

# CAFAS & PECFAS GUIDEBOOK



2017



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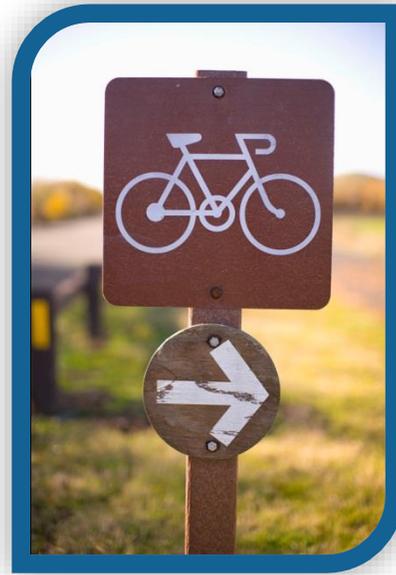


## Introduction

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This guidebook is designed to serve as a resource to children's mental health providers in Wayne County. In particular, the guidebook was created for clinicians and providers who utilize the Preschool and Early Childhood Functional Assessment Scale (PECFAS®) and the Child and Adolescent Functional Assessment Scale (CAFAS®) to:

- Outline DWMHA expectations for assessments, training, and reporting,
- Answer frequently asked questions, and
- Address common problems that arise.



There are six sections in this guidebook. Each section can be used independently but also may reference topics in each other. The Introduction provides a summary of the assessments and the basis for using the CAFAS and PECFAS for children served under DWMHA. Details on how to rate the assessments and how to use them for program eligibility can be found here. The following sections address Training Requirements, Assessment Requirements, and Reporting Requirements, all of which outline expectations for agencies providing SED services to children in Wayne County. The final chapters describe the online database and how the assessments and the database can be used for both clinicians and clinical supervisors.

### CAFAS and PECFAS in Wayne County

Wayne County is unique in Michigan in both its size and structure. As of 2014, 18 different agencies provide services to children in Wayne County who have a Serious Emotional Disturbance (SED). Coordination and standardization of assessment and data collection is essential to guarantee uniform quality treatment and evaluation at all sites.

In order to determine care needs and changes in functioning, the PECFAS and CAFAS must be utilized with all Detroit Wayne County Mental Health Authority Seriously Emotionally Disturbed (SED) child and youth consumers within the designated age ranges. The PECFAS and CAFAS measures have established acceptable reliability and validity for assessing functioning of children and youth in a variety of both natural and care environments.

## The Assessments

The Child and Adolescent Functional Assessment Scale (CAFAS) and the Preschool-Early Childhood Functional Assessment Scale (PECFAS) are assessment tools used to determine a child's functional impairment in eight (CAFAS) or seven (PECFAS) life domain areas. Assessments are completed quarterly by the clinician based on information obtained during intake interviews and general service delivery.

The CAFAS and the PECFAS were developed to assess impairment in children and adolescents who have or are at risk for emotional, behavioral, substance use, psychiatric, or psychological problems. The CAFAS consists of eight subscales that correspond with functional domains in the child or youth's daily life: School, Home, Community, Behavior Toward Others, Moods and Emotions, Self-Harmful Behavior, Substance Use, and Thinking. The PECFAS consists of seven subscales: School/Daycare, Home, Community, Behavior Toward Others, Moods/Emotions, Self-Harmful Behavior, and Thinking/Communication. Items on the PECFAS include behavioral descriptions similar to the CAFAS.

Two additional scales are used to rate the child or youth's caregiver(s) - the Material Needs and the Social Support subscales. Combined, the subscales assess the child or youth's impairment in day-to-day functioning as well as the caregiver's provision for the child's needs.

Both assessments are completed by trained professionals who are familiar with the youth and family. Information used to rate is typically based on information collected during the initial clinical assessment or ongoing clinical services. The rater reads through a list of behavioral descriptions, starting at the most severe, until a description of the youth is found. The appropriate score is then assigned.

## SUBSCALES

### School

Ability to function satisfactorily in a group educational environment

### Home

Willingness to observe reasonable rules and perform age appropriate tasks

### Community

Respect for the rights and property of others and conformity to laws

### Behavior Toward Others

Appropriateness of youth's daily behavior

### Moods

Modulation of the youth's emotional life

### Self-Harm

Ability to cope without resorting to self-harmful behavior or verbalizations

### Substance Use (CAFAS Only)

Substance use and the extent to which it is inappropriate or disruptive

### Thinking

Ability of the youth to use rational thought processes

### Caregiver: Material Needs

Extent to which the youth's need for resources such as food, clothing, housing, medical attention and neighborhood safety are provided for

### Caregiver: Social Support

The extent to which the youth's psychosocial needs are met by the family

The four levels of impairment for each subscale are:

- a) Severe Impairment ( score of 30), indicating severe disruption or incapacitation,
- b) Moderate Impairment (score of 20), indicating major or persistent disruption,
- c) Mild Impairment (score of 10), indicating significant problems or distress, or
- d) Minimal or No Impairment (score of 0), indicating no disruption of functioning.

Youth subscale scores can be added to generate a total functional impairment score. The maximum total CAFAS score (8 subscales) is 240 and the maximum PECFAS score is 210.

### **Purpose of PECFAS/CAFAS**

1. Determine eligibility and assist with determining the appropriate match of services to needs for an individual
2. Create a common language for communicating needs between treatment team members and other providers
3. Help clinicians identify treatment interventions of best fit and measure progress
4. Aid in keeping track of all relevant facets of an individual's circumstances - including monitoring of safety issues
5. Strengthen ongoing and transparent dialogue between each clinician and consumer to aid the therapeutic relationship and promote recovery
6. Provide a mechanism for all members of the treatment team, especially the child and their family themselves, to visually see and celebrate improvements in functioning
7. Identify treatment and training needs for program planning
8. Comply with MDCH Provider requirements
9. Provide accountability to funding sources, the community, auditors, and all other stakeholders
10. Aid in evaluating the effectiveness of DWMHA Evidence Based Practice (EBP) programs

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*The CAFAS and PECFAS are designed to determine the youth's ability to function in daily life, inform treatment plans, and measure functional change over time.*

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### Using CAFAS for Program Eligibility:

The CAFAS and PECFAS are only required for children and youth with a serious emotional disturbance (SED). Amongst other dimensions, such as a supporting diagnosis, criteria for determining when a child 7 through 17 years is considered to have a serious emotional disturbance (SED) includes “Functional impairment that substantially interferes with or limits the minor’s role or results in impaired functioning in family, school, or community activities.” (MDCH/CMHSP Mental Health Supports and Services Contract: FY 14) This functional impairment is determined by:

- a. A total score of 50 (using the eight subscale scores on the Child and Adolescent Functional Assessment Scale (CAFAS), or
- b. An elevated subscale score (20 or greater) on at least two elements of the Child/Adolescent Section of the CAFAS; or
- c. One 30 on any subscale of the CAFAS, except for substance abuse only.

### Home Based Services

According to the 2014 Michigan Medicaid Provider Manual (Mental Health/Substance Abuse, p.42), for purposes of qualification for home-based services, children/adolescents may be considered markedly or severely functionally impaired if the minor has:

- a. An elevated subscale score (20 or greater) on at least two elements of the Child/Adolescent Section of the CAFAS; or
- b. An elevated subscale score (20 or greater) on one element of the CAFAS Child/Adolescent Section, combined with an elevated subscale score (20 or greater) on at least one CAFAS element involving Caregiver/Care-giving Resources; or
- c. A total impairment score of 80 or more on the CAFAS Child/Adolescent Section.

### SED Waiver

Functional impairment qualifications for the Children’s Serious Emotional Disturbance Home and Community-Based Services Waiver (SED-W) are: (2014 Medicaid Provider Manual Mental Health/Substance Abuse Children’s Serious Emotional Disturbance Home and Community-Based Services Waiver Appendix, p.A2)

- a. CAFAS score of 90 or greater for children age 7 to 12; *or*
- b. CAFAS score of 120 or greater for children age 13 to 17; *or*

- c. For children age 3 to 7, elevated PECFAS subscale scores in at least one of these areas: self-harmful behaviors, mood/emotions, thinking/communicating or behavior towards others.

**Note:** The above are state requirements. MCPN's may have different requirements.



## Training Requirements

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The CAFAS and PECFAS must only be completed by those who have been trained and certified as reliable raters. Reliability means that different raters would give the same score when rating the same client. In order to be reliable, all raters need to use the same rules for scoring the child or youth's behavior. This allows for agencies to be confident that aggregate data and individual pre- to post- treatment change are reliable, since each assessment was rated in the same way.



### Initial Reliability Training

Potential raters are required to attend a Reliability Training session for each assessment instrument (PECFAS/CAFAS). Trainings must be provided through the Virtual Center for Excellence (VCE), and are offered regularly throughout the year at various locations in Wayne County.

Initial Reliability Training consists of a 2 day, 16 hour training session delivered by two DWMHA designated trainers. In addition to the attendance at the session, raters must successfully complete the CAFAS or PECFAS reliability vignettes to receive certification. Both DWMHA and provider agencies should maintain records of certified staff.

In the event a rater fails the initial reliability vignettes, he or she may work directly with the trainer until a passing score is achieved. The trainer is responsible for helping the new rater understand the reasons for error and guiding them to success.

Individuals who have previously obtained reliability training elsewhere must produce evidence of completion and the credentials of the trainer that conducted the session. In lieu of this documentation, the rater should take the initial reliability training for Wayne County. This is to guarantee uniformity in reliability training for all staff.

Training must be completed within 90 days of hire for any individual new to the Wayne County service system. Until a rater is certified, s/he cannot assess clients with a PECFAS or CAFAS individually. A direct supervisor, who must be

PECFAS/CAFAS certified, is responsible for completing the assessment during that time.



*My agency holds their own CAFAS trainings. Why can't I just attend those?*

DWMHA has designated and trained specific trainers to deliver CAFAS and PECFAS trainings, and has worked with the VCE to coordinate those events. This guarantees that all Children's Mental Health Professionals receive the same high quality training delivered in the same manner. Agencies may provide training for staff in other programs, which you are encouraged to attend if you need a review. However, this certification will not meet DWMHA standards and attendance at a DWMHA-organized training is required.



## Recertification

Recertification is required every two years. Over time, raters may naturally begin to score differently. For example, a clinician that works with very impaired youth also involved in juvenile justice may begin to rate the Community subscale lower because their daily work experiences with severely impaired youth lead them into normalizing milder deviant behaviors by contrast. The recertification helps clinicians remember the "rules" of rating to guarantee uniformity.

Documentation of certification and recertification must be issued by CAFAS trainers recognized by Detroit Wayne Mental Health Authority.

Raters will have 30 days from their reliability expiration date to complete the recertification training. If a clinician *fails to complete recertification training*, either by exceeding the 30 day grace period or failing the recertification exam, he or she must attend the 2-day initial reliability training and cannot complete any CAFAS or PECFAS until recertified. During this period, a CAFAS/PECFAS certified supervisor is responsible for completing the assessments.



*The HCPCs code chart states that CMHPs need to be trained in CAFAS. Does this apply to CMHPs that aren't administering CAFAS?*

Only individuals who will administer CAFAS will need to be reliable raters and attend initial and booster trainings. Other CMHPs who are not rating CAFAS will need to be trained on only the basics CAFAS and PECFAS. This requirement does not include administrative staff.

## Trainers

In order to be considered a trainer of either/both the CAFAS and/or PECFAS, a person must have attended the two day rater training for the tool, plus the two day “training of trainers” for the assessment. In addition to maintaining their own reliability certification, trainers must attend a trainer booster every two years. Train the Trainer trainings and CAFAS/PECFAS Trainer Boosters are provided by the Michigan Department of Health and Human Services through the Michigan Association of Community Mental Health Boards (MACMHB). Registration and training details for these events can be found at [www.macmhb.org](http://www.macmhb.org).

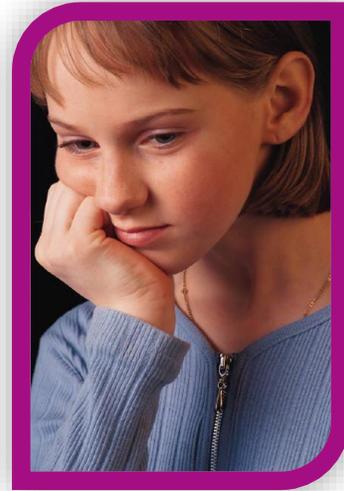
Those attending trainer recertification DO NOT need to complete the rater booster sessions. For example, an individual who has attended the CAFAS trainer recertification has also met the requirements for the CAFAS rater booster training. However, if this individual also rates PECFAS, they would still need to attend the PECFAS rater booster.

## Record Keeping

The Detroit Wayne Mental Health Authority will keep record of the training status of all children's mental health clinicians, but agencies are responsible for monitoring the status of their own staff to prevent a lapse in reliability training. DWMHA will also maintain a training database to monitor the outcomes of various trainers. This, in addition to occasional shadowing of trainers in reliability and booster training sessions, will guarantee that the training is delivered uniformly.

## Assessment Requirements

Detroit Wayne Mental Health Authority (DWMHA) requires certain standardized procedures for CAFAS/PECFAS rating, including universal usage of an online software database. These procedures help guarantee all children and youth receive the same standardized assessments in the same manner, as well as improve the quality of data collected throughout the county.



### Functional Assessment Systems (FAS)

All PECFAS and CAFAS assessments must be entered in the online FAS database at <https://app.fasoutcomes.com>. Raters can complete the assessments by hand using paper copies, but must also re-enter the scores into the online database. Client demographics and assessment information are entered by the clinician. See the "FAS Outcomes Software" section of this guide for more information.

### Treatment Plan

Based on the PECAS or CAFAS items (i.e., target behaviors), and strengths and goals selected by the assessor, the software generates a Treatment Plan organized by subscales. Empty sections for each subscale allow the clinician to complete an individualized action plan based on items selected in each subscale. Using the software for individual treatment planning is optional.

### Age Criteria

A **CAFAS** must be completed for all children and youth

- With a primary services eligibility designation of SED *and*
- Who are ages 7 throughout 17 years old.

A **PECFAS** must be completed for all children with

- a primary services eligibility designation of SED *and*
- who are age 4, 5 or 6 years old.

(All children age 3 and under should be assessed using the Devereaux Early Childhood Assessment (DECA).)





*I have a client who is 5, but he is in full time kindergarten. Should he get the CAFAS?*

No, he should have a PECFAS. In the past, PECFAS administration could depend on the development of the child and the clinician's discretion. However, for uniformity and standardized data collection, new standards require use of the PECFAS assessment for all children until their 7<sup>th</sup> birthday.

## Assessing Caregivers

Up to three caregiving environments/residences may be rated for each youth during each assessment period:

1. Primary Family
2. Non-Custodial Family or Parent Not Living in Youth's Home
3. Surrogate Caregiver

Caregiver ratings for PECFAS/CAFAS assessments are not required by DWMHA, but are **strongly encouraged**. These subscales help the clinician understand the functional ability of the child in the context of the family.

The Primary Family designation should rate:

- a) The youth's parent figure that has primary custody of the youth (even if rights are temporarily suspended), and
- b) The actions of the parent figure and that caregiver's household environment, such as activities of live-in partners, and
- c) The same caregiver throughout the entire episode of care for a youth unless that caregiver's rights are terminated during the episode of care.

## Rating Requirements

A PECFAS/CAFAS must be completed for all eligible youth at intake, every three months while receiving services, and at exit from services. Having a current PECFAS/CAFAS is a requirement in order to attain authorization for services.



