DATAPOOL™ REPORTS MANUAL 3.0

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community
data roundtable
LEADING WITH OUTCOMES

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Section IV:

Exporting Data

Introduction

Welcome to Community Data Roundtable's DataPool™ Interactive Reports Manual 3.0. This manual is for people using the DataPool™ CANSA Application who would like to run reports on their clients, programs, clinicians, etc. 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 tips on making sense of what one sees.

Here are the most common User Levels:

The DataPool™ Dashboards

The DataPool™ Dashboards

USER LEVELS AND YOUR DASHBOARD

Most Users of the DataPool™ have a similar dashboard when they log in, as seen on the following page. Not all parts of this dashboard will show to everyone, though, and there are different constraints based on one's User Level. Understanding your User Level will help you understand what you see on the dashboard. Here is a table of the most common User Levels.

Frontline Workers	Clinical Supervisors	Non-Clinical Supervisors
CANSA Rater I *Decision Support* Scores CANSA with clients, receives decision support regarding treatment referral, inputs treatment recommendations upon reviewing CANSA results.	**Clinical Program Supervisor I** *Decision Support* Like a CANSA Rater I, scores CANSA and receives treatment referral support, but also has administrative information on the programs and workers they supervise.	**Non-Clinical Program Supervisor** Does not score CANSA, but has administrative information on the programs and workers they supervise.
CANSA Rater II *No Decision Support* Scores CANSA with clients, receives results, but does not receive treatment recommendations.	**Clinical Program Supervisor II** *No Decision Support* Like a CANSA Rater II, scores CANSA, but also has administrative information on the programs and workers they supervise.	

SAMPLE DASHBOARD VIEW

More Information: Hover over any 'i' icon for tooltips and explanations of affiliated concepts and hypertext links.

Focal Points:

Emergent Risk Clients
(see page 7)

Late CANSA
(see page 9)

Missing Treatment
(see page 11)

Lapsed Certification
(see page 13)

Initial CANSA By Severity:
(see page 14)

CANSA Exports:
(see page 64)
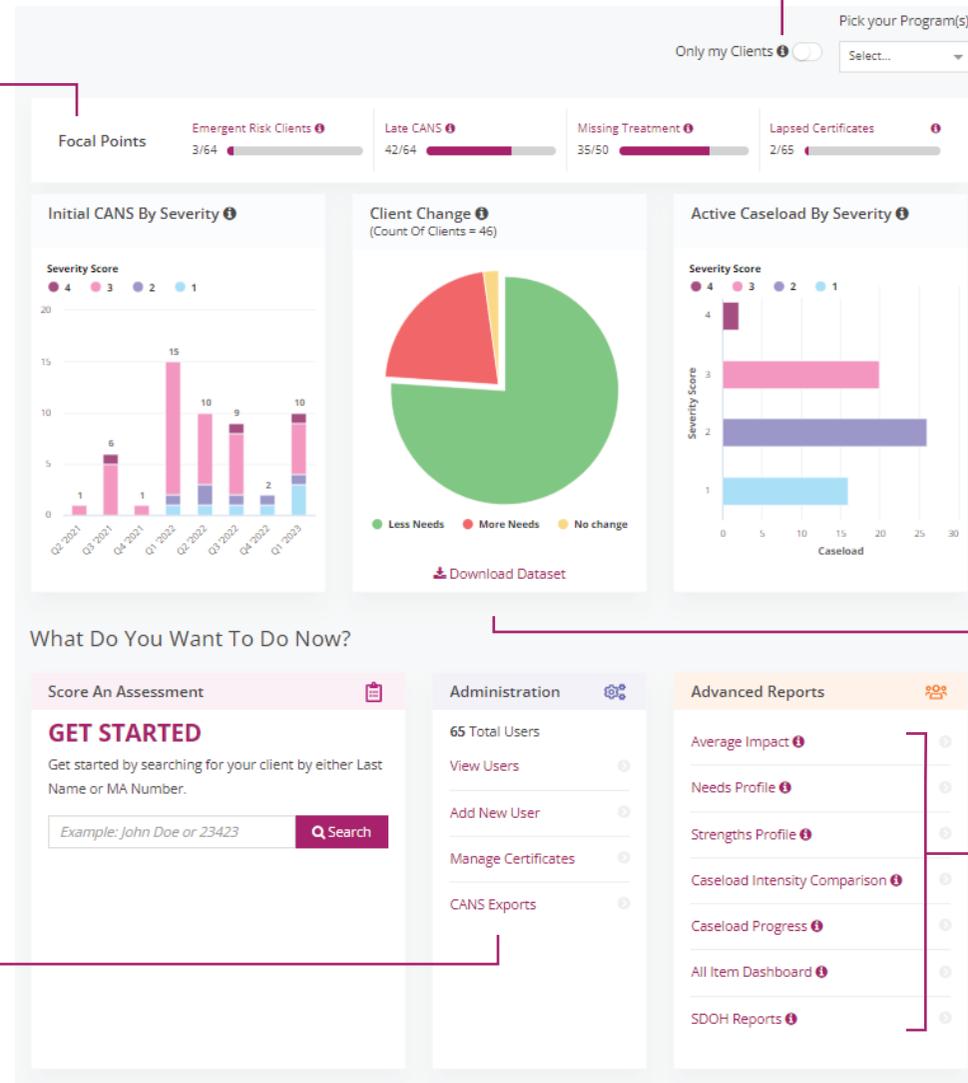
Program Dropdown:
(see page 6)

Active Caseload By Severity:
(see page 18)

Client Change:
(see page 17)

Advanced Reports:
(see page 36)

Only my Clients

Pick your Program(s)

Select...

Focal Points

Emergent Risk Clients   3/64
Late CANS   42/64
Missing Treatment   35/50
Lapsed Certificates   2/65

Initial CANS By Severity

Severity Score
4   3   2   1

Client Change
(Count Of Clients = 46)

Less Needs   More Needs   No change

⬇ Download Dataset

Active Caseload By Severity

Severity Score
4   3   2   1

Caseload

What Do You Want To Do Now?

Score An Assessment

GET STARTED

Get started by searching for your client by either Last Name or MA Number.

Example: John Doe or 23423   🔍 Search

Administration

65 Total Users

View Users

Add New User

Manage Certificates

CANS Exports

Advanced Reports

Average Impact ⓘ

Needs Profile ⓘ

Strengths Profile ⓘ

Caseload Intensity Comparison ⓘ

Caseload Progress ⓘ

All Item Dashboard ⓘ

SDOH Reports ⓘ

USING THE PROGRAM DROPDOWN

The 'Pick your Program' dropdown menu at the top of your dashboard allows you to choose the information displayed on your dashboard. If you do not select any specific option, then you are looking at all of the programs you are allowed to see based on your User Level. The 'Only My Clients' toggle is only seen by Supervisors. This toggle allows you to see only the clients you have personally rated with a CANSA.

Pick your Program(s)

Only my Clients ⓘ ◯   All ▾
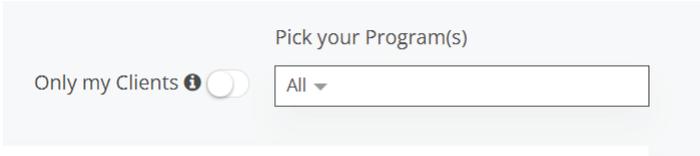
SPECIAL NOTE FOR SANTA CRUZ USERS

► **Caseload Filtering:**

Santa Cruz Users of the DataPool™ pick between *clinician caseloads*, not programs. Santa Cruz data is primarily aggregated by caseload due to the way Santa Cruz captures information within the Netsmart Avatar system. The CDR DataPool™ caseload tables mirror what is in Santa Cruz's Avatar system.

Pick your Caseload(s)

All ▾
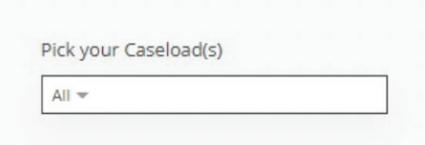
Emergent Risk Focal Point
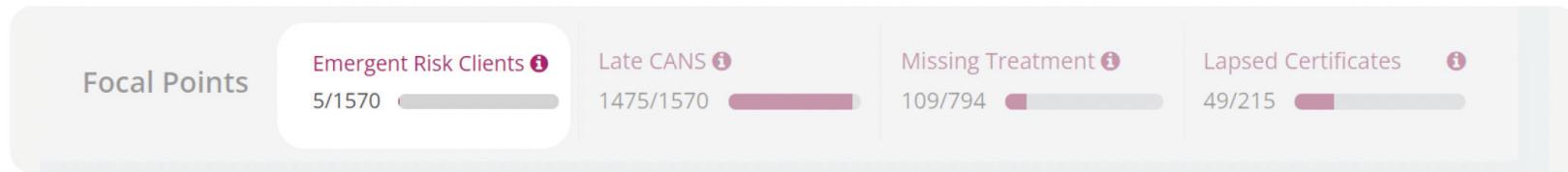
Purpose:

Of the active episodes under review, shows how many of the most recent CANSA had a very high and risky pro-

file.

> ► **Numerator:** All active client episodes that match Emergent Risk criteria (see next page).
>
> ► **Denominator:** All active episodes. Some clients may have more than one active episode.

