



Behavioral Health

OBJECTIVE ARTS (OA) REPORTS MANUAL

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



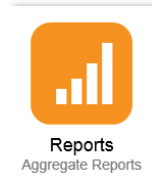
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HOW TO CREATE AND RUN A REPORT

For all reports except for the Treatment Progress Report (TPR) and the narrative report, follow these instructions:

1. From the Objective Arts Home Screen, click Reports.



2. Click on Personal Reports tab, and select the New button.
3. Select and double click on the title of the report.
4. Select the Report Parameters. (Detailed instructions under the report sections.)
5. To run the report
 - a. Click once on the report row so that it is highlighted.
 - b. Click Run on the Personal Reports toolbar.
 - i. To view the report immediately, choose Immediate and the report will automatically generate and open in a separate tab or window.
 - ii. To view the report later choose Delivered and it will be sent to the email associated with the staff member who is logged on.
6. Save or Print the report by selecting the appropriate choice on the tool bar. (If run immediately.)



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: Leave blank
- End Date: Leave blank
- 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 Tag(s): All For period: -- to 2/22/2019		Reporting Unit(s) Instruments: San Bernardino ANSA, San Bernardino CANS Includes cases closed within the past 3 months						
Reporting Unit Assessor's Name	Client ID	Opening	Closing	Initial	Update A	Update B	Update C	Update D
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

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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., myAvatar) shows the client episode as closed.
 - i. If the client episode was closed within the last seven (7) days 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 myAvatar 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., My Avatar number).
 - (d) Episode Open Date
 - (e) Episode Closing Date
 - (f) Reporting Unit number



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2. If 'No User with RU Responsibilities Assigned' 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., 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							
Last37159 First37159	ID37159	Oct 10, 2014	<input type="checkbox"/> Oct 10, 2014	<input type="checkbox"/> Feb 2, 2018	<input type="checkbox"/> May 11, 2018	<input checked="" type="checkbox"/> Aug 11, 2018	<input checked="" type="checkbox"/> Nov 11, 2018
Last38324 First38324	ID38324	Mar 7, 2014	<input type="checkbox"/> Oct 15, 2014	<input type="checkbox"/> Feb 2, 2018	<input type="checkbox"/> May 11, 2018	<input checked="" type="checkbox"/> Aug 11, 2018	<input checked="" type="checkbox"/> Nov 11, 2018
Last36607 First36607	ID36607	May 10, 2014	<input type="checkbox"/> May 10, 2014	<input type="checkbox"/> Feb 18, 2018	<input checked="" type="checkbox"/> Aug 18, 2018	<input checked="" type="checkbox"/> Aug 18, 2018	<input checked="" type="checkbox"/> 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	83% (10/12)	28% (7/25)	88% (14/16)	58% (31/53)
Howell, Sabrina	100% (2/2)	50% (6/12)	100% (7/7)	71% (15/21)
Leuschke, Winfield	73% (11/15)	35% (12/34)	87% (26/30)	62% (49/79)
Rolfson, Francesco	75% (6/8)	20% (1/5)	88% (7/8)	67% (14/21)
Sauer, Eugene	100% (6/6)	52% (11/21)	100% (17/17)	77% (34/44)
Shields, Afton	100% (29/29)	80% (4/5)	100% (31/31)	98% (64/65)
Simonis, Duncan	100% (19/19)	52% (25/48)	100% (23/23)	74% (67/90)
Upton, Marisa	100% (26/26)	93% (43/46)	100% (35/35)	97% (104/107)
Totals:	93% (109/117)	56% (109/196)	96% (160/167)	79% (378/480)

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 were 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, Update, Discharge
- Assessment Status: Submitted, Approved
- Rpt Unit/Tag Filter: The RU(s) needed to produce the report



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- 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					
		Non-Actionable		Actionable				
		0	1	Subtotal	2	3	Subtotal	Total
Program Name								
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 range (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

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)

