



# Full Service Partnership (FSP) Data Collection & Reporting (DCR) Statewide Data Quality and Correction Plan

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*Issues and Proposed Solutions for FSP Data  
Quality using DCR Version 3.5.6*

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Accountability Commission.

*12/17/2012*

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### Definitions and Abbreviations

<b><u>Term</u></b>	<b><u>Meaning</u></b>
3M	Quarterly Assessment
ADL	Activities of Daily Living
Adult	Adults of Ages 26 - 59
CCR	California Code of Regulations
Child/Youth	Children of Ages 0 - 15
CSI	Client Services Information
DCR	Data Collection and Reporting
DMH	California Department of Mental Health
DHCS	Department of Health Care Services
EHR	Electronic Health Record
FSP	Full Service Partnership
IADL	Instrumental Activities of Daily Living
ITWS	Information Technology Web Services
KET	Key Event Tracking
MH	Mental Health
MHSA	Mental Health Services Act
MHBSG	Mental Health Services Block Grant
MHP	Mental Health Plan
MHSIP	Mental Health Statistics Improvement Program
Older Adult	Older Adults of Ages 60+
PAF	Partnership Assessment Form
Partner	A Partner of the Full Service Partnership
PC	Penal Code
PLD	Partner-Level Data
MHSA	Performance Outcomes and Quality Improvement
PSC	Partnership Service Coordinator
SED	Seriously Emotionally Disturbed
State	The State of California
TAY	Transitional Age Youth (Ages 16 – 25)
TOC	Table of Contents
WIC	California Welfare and Institution Code
XML	Extensible Markup Language

## Executive Summary

The Mental Health Services Oversight and Accountability Commission (MHSOAC) is responsible for providing oversight of the Mental Health Services Act (MHSA) and its components, as well as the broader community mental health system in California. Within this role, the MHSOAC ensures accountability to taxpayers and the public. As one of its oversight approaches, the MHSOAC has adopted a commitment to pursuing meaningful evaluation of the MHSA and greater community mental health system.

The ability to successfully use evaluation methods to provide oversight and hold responsible entities accountable for their roles within the MHSA is dependent upon access to valid data that is reliably reported and made available to the MHSOAC on a regular basis. The MHSOAC has identified areas within the current county-level and statewide data collection and reporting systems that are problematic and in need of improvement. The MHSOAC has begun to directly address some of these issues, although it is not clear that the MHSOAC was intended to provide this function. Nonetheless, the MHSOAC is committed to advocating for improvement of the current data collection and reporting systems since the MHSOAC is dependent on the information that is made available via these systems in order to fulfill the statutory role in evaluation of the public mental health system. Improvements in data collection and reporting systems will increase confidence in the information obtained and conclusions drawn about the state of the MHSA and California community mental health system.

Outcomes from the MHSA Full Service Partnership (FSP) are reported to the Data Collection and Reporting (DCR) system, and since August 2011, the MHSOAC has sponsored efforts to improve the quality of the FSP data. These efforts have begun to address many of the primary issues which cause missing or incorrect FSP information in the DCR. However, many more issues still exist which need to be addressed. This report formally documents and organizes the remaining issues, as reported by counties, and proposes potential solutions for the issues. Table ES-1 summarizes major categories of issues which are being addressed as part of current MHSOAC efforts, and Table ES-2 summarizes issues which may need to be addressed by future efforts.

## Executive Summary

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**Table ES-1: Issues Currently Being Addressed**

No.	Issue	Solution (Date solution completed or will be completed )
1	FSP staff do not have information on how to use DCR	<ul style="list-style-type: none"> <li>• DCR User Manual (Jan, 2012)</li> </ul>
2	FSP staff lack training on how to use the DCR properly	<ul style="list-style-type: none"> <li>• User Training Curriculum (Mar, 2012)</li> <li>• Regional Training Days (May, 2012)</li> <li>• Online Training Videos (Jun, 2012)</li> </ul>
3	FSP staff cannot see what data has already been submitted to the DCR and if it is correct	<ul style="list-style-type: none"> <li>• Partner-Level Data (PLD) Template Reports (Jan, 2012)</li> <li>• PLD Training Curriculum (May, 2012)</li> <li>• Regional Training Days (May, 2012)</li> </ul>
4	County staff do not have information on how to use or analyze their data in the DCR	<ul style="list-style-type: none"> <li>• DCR Data Dictionary (Sep, 2011)</li> <li>• Data Analysis Training Curriculum (May, 2012)</li> <li>• Application Notes [with instruction for using other applications (i.e., Microsoft Access/Excel) to analyze DCR data] (April, 2012)</li> <li>• Regional Training Days (May, 2012)</li> </ul>
5	County staff do not know the quality of their data and have never seen an example of how the DCR data could be used to address quality	<ul style="list-style-type: none"> <li>• 59 County-Level Data Quality Reports (Jan, 2012)</li> </ul>
6	County staff lack technical support when questions arise	<ul style="list-style-type: none"> <li>• Statewide Data Quality Webinars (April 2012 – Ongoing)</li> </ul>
7	County staff face many barriers to improving data quality, which have not been formally identified or addressed	<ul style="list-style-type: none"> <li>• Statewide Data Quality Correction Plan (Dec, 2012)</li> </ul>
8	County staff do not all use the DCR data to calculate the same standardized measures to evaluate FSPs	<ul style="list-style-type: none"> <li>• Statewide FSP Data Measures Training (Sep, 2013)</li> </ul>
9	Many county staff do not know how to begin cleaning DCR data to improve data quality	<ul style="list-style-type: none"> <li>• Statewide Data Correction and Cleaning Assistance for Counties (Nov, 2012 – Jun, 2013)</li> </ul>
10	FSP evaluators need to know the quality and availability of the DCR data by county for recent years in order to perform effective statewide FSP evaluations	<ul style="list-style-type: none"> <li>• County-level DCR Data Quality Reports (Nov, 2013)</li> <li>• Statewide DCR Data Quality Report (Mar, 2014)</li> </ul>

## Executive Summary

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**Table ES-2: Issues to Be Addressed**

No.	Issue	Proposed Solution
1	The DCR business rules and bugs will not allow data corrections in some areas	<ul style="list-style-type: none"> <li>• Recommend modifying the DCR</li> </ul>
2	FSP staff do not know how to interpret the categories on the FSP forms, and there are no standardized statewide definitions available, leading to inconsistent data	<ul style="list-style-type: none"> <li>• Recommend creating an <u>FSP Form Instruction Manual</u> with standardized statewide definitions (e.g., Instructions on 'homeless' is defined: "Check the homeless box if partner lives on the street, in a car, in a campsite... etc.)</li> </ul>
3	FSP staff have difficulty with developing wording at an elementary school level in order to successfully communicate questions to partners, leading to incorrect or missing data	<ul style="list-style-type: none"> <li>• Recommend creating <u>FSP Question Script</u> to accompany FSP forms</li> </ul>
4	FSP staff cannot review partnership data or progress in the DCR, leading to incorrect or missing data	<ul style="list-style-type: none"> <li>• Recommend modifying the DCR to include a set of reports; Recommend identifying a method to disseminate reports to Partnership Service Coordinators (PSCs)</li> </ul>
5	The process to communicate information from FSP staff to the DCR and from the DCR to the FSP staff is often disjointed	<ul style="list-style-type: none"> <li>• Recommend counties work with service providers to create and document a county-specific plan to submit, review, and correct FSP data, which may include creating additional forms</li> </ul>
6	FSP staff lack training on how to use the DCR properly	<ul style="list-style-type: none"> <li>• Recommend counties use training curriculum available to implement ongoing staff trainings sessions; Recommend counties document staff who have been trained</li> </ul>
7	The DCR lacks data authentication, error definitions and feedback reports of obvious data errors or inconsistencies	<ul style="list-style-type: none"> <li>• Recommend modifying the DCR</li> </ul>
8	FSP staff lack technical support when issues arise	<ul style="list-style-type: none"> <li>• Recommend providing additional resources at the state level to provide technical assistance to FSP staff</li> </ul>
9	The linkage between DCR and CSI (Client Information Services) fails, leading to missing data for DCR partnerships	<ul style="list-style-type: none"> <li>• Recommend modifying the DCR</li> </ul>
10	The DCR does not adaptably support counties and providers implementing electronic health records (EHR), leading to incorrect or missing data	<ul style="list-style-type: none"> <li>• Recommend modifying the DCR</li> </ul>

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# 1.0 Background Information

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## 1.0 Background Information

### Introduction

The purpose of this document is to identify the best practices and potential limitations surrounding data quality of the Full Service Partnership (FSP) data in the Data Collection and Reporting (DCR) system. Section 1.0 of this document provides background information for the FSP program, DCR system, and methods used to gather information for this document. Section 2.0 provides a high-level summary of the ideal data collection workflow in a manner which breaks the workflow into nine steps. Section 3.0 itemizes and addresses issues which hinder the movement of accurate data through each of the nine steps. Staff from the State of California (hereafter referred to as the “State”), counties and vendors helped to identify the issues in Section 3.0. Section 4.0 summarizes the best practices of data collection workflow for each of the nine steps while addressing the issues documented in Section 3.0. At the end of the document, Section 5.0 provides a brief summary of next steps, and the Summary of Resources Section provides a review of documents and resources available to assist DCR users.

The issues and best practices in this document were gathered through interviews and discussions with State, county, provider, vendor, and stakeholder groups. Some counties have already addressed certain issues raised in this document while other counties are still developing processes. This document aims to share knowledge and experiences between FSP staff while proposing additional methods for continued communication.

### Overview of FSP Program

The 59 County Mental Health Plans (MHPs, including 56 counties + Yuba/Sutter combined counties + Berkeley City region + Tri-City region, and hereafter referred to as “Counties”) receive state-based funding for mental health services as a result of California Proposition 63 (now known as the Mental Health Services Act or MHSA), passed in November of 2004. MHSA provides increased funding to support California’s county mental health programs. The MHSA imposes a one percent income tax on annual personal income in excess of \$1 million to address a broad continuum of prevention, early intervention and service needs and provides the necessary infrastructure, technology and training elements that effectively support this system, with the purpose of promoting recovery for individuals with serious mental illness. Counties develop customized plans for mental health services in accordance with State requirements, including providing for significant local stakeholder input and involvement.

To this end, MHSA funds a special program called the Full Service Partnership (FSP). FSP programs provide a full spectrum of mental health services to children/youth (Child, ages 0 –

# 1.0 Background Information

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15) and transition age youth (TAY, ages 16 – 25) who are seriously emotionally disturbed and adults (Adult, ages 26 – 59) and older adults (Older Adult, ages 60+) who have a serious mental disorder. All those served are referred to as partners in the program. Additional criteria, described in Welfare and Institution Code (WIC) §5600.3, must also be met. A basic principle of the program is its flexible funding, which assures that counties may provide whatever services are necessary to help the individual access needed resources. Services offered by local programs include assessing the individual's needs; providing shelter/housing; establishing identification and legal assistance needs; and providing food, clothing, showers, medical, psychiatric, dental care, alcohol/drug treatment, and social rehabilitation.

## History of the FSP DCR

The MHPA Section 5892(d) allowed investing some portion of the MHPA funds on administrative and technological needs to ensure adequate research and evaluation regarding the effectiveness of services being provided and the achievement of the outcome measures. In 2005, the Department of Mental Health (DMH) was permitted funding to develop the FSP Data Collection and Reporting (DCR) system. By January 1, 2006 the interim FSP DCR was available for county use, and 10 counties used the interim FSP DCR. In June 2007, an enhanced version of the FSP DCR was made available, which allowed counties to key-enter data or upload data via XML batch upload. DMH worked with counties to develop data validation rules, fixes and enhancements to the FSP DCR as reflected by the updated versions of the FSP DCR released in July 2007, October 2007, February 2008, March 2008, May 2008, July 2008, September 2008, October 2008, March 2009, April 2009, July 2009, October 2009, January 2010, March 2010, June 2010, October 2010, June 2010 and March 2011.

## Data Collection and Reporting

Counties report partner information and outcomes of the FSP program directly to the FSP DCR system. Current regulations require counties to collect partner outcome FSP data (CCR Title 9 § 3620.10) and submit it to the State within 90 days (CCR Title 9 § 3530.30). Counties submit data for three different types of partner assessments into the FSP DCR through an online interface or by Extensible Markup Language (XML) file submission. Through the FSP DCR system, the Partnership Assessment Form (PAF) gathers baseline information about the partner, while Key Event Tracking (KET) and Quarterly Assessment (3M) gather follow up information. The questions on each of the PAF, KET and 3M forms may differ slightly depending on the four age groups (Child/Youth, TAY, Adult and Older Adult).

## Report Methods

For the production of this report, the State, counties, providers, vendors and stakeholders were invited to participate in four webinars to discuss the DCR and related issues of data submission

## 1.0 Background Information

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and correction. The webinars were designed to focus on specific perspectives of users of the DCR. Table 1.1 lists the webinars which were held. The exact number of participants for each webinar cannot be determined as each participant line connected to the webinar could represent multiple participants. However, the number of active participant lines for each webinar is listed in Table 1.1. Staff from at least 26 of the 59 MHPs participated in the seminar series.

**Table 1.1: Webinars Conducted**

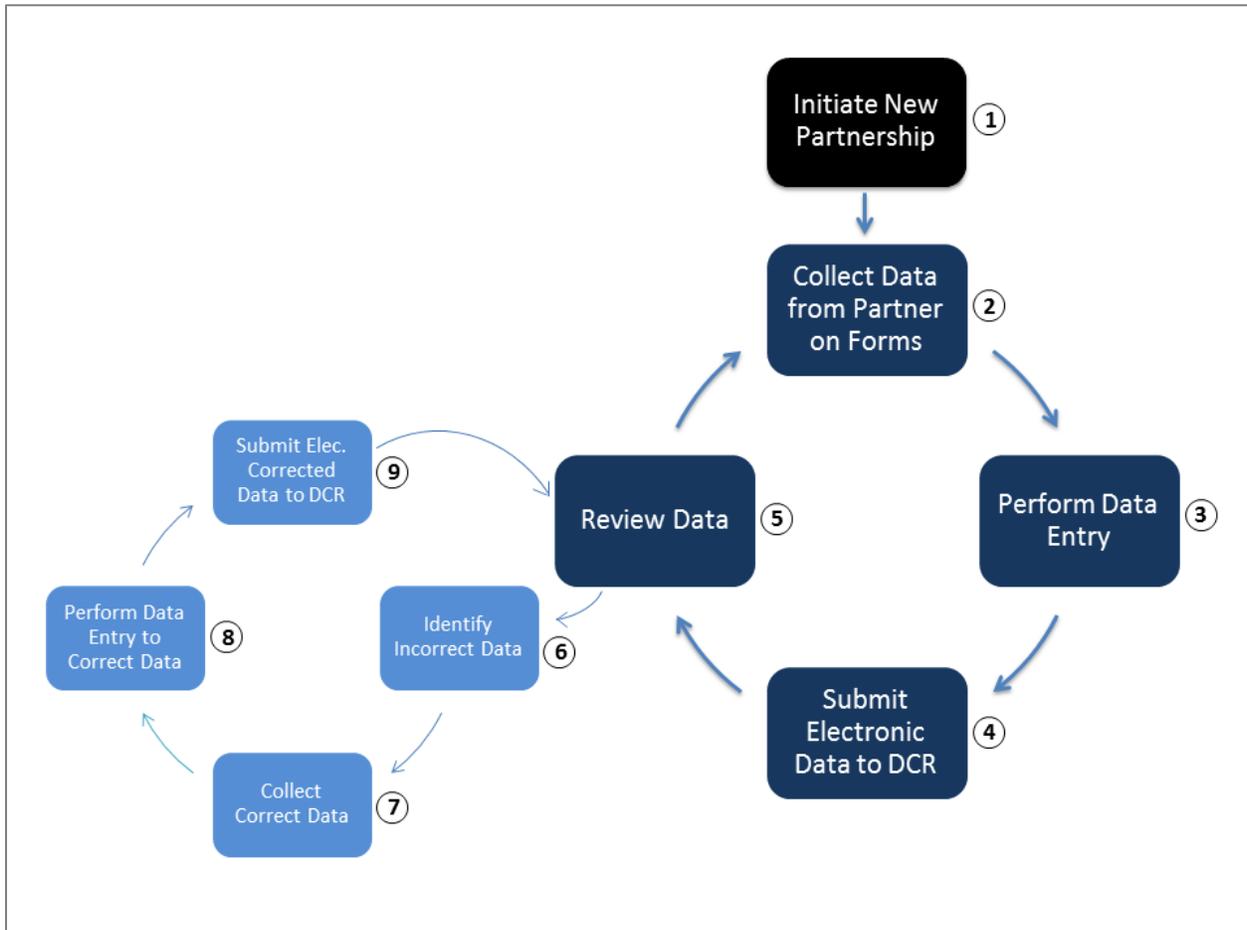
<b>Webinar for Perspective</b>	<b>Date</b>	<b>Participant Lines Used</b>
Partnership Service Coordinators	Thursday, June 21, 2012 (9AM -11AM)	42
XML (present and future)	Friday, June 22, 2012 (2PM – 4PM)	25
Provider Administrators	Wednesday, July 18, 2012 (9AM – 11AM)	32
County Staff	Friday, July 20, 2012 (2PM – 4PM)	21

Issues raised by webinar participants are documented, and solutions for each issue are proposed in this report. All webinar participants and stakeholders were given an opportunity to review a draft of the report for feedback, and the final draft reflects participant feedback.

### 2.0 Data Collection Workflow

The following section provides an introduction to the types of data, the relationship between the data and the requirements of the data collected by the FSP DCR. Diagram 2.1 illustrates the relationship between each of the steps described in this section.

**Diagram 2.1: FSP Data Workflow**



- 1. Initiate New Partnership:** After a potential partner is identified and the partner has agreed to participate in the FSP, the Partnership Service Coordinator (PSC) collects information about a partner at intake through a PAF, which includes information about the partner’s current status, the status in the 12 months before enrollment, and the status prior to the last 12 months. Information is collected in the following domains: Residential Housing, Employment, Education, Financial Support, Health Status, Emergency Intervention, Substance Abuse, Legal Issues, and for older adults only, Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL).

