

Users' Manual: Children's Progress Review System

Version 3.0

Child and Family Mental Health Team
Addictions & Mental Health Division
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Overview

The Children's Progress Review System is an internet based web portal designed to facilitate data collection and dissemination for two programs serving youth with complex mental health needs: the System of Care Wraparound Initiative (SOCWI) and Integrated Services Array (ISA). The system receives data collected using two Level of Service Intensity (LoSI) tools – the Early Childhood Service Intensity Instrument (ECSII) and Child and Adolescent Service Intensity Instrument (CASII); the Integrated Services Array Progress Review (ISA PR); and the Behavioral Emotional Rating Scale, version 2 (BERS-2).

System of Care Wraparound Initiative

Wraparound is an evidence-based approach designed to create a flexible, coordinated plan of services and supports based on each young person's strengths. Positive outcomes associated with Wraparound services include improved functioning in school; fewer incidents of running away, delinquency, harmful or risky behavior, and substance abuse; reunification with birth or adoptive parents, or successful long-term foster placement; and strengthening of supports for parents and other caregivers. Among the key components of the Wraparound model are the Child and Family Team, a Care Coordinator, and peer delivered services.

Integrated Services Array (ISA) and Intensive Community Treatment Services (ICTS)

The ISA was created in 2005 when the Children's System Change Initiative (CSCI) was implemented statewide. This established a broader array of effective services and supports and increased cross-system coordination. Children who need intensive community-based treatment are identified using a Level of Service Intensity (LoSI) tool and consideration of multiple risk factors. Those who qualify receive services and supports appropriate for their needs, with the goal of reduced use of facility-based care.

For a detailed description of the ISA model as implemented in Oregon, see [AMH Policy Two](#).

In 2011 CPRS was broadened to include Level of Service Intensity determination. SOCWI and ISA utilize the Child and Family Team to facilitate planning and Care Coordinators obtain a quarterly Progress Review for each child.

How CPRS information is used

The CPRS provides data useful for measuring outcomes for children, as well as tracking other key information such as level of support available to children's families, changes in children's living arrangements (residence), and information about prescription of psychotropic medications. The Coordinated Care Organization (CCO) contract with AMH requires that Level of Service Intensity (ECSII, CASII, multiple risk factors considered, and determination date) data be reported within 30 days of collection. The contract also requires CCOs to collect and report ISA/SOCWI Progress Review and BERS-2 data for each child within 30 days of entry, quarterly during treatment, and upon exit from the ISA/SOCWI. These instruments are critical tools for evaluating whether and how children in higher levels of service intensity benefit from the services and supports they receive.

The information obtained is beneficial to individual children and their families, by showing their progress over the course of treatment and helping them identify areas to focus on. In the same way, it is a guide for decisions made by the Child and Family Team for treatment planning and coordination of services. Aggregate analyses can provide information useful to CCOs, the state, and advisory bodies engaged in planning and implementing system improvements.

The CPRS is a resource for monitoring how the Children's Mental Health System addresses the needs of children being treated in higher levels of services. Data collected from CPRS form the basis of legislative, stakeholder, and specific reports to guide managers and decision-makers as they evaluate system needs, measure the impact of quality improvement efforts and justify funding requests.

References

“*Statewide Children's Wraparound Initiative Biennial Report*,” December, 2014.
<http://www.oregon.gov/oha/amh/wraparound/Report%20-%202014.pdf>

Bouska, B. “*Child and Adolescent Mental Health and Wraparound*,” February 2013. <http://www.oregon.gov/oha/amh/wraparound/docs/child-adolescent-mh-wraparound.pdf>.

AMH Children's Mental Health System Change Initiative. “*Policy Two: System Structure and Functions*,” September 2004.

<http://www.oregon.gov/oha/amh/childrenmentalhealth/Policy%202%20-%20System%20Structure%20and%20Functions,%202004.pdf>.

