

DCR FAQ

Frequently Asked Questions

About the MHSA Data Collection and Reporting System

DPH Support Information for the DCR:

- DCR Support Website: www.sfdph.org/dcr. Please use this site to find the latest FAQ, support contact information, and user account forms. Note that you can also locate the site by going to the DPH home page (www.sfdph.org) and using the search box to search for “DCR”; the top result will be the DCR Support page.
- Email: dph.dcr@sfdph.org (automatically forwards to everyone on the DCR support team)
- Phone – Ryan Reichel, 255-3494 or Diane Prentiss, 255-3696

Logging Into the DCR

How do I get a new DCR login?

Go to the DCR Support website (www.sfdph.org/dcr) and download the DCR Account Request Form and User Confidentiality Form.

1. You fill out the User Confidentiality Form and have your supervisor fill out the DCR Account Request Form.
2. Scan and email both signed forms to dph.dcraccounts@sfdph.org (preferred) or fax to 415-252-3008 (no cover sheet needed).
3. You will receive an encrypted email from BHIS@dhcs.ca.gov with a temporary password. Please check your junk folder for this email if it does not come to your inbox and open it before it expires (usually 24-48 hours after time it was sent). Follow the link and instructions in the email to reset your temporary password.

The instructions on the website will explain each step in detail. If you have questions, please contact the DCR user account team:

- Ryan Reichel – 415-255-3494

What is the web address of the DCR Login Screen?

Go directly to the login screen at appdir.dhcs.ca.gov/bhis.

After logging in, how do I get to the DCR?

Once you log in, select “DCR Web Application” from the **Applications** menu. This will take you to the DCR home page.

What are the requirements for a password?

The BHIS requirements are that passwords must be at least 8 characters long. They may contain letters, numbers and special characters. DCR passwords expire every 75 days and must be reset before that expiration date. There is a countdown in the top right hand corner of the screen once you have logged into your BHIS account.

Are logins and passwords case-sensitive?

Logins are not case-sensitive (e.g., “JWilson” “JWILSON” and “jwilson” are all the same), but passwords are case-sensitive (e.g., “MBDAE#31” is not the same as “mbdae#31”.)

What if I forget my password or user name?

If you forgot your password or username, go to the login page and click the link under the login fields that says, “Forgot Password/Username?” Or just contact BHIS at

- E-mail BHIS@dhcs.ca.gov (Note: do not email PHI. Call or use their web site message feature instead)
- Telephone (800) 579-0874

What should be done when a staff person with a DCR login leaves the FSP, or no longer needs to access the DCR?

Contact the DCR support staff to request that the account be disabled. If the person is a PSC, they should complete all outstanding assessments for their partners before they go. All of the partners assigned to the departing PSC should then be transferred to an active PSC at least one week prior to leaving the FSP.

How do I add a new PSC to the list on the PAF and KET screens?

The Partnership Service Coordinator (PSC) must set up a DCR login and be assigned to the PSC role.

When a PSC is no longer active, can we remove them from the list of PSCs in the DCR?

No, the DCR does not have a way to hide inactive PSCs.

Entering Data in the DCR

Which clients should be enrolled in the DCR?

In general, a client with an episode opened in Avatar at the FSP should also be enrolled in the DCR. In some cases, if the client has not fully engaged, you may want to wait and see if they do before starting a DCR partnership.

How do the DCR partnership dates relate to the Avatar episode dates?

In general, the partnership start and discontinuation dates in the DCR should be the same as the episode opening and closing dates in Avatar.

Which fields should I fill out on the KET and the Quarterly Assessment?

On the KET, only fill out the fields for the event that has occurred. For things have not changed, leave the field blank. On the Quarterly Assessment, you should complete all of the fields.

When is the Quarterly Assessment due?

