CANS and PSC:
Clinical Utility of the CYF mHOMS Reports

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CYF mHOMS REPORTS

Child and Adolescent Needs and Strengths (CANS) Assessment Reports:

1. Individual Progress Report

2. Average Impact Progress Report

3. Key Interventions Report

4. Strengths Over Time Report

5. Caseload Progress Report

6. Clinician Support Intensity

Pediatric Symptom Checklist (PSC) Reports:

1. Individual – Caregiver Report (PSC-Parent)

2. Individual – Client Report (PSC-Youth)

3. Aggregated Program-Level Reports

CANS BACKGROUND

The CANS reports were modeled after the reports required by the CANS developers (Praed Foundation).

PSC BACKGROUND

The PSC reports were developed by CASRC to provide a brief snapshot of the families' perspective of their child's progress.

CANS REPORTS

- The **black bar** always represents initial assessment.

- All graphs with two timepoints are based on matched data. Clients need two timepoints of data to be included in the report.

- Completed data from the CANS is required to be submitted into CYF mHOMS in order for reports to be generated.

  - No items can be missing, unless the **NO CAREGIVER** box is checked.

  - If the **NO CAREGIVER** box is checked, items on the caregiver module can be missing.

- Graphs will not match QSR reporting.

  - To maximize the flexibility and clinical utility of the graphs you can generate graphs mid-treatment to review with clients. Further, some reports only include active clients.

  - QSRs include only discharged clients.

- Some graphs have multiple pages and you must click the next arrow to get to the next page.

- All graphs can be printed or exported.

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LIVE WELL SAN DIEGO

Individual Collaborative Formulation Progress Report: 0000000
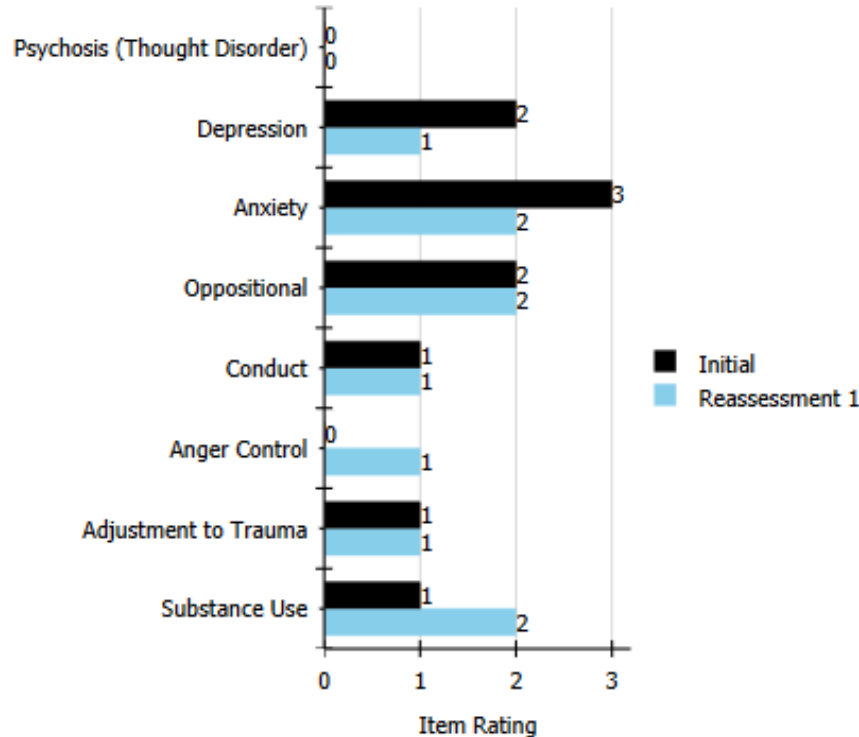
Unit: 9999
Subunit: 5555
Assessment Time-point 1 Start Date: 1/1/2018
Assessment Time-point 1 End Date: 8/10/2018

Time-point 1: Initial
Time-point 2: Reassessment 1

Domain: Child Behavioral/Emotional Needs

RATING NOTE:
0 = No evidence
1 = History or suspicion
2 = Interferes with functioning; action needed
3 = Disabling, dangerous, immediate or intensive action needed

REPORT USAGE

- Bar chart shows a client's item ratings on each CANS domain over time, enabling clinicians to quickly assess client progress and review with the family.

- Report will list all core domains and each supplemental domain (e.g., Juvenile Justice domain triggered by "Delinquent Behavior" item).

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Individual Collaborative Formulation Progress Report: 0000000
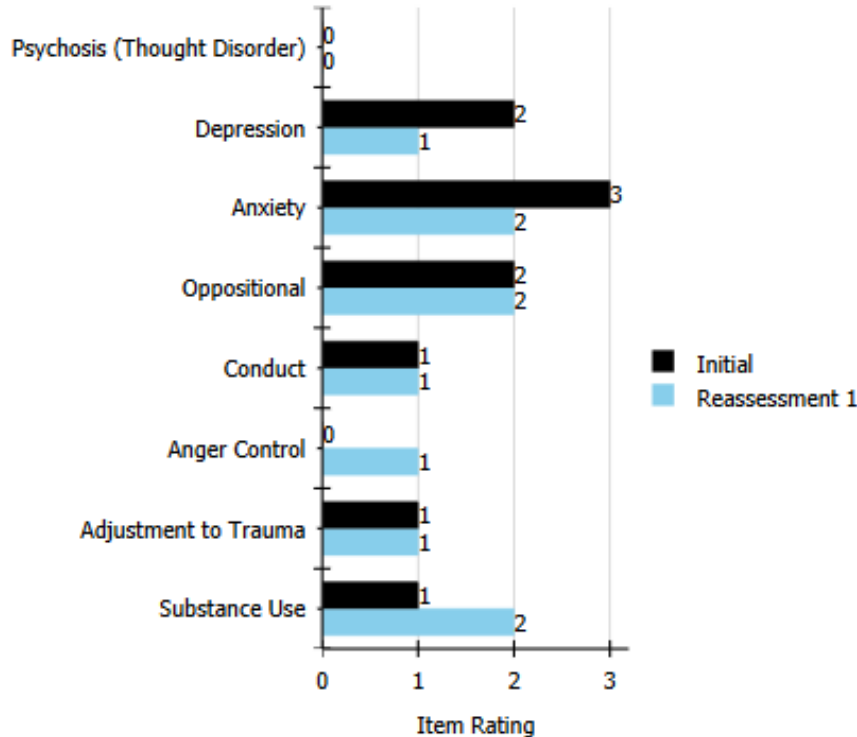
Unit: 9999
Subunit: 5555
Assessment Time-point 1 Start Date: 1/1/2018
Assessment Time-point 1 End Date: 8/10/2018

Time-point 1: Initial
Time-point 2: Reassessment 1

Domain: Child Behavioral/Emotional Needs

RATING NOTE:
0 = No evidence
1 = History or suspicion
2 = Interferes with functioning; action needed
3 = Disabling, dangerous, immediate or intensive action needed

INTERPRETATION

- For this particular client, between the initial assessment and the first reassessment the clinician indicated the following:

  - Depression and anxiety ratings decreased.

  - Oppositional, conduct, and adjustment to trauma ratings stayed the same.

  - Anger control and substance use ratings increased.

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REPORT USAGE

- Bar chart shows the change in a program's average number of actionable needs (rating of '2' or '3') across the Behavioral & Emotional Needs, Risk Behaviors, and Life Functioning domains at Initial Assessment and Discharge.

