings
- **Employment:** changes in hours, hourly wages, or type of employment
- **Legal Issues/Designations:** a partner is arrested, removed or placed on probation or parole
- **Emergency Interventions:** a partner received any type of physical or mental health/substance abuse related emergency intervention

Quarterly Assessment Form (3M)

Completed every 3 months to assess:

- Education
- Sources of Financial Support
- Legal Issues/Designations
- Health Status
- Substance Abuse

Timeline: Form Administration

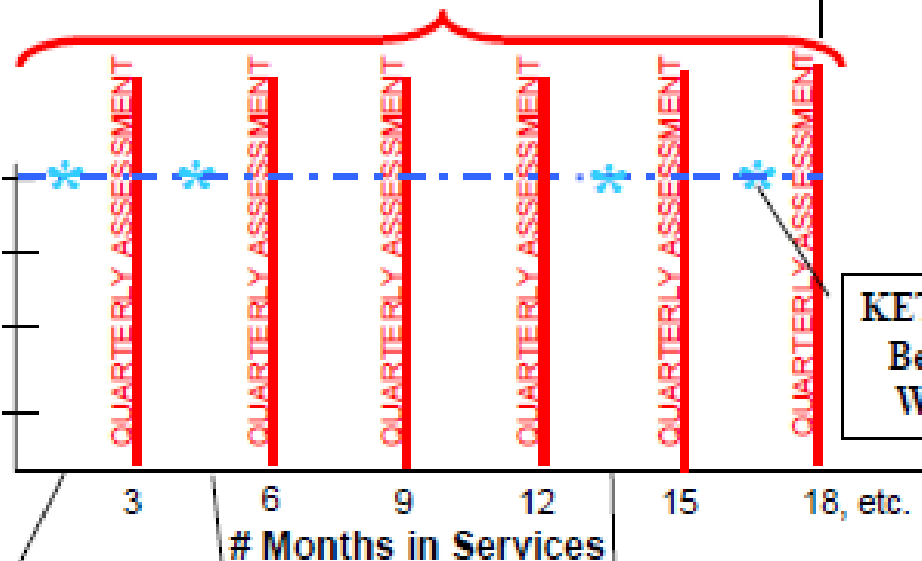


Quarterly Assessment Form (3M):
Completed every 3 months



Partnership Assessment Form (PAF): Completed **ONCE** - when a partnership is established

KET due:
Residential
Move



Key Event Tracking (KET):
Completed each time a change takes place

Returning Clients

- If there has been an interruption in a partner's services for **less than one year**, then KETs would be completed to indicate the key events that occurred during the lapse in time.
 - Example: Client discharges, but returns 8 months later. DO NOT complete a new PAF, use KETs.
- If the interruption in a partner's services has lasted for **more than one year**, then another PAF would be completed.
 - Example: Client discharges, but returns 16 months later. Complete a new PAF.

Recap

Forms available for two age groups:

- Child/Youth (ages 0-15)
- Transition Age Youth (ages 16-25)

Types of forms:

- PAF - Partnership Assessment Form
 - *Completed ONCE, when the partnership is established*
 - *Exception: interruption in services*
- KET - Key Event Tracking Form
 - *Completed EACH TIME THERE IS A CHANGE in a key event*
- 3M - Quarterly Assessment Form
 - *Completed EVERY THREE MONTHS, starting from the date the partnership was established*

How to access the DCR to enter data

A series of horizontal lines in teal and light blue colors, with varying lengths and offsets, creating a modern, layered effect across the width of the slide.

DCR

- The DCR application can be accessed via Behavioral Health Information Systems (BHIS)
- Please note the URL for the DCR application
 - <http://appdir.dhcs.ca.gov/bhis/Pages/default.aspx>

☰ What's new

🔗 Links

[Contact Us](#)
[Approver certification forms](#)
[Frequently Asked Questions \(FAQ\)](#)
[BHIS Staging Website](#)

➔ Log in

This is a State of California computer application that is for official use only by authorized users and is subject to being monitored and/or restricted at any time. This application processes, stores, or transmits confidential information. Unauthorized or improper use of this system may result in administrative disciplinary action and/or Civil and criminal penalties. By continuing to use this application you indicate your awareness of and consent to these terms and conditions of use. Do not log in and use this application if you are not an authorized user or you do not agree to the conditions stated in this warning.

Note: BHIS portal does not allow login using temporary passwords. If you have received a temporary password, please follow instructions in the email to reset it before login in.

[Log In](#)

[Forgot Password/Username?](#)

This is the first page you will see when visiting the URL. Click “Log In” and enter your information to get started. Note the “Forgot Password/Username?” link in the event you ever need assistance.

Behavioral Health
Information Systems

CALIFORNIA DEPARTMENT OF
Health Care Services

Home Applications ▾ My Profile Change Password Help ▾ Log out

DCR Web Application

≡ P

Message

Links

[BHIS Staging Website](#)

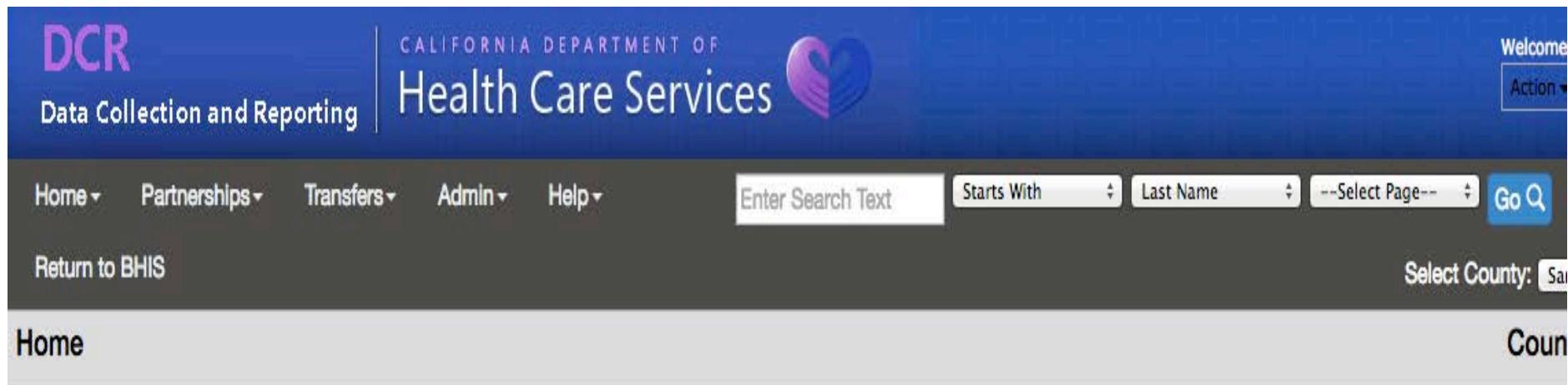
To access the DCR application, click on the “Applications” tab, then select “DCR Web Application”

Introduction To DCR Messages and Displays

A series of horizontal lines in teal and light blue colors, with varying lengths and offsets, creating a modern, layered effect across the middle of the slide.