Data Collection

Meaningful Family, Youth, and Young Adult Involvement

Children, youth, young adults and their families are supported to participate in performance data collection and review under [AMH Policy Three](#). Family and youth voice is an important component of meaningful data collection and dissemination. Providing the opportunity for direct input into the data collection process is key to supporting meaningful family/youth/young adult involvement. Family and youth voice is a cornerstone of System of Care values and one which AMH has actively promoted since 2005.

Information about the child's or youth's progress or lack of progress should come directly from the child or youth and their family after services and supports are offered. Meaningful family and youth involvement requires that the voice of children, youth and families be heard during planning and review of services provided to them. ISA Progress Review questions are designed to be answered by the family and/or youth, and are then discussed and addressed within the context of the Child and Family Team. The Child and Family Team has the common purpose of collaborating to meet the needs of the child, youth or young adult, and family. The Child and Family Team includes family members and, if appropriate, the child; and also includes support persons and professionals.

The instrument used to track children's emotional and behavioral functioning, the Behavioral and Emotional Rating Scale Parent Rating Scale (BERS-2 PRS) is especially well suited to family involvement because it was designed to be completed by a parent and caregiver who has been living with and caring for the child or who is in contact with the child daily.

References

AMH Children's Mental Health System Change Initiative. *"Policy Three: Meaningful Family, Child and Young Adult Involvement."* June 2011 (revised). <http://www.oregon.gov/oha/amh/childrenmentalhealth/Policy%203%20-%20Meaningful%20Family,%20Child,%20and%20Young%20Adult%20Involem>

[ent,%202011.pdf](#)

Data Submission Requirements in the CCO Contract

According to the Coordinated Care Organization Contract and Contract Restatement dated November 1, 2012:

ISA determination data, also called level of service intensity (LoSI) data, is required to be collected and reported in the AMH Children's Progress Review System (CPRS). LSI data shall be reported no later than 30 days after entry into ISA services. Data shall be submitted electronically to the following web address: https://aix-xweb1p.state.or.us/amh_xweb/amh/index/cfm?

*[Please note that LOSI determination collection/reporting requirement will be removed from the CCO contract effective July 1, 2015.]

CCOs shall report on ISA system clinical outcomes by submitting a completed ISA Children's System Progress Review report, administered upon entry, quarterly and upon exit, while Member receives ISA services. Data shall be reported no later than 30 days after entry into ISA services, every 90 days after the initial report and on exit from ISA services. Data shall be submitted electronically to the following web address: https://aix-xweb1p.state.or.us/amh_xweb/amh/index.cfm?

Each CCO may develop its own method for submitting these data; typically, data submission is done by one or two people who use the system regularly. This is advisable to reduce the likelihood of errors and inconsistencies in data entry. The system has also been designed to minimize data entry error. The system will also assist CCO Administrative Users in determining if there are overdue reports, based on the date of the last submitted report.

Level of Service Intensity Determination Process

The Level of Service Intensity (LoSI) determination process is rooted in Systems of Care philosophy recognizing the importance of family, school and community, and seeking to promote the full potential of every child and youth by addressing their physical, emotional, intellectual, cultural and social strengths and needs. It provides a uniform and common framework within which service intensity needs can be identified and used to inform service planning.

This process is used to evaluate individual child and family service intensity needs and determine who would benefit from the ISA. The array of services used to achieve a specific level of service intensity is determined in collaboration with family members and involving other child-serving providers, so that the resulting services will be individualized to the unique needs, beliefs, and strengths of the child and family.¹

AMH requires LoSI determination for every ISA and SOCWI client at the beginning of treatment*. The determination process consists of two parts:

1. Administration of either the Early Childhood Service Intensity Instrument (ECSII) or the Child and Adolescent Service Intensity Instrument (CASII), and
2. Identification of risk factors associated with the need for intensive mental health services.

Level of Service Intensity Instruments

Intensity of service needs for each child or youth referred for ISA/SOCWI services is measured using one of two instruments, depending on the age of the child.