## 2.0 Data Collection Workflow

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- 2. Collect Data from Partner on Forms:** After a partnership is initiated, some partnership information is collected on forms quarterly via the 3M form, while other changes in the partner's status are collected on an ongoing basis via the KET form as certain key events occur.
- 3. Perform Data Entry:** All of the data collected on the forms must then undergo a process of translation into digital format through data entry. Some counties use the online DCR web interface to enter the FSP data directly into the DCR. These counties are referred to as "online counties" when discussing the DCR. Other counties enter data into a third party Electronic Health Record (EHR) or other data repository (hereafter referred to as "EHR system"). Then the electronic data is transferred via XML from the EHR system to the DCR. These counties are referred to as "XML counties". Currently, the DCR only supports either XML or online submission exclusively for each county.
- 4. Submit Electronic Data to DCR:** When either online counties or XML counties submit data via the web interface or the XML upload, respectively, the submission process executes a validation of the incoming data. For online counties, after pressing the submit button for each partnership form in the web interface, the user may be prompted with validation to adjust fields of information. Alternatively, after submission, the user can choose to review a validation report of missing data. The online users must correct any fatal errors immediately and resubmit the data form for the partnership. For XML counties, the submission process includes exporting an XML file of data from the EHR system and submitting it to the DCR. Since the process is batched, and many forms for many partnerships may be submitted at one time, the errors that XML counties receive during submission are returned to the submitter in an error log after the submission of the batch of data. The XML submitter must review the errors, fix or adjust the XML file and resubmit any records which had issues during the submission.
- 5. Review the Data:** For both online and XML counties, once data has been submitted, all counties have access to view partnership data through the DCR web interface.
- 6. Identify Incorrect Data:** Although validation rules are designed to prevent obvious errors from occurring in the submitted data, a review of the data in the DCR might uncover that incorrect data was successfully submitted for a partnership. There are many reasons why incorrect data might have been submitted, including but not limited to: a partner's recall, data collection errors (e.g., birthdate numbers transposed when written or incorrect bubble filled in), data entry errors, etc.
- 7. Collect Correct Data:** Once FSP staff identify incorrect or potentially incorrect data, the information about the incorrect data is communicated back to the level at which the error occurred. For example, if the incorrect data arose from conflicting statements made by a partner, then a meeting with the partner might be needed in order to identify correct data. In the case of data entry issues, the correct data may be written on

## 2.0 Data Collection Workflow

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the physical form, and communication with the partner about the error may not be needed. In most cases, to correct data, a line of communication about the error is likely to occur through some level of staff.

- 8. Perform Data Entry to Correct Data:** Once an FSP staff member has collected the corrected information, the staff member may need to perform phone calls and verbal conversations to communicate the correction to the appropriate staff performing data entry. For online counties, this means that the data entry staff will open an existing partnership form in the DCR web interface and remove or replace fields of data for the partnership. For XML counties, this means that the data entry staff will make a correction to the electronic data stored for the partner in the EHR system.
  - 9. Submit Electronic Corrected Data to the DCR:** Then, the data corrections are submitted electronically. The XML counties export XML files from EHR for upload to the DCR. The online counties press the submit button from the DCR web form. The submission process for data correction executes validation of the incoming corrected data fields and overwrites the original data with either cleared or corrected information, whichever was submitted. Online and XML DCR staff must handle validation errors which arise for data correction submissions in the same manner as errors are handled for new data submissions (see the description for “Submit Electronic Data to DCR” listed previously).
- ❖ Refer to Section [4.0 Best Practices](#) later in this document for further detail and subcomponents of these nine steps.

### 3.0 FSP Data Issues and Proposed Solutions

The following chapter summarizes the issues raised by FSP and supporting staff (hereafter referred to as “FSP staff”) with regard to data collection and reporting of FSP data. The issues are divided, categorized and assigned within one of the nine steps of the DCR data workflow as previously identified in [Diagram 2.1](#).

Each issue includes a list of the users affected by the issue, a description of the issue, the consequence in the data accuracy due to the issue and proposed solutions. The “affected” include all of those who may potentially be affected by the issue, but not everyone in the affected category may experience the issue. Wherever possible, the affected group was narrowed to a subgrouping of FSP staff. When the affected group could not be narrowed, the term “FSP staff” is listed and suggests that any member of the FSP staff should be aware of the potential error and proposed solutions. In some instances, the proposed solutions may require further definition from the State, the county or from collective agreement of stakeholders through future activities.

## 3.0 FSP Data Issues and Solutions

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### 3.1 Initiate New Partnership

Several issues occur before or during the partnership initiation. Historically, FSP DCR training for staff has been difficult or absent, and training materials have only recently become available in the spring/summer of 2012. Staff who are not trained to understand the DCR and the FSP data collection forms may face many challenges during the data collection, review and correction process. Another issue occurs because partnership engagement and commencement are not clearly defined, and the definition of the start of a partnership may differ from one county to another. Finally, once a partnership commences, staff may discover issues when trying to submit a PAF for a partner who had prior partnerships at former providers.

## 3.0 FSP Data Issues and Solutions

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### 3.1.1. Training for FSP Staff

<b>Affects:</b>	FSP Staff
<b>Description:</b>	Training and training material for FSP staff have not been readily available. Therefore, many staff working with the FSP program have not had proper training on the FSP and/or the DCR. Therefore staff may not understand how to properly initiate partnerships or how to collect, submit or correct FSP data.
<b>Consequence:</b>	<ul style="list-style-type: none"> <li>• FSP data in the DCR may be incorrect or missing</li> </ul>
<b>Proposed Solution:</b>	<ul style="list-style-type: none"> <li>• County should provide training to all staff working with FSP services or FSP data               <ul style="list-style-type: none"> <li>❖ Refer to the section <a href="#">Summary of Resources</a> later in this document for listing of resources now available for training</li> </ul> </li> <li>• County should consider separating sections of the training material in order to create separate trainings for staff who collect data or staff who perform data entry, as necessary</li> <li>• Counties should coordinate training and/or responsibility for training and ensure FSP staff have received DCR training; counties should also customize training to provide instructions on county-specific processes, such as the process when partners move between providers or the process when an erroneous partnership needs to be deleted from the DCR by the provider, etc. (see also related issues 3.1.2, 3.1.3, 3.2.2, 3.2.9, 3.7.1, 3.8.1, and 3.8.2)</li> </ul>

## 3.0 FSP Data Issues and Solutions

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### 3.1.2. Partnership Engagement and Commencement

<b>Affects:</b>	FSP Staff
<b>Description:</b>	After the FSP is first introduced to a potential partner, there is an engagement period where the partner considers the program. During this period, PAF information may or may not be collected. However, the partner may never actually initiate program services. In these cases, some counties may initiate the partnership in the DCR, while other counties employ an engagement period to identify partnerships which will initiate further services.
<b>Consequence:</b>	<ul style="list-style-type: none"> <li>• Counties who do not employ the engagement phase outside of the DCR may have many very short partnerships in which some PAF information is collected, but no further services are provided; counties who employ an engagement phase outside of the data collection in the DCR will not have as many short partnerships</li> <li>• A discontinuation KET form may be submitted without a PAF being completed</li> </ul>
<b>Proposed Solution:</b>	<ul style="list-style-type: none"> <li>• State and counties should define and document the point at which the partnership officially commences</li> <li>• Counties should document and train county-specific best practices for partnership engagement and retention</li> </ul>

## 3.0 FSP Data Issues and Solutions

### 3.1.3. Partnership Transfer between Providers

<b>Affects:</b>	Counties with multiple providers
<b>Description:</b>	<p>When a partner switches providers, the new provider may not be aware of a previous partnership which was discontinued &lt;1 year before at a different provider within the county. Therefore, the new provider collects all of the information in the PAF, when it may not be required by the DCR. The new provider then attempts to enter the PAF information, but the DCR will not accept the CSI number on the new PAF because the DCR has a recent partnership with the same CSI in the system. However, the provider requires the baseline information for its own programs and needs. While the county may be interested in the partner's changes from the beginning of any partnership, the provider may need to know the changes from beginning partnership at its organization.</p> <p>For online counties, once the issue is recognized by the provider, the provider cannot delete a partnership already started (see issue 3.8.2); the provider must ask the county administrators to delete the new partnership started and then ask the county administrators to move the prior partnership into the new provider's DCR queue. Alternatively, the new provider may continue the new partnership with the new PAF without the DCR validation of the CSI number in order to track the outcomes as compared to the partner's baseline upon entering the new provider. Therefore, the new partnership may never have a validated CSI number, and the race and gender may not be available from the DCR.</p> <p>For XML counties, the new PAF for the partner reestablished at a new provider may be collected into an EHR system, but the submission of the new PAF to the DCR will fail. The XML county will need to identify the cause of the failure, locate all of the partnerships associated with the issue, and then manually correct the submission file to satisfy the DCR business rules. The new PAF cannot be loaded, but the subsequent 3Ms and KETs for the partnership at the new provider must be associated with the PAF from the original provider in the DCR, and correcting this issue may provide challenges every time the new provider submits additional 3M and KET data for the reestablished partner.</p> <p>Additionally, in some cases, partners who move between providers within the same county cannot be removed from the original provider's queue in DCR. The original provider's DCR user who submitted the partnership to the DCR will still be registered as the "input group" (i.e., a group of DCR users who have access to the partner's data, according</p>

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	<p>the DCR user group business rules), which cannot be changed in the DCR.</p> <ul style="list-style-type: none"> <li>❖ Refer to the DCR User Manual, Chapter 4 at Section “Identifying a Group Structure” for further information regarding DCR user group business rules; refer to the Section <a href="#">Summary of Resources</a> later in this document for a location of the DCR User Manual and other DCR resources</li> </ul>
<b>Consequence:</b>	<ul style="list-style-type: none"> <li>• Partnerships for the same partner may not be linked together and may appear as multiple separate partnerships</li> <li>• Partnerships may not have a validated CSI number and therefore may not link to CSI gender and race fields</li> <li>• Information about reestablished partnerships by a new provider may still appear in the original providers online DCR queue</li> <li>• A new provider may not be able to use the DCR to collect or track provider-specific baseline PAF information for a reestablished partner</li> <li>• Data for reestablished partners may be missing from the DCR</li> </ul>
<b>Proposed Solution:</b>	<ul style="list-style-type: none"> <li>• Counties should train service providers to ask and encourage new partners to notify PSCs about previous FSP services at other providers</li> <li>• When previous partnerships have been inactive for more than a year, PSCs can proceed with standard partnership enrollment; when previous partnerships have been inactive for less than a year, the county should define and document county-specific procedures for handling the reestablishment of partnerships at new providers             <ul style="list-style-type: none"> <li>○ New provider should contact the county administrators to request a partner-level report of all previous DCR partnership information for the partner, including the original PAF</li> <li>○ Process might also include asking the new provider to contact county administrators to assign the partner to the new provider and PSC</li> <li>○ Process might include asking the new provider to collect a new PAF information for provider-specific use but not to submit that information to the DCR</li> </ul> </li> <li>• State should consider modifying the DCR to allow for new partnerships to be started for partners who switch providers, regardless of length of partnership gap; consecutive partnerships could still be linked via CSI number, and counties</li> </ul>

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	could choose, at the time of analysis, to evaluate the consecutive partnerships from the initial PAF or from each provider's PAF
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## 3.0 FSP Data Issues and Solutions

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### 3.2 Collect Data from Partner on Forms

Many of the issues that arise while collecting data from the partner could be resolved through a sample script (i.e., narrative talking points) and instruction manual to accompany the standard FSP forms. However, the data collection schedules for the DCR data are not clearly defined and may be confusing to staff. In some cases, the required timeframe for data collection do not coincide with the schedule service needs of the partner. Additional issues arise due to the burden and redundancy of the FSP data collection in addition to other historic data collection processes.

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### 3.2.1. FSP Data Collection Form Usability

<b>Affects:</b>	FSP staff who use the State-provided written or online version of the FSP Data Collection Forms (PAF, 3M, KET)
<b>Description:</b>	<p>Form is long and difficult to use with the following conditions:</p> <ul style="list-style-type: none"> <li>• Standard one-to-one collection: the form fields are difficult to verbalize and communicate in a question format which can be easily comprehended by the partner; some PSCs struggle to communicate the questions on the form to the partner</li> <li>• Multiple PSCs: workflow may require the division of the collection responsibilities on the form between several PSCs</li> <li>• Group service settings: information collected requires one-to-one interaction as the form contains government language which may need explanation, and potentially embarrassing questions are difficult to discuss in a group setting</li> <li>• Chart extraction: The checkbox and form fields are located a long distance from the questions, making it difficult to visually scan information when looking from chart to online form</li> </ul>
<b>Consequence:</b>	<ul style="list-style-type: none"> <li>• Forms may not be filled in correctly or completely resulting in incorrect or missing information in the DCR</li> </ul>
<b>Proposed Solution:</b>	<ul style="list-style-type: none"> <li>• State should create an instruction manual to accompany the standard FSP forms; the instruction manual should include instructions and examples for categorizing all known ambiguous circumstances for which counties or providers have raised questions</li> <li>• State should create an elective script and instruction manual to accompany the standard FSP forms; PSCs can optionally use the script to assist the delivery of the questions in a format which could be easily understood at an elementary school level</li> <li>• XML counties who do not use the online DCR should consider modifying the FSP forms to match the processes of data collection for their county; modified forms should take into consideration any special conditions of service delivery and/or data collection, such as those described above, which might require specialized adjustments of the forms; counties should create a script and user manual customized for the modified form</li> </ul> <p><b>Note:</b> Counties who use the online DCR for data entry are cautioned from modifying the forms as this might hamper accurate data entry in the online DCR</p>

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### 3.2.2. Residential Domain: Definition for Prior Time Period

<b>Affects:</b>	FSP staff
<b>Description:</b>	For the Residential domain, the time prior to the last 12 months is undefined. Does this mean at any point in the lifetime prior to the last 12 months?
<b>Consequence:</b>	<ul style="list-style-type: none"><li>• The residential data collected for the time prior to the last 12 months may be missing or incorrect</li></ul>
<b>Proposed Solution:</b>	<ul style="list-style-type: none"><li>• State should create an instruction manual to accompany the standard FSP forms; the instruction manual should include instructions and examples for categorizing all known ambiguous circumstances, including this example, for which counties or providers have raised questions</li><li>• State should consider not requiring the collection of residential data for the time prior to the last 12 months, and allow the data to be collected only optionally for county-specific use</li></ul>

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### 3.2.3. Residential Domain: Definition for Reporting Settings

<b>Affects:</b>	FSP Staff
<b>Description:</b>	For the Residential domain, it is unclear when a KET for a residential stay is required. For the “Yesterday” category on the PAF, the form specifies reporting the partner’s residential setting at 11:59 PM on the day before the partnership. However, during the partnership, counties and providers have expressed an interest in a better definition for a threshold for reporting current residential changes. For example, if a partner changes residential setting halfway through the night (e.g., 3:00 AM) or stays only a few hours at one or more residential settings throughout the night then how should the current residential settings be reported on one or more KETs?
<b>Consequence:</b>	<ul style="list-style-type: none"><li>• The residential status of partners may not reflect all residential changes for a partner</li></ul>
<b>Proposed Solution:</b>	<ul style="list-style-type: none"><li>• State should create an instruction manual to accompany the standard FSP forms; the instruction manual should include instructions and examples for categorizing all known ambiguous circumstances, including this example, for which counties or providers have raised questions</li><li>• State should modify the DCR to provide a non-fatal error message when a residential change is submitted for a day on which a residential change already exists in the DCR for that partner</li></ul>

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### 3.2.4. Residential Domain: Categories

<b>Affects:</b>	FSP Staff
<b>Description:</b>	For the Residential domain, it is unclear which category should be selected for a residential status of respite care, transitional housing, AWOL, or runaway (some of which may occur before discontinuation due to inability to locate partner).
<b>Consequence:</b>	<ul style="list-style-type: none"><li>• The residential status of the partner in the DCR may be incorrect</li><li>• The residential status of partners who reside at these categories may not be tracked</li><li>• The residential status of partners who reside at these categories may be categorized inconsistently</li></ul>
<b>Proposed Solution:</b>	<ul style="list-style-type: none"><li>• State should consider modifying the DCR to adjust the residential categories</li><li>• State should create an instruction manual to accompany the standard FSP forms; the instruction manual should include instructions and examples for categorizing all known ambiguous circumstances, including this example, for which counties or providers have raised questions</li></ul>

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### 3.2.5. Education Domain: Definition for Attending School by Law

<b>Affects:</b>	FSP Staff
<b>Description:</b>	There is no definition of who is required to attend school by law for TAY and child age groups.
<b>Consequence:</b>	<ul style="list-style-type: none"><li>• Education data may be missing or incorrect for TAY and child partners</li></ul>
<b>Proposed Solution:</b>	<ul style="list-style-type: none"><li>• State should create an instruction manual to accompany the standard FSP forms; the instruction manual should include instructions and examples for categorizing all known ambiguous circumstances, including this example, for which counties or providers have raised questions</li></ul> <p><b>Note:</b> Children between the ages of 6 and 18 who do not hold the equivalent of a high school degree and are not exempt in accordance with California Compulsory Education Laws (EDUCATION CODE §48200-48361) are required to attend school by law.</p>

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### 3.2.6. Legal Domain: Custody Information

<b>Affects:</b>	FSP Staff
<b>Description:</b>	<p>For the Legal domain, it is unclear which category should be selected for dependents who are residing with friends and relatives outside of foster care.</p> <p>For the Legal domain, it is unclear what should be entered if the partner has dependents but does not know the dependents' locations or custody status.</p>
<b>Consequence:</b>	<ul style="list-style-type: none"><li>• Data in the Legal domain for custody information may be missing or incorrect</li></ul>
<b>Proposed Solution:</b>	<ul style="list-style-type: none"><li>• State should create an instruction manual to accompany the standard FSP forms; the instruction manual should include instructions and examples for categorizing all known ambiguous circumstances, including this example, for which counties or providers have raised questions</li></ul>