The Quarterly Assessment (3M) is due every three months after the Partnership Start Date. If the client is discharged and then reactivated and the partner was inactive for less than a year, the 3M due dates are still based on the initial Partnership Start Date. In such cases of reactivation after less than a year, a new PAF is not required, but you do need to complete the 3Ms and KETs for the time the client was inactive.

The Quarterly Assessment can be entered up to 15 days prior to the due date, or up to 30 days after the due date. The DCR home page lists Quarterly Assessments that are due during this date range.

Can I enter a Quarterly Assessment that is listed as “Missing”?

A Quarterly Assessment (3M) should be collected up to 15 days prior or 30 days after the due date. After 30 days, the DCR system lists it as “missing,” but you can still enter it at any time provided that the data was collected during the submission period. For instance, if the 3M due date is March 1, the DCR will show it as being due from April 16 through March 30, and then, on March 31, it will be shown as missing. You can still enter the 3M after it is missing if

the data was collected prior to March 31. When you create the new 3M, the DCR asked for the Date Completed. It will allow you to proceed as long as it is within the grace period.

I discontinued a partner, so why are some Quarterly Assessments due after the discontinuation date still listed as “Missing”?

Once you miss a Quarterly Assessment (3M) in the DCR, it will continue to be listed as “missing” even if you discontinue the partnership with a discontinuation date prior to the 3M due date. This is a flaw in the DCR software, and you can ignore those 3Ms erroneously listed as missing. The 3M data quality reports that SF DPH developed handle these case correctly, and do not count them as having been missed.

Which questions are tracked on the KET as opposed to the Quarterly Assessment?

Nearly all of the questions on the PAF are repeated in either the KET or the Quarterly Assessment (3M). Here’s a quick guide showing where the fields in each domain are updated—in the KET or 3M.

Data Domain	Data Fields	PAF	KET	3M
Administrative	FSP, PSC, Partnership Status, Program Info	X	X	
Residential	All	X	X	
Education	Grade Level/Degree/Setting, Suspension, Expulsion	X	X	
Education	Attendance, Enrollment, Grades	X		X
Employment	All	X	X	
Financial Support	All	X		X
Legal Issues	Arrest, Probation, Conservatorship, Payee, Code 300 Status for Partner	X	X	
Legal Issues	Custody Information for Partner’s Children	X		X
Emergency Intervention	All	X	X	
Health Status	All	X		X
Substance Abuse	All	X		X

Can I update the record of an inactive partner?

Yes, you can update existing assessments or add new assessments to an inactive partner.

I entered the wrong partnership date. What should I do?

The partnership date cannot be changed in the DCR. You can have DPH support staff delete the partner and start over.

I entered the wrong date of birth. What should I do?

The data of birth is no longer editable in the DCR. If you entered the wrong date of birth, the only way to correct it is to delete the partnership and start over.

How does the DCR determine which age group version of the Quarterly Assessment Form to use?

The DCR selects the Quarterly Assessment (3M) form based on the partner’s age as of the date the assessment was collected, not the date it was due. For instance, if a 25 year old partner had a 3M due just before her 26th birthday, and it was collected after the partner had turned 26, the DCR would then use the Adult (26-59) 3M Form rather than the TAY (16-25) form.

How does the DCR determine which Partnership Assessment Form to use?

The DCR selects the PAF based on the partner's age as of the assessment date, not the data entry. For instance, if the partner was 15 on the partnership start date, the DCR will use the CYF (0-15) PAF, even if the client was 16 on the date when the PAF was entered. This is true for the Quarterly and KET assessments as well, so when a client ages out of one group and into another, the DCR will start using the assessments for the client's new age group.

I created a PAF for a partner who should not be in the system. What should I do?

Contact DCR support and request that the record be deleted.

I created KET by mistake. What should I do?

You cannot delete a KET once it has been saved. Just open the KET, delete all the information on it and save it again.

Which fields on the PAF require you to enter a 0 even when not applicable?