- The Early Childhood Service Intensity Instrument (ECSII) is appropriate for children under 6 years of age, and

¹¹ Adapted from: AMH Children's Mental Health System Change Initiative [Policy One](#), "Level of Service Intensity Determination Process," November 2009 (revised), online at: <http://www.oregon.gov/oha/amh/childrenmentalhealth/Policy%201%20-%20Level%20of%20Service%20Intensity%20Determination,%202009.pdf>

- The Child and Adolescent Service Intensity Instrument (CASII) is used for ages 6-18 years.

Both of these instruments are standardized and validated. Manuals and training must be purchased from the vendor, the American Academy of Child & Adolescent Psychiatry (AACAP). Additional information and order forms are available on the AACAP website, www.aacap.org, by registering for an account and navigating to these web pages:

http://www.aacap.org/aacap/Member_Resources/Practice_Information/CASII.aspx

Early Childhood Service Intensity Instrument (ECSII)

The ECSII is a tool for providers and others involved in the care of young children with emotional, behavioral, and/or developmental needs, and their families, including those children who are experiencing environmental stressors that may put them at risk for such problems. Young children and their families may need services from a variety of agencies and providers including child welfare, mental health, primary and specialty health care, child care, early education, adult mental health and substance abuse services, and from an array of community supports.

The ECSII provides a common language for diverse individuals and offers guidance in selecting appropriate services at the appropriate intensity for the youngest and most vulnerable children. The ECSII is based on the concept of Service Intensity (SI) as opposed to a traditionally defined “level of care”. Because young children and their families often require services in multiple contexts, the breadth of the service plan is more important. Service intensity involves multiple factors, not only the frequency and quantity of services, but also the extent to which multiple providers or natural supports are involved, as well as the level of care coordination required.

To assess the level of service intensity needed, the domain, the child is rated at one of five levels of functioning or impairment. Ratings presume that all young children require certain conditions for optimal development and functioning. These include emotional engagement from caregivers, support of their daily functions, supervision, safety and stimulation in their environment, and provision of material needs such as food, housing, clothing, and medical care. It is also true that the child’s caregivers need support from other adults, and other community supports

are often needed to comprise an adequate “caregiving system” for a child. In field testing trials, both the ECSII and the CASII have been shown to have very strong psychometric properties, with excellent inter-rater reliability and validity.

Child and Adolescent Service Intensity Instrument (CASII)

The CASII assesses the service intensity needs of children and adolescents presenting with psychiatric, substance use and/or developmental concerns. It takes into account family factors, cultural considerations, community supports, environmental concerns, medical and behavioral health co-morbidities, safety concerns and responses to interventions. The instrument is designed to facilitate an integrated service response to the child’s needs by multiple systems (mental health, juvenile justice, child welfare, etc.)

The CASII considers the whole child within the context of his/her family and social environment. It links a clinical assessment with standardized levels of service intensity and provides a method for matching the two. The method consists of quantifying the clinical severity and service needs on six dimensions that are standardized using anchor points. The ratings are quantified in order to convey information easily, but also provide a spectrum along which a child or youth may be evaluated on any dimension. The CASII can be used at all stages of service intervention to assess the intensity of services needed.

***Risk Factors*²**

In addition to administration of the ECSII or CASII, several factors are considered during the LoSI process. These Risk Factors have been associated with elevated intensity of service needs among children, including eight that apply to all children under 18 years of age, and 4 additional factors of special concern among children under six.

- Exceeds usual and customary services in an outpatient setting.
- Multiple agency involvement.
- Significant risk of out-of-home placement.

² See: AMH Children’s Mental Health System Change Initiative [Policy One](#), “Level of Service Intensity Determination Process,” November 2009 (revised) http://www.oregon.gov/oha/amh/childrenmentalhealth/Policy_1 - Level_of_Service_Intensity_Determination_2009.pdf

- History of one or more out-of-home placements.
- Frequent or imminent admission to acute inpatient psychiatric hospitalizations or other intensive treatment services.
- Significant caregiver stress.
- School or child care disruption due to mental health symptomatology.
- Elevated or significant risk of harm to self or others.