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### 3.2.7. Financial Domain: Period of No Financial Support in Past 12 Months

<b>Affects:</b>	FSP Staff
<b>Description:</b>	<p>For the Financial domain during the past 12 months, the validation rules of the DCR do not allow the “No Financial Support” category for the “Indicate all the sources of financial support used to meet the needs of the partner” question to be marked unless the partner received no financial support for the entire past 12 months.</p> <p>In some cases the partner may have received financial support for part of the year but may have had no financial support for part of the year. For example, a partner may have been homeless without financial support for six months and received SDI financial support in a residential setting for six months.</p>
<b>Consequence:</b>	<ul style="list-style-type: none"> <li>• Instances in which partners lived without financial support during the FSP cannot be compared to instances without support in the past 12 months before FSP</li> <li>• Cannot evaluate member’s financial history prior to enrollment with regard to FSP eligibility</li> </ul>
<b>Proposed Solution:</b>	<ul style="list-style-type: none"> <li>• State should consider modifying the DCR to remove business validation rules which prevent the “No Financial Support” during the past 12 months category from being selected when any other sources of financial support are marked in the column</li> <li>• State should consider making financial support a key event and collect number of days of support in past 12 months as well as record dates of changes of financial support status during the FSP</li> </ul>

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### 3.2.8. Emergency Intervention Domain: Threshold Inconsistency

<b>Affects:</b>	FSP Staff
<b>Description:</b>	It is unclear at what threshold an emergency intervention should be recorded. In some cases, a phone call with a service provider can deescalate the partner, but other cases require additional assistance from the emergency team. Some counties record all emergency interventions regardless of the nature of the intervention performed; while other counties only record emergency interventions which escalate to a specified emergency team level.
<b>Consequence:</b>	<ul style="list-style-type: none"><li>• The rate and number of emergencies per partner may appear different between counties due to county-specified data collection practices for emergency threshold rules</li></ul>
<b>Proposed Solution:</b>	<ul style="list-style-type: none"><li>• State should create an instruction manual to accompany the standard FSP forms; the instruction manual should include instructions and examples for categorizing all known ambiguous circumstances, including an emergency intervention threshold, for which counties or providers have raised questions</li></ul>

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### 3.2.9. Emergency Intervention Domain: Information Missing

<b>Affects:</b>	FSP Staff
<b>Description:</b>	Information that an emergency intervention has occurred may not be directly communicated to the PSC.
<b>Consequence:</b>	<ul style="list-style-type: none"><li>• Emergency interventions may be missing in the DCR</li></ul>
<b>Proposed Solution:</b>	<ul style="list-style-type: none"><li>• Counties should create a county-specific process such that all emergency team members are educated and equipped to alert the appropriate PSC in the event of an emergency intervention for an FSP partner</li><li>• Counties should create and define a standard process such that each time 3Ms are collected, the PSC also checks recent key events as compared to KETs recorded in the DCR. This can ensure that key events which occur during each quarter are not missed; an exported partner-level report may be required in cases in which the PSCs do not access the online DCR (see also related issue 3.6.1); supplying all PSCs with partner-level reports using data from the DCR at regular intervals may aid the process, but dissemination of reports to all PSC may be logistically prohibitive for many counties</li><li>• State should consider adding a partner-level report with well-organized partner data to the DCR</li></ul>

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### 3.2.10. Emergency Intervention Domain: Mental vs. Physical

<b>Affects:</b>	FSP Staff
<b>Description:</b>	When a partner has a mental emergency which also includes a physical emergency (e.g., cutting or suicide attempt requiring medical attention), it is unclear whether emergencies of mental, physical or both should be reported. The DCR will not allow a single KET to have both the “Physical Health Related” and the “Mental Health / Substance Abuse Related” options selected, and it limits the submission to one or the other selections for an emergency event.
<b>Consequence:</b>	<ul style="list-style-type: none"> <li>• The rate and number of emergencies per partner may appear different between counties due to county-specified data collection practices for emergency classification rules</li> </ul>
<b>Proposed Solution:</b>	<ul style="list-style-type: none"> <li>• State should create an instruction manual to accompany the standard FSP forms; the instruction manual should include instructions and examples for categorizing all known ambiguous circumstances, including this example, for which counties or providers have raised questions</li> <li>• State should modify the DCR to allow both the “Physical Health Related” and the “Mental Health / Substance Abuse Related” options to be selected at the same time when submitting a KET for an emergency intervention</li> </ul>

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### 3.2.11. KETs: Missing or Duplicate Key Events

<b>Affects:</b>	FSP Staff
<b>Description:</b>	There is no defined regular process for collecting key event information. When a key event is identified, it is difficult to remember or know if a KET was already filled out and submitted for the same key event (see also related issues 3.3.6, 3.5.1, and 3.6.1).
<b>Consequence:</b>	<ul style="list-style-type: none"> <li>• Key events may be missed and/or duplicated in the DCR</li> </ul>
<b>Proposed Solution:</b>	<ul style="list-style-type: none"> <li>• Counties should provide FSP and DCR training to all FSP staff             <ul style="list-style-type: none"> <li>❖ Refer to the section <a href="#">Summary of Resources</a> later in this document for listing of resources now available for training</li> </ul> </li> <li>• Counties should create and define a standard process such that when 3Ms are collected, the PSC also reviews recent KET fields with the partner while comparing all KET events already recorded in the DCR to ensure that key events which occurred during the last quarter were not missed; an exported partner-level report may be required in cases in which the PSCs do not access the online DCR (see also related issue 3.6.1); supplying all PSCs with partner-level reports using data from the DCR at regular intervals may aid the process, but dissemination of reports to all PSC may be logistically prohibitive for many counties</li> <li>• State should modify the DCR to provide a non-fatal error message when a key event is submitted for a day on which a key event of the same type already exists in the DCR for that partner</li> <li>• State should consider adding a partner-level report with well-organized partnership data to the DCR</li> </ul>

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### 3.2.12. DCR Data Collection Schedules

<b>Affects:</b>	FSP Staff
<b>Description:</b>	DCR data collection schedules are difficult to decipher and confusing for some PSCs. There is no quick way to identify which form and which schedule a piece of information may require. When key events are communicated, a PSC may anticipate the collection of this information on an upcoming 3M report and not initiate the required KET form to record the data.
<b>Consequence:</b>	<ul style="list-style-type: none"> <li>• Key events may be missed in the DCR</li> </ul>
<b>Proposed Solution:</b>	<ul style="list-style-type: none"> <li>• Counties should provide FSP and DCR training to all FSP staff               <ul style="list-style-type: none"> <li>❖ Refer to the section <a href="#">Summary of Resources</a> later in this document for listing of resources now available for training</li> </ul> </li> <li>• PSCs should use <a href="#">Appendix A: FSP DCR Domain Data Collection Schedules</a> in this document as a quick reference guide</li> <li>• Counties should create and define a standard process such that when 3Ms are collected, the PSC also reviews recent KET fields while comparing all KET events already recorded in the DCR to ensure that key events which occurred during the last quarter were not missed; an exported partner-level report may be required in cases in which the PSCs do not access the online DCR (see also related issue 3.6.1); supplying all PSCs with partner-level reports using data from the DCR at regular intervals may aid the process, but dissemination of reports to all PSC may be logistically prohibitive for many counties</li> <li>• State should consider adding a partner-level report with well-organized partner data to the DCR</li> </ul>

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### 3.2.13. DCR Data Collection Schedules Forcing Services

<b>Affects:</b>	FSP Staff
<b>Description:</b>	The DCR requires information to be collected according to a very specific schedule for the 3M reports (i.e., every 3 months within a 45 day window). However, as partners are stepping down from services, the PSC may not need to provide service to the partner during this window. In addition, a partner may be ready to end a partnership after having met goals. However, the DCR will not allow the PSC to submit a discharge 3M report with the new status reflecting the goal achievement information until the 3M restriction window is reached (which is a 45 day window around a quarterly due date). Therefore, the DCR may require the PSC to provide additional and unnecessary services in order to satisfy the policy rules of the DCR.
<b>Consequence:</b>	<ul style="list-style-type: none"><li>• Unnecessary FSP services may be provided to partners simply to collect DCR data to meet policy rules</li><li>• Partnerships may last up to two months longer than necessary in order to report discharge 3M status</li><li>• 3Ms may be missing in the DCR</li></ul>
<b>Proposed Solution:</b>	<ul style="list-style-type: none"><li>• State should consider modifying the DCR to allow a new type of partnership status in the DCR which would reduce, relax or remove the 3M window restrictions; in these cases, 3Ms would get classified in the quarter associated with the collection date, but there would not be a 3M required each quarter</li></ul>

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### 3.2.14. FSP Data Collection Forms Redundant to Existing Processes

<b>Affects:</b>	Counties or providers who already collect FSP-like data
<b>Description:</b>	Providers may already collect some or most of the information on the FSP forms through existing or historic processes. Therefore using the FSP forms to collect data may seem redundant and burdensome to partners and service staff. However, the information collected through historic practices may not match the exact format (e.g., number of arrests in last 3 months vs. date of arrests) or schedule required by the DCR.
<b>Consequence:</b>	<ul style="list-style-type: none"> <li>• FSP data in the DCR may be incorrect or missing</li> </ul>
<b>Proposed Solution:</b>	<ul style="list-style-type: none"> <li>• Counties should ensure that all staff working with FSP services or data to receive an FSP and DCR training               <ul style="list-style-type: none"> <li>❖ Refer to the section <a href="#">Summary of Resources</a> in this document for listing of resources now available for training</li> </ul> </li> <li>• Service providers should identify which FSP form fields are or are not already collected through other processes; service providers should create modified FSP forms to collect only data fields which are superfluous to existing processes of data collection; service providers should document and define the provider-specific best practices for combining existing data processes with additional DCR-required data collection processes to support correct and efficient FSP data collection and submission</li> </ul>

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### 3.3 Perform Data Entry

Entering the DCR data into an EHR system or the online DCR can pose its own challenges. While the online DCR implements immediate validation restraints, which can provide a number of safeguards for the uniformity of the data, it can also pose a number of challenges for data entry staff attempting to translate the written form into the electronic database. Staff using EHR systems to digitize the data may face challenges matching the DCR form fields to the fields available within the EHR systems. Providers serving multiple counties may face additional challenges while submitting DCR data through differing channels specific to each county served.

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### 3.3.1. FSP Forms Do Not Match Third Party System Design

<b>Affects:</b>	XML counties and providers who use EHR systems to submit FSP data
<b>Description:</b>	The FSP data collection forms (i.e., PAF, 3M, KET forms) provided by the State have been designed to exactly match the format and order the data fields are entered into the online DCR so as to minimize data entry errors. However, for counties or providers entering data into an EHR system, the fields on the forms provided may not match the order, format or categories available through EHR systems. Consequently, translating the information from forms to data systems during data entry may result in errors or loss of information.
<b>Consequence:</b>	<ul style="list-style-type: none"><li>• FSP data in the DCR may be missing or incorrect</li></ul>
<b>Proposed Solution:</b>	<ul style="list-style-type: none"><li>• Service providers should identify which FSP form fields are or are not already collected through other processes; service providers should create modified FSP forms which collect only data fields that are superfluous to existing processes of data collection; service providers should document and define the provider-specific best practices for combining existing data processes with additional DCR-required data collection processes to support correct and efficient FSP data collection and submission</li></ul>

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### 3.3.2. Administrative Fields Lock

<b>Affects:</b>	Online county FSP data entry staff
<b>Description:</b>	<p>Once a CSI number from the DCR matches to CSI, it locks required administrative fields from changes in the DCR. Therefore, if a CSI number is accidentally entered incorrectly (even by one number), and it matches to the wrong CSI partner, it cannot be corrected in the DCR.</p> <p>The online DCR users would need to delete the partnership associated with the incorrect CSI number and reenter the partnership information as a new partnership. However, providers cannot delete partnerships (see issue 3.8.2) and would have to ask county administrators to delete the incorrect partnership. Alternatively, without the knowledge of a process to delete partnerships, the provider may continue the incorrectly linked partnership or start a new correct partnership without deleting the incorrect partnership.</p>
<b>Consequence:</b>	<ul style="list-style-type: none"><li>• Some partnerships may be associated with the incorrect CSI partner</li><li>• Erroneous partnerships may persist in the DCR without deletion</li></ul>
<b>Proposed Solution:</b>	<ul style="list-style-type: none"><li>• Counties should define, document and train a best practice for provider staff partnership deletion process; the best practice may require the use of modified or additional forms</li><li>• State should consider modifying DCR to remove administrative field locking function from the DCR</li><li>• State should consider modifying the DCR to enable providers the authority/permissions to delete its own partnerships</li></ul>

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### 3.3.3. Partner Last Name Capitalization

<b>Affects:</b>	FSP staff
<b>Description:</b>	Once a PAF is saved, the partner's name is converted to have only the first letter capitalized. For example, the name McClelland is changed to Mcclelland after the PAF is saved.
<b>Consequence:</b>	<ul style="list-style-type: none"><li>• Name information in the DCR may not be perceived as culturally sensitive or accurate when viewed on reports</li></ul>
<b>Proposed Solution:</b>	<ul style="list-style-type: none"><li>• State should consider removing the DCR business rules which adjust the capitalization of the partner's name</li></ul>

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### 3.3.4. Partner Name Changes

<b>Affects:</b>	FSP staff
<b>Description:</b>	There is no ability to track partner name changes or name aliases. If a partner's name changes (e.g., from adoption, marriage, etc.) and the administrative fields are not locked (see also related issue 3.3.3), then the partner's name can be changed in the DCR, but the new name will overwrite the previous name, and prior names cannot be retrieved or tracked. If the administrative fields are locked, then the partner's name cannot be changed in the DCR. If a partner goes by a completely different alias as compared to the legal name, then the DCR cannot track this and it provides a point of confusion when using the DCR.
<b>Consequence:</b>	<ul style="list-style-type: none"><li>• It may be difficult to audit partner data to ensure correct and accurate data in the DCR</li><li>• Partner's current name may be incorrect in the DCR</li></ul>
<b>Proposed Solution:</b>	<ul style="list-style-type: none"><li>• County should instruct and train county and provider staff to use one of the county-use KET fields to track previous names</li><li>• State should consider modifying the DCR to unlock administrative fields so that the correct partner name can be updated</li><li>❖ Refer to the section <a href="#">Summary of Resources</a> later in this document for listing of resources now available for training</li><li>• State should consider modifying the DCR to track name changes and aliases</li></ul>

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### 3.3.5. Tracking PSC Teams

<b>Affects:</b>	FSP staff
<b>Description:</b>	Although more than one PSC may be handwritten on the PAF, the DCR data validation limits a partner to be assigned to only one PSC at a time, whereas some programs function using a team of PSCs. Counties may need to organize a complex set of DCR user groups so that all PSCs have access to partner data via the online DCR, and the responsible party for data corrections may be difficult to locate.
<b>Consequence:</b>	<ul style="list-style-type: none"> <li>• The DCR may not reflect an accurate caseload for some PSCs</li> <li>• The DCR may contain incorrect information because the PSC with the ability to review or correct certain data may not be associated with a partner record</li> </ul>
<b>Proposed Solution:</b>	<ul style="list-style-type: none"> <li>• Service providers should create a process in which one lead PSC is given responsibility to coordinate data entry and data review activities; service provider should assign the partner to the lead PSC</li> <li>• County should instruct and train county and provider staff to assign a lead PSC and use one of the county-use KET fields to track other provider team members             <ul style="list-style-type: none"> <li>❖ Refer to the section <a href="#">Summary of Resources</a> later in this document for listing of resources now available for training</li> </ul> </li> <li>• State should consider modifying DCR to track multiple PSCs</li> </ul>

## 3.0 FSP Data Issues and Solutions

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### 3.3.6. Data Entered Multiple Times

<b>Affects:</b>	FSP staff
<b>Description:</b>	Because the data already in the DCR is difficult to review through the DCR interface (see also related issue 3.2.11 and 3.5.1) or because service staff may not have access to the online DCR interface (see also related issues 3.6.1 and 3.6.2), the staff entering the data from forms may not realize the new data being entered has already been submitted to the DCR. This may also occur when there are teams of PSC working with the partner (see also related issue 3.3.5). Multiple team members may submit a KET form for the same event communicated by the partner during different sessions with different service coordinators. The person entering the data cannot quickly or easily see that there is already a KET for the event in the DCR, and the event is then submitted multiple times.
<b>Consequence:</b>	<ul style="list-style-type: none"><li>• Replicates of key events may exist in the DCR for a partnership</li></ul>
<b>Proposed Solution:</b>	<ul style="list-style-type: none"><li>• County should ensure partner-level reports using data exported from the DCR are available to PSCs at regular intervals</li><li>• State should consider adding a partner-level report with well-organized partner data to the DCR</li><li>• Service providers should create a process to review KETs each quarter</li><li>• State should consider modifying the DCR to include authentication warnings for duplicate or inconsistent data</li></ul>

## 3.0 FSP Data Issues and Solutions

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### 3.3.7. Provider Serves Multiple Counties

<b>Affects:</b>	Counties with providers who also serve other counties
<b>Description:</b>	<p>A single provider may have PSCs in multiple counties, and different counties may require different processes for submitting data to the DCR specific to that county (e.g., provider enters data online, county enters data online, EHR system application is used to submit data via XML). The provider might need to develop and deliver multiple processes and trainings for submitting DCR data, depending on the county being served.</p> <p>Therefore, recording the data in the DCR system can cause additional inefficiencies and burden for larger providers servicing multiple counties. The need for a customized process of data submission for each county may result in data quality and data accuracy issues at the provider level.</p>
<b>Consequence:</b>	<ul style="list-style-type: none"> <li>• Data collection inefficiencies may cause excessive burdens on providers serving multiple counties and may lead to incorrect or missing data in the DCR</li> </ul>
<b>Proposed Solution:</b>	<ul style="list-style-type: none"> <li>• Service provider staff working with FSP services or data should receive an FSP and DCR training             <ul style="list-style-type: none"> <li>❖ Refer to the section <a href="#">Summary of Resources</a> later in this document for listing of resources now available for training</li> </ul> </li> <li>• Service providers should work to identify similarities in county processes to create efficiencies in data collection and submission and to reduce burden</li> <li>• Service providers should define, document and train best practices for collecting and submitting DCR data for each county served</li> </ul>

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## 3.0 FSP Data Issues and Solutions

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### 3.4 Submit Electronic Data to DCR

After data entry, the submission process executes validation on the incoming data. For online counties, pressing the submit button for each partnership form in the web interface may result in error messages directing the user to adjust fields of information; for the PAF, submitting the data also allows the user to review a validation report of data still missing. The online users must correct any fatal errors immediately and resubmit the data form for the partnership. Online counties can experience issues in how the data is transferred from browser to database or displayed from database to browser when using non-supported web browsers, and this may directly affect the linkage of the CSI number between the DCR and CSI.

