

OBJECTIVE ARTS (OA) REPORTS MANUAL

A guide for running the most commonly used reports in
San Bernardino County Department of Behavioral Health's
Objective Arts system

TABLE OF CONTENTS

Monitoring Assessment Completion.....	1
Tickler With Episodes Report (Tickler).....	1
CANS/ANSA DATA Counts Expected Assessment Summary (Expected Assessment Report)	4
Monitoring Client Level Scores	6
Outcome Snapshot Combined Reports(Outcome Snapshot Report & Outcome Snapshot Combined).....	6
Algorithm Client Scores by OU Reports Client Actionable Items Report (CAIR).....	8
Monitoring Service Effectiveness	10
Reliable Change Index Reports	10
TCOM Multi-Level Collaborative Formulation	13
TCOM Impact Reports	15
More Information.....	18

MONITORING ASSESSMENT COMPLETION

TICKLER WITH EPISODES REPORT (TICKLER)

The CANS 'Tickler with Episodes' (Tickler Report) is a report detailing when assessments are expected for a client, sorted by clinician, and color coded. Each client row shows the expected dates for the next assessment(s). If the assessment becomes past due, it will go through a series of different icons and colors to visually reflect what needs to be completed. The intent of the report is to ensure that client assessments are conducted timely and in accordance with contract program standards.

This report is auto-emailed from the OA system every Monday to the Domain Clinical Admin, Clinical Admin, Clinical Staff, and Supervisor Objective Arts (OA) roles, but it can be manually run at any time.

Questions Answered by Tickler Report:

- Which clients are open/closed to a Reporting Unit?
- Who is the designated "Primary Therapist" (i.e., caseload)?
- Which Expected CANS are completed, missing, or coming due?

Staff Actions to take in response to Tickler Report:

- Plan on completing next due CANS.
- Verify that CANS are being recorded in Objective Arts.
- Monitor accuracy of caseload assignments.

Common Parameters for the Tickler Report:

The report defaults to show all open clients and clients closed within the last 90 days. Do not enter dates into the Date Range, Start Date, or End Date fields, as this will return historical results which are not helpful for clinical practice and/or CANS/ANSA completions.

- Sliding Date Range: Select Specified Date Range
- Start Date: Unchecked
- End Date: Unchecked
- Instruments: CANS/ANSA (choose one or both as appropriate)
- Client Status: Both
- Assessors: Unchecked or select if running for a particular assessor
- Months Range: Unchecked or select 0 to see only open episodes
- Only Include Clients With Missing Assessments: Unchecked
- Reporting Units: The RU(s) needed to produce the report
- Tags: Unchecked

Tickler Report Example

Data Source: Transactional		Reporting Unit(s)						
Tag(s): All		Instruments: San Bernardino ANSA, San Bernardino CANS						
For period: -- to 2/22/2019		Includes cases closed within the past 3 months						
Reporting Unit	Client ID	Opening	Closing	Initial	Update A	Update B	Update C	Update D
Assessor's Name								
Last25624_First25624	Id25624	Feb 11, 2014		[AE] Apr 7, 2014	▲ Aug 22, 2018	▲ Nov 22, 2018	✎ Feb 22, 2019	📅 May 22, 2019
Last56924_First56924	Id56924	Oct 13, 2016	Dec 12, 2018	[AE] Oct 13, 2016	[Re] Feb 23, 2018	[AE] May 14, 2018	[As] Aug 15, 2018	[Su] Dec 12, 2018 (D)

Legend

Assmt Status: [As] Assigned [Su] Submitted [Ap] Approved [Re] Rejected (D) Discharge

Missing Assmt: ✎ Past expected date ! Long past, but a recent one done ▲ Long past expected date

Expected Assmt: 📅 Expected in the future 🕒 Expected within 30 days

Feb 22, 2019, 9:49 AM Page 1 of 36

Common Tickler Report Problems:

1. If a client is listed on the Tickler Report and is expected to be closed:
 - a. Remember, by default the Tickler includes clients closed in the system within the last 90 days of running the report. If client has a date in the "Closing" column then no action is needed.
 - b. If no date in the "Closing" column then verify that the DBH billing system (e.g., SIMON) shows the client episode as closed.
 - i. If the client episode was closed within the last seven (7) days simply wait a week to see if it is included on the next data upload.
 - ii. If the client episode is not closed in the DBH billing system, have your agency's SIMON data entry clerk close the episode.
 - iii. If the **data entry** for an episode closure is 180 days past the actual episode close date, the episode close date will not upload to OA. If this happens, contact the agency Objective Arts Subject Matter Expert (OA SME).
 - iv. If the episode is closed in the DBH billing system, but is showing on the Tickler report as open, the organization's OA SME should contact the DBH OA mailbox with a Request to Close Client Episode(s) via secured/encrypted email. The request must include the following:
 - (a) Verification (e.g., screen shot) that the episode(s) are closed in the DBH billing system
 - (b) Client full name
 - (c) Client billing system identification number (i.e., SIMON/My Avatar number).
 - (d) Episode Open Date
 - (e) Episode Closing Date

