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**CANS DATA COLLECTION AND REPORTING PROTOCOLS:**

USING THE CANS TO ENHANCE SERVICE DELIVERY AND FACILITATE QUALITY  
IMPROVEMENT IN IDAHO'S YES PROGRAM

Prepared by the Division of Behavioral Health Quality Improvement & Accountability Team

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## Introduction

### Purpose

The Child and Adolescent Needs and Strengths (CANS) is a multi-purpose tool developed for children’s services to support decision making, including level of care and service planning, to facilitate quality improvement initiatives, and to allow for the monitoring of outcomes of services. Using a common language, the CANS creates opportunities for collaboration to guide service planning and manage outcomes for the children, youth, and families served through Idaho’s Youth Empowerment Services (YES) system of care.

This guide represents one piece of wider efforts to implement sustainable, accessible, comprehensive, and coordinated service delivery of publicly funded community based mental health services to children and youth (Idaho Implementation Assurance Plan, 2022). It is intended to provide a detailed summary of CANS data collection and reporting protocols with a specific focus on how CANS data may be used for decision support, outcomes monitoring, and quality improvement at the clinical, program, and system levels.

### Protocols Sections

These protocols are organized into three main sections. In the first section, an overview of the CANS tool is provided to facilitate understanding of the CANS and its unique scoring system and provide an overall sense of the domains addressed in a CANS assessment. CANS operationalization within the YES system of care via Division of Behavioral Health (DBH) Standards, the ICANS secure electronic system, and the development of a real-time platform are also addressed in the initial section. The second and third sections comprise the bulk of the Protocols and focus on how CANS reporting can be used for decision support, outcomes monitoring, and quality improvement. The focus of the second section is reporting that can be conducted at the client and provider levels while the final section addresses systemwide reporting.

### Data/Examples Used in these Protocols

Due to confidentiality concerns at the service provider and client levels, the **report examples presented in the “ICANS Reports” section are necessarily fictitious**, formulated for the purpose of demonstrating what reports are available and how the information in those reports might be interpreted and utilized. However, the **report examples as well as the downloaded data examples provided in the “Idaho TCOM System Dashboard Reports” section is actual Idaho YES program systemwide data**. Because the TCOM Dashboard data has been summarized across the entire system of care and extreme caution has been exercised to ensure there is not a way to link the data back to any client or provider, confidentiality is not an issue, allowing for “real” data examples focused on the overall performance of the system of care.



## CANS Data Collection Standards

### The CANS Tool: Overview and Scoring

The CANS is a multi-item “communimetrics” tool designed to assess youth and family strengths and needs in relation to level of action needed to improve functioning in the home and community (Hensley et al., 2017). For more information, visit the CANS website at: <https://praedfoundation.org/tcom/tcom-tools/the-child-and-adolescent-needs-and-strengths-cans/>.

The CANS tool is used in Idaho to identify a youth’s strengths and needs, including any functional impairment. YES mental health providers are required to be trained and certified to complete a CANS assessment. The scoring system of the CANS is based on a four-point scale (0 – 3 ratings) and items are rated according to two primary criteria: the degree of strength or need and the degree of urgency for intervention (“action levels”) for immediate use in practice. Actionable scores (ratings of 2 or 3) indicate a significant level of need requiring action or focus in treatment and service planning.

NEEDS			STRENGTHS		
RATING	LEVEL OF NEED	ACTION LEVEL	RATING	LEVEL OF STRENGTH	ACTION LEVEL
0	No evidence of need	No action needed	0	Centerpiece strength	Central to planning
1	Suspicion or history of need	Keep an eye on it and/or collect more information	1	Strength present	Useful in planning
2	Need interferes with functioning	Take action/ intervention needed	2	Identified strength	Needs building or development
3	Intensive need, dangerous or disabling	Immediate and/or intensive action	3	No strength identified	May need to create or identify strength

### CANS Domains

The CANS is organized into individual and family life domains (areas). Each domain contains items that specifically relate to that area (Praed Foundation, 2017; YES Practice Manual, 2020). The core CANS domains, and examples of items included in each domain, are enumerated below.

- Exposure to Potentially Traumatic/Adverse Childhood Experiences domain (sexual abuse, physical abuse, emotional abuse, neglect)
- Strengths domain (family, interpersonal skills, talents/interests)
- Life functioning domain (living situation, social functioning, resourcefulness, sleep)



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- Cultural domain (language, identity)
  - Behavioral/emotional needs domain (emotional and/or physical regulation, attention/concentration, depression, anxiety)
  - Risk behaviors domain (suicide, self-harm, danger to others)
  - Caregiver resources and needs domain (physical health, mental health, substance use, involvement with care)

Detailed information regarding CANS domains as well as a thorough overview of the CANS assessment tool are available in the Idaho Children’s Mental Health CANS Reference Guide available at:

<https://publicdocuments.dhw.idaho.gov/WebLink/DocView.aspx?id=20446&dbid=0&repo=PUBLIC-DOCUMENTS>.

#### Division of Behavioral Health CANS Standards

Formal CANS standards are detailed in the State of Idaho Behavioral Best Practice Standards (pages 13-17) and can be accessed by visiting the IDHW DBH website at:

<https://publicdocuments.dhw.idaho.gov/WebLink/DocView.aspx?id=20879&dbid=0&repo=PUBLIC-DOCUMENTS&cr=1>.

#### I-CANS System: Administering and Managing CANS Assessments

ICANS is a secure, electronic, internet-based system used to administer and manage CANS assessments in Idaho. Agencies use the ICANS system to administer, score, and manage CANS assessments for any client who is involved in state-funded mental health services, such as the YES system of care. The ICANS system is the only state-approved platform for the administration, scoring, and management of the CANS in Idaho.

The ICANS system and participating providers use a combination of safeguards to protect information. Technical safeguards include encryption, password protections, and audit logs that track every participant’s use of the system.

The complete I-CANS eManual User Guide can be accessed by visiting the IDHW DHW website at:

<https://publicdocuments.dhw.idaho.gov/WebLink/DocView.aspx?id=3755&dbid=0&repo=PUBLIC-DOCUMENTS&cr=1>.

#### CANS Data System: A Real-Time Platform

A real-time platform facilitates the extraction of valuable information and trends from real-time data – which is data that is available immediately or soon after it enters a system. Real-time data supports in-the-moment decision making and simplifies coordinated service delivery because all users of a system can access the most up-to-date information available.

DBH staff, in consultation with Praed Foundation CANS experts and legal counsel for both parties in the *Jeff D.* settlement, established the following definition/parameters of “real-time” in March 2022.



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Completed and updated CANS information will be individually maintained in a secure platform accessible by parents, guardians, and youth over age fourteen (14); providers, program managers, and control agencies in real time using basic internet access and a commercial web browser, or in pdf format, subject to appropriate authorization, privacy and security controls. IDHW will require authorized providers to enter/upload CANS data for completed or updated CANS within five (5) business days of completion. Additionally, IDHW will require providers to authorize access to CANS and CANS updates to authorized individuals or agencies within five (5) business days of a valid request. For the purpose of maximizing real-time access to CANS, IDHW will establish policies and procedures regarding when a CANS is “completed” or “updated” and when and under what circumstances providers must timely authorize access.

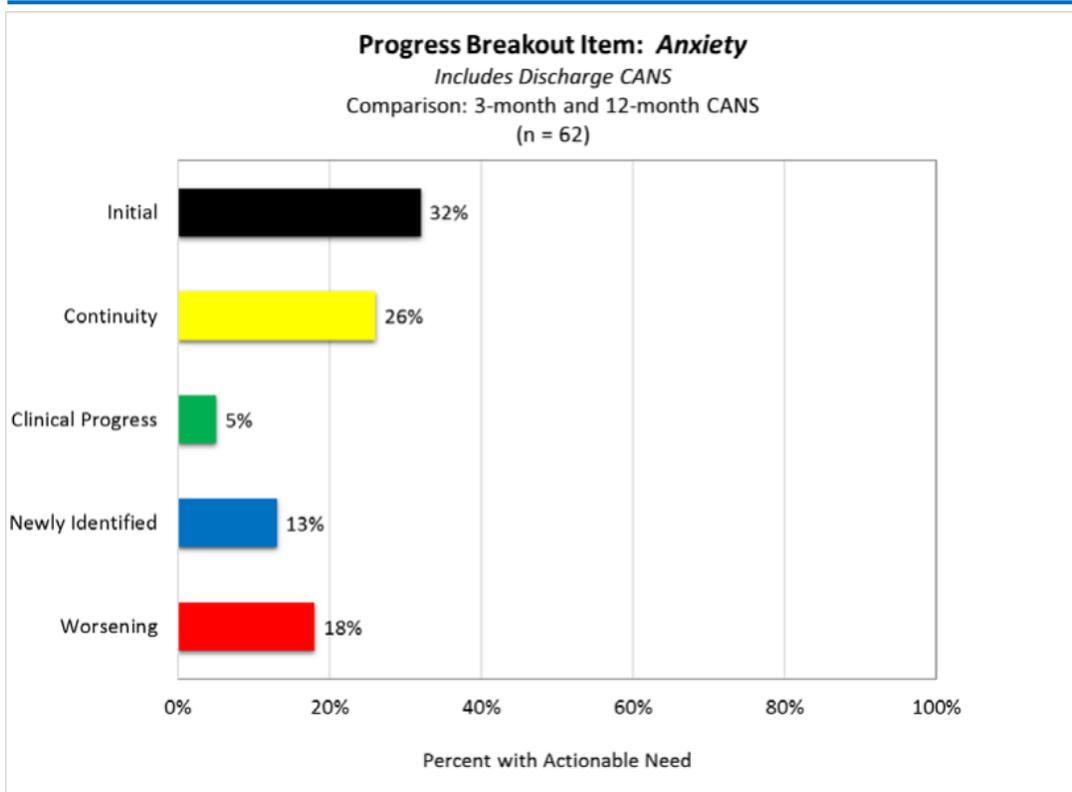
## ICANS Reports: Decision Support and Outcome Monitoring at the Provider and Client Levels

ICANS reports are based on the Praed Foundation’s TCOM Report Suite and were developed to facilitate effective decision making based on a shared understanding of the current needs and strengths of children, youth, and caregivers (Isreal & Zlatevski, 2017).

In this section detailed information about each ICANS report is provided, including an explanation of the report’s purpose, an example report directly from the TCOM Report Suite guide (Isreal & Zlatevski, 2017), an interpretation focused on what the data in the report may be telling the end user, and a brief reference to where additional information about the report can be found in both the ICANS manual and TCOM Report Suite guide. Further, ICANS example reports are provided in the appendices. These example reports were derived from the ICANS training environment to ensure confidentiality of youth and providers in the system of care and represent how each ICANS report appears when system users chose to download the reports as Portable Document Formats (PDFs).

### Item Breakout Progress Report

This report shows where a cohort (e.g., a group of a provider agency’s clients who entered treatment in the same month) falls on five metrics for a given CANS Need or Strength item over time. The purpose of this report is to allow individuals at every level of the system to better understand treatment progress in terms of five item-level metrics: 1) initial percent of clients in a cohort with an actionable need, 2) continuity of need for these clients over time, 3) clinical progress (improvement) on this actionable need for clients over time, 4) newly identified clients in the cohort with this need (identified at a later assessment time-point), and 5) worsening of the actionable need over time. An actionable need is an item from any CANS domain (including the Youth Strengths Domain) that has a rating of ‘2’ or ‘3’.