For XML counties, the process is batched, where many forms for many partnerships may be submitted at one time. Due to the complexity of the process involved, XML counties must become certified to submit data before their first submission to the production DCR, and counties have experienced issues becoming certified. Some counties have been working toward certification for a year or more without success. Some of the issues have been related to the lack of documentation for the system, validation rules and error messages. Although more documentation is now available through the Internet Technology Web Services (ITWS), better documentation and details of errors (e.g., partner identifiers for records with errors) are still needed.

- ❖ Refer to section [Summary of Resources](#) later in this document for the ITWS website link and a list of documentation to assist XML submission.

Additionally, in anticipation of the oncoming potential reforms for mental health, more providers are implementing their own EHR systems, and this is leading to additional data merging complexities for counties served by multiple providers.

## 3.0 FSP Data Issues and Solutions

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### 3.4.1. XML Counties Experiencing Difficulty Becoming Certified

<b>Affects:</b>	XML counties including, but not limited to: Santa Barbara, Alameda, Marin, Monterey
<b>Description:</b>	Some XML counties are experiencing difficulty becoming certified to submit data to the DCR. The certification process requires communication between the county and the State staff so that the State can purge the test system between submissions.
<b>Consequence:</b>	<ul style="list-style-type: none"><li>• Some XML counties cannot submit data in the DCR, and data for all partnerships is therefore missing from the DCR for these counties</li></ul>
<b>Proposed Solution:</b>	<ul style="list-style-type: none"><li>• The certification process requires continual communication with MHPA support; counties must notify MHPA support when a submission is made so that the test submission can be processed and/or purged; county should notify MHPA support at <a href="mailto:MHPA@dhcs.ca.gov">MHPA@dhcs.ca.gov</a> when a test file is submitted to the DCR QA application</li><li>• State should consider scheduling regular meetings between State and counties trying to become certified to facilitate communication and share information about the process</li></ul>

## 3.0 FSP Data Issues and Solutions

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### 3.4.2. Frequency of XML Submissions

<b>Affects:</b>	XML counties
<b>Description:</b>	XML counties would like direction from the State on how often batch files should be submitted to meet the State's requirements and capacity to process data.
<b>Consequence:</b>	<ul style="list-style-type: none"><li>• Some XML counties may submit less often than desired leading to a lag in data</li><li>• Some XML counties may submit more often than desired leading to processing errors if the State does not have the ability to handle the volume or frequency of data submitted</li></ul>
<b>Proposed Solution:</b>	<ul style="list-style-type: none"><li>• State should define, document and train a best practice submission frequency for XML counties</li></ul> <p><b>Note:</b> Current regulations require MHPs to collect FSP data (California Code of Regulations (CCR) Title 9 § 3620.10.) and submit it to the State within 90 days (CCR Title 9 § 3530.30)</p>

## 3.0 FSP Data Issues and Solutions

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### 3.4.3. Issues with Access to ITWS

<b>Affects:</b>	FSP staff
<b>Description:</b>	<p>Some counties have not been able to get the right authority or permissions to access areas of the ITWS, such as:</p> <ul style="list-style-type: none"><li>• MHPA Area</li><li>• DCR QA Application</li><li>• Approver Management Interface</li></ul> <p>This issue leads to the following problems:</p> <ul style="list-style-type: none"><li>• DCR users, groups and roles cannot be managed</li><li>• DCR data may not be submitted to DCR by some users</li><li>• DCR QA area cannot be used to train new users</li><li>• Users cannot access DCR documentation/training materials</li></ul>
<b>Consequence:</b>	<ul style="list-style-type: none"><li>• DCR data may be missing</li><li>• DCR data may be incorrect due to lack of user access to DCR training and documentation</li></ul>
<b>Proposed Solution:</b>	<ul style="list-style-type: none"><li>• County should submit and log specific issues with ITWS support at <a href="mailto:ITWS@dmh.ca.gov">ITWS@dmh.ca.gov</a> for a resolution</li></ul>

## 3.0 FSP Data Issues and Solutions

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### 3.4.4. Online DCR CSI Number Not Linking

<b>Affects:</b>	XML and Online counties
<b>Description:</b>	<p>A CSI number correctly entered in the online DCR may not link to CSI. This happens for some CSI numbers but not others. This issue exists for most online and some XML counties (e.g., Orange).</p> <p>For online counties, it is thought that leading zeros of certain CSI numbers may not be handled in a way which allows matching between DCR and CSI when using older versions of Internet Explorer or other non-supported web browser applications. However other unknown causes also contribute to the issue.</p>
<b>Consequence:</b>	<ul style="list-style-type: none"><li>• The CSI number may be marked as invalid in the DCR for partners, and therefore partner information of gender and race from CSI cannot be linked with DCR data</li><li>• Without a valid CSI number link, the PAF for the partner cannot be marked as complete</li></ul>
<b>Proposed Solution:</b>	<ul style="list-style-type: none"><li>• Counties and providers should update all browser versions and browser settings to meet the requirements as listed in Chapter 3 of the FSP DCR User Manual available through ITWS</li><li>❖ Refer to the DCR User Manual, Chapter 3 at Section “ITWS System Requirements” on page 21 for further information; refer to the Section <a href="#">Summary of Resources</a> later in this document for a location of the DCR User Manual and other DCR resources</li><li>• If the problem persists, counties and providers should document a set of problematic CSI numbers and submit the issue to MHSA support at <a href="mailto:MHSA@dhcs.ca.gov">MHSA@dhcs.ca.gov</a> for further trouble shooting</li><li>• State should consider modifying the DCR to directly capture race and gender</li></ul>

## 3.0 FSP Data Issues and Solutions

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### 3.4.5. Cannot Certify PAFs Complete for Partners without CSI Number

<b>Affects:</b>	FSP staff
<b>Description:</b>	Some partners of the FSP, such as veterans, may not exist as clients in CSI, and therefore no link to CSI can be established for these partners. When the link is not properly established, the PAF for the partner cannot be certified complete, and the race and gender of the partner cannot be tracked.
<b>Consequence:</b>	<ul style="list-style-type: none"><li>• Race and gender may not be available for some partnerships</li><li>• Completed PAFs for these partners cannot be marked as complete</li></ul>
<b>Proposed Solution:</b>	<ul style="list-style-type: none"><li>• State should consider modifying the DCR to directly capture race and gender</li><li>• State should consider modifying the DCR to allow certifying PAFs complete without the CSI linkage</li><li>• County should instruct and train county and provider staff to use one of the county-use 3M fields to record race and gender</li></ul> <p>❖ Refer to the section <a href="#">Summary of Resources</a> later in this document for listing of resources now available for training</p>

## 3.0 FSP Data Issues and Solutions

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### 3.4.6. DCR Business Rule Documentation

<b>Affects:</b>	XML counties
<b>Description:</b>	The FSP forms do not reflect the business and validation rules of data collection (e.g., the 3M must be collected within 15 days before and up to 30 days after the date it is due). Documentation of the FSP DCR business and validation rules has not been readily available, and this has caused issues for counties submitting data via XML from EHR systems. The EHR system may not contain the same validation rules as the DCR. Therefore the EHR system must be customized to meet DCR validation rules, and/or pre-processing of XML files must be performed before error-free XML data submission can be achieved. Historically, counties have had to identify the DCR validation and business rules empirically through trial and error while attempting to submit XML data files.
<b>Consequence:</b>	<ul style="list-style-type: none"> <li>• Some XML counties cannot submit data in the DCR, and data for all partnerships is missing from the DCR for these counties</li> </ul>
<b>Proposed Solution:</b>	<ul style="list-style-type: none"> <li>• County should ensure that all staff working with FSP services or data, including XML county staff, receive an FSP and DCR training             <ul style="list-style-type: none"> <li>❖ Refer to the section <a href="#">Summary of Resources</a> later in this document for listing of resources now available for training</li> </ul> </li> <li>• A preliminary list of DCR FSP business and validation rules is now available in Appendix A of the FSP DCR User Manual available through the ITWS             <ul style="list-style-type: none"> <li>❖ Refer to the DCR User Manual, at Appendix A for further information; refer to the Section <a href="#">Summary of Resources</a> later in this document for a location of the DCR User Manual and other DCR resources</li> </ul> </li> <li>• State should maintain DCR user groups such that counties can exchange information, tips and solutions for working with the DCR</li> </ul>

## 3.0 FSP Data Issues and Solutions

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### 3.4.7. XML Data File Submission Errors

<b>Affects:</b>	XML counties
<b>Description:</b>	Errors received from DCR upon XML submission are not well defined. In many cases, the documentation of the error codes does not contain enough information to identify cause of issue. In addition, the errors are associated only with a DCR identifier (GUID). The county EHR system does not contain the DCR-specific GUID identifier, and therefore, identifying the problematic partnership record in the EHR system can be very challenging. Additionally, once the partnership is identified, the error is uncovered and fixed, and the data is resubmitted, the original error messages persist on the DCR batch report when they should fall off the report.
<b>Consequence:</b>	<ul style="list-style-type: none"><li>• Data may be missing from the DCR</li><li>• Incorrect data in the DCR may persist</li></ul>
<b>Proposed Solution:</b>	<ul style="list-style-type: none"><li>• State should consider adding the CSI number and partner name to the XML error log to help identify problem records in the EHR system</li><li>• State should create a crosswalk report which lists all GUIDs and associated partner identifiers (CSI number, name, birthdate) which county administrators could run as required</li><li>• State should consider creating a document similar to the DCR Validation Matrix that includes a definition of each error or warning and a possible fix to each error</li><li>• State should modify the error log such that errors messages do not persist in the log once corrected</li></ul>

## 3.0 FSP Data Issues and Solutions

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### 3.4.8. 3M Out of Date Range for Discontinued Partners

<b>Affects:</b>	XML counties
<b>Description:</b>	The DCR XML process will allow a 3M to be submitted after the partnership has been discontinued, resulting in a 3M out of the acceptable date range. Once submitted, the DCR will not allow the invalid 3M to be deleted, and the county must delete the partnership and resubmit the entire partnership data, which can be labor intensive and problematic.
<b>Consequence:</b>	<ul style="list-style-type: none"><li>• Discontinued partnerships with incorrect 3Ms outside of valid data range may persist in the DCR</li></ul>
<b>Proposed Solution:</b>	<ul style="list-style-type: none"><li>• State should consider fixing the DCR bug which allows 3Ms out of date range to be submitted via XML for discontinued partnerships</li><li>• County should consider adding additional pre-processing of XML files or additional EHR system validation rules at the county to prevent XML submission files from containing this partnership error</li></ul>

## 3.0 FSP Data Issues and Solutions

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### 3.4.9. County Served by Multiple Providers with Various EHR Systems

<b>Affects:</b>	XML counties served by multiple providers, including but not limited to: Los Angeles and Orange County
<b>Description:</b>	<p>A county may have to coordinate between multiple providers who use various EHR systems. Therefore, a county may have to merge and aggregate data from multiple data structures and providers may have differing capacity to collect FSP data in accordance with DCR rules.</p> <p>If some providers have their own EHR system and others do not, a county may desire a hybrid system to submit some data via XML and some online.</p> <p>Another issue due to differing EHR systems between providers serving the same county arises when partners transfer between providers (see also related issue 3.1.3). When the new provider uses a different EHR system than the last provider serving the partner, it is challenging to associate the submission of new 3Ms and KETs from the new provider to the PAF from the original provider.</p> <p>As more counties become XML capable and more providers implement EHR systems, this issue will grow in severity.</p>
<b>Consequence:</b>	<ul style="list-style-type: none"><li>• Data may be missing from the DCR</li><li>• Incorrect data may persist in the DCR</li></ul>
<b>Proposed Solution:</b>	<ul style="list-style-type: none"><li>• State should consider scheduling regular meetings between the State and counties to identify solutions to the growing problem</li></ul>

## 3.0 FSP Data Issues and Solutions

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### 3.4.10. Online Counties are Not Allowed to Become XML

<b>Affects:</b>	Online Counties
<b>Description:</b>	Counties who originally began submitting data via the online DCR may have since implemented an EHR system and may now be interested in submitting data to the DCR via XML. However, there is no approved process for the county to move from online data submission to XML data submission, and the State has informed some counties that a switch between submission methods is not supported. Therefore, online DCR counties who have implemented an EHR system may be required to enter the DCR data into two systems: the online DCR and the county EHR system.
<b>Consequence:</b>	<ul style="list-style-type: none"><li>• Online DCR counties with an EHR system are having to enter data into two systems causing inefficiencies and increasing the risk of error and inconsistency between data systems</li></ul>
<b>Proposed Solution:</b>	<ul style="list-style-type: none"><li>• The State should provide a process for online counties to switch to the XML data submission option</li></ul>

## 3.0 FSP Data Issues and Solutions

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### 3.5 Review Data

The DCR does not have a feature to efficiently summarize all of the data from a partnership in one report, and therefore, it is not feasible to review partnership data in the DCR for errors or accuracy. Additionally, there is no defined overview process of the data such that audits are regularly performed to inspect individual partnership data for accuracy.

## 3.0 FSP Data Issues and Solutions

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### 3.5.1. DCR Data Difficult to Review Online

<b>Affects:</b>	FSP staff
<b>Description:</b>	The data in the DCR is difficult to review for accuracy. The data is spread out across sparsely populated lengthy forms. The DCR provides a summary of the most recent KET status, but it does not provide a summary of all of the data for a partner.
<b>Consequence:</b>	<ul style="list-style-type: none"><li>• Incorrect data may persist in the DCR without review or correction</li><li>• Key events may be duplicated in the DCR (see also related issues 3.2.11 and 3.3.6)</li></ul>
<b>Proposed Solution:</b>	<ul style="list-style-type: none"><li>• County should provide partner-level reports using data exported from the DCR to PSCs at regular intervals to be used for review, data correction, and as a reference before collecting new information from the partner; however, dissemination of reports to all PSC may be logistically prohibitive for many counties</li><li>• State should consider adding reports to the DCR with organized summaries of partner-level data</li></ul>

## 3.0 FSP Data Issues and Solutions

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### 3.5.2. DCR Data Audits Difficult to Coordinate

<b>Affects:</b>	FSP staff
<b>Description:</b>	The responsibility for reviewing the data for accuracy is undefined. County staff may need to coordinate data review or data audits with FSP staff.
<b>Consequence:</b>	<ul style="list-style-type: none"><li>• Incorrect data may persist in DCR without correction</li></ul>
<b>Proposed Solution:</b>	<ul style="list-style-type: none"><li>• County should define, document and train a county-specific process for regular reviews of data in the DCR; county should identify roles, responsibilities and workflow for a data review process</li></ul>

## 3.0 FSP Data Issues and Solutions

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### 3.5.3. No Reporting Feature Available through the DCR

<b>Affects:</b>	FSP staff
<b>Description:</b>	The DCR does not contain any reporting features to either run useful standard or customized reports to provide feedback to counties on any characteristics of the data in the DCR. For example, standard quality assurance reports regarding all missing 3Ms, stagnant partners, or client-level data history are necessary to maintain the quality of data in the DCR. Many counties are struggling to export data extracts from the DCR, which they must import into another software package and then design and create useful reports of data. Since this can only be done by county administrative staff, the distribution of these reports to the necessary FSP staff creates an additional workflow barrier.
<b>Consequence:</b>	<ul style="list-style-type: none"><li>• Data may be missing from the DCR</li><li>• Incorrect data may persist in the DCR without correction</li></ul>
<b>Proposed Solution:</b>	<ul style="list-style-type: none"><li>• State should consider modifying the DCR to add a reporting feature with standard or customizable data quality, data history or current KET status reports, which could be run on demand by any applicable registered user of the DCR; state should consider convening a committee of county representatives to design standard reports, which could be valuable to a majority of the county FSP staff</li></ul>

## 3.0 FSP Data Issues and Solutions

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### 3.6 Identify Incorrect Data

Even if the DCR provided a feature such that partnership data was efficiently summarized in a report, the process of identifying the accuracy of the data may require many participants, some of which may not have access to the DCR or find value in the DCR data. If the data collected does not have utility for the PSC, then studies show that motivation and interest to collect or correct data can affect the quality of the data (Zeman et al., 2006). Therefore, simply providing a reporting feature accessible through the web interface of the DCR may not be sufficient for data review. Additional processes and training may be required once partnership summary reports become available for review.

