Improving Access to Assessment Information and Outcome Management Reports

March 2017

In 2015 and 2016, improving access to assessment and outcome reports was a primary focus for development to support the use of outcome management information at every level (direct practice, supervision, program management, organizations, and systems). In March 2015, a workgroup was recruited from state agencies and providers to develop, implement, disperse, and use CANS (Child and Adolescent Needs and Strengths) and ANSA (Adult Needs and Strength Assessment) information to plan, to monitor progress, and to improve services. With about 40 interdisciplinary participants across state and local agencies, the group identified specific needs for information at multiple levels. Short and long range plans include developing item level outcome reports to complement measuring reliable change in at least one domain. Based on the Praed Foundation’s published minimal reporting standards (Israel, 2015) and a national trauma-informed CANS learning collaborative, meaningful reports were discussed and prioritized by the group for development.

Data warehouse and report development. A new Indiana University CANS and ANSA subcontractor, CSpring (http://www.cspring.com/) provided technical assistance and programming to develop the reporting framework and reports. In collaboration with the Division of Mental Health and Addiction (DMHA), the Indiana Family and Social Services Administration (FSSA) technology team, the Indiana University CANS and ANSA technical assistance team, CSpring developed a data warehouse within DARMHA, DMHA’s database and specified reports: Individual Summary Report, Resolved Needs, Key Interventions (dashboard of most frequently endorsed needs or problems), Strength Development over Time, Community Integration, and Reliable Change in at least One Domain. Enhancements were later requested, adding time frame, filters for the new DARMHA fields, and access to raw data for each report. By December 2016, reports were in review for dissemination to the report workgroup and designated implementation coaches for field testing in early 2017. Additional report enhancements are planned in 2017 and 2018.

Outcome Management Reports. This document provides an overview of each new report and information about how to access the reports within DARMHA. Additional information and technical assistance are available through:

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What am I looking at?

This guide describes a series of outcome management reports available through DARMHA, DMHA’s web based database. All reports are based on CANS or ANSA assessment ratings for individuals and related information. (Access to the reports will be described in a separate document.)

Two types of reports are included:

1. **Direct Service Reports**
   a. Individual Assessment Survey
   b. Individual Consumer Outcomes
2. **Group/Aggregate Reports**
   a. Key Interventions over Time
   b. Strength Development over Time
   c. Resolved Needs
   d. Community Integration
   e. Change in at least one Domain

**Direct Service Reports.** Two direct service reports are included. 1. **Individual Assessment Survey** summarizes only usable or buildable strengths and actionable needs. It could be useful in engaging adults, youth, and families and planning services. 2. **Individual Consumer Outcomes** reports change in specific items or across domains over time.

**Group/Aggregate Reports.** 1. **Key Interventions over Time** is a dashboard of change in the most commonly identified problems or needs. The amount of improvement (reduction in actionable needs) is reported in a positive number; a negative number reflects increased actionable needs. 2. **Strength Development over Time** reports the percentage of individuals for whom usable strengths were identified. The amount of improvement (increase in useable strengths) is reported as a positive number; a negative number reflects decreased useable strengths. 3. **Resolved Needs** provides detailed information for every item in each domain (other than the strengths domain). 4. **Community Integration** is a recovery-based measure for adults. 5. **Reliable Change in One Domain** reports statistically significant change across domains (life functioning, mental health, risk behaviors, caregiver strengths and needs, and strengths). To create specific, meaningful information, group reports can be filtered by providers, programs, evidence based practices, funding, geography, timeframes, and characteristics of individuals who receive services.
Individual Assessment Summary

When a CANS or ANSA assessment is completed and entered into DARMHA, a brief summary of identified strengths and needs will be available. This report lists usable or buildable strengths (items rated a ‘0’, ‘1’, or ‘2’) and actionable needs (items rated a ‘2’ or ‘3’) identified from a CANS or ANSA for the specified individual on the indicated date. The report only includes the Provider Name, Assessment Date, Internal ID, Internal Assessment ID, Tool, Assessor’s Name, and ratings to inform planning. (In DARMHA, this report is available through the assessment tab of the individual’s record or through the Data Warehouse [DW] Filter Page.)