A PECFAS/CAFAS **must** be completed

- At Intake
- Every 3 months during services
- Exit

The time period rated is the last three months of functioning prior to the assessment. Exceptions to this rule are:

- a) If a recent significant event is related to why a youth is seeking treatment but the event occurred prior to the three month assessment window, the window should be extended to include the episode.

*Example: If a youth committed a seriously aggressive act four months prior to intake and subsequent incarceration or foster care placement changes interfered with presenting for intake assessment for more than 90 days, the assessment period would be extended back to the time of the aggressive act.*

- b) Time periods assessed should not overlap. If a youth is exiting from services less than 90 days after the previous PECFAS or CAFAS assessment, the Exit PECFAS/CAFAS should only reflect the previously unrated expanse of time.

### **The “Revised Initial” Assessment**

The Revised Initial Assessment provides an opportunity to reset the baseline to more accurately measure treatment progress. The clinician must complete a “Revised Initial” PECFAS/CAFAS if:

- a) Significantly different information about the youth’s functioning is presented to the service provider (information that would change the PECFAS/CAFAS score or the consumer’s diagnosis), and
- b) The information is obtained after the Initial PECFAS/CAFAS was completed, and
- c) This new information was also true at the time of intake, and
- d) The information is revealed within six weeks of completion of the Initial PECFAS/CAFAS.

### **Exit PECFAS/CAFAS**

An Exit PECFAS/CAFAS must be completed for youth who terminate services. The assessment must accurately reflect functioning at the time of termination. If no new information is known about the youth since the last PECFAS/CAFAS was completed (e.g. the youth stopped attending treatment sessions), the assessment designation of the most recent assessment may be changed to “Exit” if the most recent assessment is no more than 30 day old. In the instance that considerable time has passed or some services were provided after the date of the last assessment but not enough information is known about the youth to complete the assessment, the case may be designated “Inactive” in the FAS software without completing the required Exit assessment.

### **Special Circumstances**

A Special Circumstances assessment should be completed whenever assessment is needed sooner than 90 days from the most recent assessment. Examples of when to do this include moving to a new program or major life event/trauma. Additionally, if a youth consumer is enrolled in a single,

continuous Episode for more than 8 years, the “Special Circumstances” label should be chosen for remaining assessments.

## Episodes of Care

A child or youth may have multiple episodes of care throughout their treatment. A record is started in the FAS software for a child or youth when they first present for services. A PECFAS or CAFAS assessment will be completed and designated “Initial Assessment.” This will automatically begin a First Episode of treatment within the FAS software.

If a consumer has previously received services at the agency, their record is located through searching for the client by identification number or last name (at least the first two letters of the name must be entered to search) and first name (optional).



*Why can't I start a new episode of care when a child starts a new program?*

Since the CAFAS/PECFAS are designed to measure outcomes across an entire treatment episode, all reports are based on episodes of care. Transfer clients to new program areas when they begin a new service instead.

If the consumer returns for services within 90 days under the same treatment plan, the FAS record can be returned to “Active” and the “Exit” assessment label can be changed to reflect the time-period of treatment (e.g. “6 Months”). Assessment labeling can resume within the treatment episode, each label progressively reflecting time passed since the intake.

If the youth consumer is returning for services **after a gap in services of more than 90 days:**

- The client record status must be set to “Active.” If the record was not previously inactivated, the record must be set to “Inactive” and then “Active” again.
- A new “Initial Assessment” must be completed. This will begin a new episode of care in the record (e.g. “Second Episode”). Changes in functioning will be measured against this new baseline.

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If the consumer experiences a significant change in life circumstances and functioning with the result of beginning an entirely new IPOS with wholly different goals and objectives, begin a new treatment episode in the manner described above.

## Inactivating Clients

Clients should be “Inactivated” in the FAS Software after they have completed services. Completion of the Exit PECFAS or CAFAS is not sufficient- all clients must

be manually inactivated by selecting "Inactivate" on the Demographics tab under Edit Client.

The screenshot shows the 'Edit Client' interface with the 'Demographics' tab active. A red arrow points to the 'Inactivate' button. The form includes the following fields:

- \* Indicates Required Field
- Transfer Client
- Inactivate
- Delete
- Add to My Clients
- \* First Name
- Middle Name
- \* Last Name
- \* Date of Birth (MM/DD/YYYY)
- \* Primary Client ID
- Client Id # 2
- MH-WIN#

Sometimes clients miss many appointments or the clinician loses contact with the family. A client should be "Inactivated" following three months of no contact. Until they are "inactivated", they will appear as "overdue" on the CAFAS or PECFAS dashboards.

Clients should be inactivated as soon as possible. If they are not, aggregate reports and counts of active clients are not accurate.

### Programs and EBTs

Service Areas and Programs are defined by the provider agency. Some organizations may wish to break down their services by age, funding source, or treatment model in a manner that makes it easy to download program-specific data and use the Aggregate Report function to monitor program outcomes. DHWMA requires that program names include one of four broader labels- *Outpatient, Home-Based, Meds Only, and Case-Management*.

- **Outpatient:** Clients receiving outpatient treatment as their primary service.
- **Home-Based:** Clients receiving home based treatment as their primary service.
- **Meds Only:** Clients receiving only psychiatric services. Often these clients have been stable on their medication for several months and have little to no case management needs.
- **Case Management:** Clients receive case management services but not outpatient or home-based therapy. If the child or youth begins any type of clinical therapy, he or she should immediately be transferred within the software to the treatment program. It is important that this transfer be accomplished before completing the next assessment.



### Transferring Clients to Different Programs

Children and youth often receive many different services during treatment. FAS allows for the transfer of cases into different programs. It is essential for reporting that each child is accurately assigned to the correct services program within the software. Clinicians must have access to the new program in order to transfer. If they do not, the supervisor can transfer to new programs.

The screenshot shows a software interface for transferring clients. It includes the following elements:

- Current Service Area**: A dropdown menu with the label "Current Service Area Name".
- Current Program**: A dropdown menu with the label "Current Program Name".
- \* Move to Service Area**: A dropdown menu currently showing "New Service Area".
- \* Move to Program**: A dropdown menu currently showing "<--Select One-->" with a list of options: "Program 1", "Program 2", and "Program 3".
- Transfer**: A button located at the bottom left of the form.

Two red arrows point to the "Move to Service Area" and "Move to Program" dropdown menus.

To transfer clients select "Transfer Client" under the demographics tab, then choose new service area and program.

### Wraparound

Wraparound is an additional service that complements either Outpatient or Home-Based services. Clients in Wraparound should be identified by the assignment of the **Wraparound Evidence Based Treatment label**, as described below. Youth are eligible to receive Wraparound services up to age 21. Therefore youth above the age of 17 in Wraparound services are a special exception and should continue to receive a CAFAS assessment every 90 days as long as they are enrolled in Wraparound up to 21 years of age.

DWMHA has decided to use this EBT, listed as "Wraparound- Milwaukee Model", as a way to identify all clients receiving Wraparound.

### Capturing other Evidence Based Treatments

Clients should be assigned to Programs and Evidence Based Treatments as treatment unfolds. For example, a youth may enter services in a crisis situation and be placed into a Home-Based program. After several weeks, the clinician and family decide to try Wraparound in addition to an Evidence Based Treatment. The clinician assigns the EBTs "Wraparound" and "Parent Management Training-Oregon (PMTO)" to the client, specifying the start dates. Approximately 6 months later, the youth has made considerable progress and the decision was made to switch to Outpatient services. The client is then transferred from the Home-Based to the Outpatient Program. Since PMTO is provided in the home, the clinician also modifies that information by adding an End Date. When the client graduates from Wraparound a month later, the clinician adds an End Date to the Wraparound EBT. Transferring clients and properly labeling services makes it easier to understand the trajectory of the treatment episode.

Clients should receive an EBT label even when the clinician is still in training. For example, if a clinician has begun providing PMTO in order to complete the

requirements for certification, the EBT “Parenting Through Change-PMTO” should be used.

**NOTE:** There is an additional EBT labeling requirement for clients receiving TF-CBT, to keep track of where the clinician received training. First, the EBT “Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)” should be assigned. Next provide information about where the clinician was trained in the comments. Comments should include either “Training through DTIP” or “Training through MDHHS”

**Special Labeling Requirements:**

Some programs require clients to be identified using Client Labels, which can be modified by accessing the ‘Client Label’ tab. Labels are different than EBT assignments or Programs in that they are connected to the client overall rather than the Assessment. Although exported data will show the changes in programs or EBTs over time, client labels are static. If a label is removed or changed, any history of different labels will be lost.

**SED Waiver**

Agencies that offer SED Waiver services are required to identify the clients using Label 4. Select ‘SED Waiver’ in the dropdown box for youth who have received this service, even if participation has ended.

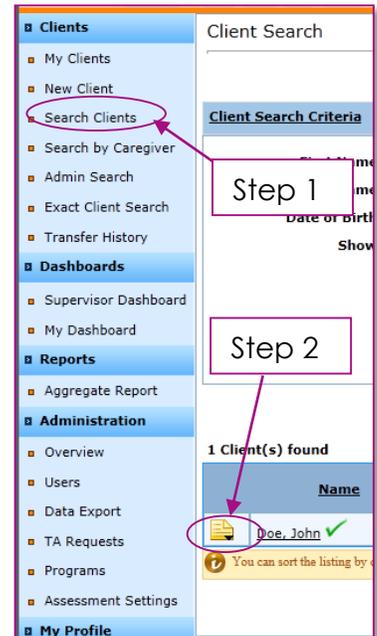
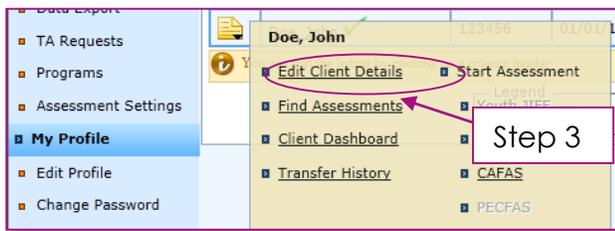
**DHIP AND MHIP**

The Michigan Department of Health and Human Services requires that each CMH must identify all youth for whom they received Department of Human Services Incentive Payments (DHIP) and Mental Health Innovation Program (MHIP) within a fiscal year. Clinicians should enter the DHIP identifier for every youth between the ages of 4 and 17 and for whom the CMH received DHIP for at any time (and for

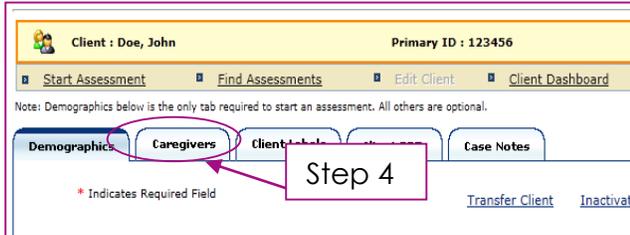
any duration) during the fiscal year, and the MHIP identifier for any youth that received MHIP.

Procedure: (*For MHIP Youth, simply replace "DHIP" with "MHIP":*)

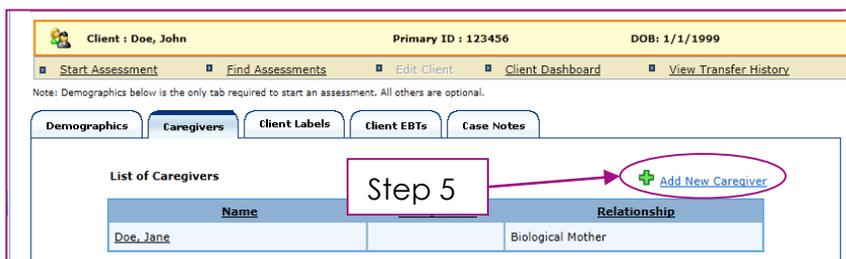
1. In the FAS Software, locate the client for whom DHIP was provided. Clients can be located through the user's "My Clients" menu option or searched for through the "Search Clients" menu option.
2. Select the icon next to the consumer's name for additional options.
3. Choose "Edit Client Details."



4. On the Edit Client page, choose the second tab ("Caregivers").



5. On the Caregivers page, select the "Add New Caregiver" link on the right side of the page.



6. Enter the following information in the Add Caregiver form:

Client : Doe, John Primary ID : 123456

\*First Name FY13

\*Last Name DHIP

Caregiver ID DHIPFY13

\* Relationship Other

Description if Other  
DHIPFY13

Save Cancel

7. Select "Save." With the new Caregiver information you should see the screen below (again note that FY13 is just the example)

Edit Client

Client : Doe, John Primary ID : 123456 DOB: 1/1/1999

Start Assessment Find Assessments Edit Client Client Dashboard View Transfer History

Note: Demographics below is the only tab required to start an assessment. All others are optional.

Demographics Caregivers Client Labels Client EBTs Case Notes

List of Caregivers [Add New Caregiver](#)

Name	Caregiver ID	Relationship
DHIP_FY13	DHIPFY13	Other
Doe, Jane		Biological Mother

### Comments on using the Caregiver variable for tracking:

- This method allows for simply adding a new "Caregiver" each year that DHIP is provided for the youth. Previously collected information remains intact.
- The directive in Step 5 above shows information EXACTLY as it should be entered for a youth that DHIP was provided for during any time during Fiscal Year 12/13 (October 1, 2012 through September 30, 2013). For youth who are granted DHIP at any time between October 1, 2013 and September 30, 2014, a new "Caregiver" would be entered with "First Name" **FY14** and "Caregiver ID" and "Description if Other" both **DHIPFY14**, with the remaining two labels entered as shown above and without variation. This pattern will continue into FY17, and beyond if applicable.
- Many Caregivers may be added for a single youth without disrupting or eliminating existing information.

- A list of all DHIP labeled clients may be viewed by selecting “Search by Caregiver” from the navigation menu and entering the Caregiver ID (e.g. DHIPFY13). **Hint:** *Viewing this list will allow CMH supervisors or QI personnel to verify that all DHIP youth were correctly identified and labeled.*

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Often information about who DHIP was provided for is one or more quarters behind. Be sure to label for the fiscal year the payment was intended for.

### PECFAS to CAFAS

When transitioning from the PECFAS to the CAFAS during a treatment episode because the child will be continuing to receive services past the age of 7, it is recommended that an exit PECFAS and an initial CAFAS be completed as close as possible to the child's seventh birthday. If both an initial and exit score is not entered for either or both tools (as applicable) for a particular child, data is not captured for that child in MDHHS aggregate reports.

### SED/IDD Diagnoses

PECFAS/CAFAS should not be completed for children and youth who are primarily eligible for services through Intellectual/Developmental Disabilities (I/IDD) determination. On the occasion that a consumer has SED and IDD diagnoses, the PECFAS/CAFAS should only be completed if SED is the consumer's primary service eligibility determination.

## Reporting Requirements

CAFAS and PECFAS Reports are to be provided to the MCPNs on a monthly basis. A monthly summary template is available in an Excel file, which should be completed and submitted on the last Thursday of the current month before the next CAFAS/PECFAS meeting at DWMHA.

Please note that after you've run these reports once, the next time you run any of these reports you will only have to change the criteria highlighted in yellow, as the rest of the criteria will stay the same. Also, the sample monthly report at the end of this document has been color-coded to show you the **DATA EXPORT** report fields in orange, the green-highlighted fields come from the **SUPERVISOR DASHBOARD** report, and the remaining pink indicators come from the **AGGREGATE REPORT** PDF.

*Note: This process must be completed for both CAFAS and PECFAS.*

### MCPN CAFAS Reporting Instructions

1. **Data Export:** First, export the necessary data using the Data Export tool, located under the Administration Heading.