When Clicked:

Emergent Risk Focal Point: Click the Emergent Risk Focal Point to view the Emergent Risk Screen.

Emergent Risk Screen

Name: The Emergent Risk Screen lists all clients that in the last six months had high-risk profiles based on their most recent CANSA.

Actions: Actions allow you to 1) leave a private Note for yourself on this case, only visible to you 2) add an Update to the CANSA form for the next CANSA rater to review while scoring the next CANSA, or 3) email the clinician who scored the most recent CANSA for follow up and coordination.

Filter

2 EMERGENT RISK ⓘ

Name	Count of 3s, and the items listed	ⓘ Risk Domain Score ↕	Clinican Caseloads	Actions
Practice, Child (0000000000)	1. Danger to Others 2. Exploitation 3. Delinquent Behavior 4. School Behavior	9	Dan Demonstration	▢ | Add Item Notes | Email Clinician
Practice, Child 2 (1111111111)	1. Autism Spectrum 2. Sensory/Motor Functioning 3. Neuro-Developmental Communication 4. Repetitive and Restrictive Behaviors 5. Conduct	4	Dan Demonstration	▢ | Add Item Notes | Email Clinician

Count of 3s: Emergent Risk is defined as within the last six months there was a CANSA scored with three or more Need items scored at 3, a Risk Domain sum of six or higher, or any Risk Domain item at 3. Autism module items are excluded from this metric.

Risk Domain Score: The table is easily filterable by Risk Domain Score (the sum of all the items in the risk domain) for triage purposes.

Late CANSA Focal Point
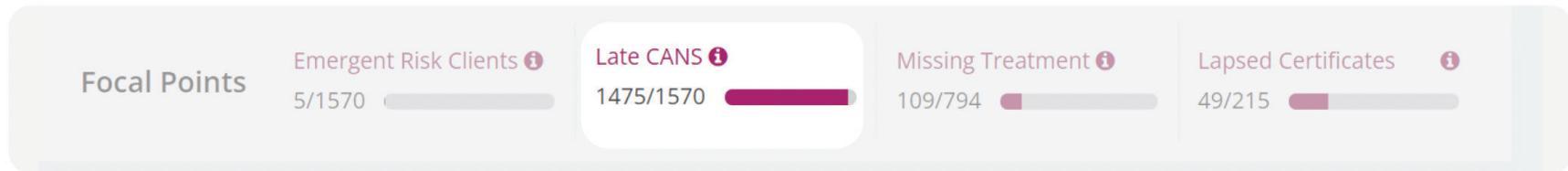
Purpose:

Every CANSA scoring triggers a Timeline, which tells when the next CANSA is due. This graph shows you the percent of your active episodes that have CANSA overdue by 30 days or more. If this gets big, it typically means your outcomes will flatten or worsen, so you want to keep this number minimal. This is done either by rating a new CANSA for a person or deactivating the Timeline because you are unable to accurately rate the last CANSA for the client.

- ► **Numerator:** All active episodes with a CANSA 30 days (or more) past due.
- ► **Denominator:** All active episodes. Some clients may have more than one active episode.

When Clicked:

Click the Late CANSA Focal Point to view the Late CANSA Screen.

Late CANSA Screen

This page lists all necessary information for identifying which CANSA are past due for scoring.

Deactivate:
Deactivate the Timeline/Episode. This will mean the case ends without an official "Discharge" score. Please note, Deactivating leads to weaker data quality for analysis but is necessary when a client's final status cannot be rated correctly.

Client Name:
Click on the client name to rate a new CANSA for them.

Last: CANSA are organized from most recent to latest. Click the 'Last' button to see the Timelines that are most outstanding.

Note: Write a note for future reference (e.g. "Client is scheduled for Feb 23," etc.). This note remains here and is not communicated elsewhere. (Use the in-app email if you need to communicate with another person on a client's status.) Use the 'Item Notes,' found on the Dashboard above, if you have information to share with the next person rating a client's CANSA.

Missing Treatment Focal Point

Purpose:

The Missing Treatment graph is only relevant for CANSA done by a Rater I (i.e. those receiving decision support and input treatment recommendations). This graph helps track and ensure that any CANSA meant to have a Treatment Recommendation has one included.

> ► **Numerator:** All CANSA that require a Treatment Recommendation but do not have a Treatment Recommendation. This number should ideally be zero.
>
> ► **Denominator:** All active CANSA that require a Treatment Recommendation (typically a smaller number than all active Episodes, as shown on some of the other Focal Points).

When Clicked:

Click the Missing Treatment Focal Point to view the Missing Treatment Screen (next page).

Missing Treatment Screen

This screen provides you with all the information you need to track down CANSA that require a Treatment Recommendation. View notes below for follow-up actions.

Add Missing Treatment: Click to add the missing Treatment.

☞ *Note: it is always possible to pick "Assign No Treatment" as a treatment option if no follow-up treatment was assigned. For details see Section II Treatment Recommendations and Decision Support.*

PROGRAMS

☑ IBHS
☑ Family Based Mental Health Services

Filter

91 MISSING TREATMENTS ⌄

MA Number	Last Cans Date	Evaluator	Program	Actions
Practice, Child1 (0000000000)	07/23/2021	Jessica Practice	IBHS	Add Treatment | Deactivate
Practice, Child2 (0000000000)	07/23/2021	Danielle Practice	Family Based Mental Health Services	Add Treatment | Deactivate
Practice, Child2 (0000000000)	07/23/2021	Danielle Practice	IBHS	Add Treatment | Deactivate
Practice, Child3 (0000000000)	07/23/2021	Lauren Practice	IBHS	Add Treatment | Deactivate
Practice, Child4 (0000000000)	07/22/2021	Leara Practice	Family Based Mental Health Services	Add Treatment | Deactivate

| 1 | 2 | 3 | 4 | 5 | ... | Next › | Last » |

Per Page 5 10 25 50 | Total 91

Deactivate: Click to deactivate the episode and thus end the treatment without an official "Discharge." Deactivation will result in less precise data and should be avoided unless there truly is no idea of what the Treatment Recommendation was for the client at this time.

Lapsed Certificates Focal Point

Focal Points

	Emergent Risk Clients ⓘ	Late CANS ⓘ	Missing Treatment ⓘ	Lapsed Certificates ⓘ
	5/1570	1475/1570	109/794	49/215

Purpose:

To ensure that your staff is up to date on their CANSA certification as well as certified in any extra modules as required for your organization.

- ► **Numerator:** All Users who require certification, but proof of updated CANSA certification is not in the DataPool.
- ► **Denominator:** All Users who require certification.

When Clicked:

Click the Lapsed Certificates Focal Point to view the Certifications Management Page (not shown since it is not a clinical supervision report. For any additional questions on Certification Management please reach out to support@communitydataroundtable.org).

Initial CANSA By Severity
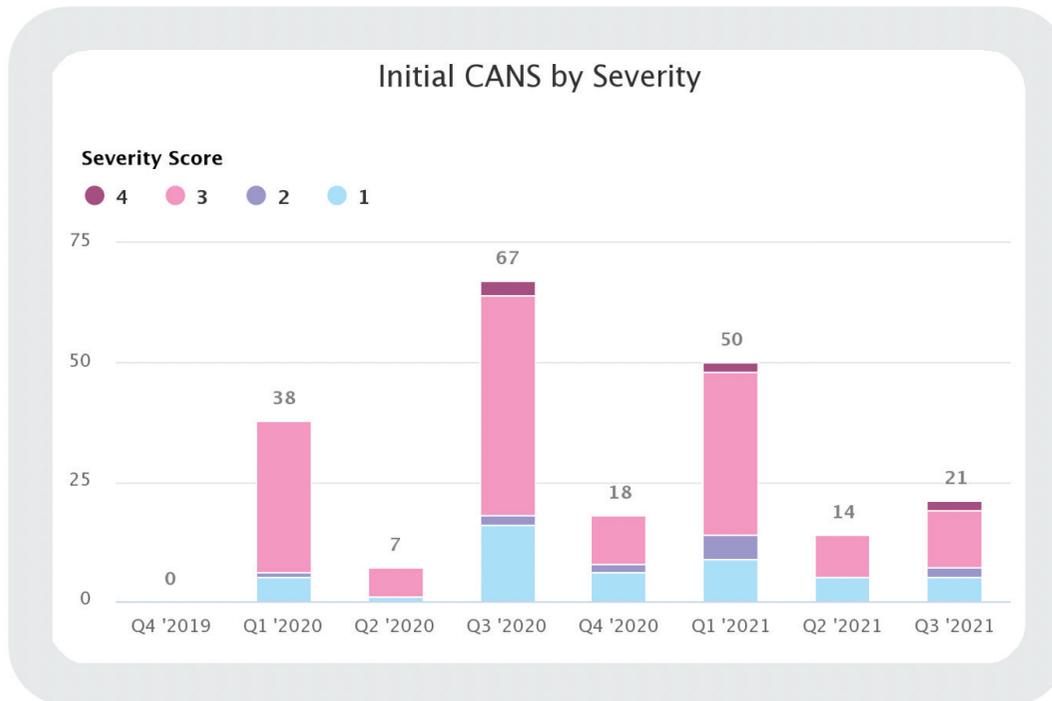
Initial CANSA By Severity shows all of the Initial CANSA per quarter, split up by Severity Level. This graph should be thought of as representing the inflow of clients and their initial presenting global level of "Severity" (see chart on the following page).