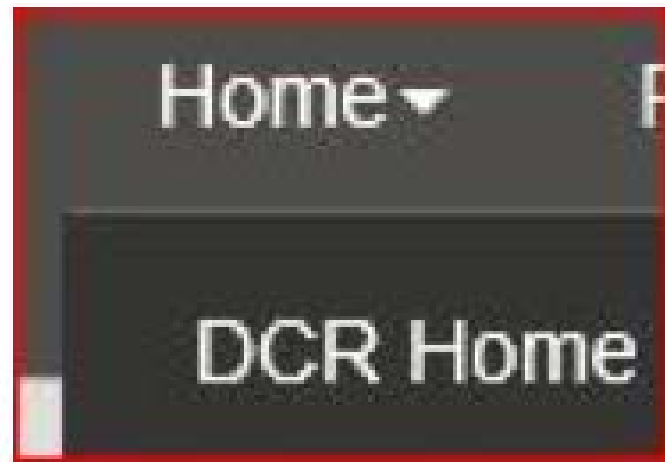
DCR Home

- First screen you see when you enter the DCR



DCR Home

- Also accessible using the menu by clicking...
 - “Home” → “DCR Home”





Data Collection and Reporting

CALIFORNIA DEPARTMENT OF

Health Care Services

[Home](#) [Partnerships](#) [Transfers](#) [Admin](#) [Help](#)[Starts With](#)[Last Name](#)[--Select Page--](#)[Return to BHIS](#)[Select County](#)

Home

System Messages

Message Title	From	Start Date	End Date
<div><div><div><div><div></div></div></div><div><div></div></div><div><div>0</div></div><div><div></div></div><div><div></div></div></div></div> <div>No items to display</div>			

Pending Partnership Assessment Form(s)

Partner Name	CSI CCN	County FSP ID	Age	Partnership Date	Assigned PSC
<div><div><div><div><div></div></div></div><div><div></div></div><div><div>0</div></div><div><div></div></div><div><div></div></div></div></div> <div>No items to display</div>					

30 Day Key Event Notification(s)

--	--	--	--	--	--	--	--

The screenshot shows the top navigation bar of the DCR Health Care Services portal. The bar has a blue background with the DCR logo and the text 'Data Collection and Reporting' and 'Health Care Services'. Below the navigation bar is a search bar with a red border. The search bar contains a text input field labeled 'Enter Search Text', a dropdown menu labeled 'Starts With', a dropdown menu labeled 'Last Name', a dropdown menu labeled '--Select Page--', and a blue 'Go Q' button. Below the search bar is a grey bar with the text 'Manage Active Partners'.

DCR
Data Collection and Reporting

CALIFORNIA DEPARTMENT OF
Health Care Services

Home • Partnerships • Transfers • Reports • Admin • Help • Return to BHIS

Enter Search Text Starts With Last Name --Select Page-- Go Q

Manage Active Partners

To search for a Partner in the “Search for” box, use the drop-down list to indicate the search criteria:

- Partner’s last name
- CCN / County FSP ID
- Active vs. Inactive

DCR
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Health Care Services

Welcome: J
Actions

Home Partnerships Transfers Admin Help Return to BHIS

Enter Search Text Starts With Last Name --Select Page-- Go

Select County

Home

System Messages

Message Title	From	Start Date	End Date
No items to display			

System Messages

- Displays messages from DMH
- Displays messages from County Administrators

Pending Partnership Assessment Form(s)

[View All](#)

Partner Name	CSI CCN	County FSP ID	Age	Partnership Date	Assigned PSC
apaf2, adtest2	000atest2		27	09/10/2017	TestFN TestLN
Art, Almond	AA0012345		16	10/01/2017	Fname Lname
Bunny, Bugs	BB0012345		25	08/15/2017	TestFN TestLN
cpaf1, cdtest1	000ctest1		10	09/09/2017	01234567897 123456789
Doe, John			18	09/25/2017	TestFN TestLN

1 2 3 4 5 6 7 8 9 10 ...

1 - 5 of 225 items

All tables are collapsed. Click on individual page numbers, “Next” or “Last” (not shown) to see additional data.

Click on “View All” to see a larger view of the table.

ADMINISTRATIVE INFORMATION

RESIDENTIAL INFORMATION - includes hospitalization and incarceration

EDUCATION

EMPLOYMENT

SOURCES OF FINANCIAL SUPPORT

LEGAL ISSUES / DESIGNATIONS

EMERGENCY INTERVENTION

HEALTH STATUS

SUBSTANCE ABUSE

COUNTY USE QUESTIONS

Submit

Cancel

Print

Expand All Domains

Within forms, domain headings will be collapsed. You can expand a domain by clicking on each domain heading.

You can also click on “Expand All Domains” at the top and bottom of the screen to expand all domains at once.

RESIDENTIAL INFORMATION - includes hospitalization and incarceration

[Clear Domain](#)

SETTING	TONIGHT	YESTERDAY (as of 11:59 p.m the day BEFORE partnership)	DURING THE PAST 12 MONTHS INDICATE THE TOTAL # OCCURRENCES	DURING THE PAST 12 MONTHS INDICATE THE TOTAL # DAYS (must = 365 days)	PRIOR TO THE LAST 12 MONTHS (mark all that apply)
GENERAL LIVING ARRANGEMENT					
With one or both biological / adoptive parents	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With adult family member(s) other than parents – non-foster care	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In an apartment or house alone / with spouse / partner / minor children / other dependents	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you make a small mistake, you can go back and correct the error(s) OR, if you made mistakes throughout the domain, click on the “Clear Domain” link at the top of each domain to ERASE the data entered for that entire domain.

Session Expiration Warning

Due to inactivity, your session will expire in 42 seconds.

Click on **OK** to continue your session.

OK

When the DCR is close to timing out, a five minute countdown will be displayed. Click “Yes” to restart the 20-minute timer.