- a. Administration – Data Export:
  - i. Date type: **Date activated**
  - ii. From: **1/1/2010**

#### HOW TO CHOOSE FROM DATE FOR EXPORT:

Take the current calendar year and subtract 2 years. The 'from date' is January 1, of that result. For example if data is being exported on September 28<sup>th</sup>, 2017, choose January 1, 2015 as the 'from date'.

- iii. To: **(date of last Thursday of the current month)**
- iv. **ENABLE** "Export of all assessments for clients"  
(Make sure export details are: Export type: **csv**, Current Case Status: **Active**)
- v. Service area/programs: **ENABLE** All (or just the specific MCPN service areas)
- vi. Check the boxes next to the following **Export Variables**:
  1. Client Demographics:
    - a. Client Primary ID

- b. Client ID 3
  - c. Client Status
2. Assessment(s) info:
    - a. Assessment Date (Required)
    - b. CAFAS Total Score (Required)
    - c. Difference in Total Score (Recommended)
    - d. Improvement in one or more indicators (Recommended)
- vii. Click on **Export** (Please note that the export process may take 10 minutes or more to complete, so it's advised to run the other reports at this time. By the time you've collected the rest of the information, the export will likely be completed.)

The following screen shows what your export criteria should look like, once done:

The screenshot displays the 'Data Export' interface within the FAS (Functional Assessment Systems) application. The interface is divided into several sections:

- Navigation Menu (Left):** Includes sections for Clients, Dashboards, Reports, Administration, and My Profile.
- Header:** Shows 'FAS Functional Assessment Systems' and navigation links for Home, Sign Out, and Help.
- Data Export Section:**
  - Export Requests Tab:** Active tab, showing 'Load Criteria'.
  - Export Client Records where:**
    - Date Type: Date Activated
    - From: 1/1/2010 (MM/DD/YYYY)
    - To: 8/25/2011 (MM/DD/YYYY)
    - Options:  Export Only assessments in time frame,  Export all assessments for clients
  - Export Details:**
    - Export Type:  SPSS,  CSV,  XML
    - Current Case Status:  Both,  Active,  InActive
  - Client General Info:**
    - Gender: <--Select One-->
    - Age From: [ ]
    - Age To: [ ]
  - Specific Client Info:**
    - First Name: [ ]
    - Last Name: [ ]
    - Client Primary ID: [ ]
  - Service Area / Programs:**
    - Tree view showing selection of programs like 7 Mile-Carelink, Behavioral Health, 7 Mile-Gateway, Oakland, Warrendale-Carelink, and Warrendale-Gateway.
- Export Variables (Right):**
  - Tree view showing selection of variables such as Client Primary ID, Client ID 3, Client Last Name, Client First Name, Client Middle Name, Client DOB, Client Gender, Client Ethnicity (various categories), Client Ethnicity - Not reported, Client Ethnicity - Other, Client Ethnicity Description (Other), Client Latino, Client Primary Language, Client Status, Client Label 1-5, Client Lives in Single Parent Home, Zipcode, Case Creation Date, and Ward of State.
  - Buttons: Unselect All Confidential Items, Export, Cancel

After clicking on the **Export** button, you can check the status of your request by clicking on the tab on the far right called "**Export Requests**" where you'll initially be able to cancel your request, as you can see below:

The screenshot shows a web interface titled "Export Requests". At the top, there are navigation tabs for "CAFAS", "PECFAS", "CWL", and "Export Requests". Below the tabs is a red warning message: "Please note that files must be downloaded within 24 hours from when the request is completed. After 24 hours, files will be removed from the system." Below this, it says "1 Request(s) found" and "Refresh Status" with "Last Updated: 7/19/2011 12:05:20 AM EST". A table below shows the request details:

Reference #	Date/Time of Request	Measure	Status
13356	07/19/2011 12:05AM EST	CAFAS	Pending <a href="#">Cancel Request</a>

At the bottom right of the table area, there is a link for "Export Status Descriptions".

You can check on, and update, the status of the request by clicking on **Refresh Status**. The status will eventually change to "In Process", where the request can no longer be cancelled:

Reference #	Date/Time of Request	Measure	Status
13356	07/19/2011 12:05AM EST	CAFAS	In Process

Once the report has been completed, a download link will appear:

14016	10/05/2011 11:55PM EST	CAFAS	<b>Completed</b> <a href="#">Download files</a>
-------	------------------------	-------	---

Clicking on the **Download files** link will take you to a page where you can download the report, which you'll need to open and use in your report submission in step B:

The screenshot shows a page titled "Download Export Data Files". It displays the following information: "Request Reference #: 13686" and "Measure: CAFAS". Below this, it says "Please click on the links to download corresponding files." A download link is shown with a green arrow icon: "[CAFAS Export Data CSV \(.csv\)](#)".

- b. From the CSV file, copy the following information:
  - i. Count # of entries for value of: **Total number of open cases**
  - ii. Count # of completed **Client ID #3** labels
  - iii. **CAFAS overdue / No activity**: Count # of cases 100 or more days ago by:
    - 1. Inserting a new column between **ClientStatus** and **CAFAS\_E1TInitial\_assessDate**

2. Label it **"LAST CAFAS"** and format it as a **Date/Time** field
3. In second row of this column type: **=MAX(E2:RRR2)**
4. Copy and paste into remaining fields in said column
5. Sort column and count the number of cases from 100 or more days from the current date

Example/Reference:

ClientPrimary ID	ClientID3	Client Status	Last CAFAS	CAFAS_E1Initial_assessDate
Xbq87x	234245	Active	10/25/13	
lduio8	342567	Active	9/14/14	5/23/06

\* Tip: For Excel-savvy (or at least Excel-adventurous) folks, try this alternate step to make Excel do more of the work for you:

1. Insert another new column between **Last CAFAS** and **CAFAS\_E1Initial\_assessDate**
2. Label the Column **"Overdue"**
3. Enter the following formula **=IF(DATEDIF(?,NOW(),"d")>99,"Overdue", "")** In place of the ? symbol, type the location of the "Last CAFAS" cell for the same row (for example, D2)
4. Copy the formula down the column. You can stop at this step and count the number of cells that say "Overdue." OR
5. Go to the first blank row at the bottom of the column and enter the following formula **=COUNTIF(??X,"Overdue")** where ? is the letter of the column and ?X is the letter of the column and number of the last row (Example: =COUNTIF(E2:E5,"Overdue")). After hitting Enter/Return, the number in the cell is the number Overdue.

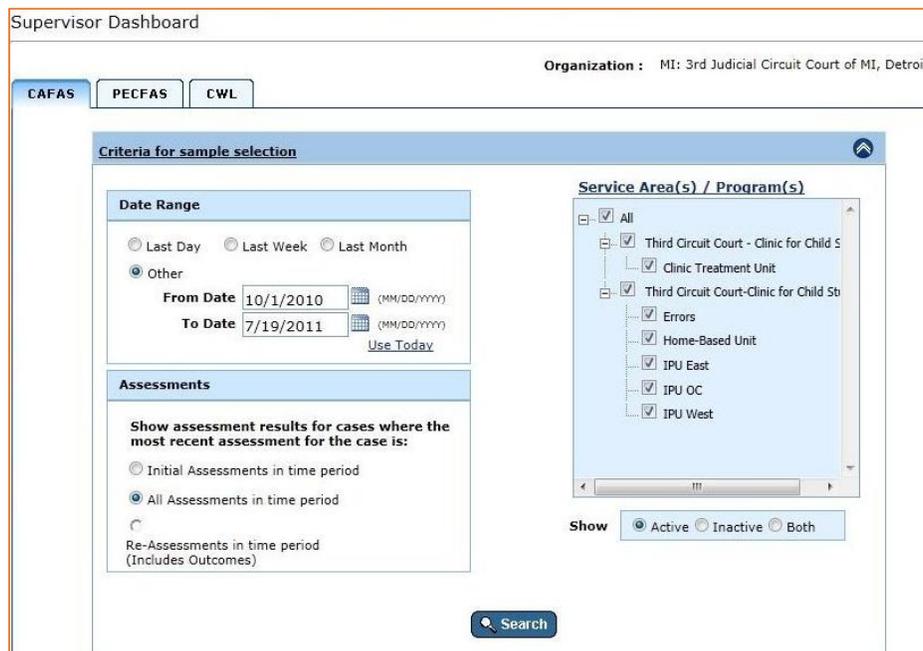
		=IF(DATEDIF(D2,NOW(),"d")>99,"Overdue", "")				
	A	B	C	D	E	F
1	ClientPrimary ID	ClientID3	Client Status	Last CAFAS	Days Since Last CAFAS	CAFAS_E1Initial_assessDate
2	Xbq87x	234245	Active	10/25/2013	Overdue	
3	lduio8	342567	Active	9/14/2014		5/23/2006
4	Qbtro39	234820	Active	6/15/2014	Overdue	9/22/2013
5	lolcs58lx	453849	Active	8/1/2014		
6					2	

2. **Reports – Supervisor Dashboard:** Use the Supervisor Dashboard to compile additional information and client characteristics.

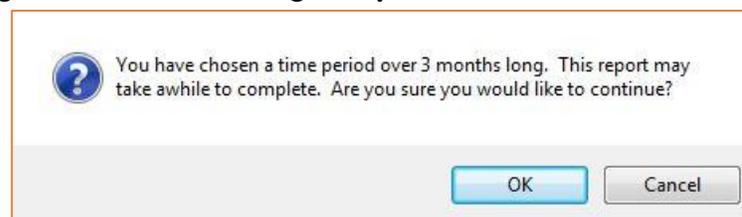


- a. Select “**Criteria for sample selection**”:
  - i. Date Range: **ENABLE** Other  
From Date: **10/1/(Current Fiscal Year)**  
To Date: **(last Thursday of the current month)**
  - ii. Assessments: **ENABLE** All assessments in time period
  - iii. Service Area(s) / Program(s): **ENABLE** relevant MCPN areas
  - iv. Show: **ENABLE** Active
  - v. Click on **Search** to filter the data below.

The screen will look like the screenshot below:



You might receive a warning, but just click on **OK** to continue past it:



- b. Collect the following indicators from the report values proceeding it:
  - i. **Number of cases with activity fiscal year to date** from: **Sample Size** – Total #
  - ii. **PMTO Ideal** from: **Improving Child Management** skills – Total Cases #

**Activity Report, as of 7/19/2011**

Overdue Assessments :	<u>43</u>
Active Cases with no new assessments in 5 months :	<u>22</u>
Upcoming Assessments next 30 days :	<u>85</u>

**All Assessments from 10/1/2010 to 7/19/2011**

<p style="text-align: center; font-size: small;"><a href="#">What's this?</a></p> <table border="1" style="width: 100%; background-color: #f4a460; color: white;"> <thead> <tr> <th colspan="2" style="text-align: left; padding: 5px;">Cases</th> </tr> </thead> <tbody> <tr> <td style="text-align: right; padding: 5px;">Total</td> <td style="padding: 5px;"><u>442</u></td> </tr> <tr> <td style="text-align: right; padding: 5px;">New Cases</td> <td style="padding: 5px;"><u>358 (80%)</u></td> </tr> </tbody> </table>	Cases		Total	<u>442</u>	New Cases	<u>358 (80%)</u>	<p style="text-align: center; font-size: small;"><a href="#">What's this?</a></p> <table border="1" style="width: 100%; background-color: #f4a460; color: white;"> <thead> <tr> <th colspan="2" style="text-align: left; padding: 5px;">Assessment</th> </tr> </thead> <tbody> <tr> <td style="text-align: right; padding: 5px;">Initial</td> <td style="padding: 5px;"><u>124 (28%)</u></td> </tr> <tr> <td style="text-align: right; padding: 5px;">Re-Assessment</td> <td style="padding: 5px;"><u>318 (71%)</u></td> </tr> <tr> <td style="text-align: right; padding: 5px;">Assessments with Missing scores</td> <td style="padding: 5px;">4 (0%)</td> </tr> </tbody> </table>	Assessment		Initial	<u>124 (28%)</u>	Re-Assessment	<u>318 (71%)</u>	Assessments with Missing scores	4 (0%)	<p style="text-align: center; font-size: small;"><a href="#">What's this?</a></p> <table border="1" style="width: 100%; background-color: #f4a460; color: white;"> <thead> <tr> <th colspan="2" style="text-align: left; padding: 5px;">Assessment Status Marked</th> </tr> </thead> <tbody> <tr> <td style="text-align: right; padding: 5px;">Signed</td> <td style="padding: 5px;"><u>410 (92%)</u></td> </tr> <tr> <td style="text-align: right; padding: 5px;">Unsigned</td> <td style="padding: 5px;"><u>32 (7%)</u></td> </tr> </tbody> </table>	Assessment Status Marked		Signed	<u>410 (92%)</u>	Unsigned	<u>32 (7%)</u>
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Unsigned	<u>32 (7%)</u>																					

**Note : Click on one of the boxes below to see more details**

Sample Size : 438

[What's this?](#)

<b>CAFAS Total Score Intervals</b> Score 100 and over : <u>141</u>
---

<p style="text-align: center; font-size: small;"><a href="#">What's this?</a></p> <table border="1" style="width: 100%; padding: 5px;"> <tr> <td style="padding: 5px;"> <b>Youth High-Risk Behaviors Present</b>                      Total Cases : <u>99</u> </td> </tr> </table>	<b>Youth High-Risk Behaviors Present</b> Total Cases : <u>99</u>	<p style="text-align: center; font-size: small;"><a href="#">What's this?</a></p> <table border="1" style="width: 100%; padding: 5px;"> <tr> <td style="padding: 5px;"> <b>Pervasive Behavioral Impairment Present</b>                      Total Case Impaired : <u>104</u> </td> </tr> </table>	<b>Pervasive Behavioral Impairment Present</b> Total Case Impaired : <u>104</u>
<b>Youth High-Risk Behaviors Present</b> Total Cases : <u>99</u>			
<b>Pervasive Behavioral Impairment Present</b> Total Case Impaired : <u>104</u>			
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<b>Severe Impairments</b> 3 or more impairments : <u>39</u>			
<b>Severe Impairments By Subscale</b> Total Cases : <u>227</u>			
<p style="text-align: center; font-size: small;"><a href="#">What's this?</a></p> <table border="1" style="width: 100%; padding: 5px;"> <tr> <td style="padding: 5px;"> <b>CAFAS Tiers</b>                      Cases in "Self-Harmful" or higher Tier : <u>102</u> </td> </tr> </table>	<b>CAFAS Tiers</b> Cases in "Self-Harmful" or higher Tier : <u>102</u>	<p style="text-align: center; font-size: small;"><a href="#">What's this?</a></p> <table border="1" style="width: 100%; padding: 5px;"> <tr> <td style="padding: 5px;"> <b>Improving Child Management Skills</b>                      Total Cases : <u>99</u> </td> </tr> </table>	<b>Improving Child Management Skills</b> Total Cases : <u>99</u>
<b>CAFAS Tiers</b> Cases in "Self-Harmful" or higher Tier : <u>102</u>			
<b>Improving Child Management Skills</b> Total Cases : <u>99</u>			

iii. **Client Type Thinking, Substance, Self-Harm, Delinquent** from: **CAFAS tiers**

CAFAS Tiers

CAFAS Tiers		What's This?
		Client
Thinking Problems	<a href="#">What's This?</a>	4 (1%)
Substance Use	<a href="#">What's This?</a>	72 (18%)
Possibly Self-Harmful/Severe Moods	<a href="#">What's This?</a>	15 (3%)
Delinquency	<a href="#">What's This?</a>	246 (64%)
Behavior Problems with Moderate Mood	<a href="#">What's This?</a>	4 (1%)
Behavior Problems <u>without</u> Moderate Mood	<a href="#">What's This?</a>	12 (3%)
Moderate Mood	<a href="#">What's This?</a>	1 (0%)
Mild Problems Only	<a href="#">What's This?</a>	17 (4%)
No Problems Reported	<a href="#">What's This?</a>	10 (2%)

[Go Back to Dashboard](#)

iv. **School, Home, Community, Behavior T.O., Moods, Self-harm, Substance, and Thinking severe** from: all **Severe Impairments By Subscale** fields

Severe Impairments Subscale

Severe Impairments (30) by CAFAS Subscale		What's This?
		Client
School		32 (24%)
Home		17 (12%)
Community		3 (2%)
Behavior Toward Others		5 (3%)
Moods/Emotions		4 (3%)
Self-Harmful Potential		1 (0%)
Substance Use		0 (0%)
Thinking		0 (0%)

[Go Back to Dashboard](#)

3. *Reports – Aggregate Report: Use the Aggregate Report Function to generate outcome data.*
  - a. Criteria for Report Generation:
    - i. Report Type: **ENABLE** Outcomes Report
    - ii. Assessment Dates: From Date: 10/1/2010 (Start of fiscal year)  
To Date: **(last Thursday of the current month)**
    - iii. Client Status: **ENABLE** Inactive
    - iv. Service Area(s) / Program(s): **ENABLE** relevant MCPN areas
    - v. Click on **Generate report**

b. Collect the following information:

i. **CAFAS Total Score:**

1. **Number closes cases fiscal year to date** from: Sample size for comparison of initial to most recent assessments
2. **Average intake score** from: Average CAFAS youth total score on initial assessment
3. **Average last score** from: Average CAFAS youth total score on most recent assessment
4. **Average difference** from: Difference between average CAFAS youth total score for initial and most recent assessments

**CAFAS<sup>®</sup> Total Score** The CAFAS Total Score is the sum of the impairment ratings for the 8 subscales for the youth. For each subscale, the rater selects the item(s) which are true for the youth, which in turn, determines the youth's level of impairment for that subscale. There are 4 levels of impairment: Severe Impairment (30), Moderate (20), Mild (10), and No or Minimal (0) Impairment. A higher score indicates greater impairment.

