Training Overview

• Accessing the system
• Reports tab
• Report categories
• Workflow for accessing and utilizing reports
• Addressing technical issues with reports
Accessing the System

Accessing CYF mHOMS

- User must have an active account in the system
  - For assistance on registering, email cyfmhoms@ucsd.edu
- Use an updated browser:
  - Firefox, Google Chrome*, Safari, Internet Explorer
- Go to https://mhoms.ucsd.edu to access the system
- System is compatible with computers, tablets, and mobile devices

*For optimal performance, we recommend using Google Chrome to run CYF mHOMS.
Logging into the System

Users with approved access may log into the system using the username and password they created during registration.

Note: all fields are case sensitive.

Click “Forgot your password?” if necessary.
Forgotten password

- Clicking the “Forgot your password?” link will send users to the “Reset Password” form.
- Username, first name, last name, and email fields are case sensitive.
- Upon submitting this form, users will be emailed a temporary password.
- After logging in with the temporary password, the user will be prompted to change their password.

Incorrect Password

- After 5 incorrect password submissions, the user’s password will automatically reset.
  - They will receive an email containing a temporary password.
  - After logging in with the temporary password, they will be prompted to change their password.
- For more information on resetting a user’s password, please email: cyfmhoms@ucsd.edu.
Logging into CYF mHOMS

Temporary Login Code

- Once the user submits a valid username and password, the system will generate a temporary login code as part of the two-step authentication process.

- Users will receive this temporary login code via email (check the spam/junk folder if code is not received within a few minutes).

- Copy and paste the temporary code from the email into this form and click the “Submit” button to access CYF mHOMS.

Logging into CYF mHOMS

Temporary Login Code – Email Sample

Hello Antonia Nunez

Your code is below.

Temporary Code: 483388693

Please enter this code into mHOMS in order to complete your log in. If you have any questions or need assistance, please contact mhoms@ucsd.edu.
• Once logged into the system, the user will click on the “CYF Reports” tab
• User will then choose the report they would like to access by clicking on the report name
• Technical issues with any of the report links should be reported by emailing cyfmhoms@ucsd.edu
Report Categories

Report Categories –

Individual
- Reviewed by clinicians

Program Level
- Reviewed by program managers/QI specialists

Clinician Level
- Reviewed by program managers superiors

Data Check and Administrative Reports
- Reviewed by data entry staff, program managers, and QI specialists

County QSR Reports
- Reviewed by program managers/QI specialists
Individual Reports

Report Category – Individual

- Assessment Summary Report
- CANS – Individual Report
- PSC-P Graph (Caregiver Report)
- PSC-Y Graph (Client Report)
Report Category – Individual

Assessment Summary Report

- Data entry staff will print at every timepoint immediately after **successfully submitting** ALL three measures
  - CANS
  - PSC Parent
  - PSC Youth
- Printout will be reviewed by clinician and by County medical record reviewers
- Report location: within the client record

*Note: This report is not listed on the Reports tab and can only be accessed within the client’s record*

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Report Category – Individual

CANS – Individual Report

- Data entry staff will print this report every time a reassessment/discharge assessment is completed and entered into the system
- Printout will be reviewed by clinician
- Report location: within the client record
Click here to generate the report

- Click on Reports
  - Click CANS Individual Report

Click here to Print report

SD CANS (youth ages 6-21) - Total number of pages = 2
Report Category – Individual

PSC-P Graph (Caregiver Report)
PSC-Y Graph (Client Report)

- Data entry staff will print every time a PSC reassessment/discharge assessment is completed and entered into the system
- Printout will be reviewed by clinician
- Report location: within the client record
- Click on Reports
- Click on PSC-P or PSC-Y Graph

Click here to generate the report(s)

Click here to Print report

Total number of pages per report = 1
Program Level Reports

Report Category – Program Level

- CANS – Average Impact Progress Report
- CANS – Key Interventions Report
- CANS – Strength Over Time Report
- PSC-P Aggregate Graph
- PSC-Y Aggregate Graph
Report Category – Program Level

CANS – Average Impact Progress Report
CANS – Key Interventions Report
CANS – Strength Over Time Report

- Print quarterly when QSR reports are printed for program managers/QI specialists to review
- Use the same dates as for the QSR’s
- Select **Initial** for time-point 1 and **Discharge** for time-point 2
- Program managers/QI specialists can specify if they’d like to review different timepoints/timeframes
- Report location: CYF Reports tab

*Note:* The QSR reports on clients with CCBH Discharge dates within a certain timeframe; this report is based on dates dependent on time-point 1 selection

- Select **Unit**
- Select **Subunit**
- Enter **Assessment Time-point 1 Start Date** *(Use QSR start date)*
- Enter **Assessment Time-point 2 End Date** *(Use QSR end date)*
- Select **Time-point 1** – “Initial”
- Select **Time-point 2** – “Discharge”
- Click **Run Report**
• Select Unit
• Select Subunit
• Enter Assessment Time-point 1 Start Date (Use QSR start date)
• Enter Assessment Time-point 2 End Date (Use QSR end date)
• Select Time-point 1 – “Initial”
• Select Time-point 2 – “Discharge”
• Click Run Report
• Select Unit
• Select Subunit
• Enter Assessment Time-point 1 Start Date *(Use QSR start date)*
• Enter Assessment Time-point 2 End Date *(Use QSR end date)*
• Select Time-point 1 – “Initial”
• Select Time-point 2 – “Discharge”
• Click Run Report
Report Category – Program Level

