CANS and PSC: Clinical Utility of the CYF mHOMS Reports

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LIVE WELL
SAN DIEGO
**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.
1. INDIVIDUAL PROGRESS REPORT – CANS

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).
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.

Date: 1/1/2018
2. AVERAGE IMPACT REPORT – CANS

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?
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.
3. KEY INTERVENTIONS NEEDS REPORT – CANS (PG. 1)

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?

Graph 1 of 2. Life Functioning items are located on next slide.
KEY INTERVENTIONS NEED REPORT - CANS (PG. 2)

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.

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

### Multi-level Collaborative Formulation: Strength Development Over Time Report

<table>
<thead>
<tr>
<th>Unit: 9999</th>
<th>Time-point 1: Initial</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subunit: 5555</td>
<td>Time-point 2: Discharge</td>
</tr>
</tbody>
</table>

**Assessment Time-point 1 Start Date:** 7/1/2018  
**Assessment Time-point 1 End Date:** 12/31/2018

### Strength Development Over Time*

- **(n = 17)**
  - Initial
  - Discharge

<table>
<thead>
<tr>
<th>Strength</th>
<th>Initial</th>
<th>Discharge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Strengths</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interpersonal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Educational Setting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Talents/Interests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spiritual/Religious</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cultural Identity</td>
<td></td>
<td></td>
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<tr>
<td>Community Life</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Natural Supports</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resiliency</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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*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.
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.
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.
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.
6. CLINICIAN SUPPORT INTENSITY – CANS

**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**

**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.

*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.*
INSTRUCTIONS

- Log into CYF mHOMS.
- Click on Reports.
- 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
- For technical assistance with reports please contact CYF mHOMS Help Desk (cyfmhoms@ucsd.edu).
PSC REPORTS
1. INDIVIDUAL – CAREGIVER REPORT (PSC-PARENT)

**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?
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.
1. INDIVIDUAL – CAREGIVER REPORT (PSC-PARENT)

CAREGIVER REPORT FOOTNOTE

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

- AT RISK - Children with scores of 7 or higher on this subscale usually have significant impairments in attention.
- AT RISK - Children with scores of 5 or higher on this subscale usually have significant impairments with anxiety and/or depression.
- AT RISK - Children with scores of 7 or higher on this subscale usually have significant problems with conduct.
- 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.
### PSC Youth

**Client ID:** 0000000000  
**Unit:** 1234  
**Client Name:** Fake, Mister  
**Subunit:** 1234  
**CCBH Intake Date:** 7/10/2018

#### PSC Youth Subscales

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

#### PSC Youth Total Scale

- **Total Score**

<table>
<thead>
<tr>
<th>Initial</th>
<th>Reassessment</th>
<th>Discharge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attention Problems Subscale (0-10)$^a$</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>Internalizing Problems Subscale (0-10)$^b$</td>
<td>9 (AT-RISK)</td>
<td>0</td>
</tr>
<tr>
<td>Externalizing Problems Subscale (0-14)$^c$</td>
<td>7 (AT-RISK)</td>
<td>0</td>
</tr>
<tr>
<td>Total Score (0-70)$^d$</td>
<td>40 (IMPAIRED)</td>
<td>2</td>
</tr>
</tbody>
</table>

**REPORT USAGE**

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

INSTRUCTIONS

- Log into CYF mHOMS.

- Click on Reports.

- Click on the specific ‘PSC Report’ you need (e.g., PSC-P Aggregate Graph).
  - For Individual PSC Reports: Select the unit, subunit, and client.
  - For Aggregate PSC Reports: 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).
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 22\textsuperscript{nd} AND February 27\textsuperscript{th}, 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

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