2. If 'No Responsible User' is listed as the assessor, one or more of the following may be the cause and must be corrected. Please contact the agency OA SME:
 - a. The staff listed in the DBH billing system as the Primary Therapist does not have an OA profile.
 - b. The login ID assigned to the OA profile does not match the staff's assigned billing system number (i.e., SIMON/My Avatar number).
 - c. Staff is not placed in OA under the Reporting Unit that is providing services to the client.

Tickler with Episodes

Data Source: Transactional
 Tag(s): All
 For period: -- to 10/17/2018

Reporting Unit(s):
 Instruments: San Bernardino CANS2
 Includes cases closed within the past 3 months

Client ID	Opening	Closing	Initial	Update A	Update B	Update C	Update D
NO RESPONSIBLE USER							
Last38324	ID37159	Oct 10, 2014	Oct 10, 2014	Feb 2, 2018	May 11, 2018	Aug 11, 2018	Nov 11, 2018
Last38324	ID38324	Mar 7, 2014	Oct 15, 2014	Feb 2, 2018	May 11, 2018	Aug 11, 2018	Nov 11, 2018
Last50507	ID50507	May 10, 2014	May 10, 2014	Feb 18, 2018	May 11, 2018	Aug 11, 2018	Nov 11, 2018

CANS/ANSA DATA COUNTS EXPECTED ASSESSMENT SUMMARY (EXPECTED ASSESSMENT REPORT)

The Expected Assessment report provides an aggregate measure of CANS/ANSA completion rates for Initial, Update, Discharge, and Total completed assessments. The report may be aggregated to hide individual staff rates and show completion rates for a clinical unit or agency.

The Expected Assessment report is auto-emailed from the OA system every month to the Domain Clinical Admin, Clinical Staff, Supervisor, and Clinical Admin OA roles, but can be manually run at any time.

Questions Answered by Expected Assessments Report:

- What percentage of expected CANS/ANSA assessments are done? For:
 - Initials?
 - Updates? (based on 3 or 6 months from last CANS/ANSA)
 - Discharges?
- Is there enough CANS/ANSA data to allow for aggregate outcome evaluation?

Staff Actions to take in response to Expected Assessments Report:

- Primarily used by supervisors and managers to:
 - Identify staff who are doing an exceptional job of completing CANS/ANSA.
 - Help staff who are struggling to complete CANS/ANSA.

Common Parameters for the Expected Assessments Report:

- Sliding Date Range: Specified Date Range, make appropriate selection for required time frame.
- Start Date: The start date for the time period of the report, if necessary, if date range not selected.
- End Date: The end date for the time period of the report, if necessary, if date range not selected.
- Aggregate Assessors: Check to group all assessors together
- Reporting Units: The RU(s) needed to produce the report
- Aggregate RU: Check to group all agency RUs together
- Assessment Status(es): *Submitted and Approved*

How to Read the Expected Assessment Report

- % Initial Completed – Percent of the expected Initial CANS-SB Assessments that were completed in the OA system within 45 days of due date.
- % Update Completed - Percent of the expected Update CANS-SB Assessments that were completed in the OA system within 45 days of due date.
- % Discharge Completed – Percent of the expected Discharge CANS-SB Assessments that were completed in the OA system within 45 days of due date.
- % Total Completed – Percent of the expected Total CANS-SB Assessments that were completed in the OA system within 45 days of due date.