OTHER

Other

☐☐☐☐☐

Unknown

☐☐☐☐☐[Save and Continue](#)[EDUCATION](#)[EMPLOYMENT](#)[SOURCES OF FINANCIAL SUPPORT](#)

When you are finished entering data for each domain, click on the “Save and Continue” link at the end of each section to ensure that your data are not lost. This will also reset the 20-minute timer.

DCR Home Screen (cont.)

Pending Partnership Assessment Form(s)

- Displays all PAFs for partners in your group that are not yet complete (e.g., information is missing)
- Click on partner's name to enter additional data.
- Once a PAF is complete, the partner's name *should* disappear this table.

Pending Partnership Assessment Form(s) [View All](#)

Partner Name	CSI CCN	County FSP ID	Age	Partnership Date	Assigned PSC
Partner names and CSI numbers in these two columns			27	09/10/2017	TestFN TestLN
			16	10/01/2017	Fname Lname
			25	08/15/2017	TestFN TestLN
			10	09/09/2017	01234567897 123456789
			18	09/25/2017	TestFN TestLN

1 2 3 4 5 6 7 8 9 10 ... 1 - 5 of 225 items

DCR Home Screen (cont.)

30 Day Key Event Notification(s)

- Displays all KETs for partners in your group that have been in certain residential settings for 30 days or longer:
 - Emergency Shelter / Temporary Housing
 - Homeless
 - Hospital
 - Juvenile Hall / Camp / Ranch
 - Division of Juvenile Justice
- Click on the partner's name to view the original KET that generated the notification.
 - ACTION:** Check these to be certain client is still in the setting.

30 Day Key Event Notification(s) [View All](#)

Partner Name	CSI CCN	County FSP ID	Age	Key Event Date	Reason	Total Days	Assigned PSC
Partner names and CSI numbers in these two columns			27	10/20/2017	Emergency Shelter / Temporary Housing (includes people living with friends but paying no rent)	78	First Last
			61	10/20/2017	Emergency Shelter / Temporary Housing (includes people living with friends but paying no rent)	76	First Last
			27	10/20/2017	Emergency Shelter / Temporary Housing (includes people living with friends but paying no rent)	78	First Last
			61	10/20/2017	Emergency Shelter / Temporary Housing (includes people living with friends but paying no rent)	76	First Last
			10	10/09/2017	Acute Medical Hospital		TestFN TestLN

1 2 3 4 5 6 7 8 9 10 ... 1 - 5 of 62 items

DCR Home Screen (cont.)

30 Day Key Event Notification(s), continued...

- Ignore the notification if the FSP's residential status has not changed.
- If the residential status has changed, a KET must be completed indicating the date of the residential change, as well as the new residential status.
- To update the KET with the FSP's new Residential Information, a new KET must be completed.
 - *This will be covered in a later section, called "Entering a Key Event Tracking (KET) Form."*

30 Day Key Event Notification(s) [View All](#)

Partner Name	CSI CCN	County FSP ID	Age	Key Event Date	Reason	Total Days	Assigned PSC
Partner names and CSI numbers in these two columns			27	10/20/2017	Emergency Shelter / Temporary Housing (includes people living with friends but paying no rent)	78	First Last
			61	10/20/2017	Emergency Shelter / Temporary Housing (includes people living with friends but paying no rent)	76	First Last
			27	10/20/2017	Emergency Shelter / Temporary Housing (includes people living with friends but paying no rent)	78	First Last
			61	10/20/2017	Emergency Shelter / Temporary Housing (includes people living with friends but paying no rent)	76	First Last
			10	10/09/2017	Acute Medical Hospital		TestFN TestLN

1 2 3 4 5 6 7 8 9 10 ... 1 - 5 of 62 items

DCR Home Screen (cont.)

Quarterly Assessment(s) Due

- Displays Quarterly Assessments that are due for partners in your group.
 - Notifications will appear 15 days prior and 30 days after the FSP's Quarterly Assessment due date.
- Click on the partner's name to enter Quarterly Assessment data.
- **Note: The Quarterly Assessment information must be collected within this 45-day window, however, data entry may still occur after this 45-day window has passed.**

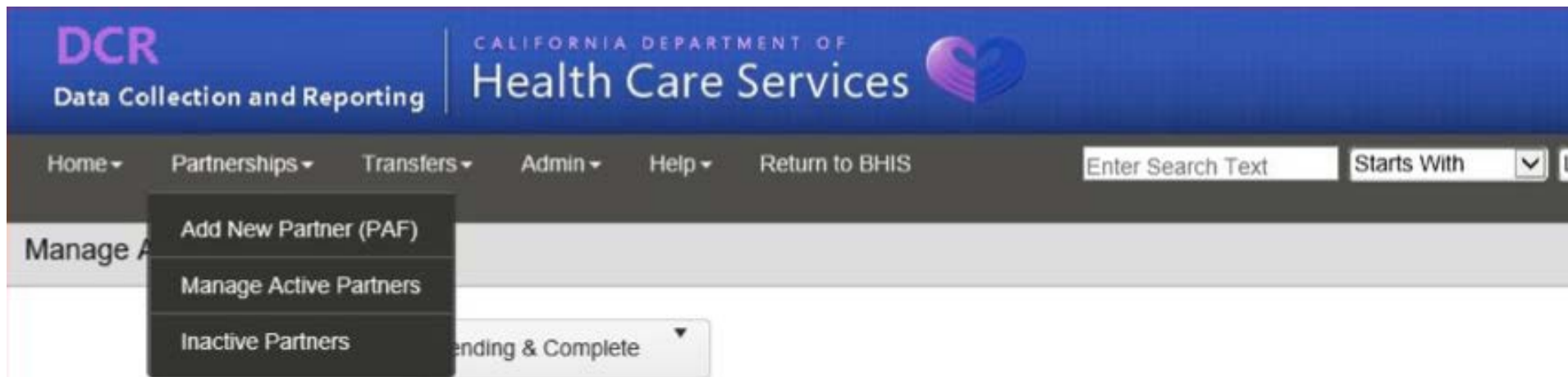
Quarterly Assessment(s) Due

Partner Name	CSI CCN	County FSP ID	Age	Due Date	Days Past Due	Assigned PSC
Partner names and CSI numbers in these two columns			53	12/18/2017	15	Bermuda Bahama
			61	12/16/2017	17	Bermuda Bahama
			25	12/18/2017	15	Bermuda Bahama
			65	12/18/2017	15	Bermuda Bahama

