

DATAPOL™ INTERACTIVE REPORTS MANUAL 2.2

CDR-PA CANS



MAY 2019

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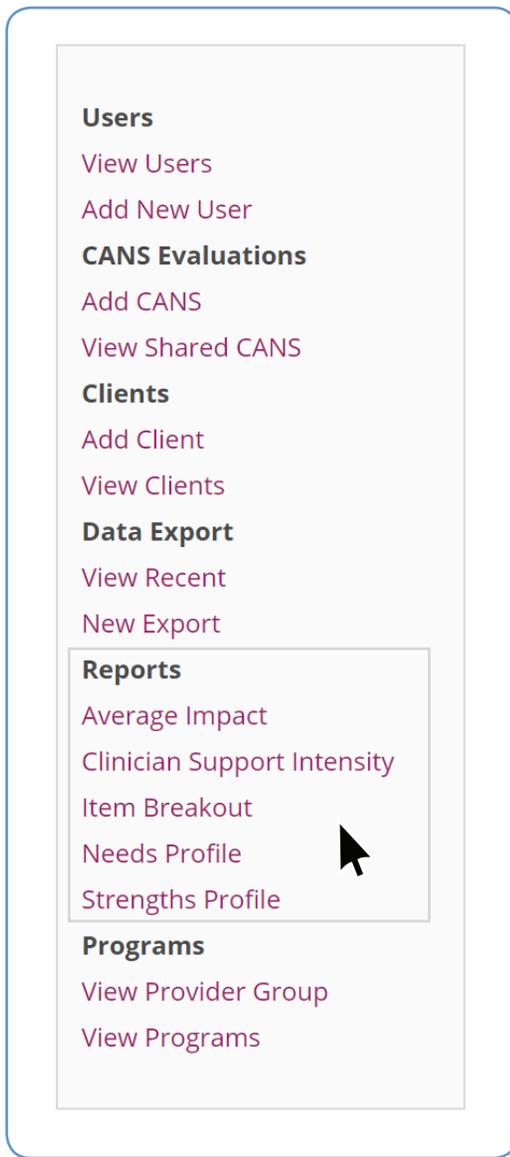
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Introduction

Welcome to Community Data Roundtable's DataPool™ Interactive Reports Manual 2.2. This manual is for people using the DataPool™ CANS Application who would like to run reports on their programs, clinicians, or systems. The following pages will walk through the most important reports in the application, and explain how they work, including what counts as a unit, how the information can be filtered, and also tips on making sense of what one sees.

What is an Interactive Report?



The DataPool™ is an online software which structures an entire TCOM implementation. For most users, this means scoring a TCOM tool (e.g. the CANS, ANSA, FAST) directly with a consumer or client, and receiving some kind of decision support to help with treatment planning or referral. There are also administrative users who use the DataPool™ to ensure that the process is being maintained with good fidelity and high quality. The fruit of much of those efforts is delivered here: The data visualizations allow you to see, in aggregate, your treatment community in clear, simple graphs.

At its most basic level, the DataPool™ simply provides “reports” of the data collected in your program or system. Most of the reports listed in this manual can be found under “Reports” on the left hand of your administrative screen (see image to left).

However, the DataPool™ Interactive Reports are different from traditional reports, in that instead of simply being static visualizations of the data, they actually draw you to interact with them in a process of system discovery. That is to say, while it is perfectly reasonable and acceptable to simply call up the data you want and to print the graphs you see as static references to what is occurring in your program, the DataPool™ also provides means to move through your data as you unpack its contours and outcomes.

The following manual is laid out in two parts. First, it will explain the reports found in the DataPool™, and their connected filters. The reports are directly based on the Praed Report Suite 2.0 as published by the Praed Foundation (2016, <https://praedfoundation.org/tools/transformational-collaborative-outcomes-management-tcom/>). The Praed Foundation holds the copyright of TCOM tools and the TCOM

methodology, and as such is the appropriate source for the fundamental reports of the data. Those specifications, however, are very high-level, and explicitly do not attempt to address all possible vagaries of data collection and reporting. Thus, this manual explains the specifics of how those fundamental reports work within the DataPool™ online CANS tool.

The second part of the manual discusses how any analysis done via the interactive reports can also be exported as a .csv file for deeper analysis. This is separate from the basic exporting function that the DataPool also has built in, because that other export function simply gives information based on date ranges, programs, etc. The Interactive Reports provide a way to query the data directly behind a Praed Report visualization: This exporting is for people ready for the deepest dive into their system of care.

The purpose of each report is shown below:

Report Title	Purpose
Average Impact	Show the change in average number of actionable needs endorsed on the CANS in one or more programs over time
Clinician Support Intensity Heat Map	Summarize the intensity of each clinician's caseload
Item Breakout	Understand the typical improvements or regressions for one CANS item over time
Needs Profile (AKA, Multi-Level Collaborative Formulation)	Identify the key needs seen in one or more programs, and the progress of those needs over time
Strengths Profile (AKA Strength Development)	Describe the development of strengths within one or more programs over time
Caseload Progress Report	Review the progress of each client under the care of an individual clinician

Filters

The screenshot shows a filter panel with the following sections:

- Time Points:** Two tabs, "First Time Point" (selected) and "Second Time Point".
- Between This Date:** A date input field containing "07/04/2018".
- And This Date:** A date input field containing "04/04/2019".
- Assessment Selection:** Three checkboxes: "All Lengths of Stays" (checked), "Most Recent Assessment", and "2 Most Recent Assessments".
- Length of Stay:** A slider control with a purple dot. The range is from "30 Days" to "36+ Mons.". The dot is positioned near the "30 Days" end.
- Time points:** A dropdown menu with "Earliest to Latest" selected.
- Diagnostic Group:** A dropdown menu with "All" selected.
- Program:** A list of three items: "BHRS - (provider group 36)", "BTM - (provider group 36)", and "Other - (provider group 36)". Below the list is a progress bar and the text "[all] [none] (0 selected)".
- Filter Dates:** A purple button at the bottom.

These are the filters found for visualizations in the app. Not all reports have all filters. It is recommended to filter from top to bottom, starting with the topmost filter and filtering down.

First and Second Time Point Tabs: The first fundamental issue to consider in your data pull is whether you want to look at people who started treatment at the same time, or those who are being measured at a simultaneous second time point (for instance, often you will want to see people who discharged at the same time). Choose your tab accordingly. Next, fill in the date span: This is the span of time from which that First or Second Time Points will be chosen. You can see for example: “All children who started services last year”, or “all children who ended services in the last quarter.”