☞ **Note:** *If you are a CANSA Rater I or II, these will be only your Initial CANSA, filtered by the Programs you have chosen in the Program Dropdown.*

☞ **Santa Cruz Users:** *This graph shows the Initial CANSA in your system, which may not be the CANSA you did, and thus would not be listed for you.*

Quantitative Communimetric Severity Model

To interpret the Initial CANSA By Severity graph, please reference the chart below.

Severity Score	Risk Domain Score	Explanation
1 "Least"	0–1	No risky behavior in last 30 days
2 "Moderate"	2–3	1 risky behavior in the last 30 days, typically "Danger to Others"
3 "Intensive"	4–5	2 risky behaviors in the last 30 days, typically "Danger to Others" and "Social Behavior"
4 "Highly Intensive"	6 ≤	More than 2 risky behaviors in the last 30 days

ASD Severity Level

To understand ASD Severity Levels please see the chart on the following page.

	Social Communication	Restricted, Repetitive Behaviors	CANSA
LEVEL 3: *"Requiring very substantial support."*	"Severe deficits in verbal and nonverbal social communication skills cause severe impairments in functioning, very limited initiation of social interactions, and minimal response to social overtures from others. For example, a person with few words of intelligible speech who rarely initiates interaction and, when he or she does, makes unusual approaches to meet needs only and responds to only very direct social approaches."	Inflexibility of behavior, extreme difficulty coping with change, or other restricted/repetitive behaviors markedly interfere with functioning in all spheres. Great distress/difficulty changing focus or action.	Autism ≥ 2, & (Communication = 3 OR Maladaptive behaviors = 3)
LEVEL 2: *"Requiring substantial support."*	"Marked deficits in verbal and nonverbal social communication skills; social impairments apparent even with supports in place; limited initiation of social interactions; and reduced or abnormal responses to social overtures from others. For example, a person who speaks simple sentences, whose interaction is limited to narrow special interests, and has markedly odd nonverbal communication."	Inflexibility of behavior, difficulty coping with change, or other restricted/repetitive behaviors appear frequently enough to be obvious to the casual observer and interfere with functioning in a variety of contexts. Distress and/or difficulty changing focus or action.	Autism ≥ 2, & (Communication = 2 OR Maladaptive behaviors = 2)
LEVEL 1: *"Requiring substantial support."*	"Without supports in place, deficits in social communication cause noticeable impairments. Difficulty initiating social interactions and clear examples of atypical or unsuccessful responses to social overtures of others. They may appear to have decreased interest in social interactions. For example, a person who can speak in full sentences and engages in communication but whose to-and-fro conversation with others fails, and whose attempts to make friends are odd and typically unsuccessful."	Inflexibility of behavior causes significant interference with functioning in one or more contexts. Difficulty switching between activities. Problems of organization and planning hamper independence.	Autism ≥ 2

Client Change

This chart represents the percent of all episodes with at least two CANSA that are gaining Needs, remaining the same, or reducing Needs (over the last two years).

Client Change ⓘ
(Count Of Clients = 46)

● Less Needs ● More Needs ● No change
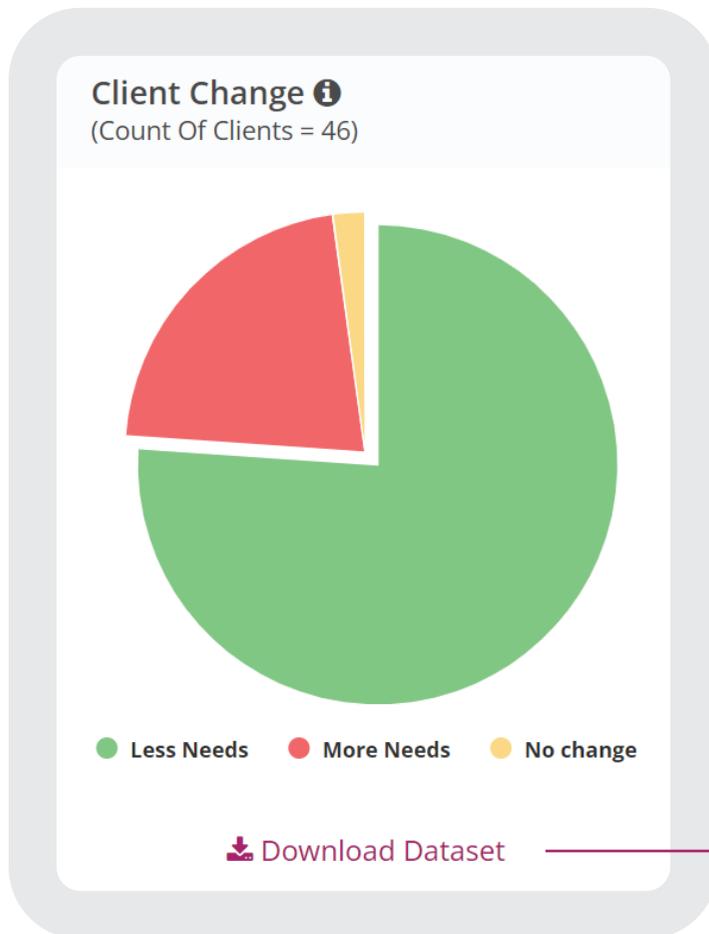
⬇ Download Dataset

▶ **More Needs:** More Needs is defined as growing in CANSA sum.

▶ **Less Needs:** Less Needs is defined as a reduction in CANSA sum.

☞ **Please note:** *The Program Dropdown helps you move between programs for this analysis (see page 6).*

Download Dataset: This allows you to see the clients comprising the chart.

Active Caseload by Severity
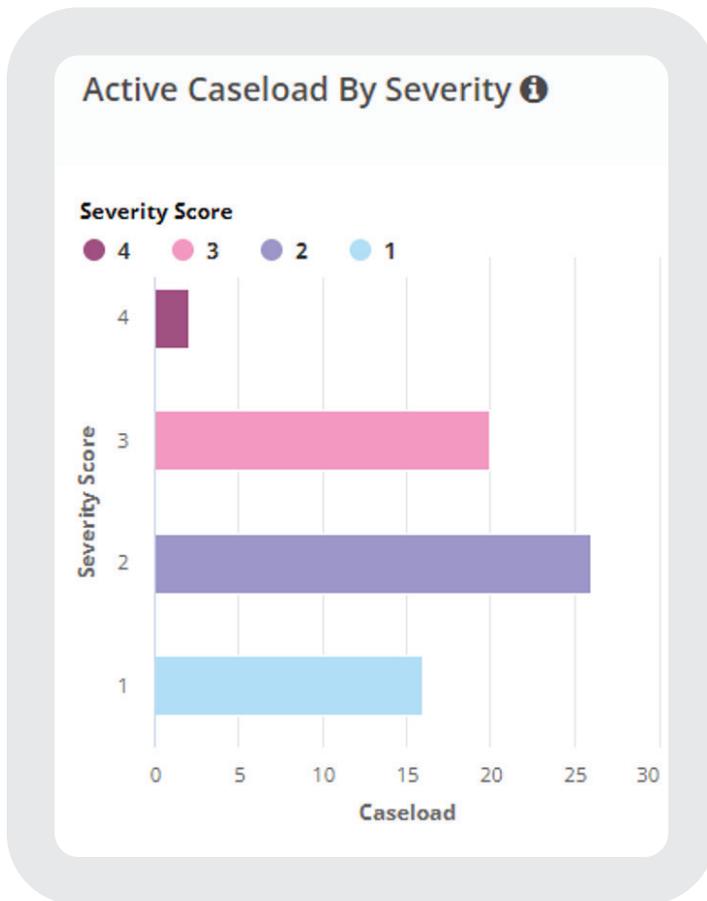
This chart represents the count of active clients currently at each Severity Score. Click on a bar to see the clients at that score.

☞ **Note:** *Frontline users will only see their own caseloads, while Supervisors and Admins will see caseloads of the programs under their jurisdiction.*

☞ **Also, Note:** *This visualization tracks episodes of care. Clients in multiple programs simultaneously can show up multiple times in this visualization.*

Introduction to the Client Profile

Introduction to the Client Profile

The Client Profile combines all of the CANSA information on a client in one place. It is the summary of a client's assessment history. The Client Profile includes:

- ► Most recent diagnoses
- ► History of assessment ratings
- ► Domain summary scores
- ► Computed Severity Level and/or
  Autism Spectrum Disorder (ASD) Level

- ► List of identified Adverse Traumatic Experiences
- ► Tables of Actionable Needs and Strengths
- ► The Take Home Report

Important facts about the Client Profile:

1. **The Client Profile is the form that is often printed and submitted to managed care for authorization.**

2. The Client Profile is used by Frontline raters who are reviewing CANSA results with their clients for evaluation or treatment planning.

3. Supervisors and clinicians use the Client Profile during case review, supervision or rounds.

WHO CAN USE THE CLIENT PROFILE?

For User Levels that input Treatment Recommendations and receive Decision Support, the Client Profile is where you receive feedback and input your recommendations.