Factors that should receive extra emphasis in young children age birth to five:

- History of abuse or neglect.
- Conditions interfering with development such as poverty, parental substance abuse, parental mental health needs, and domestic violence.
- Significant relationship disturbance between parents.
- Child showing significant risk factors for more serious emotional/behavioral challenges (e.g. problems with social relatedness, significant difficulty with affective/behavioral self-regulation, multiple developmental delays.)

LoSI Data Collection Tools

The first three appendices at the end of this manual include screen shots from the two LoSI instruments.

Appendix A: ECSII Summary shows the ten ECSII Domains, followed by anchor statements for levels within each Domain.

Appendix B: CASII Summary shows the eight Domains measured by the CASII, followed by anchor statements for the levels within each Domain.

Appendix C: Risk Factors is based on AMH [Policy 1](#) and lists the twelve factors to be considered when determining LoSI needs.

References

AMH Children's Mental Health System Change Initiative. "Policy One: Level of Service Intensity Determination Process." November 2009 (revised).

<http://www.oregon.gov/oha/amh/childrenmentalhealth/Policy%201%20-%20Level%20of%20Service%20Intensity%20Determination,%202009.pdf>

American Academy of Child and Adolescent Psychiatry (AACAP). "CASII and ECSII Service Intensity Instruments."

https://www.aacap.org/App_Themes/AACAP/docs/member_resources/practice_information/casi

[i/CASII_ECSII_brochure.pdf](#)

Progress Review Process

Within each CCO, designated individuals, typically Care Coordinators, collect data quarterly on each child and family participating in the ISA or SOCWI.

The state Addictions and Mental Health Division requires that Progress Reviews be conducted for each client within 30 days of admission to ISA or SOCWI (Entry review). After Entry, a Progress Review is to be submitted every 90 days (Continuing review), and when leaving services (Exit review). When a youth leaves services unexpectedly, an unexpected exit may be noted in lieu of a final Progress Review.

Progress Reviews are designed to be conducted in conjunction with Child and Family Team meetings. Two types of information are collected.

1. "Caregiver Questions" developed by AMH with input from family members and providers. This set of questions is also known as the ISA or SOCWI Progress Review.
2. Behavioral and Emotional Rating Scale (BERS-2) Parent Rating Scale, a 52-item instrument which has been nationally standardized and validated.

Caregiver Questions

In the CPRS Progress Review, the caregiver questions appear in the first three sections, labeled "Residence," "Health Care Provider," and "Caregiver Rating." These sections ask about the child's living situation, health care and use of psychotropic medications, school performance, risk behaviors, Child and Family Team participation, and caregiver support, and ask for an overall rating of progress for continuing and exit reviews. An additional twelve questions are asked for children younger than six years of age. The caregiver questions are designed to be completed with the family, preferably at or in conjunction with a Child and Family Team meeting. A copy of the questions can be found in Appendix D.

Behavioral and Emotional Rating Scale, Parent Rating Scale (BERS-2)

The BERS-2 is completed individually by the caregiver or family member who has had the most consistent contact with the child or youth over the previous 30 days

or more. It is strongly recommended that whenever possible the same individual should complete the BERS-2 for every Progress Review during the child's participation in the ISA or SOCWI.

BERS-2 responses are grouped into five subscales: Interpersonal Strength, Family Involvement, Intrapersonal Strength, School Functioning, and Affective Strength. A Strength Index score, derived from the five subscales, summarizes the child's overall functioning. The Strength Index score can be converted to a percentile.

The BERS-2 is useful as an assessment of children's behavioral and emotional functioning in comparison to children of the same age and sex who do not have mental health problems. BERS-2 scores from a series of Progress Review reports can be compared to show how the child's functioning has changed.

Progress Review Data Collection Tools

The Caregiver Questions from the first three sections of the CPRS Progress Review are included in Appendix D of this manual. For ease of data entry, the questions are listed in the order in which they appear in the CPRS. Each CCO is welcome to modify the questionnaire to suit their individual business practices, as long as all the original questions are responded to. Data may be entered directly into the CPRS online if a computer and internet connection are available in the Child and Family team or similar setting.