## 3.0 FSP Data Issues and Solutions

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### 3.6.1. PSCs May Not Have Access to DCR Data

<b>Affects:</b>	FSP staff
<b>Description:</b>	PSCs collecting data may not have access to view the data in the DCR. Therefore, the PSC, who is the person who collects the data from the partner, may not be able to identify when data is missing or incorrect in the DCR.
<b>Consequence:</b>	<ul style="list-style-type: none"><li>• Incorrect data may persist in the DCR without correction</li><li>• Key events may be missed and/or duplicated in the DCR</li></ul>
<b>Proposed Solution:</b>	<ul style="list-style-type: none"><li>• County should provide partner-level reports using data exported from the DCR to PSCs at regular intervals for review and data correction, when necessary, but dissemination of reports to all PSC may be logistically prohibitive for many counties</li><li>• State should consider adding a partner-level report with well-organized partner data to the DCR</li></ul>

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## 3.0 FSP Data Issues and Solutions

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### 3.6.2. Data Staff May Not Have Access to Partner Records

<b>Affects:</b>	FSP staff
<b>Description:</b>	The data entry staff who enter the data into the DCR may not have access to partnership records. Therefore, when incorrect data is submitted, the staff who maintain the data may have no ability to return to the original record to compare or correct data.
<b>Consequence:</b>	<ul style="list-style-type: none"><li>• Incorrect data may persist in the DCR without correction</li><li>• Key events may be missed and/or duplicated in the DCR</li></ul>
<b>Proposed Solution:</b>	<ul style="list-style-type: none"><li>• County should provide partner-level reports using data exported from the DCR to PSCs at regular intervals for review and for data correction, when necessary, as a reference before collecting new information from the partner, but dissemination of reports to all PSC may be logistically prohibitive for many counties</li><li>• State should consider adding a partner-level report with well-organized partner data to the DCR</li></ul>

## 3.0 FSP Data Issues and Solutions

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### 3.6.3. DCR Data Not Valuable to PSCs

<b>Affects:</b>	FSP staff
<b>Description:</b>	Because the data in the DCR is difficult to review (see also related issue 3.5.1) or not accessible (see also related issue 3.6.1), it provides very little value to the PSCs collecting the information. The PSCs collect the information but may not be able to use the information to improve or assist service delivery. The DCR data may be redundant (see also related issue 3.2.14), missing (see also related issue 3.2.11), not organized in an efficient manner for utilizing to review progress (see also related issue 3.5.1), or not easily stored and accessed with other partner records after submission.
<b>Consequence:</b>	<ul style="list-style-type: none"> <li>• Data may be missing from the DCR</li> <li>• Incorrect data may persist in the DCR without correction</li> </ul>
<b>Proposed Solution:</b>	<ul style="list-style-type: none"> <li>• County should ensure that all PSCs receive an FSP data training             <ul style="list-style-type: none"> <li>❖ Refer to the section <a href="#">Summary of Resources</a> later in this document for a listing of resources now available for training</li> </ul> </li> <li>• County should define, document and train a process which improves the utility of the data for the PSCs. For example: How could partner-level reports using data exported from the DCR be provided to PSCs at regular intervals so that PSCs can use the information for case management and service planning?</li> <li>• State should consider adding a partner-level report with well-organized partner data to the DCR</li> </ul>

## 3.0 FSP Data Issues and Solutions

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### 3.7 Collect Corrected Data

Depending on the FSP staff who identify incorrect or potentially incorrect data, there may be additional challenges in the process to collect the corrected information from other staff or the partner. There is not currently a process to communicate the inconsistency from staff to staff, and some counties find themselves making several phone calls to try to communicate with the appropriate staff who can assist with identifying the correct information.

## 3.0 FSP Data Issues and Solutions

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### 3.7.1. Communication of Data Inconsistencies from Administrator to PSC

<b>Affects:</b>	FSP staff
<b>Description:</b>	There is no defined process for administrative staff (such as county administrative staff) to communicate data inconsistencies back to PSCs such that PSCs can collect and submit the corrected data from the partner or partner record.
<b>Consequence:</b>	<ul style="list-style-type: none"><li>• Incorrect data may persist in the DCR without correction</li></ul>
<b>Proposed Solution:</b>	<ul style="list-style-type: none"><li>• County should create county-specific best practice for communicating data inconsistencies to PSCs or appropriate FSP staff; the best practice may require the use of modified or additional forms</li></ul>

## 3.0 FSP Data Issues and Solutions

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### 3.8 Perform Data Entry to Correct Data

Furthering the challenges of data accuracy, even with data review and communication issues, the process for entering the correct data is not clearly defined or may not be possible due to the restrictions of DCR user permissions at the provider level. Therefore, once a staff member has collected the corrected information, the staff member may need to perform phone calls or other verbal conversations in order to communicate the correction to the appropriate staff performing data entry, as there are not data correction forms available. This method of data transfer is not easily documented, tracked or performed. Additionally, the online DCR will not allow providers to delete problematic partnerships, which may require data entry staff to make additional phone calls to administrative county staff for assistance in the correction process.

## 3.0 FSP Data Issues and Solutions

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### 3.8.1. No Process is Defined for Communicating Correct Data

<b>Affects:</b>	FSP staff
<b>Description:</b>	If PSCs or provider staff identify a data error in the DCR, and if they do not have the ability to submit the data correction electronically, there is no defined process to communicate the data error to the appropriate staff for electronic data correction.
<b>Consequence:</b>	<ul style="list-style-type: none"><li>• Incorrect data may persist in the DCR without correction</li></ul>
<b>Proposed Solution:</b>	<ul style="list-style-type: none"><li>• County should define, document and train a county-specific best practice for provider staff to submit data corrections; the best practice may require the use of modified or additional forms</li></ul>

## 3.0 FSP Data Issues and Solutions

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### 3.8.2. Providers Do Not Have Authority to Delete Partnerships

<b>Affects:</b>	Providers and counties served by providers
<b>Description:</b>	The delete PAF button is disabled for providers. When a provider staff discovers an error requiring the partnership to be deleted, the provider must contact the county administrator to have the partnership removed from the DCR. Without proper training, the provider staff may not know why the delete PAF button is disabled and may not realize the county must be contacted. Because the partnership deletion process for providers is not defined, the provider staff may leave the incorrect partnership in the DCR and begin a new partnership with the correct information. If the incorrect partnership was associated with the partner's CSI number, then the DCR will not allow the new partnership to be associated with the same CSI number, and the partnership will persist in the DCR without a CSI link.
<b>Consequence:</b>	<ul style="list-style-type: none"><li>• False partnerships may persist in the DCR without correction</li><li>• Accurate partnerships may exist without CSI number link to CSI</li></ul>
<b>Proposed Solution:</b>	<ul style="list-style-type: none"><li>• County should define, document and train a county-specific best practice for provider staff to delete partnerships; the best practice may require the use of modified or additional forms</li><li>• State should consider modifying the DCR to allow provider staff to delete partnerships</li></ul>

## 3.0 FSP Data Issues and Solutions

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### 3.9 Submit Electronic Data Correction to DCR

Finally, for XML counties, even when data errors are discovered and corrected in EHR systems, business rules prevent changes to locked records, which include any KET data submitted on records which also contain a partnership status change (i.e., discontinuation or reestablishment). California's largest county, Los Angeles County, has also experienced a sudden unsolved error with regard to date validation while submitting corrections to DCR records, which has prevented both data correction and data submission since late 2011.

## 3.0 FSP Data Issues and Solutions

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### 3.9.1. XML Date Validation Error on Data Corrections

<b>Affects:</b>	XML counties including, but not limited to: Los Angeles and Orange Counties
<b>Description:</b>	Los Angeles, an XML county who is certified to submit data, has not been able to submit data to the DCR since November of 2011. The county began experiencing a date validation error on records intended to correct data in the DCR. This issue has caused a fatal error to persist on all batches submitted.
<b>Consequence:</b>	<ul style="list-style-type: none"><li>• Los Angeles county partnership data does not exist in DCR after November 2011</li><li>• Incorrect data persists in the DCR because XML counties cannot submit correction records</li></ul>
<b>Proposed Solution:</b>	<ul style="list-style-type: none"><li>• Los Angeles County should document all known details and examples of issue and submit to MHSA support at <a href="mailto:MHSA@dhcs.ca.gov">MHSA@dhcs.ca.gov</a>; the State should work with Los Angeles County staff to identify cause of issue and resolution</li></ul>

## 3.0 FSP Data Issues and Solutions

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### 3.9.2. Cannot Make Changes to KETs with Partnership Status Changes

<b>Affects:</b>	FSP staff
<b>Description:</b>	<p>KETs which contain a partnership status change (i.e., discontinuation or reestablishment) cannot be updated, changed or deleted at any time. Therefore, corrected data submitted to overwrite these types of KETs will fail in the DCR. However, KETs without partnership status changes can be updated or changed.</p> <p>The only way to resolve incorrect data on a KET which also contains a partnership status change is to delete the partnership and all associated assessments and create a new partnership by resubmitting all of the partnership’s assessments.</p> <p>If this issue arises for a provider, there is no process for the provider to delete the original partnership (see also related issue 3.8.2), and therefore, the provider may create a new corrected partnership while leaving the incorrect partnership in the DCR.</p>
<b>Consequence:</b>	<ul style="list-style-type: none"> <li>• Incorrect KET data may persist in the DCR</li> <li>• False partnerships may persist in the DCR without correction</li> <li>• Accurate partnerships may exist without CSI number link to CSI</li> </ul>
<b>Proposed Solution:</b>	<ul style="list-style-type: none"> <li>• County should train FSP staff that if the KET will include a change in partnership status, then other information about the partnership should not be entered on the same KET; if a partner is about to be discontinued, all other events and information about the partner should be entered on separate KET prior to submitting the KET for the discontinuation</li> </ul> <p><b>Note:</b> Once the partner is discontinued, the partner becomes inactive and no new KETs can be made for the partner while the partner is inactive.</p> <ul style="list-style-type: none"> <li>• State should consider modifying the DCR to allow all KETs to be editable</li> </ul>

## 4.0 Best Practices

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### 3.9.3. Cannot Add KETS for Discontinued Partner

<b>Affects:</b>	FSP staff
<b>Description:</b>	A discontinuation KET may be submitted for a partner before all other event data for the partner has been recorded in the DCR, and the DCR will not allow any KETs to be submitted for a discontinued partner. If FSP staff find additional key events to submit or they submit the discontinuation KET out of order (e.g., before KETs with other changes in status), then there are only two ways to correct the data for the partner: (1) delete the entire partnership and resubmit all forms (PAF, 3Ms, KETs), or (2) overwrite an existing KET with the information from both the existing KET and the new key event. (This only works if the existing KET contains an event for a domain different from the new event.)
<b>Consequence:</b>	<ul style="list-style-type: none"><li>• Incorrect KET data may persist in the DCR</li><li>• Inefficient workflow wastes time and resources</li></ul>
<b>Proposed Solution:</b>	<ul style="list-style-type: none"><li>• State should consider modifying the DCR to allow submission of KETs for discontinued partnerships as long as the key event dates fall within the partnership service period</li></ul>

### 4.0 Best Practices

The following chapter summarizes the FSP data workflow and best practices. Workflow within the nine steps identified in [Diagram 2.1](#) are further defined in this section. In some instances, the best practices require further definition from the State, the county or from a collective agreement of stakeholders. Wherever possible, proposed solutions to issues raised in Section 3 are integrated into the best practices workflow in this section.

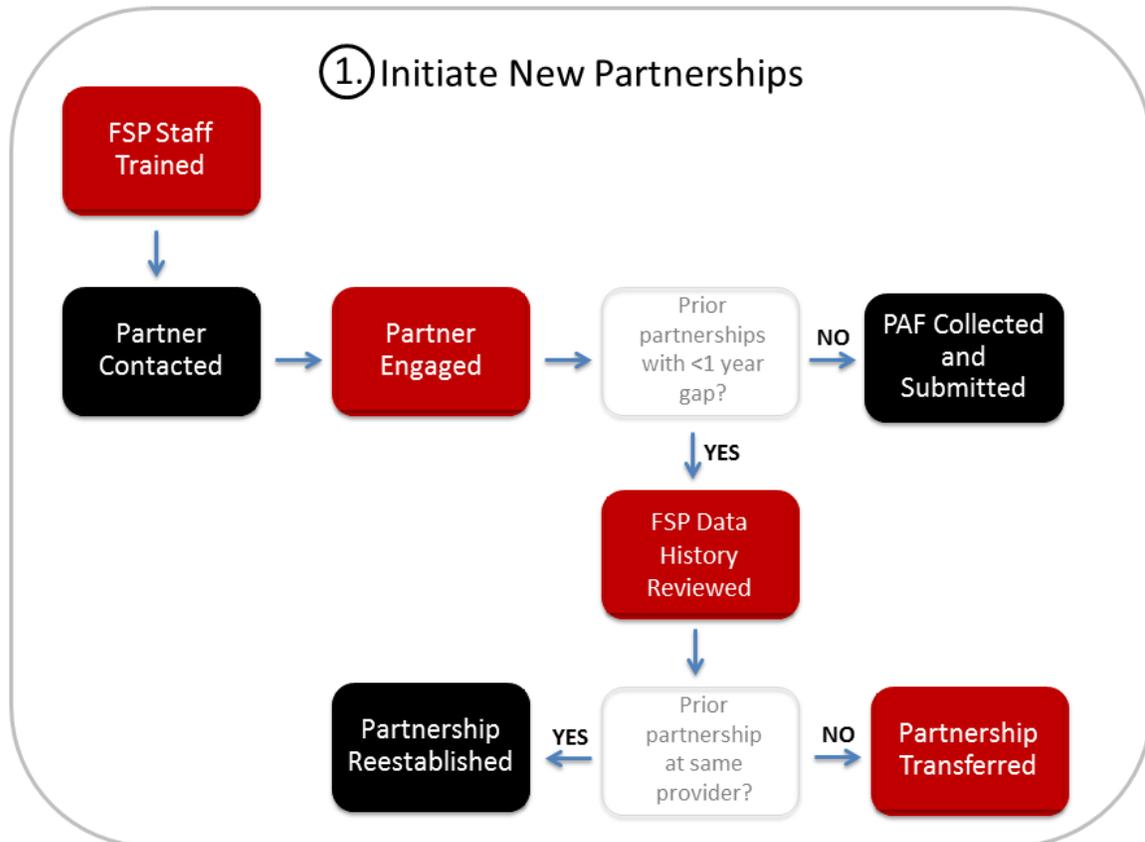
In the process diagrams, the best practices requiring further definition and special attention are shown as red boxes; while more well-defined practices which can be implemented readily are shown in black boxes. Decision points are shown in gray-outlined white boxes.

## 4.0 Best Practices

### 4.1 Initiate New Partnership

As seen in Diagram 4.1.1, before partnerships are initiated, PSCs contact the partner, engage the partner, and identify previous partnerships. Detailed definitions of each step in the process are listed following the diagram.

**Diagram 4.1.1: Initiate New Partnerships Best Practices**



#### ➤ Initiate New Partnerships Best Practices Details and Definitions

- **FSP Staff Trained:** All FSP staff should receive FSP training before working with partners, collecting data, entering data or submitting data. Counties should coordinate training and/or responsibility for training and ensure FSP staff have received FSP DCR training. Counties should customize training to provide instructions on county-specific processes.
- ❖ Refer to the section [Summary of Resources](#) later in this document for listing of resources now available for training.
- **Partner Contacted:** A potential partner is identified and contacted through outreach or other practices.

## 4.0 Best Practices

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- **Partner Engaged:** An engagement process occurs in which the PSC provides information about the FSP to the potential partner, and the potential partner decides whether or not s/he will enter into the partnership. The State and counties should provide a definition for the partner engagement period. State and counties should document and train best practices for partnership engagement/retention and define the point at which the partnership officially commences.
  - **PAF Collected and Submitted:** When previous partnerships do not exist, the PAF information is collected and submitted to the DCR following standard practices.
- ❖ Refer to the FSP DCR User Manual at Chapter 7 “Establishing Partners” for further information about standard practices for collecting and submitting PAFs. Refer to the section [Summary of Resources](#) later in this document for a location of the DCR User Manual and other DCR resources.
- **FSP Data History Reviewed:** When previous partnerships have been discontinued less than one year prior, the FSP history should be reviewed. For conditions in which the prior partnership existed at a different provider, the new provider should request the FSP DCR data history from the county. Counties need to define the process with which providers request FSP DCR data history for a partner in these instances.
  - **Partnership Reestablished:** Under conditions where the prior partnership existed at the same provider and was discontinued less than one year prior, the partnership is reestablished in the DCR following standard practices.
- ❖ Refer to the FSP DCR User Manual at Chapter 10 “Managing Partnerships” and section “Deleting, Discontinuing and Reactivating Partnerships” for further information about standard practices for reestablishing partners. Refer to the section [Summary of Resources](#) later in this document for a location of the DCR User Manual and other DCR resources.
- **Partnership Transferred:** Under conditions where the prior partnership existed at a different provider and was discontinued less than one year prior, a process definition is required:
    - The State to determine if the DCR should be modified to accept new PAFs in these circumstances
    - The State to provide guidance on a best practice including an ordered process of steps to transfer partnership between providers within the DCR

## 4.0 Best Practices

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- County should determine process for:
  - Ensuring original provider enters all KETs and 3Ms for a partner before the transfer to new provider occurs
  - The new provider to contact county administrators to assign the partner to the new provider and PSC
  - The new provider to collect new PAF information for provider-specific use

## 4.0 Best Practices

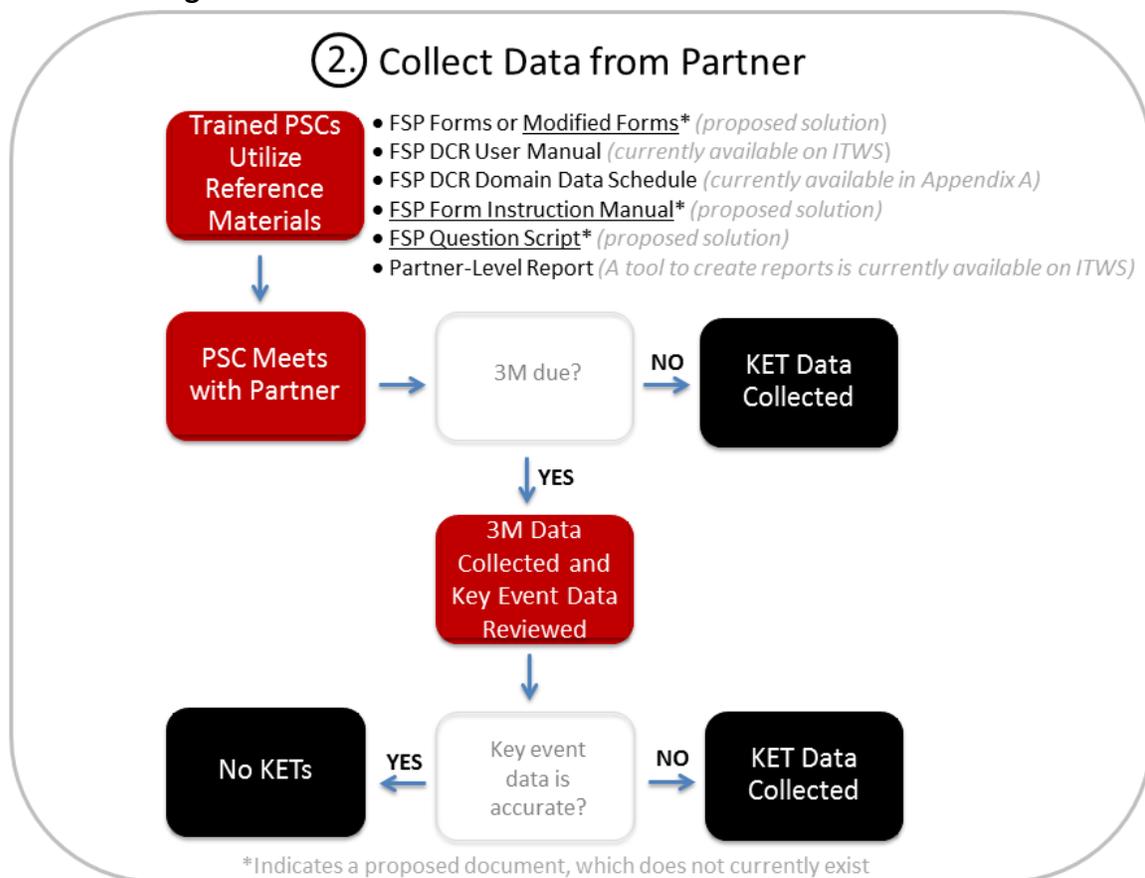
### 4.2 Collect Data from Partner on Forms

As seen in Diagram 4.2.1, before providing FSP services, all PSCs should have available a number of reference documents and materials to assist in the accurate collection of DCR data.