- Program Managers can view service effectiveness within a program quickly.

- Are clients' needs decreasing by the discharge date, and by how much?

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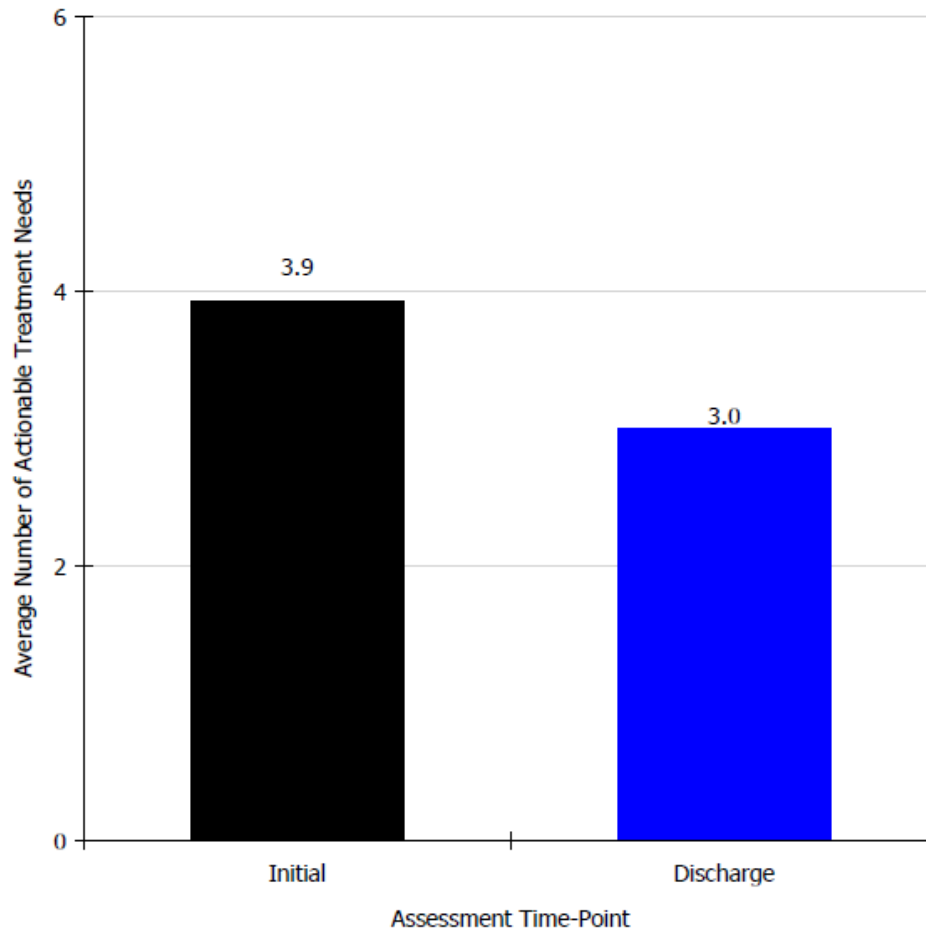## Average Impact Report

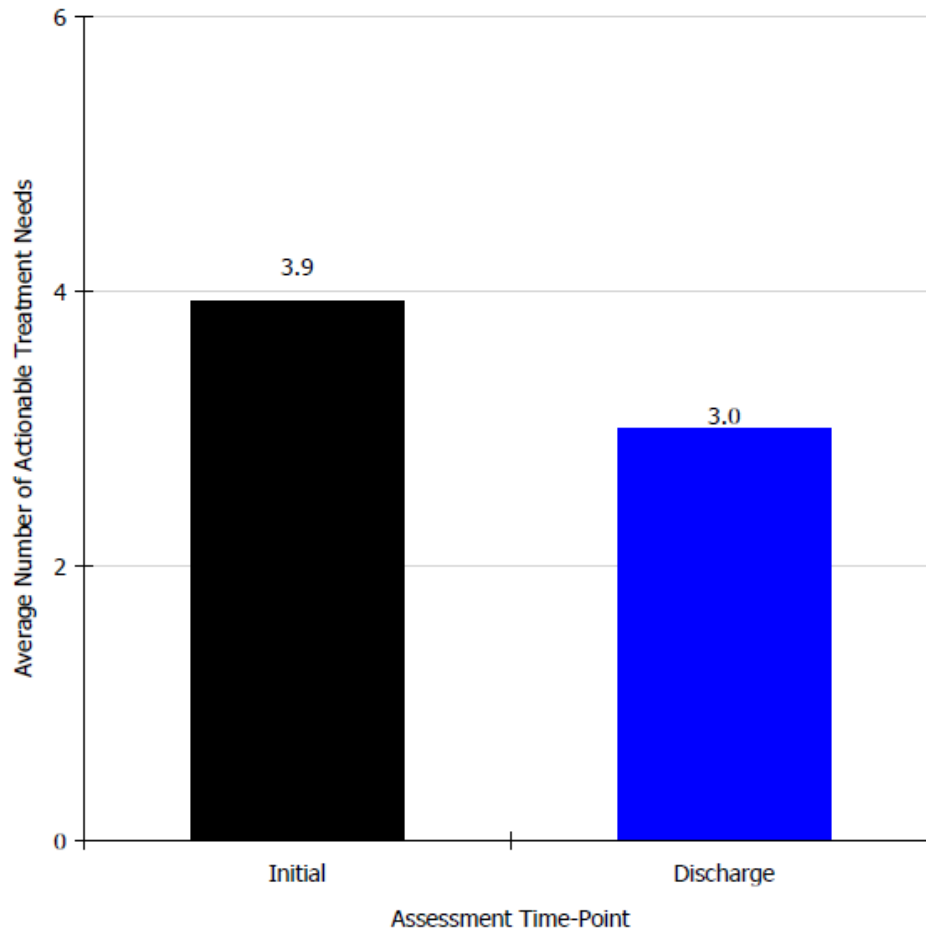**Unit:** 9999
Subunit: 5555
Assessment Time-point 1 Start Date: 7/1/2018
Assessment Time-point 1 End Date: 12/31/2018

Time-point 1: Initial
Time-point 2: Discharge

Average Impact Report*
(n = 17)