The BERS-2 is distributed by [Pro-Ed](#). The BERS-2 manual and test forms may be ordered online at:

<http://www.proedinc.com/customer/ProductView.aspx?ID=3430&sSearchWord>

A PowerPoint presentation about the BERS-2 has been posted online at:

<http://www.oregon.gov/oha/amh/childrenmentalhealth/Behavioral%20and%20Emotional%20Rating%20Scale%20-%20for%20Care%20Coordinators,%202012.pdf>

Users are strongly urged to review this presentation. It provides important information relevant to administration of the Progress Review forms, including the BERS-2 Parent Rating Scale.

Data Entry

At the local level (CCO or County) there are two main types of users: Basic and Administrative.

Basic User: An individual who uses the CPRS mainly for data entry. Basic users are permitted to view, add, edit, and submit Client Information, Level of Service Intensity determinations, and quarterly Progress Review reports for a specified client population (County, CCO).

Administrative (Admin) User: An individual who sets up and manages roles for other users. Each CCO or county has two Administrative Users who have access to the User Profiles of staff assigned to use the CPRS for data entry. Admin Users have the same permissions as Basic Users and in addition are able to:

- Add and edit Basic Users' Profiles, Accounts, and Roles (CCO and County),
- Edit and delete LoSI and Progress Review reports after they have been submitted, and
- Run reports summarizing data for selected groups of clients.

Training for CPRS Data Integrity and Consistency

To assure that information in CPRS is of the highest quality, it is critical that everyone who collects, enters, or edits data is adequately trained and knowledgeable about the CPRS system and its components. For this reason, AMH requires all CPRS users to receive training before using the system. New users must participate in an introductory training session available for viewing online, and read this manual. Additional resource materials for CPRS users are provided on the [AMH webpages](#). Among these are this detailed data entry manual and presentations on the BERS-2 for staff.

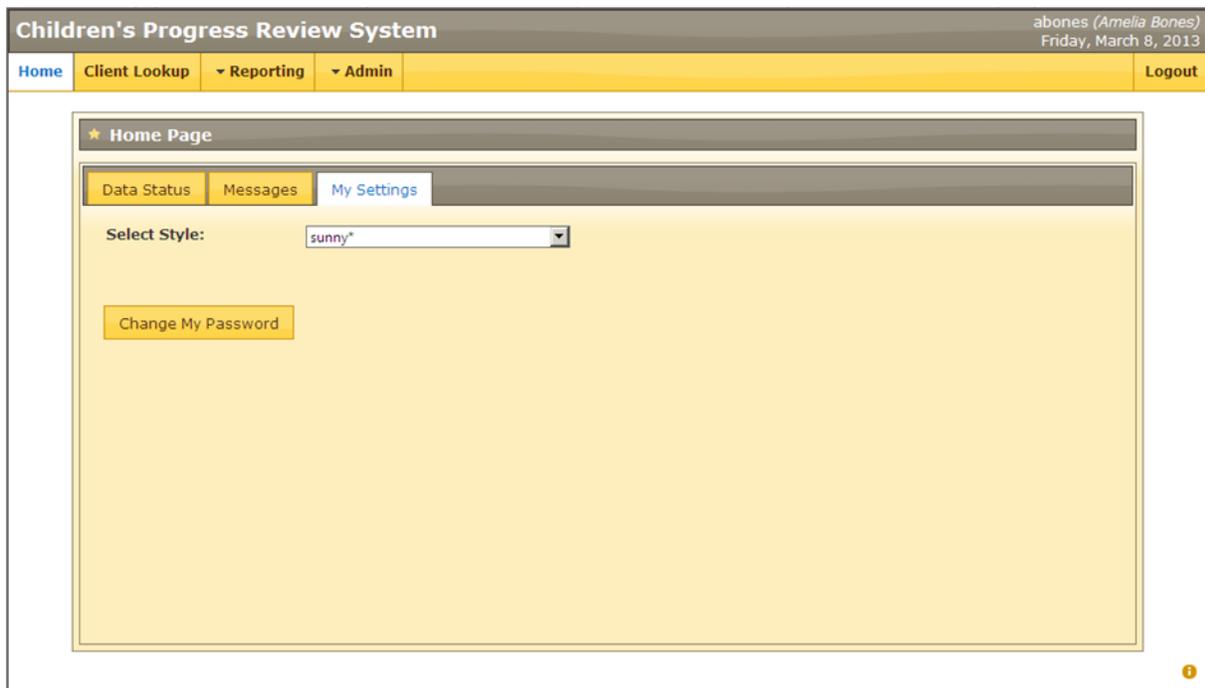
CCOs are responsible for purchasing BERS-2 and LoSI manuals and scoring forms and providing adequate training for staff who will be involved in administering the