Length of Stay: This filters length of stay within the program, to compare people who were in a program for the same amount of time. There are three check boxes for this that are for pre-established lengths, and a slider option to get a more fine-tuned length of stay option.

 **Please note:** Other options are greyed out when one of the Length of Stay options is chosen. You need to turn off an option to make the others available.

- ▶ **All Lengths of Stay:** This is a common filter to use. It takes a client's earliest CANS for this First Time Point and his/her most recent CANS for his/her Second Time Point.

- ▶ **Most Recent Assessment:** This pulls together only the most recent assessments for the clients in the query.
 - 👉 **Please note:** *If you include the “Show Active Only” option down below, this will show you the most recent assessment of only your active clients, which is a nice way to gauge the current intensity of the workload in your program, agency, or system.*
- ▶ **2 Most Recent Assessments:** This pulls the most recent, and second most recent, assessment of all the people in the query constraints. This can show recent shifts in your case load.
- ▶ **Length of Stay Slider:** This slider moves from 30 days up to 36+ months in 3 month gradations.

NOTE: *When Most Recent Assessment is chosen, only one bar will show: The most recent assessment of all children who fall within the parameters of the other filters.*

Time Points: Time Points help to pick the “Timeline Status” of the CANS to be viewed for analysis. Whenever a CANS is scored, it is put into a “Timeline.” The Timeline locates the CANS in a client’s trajectory through a program (note that a CANS can be linked to multiple programs simultaneously). A CANS’ Timeline Status can impact which CANS gets picked, depending on how the Time Point filter is toggled.

1. An **“Initial” CANS** initiates the timeline, and is the initial assessment of a client in a program. There can only be one Initial for any program with in an active timeline.
2. A **“Continued” CANS** is done as a part of ongoing intervention within a program. There can be multiple continues for any timeline as treatment continues.
3. A **“Discharge” CANS** is the final CANS in a program. There can only be one discharge from a timeline for any given program at a time. Discharges deactivate a client from a program.

TIME POINT TOGGLE OPTIONS ARE ONE OF THREE STATUSES:

- ▶ **Earliest to Latest:** The CANS with the earliest date will show in First Time Point, and the CANS with the latest date will show up in Second Time Point.
- ▶ **Initial through Continued:** Only CANS that are marked as “Initial” will be counted in First Time Point, and the MOST RECENT Continued CANS will be in Second Time Point.
 - 👉 **Note:** Use this toggle to understand the intensity of need in the population being treated.
- ▶ **Initial through Discharge:** Only CANS that are marked as “Initial” will be counted in First Time Point, and the Discharge affiliated with that Initial CANS will be in Second Time Point.
 - 👉 **Note:** Use this toggle to clearly see your program’s “outcomes.”

NOTE:

If clients leave and re-enter a program they will be double counted. If there is no second time point for an Initial, that client may not show up at all since there are many reports that require two time points.

Permutations between Length of Stay and Time Points can limit the size of a sample significantly.

Diagnostic Group

- ▶ **ALL:** Selects all diagnostic groups.

- ▶ **ASD:** Displays only those clients who ever had an ICD-10 ASD Diagnosis (F84.*) in one of their three diagnostic fields on the CANS form.
- ▶ **Non-ASD:** Displays only those clients who NEVER had an ICD-10 ASD Diagnosis (F84.*) in one of their three diagnostic fields on the CANS form.

Show Active Only

- ▶ Toggles between all cases in that time period, or only those that are still active in a timeline.

Provider Group

- ▶ Selected or All

 **Please note:** *CANS that are shared with your organization by another organization are visible in these reports.*

Program

- ▶ Every program within your provider group can be selected separately or in combination with others. If a program from a different provider group is listed here, that means that provider has shared a CANS with you for a client that you treated at some point.

What is “Actionability?”

In most of the reports that follow, actionability is the central unit of concern. How often are certain items actionable? How did the percentage of the population with a certain actionable need change over time? Are more and more actionable strengths manifesting? Understanding this concept will help you interpret the data.

**The CANS is a form with many different items on it.
Each item is scored at one of 4 different “action levels.”**

- ▶ **A score of 0 or 1** on a Need Item means that the need is not found “actionable” or needing to be directly addressed in treatment.
- ▶ **A score of 2 or 3** means the Need Item is “actionable” and needs direct intervention in treatment.

Strengths have a different logic for what is actionable.

- ▶ **A score of 0 or 1** on a Strength Item means the strength is useful for treatment planning, and is thus “actionable”.
- ▶ **A score of 2 or 3** on a Strength Item means the strength is not found to be useful for treatment, so it is not “actionable.”

The DataPool™ Interactive Reports

Average Impact

PURPOSE

The Average Impact Report shows the change in average number of actionable needs between two time points for a configurable cohort of clients. Actionable needs are defined using CANS items from the Problem Presentation, Risk Behavior, Functioning, and Caregiver Safety domains. The average number of actionable needs is the count of actionable needs divided by the number of clients. A cluster of two bars is displayed. The left bar represents the initial evaluation and the right bar represents the most recent time point, which might be a Continued or a Discharge evaluation or both, depending on the filtering choices. The height of each bar shows the average number of actionable needs. Since the same clients are present at both time points on the graph, the difference in the height of the paired bars can be interpreted as the average difference in actionable needs over time. Clients who do not have CANS at both time points covered in the report will be excluded.

NOTE: *The only report in the DataPool™ with significance testing is the Average Impact Report. This statistical test tells you the odds that the change between starting actionable needs and the second time point was due to something special and not just random variation in the data. The test is at the .05 significance level. The methodology is a two-sample, two tailed, student-t test.*

UNITS

X Axis: Time points

Y Axis: The average number of actionable needs

FILTERS

Treatment
Start Date

Treatment
End Date

Between This Date

07/04/2018

And This Date

04/04/2019

All Lengths of Stays

Most Recent Assessment

2 Most Recent Assessments

Length of Stay



30 Days

36+ Mons.