<table>
<thead>
<tr>
<th>Individual Assessment Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date: 10/31/2016</td>
</tr>
<tr>
<td>Type: CANS 5-17</td>
</tr>
<tr>
<td>Assessor: Blue Moon</td>
</tr>
<tr>
<td>DARMHA 23232312</td>
</tr>
<tr>
<td>Internal ID: 11111111</td>
</tr>
</tbody>
</table>

**Usable or Buildable Strengths**
- Spiritual/Religious
- Community Life
- Natural Supports

**Actionable Needs**
- Family Functioning
- Living Situation
- School
- Recreation
- Communication
- Impulsivity/Hyperactivity
- Anger Control
- Intentional Misbehavior (Social Behavior)

- Judgment
- Family Stress (Caregiver)

**Interpersonal**
- Optimism
- Educational
- Talents/Interests

This report lists usable or buildable strengths (rated 0, 1 or 2) and actionable needs (rated 2 or 3) identified from a CANS or ANSA assessment for the specified individual on the indicated date. \( n = \) number of individuals; \( e = \) number of episodes.

For more information about CANS & ANSA and this report, visit [https://dmha.in.gov/DARMHA/mainDocuments](https://dmha.in.gov/DARMHA/mainDocuments).

Indiana Family & Social Services Administration, Division of Mental Health & Addiction, DARMHA
**Individual Assessment Summary Needs and Strengths Ratings Key**

This Individual Assessment Summary Needs and Strengths Ratings Key is a companion document to be used in conjunction with the Individual Assessment Summary. The below key outlines what each graphic image represents and translates them into rating levels, level of strength or need, and the appropriate action. The ‘key’ can help explain the CANS or ANSA assessment and the Individual Summary Report to individuals and families.

<table>
<thead>
<tr>
<th>STRENGTHS</th>
<th>APPROPRIATE ACTION</th>
<th>LEVEL OF STRENGTH</th>
<th>RATING</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Central to planning</td>
<td>Centerpiece strength</td>
<td>0</td>
</tr>
<tr>
<td><img src="images/c1.png" alt="Smile" /></td>
<td>Useful in planning</td>
<td>Strength present</td>
<td>1</td>
</tr>
<tr>
<td><img src="images/c2.png" alt="Blocks" /></td>
<td>Build or Develop strength</td>
<td>Identified strength</td>
<td>2</td>
</tr>
<tr>
<td><img src="images/c3.png" alt="Question" /></td>
<td>Strength creation or identification may be indicated</td>
<td>No strength identified</td>
<td>3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NEEDS</th>
<th>APPROPRIATE ACTION</th>
<th>LEVEL OF NEED</th>
<th>RATING</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="images/c1.png" alt="Checkmark" /></td>
<td>No action needed</td>
<td>No evidence of need</td>
<td>0</td>
</tr>
<tr>
<td><img src="images/c2.png" alt="Magnifying Glass" /></td>
<td>Watchful waiting/Prevention/Additional assessment</td>
<td>Significant history or possible need which is not interfering with functioning</td>
<td>1</td>
</tr>
<tr>
<td><img src="images/c3.png" alt="Action" /></td>
<td>Action/Intervention</td>
<td>Need interferes with functioning</td>
<td>2</td>
</tr>
<tr>
<td><img src="images/c4.png" alt="Warning" /></td>
<td>Immediate and/or Intensive action</td>
<td>Need is dangerous or disabling</td>
<td>3</td>
</tr>
</tbody>
</table>
Individual Consumer Outcomes

The Individual Consumer Outcomes report has been available in DARMHA since 2007. For an individual, change over time is reported in bar graph tables for every item in each domain or by domain averages.
**Key Interventions (over time)**

This dashboard includes the most frequently endorsed treatment needs from the Social/Emotional (Behavioral Health) Needs or Risk Behavior domains plus Adjustment to Trauma and the four most frequently endorsed needs from the Life Domain Functioning domain (Israel, 2015). To be included in this graph, the client had to have both an Initial Assessment and a Reassessment. The bars in the graph represent the percentage of individuals at Time 1 (T1) or Time 2 (T2) who had ‘actionable’ needs (ratings of ‘2’ or ‘3’ indicating evidence of problems which impacted functioning). Specific ‘key intervention’ items within the report vary depending upon the population of concern (adults with serious mental illness, adults with substance use problems, children and youth, or young children). The printed percentage above the T2 bar reports the amount of change, on average, for the group between T1 and T2. The amount of improvement (reduction in actionable needs) is reported in a positive number; a negative number reflects increased actionable needs.