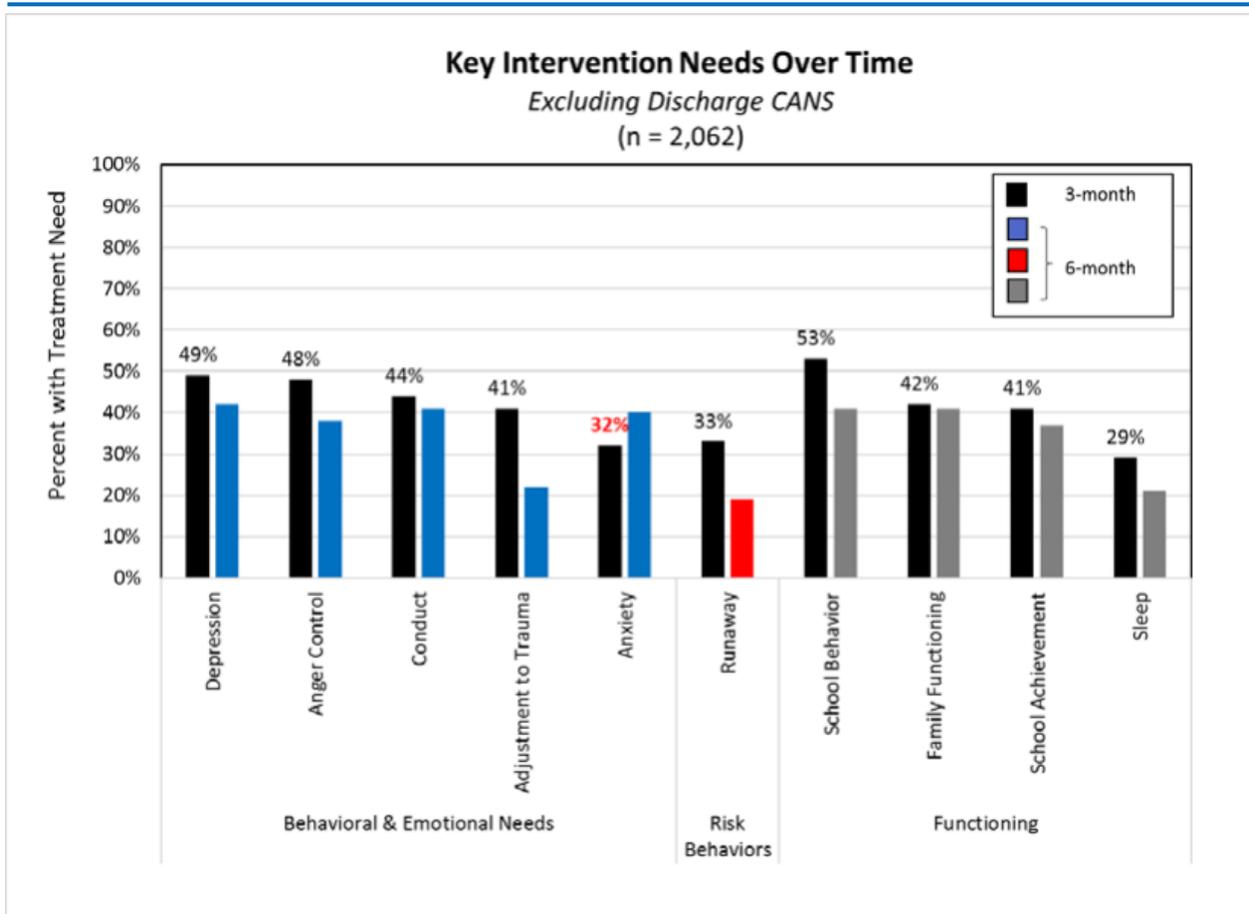
**What is this data telling us? (Data is necessarily fictitious to protect provider and client confidentiality)**

Anxiety remains a persistent actionable need for this cohort – with minimal clinical progress (5%) as compared to the continuity of anxiety (26% percent of the group remaining actionable at 12 months) and the worsening of anxiety for 18% of the cohort at 12 months. This pattern of findings might lead to questions such as: Do we see this pattern if we look at more than 62 youth? If so, what training/education could we provide to help clinicians make more clinical progress on anxiety reduction?

**More information** about the Item Breakout Progress Report is available in the ICANS Manual (pages 252-254) and TCOM Report Suite Guide (pages 19-27).

**Key Intervention Needs Over Time**

This report shows improvement over time for a cohort on the most frequently endorsed CANS Needs items. The purpose of this report is to enable clinicians and administrators to quickly assess a cohort’s progress over time on the most frequently endorsed Needs items. Specifically, these Needs items include the six most frequently endorsed intervention needs across the Behavioral & Emotional Needs and Risk Behaviors domains, and the four most endorsed needs from the Life Functioning domain, all of which were identified at assessment time-point 1. The report displays the percentage of clients in a given cohort who had an actionable need on the item at time-point 1, and compares it to the percentage of clients in the cohort who had an actionable need on the same item at time-point 2.



**What is this data telling us? (Data is necessarily fictitious to protect provider and client confidentiality)**

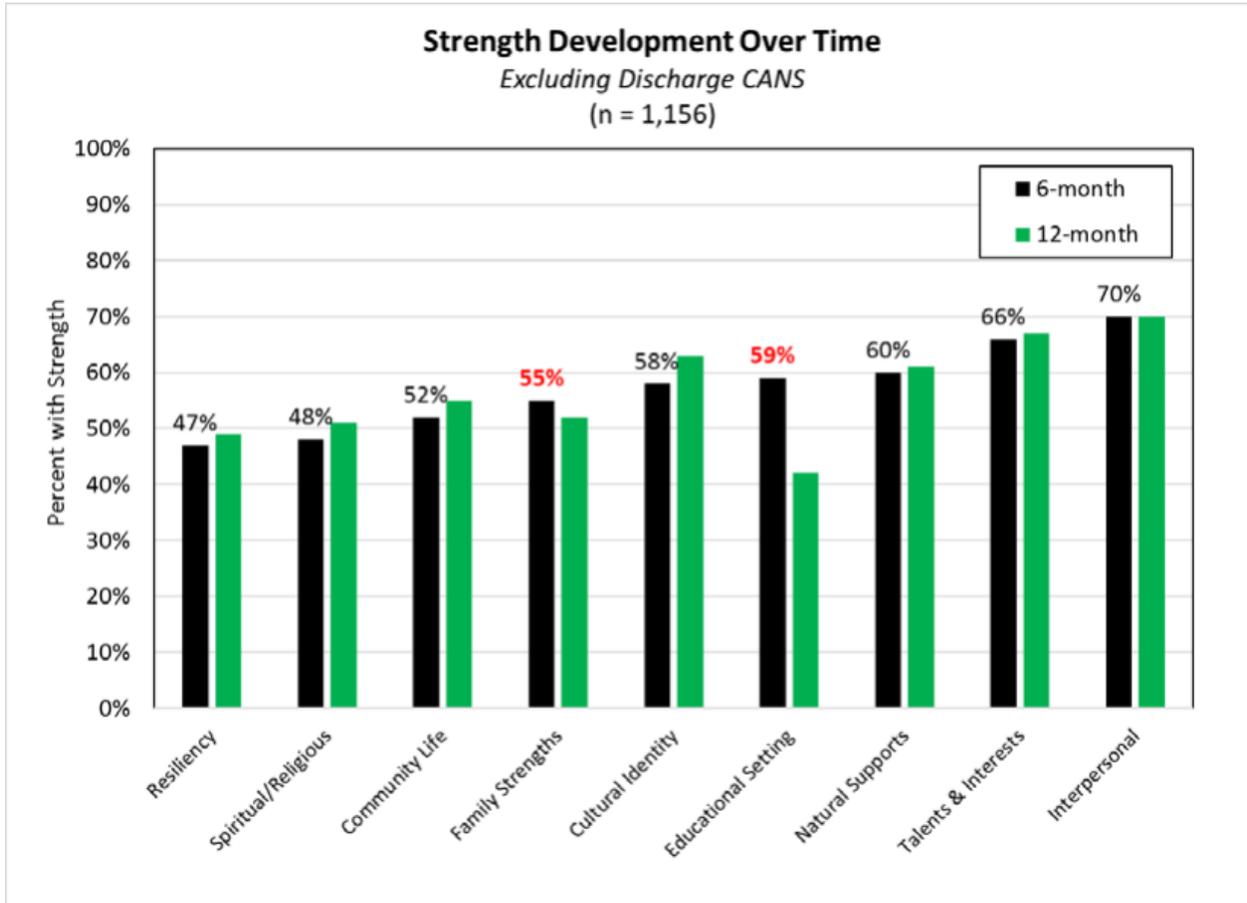
For this large cohort, substantial progress is being made on major needs, with need reduction particularly impressive in the areas of adjustment to trauma and runaway risk. The only need that has increased in the three-month period is anxiety. These findings could lead to the question: What can we learn from our success in adjustment to trauma need reduction that can be applied in other areas of high need?

**More information** about the Key Intervention Needs Over Time Report is available in the ICANS Manual (pages 255-257) and TCOM Report Suite Guide (pages 28-36).

### Strengths Development Over Time

This report shows the extent to which CANS Strengths were developed, and which developed over time. The purpose of the report is to enable clinicians and administrators to quickly assess cohort progress over time in developing child/youth Strengths. Specifically, the report displays the percentage of clients

in a cohort who had developed Strengths at assessment time-point 1 ('0s' and '1s' on Strength items) on a given Strength item compared to their rating at time-point 2.



**What is this data telling us? (Data is necessarily fictitious to protect provider and client confidentiality)**

Over the course of six months, modest progress in strength development was made for six of the nine strengths. Areas of concern are the substantial decline in the Educational Setting strength and the more modest decline in Family strengths. These findings might lead to the question: Is there something happening in the wider educational system in our area that is making it problematic for youth in this cohort to develop strength in this area or do we need to address this issue within our system of care?