For this administrative report, CAFAS Total Scores are aggregated across youths and a comparison is made between the average scores for the initial and most recent assessments. A lower average score at the most recent assessment indicates a positive change. The average difference score is also calculated: a positive number indicates improvement in functioning, 0 indicates no change, and a negative number indicates greater functional impairment.

Difference Between Average CAFAS Youth Total Score for Initial and Most Recent Assessments: **27**

Average CAFAS Youth Total Score on Initial Assessment:	<b>92</b>
Average CAFAS Youth Total Score on Most Recent Assessment:	<b>65</b>

ii. **Outcome indicators at a glance:**

1. **Improvement on one or more outcomes indicators** from: Improved #

**Improvement on One or More Outcome Indicators**

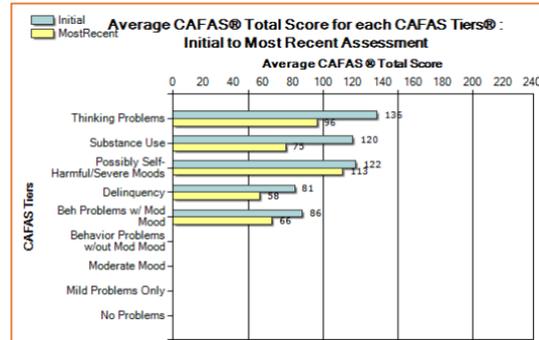
The # and % of cases who improved on at least one of 3 indicators between Initial and Most Recent CAFAS Assessments. The outcome Indicators include: Meaningful and Reliable Improvement, ≠ Severe Impairments, and Pervasive Behavioral Impairment.

Improved	164	(63%)
Not Improved	92	(35%)
Excluded	5	

iii. **Outcome by CAFAS Tiers:**

Calculate Average total score improvement by taking the initial value (green bar in the graph) and deduct it from the most recent value (yellow bar in the graph), which would make the formula = initial score – most recent score

1. **Thinking problems**
2. **Substance use**
3. **Possibly self-harmful/severe moods**
4. **Delinquency**
5. **Behavior problems w/mod mood**
6. **Behavior problems w/out mod mood**
7. **Moderate mood**
8. **Mild problems only**
9. **No problems**



**Final Result: Sample Monthly Summary Template**

Indicator	Your Provider Name Here
CAFAS Overdue/No Activity	
<b>Total Number Open Cases</b>	
Client Type Thinking	
Client Type Substance	
Client Type SelfHarm	
Client Type Delinquent	
School Severe	
Home Severe	
Community Severe	
Behavior T.O. Severe	
Moods Severe	
Self-Harm Severe	
Substance Severe	
Thinking Severe	
PMTO Ideal	
Number of Cases With Activity for current fiscal year	
"Active" Cases with Activity in Last 90 Days	
Cases with complete Client ID #3 (Wayne County ID)	
<b>Number Closed Cases Fiscal Year to Date</b>	
Average Intake Score	
Average Last Score	
Average Difference	
Improvement on One or More Indicators	
<i>Average Total Score Improvement by Tier:</i>	
Thinking Problems	
Substance Use	
Self-Harm	
Delinquency	
Behavior Problems w/Mood	
Behavior Problems w/o Mood	
Moderate Mood	
Mild Problems	

## MCPN PECFAS Reporting Instructions

4. **Data Export:** First, export the necessary data using the Data Export tool, located under the Administration Heading.



Administration – Data Export:

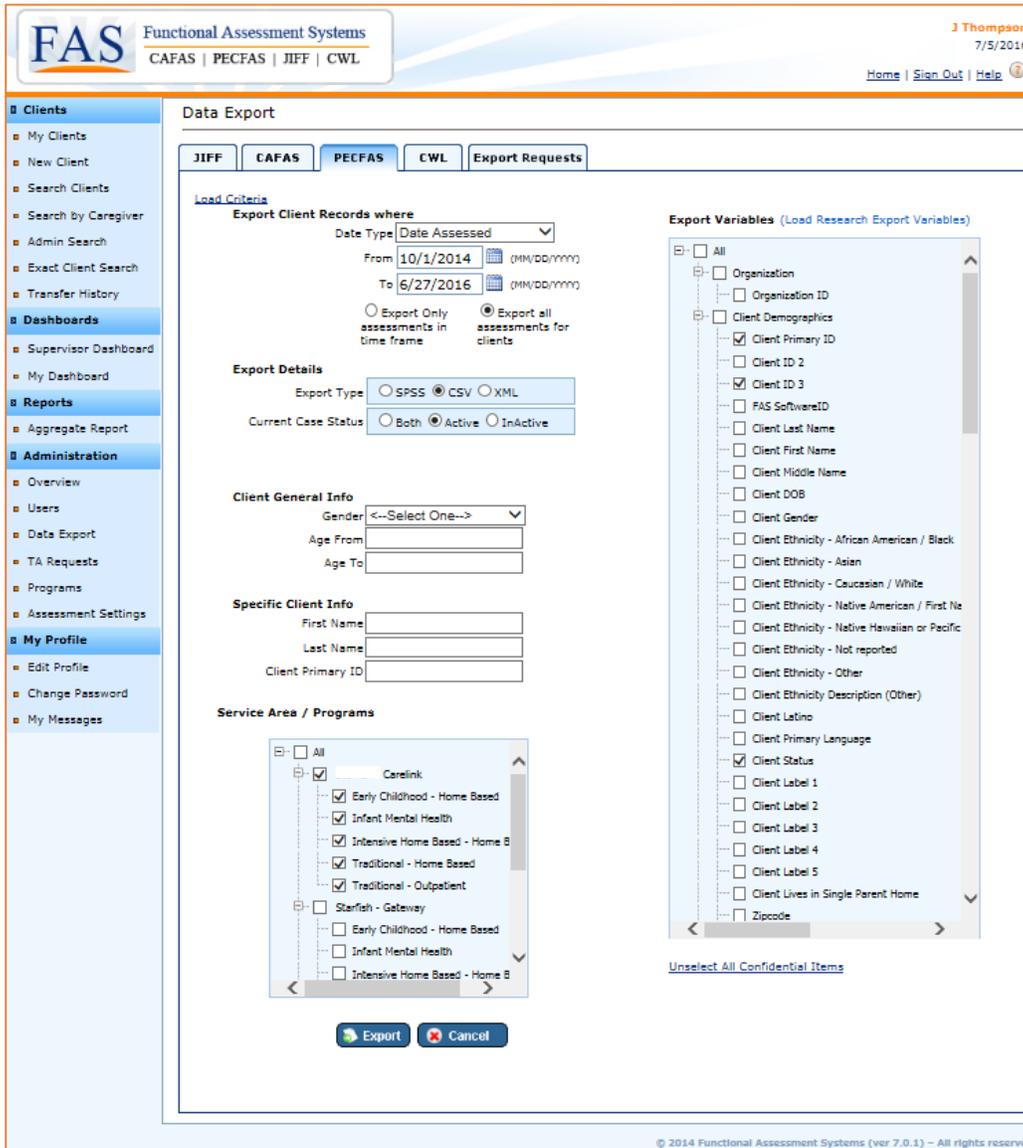
- i. Date type: **Date activated**
- ii. From: **1/1/2014**

### HOW TO CHOOSE FROM DATE FOR EXPORT:

Take the current calendar year and subtract 2 years. The 'from date' is January 1, of that result. For example if you are exporting data on September 28<sup>th</sup>, 2017, then you would choose January 1, 2015 as the 'from date'.

- iii. To: **(date of last Thursday of the current month)**
- iv. **ENABLE** "Export of all assessments for clients"  
(Make sure export details are: Export type: **csv**, Current Case Status: **Active**)
- v. Service area/programs: **ENABLE** All (or just the specific MCPN service areas)
- vi. Check the boxes next to the following **Export Variables**:
  1. Client Demographics:
    - a. Client Primary ID
    - b. Client ID 3
    - c. Client Status
  2. Assessment(s) info:
    - a. Assessment Date (Required)
    - b. PECFAS Total Score (Required)
    - c. Difference in Total Score (Recommended)
    - d. Improvement in one or more indicators (Recommended)
- vii. Click on **Export** (Please note that the export process may take 10 minutes or more to complete, so it's advised to run the other reports at this time. By the time you've collected the rest of the information, the export will likely be completed.)

The following show an example of what your export criteria should look like, once done:



After clicking on the **Export** button, you can check the status of your request by clicking on the tab on the far right called "**Export Requests**" where you'll initially be able to cancel your request.

You can check on, and update, the status of the request by clicking on **Refresh Status**. The status will eventually change to "In Process", where the request can no longer be cancelled:

Once the report has been completed, a download link will appear:

Export Requests

JIFF CAFAS PECFAS CWL **Export Requests**

Please note that files must be downloaded within 24 hours of completing the request. After 24 hours, files will be removed from the system.

Refresh Status  
Last Updated: 7/5/2016 2:43:28 PM EST

1 Request(s) found

Reference #	Date/Time of Request	Measure	Status
29398	07/05/2016 1:11PM EST	PECFAS	Completed <a href="#">Download files</a>

[Export Status Descriptions](#)

Clicking on the **Download files** link will take you to a page where you can download the report, which you'll need to open and use in your report submission in step B:

Download Export Data Files

Request Reference #: 29398 Measure : PECFAS  
Please click on the links to download corresponding files.

[PECFAS Export Data CSV \(.csv\)](#)

- b. From the CSV file, copy the following information:
  - i. Count # of entries for value of: **Total number of open cases**
  - ii. Count # of completed **Client ID #3** labels
  - iii. **PECFAS overdue / No activity**: Count # of cases 100 or more days ago by:
    1. Inserting a new column between **ClientStatus** and **PECFAS\_E1TInitial\_assessDate**
    2. Label it "**LAST PECFAS**" and format it as a **Date/Time** field
    3. In second row of this column type: **=MAX(E2:RRR2)**
    4. Copy and paste into remaining fields in said column
    5. Sort column and count the number of cases from 100 or more days from the current date\*

Example/Reference:

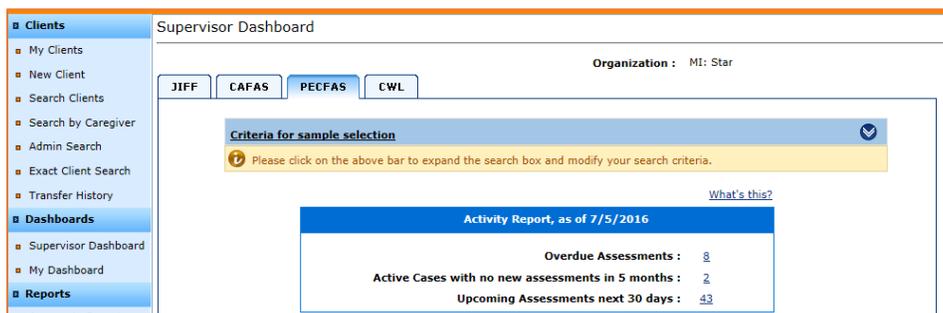
ClientPrimary ID	ClientID3	Client Status	Last PECFAS	PECFAS_E1TInitial_assessDate
Xbq87x	234245	Active	6/14/2016	6/14/2016
lduio8	342567	Active	9/29/2015	3/31/2014

\* Tip: For Excel-savvy (or at least Excel-adventurous) folks, try this alternate step to make Excel do more of the work for you:

6. Insert another new column between **Last PECFAS** and **PECFAS\_E1Initial\_assessDate**
7. Label the Column "**Overdue**"
8. Enter the following formula  
**=IF(DATEDIF(?,NOW(),"d")>99,"Overdue",")** In place of the ? symbol, type the location of the "Last PECFAS" cell for the same row (for example, D2)
9. Copy the formula down the column. You can stop at this step and count the number of cells that say "Overdue." OR
10. Go to the first blank row at the bottom of the column and enter the following formula **=COUNTIF(?2:?X,"Overdue")** where ? is the letter of the column and ?X is the letter of the column and number of the last row (Example: =COUNTIF(E2:E5,"Overdue")). After hitting Enter/Return, the number in the cell is the number Overdue.

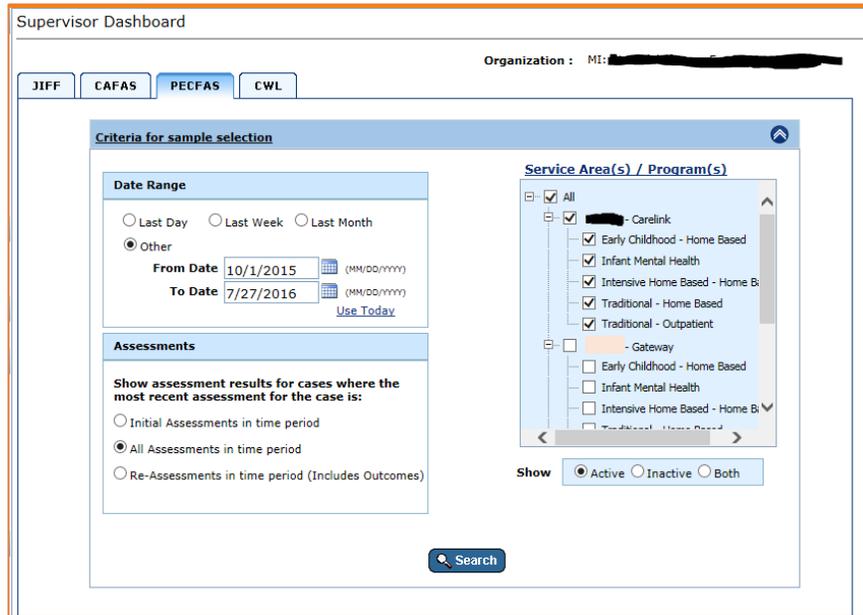
=IF(DATEDIF(D2,NOW(),"d")>99,"Overdue",")						
	A	B	C	D	E	F
1	ClientPrin	ClientID3	ClientStat	Last PECFAS	Overdue	PECFAS_E1Initial_assessDat
2	xbq87x	234567	Active	6/14/2016		6/14/2016
3	khdf76	654123	Active	9/29/2015	Overdue	3/31/2014
4	oiserf22	852258	Active	5/26/2016		12/15/2014

5. **Reports – Supervisor Dashboard:** Use the Supervisor Dashboard to compile additional information and client characteristics.