standardized tools used in the CPRS, including the CASII, ECSII, and BERS-2 Parent Rating Scale.

Getting Started

Before you begin using the CPRS, you must have an account and receive training. If you are a Basic User, your administrator will create a user account and assign your “Roles” (permissions), provide you with the CPRS web address, a username and password, and will arrange for you to get the necessary training. New Admin Users need to contact AMH to request an account and training information. To start the process, send an email to CPRS.Help@state.or.us.

Users are permitted to change their own password, but must log in using the current password in order to do so. If unable to log on, contact your administrator or email CPRS.Help for assistance. When successfully logged in, a Home page will appear. At the top of the screen between “Home” and “Logout,” buttons for “Client Lookup” “Reporting” and “Admin” may appear, depending on the roles assigned to you.



For security purposes, your access to CPRS will be disabled after 90 days since your last log in date. If this occurs you will need to contact your local CPRS

administrator or [CPRS.Help](#) to have your account restored. It is suggested you set a periodic reminder on your calendar to prevent this from happening.

Instructions for Administrative Users

The information in this section is provided as a reference for Administrative Users for setting up and managing Basic Users in CPRS. These tasks are found in the “User Maintenance” section of the “Admin” tab. The “Admin” tab is visible only to users who have been assigned Administrative roles.

NOTE: The CPRS was implemented before the transition from MHOs to CCOs and AMH has not yet been able to edit all of the labels to reflect this. Where “MHO” appears on CPRS screens, it should (and will someday) read as “CCO”.

How to Add a Basic User

The information needed to add a CPRS user is:

- First and last name (required.)
- Valid work email address (required.)
- Work phone number and extension. This assists [CPRS.Help](#) in providing technical assistance if a user is having difficulty.
- Name of the organization the user represents.
- CCO and county (or counties) for the clients for which the user will enter data.

In CPRS, go to the “Admin” tab on the top of the screen and choose “User Maintenance” from the drop-down list.

The screenshot displays the CPRS Admin interface. At the top, the title is "Children's Progress Review System" with the user "abones (Amelia Bones)" and the date "Friday, March 8, 2013". The navigation menu includes "Home", "Client Lookup", "Reporting", and "Admin". The "Admin" tab is selected, and a dropdown menu is open, highlighting "User Maintenance". Below the menu, the "User Maintenance Center" section contains input fields for "Last Name (starts with)", "First Name", and "User Name", along with an "Add New User" button. A table below shows columns for "User Name", "First Name", "Last Name", "Phone", and "Email", with a message "No data available in table".

In the **User Maintenance Center** screen, first search existing accounts to determine whether the user is already in the system. Enter all or part of the user's last name and click on the "Search" button to see a shorter list. If the user's name appears, click on it to view the existing profile and roles. For instructions on how to edit user roles in an existing account, see "User Permissions and Roles."

If the person has not yet been entered as a user, continue by clicking on "Add New User" in the lower left corner of the window. The "User Maintenance Center - New User" will appear. Enter all of the requested user information into the fields. Then click "Save" to add them as a new user to the system.

IMPORTANT: *In order to preserve changes made in a user profile, you must click on the SAVE button before leaving the screen "User Maintenance Center – New User or Edit User". Exiting without saving will result in loss of all data entered for that user.*

Enter information in boxes as follows.