The Client Profile is accessible by all users of the application.

☞ *Note: Not all parts of the Profile are visible for all DataPool™ customers.*

ACCESSING THE CLIENT PROFILE

First, find your client.

Score An Assessment

GET STARTED

Get started by searching for your client by either Last Name or MA Number.

| Example: John Doe or 23423 | 🔍 Search |

MY CLIENTS

Clients: 7

📷 Fake Agency

| Type to search... | 🔍 Search |

FBMHS - 1 EPISODES

MA Number	Number of Evaluations	Most Recent Severity ↕	County ↕	Last CANS Date ↕	Actions
Client 1 (0000000000)	2	1	Lancaster	03/02/2023	Add CANS | Add Treatment | Deactivate | Add Item Notes | | 🖨 Print CANS PDF (EN) | 🖨 Print CANS PDF (ES) | | 🖨 Print Take Home Report (EN) | 🖨 Print Take Home Report (ES)

Total 1

Next, click the client name to access the full digital/ interactive version of the Client Report.

Print CANSA PDF: Click here to print a paper version of the Client Profile (Note: this is often what needs to be submitted to managed care). Reports can be printed in English (EN) or Spanish (ES).

SAMPLE CLIENT PROFILE

Client Summary
(see page 25)

**Domain Scores
Line Graph**
(see page 26)

Treatment Recommendation
(see page 28)

**Communimetric
Service Match**
(see page 28)

Actionable Needs
(see page 30)

**Caregiver Needs
and Strengths**
(see page 30)

**Actionable
Strengths**
(see page 30)

CLIENT SUMMARY

Date of Birth:
Primary Diagnosis:
Secondary Diagnosis:
Tertiary Diagnosis:
Time from Initial:

Active Treatments:
Adverse Traumatic Experiences:
Severity Score 1:
Autism Score:

PERCENTILE
RANKING

TREATMENT RECOMMENDATION

Name	Amount	Start Date	End Date	Location

COMMUNIMETRIC SERVICE MATCH

1ST

2ND

ACTIONABLE NEEDS

	1/2/2017	3/5/2017	5/202017
Autism Spectrum	3	3	3
Danger to Others	0	2	1
Living Situation	3	2	2

CAREGIVER NEEDS AND STRENGTHS

	1/2/2017	3/5/2017	5/202017
Caregiver Physical/Behavioral Health	1	1	1
Supervision	0	0	0

STRENGTHS

	1/2/2017	3/5/2017	5/202017
Family Strengths	0	0	1
Relationship Performance	0	0	0
Educational Setting	2	1	1
Well-being	2	2	1

Client Summary

Client Diagnoses: Most Recent Diagnoses.

Active Treatments: Most recent Treatment Recommendations inputted for the client.

Language Toggle: Choose for the page to display in English or Spanish.

Adverse Traumatic Experience: List of identified traumatic experiences. (Only for those contracts with access to the Trauma module.)

ⓘ English (EN) ⟶ Spanish (ES)

CLIENT SUMMARY: 8, CLIENT (1234567890)

Date of Birth: 03/11/2014
Primary Diagnosis: Autistic disorder
Secondary Diagnosis: N/A
Teritary Diagnosis: N/A

Time from Initial: IBHS about 1 year

Most Recent Assessment Scored By: Test1 Account (IBHS Supervisor/Program Director)
Active Treatments: N/A
Severity Score: 2 - Moderate
Autism Score: Autism Level 1

Add CANS   Add Item Notes

Time from Initial: Length of time since the initial CANSA in the program was rated.

Add CANSA: To rate a new assessment for the client.

Add Item Notes: To provide information to the next person rating an assessment for the client.

Severity and Autism Scores: See Reference Tables in Section I for details.

Domain Scores Line Graph

Each domain is summed, divided by the count of items in domain, and multiplied by 10. That number is plotted on the graph for the date of the assessment. A percentile is calculated based on norms from your particular CANSA implementation.

CLIENT SUMMARY: TESTING, TESTING (0000010137)

Date of Birth: 08/30/2005
Primary Diagnosis: Autistic disorder
Secondary Diagnosis: Attention-deficit hyperactivity disorder, combined type
Teritary Diagnosis: Oppositional defiant disorder
Time from Initial: IBHS over 7 years

Most Recent Assessment Scored By: Evaluator Evaluator192
Active Treatments: TSS - Home/Community, Behavior Specialist Consultant
Adverse Traumatic Experiences: None
Severity Score: 2 - Moderate
Autism Score: No ASD - with accompaning language impairment

Add CANS   Add Item Notes

View Extended Chart: If a person has a longer history than can be displayed on the profile, the "View Extended Chart" link takes you to the full chart (see below).

Evaluation on 01/29/2018
Score: 9
Percentile: 95th

PERCENTILE RANKING
of Domain

97ᵗʰ Risk
97ᵗʰ Mental Health Needs
88ᵗʰ Functional Needs
N/A Caregiver

Mental Health Needs Score   Functional Needs Score   Risk Score   Caregiver Score
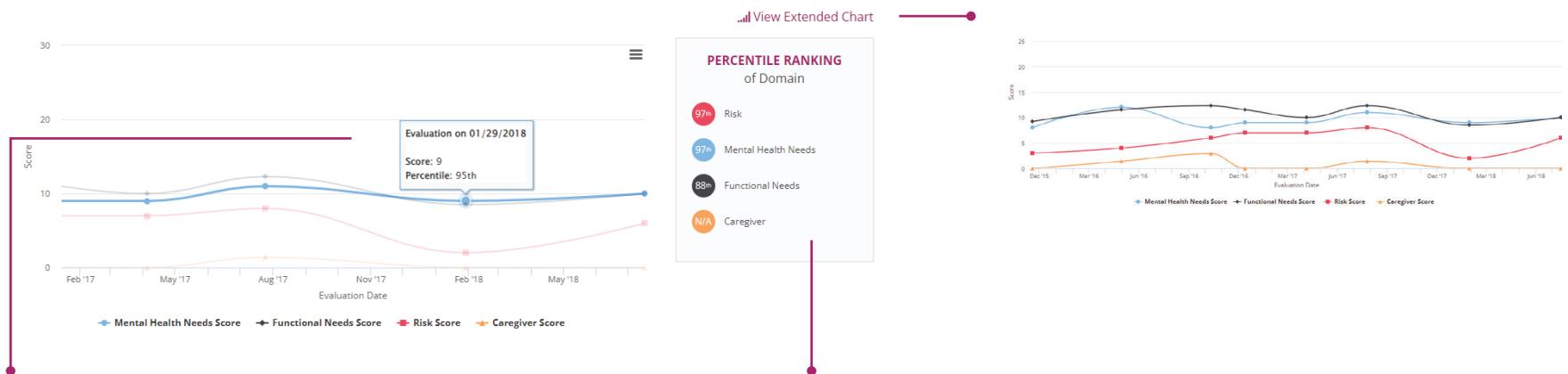
Key Tip: The percentiles of previous scorings can be seen by floating your mouse over a previous time point in the graph.

Percentile Ranking: The percentile scores in the large box represent only the most recent CANSA scoring. See the following page for Percentile Interpretation.

PERCENTILE INTERPRETATION

The percentile number tells you the percentage of the clinical population in that age and gender group that had lower scores. Since it shows you the relative rarity of the domain rating, the percentile helps elucidate how extraordinary a domain's needs are for a particular client.

- ► Different DataPool™ customers will have different norm populations. For details on the population used to calculate percentiles for your DataPool™ implementation, please contact support@ communitydataroundtable.org.
- ► A ✩ means the domain score was 0.

☞ **Note:** *Implementations for adult (ANSA) programs will typically not include a caregiver domain.*

Percentile	Domain Explanation
64th Mental Health Needs	Psychiatric needs/diagnoses; items that are treated directly as "mental health."
88th Risk	Discrete features threatening hospitalization, incarceration or placement loss.
72nd Functional Needs	Ability to operate well and independently in various domains.
✩ Caregiver	Caregiver's Needs and Strengths.

Treatment Recommendations and Decision Support

Note: Only some User Levels receive decision support and input treatment recommendations.

1 **First,** look here to see a list of local services that match the client's needs. They are arranged in order of most specific to less specific of a match. (The logic behind the algorithms can be found in the CDR Interpretation Manual. Check communitydataroundtable. org/resources/ for details.)

2 **Next,** input your Treatment Recommendations including any extra details such as hours, location, etc. If there are no Treatment Recommendations, check the box marked "Assign No Treatment." When done inputting recommendations click "Submit."

TREATMENT RECOMMENDATION FOR EVALUATION ON 02/08/2021

Dauphin County

⊕ Add Treatment   ☐ Assign No Treatment   ✔ Submit
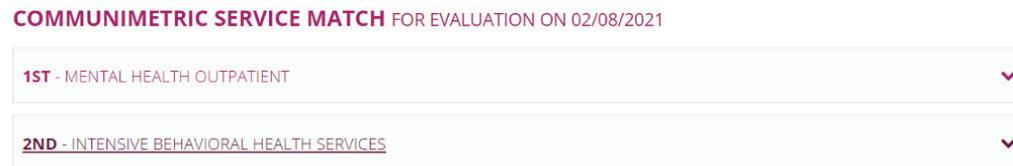
COMMUNIMETRIC SERVICE MATCH FOR EVALUATION ON 02/08/2021

1ST - MENTAL HEALTH OUTPATIENT   ⌄

2ND - INTENSIVE BEHAVIORAL HEALTH SERVICES   ⌄

Key Tip: Click dropdowns to see more information (including contact information) on service matches.