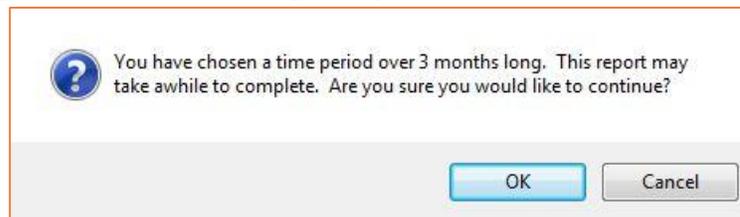


- a. Select "**Criteria for sample selection**":
  - i. Date Range: **ENABLE** Other  
 From Date: **10/1/(Current Fiscal Year)**  
 To Date: **(last Thursday of the current month)**
  - ii. Assessments: **ENABLE** All assessments in time period
  - iii. Service Area(s) / Program(s): **ENABLE** relevant MCPN areas
  - iv. Show: **ENABLE** Active
  - v. Click on **Search** to filter the data below.

The screen will look like the screenshot below:



You might receive a warning, but just click on **OK** to continue past it:



- b. Collect the following indicators from the report values proceeding it:
  - i. **Number of cases with activity fiscal year to date** from: **Sample Size** – Total #
  - ii. **PMTO Ideal** from: **Improving Child Management** skills – Total Cases #

[What's this?](#)

**Activity Report, as of 6/27/2016**

Overdue Assessments : 8

Active Cases with no new assessments in 5 months : 2

Upcoming Assessments next 30 days : 32

**All Assessments from 10/1/2015 to 6/27/2016**

[What's this?](#)

**Cases**

Total 139

New Cases 79 (56%)

[What's this?](#)

**Assessment**

Initial 40 (28%)

Re-Assessment 99 (71%)

Assessments with Missing scores 1 (0%)

[What's this?](#)

**Assessment Status Marked**

Signed 132 (94%)

Unsigned 7 (5%)

**Note : Click on one of the boxes below to see more details**

Sample Size : 138

[What's this?](#)

**PECFAS Total Score Intervals**

Score 100 and over : 15

[What's this?](#)

**Youth High-Risk Behaviors Present**

Total Cases : 26

[What's this?](#)

**Pervasive Behavioral Impairment Present**

Total Case Impaired : 41

[What's this?](#)

**Severe Impairments**

1 or more impairments : 36

[What's this?](#)

**Severe Impairments By Subscale**

Total Cases : 36

[What's this?](#)

**Moderate Impairments**

1 or more impairments : 108

[What's this?](#)

**Moderate Impairments By Subscale**

Total Cases : 108

[What's this?](#)

**Improving Child Management Skills**

Total Cases : 80

iii. **School, Home, Community, Behavior T.O., Moods, Self-harm, Substance, and Thinking severe** from: all **Severe Impairments By Subscale** fields

Severe Impairments Subscale

[What's This?](#)

Severe (30) Impairments by PECFAS Subscale	Client
School	<u>26 (18%)</u>
Home	<u>13 (9%)</u>
Community	<u>1 (0%)</u>
Behavior Toward Others	<u>11 (7%)</u>
Moods/Emotions	<u>2 (1%)</u>
Self-Harmful Potential	<u>0 (0%)</u>
Substance Use	<u>1 (0%)</u>
Thinking	<u>0 (0%)</u>

6. *Reports – Aggregate Report: Use the Aggregate Report Function to generate outcome data.*
- a. Criteria for Report Generation:
    - i. Report Type: **ENABLE** Outcomes Report
    - ii. Assessment Dates: From Date: 10/1/2010 (Start of fiscal year)  
To Date: **(last Thursday of the current month)**
    - iii. Client Status: **ENABLE** Inactive
    - iv. Service Area(s) / Program(s): **ENABLE** relevant MCPN areas
    - v. Click on **Generate report**

The screenshot displays the 'PECFAS Aggregate Report' window. At the top, there are tabs for 'JIFF', 'CAFAS', 'PECFAS', and 'CWL'. The main content area is titled 'Criteria for Report Generation'. It includes a 'Report Type' section with radio buttons for 'Intake Report (i.e. Initial Assessments)' and 'Outcomes Report (i.e. Initial Vs. Most Recent Assessments)'. The 'Assessment Dates' section has 'From Date' set to 10/1/2015 and 'To Date' set to 6/27/2016, with a 'Use Today' link. The 'Client Status' section has radio buttons for 'Active', 'Inactive', and 'Both'. On the right, the 'Service Area / Programs' section shows a tree view with 'All' selected, and several items under 'Starfish - Carelink' checked, including 'Early Childhood - Home Based', 'Infant Mental Health', 'Intensive Home Based - Home Based', 'Traditional - Home Based', and 'Traditional - Outpatient'. A 'Generate Report' button is located at the bottom center.

- b. Collect the following information:
  - i. **PECFAS Total Score:**
    1. **Number closes cases fiscal year to date** from: Sample size for comparison of initial to most recent assessments
    2. **Average intake score** from: Average PECFAS youth total score on initial assessment
    3. **Average last score** from: Average PECFAS youth total score on most recent assessment
    4. **Average difference** from: Difference between average PECFAS youth total score for initial and most recent assessments

<p><b>PECFAS® Total Score</b></p> <p>Minimal (0) Impairment. A higher score indicates greater impairment.</p>	<p>The PECFAS Youth Total Score is the sum of the impairment ratings for the 7 subscales for the youth. For each subscale, the rater selects the item(s) which are true for the child, which in turn, determines the child's level of impairment for that subscale. There are 4 levels of impairment: Severe Impairment (30), Moderate (20), Mild (10), and No or Minimal (0) Impairment. A higher score indicates greater impairment.</p> <p>For this administrative report, PECFAS Youth Total Scores are aggregated across children and a comparison is made between the average scores for the initial and most recent assessments. A lower average score at the most recent assessment indicates a positive change. The average difference score is also calculated: a positive number indicates improvement in functioning, 0 indicates no change, and a negative number indicates greater functional impairment.</p> <p>Difference Between Average PECFAS Youth Total Score for Initial and Most Recent Assessments: <b>29</b></p> <table border="1" style="width: 100%;"> <tr> <td>Average PECFAS Youth Total Score on Initial Assessment: <b>74</b></td> </tr> <tr> <td>Average PECFAS Youth Total Score on Most Recent Assessment: <b>45</b></td> </tr> </table>	Average PECFAS Youth Total Score on Initial Assessment: <b>74</b>	Average PECFAS Youth Total Score on Most Recent Assessment: <b>45</b>
Average PECFAS Youth Total Score on Initial Assessment: <b>74</b>			
Average PECFAS Youth Total Score on Most Recent Assessment: <b>45</b>			

ii. **Outcome indicators at a glance:**

1. **Severe Impairments** #Improved
2. **Moderate Impairments** #Improved
3. **Pervasive Behavioral Impairments** #Improved

**Severe Impairments**

The # and % of youth who did not have any severe impairments at Most Recent PECFAS Assessment ("Improved") and those who still had at least 1 severe impairment at Most Recent Assessment ("Not Improved").

Improved	7	(78%)
Not Improved	2	(22%)
Excluded (Total score at Initial Assessment ≤ 20)	19	

**Moderate Impairments**

The # and % of youth who did not have any moderate impairments at Most Recent PECFAS Assessment ("Improved") and those who still had at least 1 moderate impairment at Most Recent Assessment ("Not Improved").

Improved	12	(55%)
Not Improved	10	(45%)
Excluded (Total score at Initial Assessment ≤ 20)	6	

**Pervasive Behavioral Impairment (PBI)**

The # and % of youth who were identified as being Pervasively Behaviorally Impaired at Initial Assessment and no longer meet PBI criteria at Most Recent Assessment ("Improved") and those who still met PBI criteria at Most Recent Assessment ("Not Improved"). PBI criteria is defined as severely or moderately impaired on three PECFAS subscales: School/Daycare, Home, and Behavior Toward Others

Improved	8	(80%)
Not Improved	2	(20%)
Excluded (Not pervasively impaired at intake)	18	

**Final Result: Sample Monthly Summary Template**

Indicator	Your Provider Name Here
PECFAS Overdue/No Activity	
<b>Total Number Open Cases</b>	
School Severe	
Home Severe	
Community Severe	
Behavior T.O. Severe	
Moods Severe	
Self-Harm Severe	
Thinking Severe	
PMTO Ideal	
Number of Cases With Activity fiscal year to date	
"Active" Cases with Activity fiscal year to date	
Cases with complete Client ID #3 (Wayne County ID)	
<b>Number Closed Cases Fiscal Year to Date</b>	
Average Intake Score	
Average Last Score	
Average Difference	
<i>Outcome Indicators:</i>	
Severe Impairments	
Moderate Impairments	
Percent PBI	

## FAS Outcomes Software Setup and Usage

---

CAFAS and PECFAS assessments are to be entered into an online software system called Functional Assessment Systems (FAS). This system is currently administered by Multi Health Systems (MHS).

This section outlines key concepts that should be understood when using the FAS Software, as well as an overview of how the system can be used for both supervisors and clinicians.

### Important Concepts

The FAS system collects a substantial amount of information that can be used in many ways to inform treatment and measure outcomes. An understanding of a few concepts is necessary to use the software to its true potential.

#### Assessments

FAS acts as a portal for four different assessments- CAFAS, PECFAS, JIFF (Juvenile Inventory for Functioning), and CWL (Caregiver Wish List). The availability of these assessments depends on your organization and the services you provide.

#### Roles

FAS Outcomes has a number of restrictions to guarantee patient confidentiality. Individuals are given Roles and have access to different types of information.

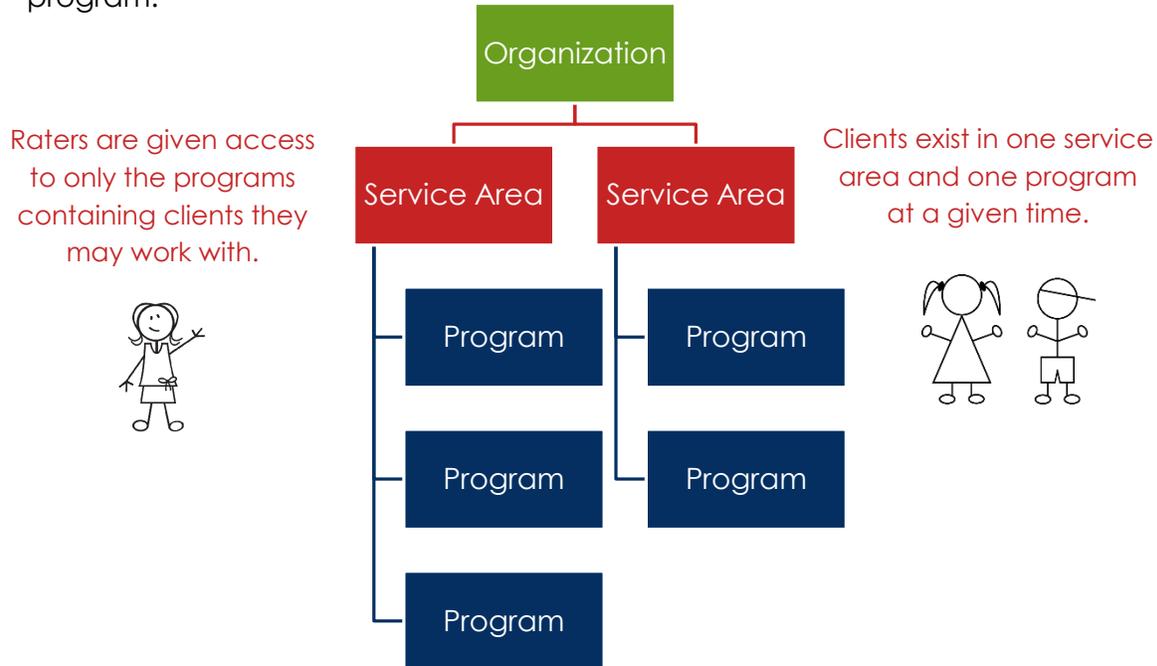
- 1) Assessor: Most clinicians have the Assessor role. They can create and enter new clients in the system, conduct assessments, and view assessment summaries and reports.
- 2) Business Administrator: Supervisors should have this Role. They can access the "Supervisor Dashboard", create Aggregate Reports, and use the "Admin Search" function to find clients.
- 3) IT Administrator: Individuals with this Role have similar access rights as the Business Administrator but can add new clinicians, reset passwords, and change roles. They do not have access to client-level information, including reports.
- 4) Super IT: Only one person at your agency has this Role. This person cannot access individual client information, but can add and manage Users. They can also create or remove service areas and programs.

The IT Administrator role can only be assigned by the Super IT. All other roles can be assigned by either the Super IT or the IT Administrator.

*What's my role?*  
Click on 'My Profile' in the side bar.

## Access to Clients

All users are provided access to the programs and services areas of which they work. An outpatient therapist, for example, can access outpatient clients but does not need access to the client information of a child in an Early Childhood program.



## Supervisor Guide to FAS Software

### I. Types of Access

- Supervisors should be Business Administrator
- IT Administrators can add new clinicians, change roles, reset passwords, etc.