- ❖ Refer to the section [Summary of Resources](#) later in this document for the list and location of DCR resources.

The schedule of services provided to the partner should be directed by the needs of the partner and not the data collection schedule of the DCR. The PSC should review with the partner's recent key events recorded in the DCR to ensure accuracy of KETs. Detailed definitions of each step in the process are listed following the diagram.

**Diagram 4.2.1: Collect Data from Partner Best Practices**



#### ➤ Collect Data from Partner Details and Definitions

- **Trained PSCs Utilize Reference Materials:** PSCs should have available the appropriate reference material to review or reference during the data collection process:

## 4.0 Best Practices

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- **FSP Forms or Modified Forms:** PSCs should use standard or modified FSP forms to collect DCR data. XML counties who do not use the online DCR for data entry should consider modifying the FSP forms to match the processes of data collection for the provider/county. Modified forms should take into consideration any special conditions of service delivery and/or data collection which might require specialized adjustments of the forms. Service providers should identify which FSP form data fields are or are not already collected through other processes and should create modified FSP forms which collect only data fields which are superfluous to existing processes of data collection. Service providers should document and define the provider-specific best practices for combining existing data processes with additional DCR-required data collection processes for efficient FSP data collection and submission. Counties and providers who use the online DCR for data entry are cautioned from modifying the forms as this might prevent accurate data entry in the online DCR.
  
- ❖ Standard FSP forms are located at <https://mhitws.cahwnet.gov/default.asp>.
  - **FSP DCR User Manual:** The FSP DCR User Manual is available via ITWS. County staff should provide instruction to PSCs for accessing the manual. In cases where the provider or PSC staff cannot access ITWS, county staff should download and provide the manual directly to the appropriate staff.
  
- ❖ Refer to the section [Summary of Resources](#) later in this document for the list and location of DCR resources, including the FSP DCR User Manual.
  - **FSP DCR Domain Data Schedule:** A quick guide to the FSP DCR data collection process and schedule is available in [Appendix A](#) of this document. Counties should make the PDF form of the quick guide (attached in the paperclip section of the navigation pane in this document) available to all FSP and/or DCR staff.
  - **FSP Form Instruction Manual:** The State should create an instruction manual to accompany the standard FSP forms. The instruction manual should include instructions and examples for categorizing all known ambiguous circumstances for which counties or providers have raised questions (see issues 3.2.2 – 3.2.10). County staff should ensure that all FSP and/or DCR staff have access to the manual, once available.

## 4.0 Best Practices

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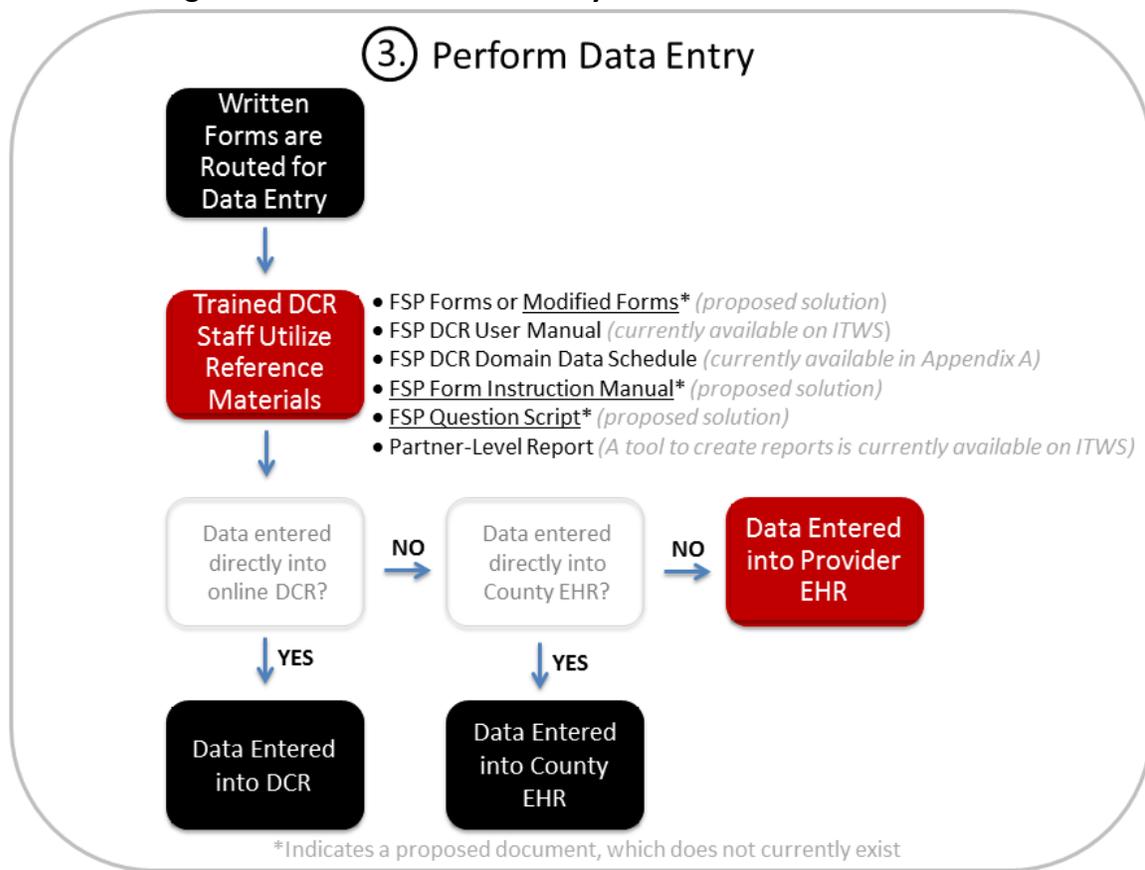
- ❖ Refer to [Section 3.2 Collect Data from Partner on Forms](#) for a list of DCR form issues identified by providers and counties.
  - **FSP Question Script:** The State should create an elective script and instruction manual to accompany the standard FSP forms. PSCs should optionally use the script to assist the delivery of the questions in a format which can be easily understood at an elementary level. County staff should ensure that all FSP and/or DCR staff have access to the FSP Question Script, once available.
  - **Partner-Level Report:** All service staff should have available partner-level reports of their partners' DCR data to review at scheduled intervals. Counties and providers should work together to create and define a standard process such that when 3Ms are collected, the PSC can also review all KET status with the partner. Comparing recent KET events already recorded in the DCR with the partner will ensure that key events which occurred during the last quarter were not recorded in duplicate or missed.
- **PSC Meets with Partner:** PSCs should schedule services with a partner as they are required to meet the needs of the partner. The DCR should be modified to allow a new type of partnership which would reduce, relax or remove the 3M window restrictions. In these cases, 3Ms would get classified in the quarter associated with the collection date, but there would not be a 3M required each quarter.
- **3M Data Collected and KET Data Reviewed:** When collecting 3M data, PSCs should review the partner's recent 3M status and key events recorded in the DCR to ensure accuracy. Counties and providers should ensure that partner-level reports from the DCR data are available to PSCs at regular intervals.
- **KET Data Collected:** Counties and providers should define a standard process such that, when 3Ms are collected, the PSC also reviews recent key events while comparing all key events already recorded in the DCR. This will ensure that key events which occurred during the last quarter were not recorded in duplicate or missed. Counties and providers should ensure that partner-level reports from the DCR data are available to PSCs at regular intervals.
- **No KETs:** KET forms are not required when the partner has verified that recent key events in the DCR are accurate. However, counties and providers should consider setting up a process to track these data validation events.

## 4.0 Best Practices

### 4.3 Perform Data Entry

As seen in Diagram 4.3.1, after PAF, KET, 3M forms are completed by hand, they are routed to the data entry staff, which may be the lead PSC, provider administrative staff or county administrative staff. The staff entering data into the DCR should be properly trained and have available to them the reference materials listed. Depending on the county processes, the data can be entered directly into the DCR, into the county's EHR system or into the providers' EHR systems. The State should address the issues of locking administrative fields (see issue 3.3.2), partner name capitalization (see issue 3.3.3) and handling partners who do not have a CSI number (see issue 3.4.5) to further support the process described in this section. Detailed definitions of each step in the process are listed following the diagram.

**Diagram 4.3.1: Perform Data Entry Best Practices**



#### ➤ Perform Data Entry Details and Definitions

- **Written Forms are Routed for Data Entry:** FSP forms or modified forms with written data are routed to the data entry staff, which may be the lead PSC, provider administrative staff or county administrative staff. In cases where there are more than one PSC providing services, a lead PSC should be identified to coordinate data routing and data entry. The lead PSC should review the written

## 4.0 Best Practices

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forms to ensure there are not replicate key events reported by the multiple PSCs serving the partner. Once reviewed, the PSCs may retain the forms for data entry or route the forms to provider or county staff for data entry. Counties should provide instruction for form routing. Service providers who serve multiple counties should identify similarities and differences in county practices and create processes to meet the majority of county needs while maximizing process consistency and efficiency.

- **Trained DCR Staff Utilize Reference Material:** The staff performing data entry should be trained and have available to them the reference materials listed in Diagram 4.3.1, which were previously described in [Section 4.2](#) of this document.
  - **Data Entered into DCR:** For online counties, the DCR data is entered through the DCR web interface. Provider staff can use the written forms to enter the data at provider sites, county staff could use the written forms to enter data at the county, or a combination of methods can be implemented. In cases where the data is entered into the online DCR by provider staff, counties should make available specific instructions on how to handle a partnership deletion process. This process could include additional forms or email/phone contact of county administrators. Counties should make available specific instructions for using county-use fields in the DCR for tracking partner name changes, teams of PSCs, race, and gender. In order to ensure proper DCR functioning, all staff must ensure that the DCR is accessed using a supported web browser with the appropriate settings.
- ❖ Refer to the DCR User Manual, Chapter 3 at Section “ITWS System Requirements” on page 21 for further information. Refer to the Section [Summary of Resources](#) later in this document for a location of the DCR User Manual and other DCR resources.
- **Data Entered into County EHR:** In cases where the county uses an EHR system, the business rules of the county EHR system should be modified to match the DCR business rules wherever possible. The data should be captured on modified FSP forms to match the flow of data entry in the EHR system while meeting the DCR data requirements.
  - **Data Entered into Provider EHR:** In cases where the providers serving a county use an EHR system, the business rules of the county EHR system should be modified to match the DCR business rules wherever possible. The data should be captured on modified FSP forms to match the flow of data entry in the EHR system while meeting the DCR data requirements.

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## 4.0 Best Practices

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### 4.4 Submit Electronic Data to DCR

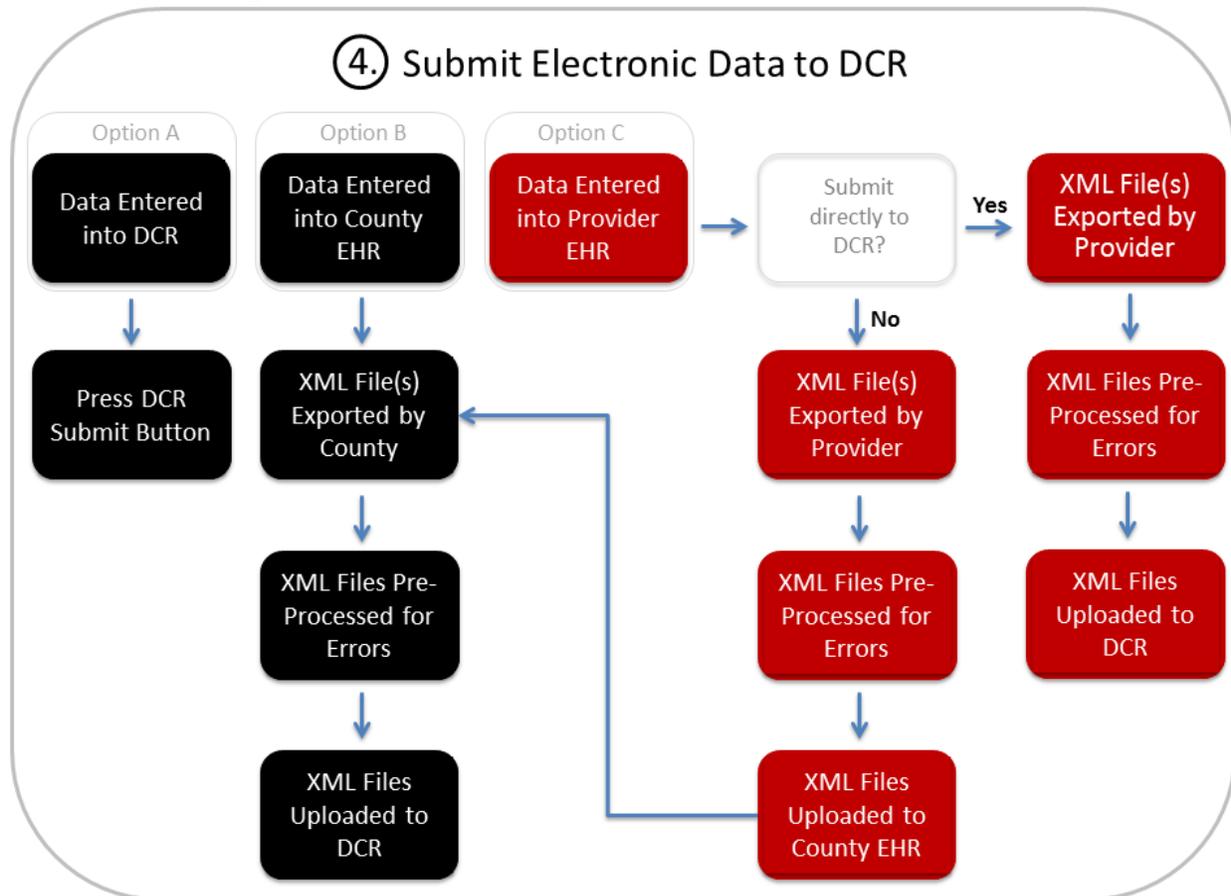
As seen in Diagram 4.4.1, there are three basic workflow options for submitting data to the DCR based on the method of data entry. (Note: In order to perform the steps in this process, counties with staff who are having difficulty accessing areas of ITWS should work with the State to resolve any outstanding issues.) When data entry occurs via the online DCR interface, then clicking the **Submit** button will save and exit the DCR form. When data entry occurs via a county EHR system, then the county exports XML file(s) for XML batch submission to the DCR. When data entry occurs via a provider EHR system, counties must work to define a workflow process for moving data from the provider to the county or directly to the DCR. Currently, the DCR only supports either XML or online submission exclusively for each county, and the State has not supported switching from online to XML. Some counties have implemented an EHR system and would like to switch from online submission to XML submission in order to submit data from the EHR system to the DCR. Other counties have requested the ability to perform both online and XML to support various provider capabilities. The State should provide support for counties to switch from online to XML submission. The State should schedule regular meetings with counties to facilitate communication and share information about the best processes for coordinating data submission from providers using various EHR systems or no EHR system at all.

Before XML counties can submit data to the DCR, they must become certified by the State. The certification process requires continual communication with MHSAs support at [MHSAs@dhcs.ca.gov](mailto:MHSAs@dhcs.ca.gov). MHSAs support must be notified when a submission is made so that the test submission can be processed and/or purged. The State should schedule regular meetings with all counties trying to become certified to facilitate communication and share information about the process. The State should work with each XML county to identify the ideal frequency of submissions to meet both State and county needs.

Detailed definitions of each step in the process are listed following the diagram.