1 - 4 of 4 items

Manage Active Partners

- Accessible by clicking on the menu “Partnerships” tab and then “Manage Active Partners”
- Displays all active partners (current clients) that belong are associated with your program



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Enter Search Text Starts With Last Name --Select Page-- Go

Manage Active Partners

PAF Status Filter: Pending & Complete

Partner Name	CSI CCN	County FSP ID	Age	Partnership Date	Assigned PSC	PAF Status
			47	07/01/2009	Delia 14411-Marquez	Complete(*)
	CCT42388		57	03/01/2013	James Rockwell	Complete
			53	08/18/2009	Helena Mercy	Complete
			68	08/28/2015	Bianca Bustos	Complete
			11	12/13/2017	Elizabeth Martinez	Pending
			11	10/06/2016	Celine Rivera	Pending
			15	12/16/2016	Celine Rivera	Pending
			18	07/03/2012	Omar Vasquez	Pending
			41	09/11/2014	Omar Vasquez	Pending
			22	06/08/2010	Omar Vasquez	Pending

1 2 3 4 5 6 7 8 9 10 ...

Partner
names and
CSI
numbers in
these two
columns

Manage Active Partners (cont.)

DCR Data Collection and Reporting | CALIFORNIA DEPARTMENT OF Health Care Services

Home • Partnerships • Transfers • Reports • Admin • Help • Return to BHS

Enter Search Text Starts With Last Name --Select Page-- Go

Manage Active Partners

PAF Status Filter: Pending & Complete

Partner Name	CSI CCN	County FSP ID	Age	Partnership Date	Assigned PSC	PAF Status
			47	07/01/2009	Dela 14411-Marquez	Complete(*)
		CCT42388	57	03/01/2013	James Rockwell	Complete
				1/18/2009	Helena Mercy	Complete
				1/28/2015	Bianca Bustos	Complete
				1/13/2013	Elizabeth Martinez	Pending
				1/05/2013		Pending
			15	12/16/2012		Pending
			18	07/03/2012		Pending
			41	09/11/2012		Pending
			22	06/08/2012		Pending

Partner names and CSI numbers in these two columns

Indicates the PSC assigned to the Partner.

Indicates which Partner's PAF forms are not complete.

1 2 3 4 5 6 7 8 9 10 ...

Manage Active Partners (cont.)

Partner names and
CSI numbers in these
two columns

	13	12/19/2017	IT Analyst1	Pending	Alameda
	27	08/10/2017	TestFN TestLN	Pending	Alameda

1 2 3 4 5 6 7 8 9 10 ...

1 - 10 of 227 items

Outcomes Assessments for: Jacobsz, Dolly

PAF	KEY EVENT TRACKING	QUARTERLY ASSESSMENTS	
12/19/2017 Pending Validation Report	View / Update Current KET Status Enter New KET	Currently Due: N/A	Days Past Due: N/A
	KET HISTORY N/A	QUARTERLY HISTORY N/A	

Click on a partner's name to view his/her assessment history

Manage Active Partners (cont.)

Outcomes Assessments for: 			
PAF	KEY EVENT TRACKING	QUARTERLY ASSESSMENTS	
04/22/2016 Pending Validation Report	View / Update Current KET Status Enter New KET	Currently Due: N/A	Days Past Due: N/A
	KET HISTORY 07/25/2017 04/22/2017 02/03/2017 05/01/2016	QUARTERLY HISTORY 07/22/2017 (missing) 04/22/2017 (missing) 01/22/2017 (missing) 10/22/2016 (missing) 07/22/2016 (missing)	

Access entry screens to submit NEW records.

Access “history” links to VIEW or EDIT previously submitted data. (Note: Information will be overwritten if you make changes to these.)

Entering a partner for the first time

Note: A partner's PAF form must be entered into the DCR **before** other assessments can be added.

- Adding a new partner:
 - On Home screen, Go to the PARTNERSHIPS menu option
 - Select “Add New Partner (PAF)”



Enter Partner's Date of Birth
(mm/dd/yyyy)

MM/DD/YYYY



Enter Partnership Date (mm/dd/yyyy)

MM/DD/YYYY



Get Form

Adding a new partner:

- Enter the Partner's Date of Birth
(format: mm/dd/yyyy)

Enter Partner's Date of Birth
(mm/dd/yyyy)

MM/DD/YYYY



Enter Partnership Date (mm/dd/yyyy)

MM/DD/YYYY



Get Form

Adding a new partner:

- Enter the Partnership Date
(format: mm/dd/yyyy)

Enter Partner's Date of Birth
(mm/dd/yyyy)

MM/DD/YYYY



Enter Partnership Date (mm/dd/yyyy)

MM/DD/YYYY



Get Form

IMPORTANT!

Confirm that the correct dates were entered. If incorrect, retype the dates or go into the calendar to make corrections. The DCR will select the appropriate form based on the FSP's date of birth and partnership date that was just entered.

FULL SERVICE PARTNERSHIP

Child / Youth Partnership Assessment Form
FOR AGES 0-15 YEARS

[Expand All Domains](#)

PARTNERSHIP INFORMATION

County	San Diego *
CSI County Client Number (CCN)	<input type="text"/>
County Partner ID (optional)	<input type="text"/>
Partner's First Name	<input type="text"/> *
Partner's Last Name	<input type="text"/> *
Partnership Date (mm/dd/yyyy)	10/16/2018 *
Partner's Date of Birth (mm/dd/yyyy)	04/02/2018 *

Who referred the partner? (mark one)

- | | | |
|---|---|--|
| <input type="radio"/> Self | <input type="radio"/> Emergency Room | <input type="radio"/> Homeless Shelter |
| <input type="radio"/> Family Member (e.g., parent, guardian, sibling, aunt, uncle, grandparent) | <input type="radio"/> Mental Health Facility / Community Agency | <input type="radio"/> Street Outreach |

Notice that the age-appropriate PAF was created.

Items marked with a red asterisk (*) are required in order to save the PAF with, at least, a status of "Pending."

FULL SERVICE PARTNERSHIP

Child / Youth Partnership Assessment Form
FOR AGES 0-15 YEARS

[Expand All Domains](#)

PARTNERSHIP INFORMATION

[Clear Domain](#)

County San Diego *

CSI County Client Number (CCN)

County Partner ID (optional)

Partner's First Name *

Partner's Last Name *

Partnership Date (mm/dd/yyyy) 10/16/2018 *

Partner's Date of Birth (mm/dd/yyyy) 04/02/2018 *

Who referred the partner? (mark one)

- ☐ Self
 ☐ Emergency Room
 ☐ Homeless Shelter
- ☐ Family Member (e.g., parent, guardian, sibling, aunt, uncle, grandparent)
 ☐ Mental Health Facility / Community Agency
 ☐ Street Outreach

The DCR will notify you if the CSI number you entered matches its records. If it doesn't, verify that the number you entered is correct. If the number is correct, then DCR records may not have been updated yet. (There is a lag between when a county generates a CCN and when that number is reported to DMH.) DCR will still accept CSI number if a match is not found.