### II. Customizable Options

- The Super IT is the only one allowed to make changes to the layout of the software
- Defining Service Areas and Programs
  - Service Areas and Programs can be named whatever you'd like, as long as they are specified as "Outpatient", "Home-Based", "Case Management", "Meds Only"
    - Example Set-up
      - (SA): Carelink – Location 1
      - (P) Outpatient- 1332
      - (P) Infant Mental Health – Home Based
      - (P) Regular Home Based -1550
      - (SA): Gateway – Location 1
      - (P) COP

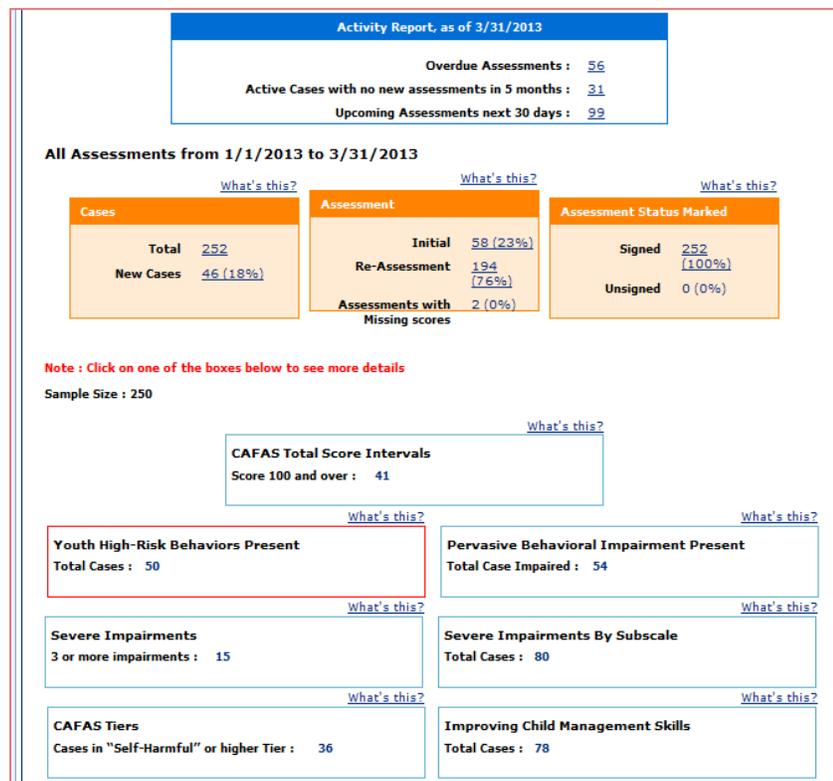
- Client ID 3: This must be the client MH-WIN number (also known as Wayne County ID). Some agencies have renamed this to County ID# or MHWIN# to help clinicians remember to enter it
- Labels
  - See 'Reporting Requirements' for specifications on label usage
  - Some labels can be used at your discretion- JAIS numbers, staff member name, treatment type

### III. Supervisor Access

- Supervisors should have "Business Administrator" role for the program/service area they are supervising
- Supervisor Features
  - Admin Search
  - Supervisor Dashboard
  - Data Export
  - Aggregate Report
- Admin Search
  - Can find client by name, program, labels
  - This is helpful when finding clients to transfer,

### Supervisor Dashboard

The Supervisor Dashboard is the supervisor or administrator's summary page. Results can be limited to a certain time or program, and the report gives an overview of the number of cases, cases that are overdue for assessments, and a breakdown of clients that have the most significant needs.



Clicking on the boxes will bring up more detailed information about the indicator. Clicking the Number and Percentage will bring up a list of client names.

CAFAS Total Score Intervals	Client
140 & higher	<a href="#">9 (3%)</a>
120, 130	<a href="#">11 (4%)</a>
100, 110	<a href="#">21 (8%)</a>
80, 90	<a href="#">44 (17%)</a>
60, 70	<a href="#">81 (32%)</a>
40, 50	<a href="#">54 (21%)</a>
20,30	<a href="#">26 (10%)</a>
0,10	<a href="#">4 (1%)</a>

[Go Back to Dashboard](#)

### Data Exports

Supervisors can export raw data if they wish to investigate outcomes more thoroughly. Be patient- the exporting process can be very lengthy. Specifying only the variables of inquiry can help speed things up.

### IV. Tips for Supervisors

- Print a list of overdue or upcoming CAFAS's to share with staff.
- Make sure staff are entering the MH-WIN# (Carelink/Gateway ID#)
- Keep an eye on the number of overdue assessments. Often this number can be reduced by deactivating clients that have dropped out, etc.
- Spot check accuracy in individual programs by using the Supervisor Dashboard. Limit the report criteria to Program and Active Cases, create the report, and the Total Cases number should equal the number of active clients in that program. If this number is off, clients are either not entered in the system or are in the incorrect program and need to be transferred.
- Encourage staff to use CAFAS family reports with families to show progress

## Assessor Guide to FAS Software

### I. What is FAS Outcomes and why are we using it?

- Web-based application for entering CAFAS/PECFAS
- Easier to conduct assessments and track outcomes over time
- Easy access to individual and aggregate data
  - Clinicians can view own client data
  - Supervisors can view all client's data
  - Wayne County can view data from all agencies
- CAFAS/PECFAS are *required by Wayne County* to be completed quarterly

### II. Program Access, User Names, and Logging In

- One individual at each agency is designated the "Super IT". This person cannot access individual client information, but can set up the software system, add users, and assign program access.
- The Super IT creates user accounts and assigns user access to appropriate programs.
- The Super IT will send users an email with a User Name and Temporary Password, which will be used to login to the website: <https://app.fasoutcomes.com>.
- FAS Outcomes requires you to change your password frequently. If you attempt too many incorrect passwords, your account will be locked. In this situation, you must contact your "Super-IT" who must unlock your account.
- The responsibilities and privileges for managing an agency's FAS profile are granted solely to the agency's designated Super IT individual. If this individual leaves for an extended time or terminates employment with their agency there is NO recourse for regaining these privileges for the agency. Therefore, agency administrators may wish to set up a system of securely recording the Super IT username and password to access in the event of an emergency.

### III. Adding New Clients

When the assessor adds a new client (by clicking on the 'New Client' link on the left side bar), they must enter client demographic information before they are allowed to complete the assessment. Note that Primary Client ID= Internal Agency ID and MH-WIN#=County ID. Often this is listed as "Client ID 3".

The screenshot shows the 'Add New Client' form in the FAS software. The form is titled 'Add New Client' and is part of the 'Demographics' section. It contains various input fields and dropdown menus for client information. The left sidebar shows a navigation menu with options like 'My Clients', 'New Client', 'Search Clients', 'Search by Caregiver', 'Admin Search', 'Exact Client Search', 'Transfer History', 'Dashboards', 'Reports', 'Administration', and 'My Profile'. The top right corner of the page shows the user's name 'Amy Neumeier' and the date '9/4/2012'.

## IV. Getting Around

### My Dashboard

'My Dashboard' will be the landing page. This page provides updated information regarding your number of clients, upcoming due assessments, etc. By paying attention to the "Active Clients With No Assessments in Last 5 months" number, you can stay up to date on cases that may need to be closed.

Name	Primary ID	Resource	Due Date	Service Area / Program	Last Assessment
[Icon]		CAFAS	06/17/2012	Wayne- ACCESS / Wayne-Outpatient	Initial CAFAS 06/16/2012
[Icon]		CAFAS	06/12/2012	Wayne- ACCESS / Wayne-Outpatient	3 Months - Q1 06/14/2012
[Icon]		CAFAS	06/17/2012	Wayne- ACCESS / Wayne-Outpatient	6 Months - Q2 06/19/2012
[Icon]		CAFAS	06/17/2012	Wayne- ACCESS / Wayne-Outpatient	3 Months - Q1 06/18/2012
[Icon]		CAFAS	06/17/2012	Wayne- ACCESS / Wayne-Outpatient	06/16/2012
[Icon]		CAFAS	06/17/2012	Wayne- ACCESS / Wayne-Outpatient	Initial CAFAS 06/16/2012
[Icon]		CAFAS	06/13/2012	Wayne- ACCESS / Wayne-Outpatient	06/15/2012
[Icon]		CAFAS	06/17/2012	Wayne- ACCESS / Wayne-Outpatient	3 Months - Q1 06/16/2012



### The Paper Icon

The paper icon (More Options) will always be next to the client's name. Clicking it will bring up a shadowbox containing links that will take you to the screen that allows you to do the specified task for that client.

**Mousing over the icon tells you what it is.**

Name	Primary ID	Service Area / Program	Last Administration	Status	Next Assessment
[Icon]	15131	Southwest Clinic / Day Services	Initial JFF 03/23/2009	Interrupted	06/22/2009
[Icon]		East Clinic / Outpatient	Initial JFF 05/05/2009	Interrupted	06/04/2009
[Icon]		East Clinic / Outpatient	Initial JFF 04/13/2009	Completed	05/13/2009
[Icon]		Southwest Clinic / Day Services	Initial JFF 04/13/2009	Completed	05/13/2009
[Icon]		East Clinic / Outpatient	Initial JFF 05/16/2009	Unfinished	06/17/2009

Legend: [Paper Icon] More Options [Red X Icon] Remove from My Clients

### Client Options

The orange navigation bar always shows the five client options: Start Assessment, Find Assessments, Edit Client Details, Client Dashboard, and Transfer History.

Client : Neumeyer, Joseph      Primary ID : 1234567      DOB: 01/01/1999

[Start Assessment](#)  
 [Find Assessments](#)  
 [Edit Client](#)  
 [Client Dashboard](#)  
 [View Transfer History](#)

**Start Assessment**

Basic information regarding the Assessment is entered on this screen.

**Find Assessments**

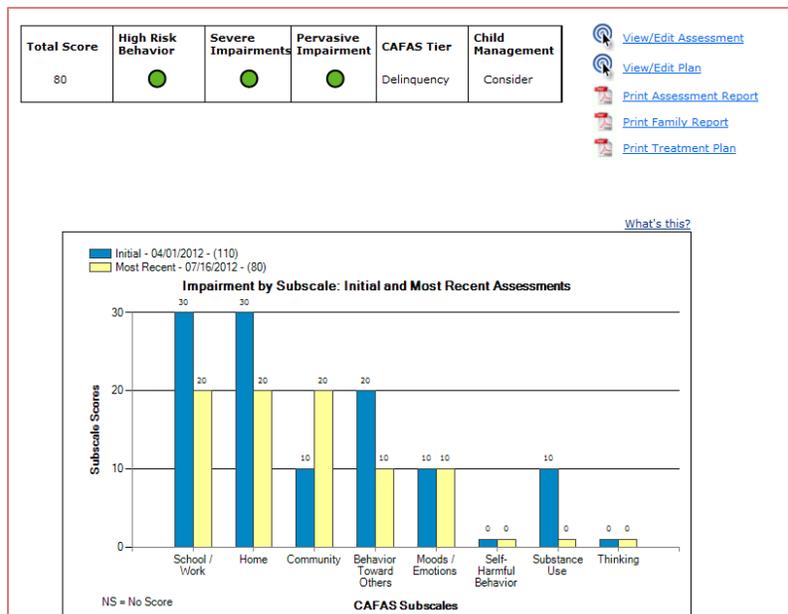
This option will allow you to see all assessments for a client. If a client has more than one episode, they are separated accordingly. Similarly, different types of assessments (PECFAS, CAFAS, CWL) are accessible from here. Edits can be made by clicking the assessment date or the 'More Options' paper icon.

Assessment Date	Administration	Rater	Status
Episode duration(1):04/01/2012 to Current			
07/16/2012	3 Months - Q1	Neumeyer, Amy	Signed Neumeyer, Amy
04/01/2012	Initial CAFAS	Neumeyer, Amy	Signed Neumeyer, Amy

**Client Dashboard**

The Client Dashboard displays a summary of the client's individual outcomes to date. Color coded circles on the top table draw attention to prominent concerns.

The report also shows outcome indicators, for example whether or not a youth has had a reduction of 20 points or more since Intake.



## V. Other Actions for Clients

- Demographics tab under the “Edit Client” client option must be open
- You can then:
  - Add the client to your “My Clients” list for easy access.
  - Transfer a client to a different program. If a child moves from Home Based to Outpatient, she should be transferred accordingly. You must have access to the new program to be able to transfer.
  - Inactivate a case. This should be done if the child has exited services or if the child has not attended services for 90 days.

## VI. Still confused? Use the HELP Options!

- General “Help” link in upper right hand corner
- “What’s This?” links offer further explanation of items. Hover over the blue link and a balloon will pop up on your screen.
- Hovering over icons will also explain their purpose
- Check out the “First Time Users and Training Resources” at the bottom of your “My Dashboard”

## FAS Software FAQ

### ***I’m working with young children age 4-6, but I don’t see the PECFAS tab. How do I enter my data?***

Ask your supervisor/point-person/agency CAFAS guru to give you access. This person will go into your user profile and check the proper box- enter PECFAS, read only PECFAS, etc.

### ***I’m trying to add a new client and the system is telling me the child is already in the system. Should I just enter him using a different number?***

No! First try to figure out if this is an error. Has the child been seen at your agency before? In what program? If it was in a program different than yours, you likely will not have access to that child’s information. Contact your supervisor/point-person/agency CAFAS guru who can transfer the child into your program.

### ***I forgot my password! What’s the number to call MHS?***

You don’t need to call MHS. In the middle of the login screen is a prompt asking “Forgot password?” Following the prompt is a hyperlink labeled “Click Here.” Clicking the hyperlink will take you to your security questions that you set up the first time you logged into your account. Once you are logged in, you may change your security questions at any time by going to the Edit Profile option of the My Profile menu.

### ***I locked myself out! What's the number to call MHS?***

You don't need to call MHS. Your supervisor/point-person/agency CAFAS guru can unlock you or reset your password. The Super-IT also has this power.

### ***I had a child turn 7 during treatment, so he now receives the CAFAS, but he keeps showing up as overdue for PECFAS! How can I stop this?***

Unfortunately there is no built-in way to transfer clients from PECFAS to CAFAS, so the system gets confused. You can edit the client's most recent PECFAS assessment and click 'No Subsequent Assessment Due'. This should prevent future overdue warnings. In addition, you can change the "next assessment date" to far in the future (e.g. 20 years).

CAFAS®

Client: Neumeyer, Joseph Primary ID: 1234567 DOB: 01/01/1999

Start Assessment Find Assessments Edit Client Client Dashboard View Transfer History

**Assessment Setup Info**

Time Since Initial Assessment: No initial assessment Time Since Last Assessment: No previous assessment [Add Client EBT](#)

\* CAFAS Date 9/1/2012 (mm/dd/yyyy) [Use Today](#) \* Rater Neumeyer, Amy

Previous Administration No Previous Administrations Found \* Next Assessment Date 11/30/2012 (mm/dd/yyyy)

\* Administration Initial CAFAS 30 Days 90 Days 120 Days

Initial CAFAS: First CAFAS within an episode  No Subsequent Assessment Due

Additional Description Youth's Current Living Arrangements <---Select One---> [Add/Edit Information Sources](#)

\* Time Period Rated Last 3 Months

Start CAFAS Cancel

## Using PECFAS/CAFAS in Practice

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Although it is required policy to complete and electronically record PECFAS or CAFAS quarterly throughout a child or youth's treatment episode, it is important that PECFAS and CAFAS are actively used as a tool to guide treatment planning and monitor progress.

### Basic Information Necessary To Rate PECFAS and CAFAS

Information needed to rate the PECFAS or CAFAS can generally be obtained through normal clinical assessments with youth and their families. The clinician should be able to answer the following questions in order to accurately rate the assessments.

#### School/Daycare/Work

- Does the youth's learning/performance (e.g. grades/reports) match intellectual abilities?
- Has the youth been disciplined for behavior in this environment?
- Has the youth been aggressive in this environment?
- Does the youth receive accommodations or assistance for behavior in this environment?

#### Home

- Is the youth compliant with rules and expectations?
- Do the youth's behaviors place an excessive burden on caregiver(s)?
- Does the youth damage the home or furnishings?
- Does the youth hurt or threaten others within their residence?
- Has the youth run away?

#### Community

- Has the youth committed any unlawful acts?
- Is the youth on probation?
- Does the youth choose to associate with other youths known to engage in delinquent acts?
- Has the youth played with fire?
- Based on the youth's behaviors, is there concern about the youth being sexually inappropriate around or sexually aggressive toward vulnerable youth?

#### Behavior Toward Others

- Does the youth behave in a way that interferes with their ability to develop healthy natural supports?
- Has the youth committed an act of aggression during the rating period?
- Does the youth express anger inappropriately/excessively?

### Moods/Emotions

- Related to depression/anxiety/trauma has the youth experienced problems with:
  - Social interest
  - Academic performance
  - Sleeping
  - Appetite
  - Ability to concentrate
  - Enjoyment of pleasurable activities
  - Energy level
  - Somatic complaints (e.g. stomachaches, headaches)
  - Self-esteem
  - Ability to self-soothe
- Is youth depressed and wants to die?
- Is the youth restricted or unusual in their ability to display typical emotions that are obviously correlated to and proportionate to environmental events?