Bar chart with x-axis "Assessment Time-Point" and y-axis "Average Number of Actionable Treatment Needs" (0 to 6). Initial = 3.9, Discharge = 3.0.
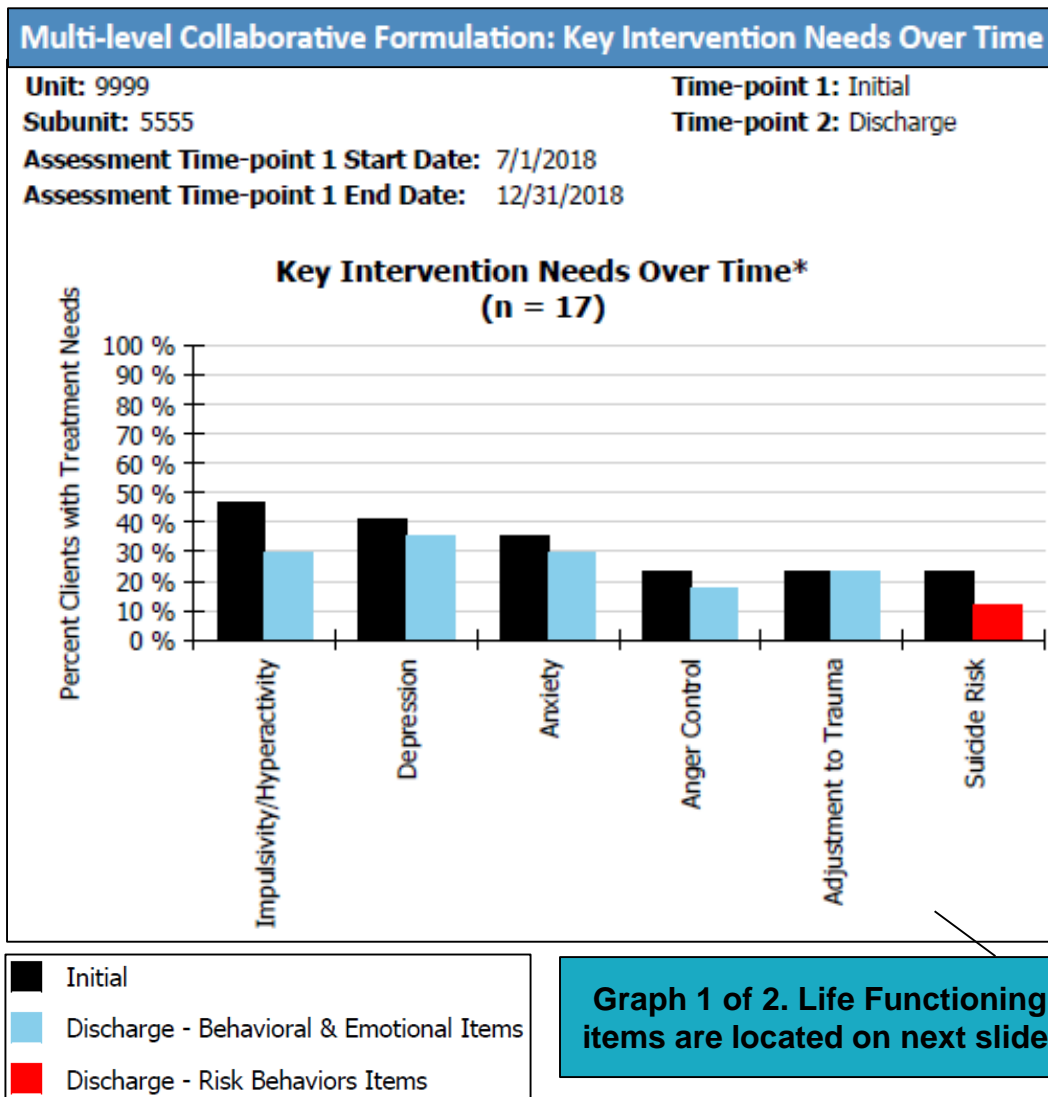
INTERPRETATION

- N indicates the total number of clients included in the report (n=17).

- For all clients who received an initial assessment between July 1st and December 31st, 2018 there were an average of 3.9 needs at the initial assessment and 3.0 needs at discharge.

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Multi-level Collaborative Formulation: Key Intervention Needs Over Time

Unit: 9999
Subunit: 5555
Assessment Time-point 1 Start Date: 7/1/2018
Assessment Time-point 1 End Date: 12/31/2018

Time-point 1: Initial
Time-point 2: Discharge

Key Intervention Needs Over Time*
(n = 17)

Legend:
- ■ Initial
- ■ Discharge - Behavioral & Emotional Items
- ■ Discharge - Risk Behaviors Items

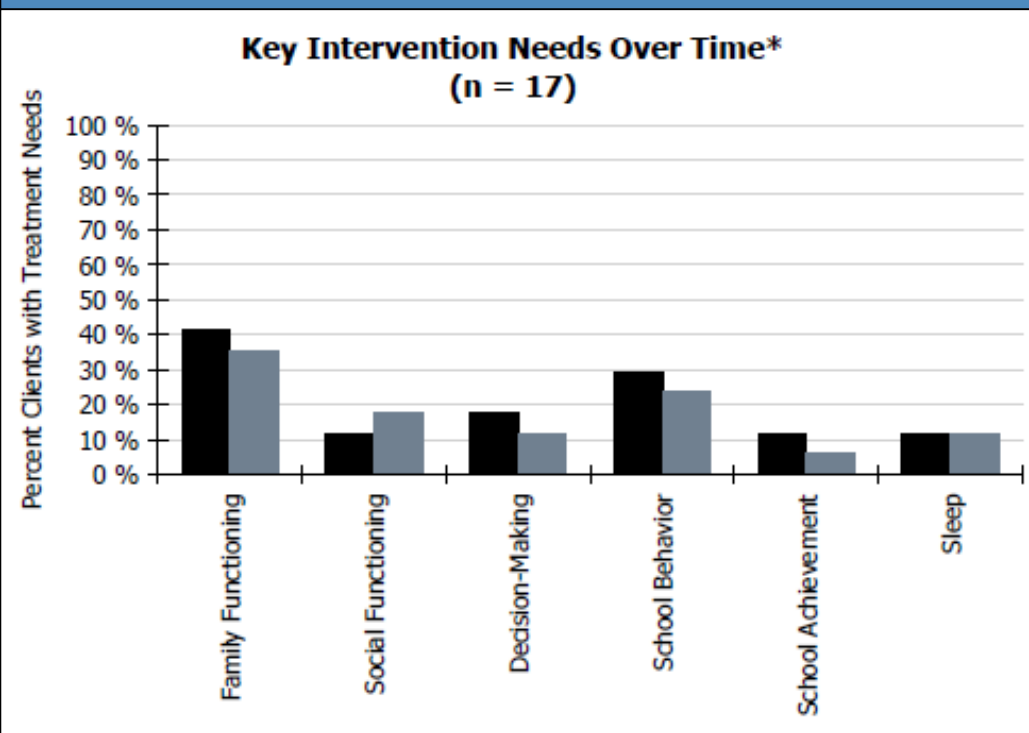**Graph 1 of 2. Life Functioning items are located on next slide.**

REPORT USAGE

- Assesses a program's progress over time on the **most frequently endorsed** 'Need' items across the Behavioral & Emotional, Risk Behaviors, and Life Functioning (*see next slide*) domains.

- Allows program managers to evaluate the following:

  - What are the most common needs across all youth in my program?

  - How are we doing addressing these needs in treatment?

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Multi-level Collaborative Formulation: Key Intervention Needs Over Time

Key Intervention Needs Over Time*
(n = 17)

Initial

Discharge - Life Functioning Items

Graph 2 of 2. Additional items are located on previous slide.

INTERPRETATION

- From the initial assessment to discharge, for this program:

  - There was a reduction in clients who had an actionable need in family functioning, decision-making, school behavior, and school achievement.

  - There was an increase in clients who had an actionable need on social functioning.