ADMINISTRATIVE INFORMATION[Clear Domain](#)**PARTNERSHIP STATUS**

Provider Number / NPI (Optional)

Full Service Partnership Program ID

Please Select One



*

Partnership Service Coordinator ID

Please Select One



*

[Save and Continue](#)

The Provider Number is not Optional!
You must enter this number in order to have an accurate count of clients in reports derived from DCR data.

RESIDENTIAL INFORMATION - includes hospitalization and incarceration

Clear Domain

SETTING	TONIGHT	YESTERDAY (as of 11:59 p.m the day BEFORE partnership)	DURING THE PAST 12 MONTHS INDICATE THE TOTAL # OCCURRENCES	DURING THE PAST 12 MONTHS INDICATE THE TOTAL # DAYS (must = 365 days)	PRIOR TO THE LAST 12 MONTHS (mark all that apply)
GENERAL LIVING ARRANGEMENT					
With one or both biological / adoptive parents	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With adult family member(s) other than parents – non-foster care	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In an apartment or house alone / with spouse / partner / minor children / other dependents / roommate – must hold lease or share in rent / mortgage	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster Home (with relative)	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster Home (with non-relative)	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SHELTER / HOMELESS					
Emergency Shelter / Temporary Housing (includes people living with friends but paying no rent)	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homeless (includes people living in their cars)	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HOSPITAL					
Acute Medical Hospital	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acute Psychiatric Hospital / Psychiatric Health Facility (PHF)	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State Psychia					

In the “Residential Information” domain, as the total number of days in each residential setting is entered, a counter in the “Unknown” field displays the number of days that have not been accounted for. The total number of days must equal 365 days.

EMPLOYMENT

SOURCES OF FINANCIAL SUPPORT

LEGAL ISSUES / DESIGNATIONS

EMERGENCY INTERVENTION

HEALTH STATUS

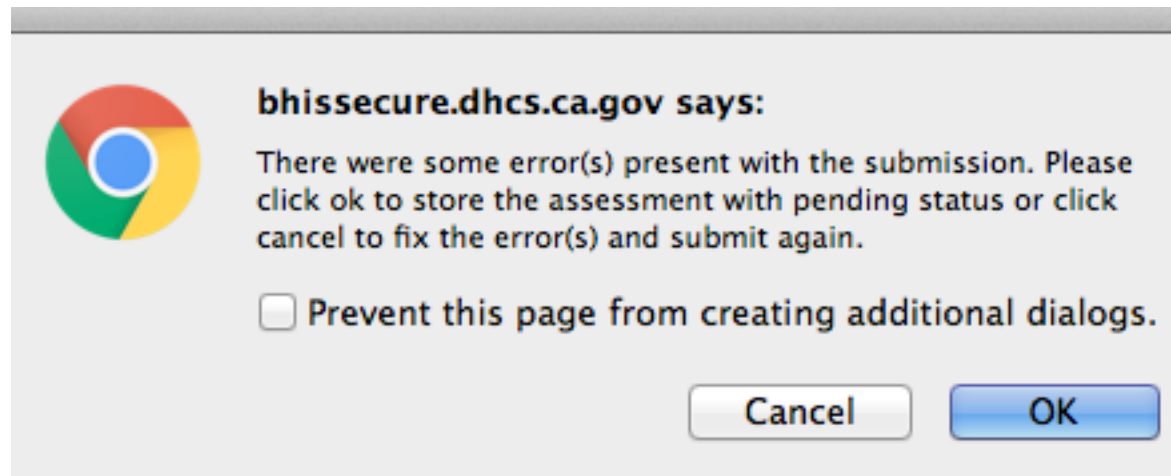
SUBSTANCE ABUSE

COUNTY USE QUESTIONS



When you have finished entering data click on the “Submit” button to save all of your work into the DCR.

If the PAF form you are trying to SAVE/SUBMIT is not complete, you will receive the following message:



- “OK” = PAF will be saved with a “Pending” status
- “Cancel” = Will allow you to go back to the PAF and look at the Validation Report

EDUCATION

EMPLOYMENT

SOURCES OF FINANCIAL SUPPORT

LEGAL ISSUES / DESIGNATIONS

EMERGENCY INTERVENTION

HEALTH STATUS

SUBSTANCE ABUSE

COUNTY USE QUESTIONS

Submit

Cancel

Print

[Click here for Validation Report](#)

Click on the link to access the Validation Report.

The Validation Report is also available from the “Manage Active Partners” screen.

Validation Report

Following required fields were missing / Errors were encountered for [REDACTED]

PARTNERSHIP INFORMATION

- WARNING B00009: CSI County Client Number (CCN) value missing.
- WARNING B00016: Who referred the partner? (mark one) is not valid

RESIDENTIAL INFORMATION

- WARNING PAF016: Please supply a residential setting for Tonight.
- WARNING PAF017: Please supply a residential setting for Yesterday.
- WARNING PAF018: Please supply at least one residential setting for 'Prior to the last 12 months.'
- WARNING PAF049: Please enter a value for '# Occurrences' for at least one residential setting 'During the last 12 months.'
- WARNING PAF050: Please enter a value for '# Days' for at least one residential setting 'During the last 12 months.'

EDUCATION

- WARNING B00009: Highest level of education completed: value missing.
- WARNING B00009: Is the partner CURRENTLY receiving special education due to serious emotional disturbance? missing.

This is a sample Validation Report. Indicates missing/incorrect Information on a PAF (generally all questions that are not conditional require some type of response). This report will tell you which questions need to be answered before the PAF can be considered "Complete."