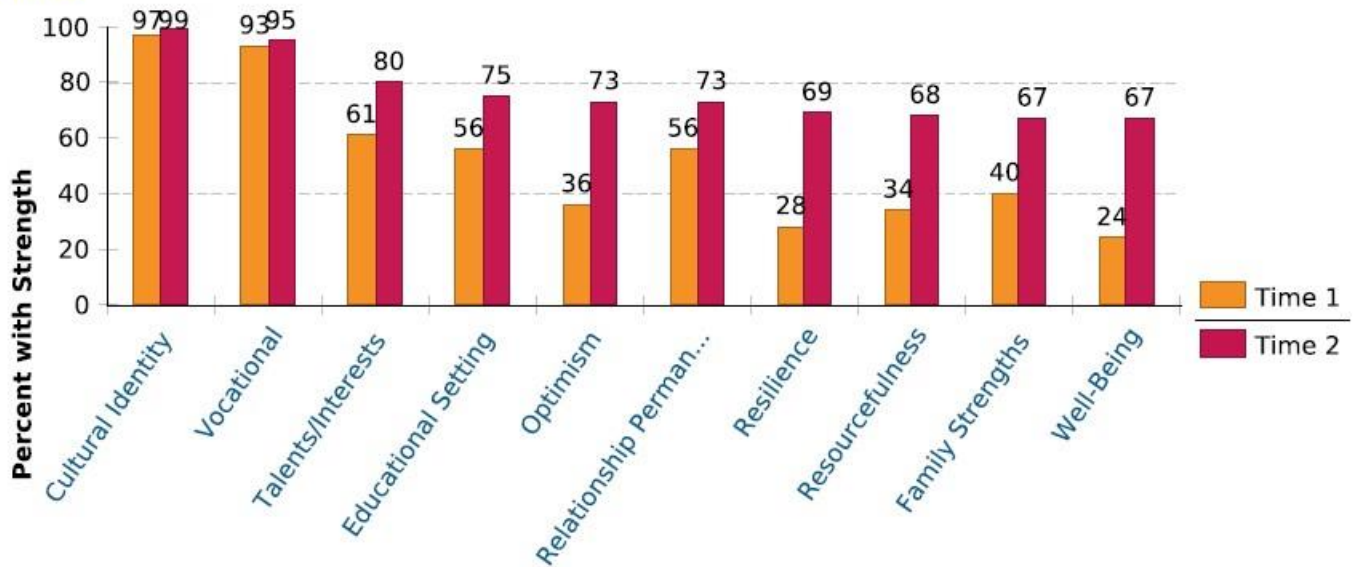
LSS - SF/EW-Barstow (36GLEW)

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?
- Group 3:
 - If no, is there additional training for staff to be aware of client changes and to reassess during the course of care?
 - 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



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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	Total	Group 0: Clients with an Initial Assessment Presenting % 2 or 3 at Initial/ Total Initials	Group 1: Clients with Initial and Discharge Assessments				Net Gain (%Pres. - %Trans.) / %Pres.	Group 2: All Clients with a 0 or 1 at Initial Identified Of 0, 1 at Initial, % 2, 3 at Update/ Discharge	Group 3: All Clients with a 2 at Initial Worse Of 2 at Initial, % 3 at Update/ Discharge
			Presenting % 2 or 3 at Initial/ Total Discharged	Resolved Of Presenting, % Discharged with 0, 1	Improved Of Presenting, % Discharged with Lower Score	Transition Of all Initial, % Discharged with 2, 3			
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)

ADDITIONAL REPORTS

TREATMENT PROGRESS REPORT (TPR)

For the Treatment Progress Report, you must first click on the Forms tab located below the assessment timeline. From this tab you can view previously generated Treatment Progress Reports for this client. To generate a new Treatment Progress report, click on the New Form button and select “Treatment Progress Report.”



The Treatment Progress Report is useful when an agency is requesting information on how client treatment is progressing. The report includes items prepopulated from OA and allows for input by the clinician via open text and dropdown bars. In creating these reports, it is important that the clinician remember the audience when selecting CANS items to be conveyed. Items in the report can be “hidden”, so they are not seen in the printed report.

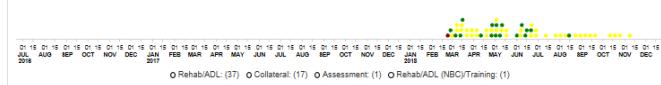
TPR - Last429, First429

Client ID:	Id429	Date of Birth:	September 26, 2001
Client Name:	Last429, First429	Client Gender:	FEMALE
Form ID:	414		
Time Period for this Report:	June 21, 2016 - December 21, 2018		
Rpt Unit:	INFO (35DK1)		

Form Details

Agency:	Department of Behavioral Health (DBH)
Program:	INFO (35DK1)
Primary Clinical Contact:	Center: Arynna
Primary Clinical Contact Info:	stefanie@hill.biz; 295f.example.com
Date of Initial Assessment:	April 25, 2018
Date of Last Service:	November 8, 2018
Dates of Last 3 Child Family Team Meetings:	
Child and Family Team Action Items from Last Meeting:	
Current Medications:	
Additional Program(s) Providing Services:	Department of Behavioral Health : Mesa Counseling Services (35911)

Course of Care



○ Rehab/ADL (37) ○ Collateral (17) ○ Assessment (1) ○ Rehab/ADL (NBC)/Training (1)