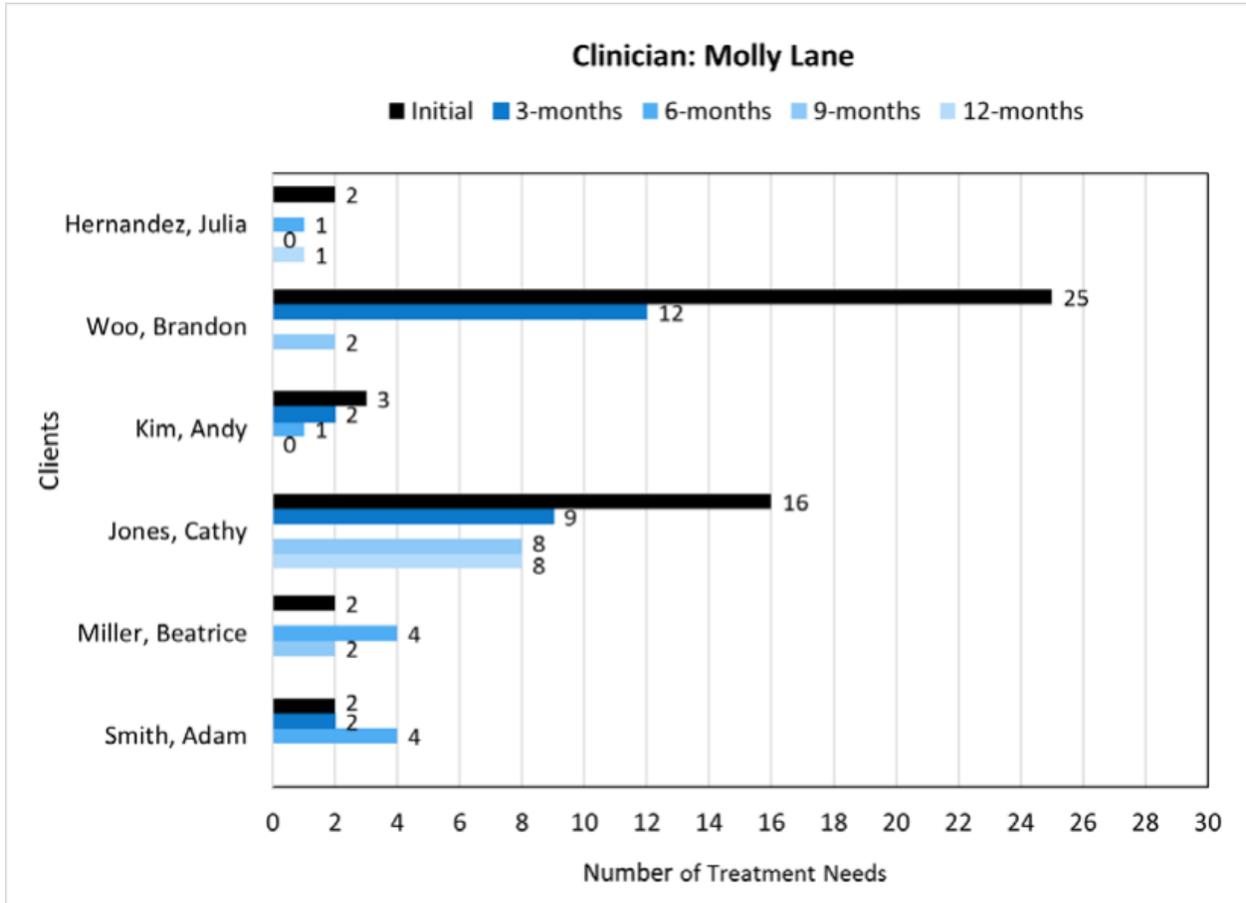
**More information** about the Strengths Development Over Time Report is available in the ICANS Manual (pages 257-259) and TCOM Report Suite Guide (pages 37-44).

[Caseload Progress Report](#)

This report shows client level data for CANS treatment Needs over time by clinician for active clients only. The purpose of this report is to allow clinicians and supervisors to quickly assess client progress by



showing change in an active client’s number of treatment needs (from the Behavioral & Emotional Needs, Risk Behaviors, and Functioning domains) over time for a given clinician.



**What is this data telling us? (Data is necessarily fictitious to protect provider and client confidentiality)**

Clinician Molly Lane had a great deal of success in reducing Brandon Woo’s treatment needs. There was also impressive treatment need reduction for Cathy Jones between the initial assessment and the 3-month assessment. However, reduction in treatment needs for Cathy Jones stalled after 9 months. A question this information might prompt is: Why has need reduction for Cathy Jones remained static?

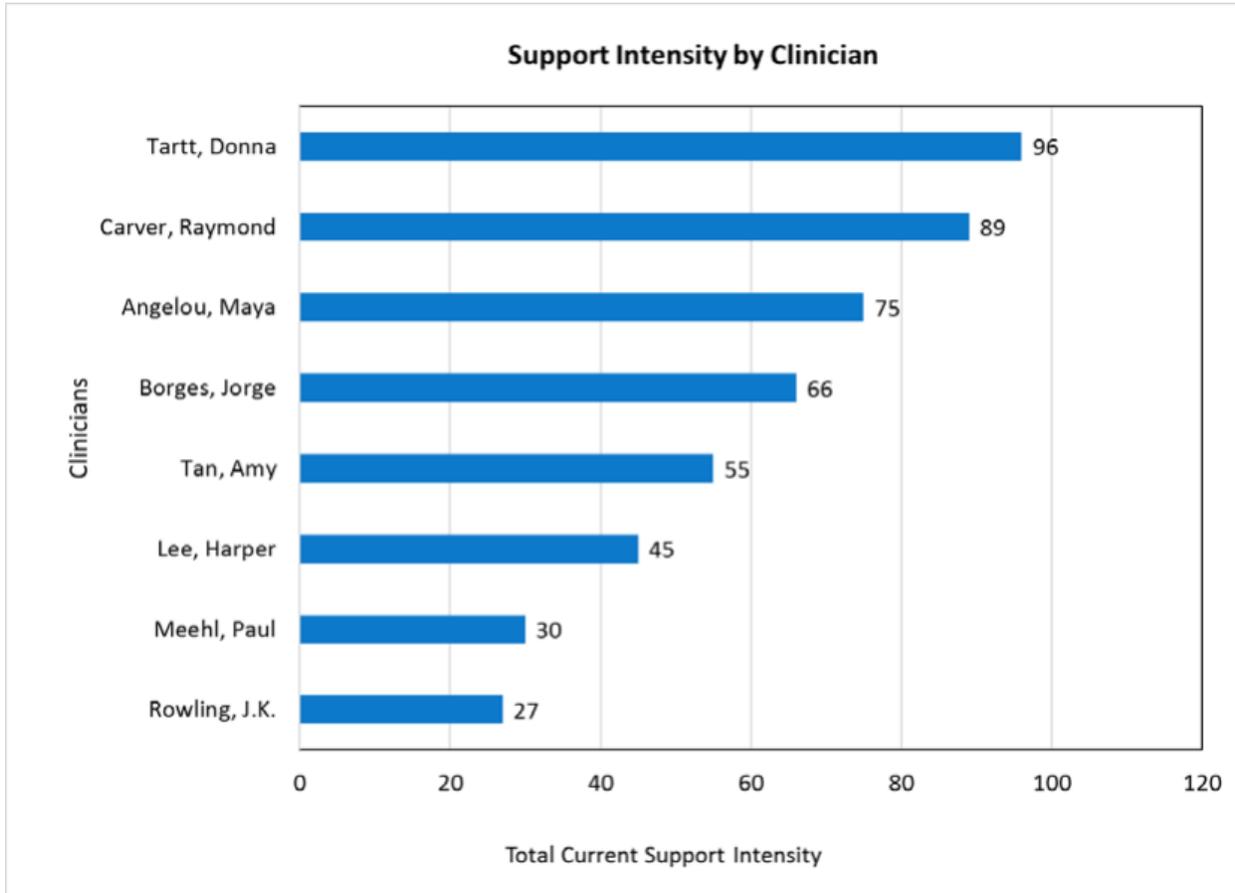
**More information** about the Caseload Progress Report is available in the ICANS Manual (pages 259-260) and TCOM Report Suite Guide (pages 45-50).

**Clinician’s Support Intensity Report**

This report shows the current support level required for a clinician or set of clinicians based on all of their active clients' current support needs. The purpose of this report is to allow supervisors and other stakeholders to quickly assess the intensity of each clinicians’ workload, by providing a sum of current



ACTIONABLE needs (from the Behavioral & Emotional Needs, Risk Behaviors, and Functioning domains) for all of a clinician’s active clients.



**What is this data telling us? (Data is necessarily fictitious to protect provider and client confidentiality)**

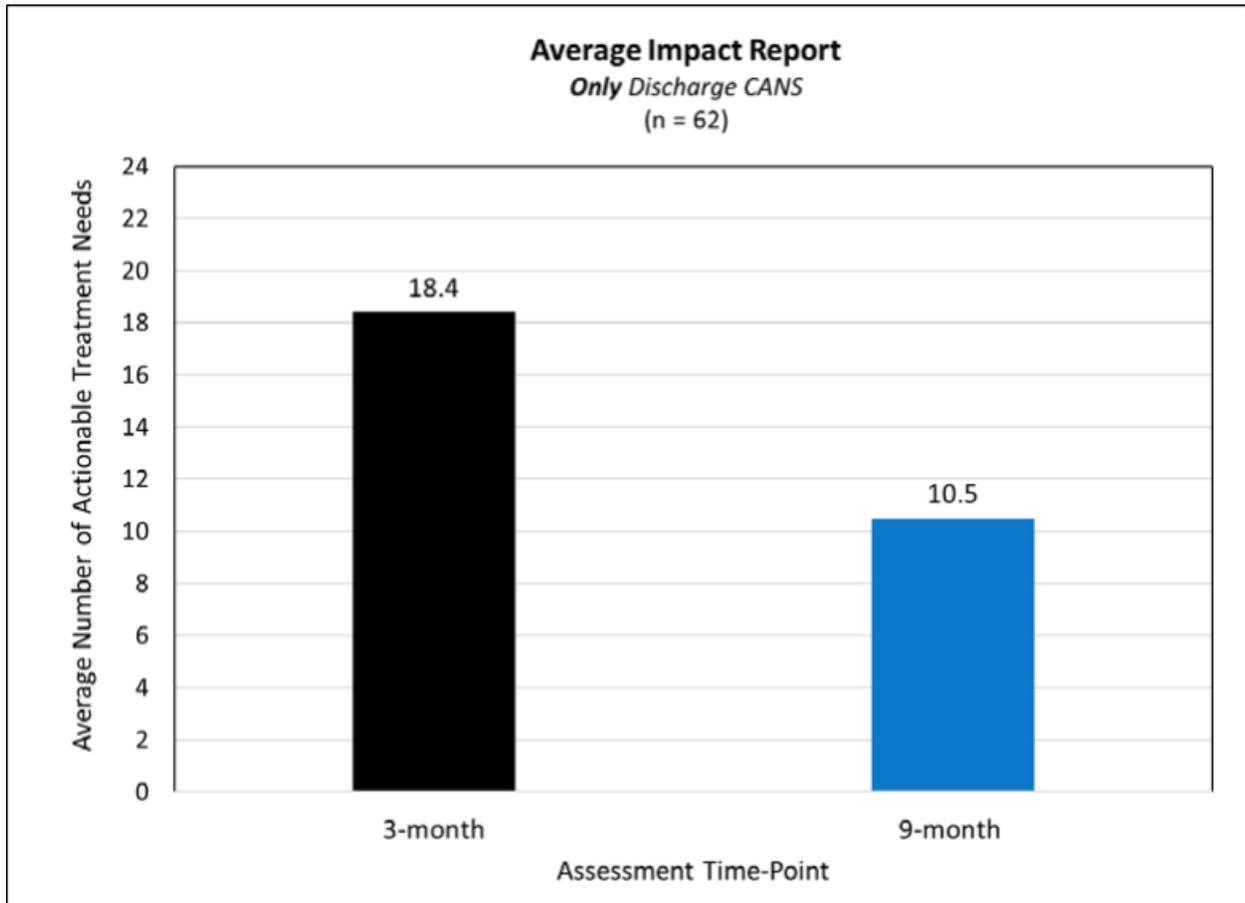
Clinician workload for this group of clinicians is not balanced. The sum of the actionable needs across the 8 clinicians represented here is 483. A perfectly balanced workload would mean each clinician should have a workload where their current client’s actionable needs are 60 (483 active needs / 8 clinicians = 60.4 active needs per clinician). This information might cause supervisors to ask if workloads should be reassessed. Perhaps Paul Meehl and J.K. Rowling are new clinicians and not expected to have as heavy of a workload, but minor work redistribution may still be warranted.