Expected Assessment Report Example

CANS/ANSA Data Counts Expected Assessment Summary

Data Source: DWH
 Period: 7/1/2017 to 6/30/2018
 Assessment Submitted, Approved
 Statuses:

RU(s)

	% Initial Completed	% Update Completed	% Discharge Completed	% Total Completed
All RUs				
Green, Mertie	<u>83% (10/12)</u>	<u>28% (7/25)</u>	<u>88% (14/16)</u>	<u>58% (31/53)</u>
Howell, Sabrina	<u>100% (2/2)</u>	<u>50% (6/12)</u>	<u>100% (7/7)</u>	<u>71% (15/21)</u>
Leuschke, Winfield	<u>73% (11/15)</u>	<u>35% (12/34)</u>	<u>87% (26/30)</u>	<u>62% (49/79)</u>
Rolfson, Francesco	<u>75% (6/8)</u>	<u>20% (1/5)</u>	<u>88% (7/8)</u>	<u>67% (14/21)</u>
Sauer, Eugene	<u>100% (6/6)</u>	<u>52% (11/21)</u>	<u>100% (17/17)</u>	<u>77% (34/44)</u>
Shields, Afton	<u>100% (29/29)</u>	<u>80% (4/5)</u>	<u>100% (31/31)</u>	<u>98% (64/65)</u>
Simonis, Duncan	<u>100% (19/19)</u>	<u>52% (25/48)</u>	<u>100% (23/23)</u>	<u>74% (67/90)</u>
Upton, Marisa	<u>100% (26/26)</u>	<u>93% (43/46)</u>	<u>100% (35/35)</u>	<u>97% (104/107)</u>
Totals:	<u>93% (109/117)</u>	<u>56% (109/196)</u>	<u>96% (160/167)</u>	<u>79% (378/480)</u>

MONITORING CLIENT LEVEL SCORES

OUTCOME SNAPSHOT COMBINED REPORTS

(OUTCOME SNAPSHOT REPORT & OUTCOME SNAPSHOT COMBINED)

The Outcome Snapshot Report shows a count of assessment item scores (i.e., 0, 1, 2, and 3). The Outcome Snapshot – Combined report groups the scores as Non-Actionable (0, 1) and Actionable (2, 3). The report provides a snapshot of the actionable vs the non-actionable needs at a given assessment point (Initial, Update, Discharge).

This report is auto-emailed every month to the Supervisor, Clinical Admin, and Domain Clinical Admin OA roles, but can be manually run at any time. The auto-emailed report provides data on Initial CANS for the previous month (i.e., what where the needs of clients recently brought into care).

Questions Answered by Outcome Snapshot-Combined Reports:

- What percentage of clients need help (i.e., action) for a specific item?
- What percentage of clients need immediate and/or intensive needs for a specific item?
- What percentage of clients have specific useful strengths at intake? At discharge?

Staff Actions to take in response to Outcome Snapshot-Combined Reports:

- Auto-Email report used by supervisors to get summary of new clients entering care in previous month.
- Used by evaluators to report information on needs addressed by the program.

Common Parameters for the Outcome Snapshot-Combined Report:

- Client Status: Both
- Sliding Date Range: Specified Date Range, make appropriate selection for required time frame
- Start Date: The start date for the time period of the report, if date range not selected.
- End Date: The end date for the time period of the report, if date range not selected.
- Instruments: CANS/ANSA
- Assessment Items (CANS/ANSA): Life Domain Functioning, Child/Youth Strengths, Acculturation, Child/Youth Behavioral/Emotional Needs, Child/Youth Risk Behaviors, and any modules as appropriate (e.g., Ages 0-5/Early Development Module for SART/EIIS programs).
- Assessment Type(s): Initial
- Assessment Status: Submitted, , Approved
- Rpt Unit/Tag Filter: The RU(s) needed to produce the report

- Aggregate RU: Unchecked (Check if you want to group RUs together)
- Tags: Unchecked
- Scores: ALL
- Age Range(s): Specified Age Range or All
- Sort By: Unchecked or user discretion
- Gender : Unchecked (defaults to Both) or user discretion

Outcome Snapshot - Combined Report Example

CANS Outcome Snapshot - Combined							
For period:	7/1/2017 to 6/30/2018	Data Source:	DWH				
RU(s):	CCICMS (36811)	Tag(s):	All				
Gender:	BOTH						
Assessment Reasons:	Initial						
Assessment Statuses:	Submitted,Approved						
All Items with Score:	0,1,2,3	Clients Status:	Active/Inactive				
				<div style="display: flex; justify-content: space-between; width: 100%;"> Non-Actionable Actionable </div>			
Program Name	0	1	Subtotal	2	3	Subtotal	Total
by Assessor by Approver							
Life Domain Functioning							
Family Functioning	4	16	20 (13%)	82	56	138 (87%)	158
Living Situation	13	37	50 (32%)	73	35	108 (68%)	158
Social Functioning	1	26	27 (17%)	93	38	131 (83%)	158
Recreational	24	38	62 (39%)	75	21	96 (61%)	158
Developmental/Intellectual	118	30	148 (94%)	9	1	10 (6%)	158
Job Functioning	13	9	22 (76%)	4	3	7 (24%)	29
Legal	112	27	139 (88%)	16	3	19 (12%)	158
Decision Making	8	32	40 (25%)	78	40	118 (75%)	158
Medical/Physical	93	40	133 (84%)	18	7	25 (16%)	158
Sexual Development	92	39	131 (83%)	20	7	27 (17%)	158
Sleep	43	41	84 (53%)	52	22	74 (47%)	158
School Behavior	28	43	71 (46%)	57	26	83 (54%)	154
School Achievement	24	31	55 (36%)	58	41	99 (64%)	154
School Attendance	60	41	101 (66%)	29	23	52 (34%)	153