Time points

Earliest to Latest

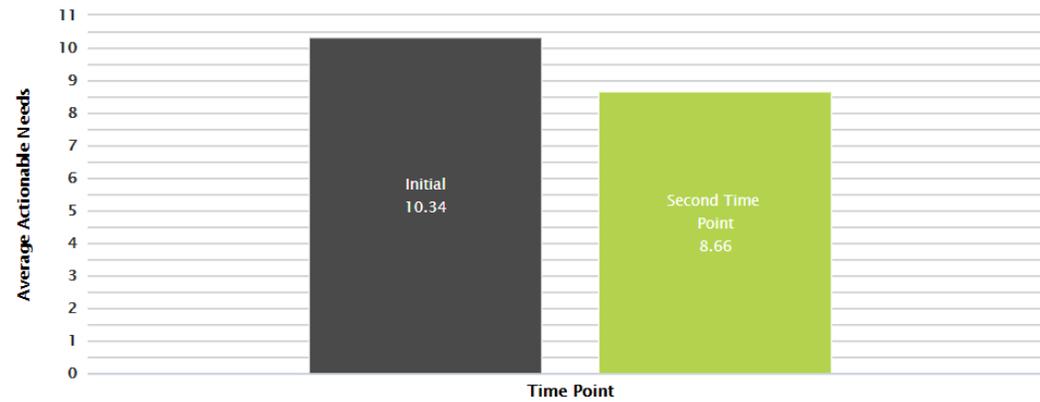
Diagnostic Group

All

Show Active Only

Average Impact

N = 450, For treatments starting between 07/04/2018 and 04/04/2019
Average Length of Stay: 4 months



-1.68
Mean Change

The Mean Change is **Significant** at the .05 level. Negative change implies clients have less actionable needs on average by the Second Time point (95% Confidence Interval -2.08, -1.29)

Export CANS

TOOLTIPS

- ▶ Hover the mouse over a single bar to see the average number of actionable needs.

UNITS

Average Length of stay: Presented in months under the title.

INTERPRETIVE NOTES

This report is the most high level overall “outcomes” graph in the DataPool™, and is most helpful for a summary understanding of outcomes (i.e. Program Evaluation). The statistical significance information shows whether the change is due to random chance, or could be due to a fundamental change in the actionable needs of the clientele (hopefully, for the better). This report is good to share with stakeholders for a summary of program performance.

A nice way to run this report is to look at the outcomes for people who discharged over the last quarter. This is often a meaningful unit of time in social services. Choose the Second Time Point tab, and put in the date span for the most recent quarter into the date fields (e.g. 01/01/2019 – 03/31/2019). At first, it is recommended to keep Earliest to Latest as your Length of Stay option. Make sure to pick “Initial through Discharge” to ensure you’re getting only those people who completed the program in the last quarter. Fill out other filters as desired, and click submit. This shows you what people leaving your program looked like compared to how they came in.

Please note the value of at least one, whole, actionable need. The average impact graph is an average of actionable needs. In principle, actionable needs are what is on a treatment plan and being addressed in treatment. Thus, if a program’s average impact is improving by at least one actionable need, that is a sign that their improvement is actually resulting in less treatment/things needing to be done. This is a more meaningful improvement than a program that might have “statistically significant” improvement, but whose average impact change is less than 1. It is always possible for things to be significant but not meaningful.

Accessing the Caseload Progress Report Through the Support Intensity Heat Map

The Caseload Progress Report is accessed via the Clinician Support Intensity Heat Map. Simply hover your mouse over the clinician whose caseload progress you would like to monitor and click the link that emerges.

Clinician	Active Cases	Sum of 2s and 3s	Average Intensity
		Active Cases	
Ezra Anna	 View Caseload Progress Report	0	0.00
Abram Eveline	 229	4142	18.09
Elli Jimena	 3	35	11.67
Tessie Avinash	 119	3769	31.67
Paden Colette	 3	75	25.00

Caseload Progress Report

FILTERS

Start date

01/04/2018

End date

04/04/2019

Diagnostic Group

All

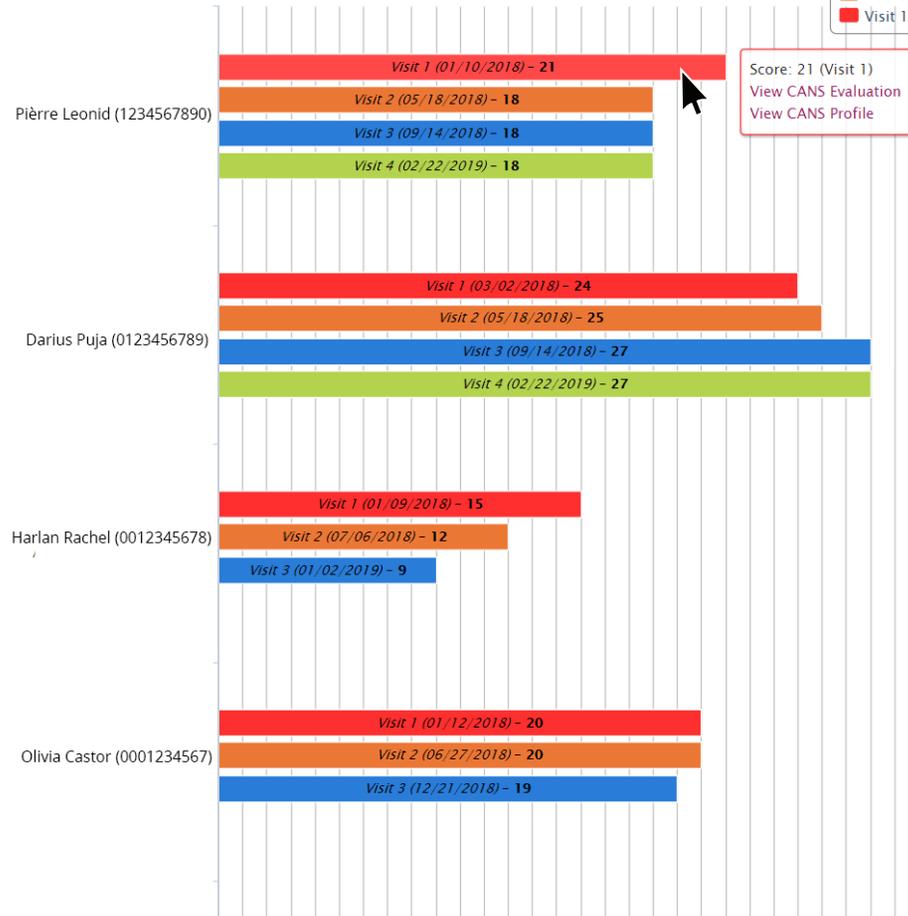
Program

- BHRS - (provider group 36)
- BTM - (provider group 36)
- Other - (provider group 36)

[all] [none] (0 selected)

Filter Dates

Evaluator: **Dwayne Raffaele**
Number of actionable treatment needs.