**More information** about the Clinician’s Support Intensity Report is available in the ICANS Manual (pages 261-262) and TCOM Report Suite Guide (pages 51-56).

**Average Impact Report**

This report shows change in the average number of actionable needs over time across the entire CANS for a cohort to allow individuals at every level of the system to better understand and visualize

treatment progress and service effectiveness based on change in the average number of actionable needs for a cohort over time. The report includes Behavioral & Emotional Needs, Risk Behaviors, Life Functioning, and Strengths.



**What is this data telling us? (Data is necessarily fictitious to protect provider and client confidentiality)**

For this group of 62, there was a substantial reduction in the average number of actionable needs over the course of the 6 months between the two assessment points indicating there was solid treatment progress for the youth in this cohort. Users of this report might question if the service effectiveness indicated here would be similar if a larger cohort of youth in the system of care were examined.

**More information** about the Average Impact Report is available in the ICANS Manual (pages 262-264) and TCOM Report Suite Guide (pages 57-64).

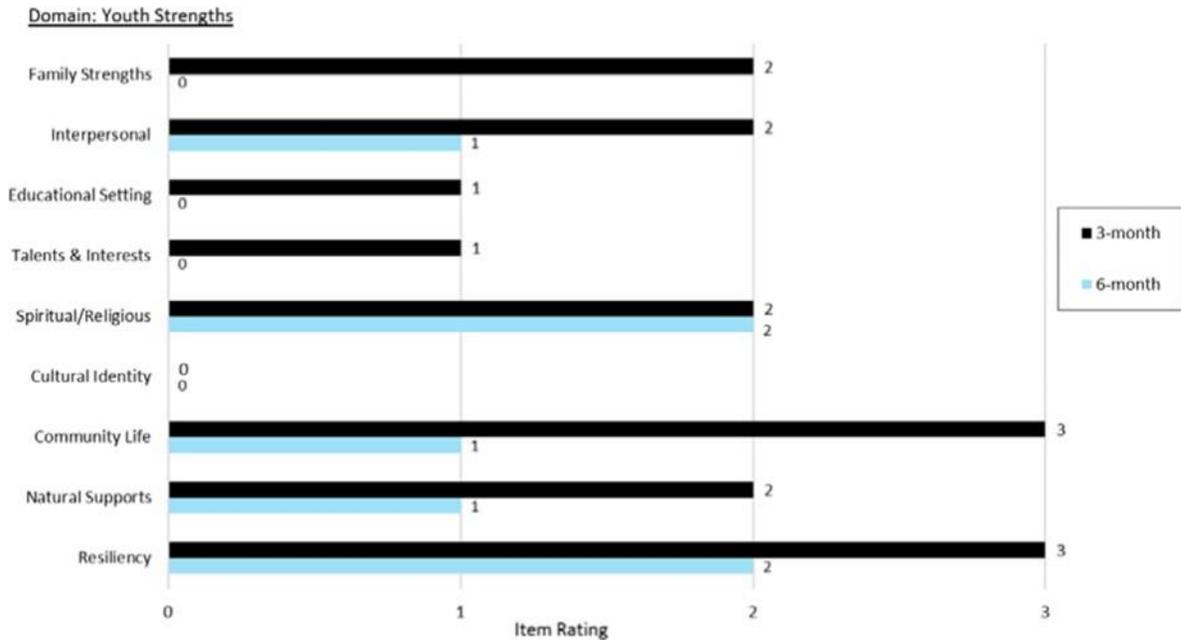
[Client Dashboard Report: Individual Progress Report](#)

This multi-page report shows a client’s item rating for every CANS Needs and Strength item over time. The purpose of the report is to enable clinicians and administrators to quickly assess client progress over



time on all CANS Needs and Strengths items. The report displays item ratings across any two assessment time-points that are selected.

### Individual Collaborative Formulation: John Doe



**RATING NOTE:**

- 0 = Well-developed or centerpiece strength; may be used as a protective factor and centerpiece of a strength-based plan.
- 1 = Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment.
- 2 = Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan.
- 3 = An area in which no current strength is identified; efforts are needed to identify potential strengths.

**What is this data telling us? (Data is necessarily fictitious to protect provider and client confidentiality)**

John Doe made exceptional progress on strength development between his three- and six-month assessment points with progress especially apparent in family strengths and community life strength development. A question that might follow from this assessment of the Strengths Domain is whether there was also corresponding reduction in actionable needs for John during the three- month period represented in the report.

**More information** about the Individual Collaborative Formulation Report is available in the ICANS Manual (pages 264-267) and TCOM Report Suite Guide (pages 13-18).



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## Idaho TCOM Institute System Dashboard Reports: Facilitating Outcome Monitoring and Quality Improvement at the System Level

The Idaho TCOM Institute promotes collaboration between system partners to standardize the delivery and application of the CANS. This enables greater collaboration around the needs and strengths of child-serving systems to increase the effectiveness and improvement in the way Idaho's children, youth and families are served.

The Idaho TCOM Institute website is home to the IDHW System Dashboard which includes CANS-based reports meant to gauge how the overall system-of-care is functioning. The System Dashboard is updated quarterly with assistance from the Praed Foundation. The Dashboard default (all data) allows users to review the various Dashboard reports using all available system-wide data. **Dashboard filters also make it straightforward to apply different perspectives to the various reports.** Filters include gender, level of care (CANS scores 0 – 3) and “strengths category”. The strengths category filter was developed because of analysis highlighting the importance of strength development and maintenance in need reduction for Idaho youth (Shimshock and Hanson, 2022).

The System Dashboard includes six key reports with one report (the Impact Report) featuring three sub-reports and it can be assessed by visiting the IDHW DBH Idaho TCOM website at:

<https://healthandwelfare.idaho.gov/providers/behavioral-health-providers/idaho-transformational-collaborative-outcomes-management-tcom>

Understanding how the data presented in the System Dashboard have been defined is important to assessing how the system is functioning. Key data definitions include:

**Episode:** An Episode starting with the First CANS and ends with the Last CANS (see definitions below). CANS Assessments are supposed to be completed every 90 days while a person is in the system of care. An individual may have 1 or more CANS within an Episode. A CANS is considered the Last CANS if there are no additional subsequent CANS for at least 150 days.

**First CANS:** The first CANS within an Episode.

**Ever:** This represents the max rating for each item for each youth within an Episode (for example, if an individual had a 2 on Depression on their first CANS, then a 3 on their second CANS and finally a 1 on their third CANS, the Ever rating would be 3 since it was the highest rating every for that individual over all their CANS within an Episode).

**Last CANS:** the last CANS within an Episode.



## Initial CANS by Year and Quarter Report

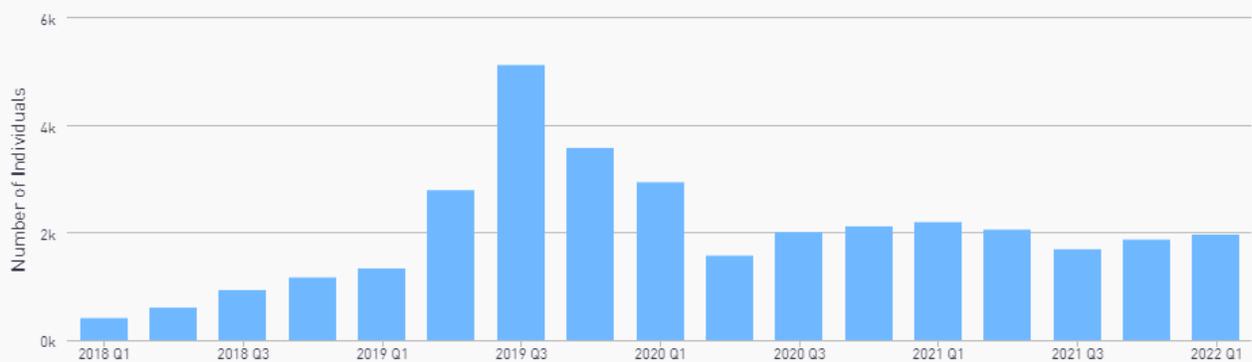
### Initial CANS by Year and Quarter

**Purpose:** Provide a rolling 4-year trend of initial CANS by Quarter. This can provide a glimpse at the overall pattern of new entries into the system of care.

**Data Notes:**

- Each bar represents the number of individuals that had a First CANS in that Quarter.
- This chart is updated quarterly and will display a rolling 4-year (16 quarter) period.

Initial CANS by Year and Quarter (Rolling 4-Year Period)



**What is this data telling us? (Real Idaho TCOM Dashboard systemwide data)** Since Quarter 3 of 2019, approximately 2,000 new youth entered the YES system of care on a quarterly basis. One question this data might lead to is: Why did so many youth enter the system of care in between Quarter 3 of 2019 and the first quarter of 2020? A potential follow question might be: did the youth entering the system of care during this spike have good clinical outcomes or was the system perhaps overwhelmed?

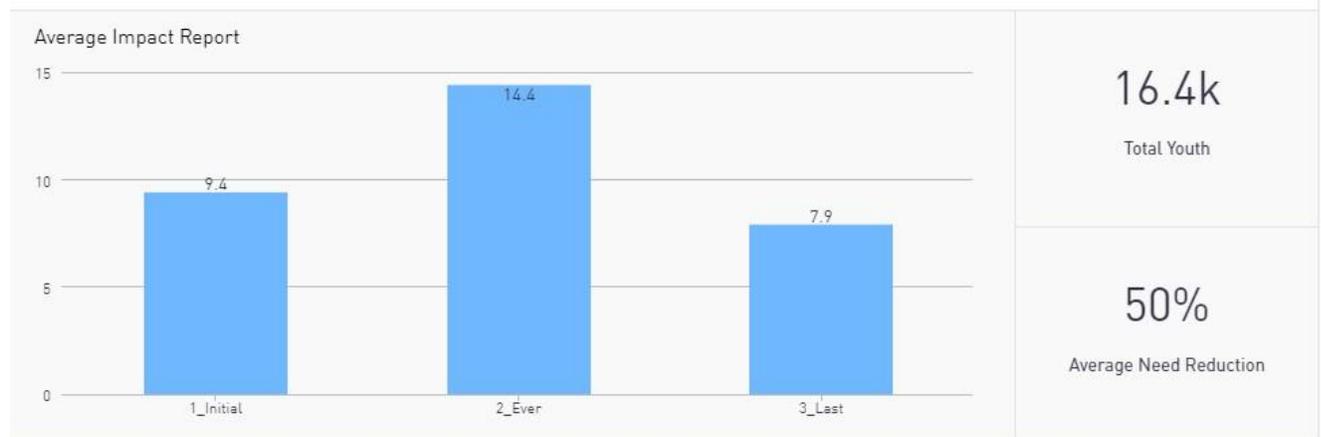
## Average Impact Report

### Average Impact

**Purpose:** This chart provides an overview of need reduction over time and can be used to assess the average impact the system of care is having on the individuals it serves.