ALGORITHM CLIENT SCORES BY OU REPORT

CLIENT ACTIONABLE ITEMS REPORT (CAIR)

The Algorithm Client Scores by OU report, most commonly used to compile the Client Actionable Items Report (CAIR) provides counts of core needs actionable items (scores of 2 or 3) for each client, categorized and grouped by an average algorithm score ranges (e.g., 0-4, 5-9).

The CAIR is auto-emailed every month to the Clinical Admin, Domain Clinical Admin, and Supervisor roles, but can be manually run at any time. The auto-emailed CAIR provides the most recent CANS within the past six months for clients with an open episode.

Questions Answered by Core Actionable Item Report (CAIR):

- Are there clients with high needs who should be considered for additional services (e.g., TBS Referral)?
- Are there clients with a low need level who should be considered for discharge or another level of care?

Staff Actions to take in response to Core Actionable Item Report (CAIR):

- Supervisors should review the auto-emailed CAIR for low and high scoring clients, and then explore if any action is needed with the clinical staff.

Common Parameters for the Algorithm Client Scores by OU Report:

- Sliding Date Range: Specified Date Range, make appropriate selection for required time frame
- Start Date: The start date for the time period of the report, if date range not selected.
- End Date: The end date for the time period of the report, if date range not selected.
- Allow Runtime Override: Unchecked
- Algorithm: Select Core Needs Actionable Items w/Classifications
- Assessment Type: Initial, Update
- Limit Results to Latest Assessment: Unchecked or user discretion
- Limit Results to Open Placements: Unchecked or user discretion
- Rpt Unit/Tag Filter: The RU(s) needed to produce the report
- Tags: Unchecked
- Assessment Status(es): Submitted, Approved

Algorithm Client Scores by OU (CAIR) Report Example

The report delivers the list of clients in a particular algorithm score group. Which includes the average of total algorithm scores along with the average for the particular group.

Algorithm - Client Scores by RU

Data Source: DWH

Algorithms: CANS Core Needs Actionable
Items w/ Classifications

Period: 7/1/2018 to 2/26/2019

Assessment Statuses: Submitted, Approved

RU(s):

Only Last Assessment: Yes

Only Open Placement: No

Reporting Unit					
Algorithm Name:		AVG: 18.57		CANS Core Needs Actionable Items w/ Classifications	
Classification (Stratification):		AVG: 1.83		0-4	
Score values range:		From 0 up to not incl. 5			
Client Name	Client Identifier	Assmt Date	Assmt Reason	Assmt ID	Score
Last101491, First101491	Id101491	Nov 21, 2018	Initial	1032083	0
Last62417, First62417	Id62417	Oct 30, 2018	Update	1035018	0
Last70240, First70240	Id70240	Oct 29, 2018	Update	1031153	1
Last68638, First68638	Id68638	Nov 20, 2018	Update	1023826	3
Last69307, First69307	Id69307	Jul 27, 2018	Update	1003276	3
Last93222, First93222	Id93222	Jan 31, 2019	Update	1039366	4
Classification (Stratification):		AVG: 7.80		5-9	
Score values range:		From 5 up to not incl. 10			
Client Name	Client Identifier	Assmt Date	Assmt Reason	Assmt ID	Score
Last42673, First42673	Id42673	Nov 19, 2018	Update	1028340	5
Last73056, First73056	Id73056	Oct 4, 2018	Update	1024648	5
Last82720, First82720	Id82720	Aug 24, 2018	Update	1000160	6
Last57116, First57116	Id57116	Nov 27, 2018	Update	1025510	7

MONITORING SERVICE EFFECTIVENESS

RELIABLE CHANGE INDEX REPORTS

The Reliable Change Index (RCI) report compares the aggregate scores of CANS/ANSA items across time to show if significant changes have occurred. Based on the RCI statistical test, the RCI categorizes individual client scores as: Improved, stayed the same, or declined in an area. There are three different RCI reports in OA. The description section of each report will tell you if it is an RCI by OU, RCI by Domain, or RCI by Custom List. Each report utilizes the same RCI statistical test, but either allows for different combinations of CANS/ANSA items or reports the results slightly differently. The greatest difference between the three RCI reports is that the RCI Custom List allows for the selection of individual assessment items, where the others report by entire domain/module only. Choose the RCI format most appropriate for your needs.