Most questions on the PAF can be left blank when they don't apply. There are several cases when you must enter a 0 or they will be considered missing:

Education (Child & TAY only)

- 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?

Legal Issues/Designations

- Number of times the partner was arrested DURING THE PAST 12 MONTHS
- Number of children the partner has who are CURRENTLY:
 - Placed on W & I Code 300 Status (Dependent of the court)
 - Placed in Foster Care
 - Legally Reunified with partner:
 - Adopted out:

Emergency Intervention

- **Number of emergency the partner had DURING THE PAST 12 MONTHS that were:**
 - Physical Health Related
 - Health / Substance Abuse Related

Questions on Specific Data Fields

County Use Fields

The DCR has a set of "County Use" fields that are not required by the state, but are available for each county to use as they wish. There are two sets of 3 fields:

- KET County Use Fields #1 – 3: these fields appear on the PAF and KET forms
- Quarterly Assessment County Use Fields #1 – 3: these fields appear on the PAF and Quarterly Assessment forms

San Francisco uses these fields as follows:

- KET County Use Field #1: Hyde St. and the FSA programs use this field to enter the MORS score. Other programs should leave it blank. Valid values are 1-8 and "NA."
- KET County Use Field #2: Clients in the FSA Adult program should enter either "ACM" or "FSP" to indicate whether the client is in the FSA Adult ACM or FSA Adult FSP program. Other programs should leave it blank.
- KET County Use Field #3: not used

- Quarterly Assessment County Use Field #1: Enter “*Carry Over*” in this field to track clients who were in an ICM program prior to being entered into the DCR. This is important because the data collected on the PAF about the 12 months prior to the partnership is not a true baseline. Tagging carryover clients allows us to separate these out in reports that compare the baseline to the partnership to measure the impact of the FSP program. If your program does not have
- Quarterly Assessment County Use Field #2: not used
- Quarterly Assessment County Use Field #3: not used

CSI

What is the CSI Number?

Also known in Avatar as the County Client Number (CCN), the CSI number is the Avatar Client ID assigned to the client when they are enrolled in Avatar (formerly the BIS number). The Avatar Client ID is uploaded to the state Department of Health Care Services (DHCS) CSI (Client and Service Information) system, where it is called the CSI Number

Is the CSI # required?

The PAF can be saved with a blank CSI number, but will be considered incomplete until the CSI number is entered. You should enroll your partner in Avatar before the DCR, and you can then use the Avatar client ID as the CSI #.

Why am I getting the message “CSI # did not match our records”?

When you enter a CSI number in the DCR, it cross checks it with the state’s CSI system, and if it is not found, you will get the message “CSI # did not match our records.” This can occur for a couple of reasons. It could be that the partner’s Avatar ID has not been uploaded to the state, or it could be that the number is not correct. If you verify that you entered the correct Avatar ID in the CSI # field, then the problem is that the partner’s CSI Number has not been successfully uploaded to the state.

If the client is new, it could be that the upload has not yet occurred. DPH uploads CSI data monthly, usually in the first week of each month. For new clients, allow up to 6 weeks for the CSI number to be uploaded.

It is also possible that the partner’s CSI record was uploaded but not accepted because it was incomplete or erroneous. All fields on the Avatar CSI Admission form need to be complete for the upload to succeed. If the Mother’s First Name is unknown, please enter “MOTHER.” Please only skip the following fields if they do not apply to your client:

- Birth Name (Middle)
- Birth Name (Suffix)
- County School

In addition, three fields on the Avatar Diagnosis screen must be completed:

- Primary Diagnosis (which must match one of the following two fields)
- Axis I Diagnosis # 1
- Axis II Diagnosis # 1

While the state CSI system requires all of these fields, not all of them are required in Avatar, so extra effort is needed to ensure they are completed.

Is the CSI Number required?

The CSI number is not required to save the PAF, but for the PAF to go from *pending* status to *completed* status, you must enter a CSI number that matches the state's records of CSI uploads. In practice you should always enter the CSI number when you first start a PAF in order to avoid creating a duplicate record (see the next section for more information on detecting and handling duplicate records.)