**Data Notes:**

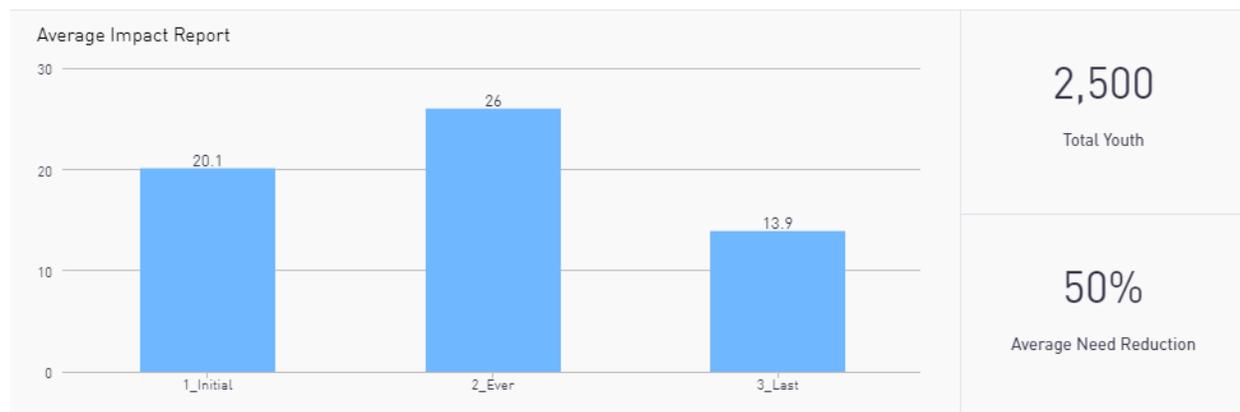
- This chart only includes individuals that had a first CANS any time on or after 18 months prior to the end of the current reporting quarter. In addition, Individuals on this chart must have received at least 3 CANS and the time difference between the first and last CANS must be greater than 90 days.
- The Average Need Reduction is calculated based on Ever to Last using the formula:  $(\text{Ever}-\text{Last})/\text{Ever}$ .
- This chart only includes the Behavioral, Caregiver, Culture, Life Functioning and Risk Behaviors domains.



### What is this data telling us? (Real Idaho TCOM Dashboard systemwide data)

When considering all youth in the system of care who have received at least three CANS assessments, there has been an average need reduction of 50%. A question this data might lead to is: Do we see similar findings for youth in the system with the highest needs (i.e., overall CANS of 3)?

### Average Impact Report (Filtered by Overall CANS of 3)





**What is this data telling us? (Real Idaho TCOM Dashboard systemwide data)**

As would be expected, youth with an overall CANS of 3, had substantially more actionable needs as compared to all youth in the system of care. However, average need reduction for the 2,500 youth with an overall of CANS of 3 was also 50%, indicating the overall system is making substantial progress in need reduction for those youth with the highest need.

**Change Over Time Trend – Average TAI and Percent Need Reduction by Quarter and Year**

**Purpose:** this chart provides the trends of average Ever Total Actionable Items (TAI) and the percent need reduction (from Ever to Last). This allows the program to see trends in change patterns and can serve as a benchmark when implementing new practice/policy strategies.

**Data Notes:**

- The bars in this chart represent the average Total Actionable Items (TAI) Ever for each quarter.
- The line represents the average percent of need reduction (based on Ever to Last) for each quarter.
- This chart only includes the Behavioral, Caregiver, Culture, Life Functioning and Risk Behaviors domains.
- This chart includes a rolling 4-year period and is updated quarterly. In addition, Individuals on this chart must have received at least 3 CANS and the time difference between the first and last CANS must be greater than 90 days.



**What is this data telling us? (Real Idaho TCOM Dashboard systemwide data)**

Average Total Actionable Items (TAI) peaked at over 20 in Quarter 1 of 2019 but subsequently declined sharply in the second quarter of 2019 and remained under 20 in the following quarters. However, the most recent data, from the end of 2021 and the start of 2022, indicates average TAI is increasing. Meanwhile average percentage need reduction has remained fairly steady, hovering just above or just below 50% since Quarter 2 of 2020 indicating consistent need reduction across the system of care in last two years.

**Item Level Detail Report**

The Item Level Detail report includes information for 149 items across all domains addressed in the CANS. Dashboard users can use a scroll bar to see CANS items not initially visible on the dashboard and the data for all items can be downloaded for further analysis. It is important to note data on this report is derived from individuals with **at least 3 CANS** assessments (initial plus two updates). The dashboard



view of the report and an example how the downloaded data can be analyzed and visualized are detailed below.

### Dashboard View: Item Level Detail

**Purpose:** This chart provides an overview of change over time at the item level. It should the percent of youth actionable in an item at Initial (First CANS), Ever (max need across all CANS), and Last (Last CANS). This can be used to identify items that are mostly commonly endorsed as actionable as well as to identify items that could benefit from quality improvement efforts to increase need reduction.

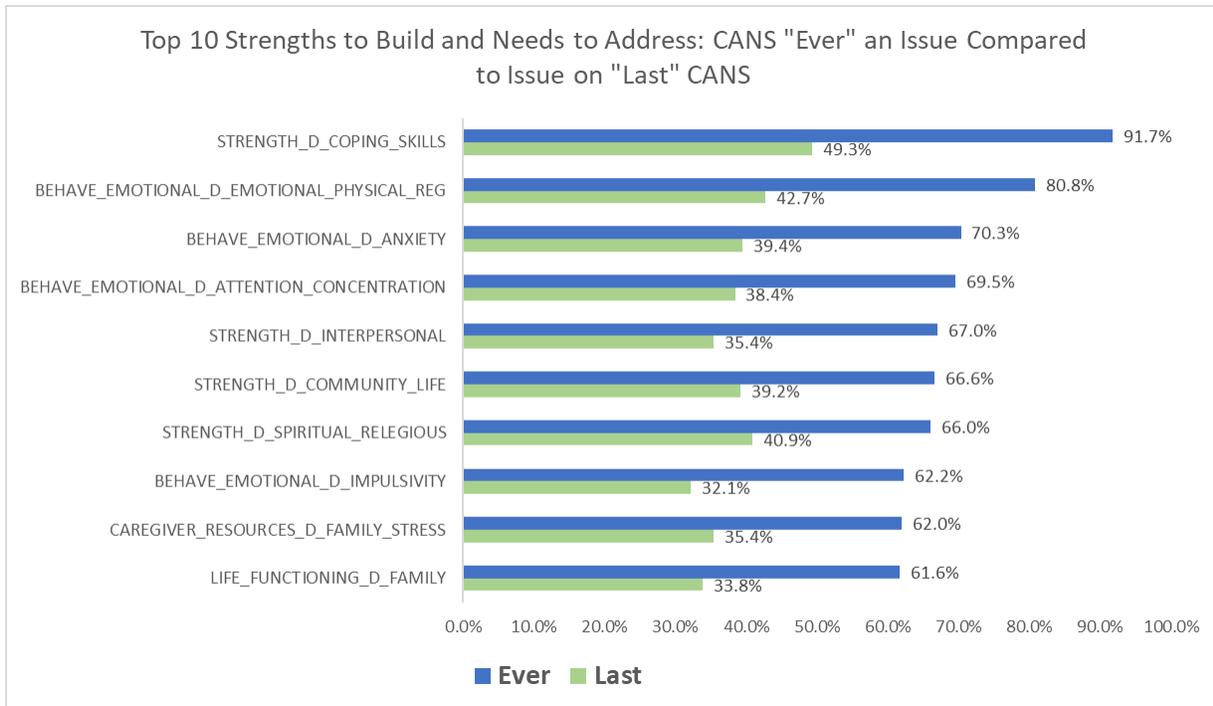
**Data Notes:**

- Each cell represents the percent of youth actionable at a given point (Initial, Ever, Last).
- This chart only includes individuals that had a first CANS any time on or after 18 months prior to the end of the current reporting quarter (for example, if it is Q1 2021, this would include individuals who were had their first CANS on 10/1/2019 or later). In addition, Individuals on this chart must have received at least 3 CANS and the time difference between the first and last CANS must be greater than 90 days.
- For the Strengths domain the percentage would be interpreted as the “percent of youth with a strength to build/develop”, meaning a strength rating of 2 or 3.

Details: Initial, Ever, Last Items.

	ITEM	1 INITIAL	2 EVER	3 LAST
1	STRENGTH_D_COPIING_SKILLS	66.3%	91.7%	49.3%
2	BEHAVE_EMOTIONAL_D_EMOTIONAL_PHYSICAL_REG	55.9%	80.8%	42.7%
3	BEHAVE_EMOTIONAL_D_ANXIETY	47.5%	70.3%	39.4%
4	STRENGTH_D_COMMUNITY_LIFE	43.9%	66.6%	39.2%
5	STRENGTH_D_INTERPERSONAL	43.6%	67.0%	35.4%
6	STRENGTH_D_SPIRITUAL_RELEGIOS	43.5%	66.0%	40.9%
7	BEHAVE_EMOTIONAL_D_ATTENTION_CONCENTRATION	41.6%	69.5%	38.4%
8	STRENGTH_D_RESILIENCE	41.3%	57.6%	30.7%
9	BEHAVE_EMOTIONAL_D_ANGER_CONTROL	41.3%	59.1%	29.7%
10	LIFE_FUNCTIONING_D_FAMILY	41.0%	61.6%	33.8%

## Item Level Detail Report: Downloaded Data Example Analysis - Top Actionable Needs



### **What is this data telling us? (Real Idaho TCOM Dashboard systemwide data)**

The figure above is an example of how downloaded dashboard data can be used to better understand pressing actionable needs and target areas for quality improvement efforts. In this example, CANS items were sorted by percentage of “Ever” (an actionable need on any CANS assessment) and compared to the percentage of “Last” (still an actionable need on the last CANS assessment). The top 10 actionable needs are presented. This systemwide assessment indicates the development of coping skills remains an important area to strength to develop with nearly half of youth still actionable in this area as of their last CANS assessment. Further, measure to address needs in the behavioral emotional domain (in the areas of physical regulation, anxiety, concentration, and impulsivity) could lead to positive outcomes for youth receiving services.

### Impact Reports

The Impact Reports focus on three CANS domains (Behavioral and Emotional Needs, Life Functioning, and Risk Factors), reporting progress over time in an episode of care. These reports differ from the Item Level Detail report in that they provide greater detail for fewer items and require **2 or more CANS** assessments as compared to the Item Level Report which require at least 3 CANS assessments. Data from these reports can also be downloaded to facilitate analysis.