PRINTING THE CLIENT PROFILE

TREATMENT RECOMMENDATION FOR EVALUATION ON 09/22/2021

Dauphin County

Name

BioPsychoSocial Evaluation (Psychological Evaluation)

✏ Edit Treatment

🖶 Print PDF

🖶 Print Take Home Report

Print PDF: Print a hard copy of the complete Client Profile report. (Note: print function is unavailable until required Treatment Recommendations are added.)

Print Take Home Report: For printing the Take Home Report to share with families. (See the Take Home Report section of this manual for details.)

Actionable Needs and Strengths Tables

Assessments: Every assessment is laid out in chronological order from left to right.

Action Items: Lists all the items from the Problem Presentation, Risk, and Functioning Domains that were scored 2 or 3 in any of the last three assessments.

Caregiver Needs and Strengths Table: Lists all the Caregiver items on the assessment and their status.

Client Strengths Table: Lists any strength that was a 1 or 0 in the last 3 assessments.

ACTIONABLE NEEDS

	09/20/2017 Program-IH-S ▲ View CANS View Past Rx & CSMs	11/29/2017 Program-IH-S ▲ View CANS View Past Rx & CSMs	02/21/2018 Program-IH-S ▲ View CANS View Past Rx & CSMs
Autism Spectrum	3	3	2
Danger to Others	0	2	1
Living Situation	2	2	1
Social Functioning	3	3	3
School Behavior	3	2	2
Sensory/Motor Functioning	2	2	2
Fine Motor	1	2	2
Sensory Responsiveness	2	2	2

CAREGIVER NEEDS AND STRENGTHS

	09/20/2017 Program-IH-S ▲ View CANS View Past Rx & CSMs	11/29/2017 Program-IH-S ▲ View CANS View Past Rx & CSMs	02/21/2018 Program-IH-S ▲ View CANS View Past Rx & CSMs
Caregiver Physical/Behavioral Health	1	1	1
Supervision	0	0	0
Involvement with Care	0	0	0
Knowledge	1	0	0
Organization	0	0	0
Resources	0	0	0
Residential Stability	0	0	0

STRENGTHS

	09/20/2017 Program-IH-S ▲ View CANS View Past Rx & CSMs	11/29/2017 Program-IH-S ▲ View CANS View Past Rx & CSMs	02/21/2018 Program-IH-S ▲ View CANS View Past Rx & CSMs
Family Strengths	0	0	1
Relationship Permanence	0	0	0
Educational Setting	2	1	1
Well-Being	2	2	1

* Percentile rank is calculated without controlling for length of treatment/service.

Take Home Report

The Take Home Report provides families with an accessible, family-friendly summary of information on the CANSA. For those 21 and older, the Take Home Report is oriented to the client directly.

This report is meant to:

▶ Help the client and family understand some of the high-level conclusions of the assessment.

▶ Highlight areas of progress.

▶ Identify key strengths that should be drawn upon in treatment.

▶ Provide a document that can be shared with the client and family's broader care network, such as schools or doctors, to communicate needs and strengths.

☞ **Please note:** *Not all DataPool™ customers have the same information on their reports.*

Severity and Autism Scores: Makes these important numbers clear to the family. For details on how Severity and Autism Scores are calculated, see Reference Tables in Section I.

CANS Rater Name: Evaluator Name
Provider/Agency: Behavioral Health Agency

Date of Assessment: 1/1/2023
Most Recent Diagnoses: F84.0 (Autistic disorder), F90.1 (Attn-defct hyperactivity disorder, predom hyperactive type)

YOUR CLIENT'S NAME

CANS SUMMARY REPORT

3
Risk Severity Score

A measure of how "Risky" a child is in terms of danger to self and others. Varies from 1 "Least", through 2, "moderate", 3 "Intensive," and 4 (Highly Intensive).

2
Autism Level

A measure of a child's functional needs as associated with deficits found in autism (i.e. communication and restricted/repetitive behaviors). Varies from 1 "Requiring Support," 2 "Requiring Substantial Support," to 3 "Requiring Very Substantial Support."

CURRENT TREATMENT

According to your evaluating clinician, below are your child's most pressing needs at this time.

Needs	Action Needed	Intensive Action Needed
Problem Presentation	Impulsivity / Hyperactivity, Autism Spectrum	N/A
Risk Behaviors	Danger to Others, Runaway/Elopement	N/A
Functioning	Sleep, Living Situation/Behaviors Where Residing, Social Functioning, School Behavior, Sensory Resporsiveness, Neuro-Communication Disorders, Augmented Communication, Receptive Language, Expressive Language, Speech - Sound Production, Social/Pragmatic Language, Gestures, Repetitive and Restrictive Behaviors (Maladaptive), Repetitive Behaviors, Restricted Interests	Stereotyped Sound Output

Sample Take Home Report (Page 1)

☞ **ALERT!** *Work with the family to ensure that each of the below needs are addressed in the treatment plan!*

Actions Needed: The 2s from the most recent assessment.

Intensive Actions Needed: The 3s from the most recent assessment.

Actionable Strengths: The list of Actionable Strengths. Work with the family to ensure that each of these strengths are incorporated into the treatment plan!

AREAS OF SIGNIFICANT IMPROVEMENT

Below are your child's needs that have shown improvement.

OPPOSITIONAL BEHAVIOR

ANGER CONTROL

ATTACHMENT DIFFICULTIES

SUICIDE RISK

MEDICAL/PHYSICAL

NEURO-COMMUNICATION DISORDERS

CAREGIVER BEHAVIORAL/PHYSICAL HEALTH

NAME AND FAMILY'S STRENGTHS

Below are your child and family's most powerful strengths.

Family Strengths	The family is a resource for the child's improvement.
Relationship Permanence	This child has had at least one stable caregiver for the majority of their life.
Educational Setting	This child's educational placement is a helpful participant in treatment.
Optimism	This child is able to identify things in the future for which they are looking forward. Such optimism could be drawn upon in the treatment plan.
Talents & Interests	This child has a passion or interest which motivates them. Including this interest can increase the treatment plan's success.
Community Life	The child actively takes advantage of community and cultural resources in a pro-social way. Including these resources in the treatment plan can facilitate its success.

FURTHER RESOURCES

For help with any part of this report, please ask the person who scored your CANS. Please reach out to **support@communitydataroundtable.org** if you have any questions about your report or the CANS in general.

The DataPool™ Interactive Reports

The DataPool™ Interactive Reports

WHAT IS AN INTERACTIVE REPORT?

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 "Advanced Reports" in the bottom right corner of the supervisor or administrator dashboard.

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.
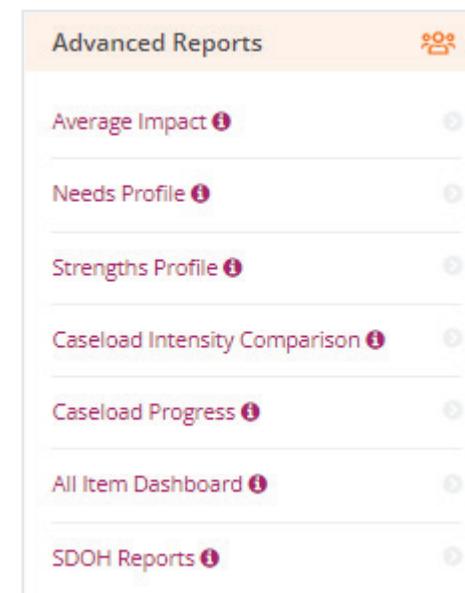
Find this menu on your Dashboard

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 TCOM Report Suite as published by the Praed Foundation (2017, https://tinyurl.com/5a6xxebr). 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 CANSA tool.

Section IV 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 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 in one or more programs over time
Needs Profile	Identify the key needs seen in one or more programs, and the progress of those needs over time
Strengths Profile	Describe the development of strengths within one or more programs over time
Caseload Intensity Comparison	Compare workers based on caseload size and intensity
Caseload Progress	Review the progress of each client under the care of an individual clinician
All Item Dashboard	Review information on individual CANSA items - for your most detailed analysis

CANSA Type Definitions

1. **"Initial" CANSA:** Initiates the timeline and is the initial assessment of a client in a program.

2. **"Continued" CANSA**: Is done as a part of ongoing intervention within a program.

3. **"Discharge" CANSA**: The final CANSA in a program.

Filters

These are the filters found for visualizations in the app. Not all reports have all filters.

Accessing Filters: Filters can be accessed on the left side of the screen.

1 **First,** click "Start Here" to choose the basic report you want.

2 **Next,** click on "Filters" to slice down to special populations.