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Multi-level Collaborative Formulation: Strength Development Over Time Report
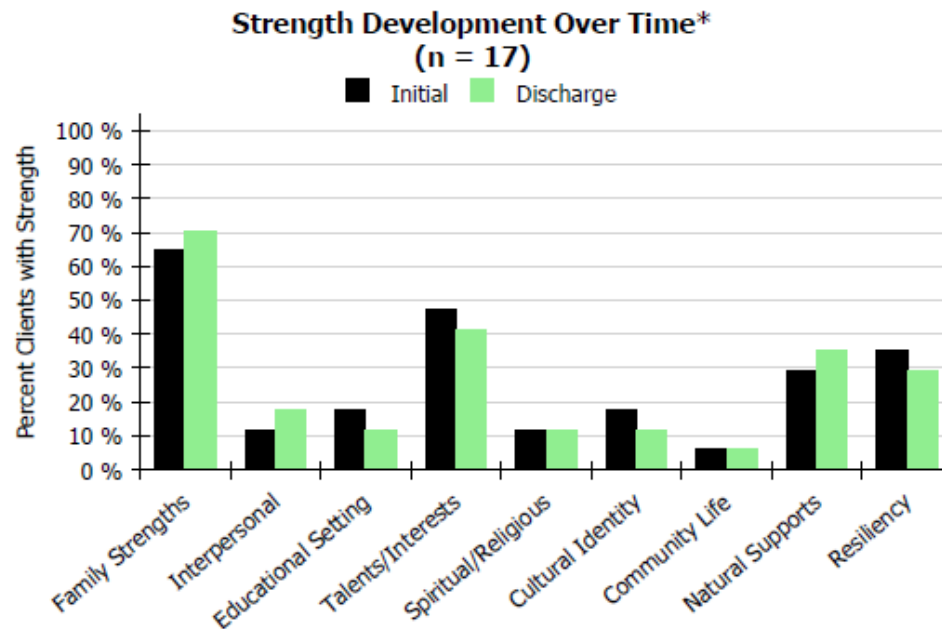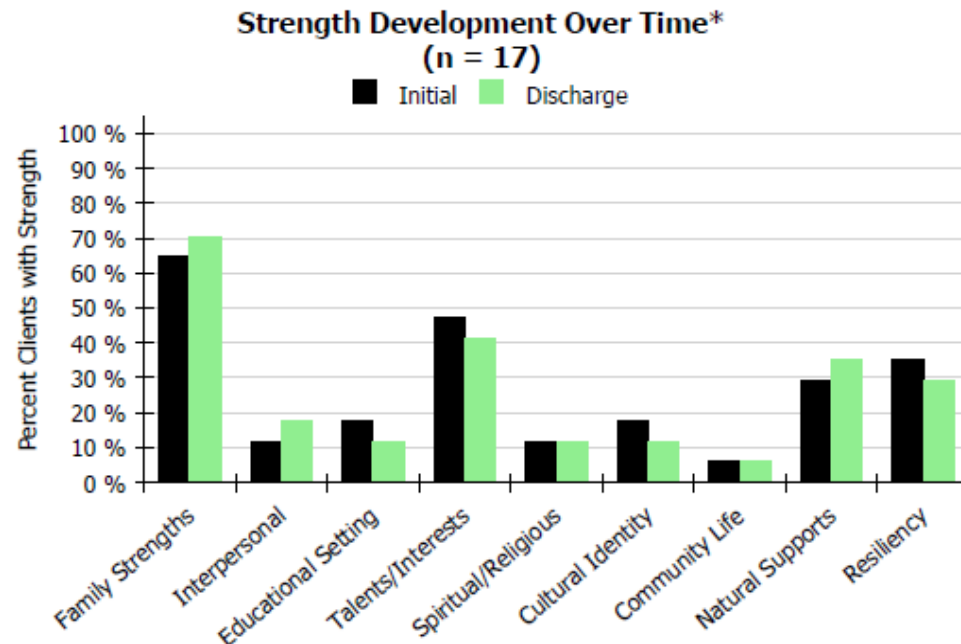
Unit: 9999

Subunit: 5555

Assessment Time-point 1 Start Date: 7/1/2018

Assessment Time-point 1 End Date: 12/31/2018

Time-point 1: Initial

Time-point 2: Discharge

Strength Development Over Time*

(n = 17)

■ Initial   ■ Discharge

* This graphic shows the percentage of clients with a strength ('0' or '1') at Initial and Discharge.

Selection criteria: Clients who completed both a Time-point 1 assessment within the selected time range as well as a Time-point 2 assessment.

REPORT USAGE

■ Shows percentage of clients at a program who have a documented strength on the initial assessment, and the percentage with a strength on the same item at a second timepoint.

■ Program managers can assess how effectively their program is developing clients' strengths.

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Multi-level Collaborative Formulation: Strength Development Over Time Report

Unit: 9999
Subunit: 5555
Assessment Time-point 1 Start Date: 7/1/2018
Assessment Time-point 1 End Date: 12/31/2018

Time-point 1: Initial
Time-point 2: Discharge

Strength Development Over Time*
(n = 17)

■ Initial ■ Discharge

(Bar chart: Percent Clients with Strength, y-axis 0% to 100%. Categories: Family Strengths, Interpersonal, Educational Setting, Talents/Interests, Spiritual/Religious, Cultural Identity, Community Life, Natural Supports, Resiliency)

* This graphic shows the percentage of clients with a strength ('0' or '1') at Initial and Discharge.
Selection criteria: Clients who completed both a Time-point 1 assessment within the selected time range as well as a Time-point 2 assessment.
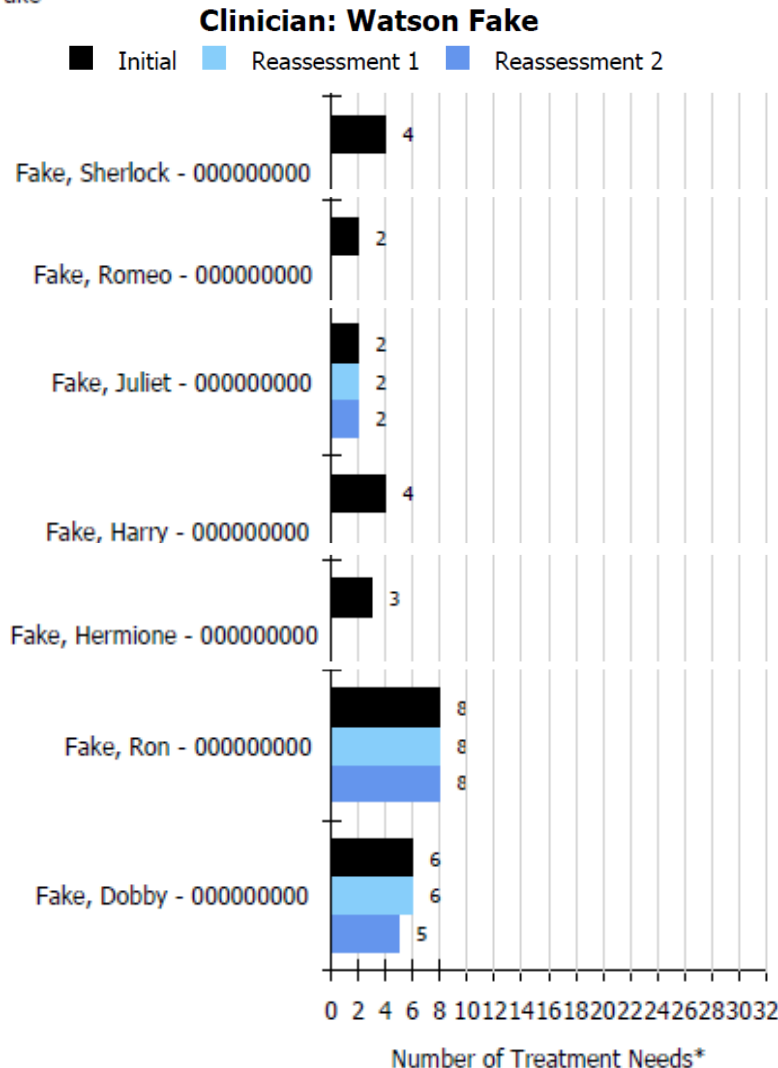
INTERPRETATION

- For clients who had an initial and discharge assessment:

  - At discharge clients had fewer reported strengths in the following areas: Educational Setting, Talents/Interests, Cultural Identity, Resiliency.