County Alameda *

CSI County Client Number (CCN)

County Partner ID (optional)

Partner's First Name *

Partner's Last Name *

Partnership Date (mm/dd/yyyy) 09/01/2015 *

Partner's Date of Birth (mm/dd/yyyy) 01/06/1994 *

Who referred the partner? (mark 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

- ☐ Faith-based Organization
- ☒ Other County / Community Agency

- ☐ Homeless Shelter
- ☐ Street Outreach
- ☐ Juvenile Hall / Camp / Ranch / Division
- ☐ Jail / Prison
- ☐ Acute Psychiatric / State Hospital

Message from webpage



Assessment has been successfully stored

OK

ADMINISTRATIVE INFORMATION

PARTNERSHIP STATUS

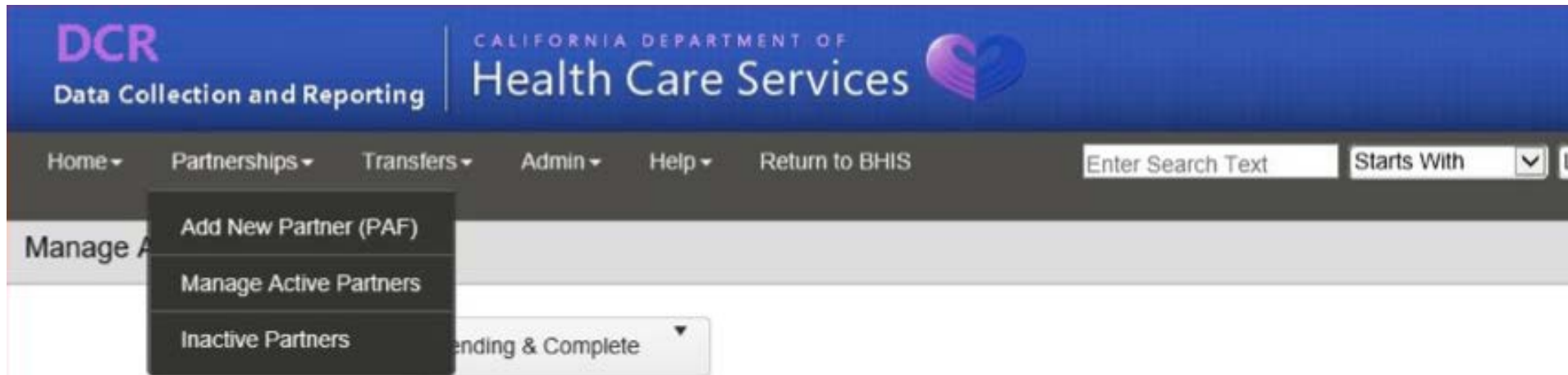
Provider Number / NPI (Optional)

Full Service Partnership Program ID *

Partnership Service Coordinator ID *

Entering a KET Form

A series of horizontal lines in teal and light blue colors, with varying lengths and offsets, creating a modern, layered effect across the width of the slide.



Entering a Key Event Tracking (KET) form:

- Go to the PARTNERSHIPS menu option
- Select “Manage Active Partners”

DCR
Data Collection and Reporting

CALIFORNIA DEPARTMENT OF
Health Care Services

Home • Partnerships • Transfers • Reports • Admin • Help • Return to BHIS

Enter Search Text Starts With Last Name --Select Page-- Go

Manage Active Partners

PAF Status Filter: Pending & Complete

Partner Name	CSI CCN	County FSP ID	Age	Partnership Date	Assigned PSC	PAF Status
			47	07/01/2009	Della 14411-Marquez	Complete(*)
	CCT42388		57	03/01/2013	James Rockwell	Complete
			53	08/18/2009	Helena Mercy	Complete
			68	08/28/2015	Bianca Bustos	Complete
			11	12/13/2017	Elizabeth Martinez	Pending
			11	10/06/2016	Celine Rivera	Pending
			15	12/16/2016	Celine Rivera	Pending

Partner names and CSI numbers in these two columns

Click on a Partner's name to access their records.

1 2 3 4 5 6 7 8 9 10 ...

KEY EVENT TRACKING

[View / Update Current KET Status](#)

[Enter New KET](#)

KET HISTORY

N/A

There are two ways to enter a KET:

1. Click “View / Update Current KET Status”
2. Click “Enter New KET”

Enter New Key Event Tracking

Partner you want to enter the assessment for:

Date Completed (mm/dd/yyyy)



Get Form

Enter the Assessment Date and click on
“Get Form”

PARTNERSHIP INFORMATION

County Alameda *

CSI County Client Number (CCN)

County Partner ID (optional)

Partner's First Name [REDACTED]

Partner's Last Name [REDACTED]

Date Completed (mm/dd/yyyy) 12/22/2017 *

Partner's Date of Birth (mm/dd/yyyy) [REDACTED] *

CHANGE IN ADMINISTRATIVE INFORMATION (Skip this section if there are no changes)

RESIDENTIAL INFORMATION - includes hospitalization and incarceration (Skip this section if there are no changes)

EDUCATION (Skip this section if there are no changes)

EMPLOYMENT (Skip this section if there are no changes)

LEGAL ISSUES / DESIGNATIONS (Skip this section if there are no changes)

EMERGENCY INTERVENTION (Skip this section if there are no changes)

COUNTY USE QUESTIONS (Skip this section if there are no changes)

NOTE: Only enter information for what changed – leave other sections blank.

Exception: Educational and Employment Setting questions are “snapshots” and, if there are changes to these questions, you also need to indicate their complete current situation (which includes new and ongoing statuses).

Example: Client was working 5 hours a week at Job A. Now also working 5 hours a week at Job B. Enter both jobs on KET.

Enter KET

PARTNERSHIP INFORMATION

County	Alameda *
CSI County Client Number (CCN)	
County Partner ID (optional)	
Partner's First Name	
Partner's Last Name	
Date Completed (mm/dd/yyyy)	12/22/2017 *
Partner's Date of Birth (mm/dd/yyyy)	

CHANGE IN ADMINISTRATIVE INFORMATION (Skip this section if there are no changes)

RESIDENTIAL INFORMATION - includes hospitalization and incarceration (Skip this section if there are no changes)

EDUCATION (Skip this section if there are no changes)

EMPLOYMENT (Skip this section if there are no changes)

LEGAL ISSUES / DESIGNATIONS (Skip this section if there are no changes)

EMERGENCY INTERVENTION (Skip this section if there are no changes)

COUNTY USE QUESTIONS (Skip this section if there are no changes)

Submit

Cancel

Print

Indicate reactivations,
transfers, or reason for
discontinuation.