Questions Answered by RCI Reports:

- What percentage of clients, according to the statistical test, improved between Time 1 (e.g., Initial) and Time 2 (e.g., Planned Discharge) in regards to a set of CANS/ANSA items (e.g., Life Domain Functioning items)?
- What percentage of clients stayed the same?
- What percentage of clients showed an increase need (i.e., “Declined”)?

Staff Actions to take in response to RCI Reports:

- Primarily used by evaluations staff to provide outcome data, so information may be included to show effectiveness of a program.
- Supervisors may use to celebrate success of clinical unit or agency.
- Supervisors may use the RCI to identify clients who need additional services by setting Time2 to “Last Update”, as this will show which clients are having an increased need over time.

Common Parameters for the RCI Report:

- Client Status: Both
- Sliding Date Range: Specified Date Range, make appropriate selection for required time frame
- Start Date: The start date for the time period of the report, if date range not selected.
- End Date: The end date for the time period of the report, if date range not selected.
- Instrument: CANS/ANSA, as appropriate
- Assessment Domains (CANS/ANSA): Life Domain Functioning, Child/Youth Strengths, Acculturation, Child/Youth Behavioral/Emotional Needs, Child/Youth Risk Behaviors (and any modules as appropriate, e.g., Ages 0-5/Early Development Module for SART/EIIS programs). Note: for the RCI

custom, this is where you can choose a collection of items (e.g., All Core Needs) instead of the entire domain (e.g., Behavioral/Emotional Needs).

- From Assessment Type: Initial
 - May change to 1st Update if believe the initial assessment under reported difficulties
- To Assessment Type: Planned Discharge
 - May include Unplanned Discharge to include all clients
 - May change to only “Last Update” to identify clients with increased needs
- Assessment Distance: Unchecked
- Minimum Duration: Unchecked
- Assessment Status(es): Submitted, Approved
- Rpt Unit/Tag Filter: The RU(s) needed to produce the report
- Aggregate RU: Check if you want to group all RUs together
- Tags: Unchecked
- Gender: BOTH
- Age Range(s): All

Reliable Change Index Report Example

Percentage of clients who improved/declined by San Bernardino CANS domain based on RCI

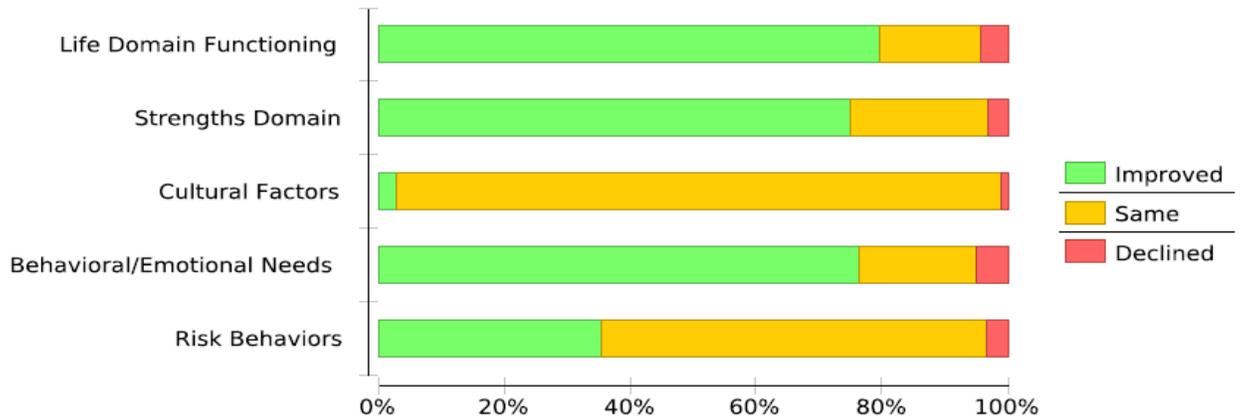
Data Source: DWH Period: 7/1/2016to6/30/2018