Key impact report terms, a dashboard view of one of the three domain reports, and examples of how the downloaded data can be analyzed and visualized are detailed below.



## Impact Reports: Key Terms

**Presenting:** the percentage of youth in the cohort that have an actionable need (a ‘2’ or ‘3’ at the initial assessment).

**Presenting (ALL):** All youth were examined for this value, even those with only 1 CANS assessment.

**Presenting (2 or more):** Youth who had at least 2 assessments were examined for this value.

**Ever:** the percentage of youth who rated actionable at ANY assessment during their episode of care divided by the total number of youth.

**Resolved:** the percentage of youth an actionable rating at ANY assessment that is no longer actionable at latest reassessment.

**Improved:** the percentage of youth with a rating over 0 at ANY assessment at ANY assessment that decreased by 1 or more rating points at latest reassessment.

**Worsened:** the percentage of youth with a rating of ‘2’ or lower at INTIAL assessment that subsequently had a ‘3’ at latest reassessment.

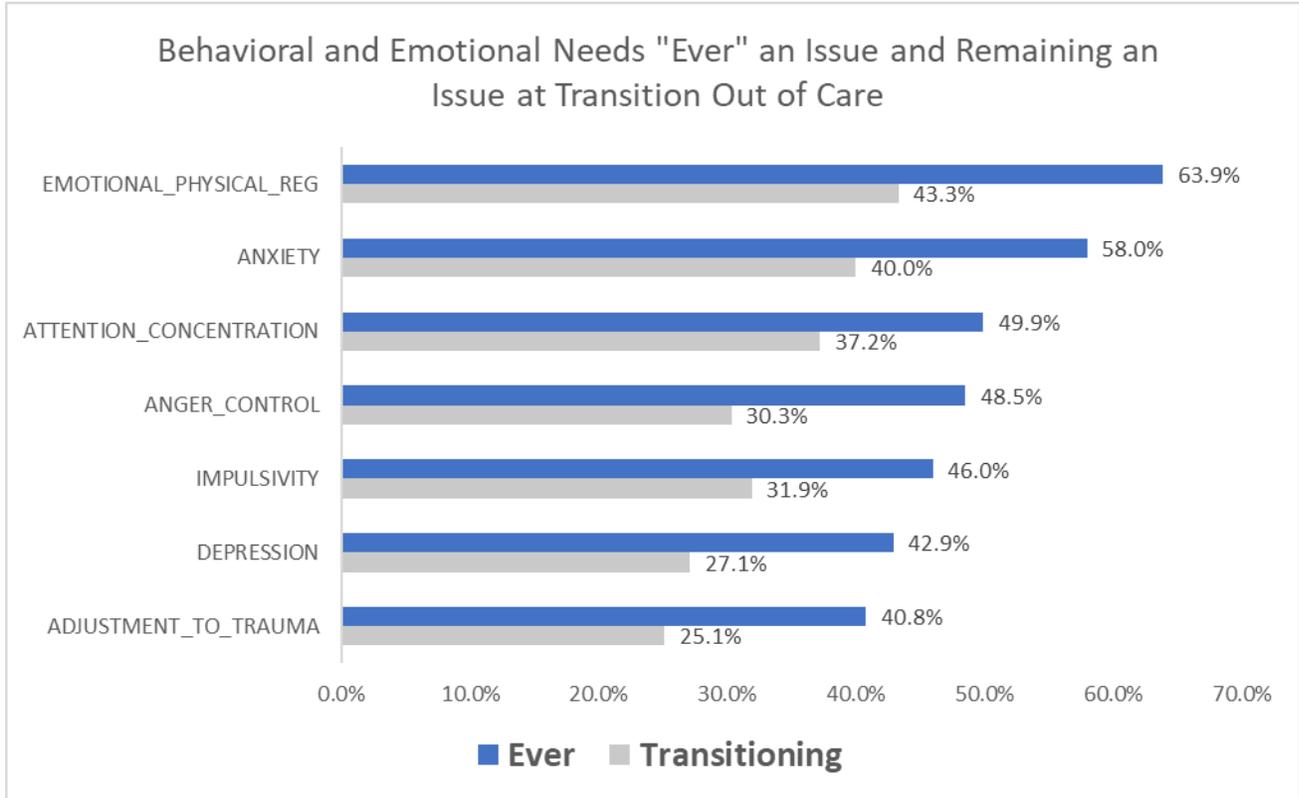
**Transitioning:** the percentage of youth that were rated actionable at initial and exited care with an actionable rating.

## Dashboard View: Impact Report – Behavioral and Emotional Needs

Impact Report - Behavioral and Emotional Needs

	ITEM	PRESENTING ALL	PRESENTING 2 OR MORE	EVER	RESOLVED	IMPROVED	WORSENERD	TRANSITIONING
1	BEHAVE_EMOTIONAL_ADJUSTMENT_TO_TRAUMA	31.40%	22.60%	40.80%	39.50%	44.30%	0.50%	25.10%
2	BEHAVE_EMOTIONAL_ANGER_CONTROL	38.40%	26.20%	48.50%	37.70%	45.10%	0.80%	30.30%
3	BEHAVE_EMOTIONAL_ANXIETY	47%	31.90%	58%	32.60%	39.60%	0.90%	40%
4	BEHAVE_EMOTIONAL_ATTACHMENT_DIFFICULTIES	13.20%	11%	20.50%	48.50%	52.20%	0.20%	11.80%
5	BEHAVE_EMOTIONAL_ATTENTION_CONCENTRATION	39.50%	26.20%	49.90%	29.10%	36.50%	0.80%	37.20%
6	BEHAVE_EMOTIONAL_BEHAVIORAL_REGRESSIONS	5.90%	5.50%	10.80%	63.90%	66.30%	0.10%	4.70%
7	BEHAVE_EMOTIONAL_CONDUCT	8.50%	7.60%	13.80%	57.70%	62.10%	0.20%	6.80%
8	BEHAVE_EMOTIONAL_DEPRESSION	33.70%	24.60%	42.90%	39.30%	45.20%	0.70%	27.10%
9	BEHAVE_EMOTIONAL_EATING_DISTURBANCE	6.80%	6.60%	11.70%	57%	60.20%	0.10%	6.30%
10	BEHAVE_EMOTIONAL_EMOTIONAL_PHYSICAL_REG	52.70%	35.10%	63.90%	32.20%	40.30%	1%	43.30%
11	BEHAVE_EMOTIONAL_IMPULSIVITY	36%	24.50%	46%	33%	41.40%	0.90%	31.90%
12	BEHAVE_EMOTIONAL_MOODDISTURBANCE	23.50%	18.30%	33.50%	46.50%	51.30%	0.40%	19.20%
13	BEHAVE_EMOTIONAL_OPPOSITIONAL_BEHAVIOR	26.80%	19.50%	36.40%	40.20%	48.10%	0.70%	23%
14	BEHAVE_EMOTIONAL_PSYCHOSIS	2.20%	2.20%	3.80%	62.20%	67.50%	0%	1.80%
15	BEHAVE_EMOTIONAL_SOMATIZATION	7.10%	6.40%	11.70%	58.80%	60.70%	0%	5.90%
16	BEHAVE_EMOTIONAL_SUBSTANCE_USE	4.20%	3.30%	5.20%	50%	55.60%	0.20%	3.20%
17	BEHAVE_EMOTIONAL_TRIANGULATION_MANIPULATION	13.30%	11.10%	21.10%	52.20%	56.10%	0.20%	11.70%
18	BEHAVE_EMOTIONAL_TRUMATIC_GRIEF_SEPARATION	15.30%	12.80%	22.40%	50.10%	53.40%	0.30%	12.20%

Behavioral and Emotional Needs Impact Report: Downloaded Data Example – Persistent Needs

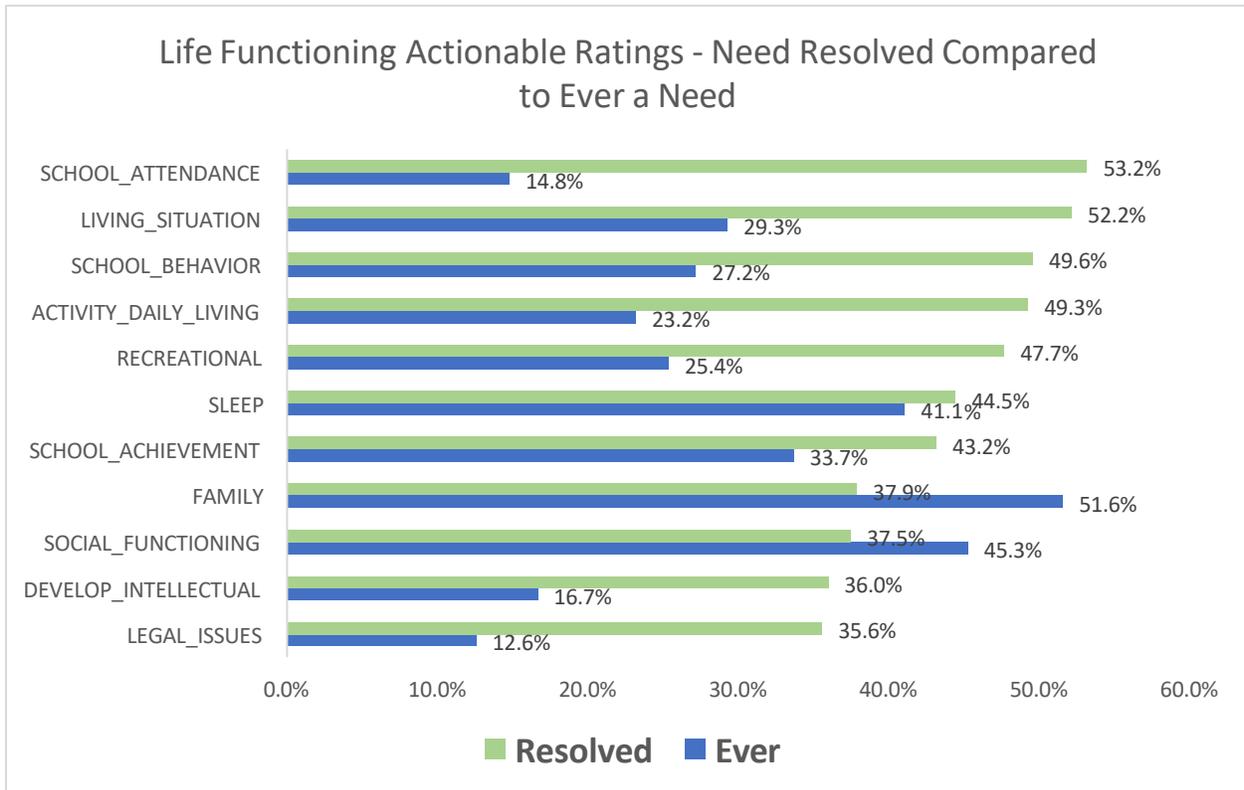


**What is this data telling us? (Real Idaho TCOM Dashboard systemwide data)**

The focus of this examination of downloaded data is Behavioral and Emotional needs categorized as persistent based on 25% or more of youth transitioning out of care with an actionable rating in the area which, not surprisingly, coincides with areas of high need reflected by substantial percentages of youth Ever having an actionable rating. Emotional and physical regulation, anxiety, and attention/concentration are areas of high and persistent need with 50% or more of youth Ever having the need and a high percentage of youth (37% to 43%) transitioning out of care with an actionable need in these areas suggesting efforts to address these areas could improve youth outcomes.