  - At discharge more clients reportedly had strengths in the following areas: Family Strengths, Interpersonal, and Natural Supports.

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Caseload Progress Report

Unit: 9999
Subunit: 5555
Clinician: Watson Fake

Clinician: Watson Fake

Initial · Reassessment 1 · Reassessment 2
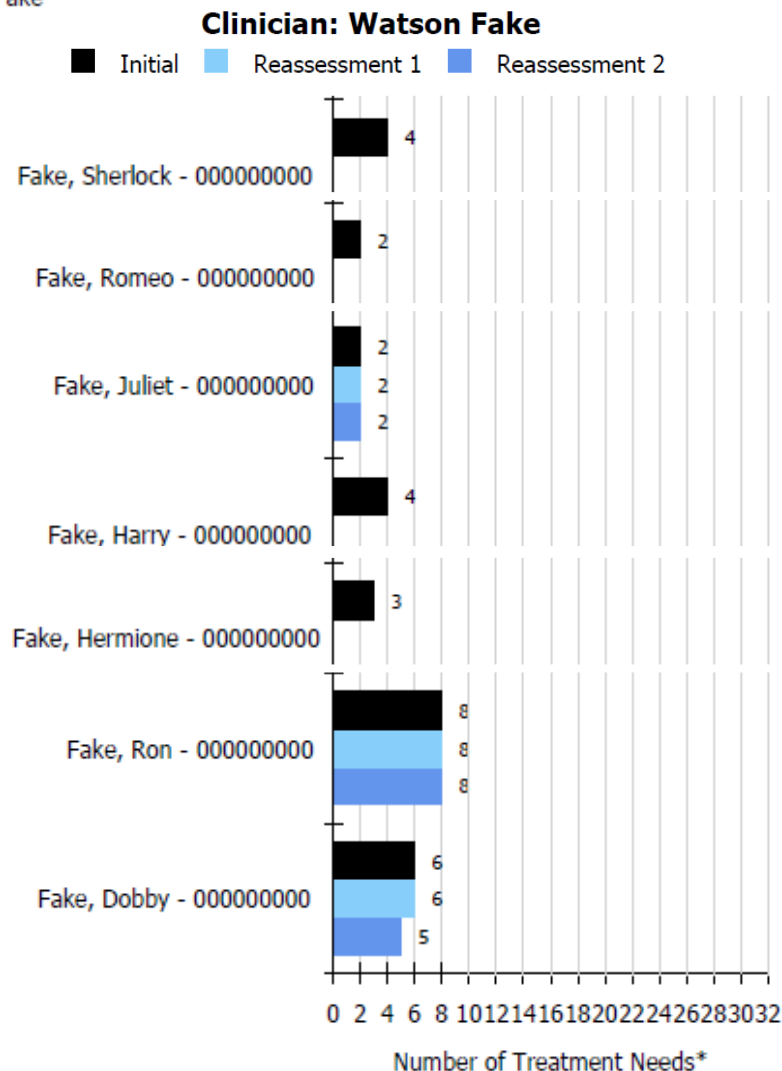
Number of Treatment Needs*

REPORT USAGE

- For each clinician, the chart displays the number of treatment needs (rated as '2' or '3') across all available timepoints on the Behavioral & Emotional Needs, Risk Behaviors, and Life Functioning domains **for each active client**.

- Can evaluate clinical intensity of each client on a clinician's caseload.

- Program managers can assess progress over time for each client on a clinician's caseload.

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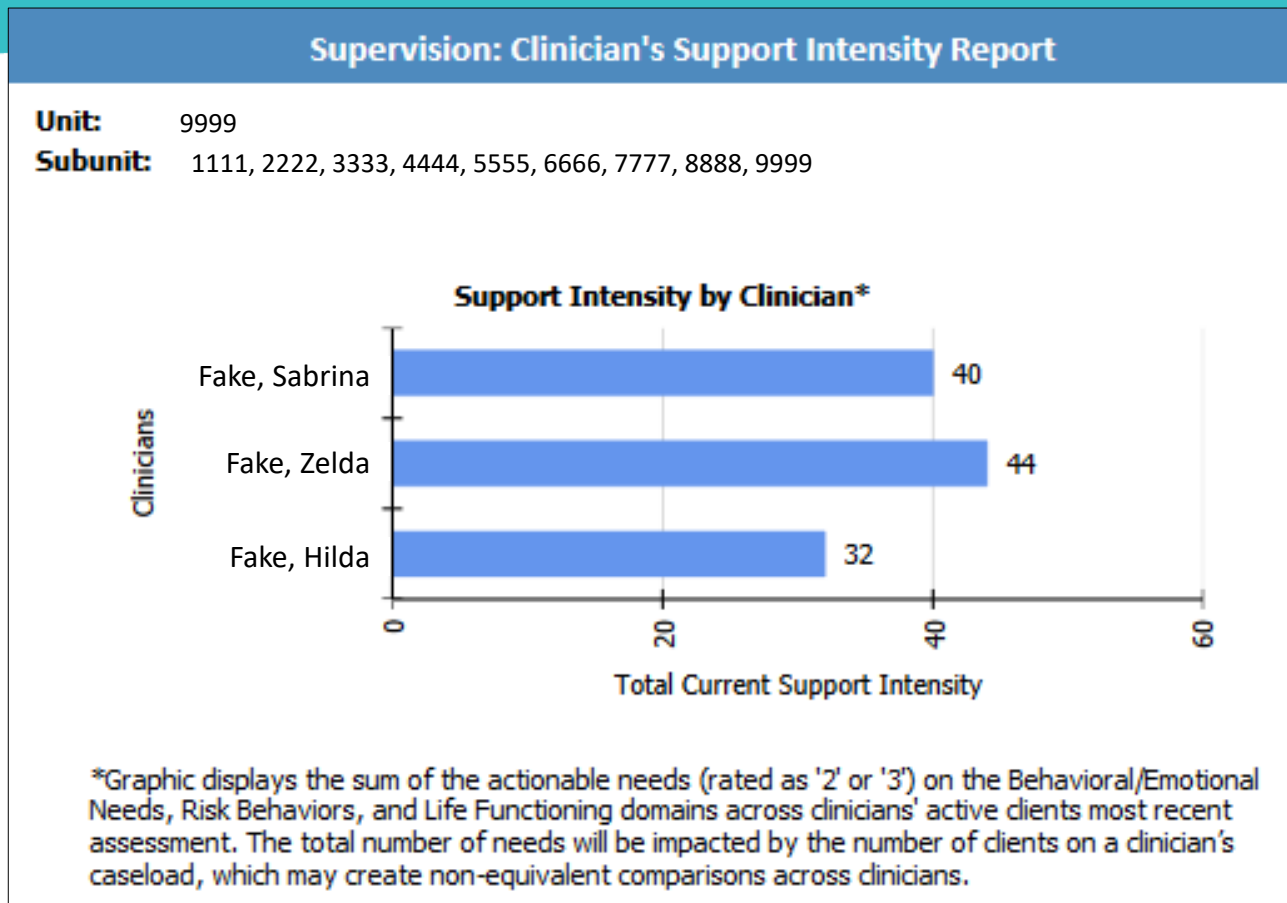LIVE WELL SAN DIEGO

Caseload Progress Report

Unit: 9999
Subunit: 5555
Clinician: Watson Fake

INTERPRETATION

- By the second reassessment, the number of total treatment needs (rated as '2' or '3') decreased from 6 to 5 for client Dobby.