Strengths which may be helpful in meeting Needs listed above:	2018-04-25 Info	2018-05-15 Update	2018-11-15 Update
Optimism: The youth is generally optimistic; however, there is some element of this strength that needs to be developed to be consistently helpful to the youth.	1	1	1
Educational Setting: The interactions between youth, parent, and school are generally positive and there are efforts to identify and address the youth's educational needs. For many youth, this will be accomplished through a regular education setting. If the educational needs are in place, the youth may like school, but still not engage fully or excel in school so that this could be considered a extremely useful strength.	1	2	1
Vocational: The youth has some vocational skills and/or work experience that may be useful and should be supported. However, due to either a lack of experience or another reason, it is not believed that vocational skills could be further strengthened to be consistently helpful in addressing other issues.	NA	NA	1
Talents/Interests: Developing and maintaining a talent or interest (e.g., art, playing music, dance, sports, etc.) is a critical element of development for a youth. At this time, the youth has a talent, interest, or hobby with the potential to be a consistent source of pleasure and an aspect of self-esteem; however, it can be further strengthened to aid in coping with problems.	2	1	1
Cultural Identity: The youth has a defined cultural identity and is connected to others who support the youth's cultural identity.	0	0	0
Natural Supports: The youth has significant natural supports who contribute to helping support the youth's healthy development. These natural supports continue to be consistent and helpful to the youth when they cope with problems.	-	0	0
Relationship Permanence: Relationship permanence represents the stability of relationships in the youth's present and future. Youth with a high degree of relationship permanence will be supported in a variety of ways after they become adults. The youth has very stable relationships that are likely to provide the substantial support (e.g.,	2	0	0

Print Refresh Edit Delete



NARRATIVE REPORT

For the Narrative report, you do not have to select any assessments from the client's Assessment List. When this report is selected, a pop-up box will appear showing submitted and approved assessments organized by episode. From this pop-up box, you can select up to three assessments to compare.

Note: Within the report you can choose to include or exclude items from the Strengths Domain and any notes attached to the items. You can also select items that you do not want to appear on the printed report by clicking on the item once. When the item is clicked once, it will appear as "greyed out". Greyed out items will not be included in the printed version of the report. If you grey out the wrong item(s), just click the item(s) a second time to return to the black font color, and the item(s) will be included in the printed report.

Choose RU Episode/Program

Episode/Program	Placement Start Date	AssessmentDate	Completion Status
<input type="checkbox"/> PC - TBS-closed	2012-12-20		
<input type="checkbox"/> 314564-PC - TBS-closed	CANS	2013-03-25	Approved
<input type="checkbox"/> 954679-PC - TBS-closed	CANS	2013-12-20	Approved
<input type="checkbox"/> INFO	2018-02-23		
<input checked="" type="checkbox"/> 1024766-INFO	CANS	2018-11-15	Approved
<input checked="" type="checkbox"/> 997736-INFO	CANS	2018-08-15	Approved
<input checked="" type="checkbox"/> 292103-INFO	CANS	2018-04-25	Approved
<input type="checkbox"/> CCICAMS	2012-04-10		
<input type="checkbox"/> 331533-CCICAMS	CANS	2013-07-30	Approved
<input type="checkbox"/> 331438-CCICAMS	CANS	2013-04-30	Approved
<input type="checkbox"/> 331433-CCICAMS	CANS	2013-01-30	Approved
<input type="checkbox"/> 951534-CCICAMS	CANS	2013-10-30	Approved
<input type="checkbox"/> FSA - SATS-SB - closed	2013-01-08		
<input type="checkbox"/> PC - TBS-closed	2012-04-30		
<input type="checkbox"/> 854578-PC - TBS-closed	CANS	2012-09-18	Approved
<input type="checkbox"/> Mesa Counseling Services	2016-05-03		

Run Narrative

The Narrative Report was created to provide an efficient way to share CANS information with others. It is especially suited for review at Child and Family Team Meetings. These are some specific reasons to use the Narrative Report:

- Share within Child & Family Team Meeting to ensure good communication
- Share with Child & Family as the output of clinical assessment
- Share with Child & Family to show progress made on specific concerns
- Provide a copy to CFS Social Worker to ensure clear communication

Specific items may be hidden at the clinician's discretion (e.g., substance abuse, sexuality).

Reports that contain PHI are often shared in Child & Family Team Meetings, and technically, anyone with whom you can share a copy may keep a copy. However, pragmatically, please use good clinical judgment regarding who keeps a copy of the Narrative Report.