CHANGE IN ADMINISTRATIVE INFORMATION (Skip this section if there are no changes)

[Clear Domain](#)

PARTNERSHIP STATUS

Date of Provider Number / NPI Change (mm/dd/yyyy):

NEW Provider Number / NPI:


Date of Full Service Partnership Program ID Change (mm/dd/yyyy):

NEW Full Service Partnership Program ID:

Please Select One 

Date of Partnership Service Coordinator ID Change (mm/dd/yyyy):

NEW Partnership Service Coordinator ID:

Please Select One 

Date of Partnership Status Change (mm/dd/yyyy):

Indicate NEW partnership status:

- ☐ Discontinuation / Interruption of Full Service Partnership and / or community services / program (indicate reason below)
- ☐ Reestablishment of Full Service Partnership and / or community services / program

If there is a DISCONTINUATION / INTERRUPTION of Full Service Partnership and / or community services / program, indicate the reason:

- ☐ Target population criteria are not met.
- ☐ Partner decided to discontinue Full Service Partnership participation after partnership established.
- ☐ Partner moved to another county / service area.
- ☐ After repeated attempts to contact partner, s/he cannot be located.
- ☐ Community services / program interrupted – Partner's circumstances reflect a need for residential / institutional mental health services [e.g., Hospital].
- ☐ Community services / program interrupted – Partner will be serving JAIL sentence.
- ☐ Community services / program interrupted – Partner will be serving PRISON sentence.
- ☐ Partner has successfully met his / her goals such that discontinuation of Full Service Partnership is appropriate.
- ☐ Partner is deceased.

PROGRAM INFORMATION

Program Name	Date of Program Change (mm/dd/yyyy)	Currently Involved?
AB2034	<input type="text"/>	<input type="radio"/> Now enrolled in the AB2034 Program <input type="radio"/> No longer participating in the AB2034 Program

Fill these out whenever you transfer a client. If you do not fill this field out, your client list will be inaccurate.

Enter KET

PARTNERSHIP INFORMATION

County	Alameda *
CSI County Client Number (CCN)	
County Partner ID (optional)	
Partner's First Name	
Partner's Last Name	
Date Completed (mm/dd/yyyy)	12/22/2017 *
Partner's Date of Birth (mm/dd/yyyy)	

CHANGE IN ADMINISTRATIVE INFORMATION (Skip this section if there are no changes)

RESIDENTIAL INFORMATION - includes hospitalization and incarceration (Skip this section if there are no changes)

EDUCATION (Skip this section if there are no changes)

EMPLOYMENT (Skip this section if there are no changes)

LEGAL ISSUES / DESIGNATIONS (Skip this section if there are no changes)

EMERGENCY INTERVENTION (Skip this section if there are no changes)

COUNTY USE QUESTIONS (Skip this section if there are no changes)

Submit

Cancel

Print

Click on "Submit" when done.

KET Success

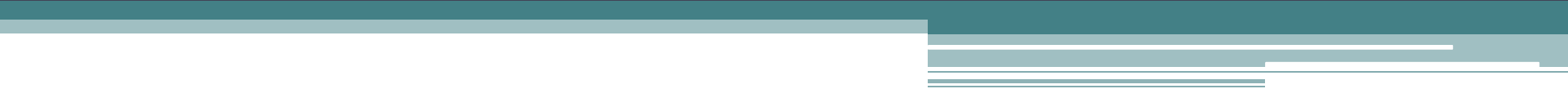
Success

Key Event Assessment for **Partner names** has been successfully stored. Thank you for submitting your data.

[Click here to return to **Partner names** on the Inactive Full Service Partners screen](#)

[Click ok to return to the Inactive Full Service Partners screen](#)

Entering a Quarterly Assessment (3M) Form

A series of horizontal lines in teal and light blue colors, with varying lengths and offsets, creating a modern, layered effect across the middle of the slide.

Quarterly Assessment(s) Due

Partner Name	CSI CCN	County FSP ID	Age	Due Date	Days Past Due	Assigned PSC
Partner names and CSI numbers in these two columns			53	12/18/2017	15	Bermuda Bahama
			61	12/16/2017	17	Bermuda Bahama
			25	12/18/2017	15	Bermuda Bahama
			65	12/18/2017	15	Bermuda Bahama



1 - 4 of 4 items

1) The Quarterly Assessment notification on the DCR Home page indicates who is due for a quarterly assessment (notification appears 15 days prior to the due date and 30 days after the due date.) Click on a name to enter the information.

QUARTERLY ASSESSMENTS

Currently Due:

12/09/2017

Days Past Due:

13

QUARTERLY HISTORY

N/A

2) The Quarterly Notification also appears when you access a Partner's records from the Manage Active Partners screen. Click on the link to enter the information.

Outcomes Assessments for: Health, Care			
PAF	KEY EVENT TRACKING	QUARTERLY ASSESSMENTS	
02/01/2017	View / Update Current KET Status	Currently Due: N/A	Days Past Due: N/A
	KET HISTORY 05/26/2017 05/26/2017 05/25/2017 04/03/2017	QUARTERLY HISTORY 08/01/2017 (missing) ← 05/01/2017 (missing)	

If the Quarterly Assessment was collected from the partner within the 45-day window (15 days prior to the due date or 30 days after the due date) but was not entered, the link for the past-due assessment may be accessed in the Quarterly Assessment History section.

NOTE: The Quarterly Assessment data must be collected within the 45-day window, but the data can be entered beyond the 45-day window.

Add 3M

Partner you want to enter the assessment for:

cpaf1, cdtest1 (000ctest1)

Date Completed (mm/dd/yyyy)

MM/DD/YYYY



Get Form

Enter the Assessment Date
and click on “Get Form”

Enter 3M

Child / Youth Quarterly Assessment Form
FOR AGES 0-15 YEARS

PARTNERSHIP INFORMATION

County	Alameda *
CSI County Client Number (CCN)	000ctest1
County Partner ID (optional)	
Partner's First Name	cdtest1 *
Partner's Last Name	cpaf1 *
Date Completed (mm/dd/yyyy)	12/22/2017 *
Partner's Date of Birth (mm/dd/yyyy)	01/01/2007 *

EDUCATION

SOURCES OF FINANCIAL SUPPORT

LEGAL ISSUES / DESIGNATIONS

HEALTH STATUS

SUBSTANCE ABUSE

COUNTY USE QUESTIONS

Submit

Cancel

Print

Unlike a KET, **ALL** domains should be completed for a 3M

Enter 3M

Child / Youth Quarterly Assessment Form
FOR AGES 0-15 YEARS

PARTNERSHIP INFORMATION

County	Alameda *
CSI County Client Number (CCN)	000ctest1
County Partner ID (optional)	
Partner's First Name	cdtest1 *
Partner's Last Name	cpaf1 *
Date Completed (mm/dd/yyyy)	12/22/2017 *
Partner's Date of Birth (mm/dd/yyyy)	01/01/2007 *

EDUCATION

SOURCES OF FINANCIAL SUPPORT

LEGAL ISSUES / DESIGNATIONS

HEALTH STATUS

SUBSTANCE ABUSE

COUNTY USE QUESTIONS

Submit

Cancel

Print

Click on "Submit" when done.