- By the second reassessment, the number of total treatment needs remained the same for clients Juliet and Ron.

- Clients Sherlock, Romeo, Harry, and Hermione do not have any reassessments yet.
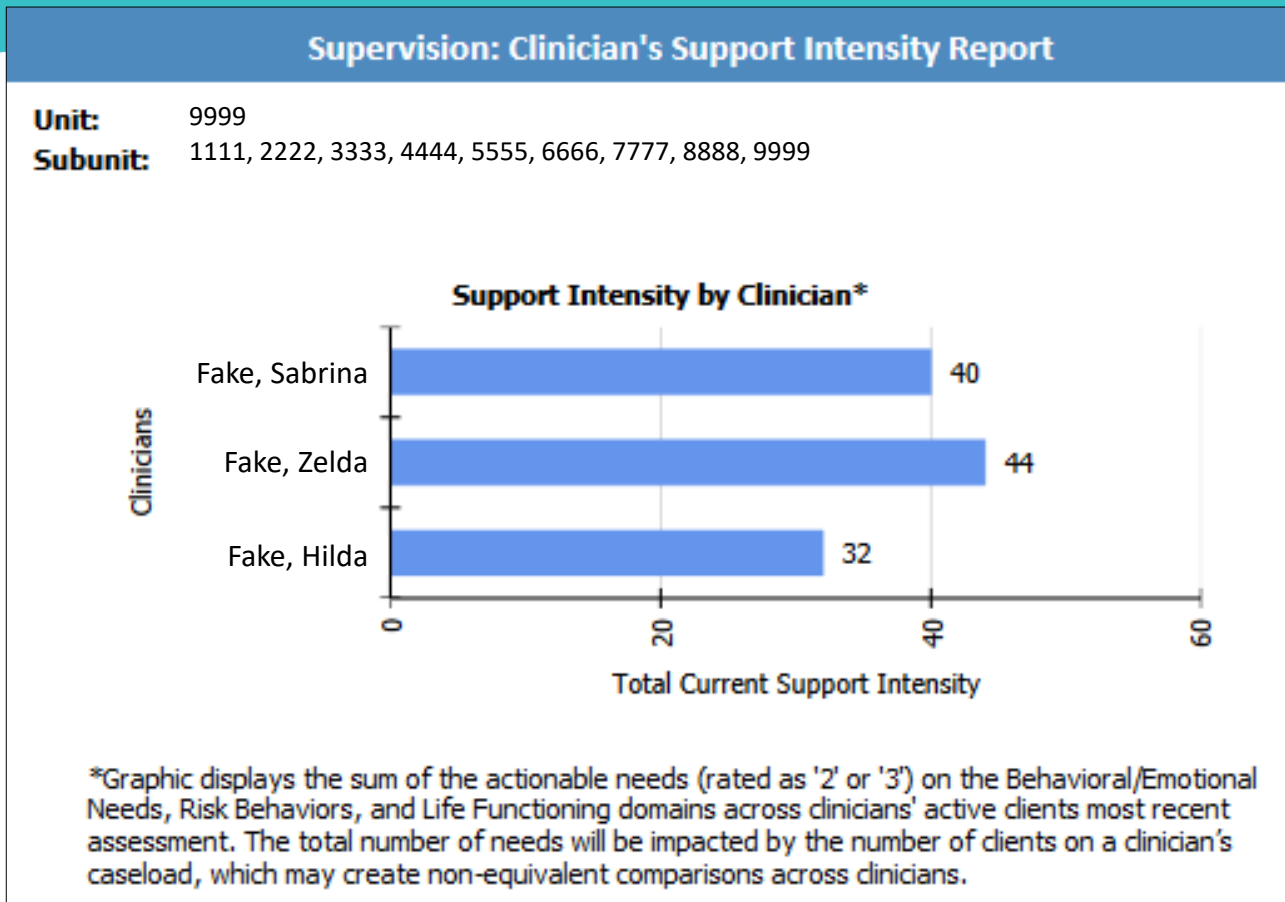
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Supervision: Clinician's Support Intensity Report

Unit: 9999
Subunit: 1111, 2222, 3333, 4444, 5555, 6666, 7777, 8888, 9999

Support Intensity by Clinician*

Clinician	Total Current Support Intensity
Fake, Sabrina	40
Fake, Zelda	44
Fake, Hilda	32

*Graphic displays the sum of the actionable needs (rated as '2' or '3') on the Behavioral/Emotional Needs, Risk Behaviors, and Life Functioning domains across clinicians' active clients most recent assessment. The total number of needs will be impacted by the number of clients on a clinician's caseload, which may create non-equivalent comparisons across clinicians.

REPORT USAGE

- Sum of the "actionable" needs (rated as '2' or '3') from the Behavioral & Emotional Needs, Risk Behaviors, and Life Functioning domains *across all* a clinician's active clients.

- Only examines needs from clients' most recent assessment.

- Program managers can evaluate the intensity of each clinician's workload.
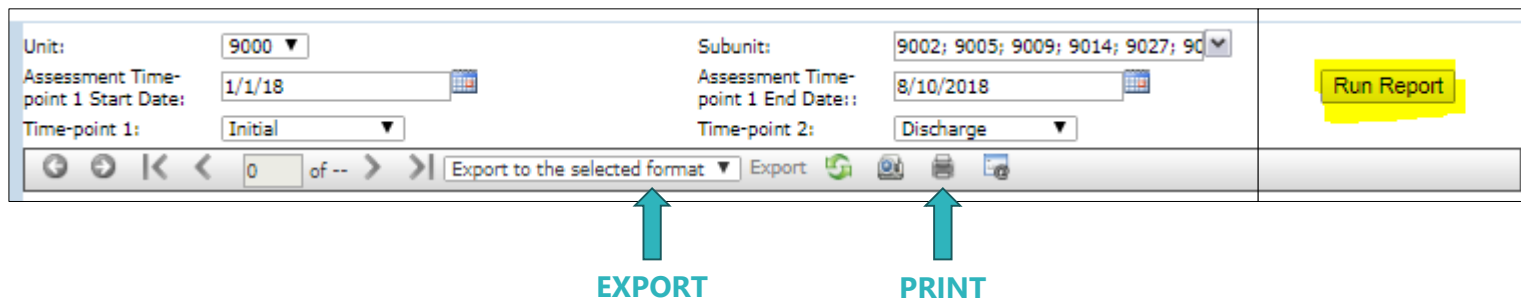
6. CLINICIAN SUPPORT INTENSITY – CANS

Supervision: Clinician's Support Intensity Report

Unit: 9999
Subunit: 1111, 2222, 3333, 4444, 5555, 6666, 7777, 8888, 9999

Support Intensity by Clinician*

Clinicians:
- Fake, Sabrina — 40
- Fake, Zelda — 44
- Fake, Hilda — 32

Total Current Support Intensity

*Graphic displays the sum of the actionable needs (rated as '2' or '3') on the Behavioral/Emotional Needs, Risk Behaviors, and Life Functioning domains across clinicians' active clients most recent assessment. The total number of needs will be impacted by the number of clients on a clinician's caseload, which may create non-equivalent comparisons across clinicians.

INTERPRETATION

- Sabrina's active clients have a sum of 40 actionable needs, Zelda's clients have a sum of 44, while Hilda's clients have a sum of 32 actionable needs.