PURPOSE

The purpose of this report is to allow supervisors and clinicians to visualize progress of their clients over time. The report shows one or more bars for each client. The length of each bar represents the number of treatment needs at a single evaluation (i.e. the count of items with either a 2 or a 3). When multiple bars are shown this indicates a client has had multiple evaluations. The oldest evaluation is shown at the top, and successive evaluations are shown below it with the most recent evaluation appearing at the bottom. The bars are annotated with the evaluation date and the number of actionable needs at that evaluation.

UNITS

Y Axis: A client's name and unique identifier (in parentheses after the client's name)

 **Note:** Each row represents the count of actionable needs on a given assessment date. There can be multiple rows per client.

X Axis: The number of actionable treatment needs (i.e. needs at 2 or 3)

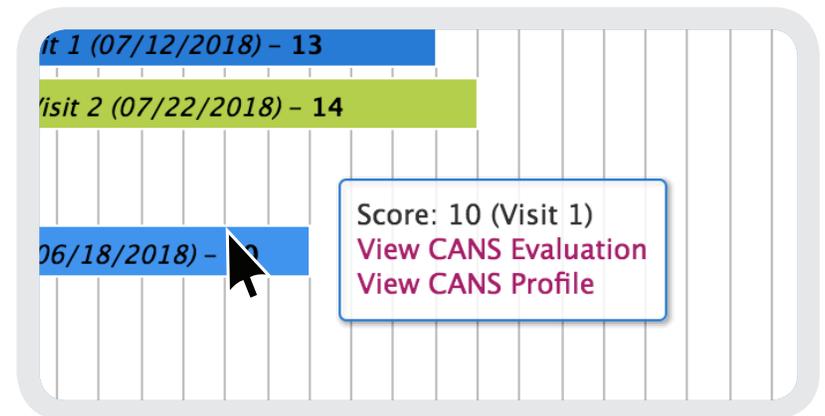
TOOLTIPS

Users can see the following by floating the mouse cursor over each of the bars in the graph:

1. The number of treatment needs for that visit.
2. A link to that particular CANS evaluation for the client.
3. A link to the CANS Profile for the client.

FILTERS

- ▶ Start and End Dates for the initial time point.



INTERPRETIVE NOTES

This report gives a “sky high” view of one clinician’s entire caseload, and the progress (or regress) of his or her clients. It allows deep diving into a specific case as necessary. The clients on the report appear in order: from those with the most CANS assessments, down to those with the least CANS assessments. When clients have had an equal number of assessments they are organized from most recently seen to those seen less recently.

PROBLEM PRESENTATION

Psychosis ⓘ	0 1 2 3
Attention Deficit/Impulse ⓘ	0 1 2 3
Autism Spectrum ⓘ	0 1 2 3
Depression/Anxiety ⓘ	0 1 2 3
Oppositional Behavior ⓘ	0 1 2 3
Antisocial Behavior ⓘ	0 1 2 3
Anger Control ⓘ	0 1 2 3
Substance Abuse ⓘ	0 1 2 3
Adjustment to Trauma ⓘ	0 1 2 3
Attachment ⓘ	0 1 2 3

RISK BEHAVIORS

Danger to Self ⓘ	0 1 2 3
Danger to Others ⓘ	0 1 2 3
Other Self Harm ⓘ	0 1 2 3
Runaway/Elopement ⓘ	0 1 2 3
Exploitation ⓘ	0 1 2 3
Sexually Aggressive Behavior ⓘ	0 1 2 3

View CANS Evaluation: This option will take you to the actual CANS form scored on that day.

View CANS Profile: This option will take you to the client’s clinical summary page. Interpretation assistance with the CANS Profile (tinyurl.com/yaohus68), can be found in the CDR Decision Support Algorithm Interpretation Manual.

CLIENT SUMMARY: TESTING, TESTING (000000077)

Date of Birth: 02/24/2001

Primary Diagnosis: Autistic disorder

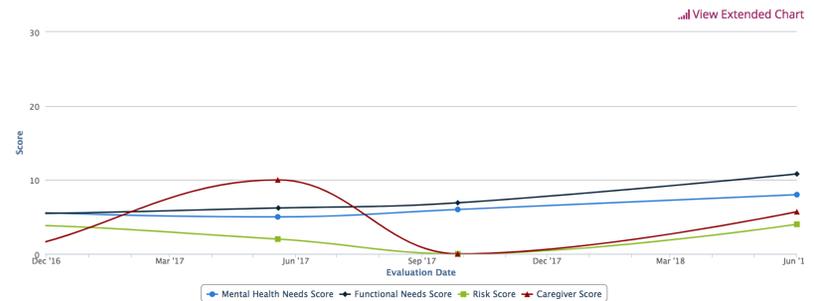
Secondary Diagnosis: N/A

Tertiary Diagnosis: N/A

Active Prescriptions: TSS - School, TSS - School, TSS - School, TSS - Home/Community, Behavior Specialist Consultant

Severity Score: 3 - Intensive

Autism Score: Autism Level 2 - with accompanying intellectual impairment, with accompanying language impairment



Clinician Support Intensity Heat Map

PURPOSE

The purpose of this report is to allow supervisors to monitor the intensity of clinicians' caseloads. It is laid out as a table with conditional formatting.

COLUMN DEFINITIONS

Clinician: Notes the names of the clinicians in your agency.

Active Cases: Provides the count of that clinician's active cases within the chosen date span. The bar next to the number visually represents how many cases that is, in order to allow direct comparison of case counts between clinicians.

Sum of 2s & 3s in Active Cases: Literally the sum of 2s and 3s of all of the active cases. The color coding helps you compare this sum across all the clinicians.

Average Intensity: Averages the sum over the case load, and provides a more balanced assessment of intensity differences between workers. Color coding helps highlight those clinicians with the most intense case loads (red, orange), from those with less intense case loads (yellow, green).

NOTE: *For this report to be meaningful, the clinicians doing the treatment must be the same ones scoring the CANS. Otherwise, there is no way to link the CANS scores to the clinicians.*

▼ FILTERS

Start date

01/03/2018

End date

04/03/2019

Diagnostic Group

All ▼

Program

- BHRS - (provider group 36)
- BTM - (provider group 36)
- Other - (provider group 36)

[all] [none] (0 selected)

Filter Dates

Clinician	Active Cases	Sum of 2s and 3s Active Cases	Average Intensity
Saliha Fleurette	0	0	0.00
Akira Leonas	0	0	0.00
Karena Columban	0	0	0.00
Eder Lian	0	0	0.00
Filip Michayla	6	91	15.17
Ashlynn Tengiz	1	0	0.00
Elsa Marina	1	6	6.00
Benjamin Seetha	5	56	11.20
Tia Theophania	5	40	8.00
Wazo Thoko	5	51	10.20
Rafiq Flavius	2	51	25.50
Maci Agné	0	0	0.00
Suharto Gislin	6	119	19.83
Adriana Naftali	1	4	4.00
Christa Eemil	62	866	13.97
Lucie Nicola	3	14	4.67
Lorn Jupiter	1	10	10.00
	0	0	0.00

Export CANS

TOOLTIPS

The direct way to access the Clinician Progress Report is through the tooltip that emerges from hovering your mouse over the Active Cases Number. Please see page 12 for details.