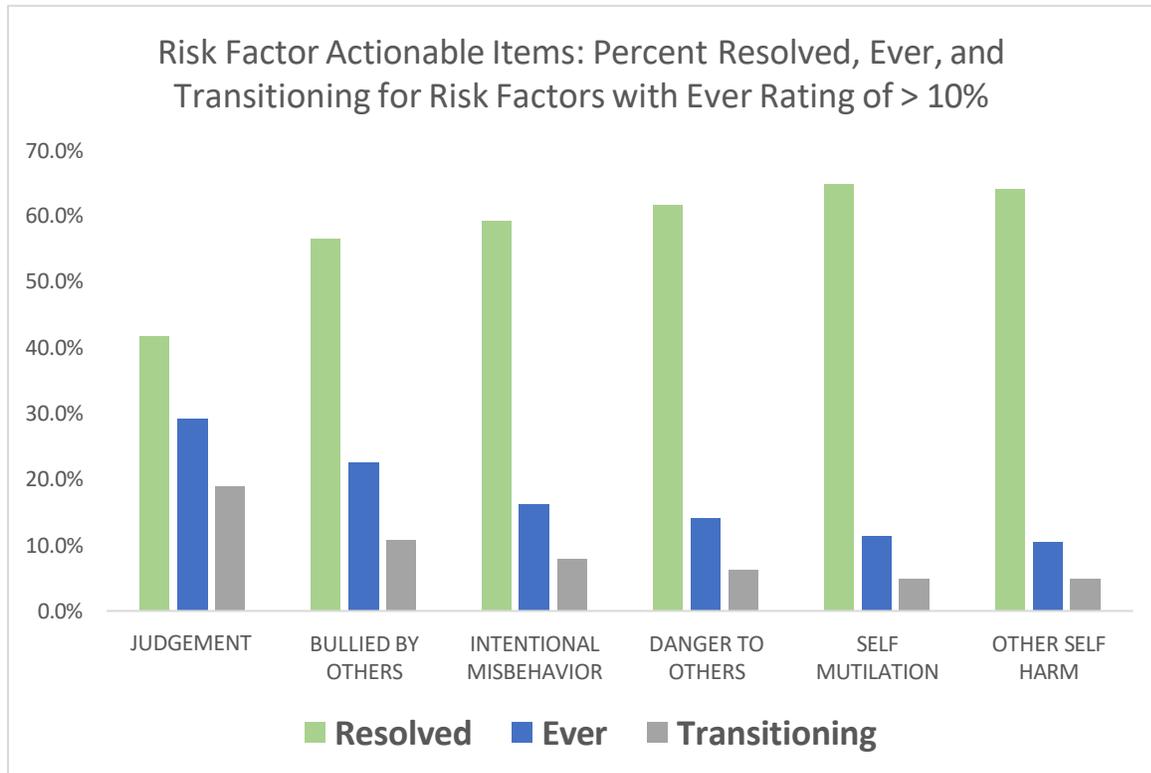
Life Functioning Impact Report: Downloaded Data Example – Actionable Need Resolved Compared to Ever an Actionable Need



**What is this data telling us? (Real Idaho TCOM Dashboard systemwide data)**

This example of how downloaded dashboard data can be used to enable understanding of systemwide areas of success and ongoing opportunity for improvement focuses on the Life Functioning domain, highlighting “resolved” areas (previously actionable but not actionable at most recent reassessment) while simultaneously noting areas of high need (i.e., “Ever” rated actionable [ $>10\%$ ] at any assessment). This data indicates the overall system of care has made substantial progress in resolving needs related to school attendance, living situations, school behavior, and the activities of daily living while also suggesting that fostering improved life functioning skills in the areas of family, social functioning, sleep, and school achievement could lead to improved outcomes for youth in the system of care.

Risk Factor Impact Report: Downloaded Data Example – Top Actionable Needs



**What is this data telling us? (Real Idaho TCOM Dashboard systemwide data)**

This downloaded data example includes Risk Factors with an “Ever” actionable rating of 10% or more. Systemwide, impressive progress was made in the areas of being bullied by others, intentional misbehavior, danger to others, self-mutilation, and other type of self-harm with over 56% to 65% of youth “Resolved” (i.e., actionable at any assessment no longer actionable to the latest reassessment). The data also suggested the risk factor Judgement may be a fruitful for intervention efforts because nearly 19% of youth were actionable in this area when they transitioned out of care. Further, nearly 30% of youth were Ever actionable in area of Judgement and, as compared to other risk factors, there was less resolution in the area of Judgement.



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## Appendices

### Appendix A: ICANS Item Breakout Progress Report

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ICANS Community Agency 2, ICANS Facility 1

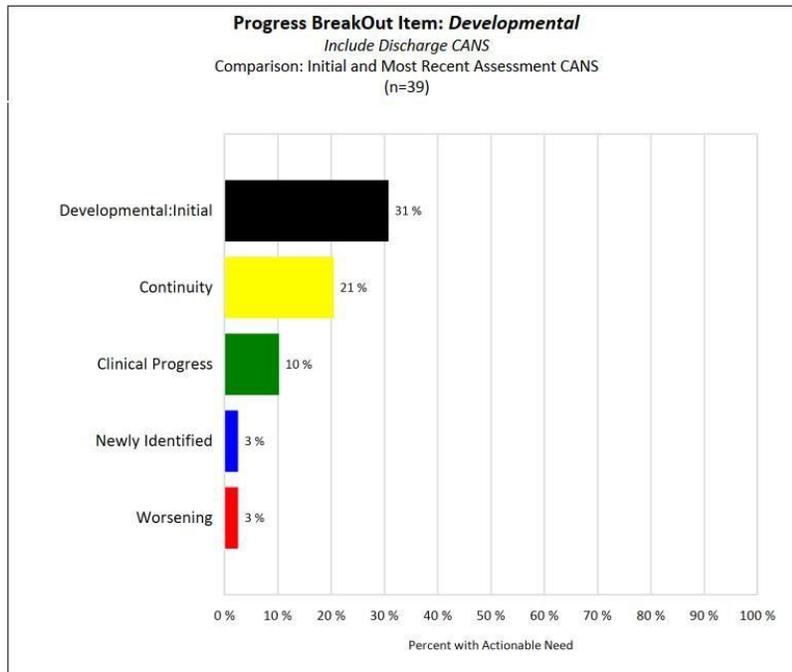
#### Item BreakOut Progress Report

**Report Description:** This report shows where a cohort falls on five metrics for a given CANS Need or Strength item over time.

**Purpose of Report:** To allow individuals at every level of the system to better understand treatment progress in terms of five item-level metrics: 1) **initial** percent of clients in a cohort with an actionable need, 2) **continuity** of need for these clients over time, 3) **clinical progress** (improvement) on this actionable need for clients over time, 4) **newly identified** clients in the cohort with this need (identified at a later assessment time-point), and 5) **worsening** of the actionable need over time. An actionable need is an item from any CANS domain (including the Strengths Domain) that has a rating of '2' or '3'.

#### Report Criteria

CANS Version: Children's Mental Health  
 Locality: Agency  
 Agency: ICANS Community Agency 2



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Appendix B: ICANS Key Intervention Needs Over Time Report

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ICANS Community Agency 2, ICANS Facility 1

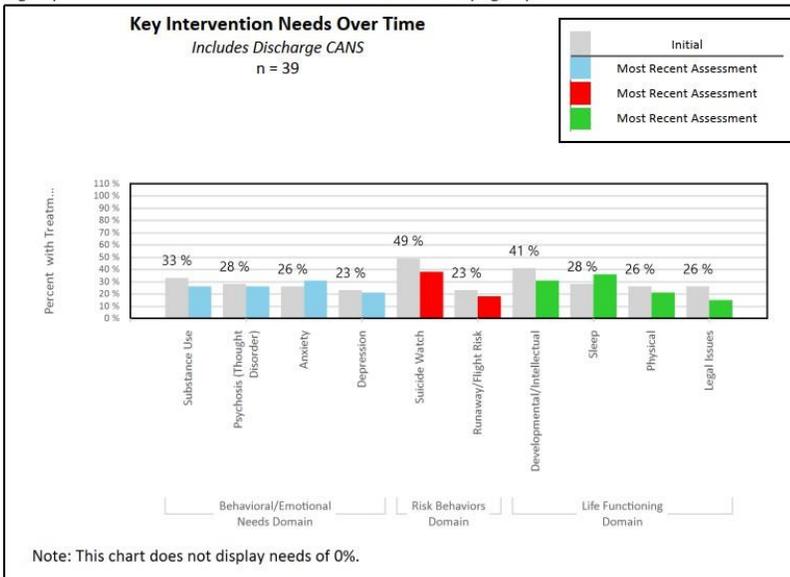
**Key Intervention Needs Over Time Report**

**Report Description:** This report shows improvement over time for a cohort on the most frequently endorsed CANS Needs items.

**Purpose of Report:** To enable clinicians and administrators to quickly assess a cohort's progress over time on the most frequently endorsed Needs items. Specifically, these Needs items include the six most frequently endorsed interventions needs across the Behavioral / Emotional Needs and Risk Behaviors domains, and the four most endorsed needs from the Life Functioning domain, all of which were identified at assessment time-point 1. The report displays the percent of clients in a cohort who had the most frequently endorsed Needs items at assessment time-point 1 compared to those who had the same Needs items identified as a need at a second completed assessment (time-point 1 compared to time-point 2).

**Report Criteria**

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 Locality: Agency  
 Agency: ICANS Community Agency 2



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Appendix C: ICANS Strengths Development Over Time Report

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ICANS Community Agency 2, ICANS Facility 1

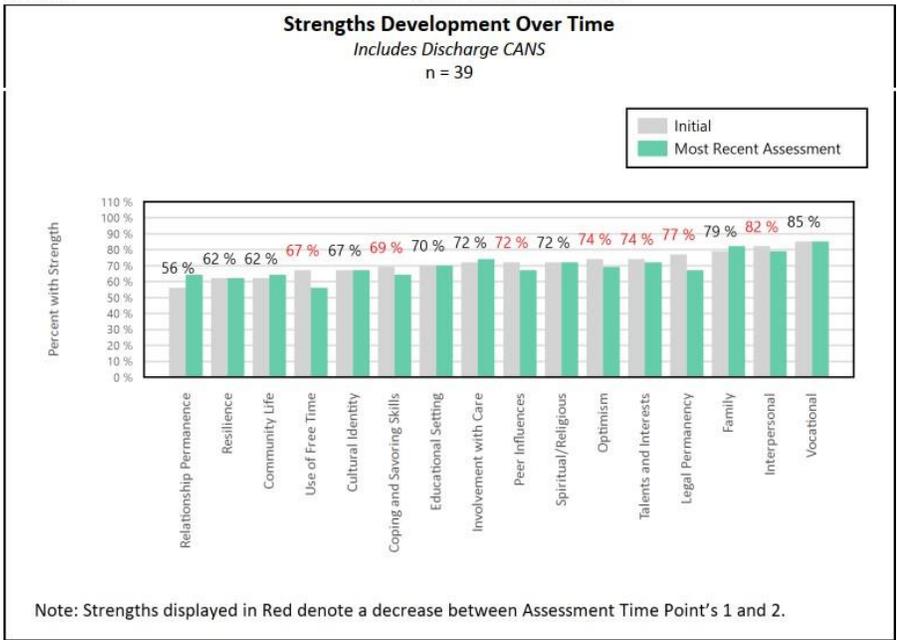
**Strengths Development Over Time Report**

Report Description: This report shows the extent to which CANS Strengths were developed, and which develop over time.