CANS Based Narrative Summary for: Last429, First429

Client ID: I6429 Date of Birth: September 28, 2001
 Client Name: Last429, First429 Client Gender: FEMALE
 Org Unit: INFO (38DK1)

Child and Adolescent Needs and Strengths (CANS) - San Bernardino County Narrative Report

	Life Domain Functioning	Behavioral/Emotional Needs	Risk Behaviors
High Need: Act Immediately and/or Intensively			
Help is Needed: Address in Services	<ul style="list-style-type: none"> Family Functioning Living Situation Social Functioning Recreational Legal Decision Making 	<ul style="list-style-type: none"> Impulsivity/Hyperactivity Oppositional Anger Control Emotional and/or Physical Dysregulation Substance Use 	
Previous Need, Now Improved	<ul style="list-style-type: none"> School Behavior 	<ul style="list-style-type: none"> Depression 	<ul style="list-style-type: none"> Delinquent Behavior

Key

3 High Need 2 Help is Needed 1 or 0 Previous Need, Now Improved

Strengths Included | Notes Not Included | Print (Click Items to Hide)

Intensive or Immediate Need(s): 2015-04-26 Initial 2015-08-18 Update 2015-11-18 Update
 No items met criteria for inclusion to this section.

Need(s) that should be addressed: 2015-04-26 Initial 2015-08-18 Update 2015-11-18 Update

Family Functioning: The youth has moderate problems or conflicts with other family members. This may be manifested in frequent arguments, the lack of positive relationships, or other types of conflict. 2 1 2

Living Situation: The youth has moderate to severe problems with functioning in the current living situation. While there is not an immediate risk for being removed from the living situation, these difficulties need to be addressed as the youth causes significant problems for others. 2 1 2

Social Functioning: The youth has moderate problems developing and maintaining age appropriate social relationships. This will correspond to a variety of difficulties, depending upon the youth's age. Regardless of how this is manifested, it is perceived as a concern that needs to be addressed. 1 1 2

Recreational: There is concern regarding the youth's use of leisure time (e.g., recreational activities). This may be due to a limited interest and/or access to recreational activities, both of which may be overcome with adult intervention. Steps should be taken to increase the youth's participation in leisure activities. 2 1 2

Legal: The youth is involved with the juvenile justice system due to delinquent and/or criminal behavior. While there are no current or pending legal difficulties that may result in detention or court ordered placement, continued help in managing these difficulties is needed. 2 2 2

Decision Making: The youth's decision-making processes and awareness of consequences are perceived to be problematic and are harmful to further development, but do not place the youth at risk of significant physical harm. Action or intervention is still required. 2 2 2

Impulsivity/Hyperactivity: The youth's impulsive, distractible, or hyperactive behaviors are negatively affecting their interactions with others and their ability to learn. These behaviors should be addressed in treatment, but the precise method of addressing these behaviors is the variable individual circumstances. 1 1 2

PRINTING A SCORE SHEET

1. From the Clients List on the Menu Bar, select the client.

- Remember you can sort and/or filter the client results to help you find a specific client.

2. Once you find the client you are looking for, click on the row where the client's information appears.

- After selecting a client you will navigate to that client's Assessments screen. If the client has assessments entered into OA for him/her, there will be a list of those assessments. When a client is open to your program RU, you are allowed to see all of the client's assessments, even those created in programs and agencies that you are not assigned to. This screen will show all of these assessments. If there are no assessments in the system for the client, the screen will be blank and state "No data found!" (see below).

Assessments		Incidents		
Assessments List for Barrows, Aliya				
Start typing a last name Show Filter Refresh				
ID ↑	Instrument ↑	Client Name ↑	Date ↓	Status ↑
No data found!				

- The list of assessments, if any, can be sorted and/or filtered.

3. Once the correct assessment is located, click the row where the assessment information appears.

- The assessment will open in the following format:

CANS - Last84918, First84918

Client ID:	Id84918	Date of Birth:	November 2, 2004
Client Name:	Last84918, First84918	Client Gender:	FEMALE
Assessment ID:	1014600	Assessment Date:	October 16, 2018
Assessor:	Upton, Marisa	Assessment Status:	Approved by King, Raphael on 12/10/2018
Entered by:	Upton, Marisa		
Rpt Unit:	VCS588 - SATS - D St (36FSE)		
Tags:	English (LANA), ETHA (ETHA), White (White), Hispanic Origin (U) (HOU), San Bernardino (EC36)		

Assessment Information

Reason for Assessment: Planned Discharge

If reason for assessment is Major Life Event, Describe:

Caregiver Section(s)

1. Caregiver section(s) does not apply at this time

Life Domain Functioning

2. Family Functioning	2
3. Living Situation	2
4. Social Functioning	2
5. Recreational	1
6. Developmental/Intellectual	0
7. Job Functioning	NA
8. Legal	0
9. Decision Making	1
10. Medical/Physical	0

+ - Filter - Print - Reports - [Edit](#) [Delete](#)

4. Click the Print button on the bottom row and choose Print CANS SB.