.
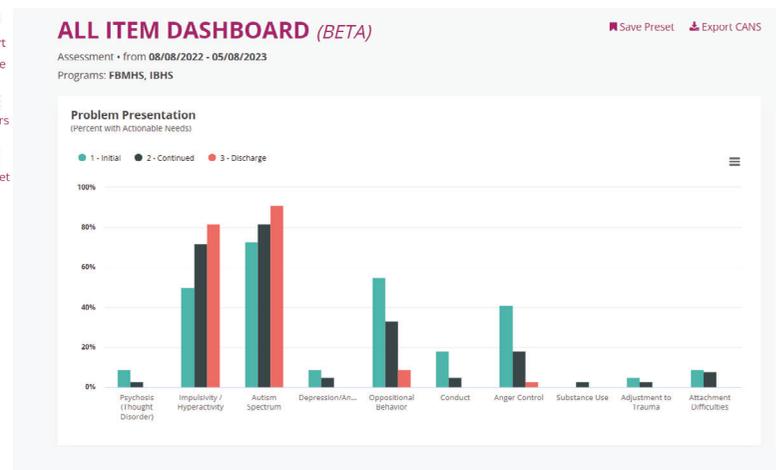
Presets: Access pre-saved filters and reports that you use often (see "How to Save a Filter Preset").

REPORT TYPES

1 **CHOOSE YOUR REPORT TYPE**

Click "Start Here" and then choose the basic report type you'd like, "Assessment" or "Follow Up."

Assessment Report: The Assessment Report includes information about all completed assessments. This report groups assessments into Initials, Continueds, and Discharges, and compares the rates of these three assessment types. There are no matched sets, so a single client may be represented multiple times in any bar. Assessment Reports are not meant for outcomes analysis.

Follow Up Report: The Follow Up Report shows matched pairs of assessment of the same client, allowing users to observe changes in episodes and/or clients. This report can be used for measuring outcomes.

Start
Here

Filters

Preset

CHOOSE YOUR REPORT TYPE   ✕

| Assessment | Follow Up |

From   To

06/13/2022   03/13/2023

Cancel   Submit

CHOOSE YOUR REPORT TYPE   ✕

| Assessment | Follow Up |

| In Care | Done with Care | Starting Cohort |

Actively in care between

From   To

06/13/2022   03/13/2023

Advanced   ⌄

Cancel   Submit

Advanced Filtering: For details on Advanced Filtering see the Advanced Filtering Section later in this manual.

Follow Up Reports Continued

If you select Follow Up Report, you must next choose the type of Follow Up Report. There are three types of Follow Up Reports:

In Care: People in care during a certain time frame. Use this report to see how people are currently doing in your program compared with how they started.

Done With Care: People done with care (i.e. Discharged).

Starting Cohort: People who started care at the same time (i.e. a Starting Cohort). Use this report to see the changes in a group that started at the same time.

Compare these three different report types for the same period of time to see how this changes your results.
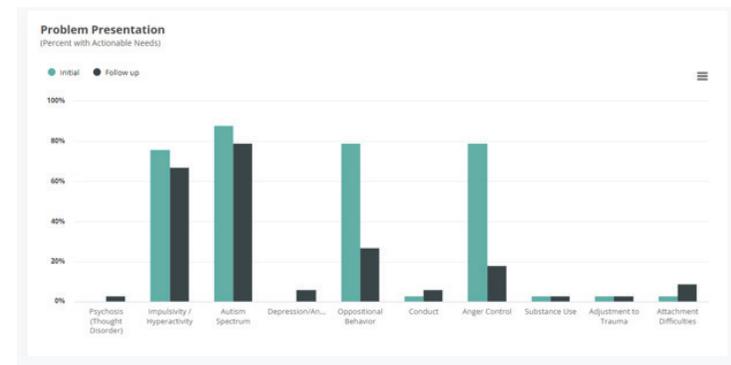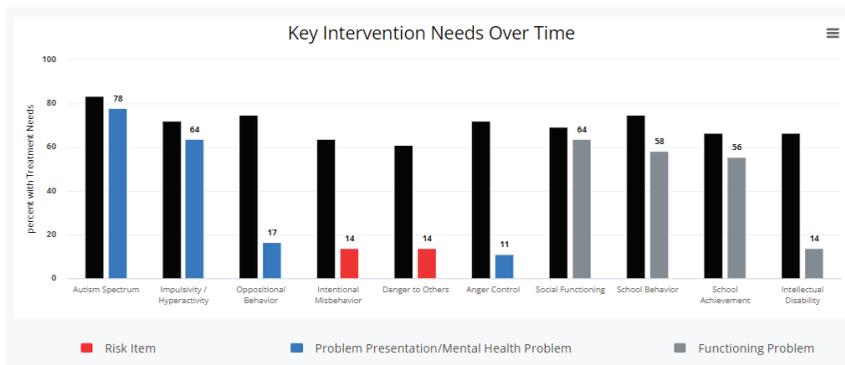
Follow Up Reports will have just two bars: one person through one episode is represented once in each bar. The first timepoint will be in the first bar and the second in the second bar. Details of types of assessments being used for either timepoint can be adjusted under Advanced filtering options.

POPULATION FILTERS

2 **CHOOSE YOUR FILTER**

Different contracts and views may have different filters. The filters are always filtered based on the condition that is true for the first assessment (not the last).

Start
Here

☞

Filters

Preset

‹ Filters

Severity ⌄

ASD Level ⌄

DX Codes ⌄

County ⌄

Programs ⌄

Clear Filter
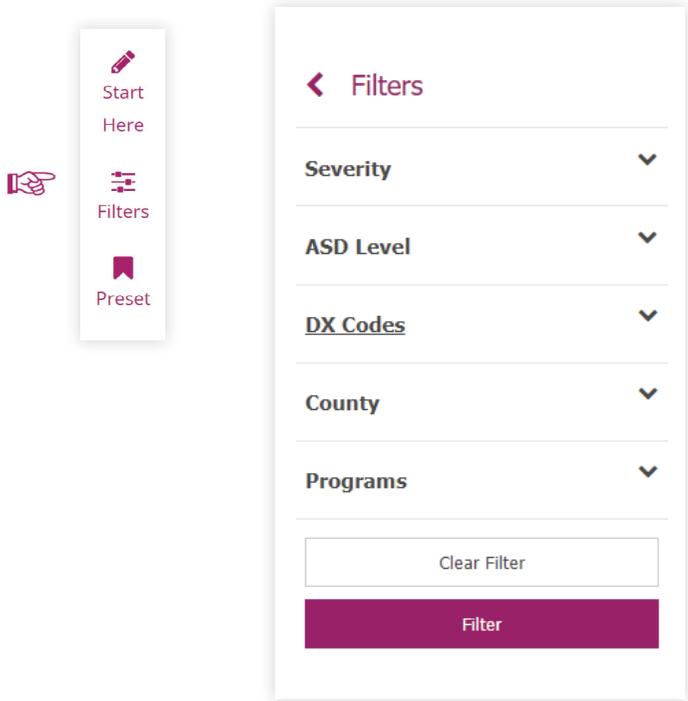
Filter

HOW TO SAVE A FILTER PRESET

If there is a particular filtering that you use often, it can be helpful to set it up as a "Preset." The process is simple:

1 **First,** set the report up exactly as you want it and click the "Save Preset" button.
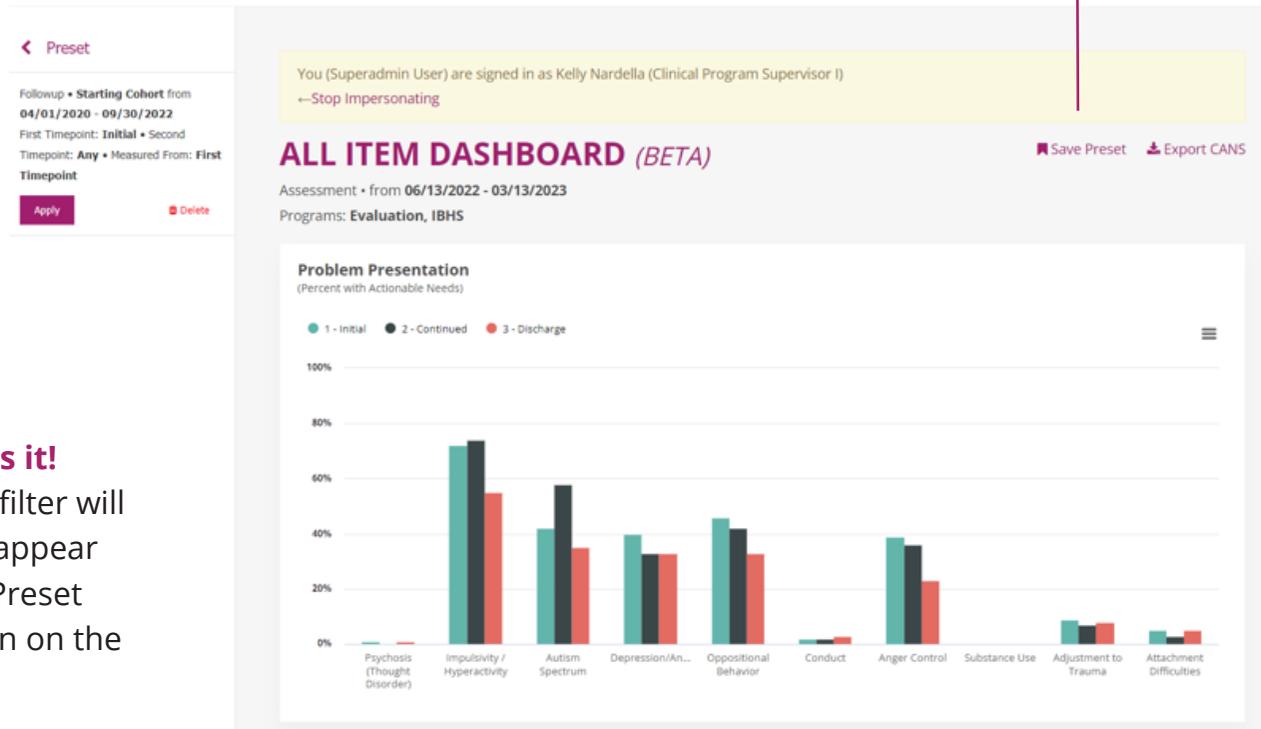
2 **That's it!** Your filter will now appear as a Preset option on the left.