- This suggests that Hilda *may* have greater capacity to add a high need client to her caseload, when comparing across clinicians with a similar caseload capacity.

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INSTRUCTIONS

- Log into CYF mHOMS.

- Click on Reports.

| Client Data | Reports | User Management | Documents | Data Downloads | Help |

- Click on the specific 'CANS Report' you need (e.g., Average Impact Progress Report).

- Enter the Unit and Subunit for your program.

- Enter the date range for the specific quarter or time period you are reporting on.

  - Include timepoints and client identifier, if needed.

- Click Run Report. (**Note:** It may take a few minutes for the reports to load.)

  - *Optional: Print or Export*

EXPORT   **PRINT**

- For technical assistance with reports please contact CYF mHOMS Help Desk (cyfmhoms@ucsd.edu).

PSC REPORTS

1. INDIVIDUAL – CAREGIVER REPORT (PSC-PARENT)

PSC Parent

Client ID: 00000000
Client Name: Fake, Mister
CCBH Intake Date: 7/10/2018
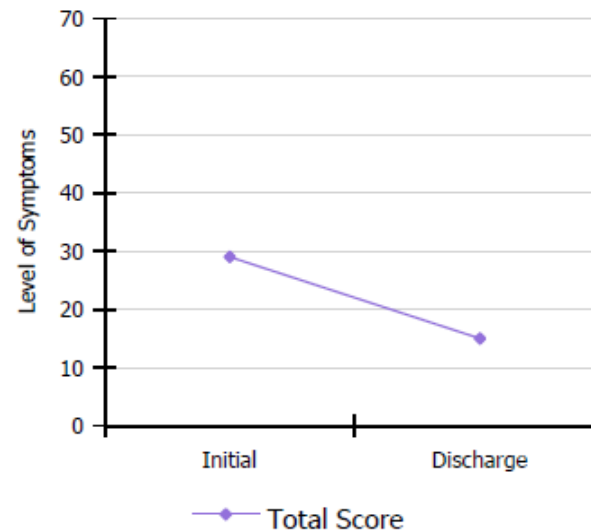**Unit:** 1234
Subunit: 1234

	Initial	Reassessment	Discharge
Attention Problems Subscale (0-10)[a]	5		3
Internalizing Problems Subscale (0-10)[b]	5 (AT-RISK)		2
Externalizing Problems Subscale (0-14)[c]	6		5
Total Score (0-70)[d]	29 (IMPAIRED)		15

REPORT USAGE

- Assesses caregivers' perspective of treatment progress over time.

- Shows all available data for the selected client.

- Can run report for active or discharged clients.

  - Have the at-risk/impairment categories changed?

  - Have subscale scores gone down over time?

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PSC Parent

Client ID: 00000000 **Unit:** 1234
Client Name: Fake, Mister **Subunit:** 1234
CCBH Intake Date: 7/10/2018

PSC Parent Subscales
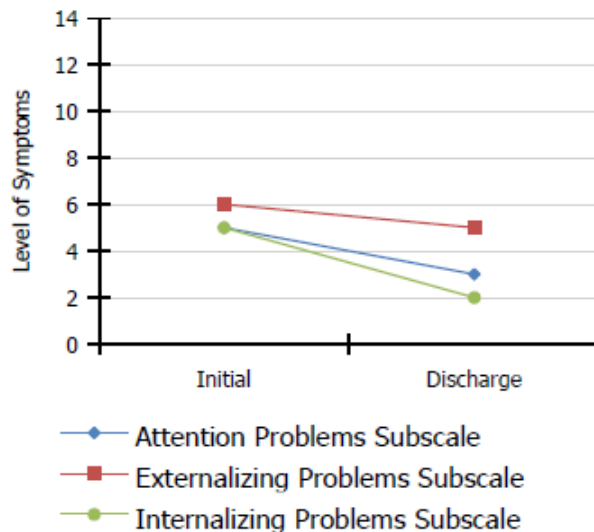
PSC Parent Total Scale

Attention Problems Subscale
Externalizing Problems Subscale
Internalizing Problems Subscale

Total Score

	Initial	Reassessment	Discharge
Attention Problems Subscale (0-10)[a]	5		3
Internalizing Problems Subscale (0-10)[b]	5 (AT-RISK)		2
Externalizing Problems Subscale (0-14)[c]	6		5
Total Score (0-70)[d]	29 (IMPAIRED)		15

INTERPRETATION

- For this client across the treatment episode, their caregiver reported the following:

  - Internalizing, externalizing, and attention problems decreased from initial assessment to discharge assessment.

  - Internalizing problems went from the at-risk range on the initial assessment to not at-risk on the discharge assessment.

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CAREGIVER REPORT FOOTNOTE

- The PSC has a detailed footnote to help interpret the results of each subscale.

a. AT RISK - Children with scores of 7 or higher on this subscale usually have significant impairments in attention.

b. AT RISK - Children with scores of 5 or higher on this subscale usually have significant impairments with anxiety and/or depression.

c. AT RISK - Children with scores of 7 or higher on this subscale usually have significant problems with conduct.

d. IMPAIRED - Children ages 6-18 with scores of 28 or higher and children ages 3-5 with scores of 24 or higher usually have psychological impairment.

LIVE WELL SAN DIEGO
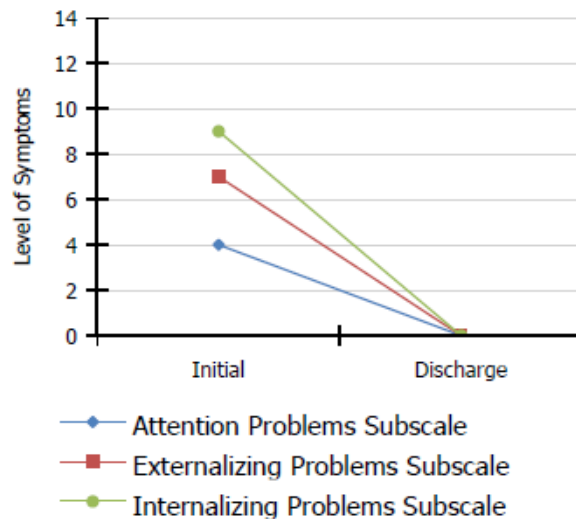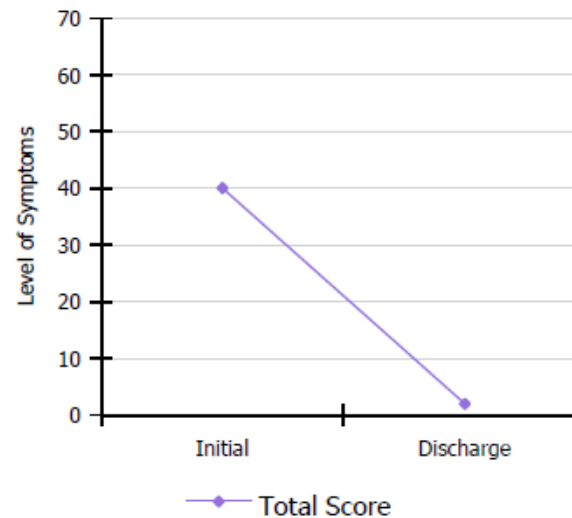
REPORT USAGE

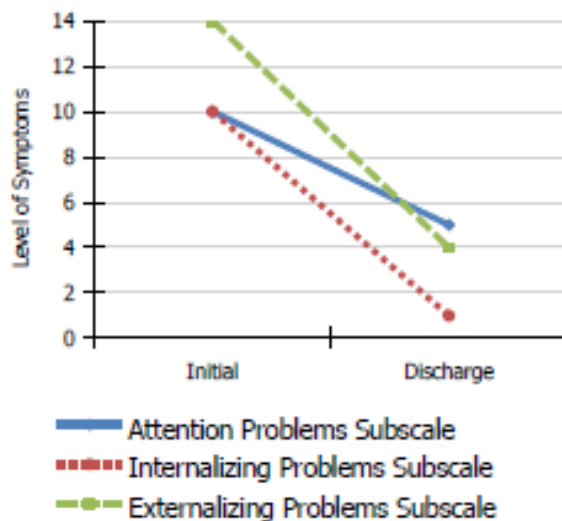- Same format as the PSC parent, but this report represents the youth's perspective (ages 11-18).