- ▶ The support intensity score for the clinician
- ▶ A link to the Caseload Progress Report

INTERPRETIVE NOTES

This report is most meaningful when you limit the date span to just the most recent time period, so you can see active caseloads, and not confound with historical information.

The most essential column is the last one, about Average Intensity, since the redder this column is, the more overall intensity that clinician is facing. However, it is helpful to always look at the other columns, to contextualize the information. For instance: A beet-red average intensity, but with an active case load of just 1 does not necessarily mean that this clinician truly has the hardest case load. Similarly, a large active caseload, even with a greenish tint, can still be challenging simply due to the large volume of people.

It is highly recommended to regularly look to the Case Load Progress numbers for a clinician's active case load. Moving between those two visualizations is key to TCOM-driven clinical supervision.

Item Breakout

PURPOSE

This report shows the status of specific treatment needs in your population. Use it to understand how your team is doing on one particular need, such as Anger, or Dissociation, etc.. It has 5 different ways of considering performance on a need, and they can be tricky ... so please read their description carefully. But through this lens, you should have a very good understanding of this need before, during and after your program.

Five bars are shown:

1. **Initial (green)** shows the percent of children in the population who had this item as “actionable” (2 or 3) at their Initial CANS.
2. **Continuity (blue)** shows the percentage of children in the population who continued to have the item actionable at the second time point.
3. **Clinical Progress (orange)** shows the percentage of the children in the population who had this as actionable initially, but accomplished a reduction in rating of at least 1 point by the second time point.
4. **Newly Identified (red)** shows the percentage of the children in the population that didn’t have this need as actionable initially, but it emerged as such by the second time point.
5. **Worsening (purple)** shows the percentage of the children in the population who had this item increase by at least 1 point by the second time point.

UNITS

X Axis: The categories of consideration.

▼ FILTERS

Treatment Start Date **Treatment End Date**

Between This Date

07/04/2018

And This Date

04/04/2019

CANS Item

Social Functioning - Peer ▼

All Lengths of Stays

Most Recent Assessment

2 Most Recent Assessments

Length of Stay

30 Days 36+ Mons.

Time points

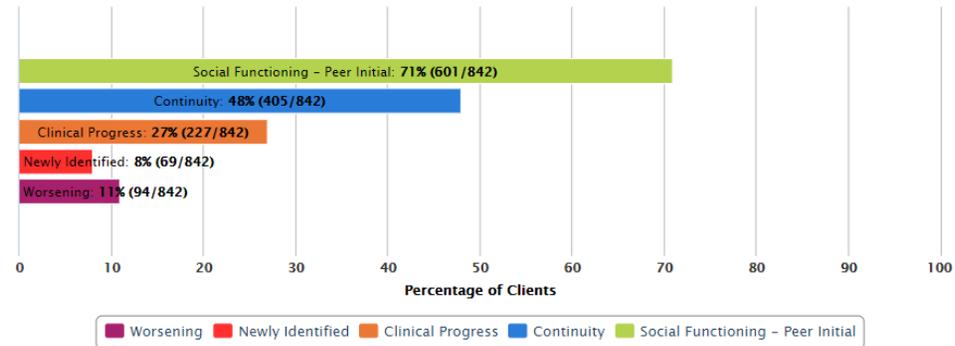
Earliest to Latest ▼

Diagnostic Group

All ▼

Item Breakout

N = 842, For treatments ending between 07/04/2018 and 04/04/2019
Average Length of Stay: 21 months



[Export CANS](#)

Initial: The percent of children in the population who had this item as “actionable” (2 or 3) at their Initial CANS.

Continuity: The percentage of children in the population who continued to have the item actionable at the second time point.

Clinical Progress: The percentage of the children in the population who had this as actionable initially, but accomplished a reduction in rating of at least 1 point by the second time point.

Newly Identified: Percentage of the children in the population that didn't have this need as actionable initially, but it emerged as such by the second time point.

Worsening: Percentage of the children in the population who had this item increase by at least 1 point by the second time point.

Y Axis: The percentage of clients of this status.

 **Note:** *This visualization is a client level analysis – to be included in the measure a client must have at least two CANS in a program.*

TOOLTIPS

Hover your mouse over each bar to see the percentage of clients.

FILTERS

1. First, choose if you want to see people based on their First Time Point (and if so, between what date span) or a Second Time Point (and if so, between what date span.)
2. Second, specify Lengths of Stay from that point. If you chose to measure by First Time Point, these measures are looking forward in time, and if you chose by Second Time Point, these times are reaching backwards in time.
3. Third, pick the Need Item you want to study. The items from your CANS form are ordered here alphabetically, and module items are included.
4. Fourth, choose your Lengths of Stay.
 **Pro-tip:** *Leave this All Lengths of Stay unless you have a specific question.*
5. Time Points is chosen based on what you want to know: Do you want to know how things look for people while they are in the program actively? If so, choose Initial Through Continued. However, if you are trying to see what people look like as they leave your program (true “outcomes”), choose Initial through Discharged.

6. Sixth, Choose the Diagnostic group you need to understand.
7. The Show Active Only item is useful when you want to know current program functioning, to weed out anyone who is no longer actually being served.
8. Finally, choose the programs of interest.

NOTE: *The numerators in this graph do not sum to the denominator. There is overlap among the categories.*

INTERPRETIVE NOTES

It is helpful to look at key items for your program in this report and to understand all of their permutations. The “key items” are identified in the Needs Profile graph (see in the appropriate section of this manual).

Having said that, note that sometimes items that do not “make it” on to the Needs Profile are still important to understand, and the Item Breakout helps you dig deeper into needs that maybe didn’t make the “top ten.”