While filling out a PAF, I got the error "CSI # already exists for another partner."

This means that the partner is already registered in the DCR. If you get this error, do not continue entering the PAF or any other assessment for the client until the issue is resolved because the record is a duplicate and will probably end up being deleted.

First, check to see if the partner is already registered at your FSP program. Look in both the active and inactive partner lists. To view the inactive list, go to the *Partnerships* menu and select "Inactive Partners." If the partner is on the inactive list, you will need to reactivate them (see the FAQ item "a partner who was discharged from the program came back.") If you don't find the client in either list, the partner is registered at another FSP and will probably need to be transferred to your FSP. Contact the DCR support to resolve the issue.

Emergency Interventions

What is an Emergency Intervention?

An emergency intervention can related to physical health, mental health or substance abuse and is defined according to the type as follows:

- A **physical health** related emergency intervention is a physical health event that requires immediate attention from a medical provider, such as a visit to the emergency room or urgent care clinic
- A **mental health** related emergency intervention is a mental health concern significant enough to result in being admitted to a hospital, treatment by a crisis intervention program outside of the FSP, or FSP staff being called in outside of regular work hours.
- A **substance abuse** related emergency intervention is a substance use problem that results in being admitted to a hospital, treatment by a crisis intervention program outside of the FSP, or FSP staff being called in outside of regular work hours.

Grades and School Attendance (CYF and TAY)

How should I answer the questions about current Grades and School Attendance if the partner's school is closed for summer break?

If the partner's school is closed for summer break, answer the questions based on the partner's grades and attendance at the end of the prior school year.

How should I answer the questions about current Grades and School Attendance if the partner is not attending school because they are in residential treatment?

If the child is not receiving school instruction because they are in residential treatment, then the answer is, "Never attends school". The fact that the child was unable to attend school due to needing residential treatment is important data to capture. It indicates a level of severity of the child's illness and the impact on school functioning. If school instruction was available to the child while in the residential facility, then estimate (or ask the facility staff or child's guardians) how much the child participated in instruction.

MHSA Stabilization Units

When a client moves into a MHSA stabilization unit, how should I record it?

Create a new KET assessment. In the *Administrative Information* domain, check the “MHSA Housing Program” checkbox. In the *Residential Information* domain, select “Emergency Shelter.”

Sources of Financial Support

I am in a CYF program and am not always able to find out the caregivers’ sources of financial support. How do I answer this question?

The “Sources of Financial Support” question asks for all sources of financial support used to meet the needs of the partner. For dependent minors, this would include the caregiver’s sources of financial support as well as any direct benefits the partner receives. If you have the opportunity to find out the caregiver’s sources of financial support, you should do so and select all of the applicable options for this question on the PAF and Quarterly Assessments. However, if you are not able to find out, you can select “Caregiver’s Wages” as a default option.

Residential Coding Guidelines

When should the MHSA Housing checkbox be checked?

The MHSA Housing box should be checked for any of the following:

- any TAY setting
- MHSA-funded temporary unit
- MHSA funded “permanent” apartment housing (e.g. 990 Polk)
- MHSA Emergency Stabilization unit

What is the difference between an apartment and an SRO?

An apartment must have a kitchen and a bathroom that are part of the unit. (See below for definitions of kitchen and bathroom.) If it lacks these, it’s a Single Room Occupancy (SRO) unit.

What are the minimum requirements for a kitchen?

At minimum, a kitchen must include a counter, storage, oven/stovetop and sink in the unit.

What are the minimum requirements for a bathroom to be part of the unit?

As long as the resident can access the bathroom without leaving the unit (going into the hallway, for example), the bathroom is considered part of the unit. This includes shared bathrooms that exist between two units such as at 12 Knox. These should be coded as “apartment living”.

