

**Outpatient Therapy
Provider Reports Description & Glossary Document (September, 2014)**

Northwestern has been collecting Outpatient Therapy CANS since 2007. These reports are prepared using CANS data that has been provided to us by therapists on DCFS outpatient therapy cases from various agencies. The reports, described below, offer a profile of youth based on the CANS scores and information collected. However, as we do not receive CANS on all youth from all agencies, these reports do not reflect the whole population of youth receiving outpatient therapy services; only those cases on which we have received CANS.

Northwestern produces new reports every six months in order to capture data that is as current as possible. The attached set of reports includes statewide CANS data only for youth on whom we have received CANS during fiscal year 2014 (July 1, 2013 – June 30, 2014). These reports include a total of 1741 CANS completed on 686 youth (472 of these youth have more than one CANS in the database). As each report may contain different numbers of youth or CANS depending on the parameters and scope, please read the instructions below carefully and also pay attention to any notes on the reports themselves, which will describe the contents, number (“n”) of cases, date ranges, and other helpful information.

Agencies who have submitted enough CANS can obtain certain agency-specific CANS reports, which are detailed below. Please contact us to request agency-specific reports if you do not already receive them. Statewide and regional outpatient therapist-submitted CANS reports, also detailed below, are available to Super Users and upon request. *For statewide and regional reports, certain regions may not be included if there are not enough CANS submitted for the time frame to conduct meaningful analysis.*

If you have any questions regarding these reports, please contact Jennifer Prior, Outcomes Reporting Coordinator, at jennifer.conat@northwestern.edu or 312-503-1578.

Statewide and Regional Reports

A. CANS Score Reports:

The data in the CANS Score Report show a snapshot of the top rated needs and strengths on all youth across the state or in their respective region. The report includes bar graphs organized by state and region that illustrate the top five actionable or usable CANS items for selected CANS domains. This information reveals the ‘top’ needs and strengths of DCFS youth receiving Outpatient Therapy services as indicated by all Outpatient Therapist-submitted CANS received in the 12-month time period specified on the report. For the needs domains, the items most frequently rated as actionable needs (those rated a 2 or a 3) are reflected; for the Child Strengths domain, the items most frequently rated as usable strengths (scores of 0’s and 1’s) are indicated. The “n=” at the bottom of the report indicates how many youth are reflected for the state and each region.

Agencies that have submitted CANS on 15 or more youth have the option to receive a CANS Score Report reflecting the top five actionable or usable CANS items by domain for their agency in comparison to state and regional levels. Please see “E. Agency-specific CANS Score Report” description below.

B. CANS Change Reports:

There are two statewide versions of the CANS Change Report – one *by Age Group* and one *by Assessor Agency* (for selected agency reports, see Agency-Specific reports, below). Both reports look at **change in the percentage of items rated as actionable for each domain** (examples of domains are the “Risk Behaviors” section and the “Strengths” section. For a definition of *actionable*, please see the glossary). **The reports compare the percentage of actionable items from the initial CANS to the most recent CANS.**

The *CANS Change by Age Group and Region* report graphs the change in percentage of actionable items by domain among different age groups and regions, as well as the entire state. This helps to illustrate the differences in CANS change between age groups and regions.

For the *CANS Change Report by Assessor Agency*, a positive number in the “Overall % Change” column indicates improvement--in other words, fewer actionable needs and more usable strengths over time. This report includes data on all open cases with at least 2 CANS in the system database, one of which being within fiscal year 2013. All provider agencies in the CANS Change Report are assigned agency codes to protect confidentiality. To obtain a code for your agency, please contact Jennifer Prior (jennifer.conat@northwestern.edu).

Agency-Specific Reports

Agency-specific reports are sent to agencies that request them. If you would like any of the following reports, or would like to discuss other report possibilities, please contact Jennifer Prior (jennifer.conat@northwestern.edu). *Please note: The following reports will be located in your agency's folder, but the file names will generally be [Agency Abbreviation]_RPT#.pdf. Numeric logic is noted beside the title of each appropriate report below.*

C. CANS Submission Report (_RPT8)

Northwestern can generate a CANS Submission Report for each agency that submits Outpatient Therapy CANS to Northwestern. The purpose of this report is to verify the CANS received for individual youth in each agency. We ask that the agencies receiving these reports review them for accuracy and contact us with any corrections.