Needs Profile (AKA "Multi-Level Collaborative Formulation")

FILTERS

Treatment Start Date: **Treatment End Date**

Between This Date: 07/04/2018

And This Date: 04/04/2019

- All Lengths of Stays
- Most Recent Assessment
- 2 Most Recent Assessments

Length of Stay

30 Days 36+ Mons.

Time points

Earliest to Latest

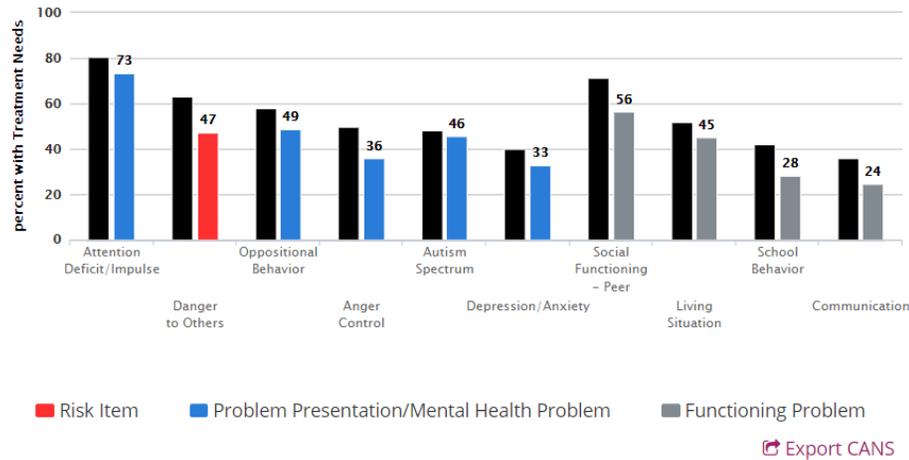
Diagnostic Group

All

- Show Active Only

Key Intervention Needs Over Time

N = 842, For treatments ending between 07/04/2018 and 04/04/2019
Average Length of Stay: 21 months



PURPOSE

This visualization allows users to monitor progress on key intervention needs across two evaluation time points that fall within a calendar date range; e.g., All Initial evaluations occurring from January 1st to December 31st, 2018, all Discharges occurring between January 1st, 2019 to March 31st, 2019. Key intervention needs are defined as the 6 most prevalent actionable needs from Problem Presentation, Risk & Safety; and the 4 most prevalent actionable needs from Functioning. The title of the graph shows the number of clients included in the analysis (configurable using the Filters; see below). Two bars are displayed on the graph for each key actionable need. The first bar (reading from left to right) shows the percentage of clients with an actionable need at the initial time point included in the report, and the second bar shows the analogous percentage at the second time point included in the report. The time points are configurable using the Filters.

UNITS

Y Axis: The percent of clients with an actionable need

X Axis: The key actionable needs from the Problem Presentation, Risk, Functioning, and Safety domains

TOOLTIPS

Users can see the following by floating the mouse cursor over each of the bars in the graph:

- ▶ The percent with an actionable need
- ▶ The total number of clients included in the analysis covered by the report

NOTE: *Lower scores are better when it comes to this report, because it means there are less actionable needs. Better outcomes are those that show that the second bar is lower than the first.*

FILTERS

- ▶ **First Time Point Chosen Between** versus **Second Time Point Chosen Between**
- ▶ **Time Points**
- ▶ **Length of Stay**

 **Please note:** *If one chooses the “Most Recent Assessment” filter option, then only one bar will be shown on the Needs Profile. It will be the most recent CANS for the identified population.*

- ▶ **Diagnostic Group**
- ▶ **Provider Group**
- ▶ **Show Active Only**
- ▶ **Program**

INTERPRETIVE NOTES

This report shows several important things simultaneously. First, it shows the “Program Profile,” which are the program’s top needs presented in order. There is much benefit to going through and working with your team to ensure that this really does look like the program’s “typical” clinical case load. If it doesn’t, perhaps there are scoring issues? Perhaps you are not recognizing the actual character of your program? Is the program set up to deal with this population well? What are your models for addressing each need?

This leads to the second piece of information: the outcomes on each item in the profile. Since each item in the profile has its own outcome bar, we can see where the program is succeeding in addressing needs, and by how much, as well as those needs that might not be adjusting as much as we’d like.

 **Please note:** *This report does not draw from the Caregiver Domain, and any caregiver items need to be assessed via the Item Breakout Report.*

Strengths Profile (AKA, “Strengths Development”)

PURPOSE

This report allows users to monitor development of strengths between two evaluation time points that fall within a calendar date range; e.g., all evaluations with a first time point between January 1st, 2019 and March 31st, 2019. The title of the graph shows the number of clients included in the analysis (configurable using the Filters; see below) as well as the average length of time between the two time points under review. Two bars are displayed on the graph for each strength listed on the CANS. The first bar (reading from left to right) shows the percentage of clients with a strength at the First Time Point, and the second bar shows the analogous percentage at the Second Time Point. The time points are configurable using the Filters.

UNITS

Y Axis: Strength items from the CANS represented at two time points

X Axis: Strength items from the CANS

TOOLTIPS

Users can see the following by floating the mouse cursor over each of the bars in the graph:

- ▶ The percent of clients with a strength
- ▶ The total number of clients included in the analysis covered by the report

FILTERS

Treatment
Start Date

Treatment
End Date

Between This Date

07/04/2018

And This Date

04/04/2019

All Lengths of Stays

Most Recent Assessment

2 Most Recent Assessments

Length of Stay



30 Days

36+ Mons.

Time points

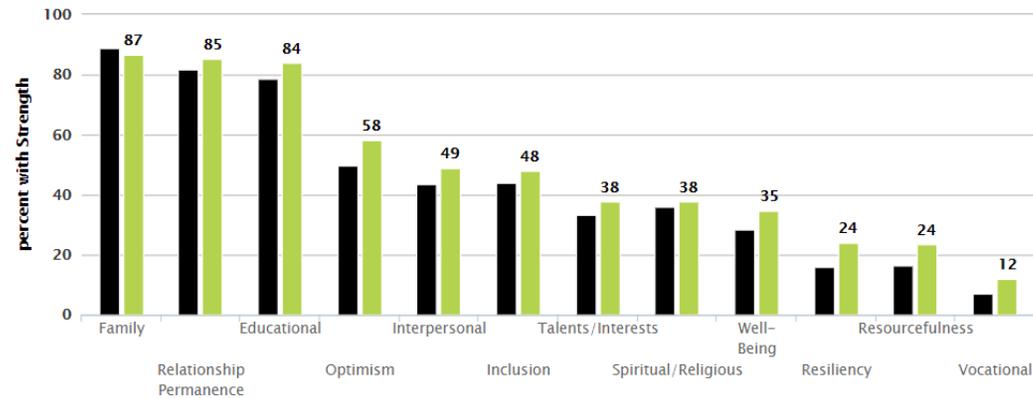
Earliest to Latest

Diagnostic Group

All

Strength Development Over Time

N = 450, For treatments starting between 07/04/2018 and 04/04/2019
Average Length of Stay: 4 months