PSC-P Aggregate Graph

PSC-Y Aggregate Graph

- Print quarterly when QSR reports are printed for program managers/QI specialists to review
- Use the same dates as for the QSR’s
- Program managers/QI specialists can specify if they’d like to review different dates
- Report location: CYF Reports tab
• Select Unit
• Select Subunit
• Enter First CCBH Discharge Date *(Use QSR start date)*
• Enter Last CCBH Discharge Date *(Use QSR end date)*
• Click Run Report
Clinician Level Reports

Report Category – Clinician Level

CANS – Caseload Progress Report
CANS – Clinician Support Intensity
  ▪ Print each of these reports ‘As Needed’ by program managers/supervisors for caseload planning and/or supervision
  ▪ Report location: CYF Reports tab
• Select Unit
• Select Subunit
• Select Clinician
• Click Run Report

• Select Unit
• Select Subunit
• Click Run Report
Data Check & Administrative Reports

Report Category – Data Check & Administrative

- Client Open Cases
- Client Closed Cases
- Client Intake Cases
- Missing/Pending Cases (Data Entry)
- Assessments Status Report
- Assessment Due By Staff
**Report Category – Data Check & Administrative**

Client Open Cases  
Client Closed Cases  
**Client Intake Cases**
- Print each report ‘As Needed’ for quality assurance  
- Use to cross-reference with reports generated in CERNER  
- Report location: CYF Reports tab
Report Category – Data Check & Administrative

Missing/Pending Cases (Data Entry)

- Staff should run the report at the end of their data entry session
- Any items listed on the report should be corrected prior to the data collection due date, which occurs quarterly
- Report location: CYF Reports tab

P = Pending Case (measure has been saved but not submitted).
C = Completed Case (measure has been entered or a reason for non-completion has been noted).
-- = Missing (measure has not been entered).
Report Category – Data Check & Administrative

Assessments Status Report

- Print report ‘As Needed’ for the purpose of identifying clients that have an upcoming and/or past due assessment
- Report is generated by measure (CANS, PSC-P, PSC-Y)
- Clients listed on the report are grouped by clinician
- Report location: CYF Reports tab

To run the report:

- Select Measure
- Select Program
- Enter Start Date
- Enter End Date

Date range options:
- YTD – July 1 through current date
- Current or future month(s)
Report Category – Data Check & Administrative

Assessments Due By Staff

- Print report ‘As Needed’ for the purpose of identifying when the next assessment timepoint is due
- Clients listed on the report are by clinician selected on drop-down
- Report location: CYF Reports tab
• Select Staff Id
• Click Run Report

County QSR Reports
Report Category – County QSR’s

• Intake to Discharge Parent PSC (PSC-P) Summary

• Intake to Discharge Youth PSC (PSC-Y) Summary

• Intake to Discharge CANS Summary

• Intake to Discharge CANS-EC Summary

Report Category – County QSR’s

Discharged Clients –
Intake to Discharge Parent PSC (PSC-P) Summary
Intake to Discharge Youth PSC (PSC-Y) Summary
Intake to Discharge CANS Summary
Intake to Discharge CANS-EC Summary
• Print quarterly for program managers/QI specialists to review
• QSR dates:
  • Start Date: July 1 of the current fiscal year
  • End Date: the last day of the previous quarter
• Program managers/QI specialists can specify if they’d like to review different date ranges
• Report location: CYF Reports tab
• Select Unit
• Select Subunit
• Enter Start Date
• Enter End Date
• Click Run Report

(Sample of PSC Summary)

(Sample of CANS Summary)
PESQ Reports

Report Category – PESQ

Individual Report
- PESQ Summary Report

Data Check and Administrative Reports
- PESQ Missing/Pending Cases (Data Entry)

County QSR Reports
- Discharged Clients (User) –
  - Intake to Discharge PESQ Summary
  - Intake to Discharge PESQ Supplemental Questionnaire
- Discharged Clients (At-Risk) –
  - Intake to Discharge PESQ Supplemental Questionnaire

Note: Above reports are only intended for MH programs enhanced with AOD counselors
Report Category – PESQ (Individual)

PESQ Summary Report

- Data entry staff will print at every timepoint immediately after **successfully submitting** a form
- Printout will be reviewed by AOD counselor and by County medical record reviewers
- Report location: within the client record

*Note:* This report is not listed on the Reports tab and can only be accessed within the client’s record

- Alert(s) will display on the printout if ‘Yes’ was endorsed for items 30, 33, and/or 34

**ALERT:** Thoughts about killing self  
**ALERT:** Reports someone hits them  
**ALERT:** Reports someone was sexual with them
Report Category – PESQ (Data Check & Administrative)

PESQ Missing/Pending Cases (Data Entry)
- Staff should run the report at the end of their data entry session
- Any items listed on the report should be corrected prior to the data collection due date, which occurs quarterly
- Report location: CYF Reports tab
Report Category – PESQ (County QSR)

Discharged Clients – (User) – Intake to Discharge PESQ Summary
(User) – PESQ Supplemental Questionnaire Summary
(At-Risk) – PESQ Supplemental Questionnaire Summary

- Print quarterly for program managers/QI specialists to review
- QSR dates:
  - **Start Date**: July 1 of the current fiscal year
  - **End Date**: the last day of the previous quarter
- Program managers/QI specialists can specify if they’d like to review different date ranges
- Report location: CYF Reports tab
• If the user encounters technical issues while attempting to access or generate reports in the system, we provide phone and email support during regular business hours
  - Phone: (858) 966-7703 ext. 243604
  - Email: cyfmhoms@ucsd.edu - **DO NOT** email client information!
Thank you!
For further assistance, please contact
CYF mHOMS Help Desk at:
cyfmhoms@ucsd.edu
(858) 966-7703 ext. 243604