PSC Parent*

Unit: 8290
Subunits: 8291

First CCBH Discharge Date: 1/1/2018
Last CCBH Discharge Date: 12/31/2018

PSC Parent Subscales

- Attention Problems Subscale
- Internalizing Problems Subscale
- Externalizing Problems Subscale

PSC Parent Total Scale

- Total Score ages 3-5 (N=0)
- Total Score ages 6-18 (N=2)

	Initial (N = 2)	Discharge (N = 2)
Attention Problems Subscale (0-10)[a]	10.0 (AT-RISK)	5.0
Internalizing Problems Subscale (0-10)[b]	10.0 (AT-RISK)	1.0
Externalizing Problems Subscale (0-14)[c]	14.0 (AT-RISK)	4.0
Total Score for children ages 3-5 (0-70)[d]		
Total Score for children ages 6-18 (0-70)[d]	70.0 (IMPAIRED)	20.0

REPORT USAGE

- Aggregate program-level reports can be generated for PSC-Caregiver and PSC-Youth measures.

- Report only includes discharged clients who had initial and discharge scores on the PSC.

- Enables program managers to track overall treatment progress within a program.

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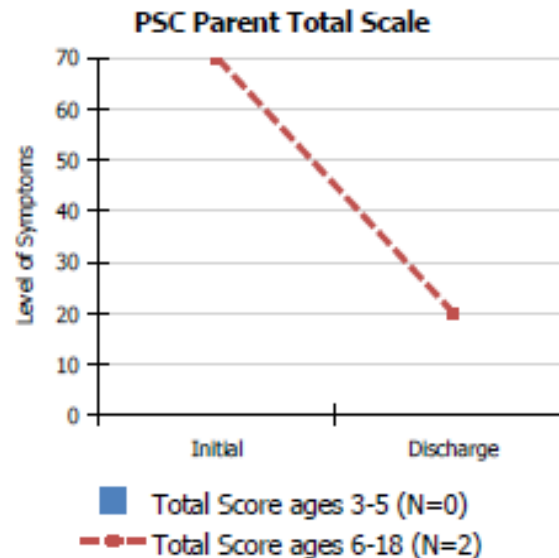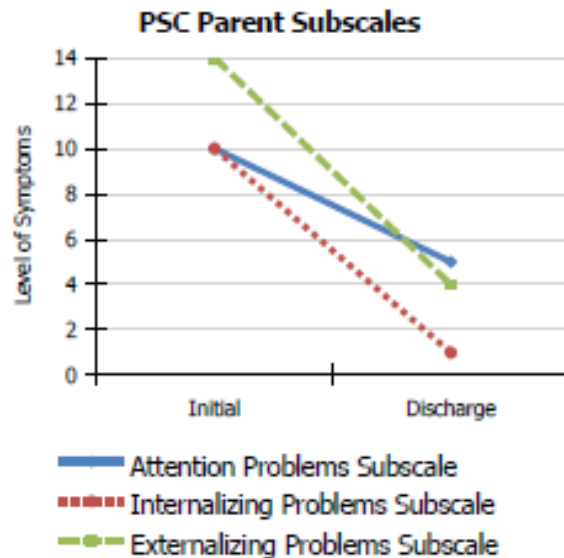
PSC Parent*

Unit: 8290
Subunits: 8291

First CCBH Discharge Date: 1/1/2018
Last CCBH Discharge Date: 12/31/2018

PSC Parent Subscales

Level of Symptoms (Initial → Discharge)

— Attention Problems Subscale
••••• Internalizing Problems Subscale
— • — Externalizing Problems Subscale

PSC Parent Total Scale

Level of Symptoms (Initial → Discharge)

■ Total Score ages 3-5 (N=0)
— • — Total Score ages 6-18 (N=2)

|	Initial (N = 2)	Discharge (N = 2)
Attention Problems Subscale (0-10)[a]	10.0 (AT-RISK)	5.0
Internalizing Problems Subscale (0-10)[b]	10.0 (AT-RISK)	1.0
Externalizing Problems Subscale (0-14)[c]	14.0 (AT-RISK)	4.0
Total Score for children ages 3-5 (0-70)[d]		
Total Score for children ages 6-18 (0-70)[d]	70.0 (IMPAIRED)	20.0

INTERPRETATION

- On average, caregivers reported reductions in their children's attention, internalizing, and externalizing problems.

- Based on the caregiver reports, average PSC scores went from the at-risk range on their initial assessment to the normative range on their discharge assessment.

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INSTRUCTIONS

- Log into CYF mHOMS.

- Click on Reports.

| Client Data | **Reports** | User Management | Documents | Data Downloads | Help |
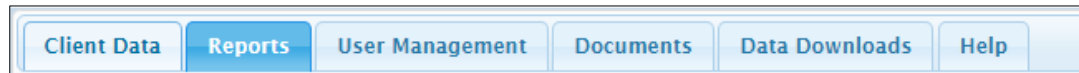
- Click on the specific 'PSC Report' you need (e.g., PSC-P Aggregate Graph).

  - For <u>Individual PSC Reports</u>: Select the unit, subunit, and client.

EXPORT   **PRINT**

  - For <u>Aggregate PSC Reports</u>: Select the unit, subunit, first and last CCBH discharge dates.

- Click Run Report. (**Note:** It may take a few minutes for the reports to load.)

  - *Optional: Print or Export*

- For technical assistance with reports please contact CYF mHOMS Help Desk (cyfmhoms@ucsd.edu).

CANS AND PSC CYF MHOMS REPORTS TRAINING

Who should attend:

- Administrative Data Entry Staff

- Program Managers (Optional)

What will be covered?

- Parameters needed to run reports

- Discussion of possible workflow for accessing the reports

When:

- February 22nd AND February 27th, 2019 (10am – 11:30am)

How to Register:

Contact Antonia Nuñez: Antonia@ucsd.edu

RESOURCES

- Please contact CYF mHOMS Help Desk (cyfmhoms@ucsd.edu) if you have any questions about reading your CYF mHOMS graphs or other technical issues.

- For additional information about using the PSC clinically, please refer to the developer's website or this helpful PowerPoint overview:

  - https://www.massgeneral.org/psychiatry/services/treatmentprograms.aspx?id=2088

  - https://medschool.ucsd.edu/som/psychiatry/research/CASRC/resources/SOCE/Documents/Clinical%20Utility%20PSC_7.2018.pdf

- For additional information about the CANS, please stay tuned for additional BHETA webinars or visit the Praed Foundation's website:

  - http://praedfoundation.org/tools/the-child-and-adolescent-needs-and-strengths-cans/