[Export CANS](#)

NOTE: *Higher scores are better when it comes to this report, because it means there are more actionable strengths. Better outcome are those that show the second bar is higher than the first.*

FILTERS

- ▶ **First Time Point chosen between** versus **Second Time Point chosen between**
- ▶ **Time Points**
- ▶ **Length of Stay**

 **Please note:** *If from the Length of Stay filter one chooses “Most Recent Assessment” only one bar will be shown on the Needs Profile—the most recent CANS for the identified population.*

- ▶ **Diagnostic Group**
- ▶ **Provider Group**
- ▶ **Program**

INTERPRETIVE NOTES

Like the Needs Profile, it is valuable to go through this report with your team. Every program has strengths that are most prominent in its clientele. Talking about the profile with your team builds a lot of program insight. Quality initiatives to improve program performance on a Strength can have positive impacts in a program. This report could be part of a successful evaluation of program performance, as it shows what is improving for a program’s clientele that is beyond needs. Remember that to truly do program evaluation you need to use the time point option of “Initial to Discharge.”

Exporting Data

Exporting CANS

PURPOSE

It is always possible to export the CANS data in a .csv format for analysis with another software (e.g. Excel, R, SPSS, etc.) The Export CANS option is available for all of the Interactive Reports. After clicking on Export CANS you can navigate to the Data Export screen to download the .csv file containing your data.

CANS EXPORT SCREEN FUNCTIONALITY

If you choose the “Export CANS” option on any of the Reports, the DataPool™ application will query the CANS that compose the visualization under review. Therefore, you can use the reports to first see the population that you will then query for deeper analysis. Please note that since many of the reports require a client have two different CANS to be included, exports done from a visualization will often have two CANS for every person—one for each of the time points. CANS level exports are obtainable through the New Export screen discussed below.

It is also possible to do a fresh query independent of visualizations, by choosing the “New Export” option on the Admin dashboard.

Users

[View Users](#)

[Add New User](#)

CANS Evaluations

[View Shared CANS](#)

Clients

[Add Client](#)

[View Clients](#)

Data Export

[View Recent](#)

[New Export](#)

Reports

[Average Impact](#)

[Clinician Support Intensity](#)

[FBMH VBP Viz](#)

[Item Breakout](#)

[Needs Profile](#)

[Strengths Profile](#)

Programs

[View Provider Group](#)

[View Programs](#)

MY PROFILE

 **Name:** Jerryl Miller

 **Email:** jmiller81@wellspan.org

 **Provider Group / Company:** Wellspan Philhaven

 **User/Role Level:** Administrator

 **License Key** B9C96E82

SEARCH

Client (MA# or Last name)

User (Name)

 Search

TOTAL AGENCY ACTIVE CLIENTS **1015**

LATE CANS **117**

CANS TO REVIEW **3**

3 MISSING PRESCRIPTIONS 

117 LATE CANS 

3 CANS SUBMITTED FOR REVIEW/DEACTIVATION 

3 INACTIVE CANS CERTIFICATIONS 

NEW EXPORT MENU

When choosing CANS for export using the New Export screen, you can choose from the following filters. Please note that the export will have a new row for each CANS done in a program (i.e. it is a CANS-Program level export).

6. **County:** Selects only CANS done on clients in the chosen county.
7. **BH-MCO:** Selects only CANS done on clients who were affiliated with the chosen MCOs.
8. **Programs:** Selects CANS done only on clients affiliated with the chosen programs.
 -  **Note:** *if a person is associated with multiple programs, the CANS will load twice, once for each program selected.*
9. **From Date Time to Date Time:** Selects only CANS done within the boundaries of these dates.
10. **Include in Export:** Every CANS has additional data included with it, and these pickers ask whether to include this additional information in the export. Options include:
 - a. **CANS Scores:** The scores on every CANS Item.
 - b. **Comments:** Any information put in the Comment Box at the bottom of a CANS.
 - c. **Prescription Info:** Which services were prescribed along with that CANS (if any) and at what intensity, frequency, etc.
 - d. **Calculated Scores:** Additional information that is scored with each CANS, including Domain Percentiles, Risk Severity Score and Autism Level Score.
 - e. **CSM:** The communimetric service matches that the client matched for and didn't match for at the time of scoring.
 - f. **Discharge Information:** For CANS marked as "Discharge" there is extra information that is noted by the CANS rater, such as if the discharge was considered "successful," and the level of care to which the client is being discharged.

11. Include MAs in Export:

- a. Choosing “No” means that the Medicaid number will not be included in the export. Choosing this will lead to a faster query, since MAs are encrypted in the application.
- b. Choosing “Yes” means that the identifier for the client will be their Medicaid ID. This can take longer to query, since Medicaid numbers are encrypted in the application.
- c. Choosing “Both” means that both the application’s identifier, as well as the Medicaid identifier will download for each member.

12. Export Evaluations: Once submitted, the parameters above will be applied to the query, and the application will begin pulling together the requested data.

 **Please note:** *There is unencryption involved in this process, and the combining of multiple tables, and for larger queries it can take some time. Queries that are very large (e.g. multiple years worth of data from a large provider) can even stall the application and never materialize. Please exercise judgment: Larger queries may be best broken down into multiple smaller queries.*

Once submitted, the query will materialize for download in the View Recent screen, which is found through the dashboard under Data Export. The View Recent screen shows the table on the following page.

1. **Created At:** Tells you the time the Export Evaluation button was pushed and the query submitted.
2. **Provider Group:** Should list the name of the provider group that is doing the query.
3. **Insurance Companies:** Shows the BH-MCOs that were selected for the query.
4. **Programs:** Shows the programs chosen for the query.
5. **Counties:** Shows the counties chosen for the query.
6. **Inclusions:** Shows which particular options were chosen from the “Include in Export” pick list.
7. **Date Range:** The range of the query.

8. **Completed At:** Shows the time that the application was finished in collecting and decrypting the data for export.
9. **Download:** Here is where the green button will appear that allows downloading the export when ready. If the export is not yet ready, it will read N/A in this column. Users of the system should “refresh the web page” until the green button appears. If it isn’t there, wait a few minutes, and then try the refresh. If it doesn’t appear, wait a few more minutes and try the same. Larger queries can take quite awhile (upwards of an hour) to load. It is best, in such situations, to consider making several smaller exports, instead of just one large one.
10. **Refreshing:** See item 9.

