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

Background

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

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

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

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

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

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

Next Steps

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

For More Information:

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

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

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

School-based Outcome Definitions

Attendance:

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

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

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

Grades:

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

For More Information:

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

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

Frequently Asked Questions

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

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

How should clinicians obtain the information?
Clinicians may collect this data from parents/caregivers, students, and/or other collateral contacts (e.g., teachers).

How should clinicians complete "attendance" and "grades" questions during a school break (e.g., winter vacation)?
If the DCR assessment occurs during a scheduled school break, clinicians reference the month of school before the break began. Non-FSP programs would also reference the month of school before the break began.

How should clinicians complete "attendance" and "grades" questions for clients who are not yet attending school?
If a child is too young to be enrolled in school, clinicians leave the "grades" and "attendance" questions blank. If a child is enrolled in preschool, clinicians complete the "attendance" question, but leave the "grades" question blank.

How should clinicians complete "attendance" and "grades" questions for youth who have already graduated from high school (or received their GED)?
If a youth has graduated from high school (or received their GED) and is not enrolled in postsecondary education, clinicians leave the "grades" and "attendance" questions blank. If the youth is enrolled in postsecondary education, clinicians complete the "attendance" and "grades" questions.

How should clinicians complete "attendance" and "grades" questions for youth who have "dropped out" of school?
If a child has "dropped out" of school, clinicians assign the following rankings in the DCR:

- Attendance: "5. Never attends school"
- Grades: "5. Poor"

For More Information:

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

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

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

Number	OUTCOME OBJECTIVES	YTD Results*		
		%	X of Y	
1	**Attendance compliance rates**			
a)	At discharge, **95%** of clients between the ages of 5 and 18, whose episode lasted 120 days or longer have **school attendance data available** for both the initial and most recent quarterly (3M) assessment	86.2%	2,605	3,022
b)	Please provide explanation below if **compliance rate is below 95%:**			
2	**Percent of clients that sustained "high" school attendance or improved school attendance between intake and discharge** ○ **"High" School Attendance Sustained**: Clients who had ratings of "Always attends school (never truant" or "Attends school most of the time" at both the initial assessment and the last quarterly (3M) assessment. ○ **"Low" School Attendance Sustained:** Clients who had the same ratings of "Sometimes attends school "Infrequently attends school", or "Never attends school" at both the initial assessment and the last quarterly (3M) assessment. ○ **School Attendance Improved:** Clients who had any improvement in attendance ratings between the initial assessment and the last quarterly (3M) assessment (e.g., moving from a rating of "Infrequently attends school" to "Never attends school"). ○ **School Attendance Declined:** Clients who had any decline in attendance ratings between the initial assessment and the last quarterly (3M) assessment (e.g., moving from a rating of "Infrequently attends school" to "Never attends school").			
a)	**"High" School Attendance Sustained** (2 or fewer unexcused absences a month)	79.4%	2,068	2,605
b)	**"Low" School Attendance Sustained** (3 or more unexcused absences a month)	4.0%	106	2,605
c)	**School Attendance Improved** (movement on the 5-point rating scale)	6.5%	169	2,605
d)	**School Attendance Declined** (movement on the 5-point rating scale)	10.1%	262	2,605
	TOTAL	100%	2,605	2,605

* Year-to-Date (YTD) Results are calculated using all FSP programs with data submitted to DCR/CCBH in FY 2020-21. Outcomes are calculated for clients who meet the following eligibility criteria: (a) Discharged within the current fiscal year; (b) In services for at least 120 days; (c) Between the ages of 5 and 18; (d) Served by a primary program (i.e., ancillary programs are excluded; (e) Eligible to receive a *Partnership Assessment Form (PAF)* assessment at intake. These data are for demonstration purposes only and do not reflect the new uniform definitions.

For More Information:

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

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

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

Number	OUTCOME OBJECTIVES	YTD Results*		
		%	X of Y	
1	**Academic performance compliance rates**			
a)	At discharge, **95%** of clients between the ages of 5 and 18, whose episode lasted 120 days or longer have **academic performance data available** for both the initial and most recent quarterly (3M) assessment	86.2%	2,605	3,022
b)	Please provide explanation below if **compliance rate is below 95%:**			
2	**Percent of clients that had sustained "high" academic performance or improved academic performance between intake and discharge** ○ **"High" Academic Performance Sustained**: Clients who had academic ratings of "Very Good" or "Good" at both the initial assessment and the last quarterly (3M) assessment. ○ **"Average" Performance Sustained:** Clients who had academic ratings of "Average" at both the initial assessment and the last quarterly (3M) assessment. ○ **"Low" Performance Sustained:** Clients who had the same academic ratings of "Below Average", or "Poor" at both the initial assessment and the last quarterly (3M) assessment. ○ **Academic Performance Improved:** Clients who had any improvement in academic ratings between the initial assessment and the last quarterly (3M) assessment (e.g., moving from a rating of "Below Average" to "Average"). ○ **Academic Performance Declined:** Clients who had any decline in academic ratings between the initial assessment and the last quarterly (3M) assessment (e.g., moving from a rating of "Average" to "Below Average").			
a)	**"High" Academic Performance Sustained** (grades of "As", "Bs", or equivalent)	30.1%	783	2,605
b)	**"Average" Academic Performance Sustained** (grades of "Cs or equivalent)	15.4%	400	2,605
c)	**"Low" Academic Performance Sustained** (grades of "Ds", "Fs" or equivalent)	10.7%	278	2,605
d)	**Academic Performance Improved** (movement on the 5-point rating scale)	26.4%	687	2,605
e)	**Academic Performance Declined** (movement on the 5-point rating scale)	17.5%	457	2,605
	TOTAL	100%	2,605	2,605

* Year-to-Date (YTD) Results are calculated using all FSP programs with data submitted to DCR/CCBH in FY 2020-21. Outcomes are calculated for clients who meet the following eligibility criteria: (a) Discharged within the current fiscal year; (b) In services for at least 120 days; (c) Between the ages of 5 and 18; (d) Served by a primary program (i.e., ancillary programs are excluded; (e) Eligible to receive a *Partnership Assessment Form (PAF)* assessment at intake. These data are for demonstration purposes only and do not reflect the new uniform definitions.

For More Information:

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