How should SROs be coded?

In San Francisco, SRO occupants acquire tenant’s rights after 30 days, which is considered the equivalent of a lease. If a client is in an SRO for 30 days or more, code it as “Single Room Occupancy (must hold lease).” If the client is in an SRO for less than 30 days, code it as “Emergency Shelter/Temporary Housing.” When a client first moves into an SRO, code it as one of the above based on how long you anticipate the client will stay, and if circumstances change, you can always go back and change it.

Quick reference for residential coding:

Type of Housing	DCR Residential Category	MHSA Housing Checkbox
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MHSA emergency stabilization	Emergency Shelter/Temporary Housing	Yes
Temp housing w/ FSP Flex Funds	Emergency Shelter/Temporary Housing	Yes
Temp housing – client paid	Emergency Shelter/Temporary Housing	No
SRO more than 30 days – client paid	SRO (must hold lease)	No
Ritz, Dalt, Cambridge Hotels	SRO (must hold lease)	Yes
990 Polk	Apartment or House	Yes
Other leased/rented apartment	Apartment or House	No
Conard, Baker Places, Progress Foundation	Unlicensed but supervised, individual placement	No
Acute Diversion Units	Licensed Residential Treatment	No

What are the requirements for Emergency Stabilization Units (ESUs)?

ESUs are intended only for short-term stays-while efforts are being made to find permanent housing. Clients placed in ESUs are required to work with the referring Case Manager to develop a housing plan and to actively participate in its implementation. Since MHSA subsidizes 100% of the cost of the ESUs, clients do not have tenant rights. Clients choosing to not work on acquiring permanent housing will be asked to vacate the ESU.

What are the requirements for Permanent Housing?

Once an MHSA client is placed in permanent housing, that housing is only dependent on the client complying with the terms of their lease (or other agreements with property owners/ managers). A qualified MHSA resident may not be required to move even if they no longer choose to receive or no longer require services or if their income increases.

Special Situations

A partner left the program. What should I do?

Open a new KET form for the partner. In the Administrative Information domain, enter the date the partner left the program in “Date of Partnership Status Change”, select “Discontinuation,” and select the principal reason for the discontinuation. Press Submit and you are done. The partner will no longer appear on the active partners list, but you can still find them by going to the Partnerships menu and selecting “Inactive Partners.”

A partner who was discharged from the program came back. What should I do?

You need to reactivate the partner. On the *Partnerships* menu, select “Inactive Partners.” Find the partner in the inactive list and click on their name. You will see a box below labeled “Date to Reactivate.” Enter the date that the partner returned for services and press the “Reactivate” button. If the partner was inactive for less than a year, the prior PAF and other assessments will be retained. If the partner was inactive for a year or more, the system will open a new PAF which you will need to complete.

If a partner is reactivated within a year of their discharge, it is considered to be a continuation of the prior partnership and you should complete any quarterly assessments that were due and KETs for any key events that occurred during the time the client was inactive. While it may not always be possible to collect this missing data, please make your best effort and use the best estimate for questions where the exact answer is not available.

A partner was transferred to a new PSC in my program. What should I do?

First, complete all outstanding assessments (pending PAF, all missing quarterlies, and missing KETs). Second, find out who the new PSC will be at the FSP. Open a new KET form for the partner. In the Administrative Information domain, select the “NEW Full Service Partnership Program ID.” Fill in “Date of Partnership Service Coordinator ID Change” and select the new PSC from the list. Press Submit and you are done. The partner will no longer appear on the old PSC’s client list.

A partner was transferred to a new FSP. What should I do?

First, the old FSP must complete all outstanding assessments (pending PAF, all missing quarterlies, and missing KETs). The old FSP should open a new KET form for the partner. In the Administrative Information domain, fill in “Date of Partnership Service Coordinator ID Change.” Select the new PSC from the list. Press Submit and you are done. The new FSP does not need to do a new PAF. The PAF from the old FSP will be visible to the new FSP. Please remember: **DO NOT** choose “discontinue” when a client is being transferred to a new FSP.