ADVANCED FILTERS

To understand the details behind a report's logic, you can look under the "Advanced" filter option.

The Follow Up view is constructed by building a table of two time points: a First timepoint, and a Second timepoint. It is the changes between these two timepoints that demarks change in client functioning, program performance, etc.

First Timepoint: The first timepoint can be one of two types: An Initial, or a Continued.

Advanced

First Timepoint | Second Timepoint | Measure From
Initial | Any | First Timepoint

Any
Initial
Continued

Cancel | Submit

Second Timepoint: The Second timepoint is always the most recent CANSA rating for a given client, and it can be of two types: A continued (since the client would still be in care), or a Discharge (meaning this was the last CANSA demarking the end of treatment).

Measure From: This option chooses if your analysis will look from the Second timepoint back to the First timepoint, or from the First timepoint forward to the Second timepoint.

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 will not show up at all.*

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 CANSA 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."

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 CANSA items from the Problem Presentation, Risk Behavior, Functioning, and 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 assessments 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 timepoint 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: Timepoints

Y-Axis: The average number of actionable needs

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.

Average Impact Report

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 common way to run this report is to choose the Done with Care option and choose a date span such as one year (1/1/2020 – 12/31/2020). This would show you the change that was earned by those people who finished care in that time period.

Clinical significance is achieved with the change 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 are 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 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.

Needs Profile

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 graph's title shows the number of clients included in the analysis (configurable using the Filters; see the Filters section of this manual). 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 Advanced 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 fewer actionable needs. Better outcomes are those that show that the second bar is lower than the first.*
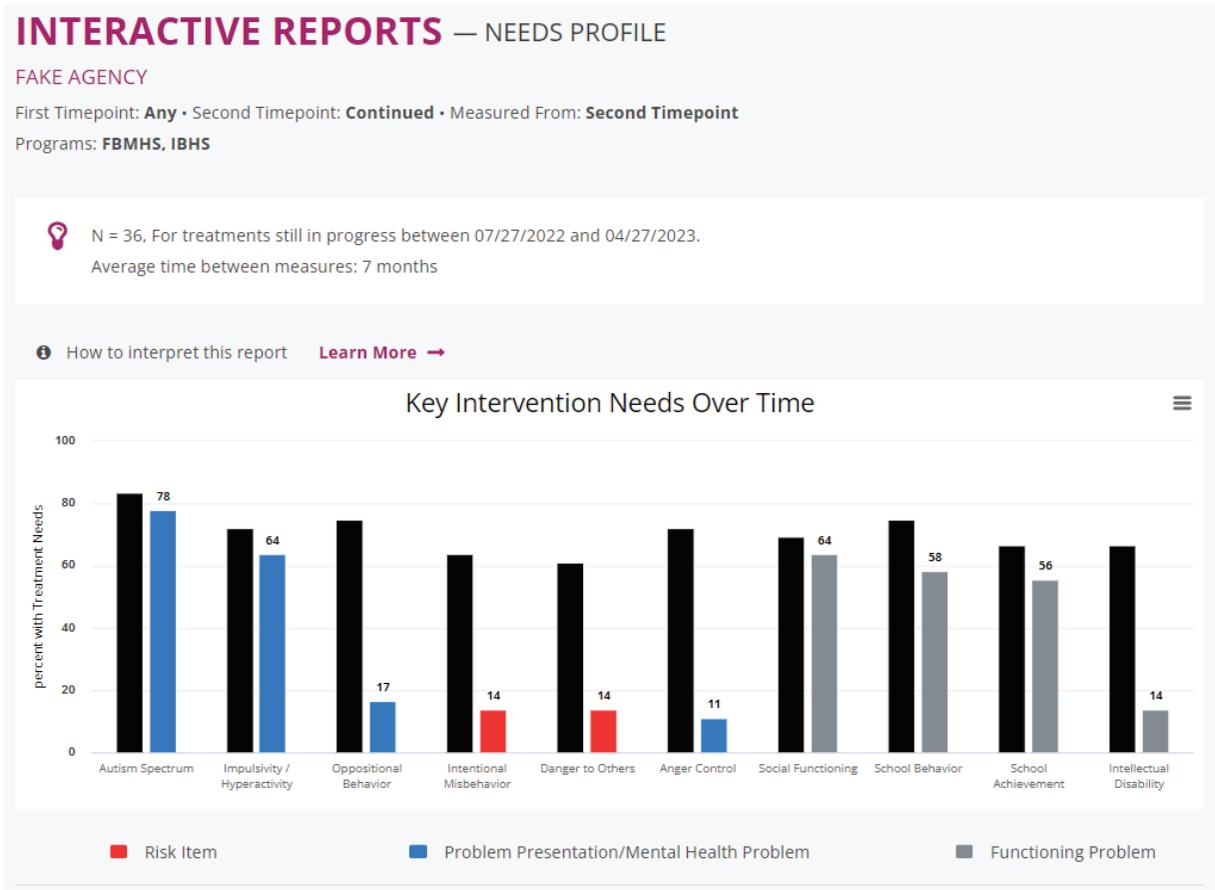
Needs Profile Report

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 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 problem?

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 All Item Dashboard.*

Strengths Profile

PURPOSE

This report allows Users to monitor strengths development 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 the Filters section of this manual) 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 CANSA. 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 CANSA represented at two time points.

X-Axis: Strength items from the CANSA.

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.

INTERACTIVE REPORTS — STRENGTHS PROFILE

First Timepoint: **Any** • Second Timepoint: **Continued** • Measured From: **Second Timepoint**

🖨 Print PDF   ⬇ Export CANS

> 💡 N = 4052, For treatments still in progress between 11/02/2022 and 08/02/2023.
> Average time between measures: 20 months

ℹ How to interpret this report   **Learn More →**

Strength Development Over Time
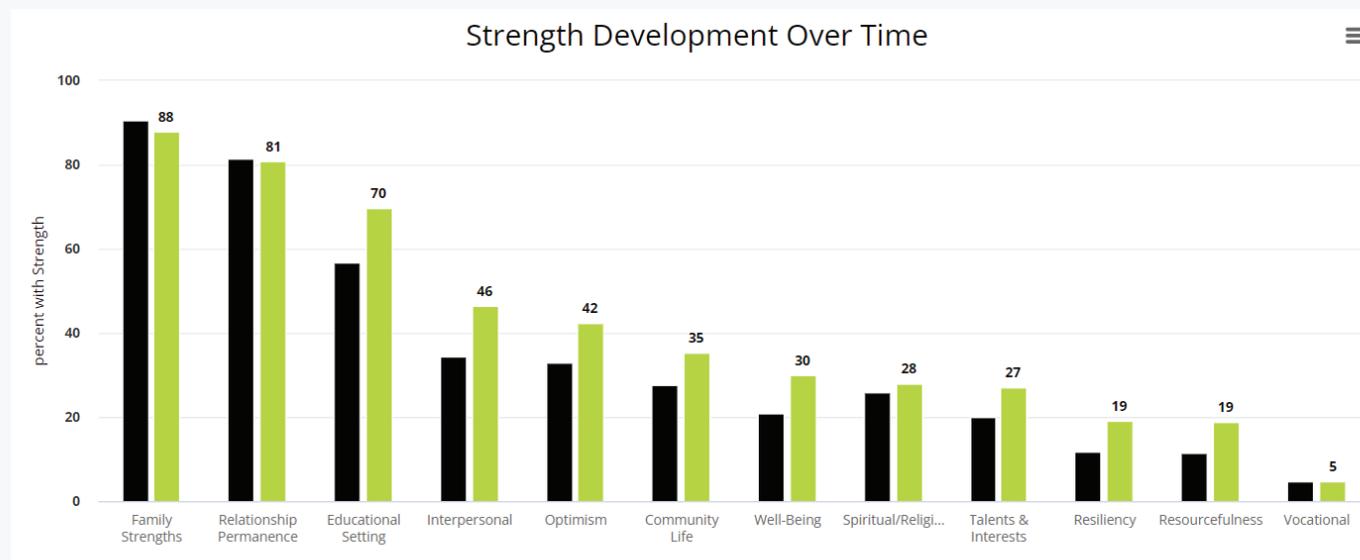
Strengths Profile Report

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

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 must use the time point option of "Initial to Discharge."