![Key Interventions chart](image-url)
Strengths Development (over time)

This graph builds on the last report, but is specific to the Strengths domain. Again, to be included in this graph the client had to have both an Initial Assessment and a Reassessment. For this report, T1 and T2 reflect the percentage of individuals for whom usable strengths were identified (ratings of ‘0’ or ‘1’ on strengths items, Israel, 2015). All items on the Strength domain are included in the graph. The percentage printed above the T2 bar indicates the amount of developed or newly identified strength at the second point in time. The amount of improvement (increase in useable strengths) is reported as a positive number; a negative number reflects decreased useable strengths.
**Resolved Actionable Needs (over time)**

This series of reports provides detailed information about the average amount of identified need and change in each item. One table is included for each needs domain: Life Functioning, Behavioral/Emotional (Behavioral Health), Risks, Caregiver Strengths and Needs, and Acculturation. To be included on this graph the client had to have both an Initial Assessment and a Reassessment/Closing. As with the **Key Intervention** report, each bar reflects the percentage of actionable needs within episodes of care at T1 and T2. Notice that the number of episodes of care within the timeframe was indicated by ‘e = 1,447’ and the number of unique individuals was reported as ‘n= 1,415’. For some individuals, an episode of care was closed, and another started within the specified timeframe. The printed percentage above the T2 bar documents the amount of change for the specified cohort. The amount of improvement (reduction in actionable needs) is reported in a positive number; a negative number reflects increased actionable needs.

![Resolved Needs over Time for Children & Youth](image-url)

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Selected Filters: Statewide, T1=Baseline, T2=Latest, SED, All Episodes, High Fidelity Wraparound?. Graph presents data from 07/11/2007 to 11/29/2016. This report details resolved actionable needs (ratings of 2 or 3 changing to 1 or 0) for items in each core assessment domain. For each item, the bar reports the percentage actionable needs (rated 2 or 3) at Time 1 (T1), and the second bar reports the percentage at Time 2 (T2). The numeric percentage is the percent of resolved need from T1 to T2. n = number of individuals; e = number of episodes.

For more information about CANS & ANSA and this report, visit [https://dhsa.fssa.in.gov/DARMHA/mainDocuments](https://dhsa.fssa.in.gov/DARMHA/mainDocuments).

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Community Integration (over time)

Based on recovery principles, this report includes specific ANSA strengths and life domain items: Family Strengths, Social Connectedness, Educational, Volunteering, Job History, Community Connections, Natural Supports, Spiritual/Religious, Resourcefulness, Family Functioning, Employment, Social Functioning, Recreational, and Involvement in Recovery. The bars indicate the percentage of specified usable strengths (items rated ‘0’ or ‘1’) and specified actionable needs (items rated ‘2’ or ‘3’) at T1 and T2. For each item, the percentage of change is printed above T2. For the strengths items, the amount of improvement (increase in useable strengths) is reported as a positive number; a negative number reflects decreased useable strengths. For the life functioning items, the amount of improvement (reduction in actionable needs) is reported in a positive number; a negative number reflects increased actionable needs.

Community Integration over Time for Adults with Mental Health Problems
Statewide, n = 22,180, e = 22,472 as of 01/17/2017

This report combines usable strengths (0 or 1) and actionable life functioning needs (2 or 3) which reflect community integration, a recovery measure over time. For each item, the first bar reports the percentage of usable strengths or actionable needs at Time 1 (T1), and the second bar reports the percentage at Time 2 (T2). The numeric percentage reflects change from T1 to T2. n = number of individuals; e = number of episodes.

For more information about CANS & ANSA and this report, visit https://dmha.fssa.in.gov/DARMHA/mainDocuments.

Indiana Family & Social Services Administration, Division of Mental Health & Addiction, DARMHA
**Improvement in One Domain (over time)**

Reliable Improvement in at least One Domain is commonly used to monitor progress over time. For children and youth, 60% who complete an episode of care are expected to experience reliable improvement in at least one domain. Twenty (20%) to 40% improvement in each specific domain is also expected. This report used current reliable change indices ([https://dmha.fssa.in.gov/darmha/Documents/PerformanceMeasuresDefinitionsSFY2017.pdf](https://dmha.fssa.in.gov/darmha/Documents/PerformanceMeasuresDefinitionsSFY2017.pdf)) to calculate Reliable Change (improved, maintained, or worsened). The total number of individuals in the cohort and the number and percentage of individuals with improvement in at least one domain, are reported.