NOTE: *Older queries should be deleted on occasion to help the application run faster. Only keep queries loaded here if you think you may need to re-download the query. If that will not be necessary, click the “delete” button, and the query will be deleted. You can always go back in, establish the same parameters, and download the exact same data again if need be.*

Data Export has started. ×

LISTING DATA EXPORTS

Created At	Provider Groups	Insurance Companies	Programs	Counties	Inclusions	Date Range	Completed At	Download	Delete
09/21/2018 10:30 am	provider group 36	All	All	All	CANS Scores	Beginning - Now	N/A	N/A	Delete
09/20/2018 10:30 am	Based on CANS Evaluations only	CANS Scores, Comments, Prescription Info, Calculated Scores, CSMs, Discharge Information	Based on CANS Evaluations only	09/20/2018 10:32 am	Download Data Export	Delete			

EXPORT FIELDS

When a CANS file is exported, it will have columns labeled in a systematic way, so that CDR can organize multiple jurisdictions, TCOM forms, and timelines. Thus, you will need this key to understand what the fields mean. Electronic version of the table below, can be obtained by contacting support@communitydataroundtable.org. CANS Items:

Field Name in Export	CANS item on the CDR CANS-PA
pp01	psychosis
pp02	attention deficit/impulse
pp03	autism spectrum
pp04	depression/anxiety
pp05	oppositional behavior
pp06	antisocial behavior
pp07	anger control
pp08	substance abuse
pp09	severity of use
pp10	duration of use
pp11	stage of recovery
pp12	peer influences
pp13	parental influences
pp14	environmental influences
pp15	adjustment to trauma
pp16	affect regulation
pp17	intrusions
pp18	dissociation
pp19	attachment

rb01	danger to self
rb02	danger to others
rb03	other self harm
rb04	runaway/elopement
rb05	exploitation
rb06	sexually aggressive behavior
rb07	relationship
rb08	physical force/threat
rb09	planning
rb10	age differential
rb11	type of sex act
rb12	response to accusation
rb13	temporal consistency
rb14	history of SAB
rb15	severity of sexual abuse
rb16	prior treatment
rb17	social behavior
rb18	crime/delinquency
rb19	firearms risk
rb20	fire setting
rb21	seriousness

rb22	history
rb23	planning
rb24	use of accelerants
rb25	intention to harm
rb26	community safety
rb27	response to accusation
rb28	remorse
fu01	intellectual disability
fu02	physical/medical
fu03	sleep
fu04	family functioning
fu05	living situation
fu06	social functioning - peer
fu07	school achievement
fu08	school behavior
fu09	school attendance
fu10	sexual development
fu11	sensory/motor functioning
fu12	gross motor
fu13	fine motor
fu14	coordination
fu15	vision and hearing
fu16	sensory responsiveness
fu17	communication
fu18	augmented communication
fu19	receptive language
fu20	expressive language

fu21	speech - sound production
fu22	social/pragmatic language
fu23	stereotyped sound output
fu24	gestures
fu25	maladaptive behaviors
fu26	repetitive behaviors
fu27	restricted interests
cs01	safety
cn01	physical/behavioral health
cn02	supervision
cn03	involvement
cn04	knowledge
cn05	organization
cn06	resources
cn07	residential stability
st01	family
st02	interpersonal
st03	relationship permanence
st04	educational
st05	vocational
st06	well-being
st07	optimism
st08	spiritual/religious
st09	talents/interests
st10	inclusion
st11	resiliency
st12	resourcefulness

PRESCRIBED BY AN EVALUATOR

Field Name	Program Name
tss_school_hpw_pre	TSS school prescribed (Y/N)
tss_school_hpw_hours_pre	TSS school Hours Prescribe (Value)
tss_school_hpw_hours_unit_pre	Unit of prescribed Hours (week/Month)
tss_home_comm_hpw_pre	TSS home prescribed (Y/N)
tss_home_comm_hpw_hours_pre	TSS home Hours Prescribe (Value)
tss_home_comm_hpw_hours_unit_pre	Unit of prescribed Hours (week/Month)
bsc_hours_pre	BSC Hours Prescribed
bsc_hours_hours_pre	Number of Hours
bsc_hours_hours_unit_pre	Unit of Hours
fbmh_pre	Family Based Prescribed (Y/N)
ro_pre	Regular Outpatient Prescribed
pcit_pre	Parent Child Interaction Therapy Prescribed
asp_hours_pre	After School Program Prescribed
asp_hours_hours_pre	Hours of After School Program Prescribed
asp_hours_hours_unit_pre	Unit of After School Program prescription
php_pre	Partial Hospitalization Program
stap_hours_pre	Summer Therapeutic Activities Program Prescribed
stap_hours_hours_pre	Summer Therapeutic Activities Program Hours Prescribed
stap_hours_hours_unit_pre	Summer Therapeutic Activities Program Unit Prescribed
sott_pre	Specialized Outpatient Therapy
rtf_pre	Residential Treatment Facility
fba_hours_pre	Functional Behavior Analysis Prescribed
fba_hours_hours_pre	Amount of hours of FBA Prescription
mt_hours_pre	Mobile Therapy Prescribed

mt_hours_hours_pre	Mobile Therapy Hours prescribed
mt_hours_hours_unit_pre	Mobile Therapy Prescribed units
other_service_pre	Other Service Prescribed
crr_pre	Community Host Home Residential Prescribed
crr_hours_unit_pre	Hours of CRR Prescription
iy_pre	Incredible Years Prescription
iy_hours_unit_pre	Hours prescribed per week
mst_pre	Multi Systemic Therapy Prescribed
mst_hours_unit_pre	MultiSystemic Therapy hours prescribed
TFCBT_pre	Trauma Focused CBT Prescribed
TFCBT_hours_unit_pre	Hours of TF-CBT Prescribed
fft_pre	Functional Family Therapy Prescribed

CALCULATED FIELDS

The DataPool™ application calculates certain scores that are provided for decision support. Information about these scores can be read about in the CDR Decision Support Algorithm Interpretation Manual 2.0 (<https://tinyurl.com/yao-hus68>).

Health Needs Score
Health Needs Percentile
Risk Score
Risk Score Percentile
Functional Needs Score
Functional Needs Percentile
Caregiver Score
Caregiver Score Percentile
Severity Score
Autism Level

NOTE: *The final section of the spreadsheet lists the Communimetric Service Matches (CSMs, AKA “Decision Support Algorithms”) that matched for that CANS scoring. These are labeled based on the program name and the county where the program is provided. Since these can shift based on contracts they are not listed here.*



For more information please contact us:

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