Tip Sheet for Obtaining Two Time Points on the CAMS

QUESTION OF INTEREST POSED BY THE CHILDREN’S OUTCOMES COMMITTEE
How can we overcome barriers to obtaining CAMS outcomes (i.e., CAMS at two time points)?

WHY IS THIS IMPORTANT?
Without two CAMS timepoints, outcomes cannot be used clinically by programs nor can they be used system-wide.

WHEN ARE CAMS MEASURES COMPLETED?
CAMS measures are completed and entered within 30 days of intake and discharge.

1. Parents are tired of paperwork, how can I increase their motivation to complete the CAMS?
   a. At intake set the expectation that the family will complete the measure and discuss why it is important. For instance, “completing this measure will help me understand if your child is getting better or if we need to adjust treatment”.
   b. Reframe the purpose of the CAMS as the youth and caregiver’s opportunity to provide their perspective.
   c. Review the CAMS results with caregivers/clients to communicate the importance of completing the measure. As demonstrated in the Utility of the CAMS training (link below), reviewing treatment progress using the graph from SOCE database can help the client visually see treatment progress. As soon as you have two CAMS timepoints, review the graphs with families.

2. I have no problem getting the intake CAMS completed but clients often drop out of services before I can get the discharge CAMS.
   a. If a client appears to be ready to terminate services, give them the CAMS that session. For instance, give them the CAMS when you schedule their termination session, in case they do not show up (and then you can review treatment progress with them using the graphs during the termination session). Note. To generate the CAMS graphs before the discharge data, enter it as a second timepoint CAMS. CAMS can be administered 30 days prior to the discharge date.
b. If your client has received more than 13 sessions, they should be given the CAMS at UR. At session 11 or 12, complete the CAMS and CFARS along with all other UR paperwork (whoever prepares paperwork can attach the measures to it). This UR CAMS measure can substitute for a discharge CAMS if a CAMS is not obtained at discharge.

c. You can also mail the measure, however the odds of clients returning the measure are low. Including a return envelope that is addressed and stamped as well as following up with a phone call will increase chances of caregivers sending it in.

d. If there are barriers to collecting the CAMS at the UR (e.g., they haven’t gone through UR because they are seen monthly), and it’s been at least two months since their last CAMS measure, create set intervals to complete the CAMS (e.g., every 3/6 months).

e. Administer as a verbal interview over the phone.

3. **We are a program with minimal caregiver contact (e.g., school-based program) and so it is difficult to access the parent/caregiver**
   
a. At intake, express an expectation that you will have a specific number of family sessions where the caregiver will attend and that CAMS completion is part of the requirement.
   
b. Complete the CAMS in the middle of treatment (as long as it has been at least 2 months since the previous CAMS was completed) if that is when you see the caregiver.
   
c. Complete the CAMS over the phone at the end of treatment if the caregiver cannot make it to the appointment for childcare or work schedule reasons.
   
d. Utilize case managers and family support partners to encourage families to complete the CAMS.
   
e. Complete CAMS during home visits.

4. **How should I administer the CAMS?** While there are many ways to administer the CAMS, ideally you would set aside time within your session to complete it. If it’s used in a clinical context (e.g., to discuss strengths and difficulties), it can be part of your session time. Another idea includes asking a family to come 15 minutes early to complete it in the waiting room or reserve a room for the family.

5. **Clients/caregivers don’t seem to fully grasp the measure.** The CAMS is written at a 4th grade reading level. If you need to you can read the items to clients/caregivers (administer as a verbal interview) or explain specific items about which they have questions.
6. **My client’s primary language is not English.** The large majority of our clients and their parents speak either English or Spanish, however the measure is also available in Tagalog and Vietnamese. If your client speaks another language that is different from yours, utilize a translator to complete the CAMS.

7. **What if the child is in a group home?** A primary staff can complete the Clinician CAMS measure. If they do not know the child well enough to complete it immediately, wait until they get to know the child to complete the intake CAMS measure. Ideally it would be completed within a week of admission to the program by someone who has daily contact with the client. Strive to have the same person complete the measure at intake and discharge.

8. **What if a client just transferred from another program?** You can use their discharge CAMS as your intake CAMS if it has been less than 2 months since their discharge. You can look up the program’s contact information in Anasazi and ask them to send over the paperwork. Note. You still need to enter data from another program into the DES.

9. **Does a parent CAMS need to be completed if my client is 18+?** The expectation of youth receiving services in the children’s system is that their caregivers are involved and a parent CAMS is completed.

**The clinical utility of the CAMS Training is located under the trainings heading on the following webpage:**

http://casrc.org/projects/soce/des.html

If you have any questions, please contact:
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