Purpose of Report: To enable clinicians and administrators to quickly assess cohort progress over time in developing child / youth Strengths. Specifically, the report displays the percent of clients in a cohort who had developed Strengths at assessment time-point 1 ('0s' and '1s' on Strength items) on a given Strength item compared to their rating at time-point 2."

Report Criteria

CANS Version: Children's Mental Health  
 Locality: Agency  
 Agency: ICANS Community Agency 2





Appendix D: ICANS Caseload Progress Report

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ICANS Community Agency 2, ICANS Facility 1

**Caseload Progress Report**

Report Description: This report shows client level data for CANS treatment Needs over time by clinician for active clients only.

Purpose of Report: To allow clinicians and supervisors to quickly assess client progress by showing change in an active client's number of treatment needs (from the Behavioral / Emotional Needs, Risk Behaviors and Life Functioning domains) over time for a given clinician. Note, data in this report should only be presented for active clients.

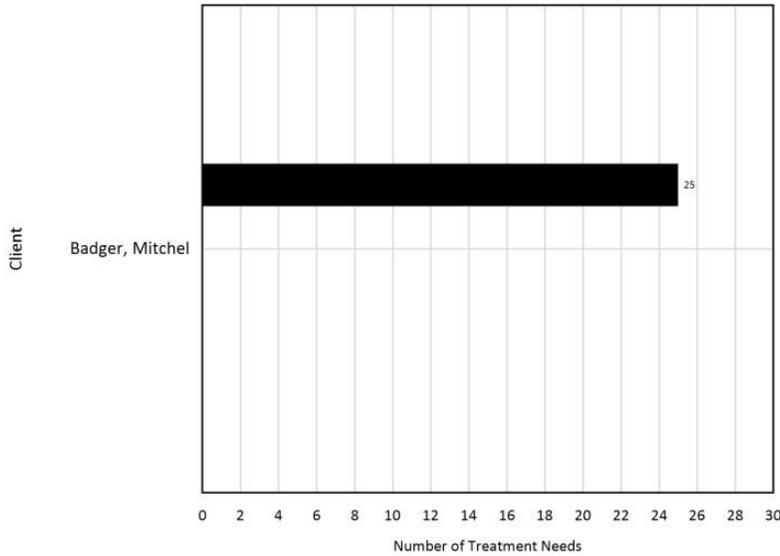
Report Criteria

CANS Version: Children's Mental Health  
 Locality: Agency  
 Agency: ICANS Community Agency 2

**Clinician: 19.3.2 Test, K CANS 1001**

Agency: ICANS Community Agency 2

■ Initial ■ 3-months ■ 6-months ■ 9-months



Note: A missing bar with no '0' labeled means no assessment found at the corresponding assessment time-point.

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Appendix E: ICANS Clinician's Support Intensity Report

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ICANS Community Agency 2, ICANS Facility 1

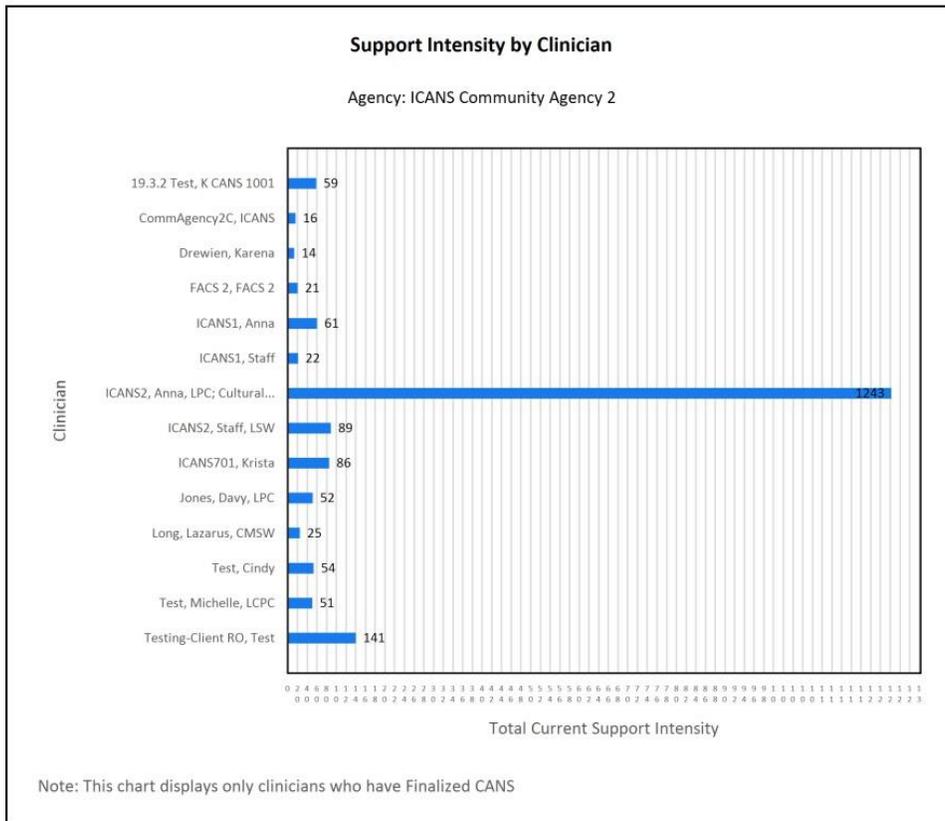
**Clinician's Support Intensity Report**

**Report Description:** This report shows the current support level required for a clinician or set of clinicians based on all of their active clients' current support needs.

**Purpose of Report:** To allow supervisors and other stakeholders to quickly assess the intensity of each clinicians' workload, by providing a sum of current ACTIONABLE needs (from the Behavioral & Emotional Needs, Risk Behaviors and Functioning domains) for all of a clinician's active clients.

**Report Criteria:**

CANS Version: Children's Mental Health  
 Locality: Agency  
 Agency: ICANS Community Agency 2





Appendix F: ICANS Average Impact Report

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ICANS Community Agency 2, ICANS Facility 1

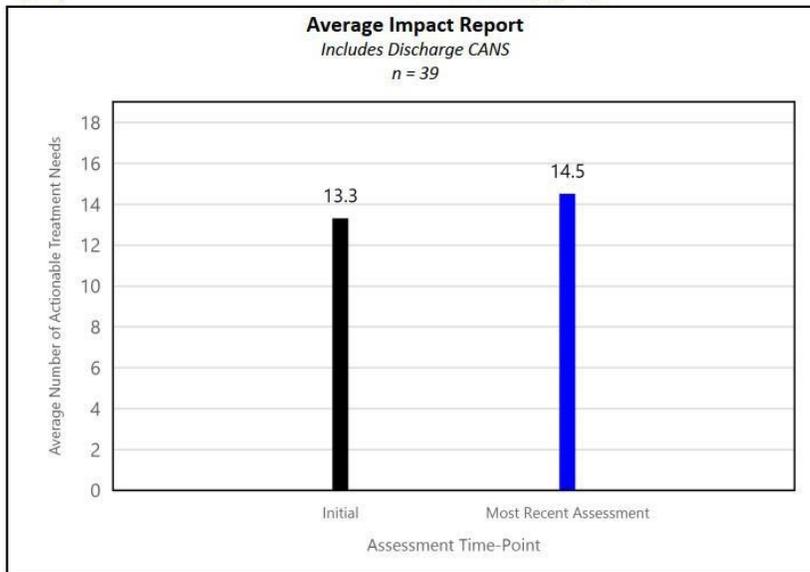
**Average Impact Report**

Report Description: This report shows change in the average number of actionable needs over time across the entire CANS for a cohort for the Behavioral & Emotional Needs, Risk Behaviors, Functioning, and Strengths domains.

Purpose of Report: To allow individuals at every level of the system to better understand and visualize treatment progress and service effectiveness based on change in the average number of treatment needs for a cohort over time.

Report Criteria

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Locality: Agency  
Agency: ICANS Community Agency 2



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Appendix G: ICANS Individual Collaborative Formulation Report

Confidential for: **Training 1049,Anna**

ICANS Community Agency 2,ICANS Facility 1

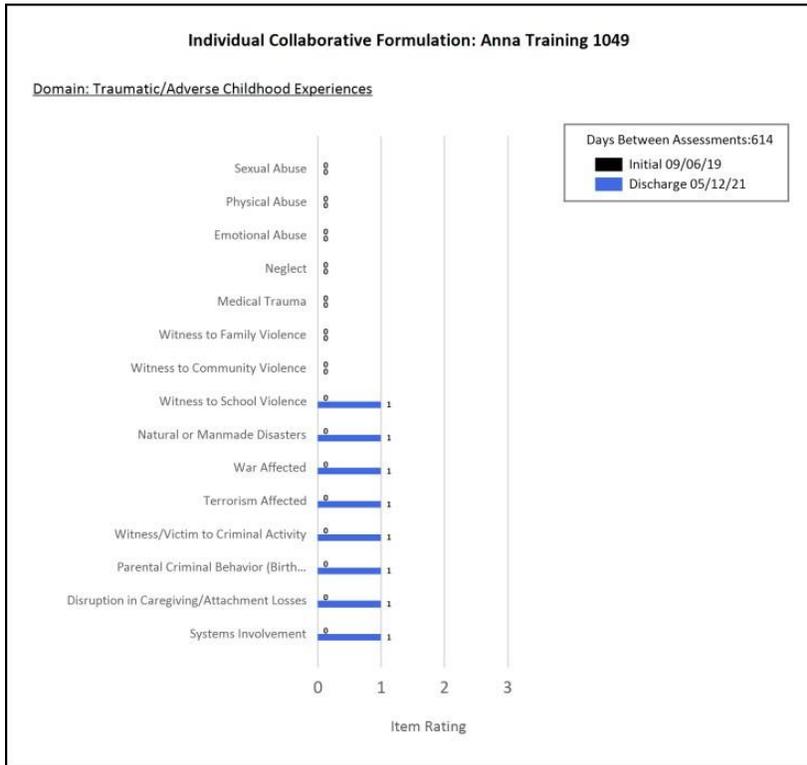
**Individual Collaborative Formulation Progress Report**

Report Description: This multi-page report shows a client’s item rating for every CANS Needs and Strengths item over time.

Purpose of Report: To enable clinicians and administrators to quickly assess client progress over time on all CANS Needs and Strengths items. The report displays item ratings across any two completed assessments (assessment time-points) that are selected.

Report Criteria

CANS Version: Children's Mental Health



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