Caseload Intensity Comparison

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 range. 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: 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 caseload, providing a more balanced assessment of worker intensity differences. Color coding helps highlight those clinicians with the most intense caseloads (red, orange) from those with less intense caseloads (yellow, green).

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

Start date

06/30/2020

End date

09/30/2021

Filter

Diagnostic Group

All

Program

☑ Family Based Mental Health Services (Agency Practice)
☑ IBHS (Agency Practice)

Caseload Intensity Comparison Filters

Account				
Test2 Account		4	31	7.75
Test3 Account		3	36	12.00
Test12 Account		3	38	12.67
Test27 Account		2	24	12.00
Test33 Account		2	16	8.00
Test9 Account		2	22	11.00
Test6 Account		2	12	6.00
Test14 Account		2	41	20.50
Test7 Account		2	12	6.00
Test40 Account		2	39	19.50
Test13 Account		1	12	12.00
Test39 Account		1	24	24.00

View Clinician Progress Report

Caseload Intensity Comparison

TOOLTIPS

A way to access the Clinician Progress Report is through the tooltip that emerges from hovering your mouse over the Active Cases number of a given Rater.

INTERPRETIVE NOTES

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.

Accessing the Caseload Progress Report Through the Caseload Intensity Comparison

The Caseload Progress Report is accessed via the Caseload Intensity Comparison. Hover your mouse over the clinician whose caseload progress you would like to monitor and click the link that emerges. The Caseload Progress Report is a drill down of one clinician's progress story, so this is the most efficient way to access the report.

Clinician	Active Cases ▲ ▼	Sum of 2s and 3s Active Cases ▲ ▼	Average Intensity ▲ ▼
Therapist Traveling	3	20	6.67
onsite worker	3	8	2.67
ChevyEval Chevy	5	21	4.20
Roger Mudd	3	22	7.33
Lee Iococa	4	28	7.00

View Clinician Progress Report

Caseload Progress Report / Client Summary

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 Assessment for the client.
3. A link to the CANSA summary for the client.

Number of actionable treatment needs.

Legend:
- Visit 1
- Visit 2
- Visit 3
- Visit 4
- Visit 5

Client

client name 1 (6000000024)
- Visit 1 (03/08/2020) – 14
- Visit 2 (03/08/2020) – 9
- Visit 4 (09/30/2021) – 26

client name 2 (6000000012)
- Visit 1 (09/08/2020) – 2
- Visit 2 (09/30/2021) – 21
- Visit 3 (09/30/2021) – 10
- Visit 4 (11/22/2021) – 11

client name 3 (6000000016)
- Visit 1 (09/08/2020) – 1
- Visit 2 (09/30/2021) – 12
- Visit 3 (10/28/2021) – 12
- Visit 4 (11/23/2021) – 18

client name 4 (5555540012)
- Visit 1 (01/21/2021) – 4
- Visit 2 (05/21/2021) – 5
- Visit 3 (08/09/2021) – 4
- Visit 4 (08/30/2021) – 6

INTERPRETIVE NOTES

The Caseload Progress 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 CANSA assessments, down to those with the least CANSA assessments. When clients have had an equal number of assessments they are organized from most recently seen to those seen less recently.

PROBLEM PRESENTATION

	0	1	2	3
Psychosis (Thought Disorder)	0	1	2	3
Impulsivity / Hyperactivity	0	1	2	3
Autism Spectrum	0	1	2	3
Depression/Anxiety	0	1	2	3
Oppositional Behavior	0	1	2	3
Conduct	0	1	2	3
Anger Control	0	1	2	3
Substance Use	0	1	2	3
Adjustment to Trauma	0	1	2	3
Attachment Difficulties	0	1	2	3

RISK BEHAVIORS

	0	1	2	3
Suicide Risk	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
Intentional Misbehavior	0	1	2	3
Delinquent Behavior	0	1	2	3
Firearms Risk	0	1	2	3
Fire Setting	0	1	2	3

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

View CANSA Profile: This option will take you to the client's clinical summary page. Interpretation assistance with the CANSA Profile (tinyurl.com/mrxc353p), can be found in the CDR Decision Support Algorithm Interpretation Manual.

CLIENT SUMMARY: BANDO, LUCY (1234567890)

Date of Birth: 08/15/2011
Primary Diagnosis: Attention-deficit hyperactivity disorder, combined type
Secondary Diagnosis: N/A
Teritary Diagnosis: N/A
Time from Initial: IBHS 8 months

Active Treatments: N/A
Adverse Traumatic Experiences None
Severity Score: 3 - Intensive
Autism Score: No ASD

Add CANS   Add Update

PERCENTILE RANKING of Domain

100th Mental Health Needs
96th Risk
88th Caregiver
50th Functional Needs

61
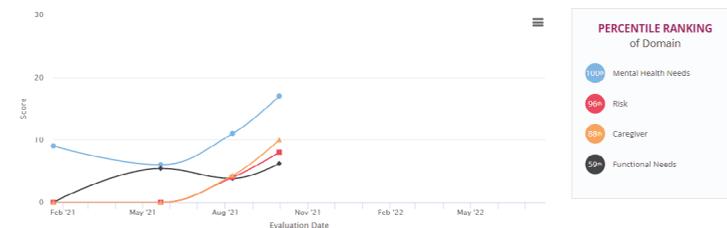
Exporting Data

Exporting Data

Exporting CANSA

PURPOSE

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

CANSA EXPORT SCREEN FUNCTIONALITY

If you choose the "Export CANSA" option on any of the Reports, the DataPool™ application will query the assessments 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 CANSA to be included, exports done from a visualization will often have two CANSA for every person—one for each of the time points. CANSA 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.

NEW EXPORT MENU

When choosing CANSA 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 Assessment done in a program (i.e. it is an Assessment Program-level Export).

4. **County:** Selects only CANSA done on clients in the chosen county.

5. **BH-MCO:** Selects only CANSA done on clients who were affiliated with the chosen MCOs.

6. **Programs:** Selects CANSA done only on clients affiliated with the chosen programs.

   ☞ **Note:** *if a person is associated with multiple programs, the CANSA will load twice, once for each program selected.*

7. **From Date Time to Date Time:** Selects only CANSA done within the boundaries of these dates.

8. **Include in Export:** Every CANSA has additional data included with it, and these Dropdowns ask whether to include this additional information in the export. Options include:

   a. **CANSA Scores:** The scores on every CANSA Item.

   b. **Comments:** Any information put in the Comment Box at the bottom of a CANSA.

   c. **Prescription Info:** Which services were prescribed along with that CANSA (if any) and at what intensity, frequency, etc.

   d. **Calculated Scores:** Additional information that is scored with each CANSA, 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 CANSA marked as "Discharge" there is extra information that is noted by the CANSA rater, such as if the discharge was considered "successful" and the level of care to which the client is being discharged.

Administration ⚙️

215 Total Users

View Users ›

Add New User ›

CANS Exports ○ ────────────

CANSA Exports: From the Administration Menu on your Main Dashboard, click CANSA Exports to view the Listing CANSA Exports Screen (see below).

New CANSA Export: Click for New CANSA Export Menu.

LISTING CANS EXPORTS

➕ New CANS Export

Created At	Agencies	Programs	Inclusions	Date Range	Completed At	Download	Delete
30 Sep 18:36	All	All		09/30/2018 - 09/30/2021	30 Sep 18:36	⬇ Download CANS Export	Delete
30 Sep 18:34	All	All	CANS Scores	01/01/2021 - 09/30/2021	30 Sep 18:34	⬇ Download CANS Export	Delete

Listing CANSA Export Screen

9. **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.

10. **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, 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. **Agency:** Shows the agency chosen for the query.

3. **Programs:** Shows the programs chosen for the query.

4. **Inclusions:** Shows which particular options were chosen from the "Include in Export" pick list.

5. **Date Range:** The range of the query.

6. **Completed At:** Shows the time that the application was finished collecting and decrypting the data for export.

7. **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, then try the refresh. If it doesn't appear, wait a few more minutes and try the same. Larger queries can take quite a while (upwards of an hour) to load. It is best, in such situations, to consider making several smaller exports instead of just one large one.

8. **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.*

NEW CANS EXPORT

Agencies to Include

Agency Practice

Counties to Include

☐ Clearfield
☐ Clinton
☐ Columbia
☐ Crawford
☐ Cumberland
☐ Dauphin
☐ Delaware
☐ Elk

[All] [None] (0 Selected)

BH-MCOs to Include

☐ Community Care Behavioral Health Organization
☐ Magellan
☐ Value Behavioral Health
☐ PerformCare
☐ State/FFS

[All] [None] (0 Selected)

Programs to Include

☐ Family Based Mental Health Services
☐ IBHS

Start Date

Start Date (leave blank for unrestricted)

End Date

End Date (leave blank for unrestricted)

Include in Export

☑ CANS Scores
☐ Comments
☐ Treatment Recommendation

New CANSA Export Menu

EXPORT FIELDS

When a CANSA 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 a key to understand what the fields mean. An electronic version of the export field key can be obtained by contacting support@communitydataroundtable.org.

The following key explains what some of the fields in the CANSA export mean. If any further clarification is needed, please reach out to support@communitydataroundtable.org.

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 3.0 (https://tinyurl.com/yaohus68).

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 CANSA 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.*

community
data roundtable

For more information please contact us:

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