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Diagram 4.4.1: Submit Electronic Data Best Practices



### ➤ Submit Electronic Data Details and Definitions

- **Data Entered into DCR:** For online counties, the DCR data is entered through the DCR web interface. See the description in [Section 4.3](#) for a more detailed discussion of data entered into the DCR.
- **Press DCR Submit Button:** When the data has been entered into the online DCR form, clicking the **Submit** button will save the data in the DCR. In the case of a PAF, if all fields have been entered correctly, the PAF will be stored with a status of “Complete”. If there are any validation errors, which can be viewed on the validation report, the PAF will be stored with a status of “Pending”.
- ❖ Refer to the section [Summary of Resources](#) later in this document for the list and location of DCR resources, including the FSP DCR User Manual.
- **Data Entered into County EHR:** For XML counties, one option is to perform data entry into the county EHR system. See the description in [Section 4.3](#) for a more detailed discussion of data entered into a county EHR systems.

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- **XML Files Exported by County:** To submit data from a county EHR system to the DCR, the county exports XML files to be pre-processed for errors.
  - **Data Entered into Provider EHR:** For XML counties, one option is to perform data entry into the provider EHR system, which is later exported to the county EHR system. See the description in [Section 4.3](#) for a more detailed discussion of data entered into a provider EHR systems.
  - **XML Files Exported by Provider:** To submit data from a provider EHR system to either the county EHR systems or to the DCR, XML files must be exported and should be pre-processed for errors.
  - **XML Files Uploaded to County EHR:** Counties have expressed an interest to support XML submission from various provider EHR systems. However, this provides many challenges for counties who are supported by a number of providers who may use differing EHR systems. The State should coordinate an XML DCR User group to facilitate the discussion of the challenges and best practices for implementing provider to county XML submission of DCR data.
  - **XML Files Pre-Processed for Errors:** County and providers should develop pre-processing procedures to pre-validate XML files. XML files exported from county or provider EHR systems should be pre-processed for any errors which might cause record submission failure. The pre-processing procedures should also check to make sure all 3M submissions are within allowable ranges for the partner to prevent submission failure and to avoid the DCR bug which allows 3Ms to be submitted after partners have been discontinued. Provider and county staff working with XML files should reference **Appendix A of the FSP DCR User Manual** and the **DCR Validation Matrices** available through ITWS for a partial list of DCR validation and business rules. Any errors found in XML files should be corrected before submitting the XML files.
- ❖ Refer to the section [Summary of Resources](#) later in this document for the list and location of DCR resources, including the FSP DCR User Manual.
- **XML Files Uploaded to DCR:** The user who will be uploading the XML files into the FSP DCR system must be assigned the role of XML Upload (XML-U.) One user should coordinate all file submissions for the organization. Users with this role will have an option under the **Transfers** menu in the FSP DCR system to **Upload FSP XML Files**, which can be used for XML batch uploading. If submission records do not meet all of the validation criteria, the user will receive an error log including details about the records with errors. The cause of the error should be identified, and the XML file pre-processing procedure should be modified to prevent future errors. The State should modify the DCR to provide additional partner identifiers (partner name, birth date, etc.) with record error logs or post regularly scheduled reports which

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crosswalk GUID to partner identifiers. The State should fix the DCR bug which allows 3Ms to be submitted but not deleted for dates after the partnership discontinuation date.

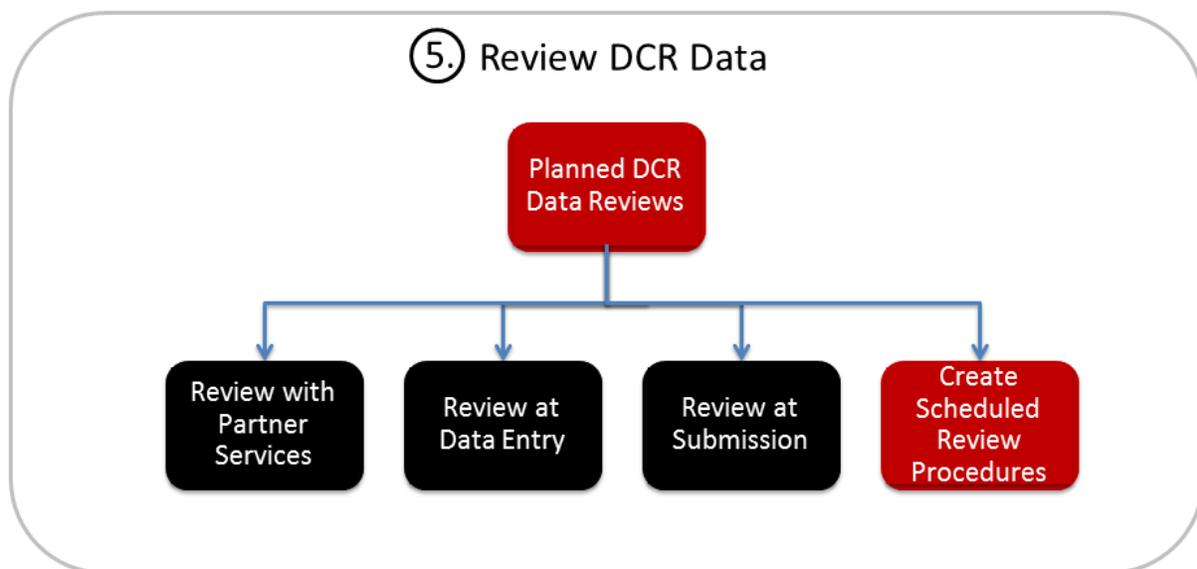
- ❖ Refer to the FSP DCR User Manual in Chapter 6 for further information on submitting XML files to the DCR.

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### 4.5 Review DCR Data

As seen in Diagram 4.5.1, review of the DCR data should be planned at several points in the data collection and submission process. Reviewing data for accuracy depends upon the availability of well-organized partner-level reports from the DCR data. Currently, data in the DCR interface are spread out across many sparsely populated lengthy forms. While the forms function to organize data entry, they do not serve as a useful tool to review data within the DCR. Without the creation and dissemination of partner-level reports from DCR data, DCR data cannot be reviewed for accuracy in an efficient or effective manner. Detailed definitions of each step in the process are listed following the diagram.

**Diagram 4.5.1: Review DCR Data Best Practices**



#### ➤ Review DCR Data Details and Definitions

- **Planned DCR Data Reviews:** The accuracy of the DCR data depends on the ability of the users to review the data. The DCR should be modified to include a partner-level report with a well-organized summary of a partner’s data which can be run on demand. However, not all FSP staff will have access to the DCR. Therefore, there will continue to be a need for a process to disseminate partner-level reports to staff. County administrators should identify and develop a method to generate and disseminate regularly scheduled (e.g., quarterly) partner-level reports to FSP staff. The Microsoft Access Partner-Level Data (PLD) Templates tool available through ITWS may assist some counties with this process.

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- ❖ Refer to the section [Summary of Resources](#) later in this document for the list and location of DCR resources, including the PLD Templates.

However, there is a limitation such that only the county administrator can export the DCR data to this tool to create partner-level reports. Therefore, if possible, counties should develop a process to make partner-level reports available to FSP staff.

- **Review with Partner Services:** At the time that the PSC will be collecting new 3M data, the PSC should be able to look over the partner's recent 3M status and key events recorded in the DCR to prepare for partnership meeting and to identify any possible partnership information needing further clarification. Whenever possible, counties and providers should ensure that partner-level reports from the DCR data are available to PSCs at regular intervals to allow this process.
  - **Review at Data Entry:** Data errors and data corrections can be addressed at the point at which data entry occurs. FSP staff performing data entry should perform a cursory comparison of the data to be entered against a summary of partner data already reported in the DCR as displayed in a partner-level report. At this point, the staff entering the data can quickly identify replicate KET reports, missing 3M data or inconsistent data reports before incorrect data enters the DCR.
  - **Review at Submission:** For XML counties, the point at which data is submitted to the DCR can pose a challenge due to the inability to trace or decipher submission errors. During XML data submission, the DCR validation rules identify data records with validation errors. However, the error reports from the DCR only contain DCR-specific record identifiers which prevent submitters from efficiently tracing the error to a partner record in the EHR system. The State should make available reports which quickly associate DCR-specific GUIDs to other more relevant partner identifiers. In addition, the State should modify the DCR to include a partner-level data summary report which can be used to help identify the details of a partner's data validation errors. Until such reports are available within the DCR interface, the Microsoft Access PLD Templates tool available through ITWS may assist some counties to associate GUID to partner identifiers and to identify the cause of validation errors through a summary of partner data.
- ❖ Refer to the section [Summary of Resources](#) later in this document for the list and location of DCR resources, including the PLD Templates.

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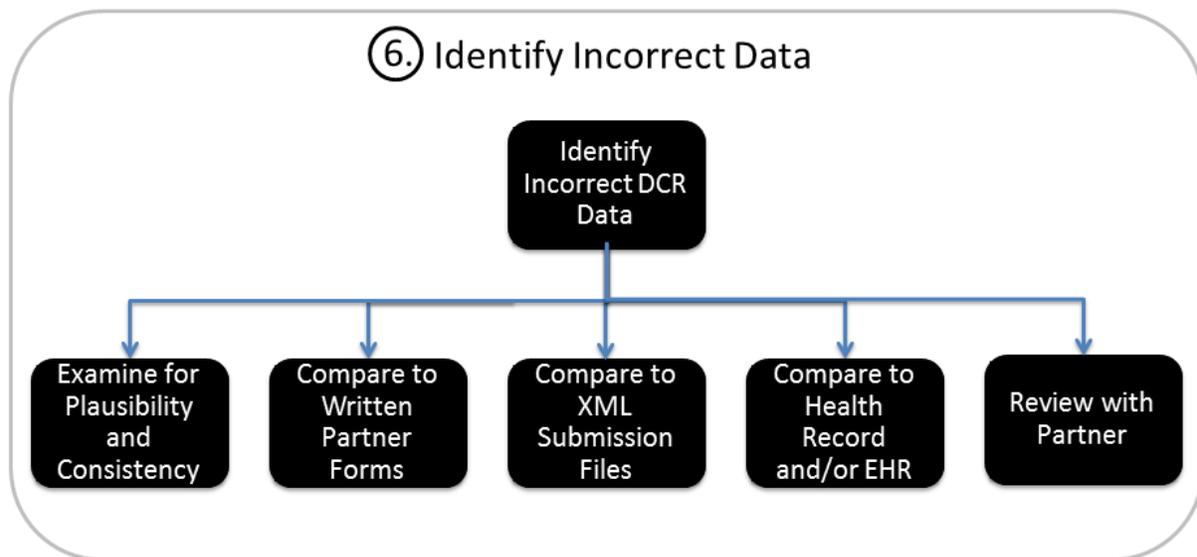
- **Create Scheduled Review Procedures:** Counties should identify and schedule additional review procedures. For example, counties should perform partner data audits at scheduled intervals. A partner data audit includes randomly identifying partners for audit and performing a complete review of partner data in comparison with information in the partner's other health and service records. Any inconsistencies should be corrected for the partner being reviewed. However, the cause of the inconsistency should be traced and wherever possible, processes should be implemented to prevent further data inaccuracies from occurring or persisting. The county should define, document and train a county-specific process for regular procedures to review data in the DCR. The county should identify roles, responsibilities and workflow for the data review procedures.

## 4.0 Best Practices

### 4.6 Identify Incorrect Data

As seen in Diagram 4.6.1, there are several methods to identify incorrect data in the DCR. The simplest and quickest method is to review the DCR data for plausibility and consistency. Other methods include comparing the data to the written partner forms, XML submission files or to partner health records. Perhaps the most labor intensive, but thorough, method is to check directly with the partner regarding the accuracy of the data as it has been reported to the DCR. Detailed definitions of each step in the process are listed following the diagram.

**Diagram 4.6.1: Identify Incorrect Data Best Practices**



#### ➤ Identify Incorrect Data Details and Definitions

- **Identify Incorrect DCR Data:** Counties should plan a combination of methods in order to ensure DCR data accuracy and to identify incorrect data in the DCR. Counties should work with providers (where applicable) and should identify and implement the best combination of methods to ensure the accuracy of the data in the DCR for the county. The methods should consider that some PSCs and/or data entry staff may not have direct access to the DCR.
- **Examine for Plausibility and Consistency:** Data in the DCR can be examined for plausibility and consistency. Counties should use summarized partner-level reports to identify data points which are out of range or unlikely. For example, if a partner was arrested on one day and the residential status reflects the partner was in jail for the week following the arrest, then it is unlikely that the partner was arrested a second time during that week. Data anomalies should be marked for further investigation.

## 4.0 Best Practices

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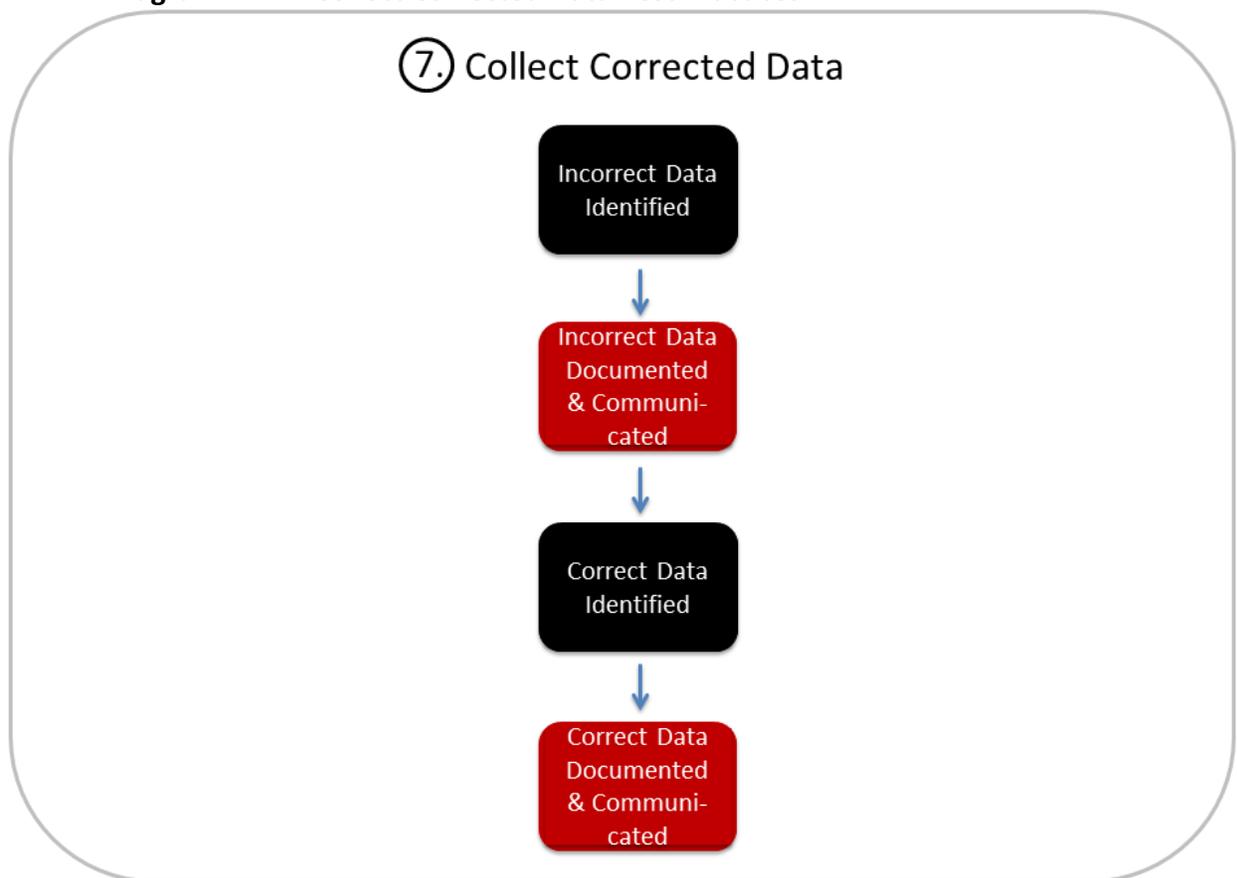
- **Compare to Written Partner Forms:** The data in the DCR can be compared to the written paper forms. Comparing the DCR data to the written forms ensures the data entry process is free from errors.
- **Compare to XML Submission Files:** The data in the DCR can be compared to the written XML files. This may require the use of additional software or scripts to efficiently display or find relevant XML data. Comparing the DCR data to the XML files ensures the data submission process is working effectively and completely.
- **Compare to Health Record or EHR:** The data in the DCR can be compared to the partner's printed or electronic health files. Some of the data from the DCR may be represented in various formats in the partner's record. Comparing the DCR data to the partner's health records ensures that the data collection, translation and entry to the DCR are working effectively and completely.
- **Review with Partner:** When appropriate, some data in the DCR can be reviewed with a partner during partner services. When collecting new 3M data, PSCs could review the partner's recent 3M status and key events recorded in the DCR to ensure consistency with existing data. There may be times during service where it is appropriate to review more of the partner's history of successes and obstacles in the program. If this is appropriate during services, then using a well-organized DCR partner-level report during this meeting may provide value to the PSC and partner while helping to ensure the DCR data accurately reflects the history of the partner during the program. Having the ability to review DCR history and events with the partner makes the accuracy of the DCR data valuable to the PSCs and ensures that all data workflow processes are working effectively. This process may not be a practical or an appropriate method to use with all partners.

## 4.0 Best Practices

### 4.7 Collect Corrected Data

As seen in Diagram 4.7.1, once the incorrect data has been discovered, a process must be performed in which the error is documented and communicated to the appropriate staff who can identify a correction for the data. The appropriate staff potentially includes the PSCs, data entry staff and XML submission staff. Once the staff have found the correct data, the correction may need to be documented and communicated back to the appropriate staff making the correction in the DCR. Counties should work to coordinate of these events, provide a defined process, assign responsibilities and supply documentation tools. Detailed definitions of each step in the process are listed following the diagram.

**Diagram 4.7.1: Collect Corrected Data Best Practices**



#### ➤ Collect Corrected Data Details and Definitions

- **Incorrect Data Identified:** Based on the methods implemented by the county to review the accuracy of the data, DCR staff should identify data errors in the DCR at various points in the data collection and reporting process. The data error could be discovered by the PSC while providing services to the partner or by staff entering, submitting or reviewing the data.