![Reliable Change over Time for Adults with Mental Health Problems](image)

Selected Filters: Statewide, T1-Baseline, T2-Latest, Age 26 to 35 years, SMI, Closed Episdes, DMHA Supported Consumer; Graph presents data from 01/22/2008 to 11/07/2016. This report measures change over time by using the average (mean) and reliability information to calculate statistically significant change in each CANS or ANSA domain (Improved, Maintained, or Worsened). The number and percentage of individuals who experienced reliable improvement over time is reported. Additionally, for each assessment domain, the number of individuals who experienced positive, negative, or no change is reported. n = number of individuals; e = number of episodes.

This report measures change over time by using the average (mean) and reliability information to calculate statistically significant change in each CANS or ANSA domain (Improved, Maintained, or Worsened). The number and percentage of individuals who experienced reliable improvement over time is reported. Additionally, for each assessment domain, the number of individuals who experienced positive, negative, or no change is reported. n = number of individuals; e = number of episodes.
**Access to outcome management reports**

CANS and ANSA outcome management reports are available through the DARMHA Report DW Filter Page, supported by DMHA. Individuals with DARMHA accounts can log-in, go to ‘Reports’ and select Data Warehouse (DW) to access the filter page illustrated below. Each organization that enters assessment data into DARMHA will be able to pull reports specific only to their own organization’s assessments or select the STATEWIDE version of a report. Some filters are required (Report, Provider, Tool ID, Agreement Type, and Date Option). Other filters are optional. We recommend that ‘T2 Date Range’ be selected to specify a timeframe.

All aggregate, group level reports may be filtered in a number of ways to narrow the report to a specific group of individuals. Filter selections are listed. For Race and Ethnicity, multiple selections are possible. Note that options also exist for report format: Chart (illustrated throughout this document, Chart with Summary Data (percentages at T1 & T2), and Raw Data. Suggestion: After running the report for a specified timeframe and group of individuals, disaggregate the report (rerun the same report using additional filters for age groups, gender, race, ethnicity, and/or geography) to explore differences in outcomes.
Filters (Report, Tool ID, Agreement Type, and Date Option are required.)

Report:
- Resolved Actionable Needs
- Key Interventions
- Strength Development Over Time
- Community Integration
- Improvement in One Domain
- Individual Assessment Summary Report

Select Provider:
- Statewide
- Agency

Tool ID (Required):
- ANSA Comprehensive
- CANS Comprehensive 5-17
- CANSA Comprehensive Birth-5

Agreement Type (DMHA funding categories = SMI, SED, CA) (Required):
- SMI (Adults with Serious Mentally Illness)
- SED (Children with Severe Emotional Disturbances)
- CA (Chemical Addiction – Substance Use)
- No Agreement Type
- All Agreement Type

Date Option (Required):
- T2 = Last Assessment, T1 = Baseline
- T2 = Last Assessment, T1 = 120 days before T2

Reporting Field 1 (Optional field for organizations):

Reporting Field 2 (Optional field for organizations):

Gender:
- Female
- Male

DMHA Supported Consumer:
- DMHA Supported Consumer
- DMHA Supported Consumer – Medication Only
- Not a DMHA Supported Consumer

Episode Status:
- All Episodes
- Closed Episodes
- Open Episodes

T2 Date Range (Highly recommended):
- Custom Dates
- Calendar Year
- Federal Fiscal Year
- State Fiscal Year

Age Group (No selection = all ages for selected tool):
• Age 0 to 4 Years
• Age 5 to 12 Years
• Age 13 to 17 Years
• Age 18 to 15 Years
• Age 26 to 35 Years
• Age 36 to 49 Years
• Age Over 50 Years

County:
EBP Question:
Display Option:
• Chart
• Chart with Summary Data (Recommended)
• Raw Data

Race (Multiple selections possible):
• African American
• Asian
• Native Hawaiian/Pacific Islander
• American Indian
• Caucasian
• Other Single Race

Ethnicity (Multiple selections possible):
• Not Hispanic/Latino
• Other Hispanic/Latino
• Puerto Rican
• Mexican
• Cuban
• Latino, Unknown Origin

Reference


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