Reasons: InitialtoPlanned Discharge RU Tag(s): Reporting Unit

Assmt. Status: Submitted,Approved

Tag(s): All (-)

Reporting Unit



	Improved	Same	Declined
Life Domain Functioning	507 (79.7%)	102 (16.0%)	27 (4.2%)
Strengths Domain	477 (75.0%)	139 (21.9%)	20 (3.1%)
Cultural Factors	17 (2.7%)	612 (96.2%)	7 (1.1%)
Behavioral/Emotional Needs	485 (76.3%)	119 (18.7%)	32 (5.0%)
Risk Behaviors	225 (35.4%)	390 (61.3%)	21 (3.3%)

NOTE: The RCI does not work well with domains that have a low percentage of actionable items (e.g., “2” or “3” for Needs) since most clients will appear to “stay the Same”. This does not represent lack of improvement, it represents a low percentage of need for this domain. Use the Outcome Snapshot Combined report to see if a domain has sufficient percentage of actionable items.

TCOM MULTI-LEVEL COLLABORATIVE FORMULATION

The TCOM Multi-Level Collaborative Formulation report is run for either Strengths or Needs and provides Time1 to Time 2 comparison for the ten most frequent actionable items. It graphically shows the percentage of clients who started services with an actionable item compared to the percentage with an actionable item at discharge. When running for Needs it includes the six most common Behavioral/Emotional needs and the four most common Life Functioning needs.

Questions Answered by TCOM Multi-Level Collaborative:

- What are the most prevalent needs being addressed by this clinical unit?
- Is there reduction of needs for these items after completing the program?
- What are ten most prevalent Strengths upon intake that need to be developed?

Staff Actions to take in response to TCOM Multi-Level Collaborative:

- This is an aggregate outcomes report which provides information on the most prevalent Needs and Strengths it may be used to celebrate successes of the clinical unit, report out on these successes, and/or identify areas to focus on through supervision or in-services.

Common Parameters for the Algorithm Client Scores by OU Report:

- Sliding Date Range: Specified Date Range, make appropriate selection for required time frame
- Start Date: The start date for the time period of the report, if date range not selected.
- End Date: The end date for the time period of the report, if date range not selected.
- Allow Runtime Override: Unchecked
- Type: Select Needs or Strengths
- From Assessment Type: Initial
- Discharge Type: Planned Discharge (may use Unplanned to see differences)
- Rpt Unit/Tag Filter: The RU(s) needed to produce the report
- Assessment Status(es): Submitted, Approved

TCOM Multi-Level Collaborative Example

Multi-Level Collaborative Formulation (Strengths)

Data Source: DWH

Period: 7/1/2016 to 6/30/2018

Instrument: San Bernardino CANS

RU(s): LSS - SF/EW (36C4EW)

SCCS - SF/EW-Rancho (36FPEW)

SCCS - SF/EW-RED (36FQEW)

VCSSV - SF/EW (36CAEW)

MHS - SF/EW (36DUEW)

VCSSB - SF/EW (36CNEW)

LSS - SF/EW-YV (36GMEW)

Uplift Fam Svc - SF/EW (36EHEW)