## 4.0 Best Practices

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- **Incorrect Data Documented & Communicated:** Counties and providers (where applicable) should work together to identify best practices for documenting and communicating data errors from the staff who identified the data error to the staff who can identify the data correction. In some cases, the staff who discover the error may be able to identify the correct information themselves. However, a majority of the time, a communication pathway and process must exist for proper data correction. This process may vary depending on provider and county-specific workflow and may be aided by the creation of additional forms to capture and document the precise location, date and type of error which was discovered.
- **Correct Data Identified:** The method to identify the correct data may vary depending on the nature of the data error. In some cases, the correct data can be identified within the partner's health record, while in other cases information may need to be clarified directly with the partner.
- **Correct Data Documented & Communicated:** Counties and providers (where applicable) should work together to identify best practices for documenting and communicating data corrections from the staff who identified the correction to the staff who can perform the data correction. Since the data correction will usually involve removing, replacing or deleting data, the standard FSP forms may not be adequate to communicate the details of the changes needed, and additional forms may be required for this process.

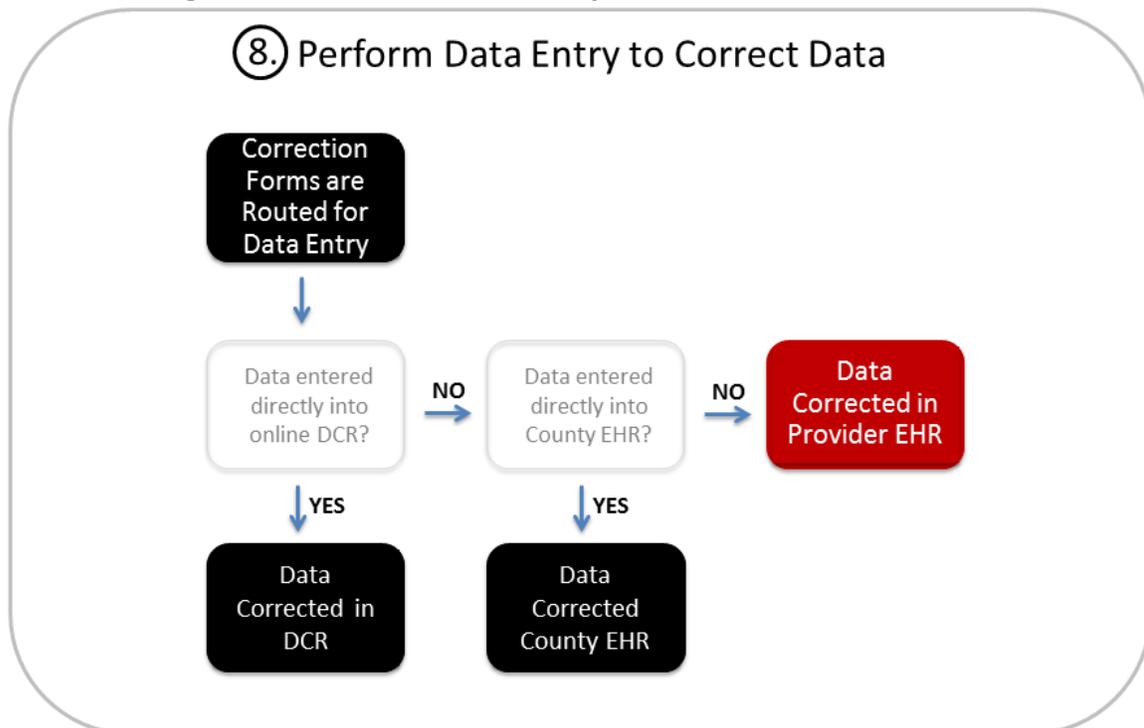
## 4.0 Best Practices

### 4.8 Perform Data Entry to Correct Data

As seen in Diagram 4.8.1, FSP data correction forms identifying the data which needs to be replaced or deleted should be routed to the appropriate staff for data entry. Depending on the methods used by the county, the data correction could occur through the DCR interface, the county EHR system or the provider EHR system.

- ❖ Refer to the Section [4.7 Collect Corrected Data](#) earlier in this document for details regarding the creation of FSP data correction forms.

**Diagram 4.8.1: Perform Data Entry to Correct Data Best Practices**



#### ➤ Preform Data Entry to Correct Data Details and Definitions

- **Correction Forms are Routed for Data Entry:** Completed FSP data correction forms should be routed to the data entry staff, which may be the lead PSC, provider administrative staff or county administrative staff. In cases where there is more than one PSC providing services, a lead PSC should be identified to coordinate data routing and data correction. Counties should provide instruction for correction form routing.
- **Data Corrected in DCR:** For online counties, the DCR data corrections are performed through the DCR interface. Provider staff can use the FSP data correction forms to correct data at provider sites, county staff could use the

## 4.0 Best Practices

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correction forms to correct data at the county, or a combination of methods could be implemented. In cases where the data is corrected in the online DCR by provider staff and the provider needs to delete and recreate the partner in the DCR to correct the data, counties should make available specific instructions on how to handle a partnership deletion process. This process could include additional forms or email/phone contact of county administrators.

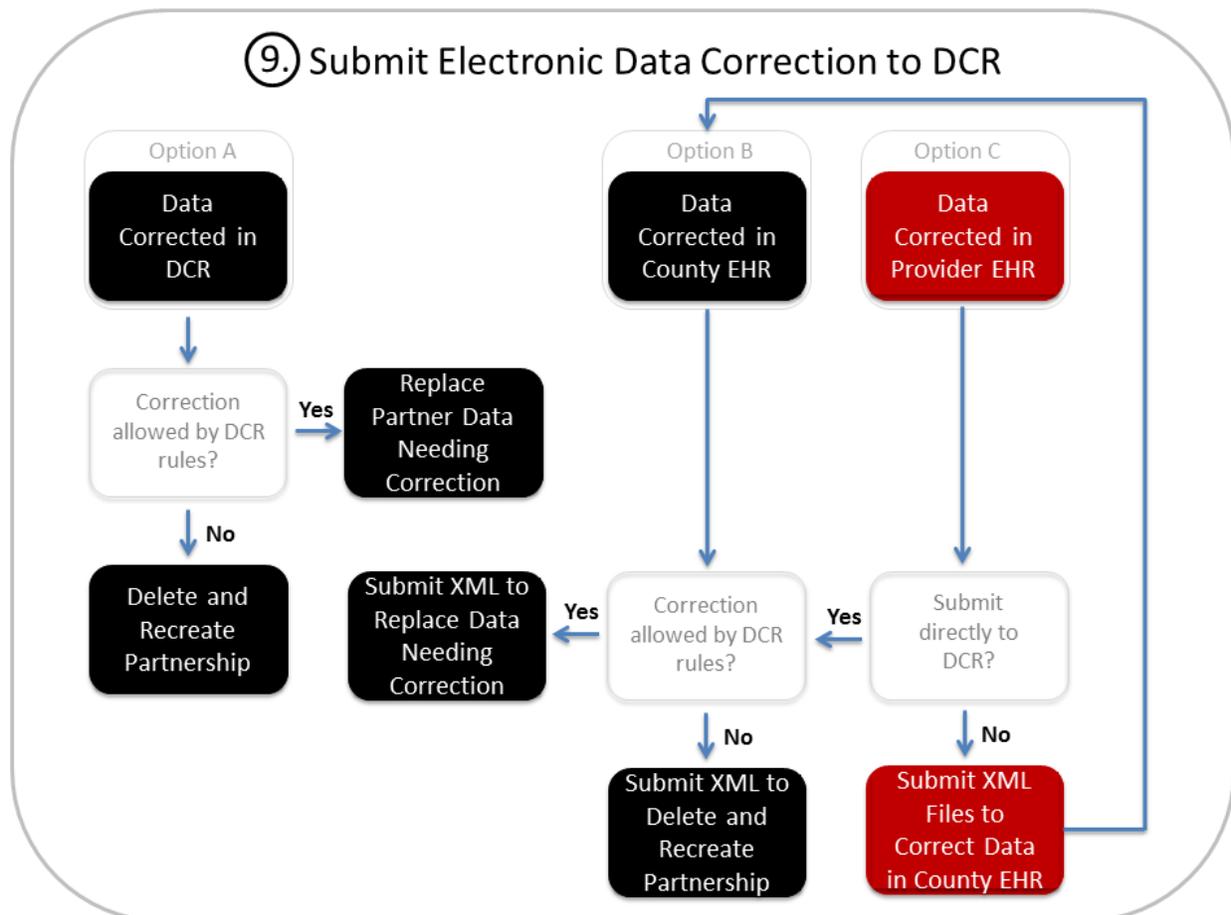
- **Data Corrected in County EHR:** In cases where the county uses an EHR system not populated from provider EHR systems, the data should be corrected in the county's EHR system.
- **Data Corrected in Provider EHR:** In cases where the providers serving a county use an EHR system, the data should be corrected in the provider EHR system.

## 4.0 Best Practices

### 4.9 Submit Electronic Data Correction to DCR

As seen in Diagram 4.9.1, there are three basic workflow options for correcting data in the DCR based on the location of the data error and the method of data submission. When data correction is required, most data fields in PAFs, 3Ms and KETs (without partnership status changes) can be removed, updated or deleted. However, when the data requiring changes exists in one of the locked PAF administrative fields (e.g., birth date, name) or on a KET which contains a partnership status change (i.e., discontinuation or reestablishment), then the partnership data cannot be changed in the DCR, and the partnership must be deleted and recreated with the correct data. When data entry occurs at the level of the provider EHR system, counties must work to define a workflow process for moving data corrections from the provider to the county or directly to the DCR. The State should consider modifying the DCR to remove the rules which prevent data corrections in the DCR.

**Diagram 4.9.1: Submit Electronic Data Correction to DCR**



## 4.0 Best Practices

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### ➤ **Submit Electronic Data Correction Details and Definitions**

- **Data Corrected in the DCR:** For online counties, data is corrected directly through the DCR interface.
- **Replace Partner Data Needing Correction:** When data correction is required through the online DCR, most data fields in PAFs, 3Ms and KETs (without partnership status changes) can be cleared or replaced.
- **Delete and Recreate Partnership:** If the DCR rules preclude the data from being corrected within the existing partnership, then the partnership must be deleted and all associate data with the partner, including the corrected data, must be reentered into the DCR. This circumstance arises when the data requiring changes exists in one of the locked PAF administrative fields (e.g., birth date, name) or on a KET which contains a partnership status change (i.e., discontinuation or reestablishment). To prevent the need to delete and recreate partners, counties should train data entry staff to submit KETs with partnership status changes as separate records from other key events. In addition, the State should consider modifying the DCR to remove these data correction restrictions.
- **Data Corrected in County EHR:** For XML counties who perform data entry into the county EHR system, data correction should be performed in the county EHR system.
- **Submit XML to Replace Data Needing Correction:** Correction to most data fields in PAFs, 3Ms and KETs (without partnership status changes) can be made by submitting XML files to the DCR with the data corrections which will overwrite the incorrect data.
- **Submit XML to Delete and Recreate Partnership:** If the DCR rules preclude the data from being overwritten, then the partnership must be deleted and all associate data with the partner, including the corrected data, must be resubmitted to the DCR. This circumstance arises when the data requiring changes exists in one of the locked PAF administrative fields (e.g., birth date, name) or on a KET which contains a partnership status change (i.e., discontinuation or reestablishment). To prevent the need to delete and recreate partners, counties should create procedures which submit KETs with partnership status changes as separate records from other key event reports. To support the need to delete and recreate partners, counties should create regular procedures to locate and resubmit all EHR system records for a single partnership.

## 4.0 Best Practices

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- **Data Corrected in Provider EHR:** For XML counties who use providers' EHR systems to track DCR data, the data correction must be implemented in the provider EHR system to ensure consistent data exists throughout the process.
  - **Submit XML Files to Correct Data in County EHR:** For XML counties who use providers' EHR systems to track DCR data before submission to the county EHR system, once the data is corrected in the provider EHR systems, the provider should submit an XML file of corrected data records to the county EHR system.
- ❖ Refer to the FSP DCR User Manual at Chapter 11 for further information about the DCR capabilities and restrictions for correcting data. Refer to the section [Summary of Resources](#) later in this document for listing of DCR resources, including the FSP DCR User Manual.

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## 5.0 Conclusions

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### 5.0 Conclusions

The process to collect and submit accurate FSP data depends on the coordination of proper training and the implementation of best practices. There are many levels of FSP staff which must communicate in order for the FSP data to be collected, entered, submitted, reviewed and corrected. The communication process is often dependent on a county's specific business practices. Therefore, while some resources exist to assist counties and their FSP staff, there are other tools which must be modified or created by the county to complete the process effectively and efficiently.

The State should address the areas of ambiguity in the process and provide better definitions to support consistency across counties. The State should also identify any tools or applications which could be modified or created to assist counties.

Counties should evaluate their FSP data process against the best practices in this report, and each county should identify the tools (e.g., modified FSP collection forms, data correction forms, partner-level reports, etc.) and the documentable processes (e.g., trainings, audits, communication etc.) specific to the county which assist service providers. Providers should work with counties to identify areas where additional provider-specific tools or processes could be implemented.

This document can serve as a resource for administrators to reference while systematically evaluating each step in the FSP data reporting process. While not every practice suggested in this document may be applicable or practical for each county, any steps a county makes toward improving practices and quality assurances will result in improved accuracy of the DCR data and improved ability to document the partnership achievements within the FSP program.

Finally, we want to emphasize that the value of the FSP data should be harnessed and promoted at all levels of FSP staff in the form of client, PSC, program, county and statewide feedback. An investment in FSP outcome knowledge will become an investment in FSP data quality. Research has shown that feedback on indicators as progress toward goals is important in order to improve outcomes (Stelk & Slaton, 2010). We recommend that work to improve the FSP data quality and data systems should include the following considerations:

- What is the value of the data indicator being collected for the partner, the PSC, the provider, the county and the State?
- What is the effect on the partner when collecting the data indicator?

## 5.0 Conclusions

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- What is the goal of collecting this data indicator, how has this data indicator been used by other programs, and how is it envisioned that the data indicator will be used for this partner or program?
- How can the data indicator be defined, misinterpreted or ambiguous?
- What is the workflow that is envisioned for communicating the data indicator and/or correcting the data indicator?
- What is the workflow that is envisioned to provide a complete feedback loop from partner or PSC up to the data system and back to the partner or PSC with regard to communicating progress toward a goal?
- What is the level of burden for collecting this data indicator to the partner, the partner's natural supports, the PSC, the provider, the county and the State?
- What is the level of support available at the provider, county and state to support the collection of this data indicator?
- Will collecting this data indicator cause redundancy from the perception of the partner, provider, county or the State?
- What are the consequences of each rule imposed to reject data submitted to the system? For example, is the rule designed to reject inaccurate data such that mistakes in the data can be caught, corrected and resubmitted? Or is the rule designed to reject accurate data which does not meet a set of service policies, and thus it may not be possible to alter data which accurately represent services previously provided? As policies may change, is it more appropriate to offer warnings when data does not meet current service policies while still allowing all accurate data to be stored in the system?

### Summary of Resources

#### Resources

ITWS Support Email: [itws@dhs.ca.gov](mailto:itws@dhs.ca.gov)

ITWS Website Resources: <https://mhitws.cahwnet.gov/default.asp>:

- MHP Information Menu
  - Technical Information Submenu
    - FSP DCR Data Dictionary (9/15/2011)
    - DCR Validation Matrices
  - User Manuals and Instructions Submenu
    - FSP DCR User Manual (1/17/2012)
    - FSP DCR Administrator and User Training Curriculum (3/12/2012)
    - FSP DCR Partner-Level Data (PLD) Templates (1/19/2012)
    - County Level Data Quality Reports (12/23/2011)
    - FSP DCR Application Notes (4/5/2012)
    - FSP DCR Data Analysis Training Curriculum (4/20/2012)
    - FSP DCR Training Videos (6/30/2012)

MHP Support Email: [MHP@dhs.ca.gov](mailto:MHP@dhs.ca.gov)

#### References

Stelk, W., & Slaton, E. (2010). The role of infrastructure in the transformation of child-adolescent mental health systems. *Administration and Policy in Mental Health and Mental Health Services Research*, 37(1-2), 100-110.

Zeman, L. L., Johnson, D., Arfken, C., Smith, T., Opoku, P. (2006). Lessons learned: Challenges implementing a personal digital assistant (PDA) to assess behavioral health in primary care. *Families, Systems, & Health*, 24(3), 286-298.

# Appendix A: FSP DCR Quick Guide Collection Schedules

## Appendix A: FSP DCR Quick Guide Collection Schedules

This document provides a quick guide of the domains of information collected for the Full Service Partnership (FSP). There are ten domains of information collected in the Data Collection and Reporting (DCR) system for the FSP. These domains may be collected quarterly on the 3M forms or as key events on the Key Event Tracking (KET) forms. A schedule of data collection is organized in the table below, and an example of a data collection schedule is illustrated in the diagram below.

**Table: Schedule of FSP DCR Data Collection by Domain**

Domain	Type	Is Past History Collected on PAF?	Collected On
Residential	A	Yes	PAF & KET
Education			
o School Enrollment and Graduation/Completion Dates	A	Yes	PAF & KET
o Grades, Attendance and Special Education Assistance	B	Yes	PAF & 3M
Employment	A	Yes	PAF & KET
Financial Support	B	Yes	PAF & 3M
Legal Issues / Designations			
o Partner's Legal Issues	A	Yes	PAF & KET
o Legal Designation of Partner's Dependents	B	No	PAF & 3M
Emergency Interventions	A	Yes	PAF & KET
Health Status	B	Yes	PAF & 3M
Substance Abuse	B	Yes	PAF & 3M
ADL-older adult only	B	No	PAF & 3M
IADL-older adult only	B	No	PAF & 3M

Note: Type A – Collected on PAF & KET; Type B – Collected on PAF and 3M

**Diagram: Example Schedule of FSP DCR Data Collection**