PSCs from the old and new FSP should speak with one another regarding the transferring of the partner to ensure a “warm handoff”. Please contact DCR Support for any questions or help.

A partner frequently goes AWOL. Should I create a KET?

If a client disappears from his or her residential setting for short periods (less than a month), there is no need to create a KET. If it’s for a month or longer, create a KET to show a residential status change. If you don’t know where the partner is staying, choose “unknown” as the new residential situation.

When discontinuing a partner:

First, complete all outstanding assessments (pending PAF, all missing quarterlies, and missing KETs). If the KET you just opened will include a discontinuation, then do not enter other key events on the same KET because a KET which contains a discontinuation cannot be edited once it is saved. If a partner is about to be discontinued, all other events and information about the partner should be entered on a separate KET prior to submitting the KET with the discontinuation.

What should be done with incarcerated partners?

When a partner is incarcerated for less than a year, you should leave the partnership open. Create a KET to document the arrest and incarceration, and then another KET when the partner is released. If the incarceration is a year or more, then you can discontinue the partnership.

What should I do if I have a pending PAF for which some questions that cannot be answered?

There are many reasons why a PAF is not completed and remains in the “pending” status; however, the DCR Support Team highly recommends that PSCs complete the PAF within the 90 day grace period.

If the PAF is still pending 6 months after the partnership start date, **and after all options to complete the PAF have been exhausted**, the PSC should contact the DCR support team to request the PAF be “Certified Complete”.

DPH will certify a pending PAF as complete only if it meets the following criteria:

- 1) The partner is currently active (the DCR does not allow a pending PAF to be certified complete on inactive partners)

- 2) The partner has been active for at least 6 months, or the partnership is about to be discontinued.
- 3) The PSC made a good faith effort to collect the data, and has completed all of the portions they were able to within 6 months of opening a partnership with the FSP.

Technical Issues

What browsers are supported?

The DCR system only works with Microsoft Internet Explorer, version 5.5 and above. Using Firefox and other browsers will cause errors.

Where can I connect from?

You can connect to the DCR from any computer with Internet Explorer and an Internet connection. However, to protect the confidentiality of the information, you should only connect to the DCR using computers and networks on which your organization can guarantee the security. If you use unsecured public or home computers, malicious software can capture your login and password. If you connect over insecure networks, such as at a café, your data could be intercepted by others.

Protecting Client Confidentiality

What is Protected Health Information (PHI)?

PHI is health information that is individually identifiable. This includes the partner's name and CSI number.

Can I send PHI (protected health information) over email?

DPH policy prohibits email PHI without encryption if the email goes over the Internet.

Email within DPH (sender and recipient email addresses must both end with "@sfdph.org"), or between DPH and UCSF may contain unencrypted PHI. This is permitted because internal DPH email and DPH to UCSF email do not pass over the Internet. . However, client identifiers should not be put in the email subject line.

Email between DPH and other CBOs passes over the Internet, so any PHI must be encrypted. If you work for a CBO, please check your organization's policy on sending PHI in internal emails.

How do I encrypt PHI in emails?

There are two methods:

- DPH has an email encryption system that allows you to both send and receive encrypted emails with DPH staff. Initially, you will need to register, which means creating a password. After that, you just need to enter the password when connecting to the system to send or receive an encrypted email. If you would like to set it up, just email a request to DCR support and we'll send you an invitation.
- You can put the PHI in a Word, Excel or PDF document and encrypt it. Note that to encrypt a PDF, you need Adobe Acrobat or the equivalent (not just Adobe Reader). You should create strong password and send it in a separate email.

Can I leave PHI on a voice mail?

You may leave PHI on the voicemail of the DCR support staff at DPH. In general, you can leave PHI on voicemail if the voice mail requires a security code to access it.