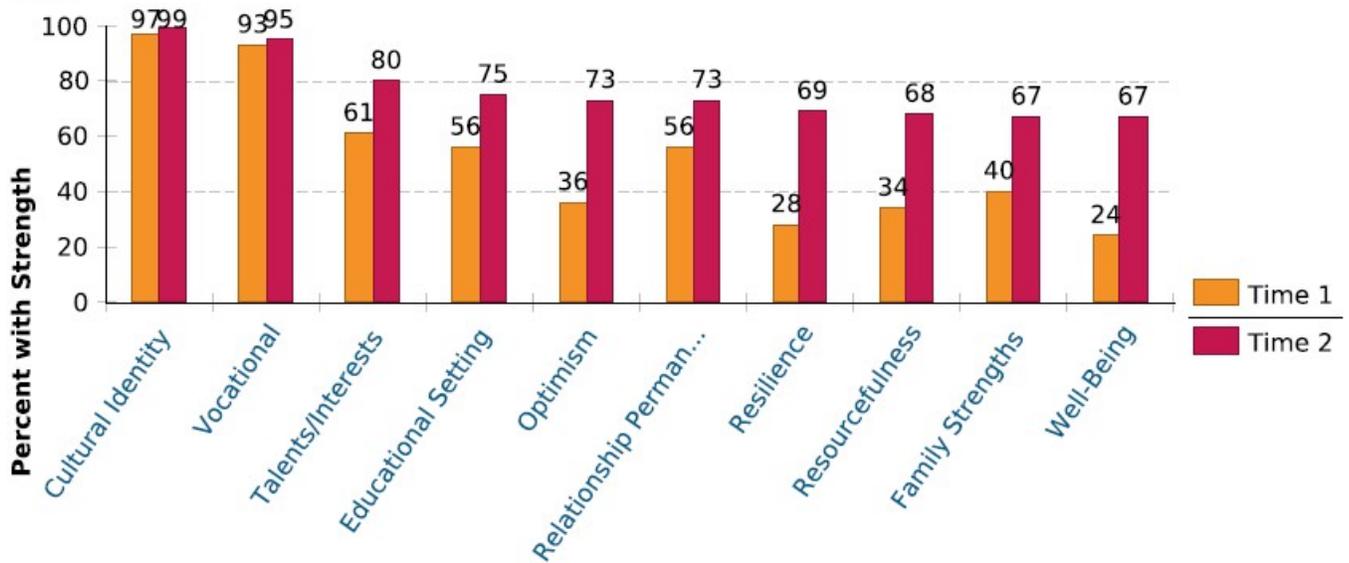
LSS - SF/EW-Barstow (36GLEW)

MCT - SF/EW (36HZEW)

Assessment Reasons: Initial to Planned Discharge

Assessment Statuses: Submitted, Approved

All RUs



Domain Color Key: Strengths Domain

TCOM IMPACT REPORT

The Impact Report is the most complicated outcomes report utilized in Objective Arts, but it provides a lot of information on the needs and strengths of clients served and how effectively they are helped. The Impact Report provides information on four (4) distinct groups of clients.

- Group 0: Clients with an Initial CANS/ANSA completed during the established time frame (e.g., Last Fiscal Year)
- Group 1: Clients with a Discharge CANS/ANSA (planned and/or unplanned) completed during the established time frame.
- Group 2: Clients with an Initial CANS/ANSA where an item was scored as either 0 or 1 AND there was an Update or Discharge CANS/ANSA completed during the established time frame.
- Group 3: Clients with an Initial CANS/ANSA where an item was scored a 2 AND there was an Update or Discharge CANS/ANSA completed during the established time frame.

Questions Answered by the Impact Report:

- Group 0:
 - Presenting Column: For the clients who entered care during the established time frame, what percentage of clients needed help (i.e., had an actionable score of 2 or 3) for a specific item at intake?
- Group 1:
 - Presenting Column: For the clients who were discharged from care during the established time frame, what percentage of clients needed help (i.e., had an actionable score of 2 or 3) for a specific item at intake?
 - NOTE: If the Impact Report is run to compare Initials to Planned Discharges, then comparing the Presenting Columns between Group 0 and Group 1 may identify a specific Need that results in a higher percentage of Unplanned Discharges.
 - Resolved Column: Of those clients with an actionable need (i.e., 2 or 3) at intake, what percentage resolved this need (i.e., now scored 0 or 1) at the time of discharge?
 - Improved Column: Of those clients with an actionable need (i.e., 2 or 3) at intake, what percentage improved this need (i.e., now scored 0 or 1 and/or moved from 3 to 2) at the time of discharge?
 - Transition Column: What percentage of Group 1 clients transitioned out of care with an actionable score on an item?
 - Net Gain: If we compare the percentage of clients who started treatment with a specific need to the percentage with this need upon transition, did we have a positive impact on the group?
- Group 2:
 - Identified Column:

- Are clinical staff identifying additional needs after the initial assessment?
 - If yes, is there a specific need with a high rate of being identified after the initial assessment? Is there additional training which could be provided to staff on this item/construct to improve initial assessments?
 - If no, is there additional training for staff to be aware of client changes and to reassess during the course of care?
- Group 3:
 - o Worse Column:
 - Is there evidence that staff are sensitive to a client experiencing an increased need during the course of care?
 - Is there any item/construct for which an increased need is identified frequently enough to warrant additional trainings on helping that need/construct?

Staff Actions to take in response to the Impact Report:

- The Impact Report provides direct information that can be include in a program evaluation [e.g., X% of youth successfully completing the program needed help with (insert name of item here) and Y% of them improved on this need].

Be cautious with small number of clients as this typically inflates percentages.