To identify missing or questionable data, this report will automatically highlight any records needing attention. A CANS assessment date that is 6 months older than our report cut-off date will appear **light red**. CANS that are more than one year old will be highlighted in **red**, meaning the latest CANS is no longer appearing on your agency or statewide reports.

Most children listed in this report should have a New CANS indicated. Records that appear to be missing a New CANS or have out of sequence CANS will be highlighted in **light blue**. If there is more than one New CANS, they will be highlighted in **bright blue**.

CANS Type Key:

Earliest CANS isn't New
2+ New CANS

CANS Date Key:

Last non-Transition CANS is:
Older than 6 months
Over 1 year old

If a record is highlighted due to a span of more than 6 months since the last CANS, please complete and/or submit a CANS as soon as possible for the record in question as this will improve the accuracy and usefulness of your reports. We have adjusted these reports to cover cases on which we have received CANS in the last two years to capture more current cases. However, in the event that the youth is a closed case and no transition CANS can be submitted, please notify us so that we can adjust future reports for you. **If your agency has missing or questionable data indicated on your report, or if you believe a CANS exists that may not be reflected, please contact Jessica Ellis (jessica.ellis@northwestern.edu).**

D. Agency-Specific Demographic Breakdown (_RPT5)

The data in this report allow providers to see a current snapshot of their clients' demographics compared to their region and the state. This report includes demographic information for all youth on whom a CANS has been submitted during the 12-month time period indicated on the report through bar graphs indicating the percentage of children by age, gender, and race.

E. Agency-specific CANS Score Report (_RPT4)

Agencies who have submitted more than 15 CANS during the reporting period will also receive a CANS score report. Similar to the Statewide and Regional CANS Score Reports (above), this report is a graph which shows the agency's top rated actionable needs or usable strengths by domain in relation to state and regional numbers.

F. Therapist / Client CANS Change Report (_RPT6 and _RPT7)

Like the statewide reports, the *Therapist/Client CANS Change Reports* look at change in the percentage of items actionable for each domain. The reports compare the percentage of items rated as actionable from the initial CANS to the most recent CANS.

These reports only reflect youth on whom we have received two or more CANS total, with one or more CANS in the 12-month period specified on the report. The "n=" at the top of the report will indicate how many youth are included.

There are two agency-specific versions of the CANS Change Report:

The *CANS Change Report by Youth (_RPT6)* is organized by youth and assessor in table format. **This compares the percentage of actionable items from the initial CANS to the most recent CANS across different domains.** A positive number in the "% Change" column indicates improvement--in other words, fewer actionable needs and more usable strengths over time. This report includes data on all open cases with at least 2 CANS in the system database, one of which being within fiscal year 2013.

The *CANS Change Report by Youth-Graph (_RPT7)* is organized by youth and is in graph format. **This report compares specific CANS items that were noted as actionable or usable on either first or most recent CANS for each particular youth.** The graphs show changes at the item level within the domains of Trauma Experiences, Child Strengths, and across all domains in Child Needs. Items that were **not** scored as actionable or usable on either CANS will NOT be reflected on the report, which accounts for the appearance of blank graphs.

Glossary of Terms used in Outpatient Therapy CANS Reports

Assessor: The individual who completed and submitted the CANS, usually the therapist.

Assessor Agency: The agency where the CANS assessor works. The assessor must be an outpatient therapist.

Domain: Refers to related groups of CANS items that make up specific sections. The CANS domains examined in Change Reports include Traumatic Stress Symptoms, Strengths, Life Domain Functioning, Child Behavioral/Emotional Needs, and Risk Behaviors.

Actionable: All CANS Scores of 2 or 3 on the Needs Domains are considered “actionable” because action is needed to help the client in this area. For Trauma Experiences, a score of a 2 or a 3 indicates that a child is having or has had a moderate or severe degree of trauma in that area at any point in their life.

Usable: All CANS Scores of 0 or 1 on the Strengths domain are considered “usable” because the strength can be used to help the client address needs.

Note: The Change Report only reports on the strengths items scored 0 and 1; however in treatment and service planning, all items in the Strengths Domain are considered “usable.” Items scored as 0 or 1 are identified and developed strengths. They are considered usable because these are strengths that may be able to be incorporated in the child’s service/treatment plan as a way to address a need or build a related strength. Strength scores of 2 or 3 indicate relatively undeveloped or unidentified strengths. These scores indicate some action may be needed to help the child develop strength in this area.

If you have any questions about these reports, CANS usage and data, corrections, or have targeted questions, please don’t hesitate to contact us.

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