### Self-Harmful Behavior

- Has the youth deliberately harmed, or attempted to harm, his/her own body?
- Does the youth talk about, or admit thinking about, suicide or a desire to be dead?

### Substance Use

- Has the youth consumed alcohol or other substances?
- Do caregivers suspect that the youth is using substances?
- Does the youth choose to socialize with known substance users?

### Thinking

- Is the youth's ability to utilize rational (e.g. age appropriate cause and effect problem-solving) thought processes compromised?
- Can the youth organize their thoughts into clear, effective and relevant communication?
- Does the youth experience sensory events that are not real?
- Is the youth oriented in all spheres (e.g. knows who they are, where they are, when it is)?
- Does the youth become excessively preoccupied with topics that are harmful or that otherwise interfere with healthy development?

### Caregiver Resources: Material Needs

- Are all of the youth's needs for food, clothing, shelter, medical care, and neighborhood safety consistently met?

**Caregiver Resources: Family/Social Support**

- Do caregivers demonstrate unconditional positive regard to youth?
- Does the household provide structure and support for academic, social and developmental achievement?
- Are the youth's activities consistently monitored?
- Do caregivers provide consistent, appropriate, and relevant discipline?
- Does abuse, neglect or domestic violence occur in the home?
- Do caregivers model good problem-solving communication?
- Is the youth provided adequate nurturing relative to needs/diagnosis?

**Using CAFAS with Youth in Residential Settings**

Generally, scoring youth in residential settings is the same as scoring youth not in residential care. For example, just as for youth not in residential care, the most severe behavior/symptom observed or reported in the previous 3 months for each domain is scored. However, the residential case record is often not a comprehensive summary of behaviors/symptoms for the previous 3 months. Thus, it is important to obtain input from all relevant sources, in addition to reviewing the residential case record.

**Special considerations:**

- Rate the actual behavior. They do not get an automatic score of 30 (severe impairment) on home/school just because they are in residential treatment.
- Compare the youth to other "normative" youths of the same age. This is not restricted to youths in the facility.

**USING THE HOME SCALE FOR YOUTH IN RESIDENTIAL SETTINGS**

When scoring the HOME scale, include behaviors/symptoms in all settings - in the residential setting and on visits home. If the youth has extreme behavior during a visit, but spent the majority of time in the facility doing well, score the extreme behavior during the visit. Rate the youth's behavior during hours usually spent in the home. The word "home" is comparable to "residential facility" and "household members" are others in the facility, so rate the behaviors accordingly.

**Possible Scoring Areas:**

- Home – Item #041 is for youth who are placed outside their home due to their own behavior (i.e. NOT their parent's behavior) during the time period being rated.
- Home – Item #051 applies to youth in a residential program who are doing what they're supposed to, however it is clear they are compliant ONLY because of the intense structure and restrictiveness of the setting.

## USING THE SCHOOL SCALE FOR YOUTH IN RESIDENTIAL SETTINGS

When scoring the SCHOOL scale, behaviors should be compared to youth functioning in a typical classroom setting. Rate the child's behavior during what would be typical school hours.

### Possible scoring areas:

- School – Item #002 applies to youth who are in a specialized school setting because they are not allowed to attend regular school (e.g. expelled) because of their behavior
- School – Item #005 for youth who need an extreme degree of structure, restriction, or otherwise highly atypical environment to be academically successful.

## Understanding the Client:

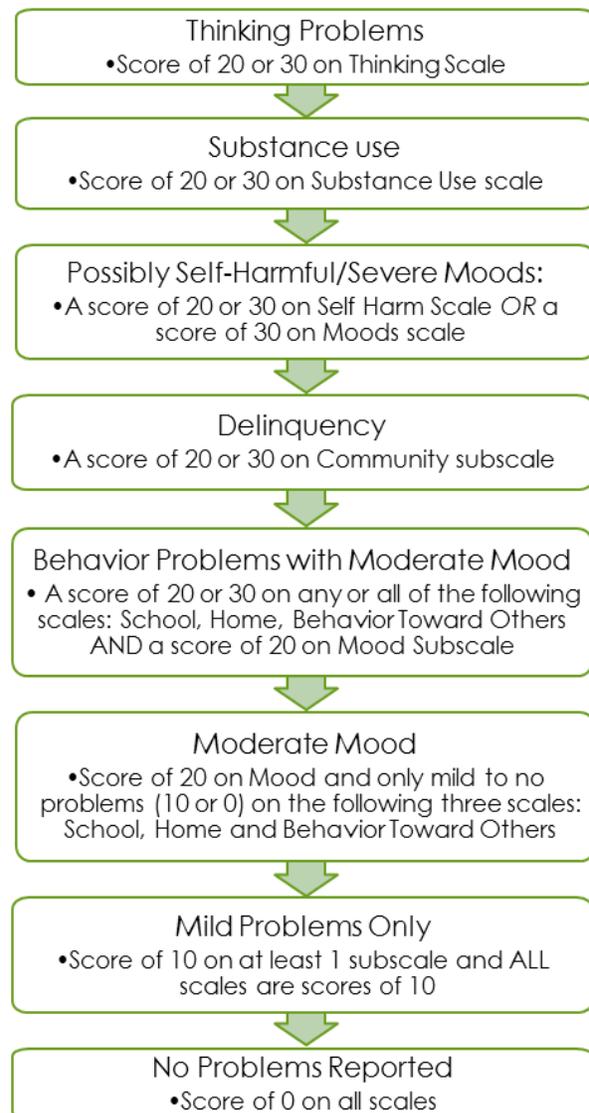
### CAFAS Tiers

By scoring individual behaviors across a comprehensive range of life domains, the CAFAS scores can develop a profile of the client that can be used to understand, manage, and prioritize needs. Tiers are a classification system based on the youth's subscale CAFAS scores. The tiers define "types" of clinical presentations which may be useful in matching a youth's needs to treatment and to understand outcomes. Tiers are hierarchical – if a youth qualifies for two different tiers (for example Thinking and Delinquency), the youth will be placed into the higher tier (in this case, Thinking).

Tiers can be used to:

- Identify youth most in need of immediate, intensive care
- Match the youth's needs with the appropriate level of services
- Match the youth's needs with appropriate evidence based treatments

## CAFAS TIERS



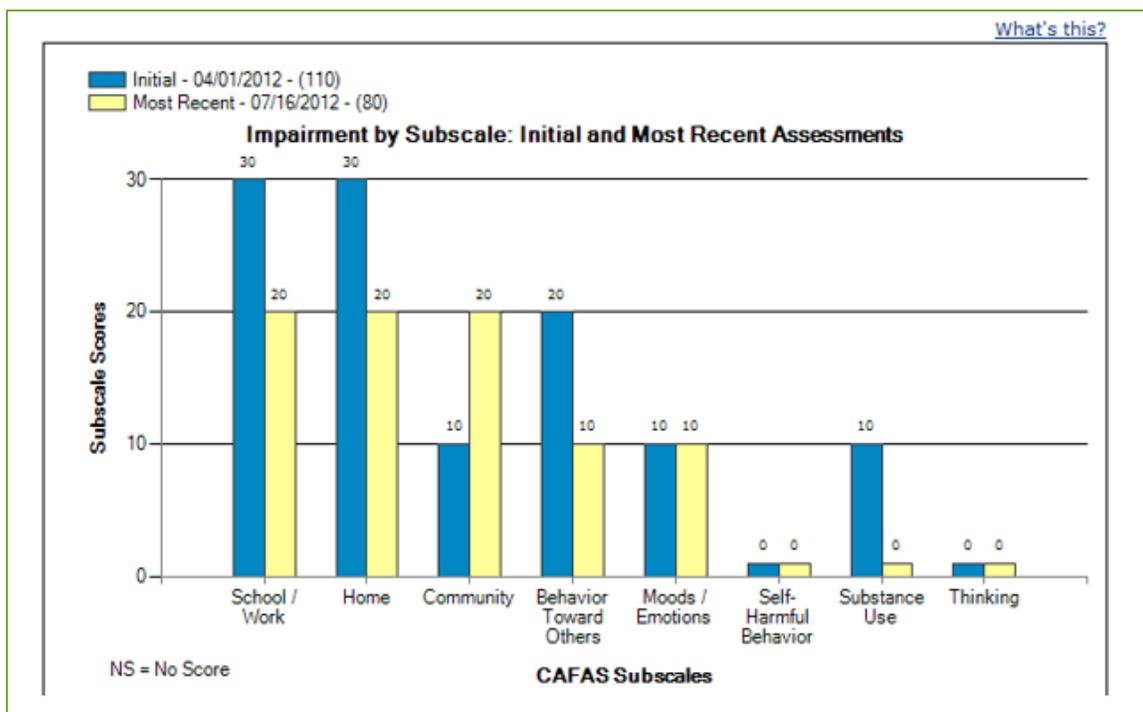
### Measuring Outcomes

Functional improvement over time can be captured using the PECFAS or CAFAS in several ways. Some use overall functioning change based on the total score and others are more specific and based on subscales. An appropriate outcome goal should be tailored to the family and up to the clinician's discretion.

The PECFAS/CAFAS FAS Software will generate a report for each client, making it easy to visually understand functional changes. A Client Dashboard provides the details of the client's current functional ability based on the most recent PECFAS or CAFAS assessment:

Total Score	High Risk Behavior	Severe Impairments	Pervasive Impairment	CAFAS Tier	Child Management
80				Delinquency	Consider

The Client Assessment Report displays a bar chart which compares the individual scores at Intake to the Most Recent Assessment. This provides a snapshot of the progress the child or youth has made throughout their treatment. The client below has seen improvement in many domains, but the Community score has increased.

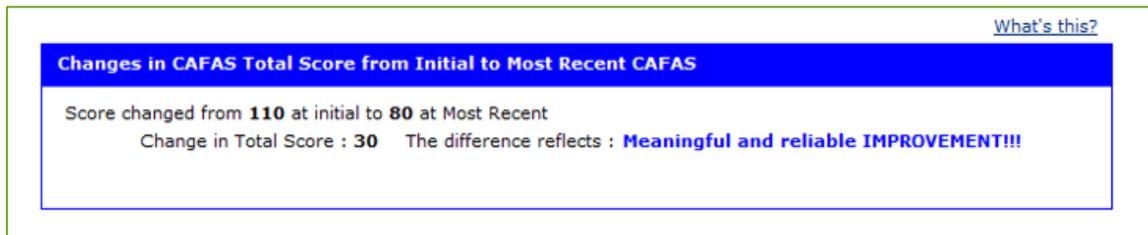


### **Clinically Meaningful Reduction in Overall Impairment**

The reduction in overall impairment is the most commonly used indicator of functional change in Wayne County. Whereas other indicators apply only to subsets of the clients with certain characteristics, all children and youth receiving services have the potential to achieve this outcome. (This assumes that children/youth with SED enter services with PECFAS/CAFAS scores over 20 points, the equivalent of Moderate Impairment on one subscale or Mild Impairment on two subscales.)

This outcome is achieved when the Total PECFAS/CAFAS score is reduced by 20 points from Intake to Exit. The term “clinically meaningful” implies that the change in score reflects real-life improvement in the youth's functioning that makes an important difference in their life.

An individual client's progress can be easily viewed using the Client Assessment Report. Over the three months of treatment, this client's Total Score has been reduced over 20 points, indicating meaningful and reliable improvement.



### **Free of Severe Impairments, Based on Subscale Scores**

This outcome only applies to children or youth that have severe impairments when they enter services, that is they receive a rating of 30 points on at least one PECFAS or CAFAS subscale at intake. A successful outcome is a score of less than 30 on every subscale at Exit. A child or youth without any severe ratings is living in their community, going to school, and not an imminent risk of harm to themselves or others. This is a basic minimum outcome goal for SED children – that they are functioning satisfactorily enough to be maintained in a community-based setting.

### **Free of Pervasive Behavioral Impairment (PBI)**

This is outcome is for youth who had moderate or severe (20 or 30's) scores on all three of the School, Home and Behavior Toward Others subscales at intake. Youth with this PBI profile are 11 – 13 % less likely to achieve good treatment outcomes (Xue, Hodges, & Wotring, 2004). Lowering even one of the three subscales (School, Home, or Behavior Toward Others) to mild or no impairment is a successful outcome in itself. Youth who do not have a Pervasive Behavioral Impairment are more likely to be able to generate healthy natural supports. (Yange Xue , Kay Hodges & Jim Wotring (2004) *Predictors of Outcome for Children With Behavior*

*Problems Served in Public Mental Health, Journal of Clinical Child & Adolescent Psychology, 33:3, 516-523)*

**CAFAS® Clinical Markers**

- **Severe Impairments : 0 - The absence of severe impairments is a strength for this youth.**  
**Change in Severe Impairment(s) : 2 at Initial and 0 at Most Recent - IMPROVEMENT!!!**
[What's this?](#)
- **Pervasive Behavioral Impairment is : Absent**  
**Change in Pervasive Behavioral Impairments : IMPROVEMENT!!!**
[What's this?](#)
- CAFAS Tier® : Delinquency**
[What's this?](#)
- Improving Child Management Skills may be a potential initial treatment option: Consider**
[What's this?](#)

### **Mild or No Impairment**

This outcome is also commonly used as a measure of functional change and applies to any child or youth with a minimum moderate impairment (score of 20) on any subscale at Intake. At Exit of services, a child or youth that attained this outcome would have Mild or Minimal/No Impairment on all subscales (all 10s or 0's). Although they may still have emotional and behavioral issues, they are able to attend school and live at home with minimal problems.

NOTE

These outcome measures are not exclusive-- A child or youth can meet several outcome goals at the same time. Note that youth described above met several indicators- Meaningful and Reliable Improvement, Free of Severe Impairments and Free of Pervasive Behavioral Impairment.

### **Aggregating Outcomes and Using Data for Program Development**

Although CAFAS and PECFAS were designed to measure individual outcomes, DWMHA also uses the scores to understand characteristics of the clients we serve and measure program outcomes. Scores for each individual child are combined to provide a picture of how all SED children in Wayne County are functioning and how well the services are meeting their needs.

The easiest way to aggregate outcomes is to create an Aggregate Report. Aggregate Report is a menu option on the left side-screen menu within the FAS

software. This option is available to FAS users who are assigned a Business Administrator user role.

### There are two basic types of Aggregate Reports:

1. **Intake Report** – this looks only at Initial Assessment scores within the time frame specified for the selected program(s).
2. **Outcomes Report** – this summarizes changes between the Initial Assessment and the most recent assessment entered for each youth in the sample. Individual Programs or entire Service Areas can be selected for inclusion within specified time frames. For this report, all youth with a complete Initial Assessment from any date and at least one additional assessment (e.g. Initial, 3-month, Exit) are included if any assessment for the youth is dated within the specified time frame.

Additionally, reports are customized to include one of the following specifications:

- A. **Client Status Active** – All clients included in the Aggregate Report are still marked “Active” within their FAS client information. It is important to note that this includes clients with an Exit Assessment or even “No Subsequent Due” indicated if they are still labeled Active within the software. This report will show average progress to date for specified programs.
- B. **Client Status Inactive** – All clients who had an assessment completed within the specified time frame and are labeled “Inactive”. The Outcomes Report with this selection will show final treatment outcomes for youth who left services within the date range (provided an assessment was completed at conclusion of services).
- C. **Client Status Both** – Combines all youth from the “Client Status Active” and “Client Status Inactive” reports.