Common Parameters for the Impact Report:

- Sliding Date Range: Specified Date Range, make appropriate selection for required time frame
- Start Date: The start date for the time period of the report, if necessary
- End Date: The end date for the time period of the report, if necessary
- Instruments: CANS/ANSA
- Assessment Items (CANS/ANSA): Life Domain Functioning, Child/Youth Strengths, Acculturation, Child/Youth Behavioral/Emotional Needs, Child/Youth Risk Behaviors, and Ages 0-5/Early Development Module for SART/EIIS Programs
- From Assessment Type(s): Initial
- To Assessment Type(s): Planned Discharge or user discretion
- Assessment Distance: Unchecked
- Minimum Duration: Unchecked
- Rpt Unit/Tag Filter: The RU(s) needed to product the report
- Aggregate RU: Check to group RUs together
- Tags: Unchecked
- Assessment Status(es): Submitted, Approved
- Age Ranges: All or user discretion
- Gender: Unchecked or user discretion

Impact Report Example

TCOM Impact Report

Data Source: DWH

Period: 7/1/2016 to 6/30/2018

Instrument: San Bernardino CANS

Discharge Reasons: Planned Discharge

Assessment Statuses: Submitted, Approved

RU Tag(s): Reporting Unit

Items: Psychosis (Thought Disorder), Impulsivity/Hyperactivity, Depression, Anxiety, Mania, Oppositional, Conduct, Adjustment To Trauma, Attachment Difficulties, Anger Control, Eating Disturbances, Emotional and/or Physical Dysregulation, Behavioral Regressions, Somatization, Substance Use

Reporting Unit	Group 0: Clients with an Initial Assessment		Group 1: Clients with Initial and Discharge Assessments				Group 2: All Clients with a 0 or 1 at Initial	Group 3: All Clients with a 2 at Initial	
	Total	Presenting	Presenting	Resolved	Improved	Transition	Net Gain	Identified	Worse
	Clients with Initial	% 2 or 3 at Initial/ Total Initials	% 2 or 3 at Initial/ Total Discharged	Of Presenting, % Discharged with 0, 1	Of Presenting, % Discharged with Lower Score	Of all Initial, % Discharged with 2, 3	(%Pres.-%Trans.) / %Pres.	Of 0, 1 at Initial, % 2, 3 at Update/ Discharge	Of 2 at Initial, % 3 at Update/ Discharge
Behavioral/Emotional Needs									
Psychosis (Thought Disorder)	1128	8% (93/1128)	7% (42/626)	67% (28/42)	83% (35/42)	3% (17/626)	59%	1% (10/938)	2% (1/47)
Impulsivity/Hyperactivity	1133	44% (501/1133)	49% (306/629)	42% (130/306)	65% (199/306)	31% (194/629)	36%	8% (43/556)	10% (27/274)
Depression	1138	59% (673/1138)	59% (368/628)	59% (217/368)	79% (290/368)	25% (157/628)	57%	7% (30/412)	3% (11/316)
Anxiety	1135	50% (568/1135)	50% (315/631)	56% (177/315)	71% (225/315)	24% (152/631)	51%	9% (46/512)	5% (18/341)
Mania	93	8% (7/93)	0% (0/1)	N/A	N/A	0% (0/1)	N/A	0% (0/10)	0% (0/1)
Oppositional	1136	55% (623/1136)	56% (352/630)	56% (196/352)	75% (263/352)	27% (168/630)	52%	10% (45/462)	11% (35/314)
Conduct	1129	18% (208/1129)	19% (121/625)	61% (74/121)	75% (91/121)	8% (51/625)	57%	2% (17/834)	3% (3/109)
Adjustment To Trauma	1130	40% (456/1130)	38% (239/624)	44% (104/239)	64% (152/239)	24% (148/624)	38%	5% (29/604)	4% (10/237)
Attachment Difficulties	448	23% (103/448)	23% (45/199)	36% (16/45)	40% (18/45)	17% (33/199)	26%	2% (6/257)	6% (4/64)

MORE INFORMATION

- At least one Subject Matter Expert (SME) is available at each clinic to help manage user accounts and resolve any Object Arts related issues you may have. Examples of issues that your SME can resolve are as follows:
 - o If you are missing a discharge assessment and are not able to enter information in, you are able to contact your SME to temporarily open the client's episode.
 - o If a client is closed on SIMON/MyAvatar but not in Objective Arts, contact your SME to close the client's episode.
- If you are a SME and would like to have assistance with resolving issues, please contact the DBH OA mailbox. The DBH mailbox email address is: DBH-OA@dbh.sbcounty.gov