Quarterly Assessment Success

Success

Quarterly Assessment for cpaf1, cdtest1 has been successfully stored. Thank you for submitting your data.

[Click here to return to cpaf1, cdtest1 on the Active Full Service Partners screen](#)

[Click ok to return to the Active Full Service Partners screen](#)

REVIEW: Entering Data into the DCR

- Enter PAF first.
- Data entry for PAFs must be accessed via PARTNERSHIPS > ADD NEW PARTNER
- Data entry for KET / Quarterly Assessments may be accessed via PARTNERSHIPS > MANAGE ACTIVE PARTNERS

Technical Information

- The DCR development team has identified the following requirements and settings to insure a positive experience when using the DCR system:
 - Set <https://bhis.dhcs.ca.gov> as a trusted site with medium settings
 - Allow cookies from <https://bhis.dhcs.ca.gov>
 - Allow pop-ups from <https://bhis.dhcs.ca.gov>
 - Many messages in the DCR are presented in pop-up (e.g., PAF Validation Report)

Strategies for DCR Success

- **Always enter the Provider Number in DCR**
- Assign one person at your program who is ultimately responsible for overseeing the DCR process
 - Several people can enter data, but you need one person in charge of tracking when items are due
 - This person will need to work closely with the program manager to address any problems (e.g. clinician not submitting forms)
- Print out / review the DCR lists weekly
 - Pending Partnership Assessments
 - Quarterly Assessments Due
 - 30 Day Key Event Notification
- Review DCR paperwork at staff meetings
 - Put KETs on the agenda and bring blank forms that staff can fill out
 - After the quarterly FSP reports are distributed, review your program's summary data
- Review your list of clients with missing information on the last FSP report and enter the missing information

Opportunity for Improvement

- Regular reporting on KETs
- Ongoing training for new staff to better understand importance of recording KETs in DCR
- Share challenges and concerns

Opportunity for Improvement

- Two or more KETs submitted for the same event type and date
 - E.g., residential, emergency, etc.
- Multiple KETS most common for residential key events
- Among TAY, duplicate KETs for emergencies have also been an issue

Opportunity for Improvement

- DCR system cannot record more than one KET change for the same type of event in a day
- Challenge of distinguishing between duplicates and true cases where several event changes occur on the same day
- Learn more from providers about data entry process
 - Share challenges and concerns

Opportunity for Improvement

- If percentages don't seem to be an accurate representation of partners, then PAF assessments may not be capturing all information
- Once PAF is final (after 90 days), it cannot be modified
- Accurate reporting upon entry is important because it influences our ability to accurately monitor progress

Opportunity for Improvement

- Leaving questions blank can lead to uncertainty
- We can't necessarily distinguish between a true zero and a null value.
 - E.g., Number of arrests left blank - does this mean "zero arrests"? Or was the question skipped?

Frequently Asked Questions

A series of horizontal lines in teal and light blue colors, with varying lengths and offsets, creating a modern, layered effect across the width of the slide.

Pending PAFs

- *Q: A large number of our PAFs are listed as pending due to “CSI # did not match our records.” How do we fix these so they are removed form the list?*
- A: Once the PAF is submitted, it will update automatically. The amount of time it takes for an update to occur can vary. Double check the accuracy of the CSI #, but if it is correct, you just need to wait for the update.

Changes in residential settings

- *Q. We're concerned that the categories under "Licensed Residential Treatment" include such a wide array of programs from crisis to long term. If a client goes from a short-term program to a stable living situation (long-term), do we need to submit a KET since the category has not changed?*
- A. There should be a new KET submitted every time there is a physical residential change, even if the overall category does not change.
 - A new KET form is submitted EACH time there is a change in residence; both changes in residential categories and moves between residences are tracked via the KET.

Education and young children

- ***Q: How do we fill out the Education section for a child who is under 5 and has never been to school?***
- A: If they are in day care or preschool, you can respond to these sections based on information gathered during assessment.
- If they have never attended any sort of school, mark “Level Unknown” and leave the attendance and grades sections blank.

Sources of financial support

- *Q: What do we enter in the “Sources of Financial Support” question? Is it the child’s income, the caregiver’s income, or both?*
- A: You need to enter all sources of financial support that are used to meet the client’s needs. This may include their own income (e.g. disability, social security) and/or their caregiver’s.

Transfer details

Case 1: Client is currently open to another program.

- The program that is seeing the client completes a KET and indicates which program the client is transferring to.

Transfer details

Case 2: The client was discharged from another FSP less than one year ago.

- The *new* FSP provider should send the *former* FSP provider a KET with the following info:
 - Reactivation Date
 - New Provider number
 - New FSP Provider ID
 - New Coordinator ID
- *The former* FSP must complete **two** steps.
 - First, reactivate the client.
 - Second, submit a KET to transfer the client.

Transfer details

Case 3: The client was discharged from another FSP more than one year ago.

- The *former* FSP must complete **two** steps.
 - The first step is to reactivate the client.
 - Reactivation will trigger a new PAF.
 - The new PAF can be saved as incomplete
 - The second step is to transfer the client via KET
- The *new* FSP would then need to complete the new PAF.

Enter data on discharged client

- ***Q: I found a KET that should have been entered for a client who has been discharged. Can I enter data for a closed/inactivated client in the DCR?***
- **A:** This situation is tough because we do want all available data for the client. However, the DCR does not allow data to be entered for an inactive client. One workaround is to...
 - 1) re-activate the client for the same date of the discontinuation,
 - 2) enter the missed KET, and
 - 3) discontinue again using a KET with the same original discontinuation date.

What if you have other questions?

- Questions about using the DCR regarding passwords, UserID, connectivity, or functionality:
 - Contact BHIS Tech support
 - Email: MHSADCRSupport@dhcs.ca.gov
 - Phone: (800) 579-0874
 - Refer to DCR User Manual
 - Now available within the DCR application under the “Help” tab.

What if you have other questions?

- Questions about data collection, data entry, or reporting:
 - Contact your assigned COR
 - Contact Anh Tran at CASRC:
 - Phone: 858-966-7703 ext. 3582
 - Email: alt041@ucsd.edu