Reports can be limited to Service Areas, Programs, Time Frames, and Active/Inactive Status. Correctly inactivating clients is essential for accurate aggregate reports.

### Example Aggregate Report:

The following is an Aggregate Report created for Inactive Children's Outpatient clients at CMH Clinic. It covers a three month time period.

Report results can help CMH Clinic understand their clients' characteristics and functional outcomes. For example, Children's Outpatient- at least during this time period- seems to consist of younger adolescents. On average, clients are not experiencing severe impairment at intake. This is likely appropriate for outpatient services. From intake to exit, clients are reducing their scores 23 points on average, with the largest reduction on the Home Scale. The number of youth

that improved on specific outcome indicators varied by indicator, and the biggest reduction in scores could be seen with youths in the Delinquency Tier.

**CAFAS® Aggregate Report Comparing Initial and Most Recent Assessments**

<b>Organization :</b> CMH Clinic	<b>Report Date :</b> 4/28/2010 10:58:25 PM
<b>Service Area/Program(s) :</b> Children's Outpatient	<b>Active/Inactive Status :</b> Inactive
<b>Time Range : Start Date :</b> 2/1/2010; <b>End Date :</b> 4/28/2010	

Sample size for Comparison of Initial to Most Recent Assessments: **11**

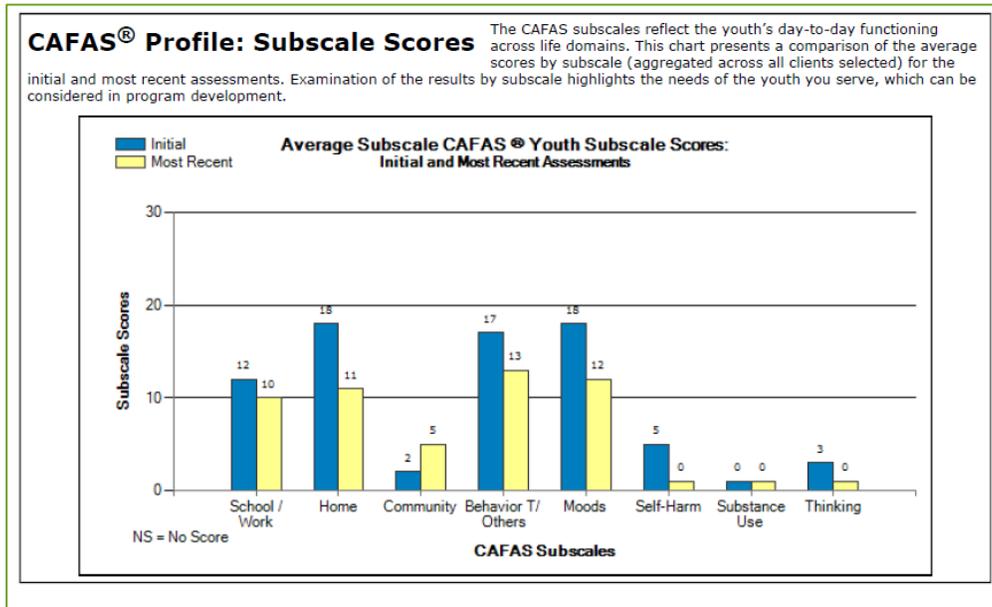
<b>Age Mean :</b> 11 years old.	<b>Age Range :</b> 8 - 18 years old.
<b>Age Grouping :</b> 73% Preadolescent; 27% Adolescent.	<b>Gender :</b> 45% Male; 55% Female; 0% Unspecified.

**CAFAS® Total Score** The CAFAS Total Score is the sum of the impairment ratings for the 8 subscales for the youth. For each subscale, the rater selects the item(s) which are true for the youth, which in turn, determines the youth's level of impairment for that subscale. There are 4 levels of impairment: Severe Impairment (30), Moderate (20), Mild (10), and No or Minimal (0) Impairment. A higher score indicates greater impairment.

For this administrative report, CAFAS Total Scores are aggregated across youths and a comparison is made between the average scores for the initial and most recent assessments. A lower average score at the most recent assessment indicates a positive change. The average difference score is also calculated: a positive number indicates improvement in functioning, 0 indicates no change, and a negative number indicates greater functional impairment.

Difference Between Average CAFAS Youth Total Score for Initial and Most Recent Assessments: **23**

Average CAFAS Youth Total Score on Initial Assessment: <b>78</b>	Average CAFAS Youth Total Score on Most Recent Assessment: <b>55</b>
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### Outcome Indicators "At a Glance"

The following indicators show the percent of youth who improved on three outcome indicators, which vary in degree of ambitiousness. Not all youth would be expected to achieve success on all of these outcome indicators, depending on their environmental circumstances and other issues related to treatment success. As an overview, the first indicator presents the percent of youth who improved on any of the three outcome indicators. For each indicator below, the number of cases excluded is given (i.e., the indicator could not be determined for the case). These cases were not included in calculating the percents for "improved" and for "not-improved". Comparisons are between each youth's initial and most recent assessment.

#### Improvement on One or More Outcome Indicators

The # and % of cases who improved on at least one of 3 indicators between Initial and Most Recent CAFAS Assessments. The outcome indicators include: Meaningful and Reliable Improvement, # Severe Impairments, and Pervasive Behavioral Impairment.

Improved	6 (55%)
Not Improved	4 (36%)
Excluded	1

#### Meaningful and Reliable Improvement

The # and % of cases with an improvement in CAFAS Total Score of 20 points or greater.

Improved	6 (55%)
Not Improved	4 (36%)
Excluded (Total score at Initial Assessment $\leq$ 20)	1

#### Severe Impairments

The # and % of youth who did not have any severe impairments at Most Recent CAFAS Assessment ("Improved") and those who still had at least 1 severe impairment at Most Recent Assessment ("Not Improved").

Improved	3 (27%)
Not Improved	1 (9%)
Excluded (No severe impairments at intake)	7

#### Pervasive Behavioral Impairment (PBI)

The # and % of youth who were identified as being Pervasively Behaviorally Impaired at Initial Assessment and no longer meet PBI criteria at Most Recent Assessment ("Improved") and those who still met PBI criteria at Most Recent Assessment ("Not Improved"). PBI criteria is defined as severely or moderately impaired on three CAFAS subscales: School, Home, and Behavior Toward Others.

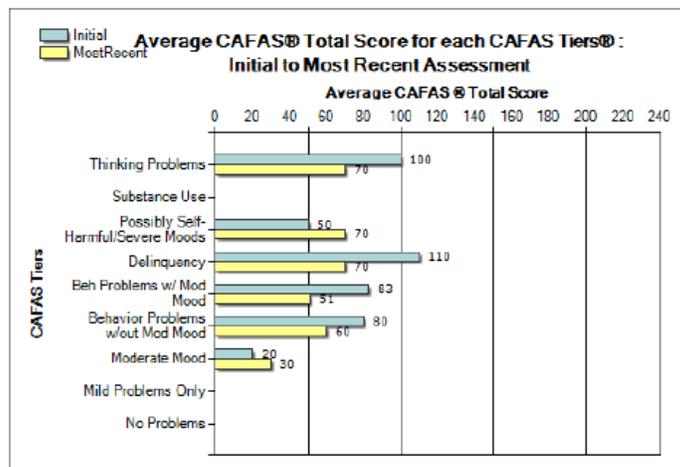
Improved	4 (36%)
Not Improved	1 (9%)
Excluded (Not pervasively impaired at intake)	6

### Outcome by CAFAS Tiers®

The chart below shows change in average CAFAS Total Score by client type. It compares youth total CAFAS scores at two time points: initial and most recent assessment. Youths were assigned to the client type determined at initial assessment, regardless of the youths' client type at most recent assessment.

The purpose of this comparison is to provide a general indicator of the degree to which youths in each client type are able to make gains. This information can be useful in determining whether any programmatic changes may be needed.

More background on CAFAS Tiers: CAFAS Tiers is a classification system based on the youth's profile of subscale scores. The CAFAS Tiers grouping can be helpful in matching a youth's needs to the most appropriate and/or effective treatment protocol. It is a hierarchical system, such that the youth is assigned to the first tier to which he or she meets the criteria. The nine mutually exclusive "client types" are arranged such that the first ones considered are those that may need specialized care and/or generally reflect more salient impairment. For the algorithm used for determining CAFAS Tiers categories, refer to the *CAFAS Manual for Training Coordinators, Clinical Administrators, and Data Managers or the Evidence-Based Treatments for Children and Adolescents: A Compilation of Resources and Guide for Matching CAFAS Profiles to Evidence-Based Treatments*.



Regular analysis of Aggregate Reports can help programs and organizations understand their clients and monitor their clients' outcomes. Results for different programs within an organization can be compared. Reports can also quickly point out anomalies. A report for an Outpatient program indicating an average Initial CAFAS score of 150 might draw attention, as many of those youth might be better served in Home-Based services.

### Data Export Analysis:

Raw data can also be extracted from the FAS software using the Data Export tool and be analyzed accordingly. FAS software users with Business Administrator or IT Administrator roles will find the Data Export option under their Administration menu. The dataset exported can be defined by a time period, Active/Inactive Status, program or service area, and individual variables.

Tips for Data Export:

- Do not include personal identifier variables in your export if you don't have to. If you must, be sure to follow HIPPA regulations for protected health information.
- Be sure to include the SystemID variable if you intend on merging with other FAS-generated datasets. There may be variation between other ID numbers, such as the MHWIN ID (ClientID3), but this computer generated ID is permanently tied to the client.
- Because the active/inactive status of clients can change daily, an export for all Active or Inactive clients might also vary from day to day.
- Within the Data Export tool, click the Help button (upper right corner of screen) to access in-depth information about exporting and analyzing data from the FAS System.

### Sharing Outcomes with Families

The PECFAS and CAFAS assessments should not only be used internally but also shared with families. Receiving this information is helpful to both the parent and child to be able to review objective, visible assessment information but also the act of sharing promotes collaboration and helps to build trust and rapport. Outcome reports can show parents that their child is improving functionally, even if behaviors are still challenging. The reports can also confirm that treatment does not appear to be producing the desired changes and promotes non-blaming discussions regarding need for changes in services or the environment. Both the parents and the youth can be reassured that their progress is being tracked in an objective manner, and the results can help with goal setting and treatment planning.

The FAS software can generate a report specifically for the family, called the Parent Report. This report can be generated from the Client Dashboard by clicking "**Print Family Report**", one of the PDF options on the right.

## CAFAS and PECFAS FAQ

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This section contains answers to commonly asked questions not otherwise found in the guidebook.

### Training Requirements

***The HCPCs code chart states that CMHPs need to be trained in CAFAS. Does this apply to CMHPs that aren't administering CAFAS?***

Only individuals who will administer CAFAS will need to be reliable raters and attend initial and booster trainings. Other CMHPs who are not rating CAFAS will need to be trained on only the basics CAFAS and PECFAS. This requirement does not include administrative staff.

### Assessment Requirements

***I have a client who meets the eligibility criteria for functional impairment, but their family is using private insurance. Can I track this client in FAS?***

Not with the license provided by MDHHS. This license provides assessments in to be used only for children and youth with SED and whose families use Medicaid as their insurance. Agencies are able to purchase an additional site license from MHS to house cases that do not meet these criteria.

***I have a client who is 5, but he is in full time-kindergarten. Should he get the CAFAS?***

No, he should have a PECFAS. In the past, PECFAS administration could depend on the development of the child and the clinician's discretion. However, for uniformity and standardized data collection, new standards require use of the PECFAS assessment for all children until their 7<sup>th</sup> birthday.

***Can I start a new episode of care when a child starts a new program?***

Since the CAFAS and PECFAS are designed to measure outcomes across an entire treatment episode, all reports are based on episodes of care. Transfer clients to new program areas (if applicable) when they begin a new service instead. See guidelines for episodes of care under the section for 'Assessment Criteria'.

## **FAS Software**

### ***I'm working with young children age 4-6, but I don't see the PECFAS tab. How do I enter my data?***

Ask your supervisor/point-person/agency CAFAS guru to give you access. This person will go into your user profile and check the proper box- enter PECFAS, read only PECFAS, etc.

### ***I'm trying to add a new client and the system is telling me the child is already in the system. Should I just enter him using a different number?***

No! First try to figure out if this is an error. Has the child been seen at your agency before? In what program? If it was in a program different than yours, you likely will not have access to that child's information. Contact your supervisor/point-person/agency CAFAS guru who can transfer the child into your program.

### ***I forgot my password! What's the number to call MHS?***

You don't need to call MHS. In the middle of the login screen is a prompt asking "Forgot password?" Following the prompt is a hyperlink labeled "Click Here." Clicking the hyperlink will take you to your security questions that you set up the first time you logged into your account. Once you are logged in, you may change your security questions at any time by going to the Edit Profile option of the My Profile menu.

### ***I locked myself out! What's the number to call MHS?***

You don't need to call MHS. Your supervisor/point-person/agency CAFAS guru can unlock you or reset your password. The Super-IT also has this capability.

## FAS CAFAS/PECFAS ENTRY CHEAT SHEET

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This cheat sheet lays out the steps required to begin a CAFAS or PECFAS

### Step I: (A or B only)

- A. Completing CAFAS for a consumer who has never been in treatment at *your* agency, CLICK ON:
  - “New Client”
  
- B. Completing CAFAS for a consumer who is re-opening at *your* agency, CLICK ON:
  - The yellow paper icon next to the consumer's name to open a list of options
  - “Edit client details”
  - “Activate” (then click on “ok”)

**Step II: “DEMOGRAPHICS”** tab: Completely fill out at a minimum, all fields noted below:

If the clinician has reactivated the case in FAS, do **NOT** assume the information that is auto populated is correct and/or complete.

- “First Name”
- “Last Name”
- “Date of Birth”
- “Gender”
- “Ethnicity” (check all that apply)
- Chose correct answer “Is Youth Hispanic?”
- “Primary Client ID”
- “DWMHA Member ID” (**ONLY** Wayne County Consumer ID numbers)
  - Type “COFR” in this field if the consumer is assigned to another County/COFR
- Select appropriate “Service Area”
- Select appropriate “Program”
- Select appropriate “Ward of State”
- Enter “Zip Code”
- Select appropriate “Primary Language if English is Second Language”

- Chose correct answer to “Does youth live in Single Parent Home?”
- “Save”

**Step III: “CAREGIVERS” tab:** click on and completely fill out:

- “Add New Caregiver”
- “First Name”
- “Last Name”
- “Relationship”
- “Save”

**Step IV: “CLIENT LABELS”:** Each agency may have different client labels that are to be selected. If there is an option for the clinician to make a selection, it must be completed. At minimum:

- “Treatment Type”

**Step V: “CLIENT EBTs”:** Each time a consumer starts AND ends an evidence based treatment, this information must be accurately documented in FAS under this tab by clicking on:

- “Add New Treatment”
- Enter EXACT “start date”
- Enter EXACT “end date” when treatment has been completed or ends
- “Treatment” type can be found by clicking on the icon next to the box
- Select “Agency Delivering Treatment”
- Select “Primary Service Type”
- “Save”

**EBTs (Evidence Based Treatments) that must be labeled include:**

- Wraparound services
- TF-CBT
- PMTO

**For further instruction on labeling EBTs see page 13 of this guidebook.**

**Step VI:** At this point the clinician is able to start the CAFAS assessment by clicking on:

- “Start Assessment”
- “CAFAS”
- “Use Today” (unless you completed the CAFAS assessment on a different day)
- “Initial CAFAS”
- “90 days”
- Select “Youth’s Current Living Arrangements”
- “Start CAFAS”