1. **User Name:** Used along with a password to log in to the CPRS. For the User Name the conventional format is the first initial and last name (e.g. bsmith for Ben Smith). There is a 10 character limit. If this convention would result in name confusion within the system or if the last name has too many characters, a different format may be used.
2. **E-mail:** Valid work e-mail address which is relevant to CPRS work (no personal e-mails please).
3. **Phone Number:** Work phone number and extension, if available, where user can be reached for CPRS technical assistance.
4. **Last Name:** User's last name.
5. **First Name:** User's first name.
6. **Primary Organization:** Name of the organization the user works for, e.g. Empire County Mental Health, or Oregon's First CCO. This helps to identify the person's location in the state, but does not affect permissions or any other settings.

Remember: Click on "Save" before moving to the next step in order to save the new user to the system.

User Password and Account Settings

The tabs on the lower part of the User Maintenance Center are used to manage the user's account settings and permissions.

Account: Use the "Account" tab to assign a password for new accounts. The initial password can be the same as the user name. After logging in for the first time, CPRS users can change their own password in the "My Settings" tab on the Home page.

For existing users the "Account" tab provides information on the user's status, first and last login, and number of login attempts. If a user has had more than three unsuccessful login attempts, their Administrator can restore their access by clicking on the curved arrows to the right of the number. The Admin User can also change a user's password at any time.

User Permissions and Roles

Applications: To assign CPRS user permissions, click on the "Applications" tab and select Children's Progress Review System from the list. Then click on "Add Application to User". The CPRS application name and description will appear in the box titled "Current Applications" below.

MHO Roles: (Should currently say "CCO Roles", but AMH has not yet been able to change this.) Click on the tab "MHO Roles" ONLY if the person you are entering should and will have access to EVERY county served by the CCO. If you do not know whether this applies, a list of CCOs and the counties they serve is at <http://www.oregon.gov/oha/OHPB/Pages/health-reform/certification/index.aspx>. Or, you can ask your supervisor or an administrator in your agency.

IMPORTANT: *If the user should NOT have access to EVERY county the CCO serves, DO NOT assign any CCO Roles. Instead, you will need to go to the next tab Provider Roles and assign roles separately for the county or counties they work with.*

To assign CCO Roles, select the CCO from "MHO" box and then select "Children's Progress Review System" from the "Application" drop-down list.

Next, select an appropriate user permission to assign from the “Roles” drop down list, then click “Add Role to User”. You will need to repeat this action for each additional role that you assign. As each role is added to the user, it will appear in the section “Current MHO Roles” below.

Appropriate roles for Basic Users are: **Add/Edit Reports** and **Add/Edit Clients**. An advanced role that will allow a user to edit a report that has already been submitted is “Edit Submitted Reports”.

Provider Roles: To assign Provider Roles, you will need to know the county designation (county name followed by a number) for the CCO the user is affiliated with. (Otherwise the data will end up with the wrong CCO!) A quick and easy way to do this is to go back to the MHO Roles tab above, click on the CCO to see a list of counties served with the number for that CCO (e.g. county1, county2, county3 or county4). When using MHO Roles to look up county designations, be sure you do NOT add any MHO Roles. See Appendix E for a list of CCOs and CMHPs with county number designations.

With the correct county designation, go back to the Provider Roles tab and select the appropriate county and number in the “CMHP” box. Choose a (county ICTS) provider in the “Provider” box and CPRS under “Application.” Select permissions from the drop-down list under “Role:” and add one at a time by clicking on the button “Add Role to User”. Appropriate roles for Basic Users are: **Add/Edit Reports** and **Add/Edit Clients**. As each role is assigned it will appear on the list under “Current Provider Roles” below.

IMPORTANT: Before closing the user profile please double check the following:

1. Password has been assigned (first initial, last name up to 10 characters.)
2. Username and Password have been recorded so they will be available to send to the user.

Remember to SAVE – If you fail to SAVE before you exit, you will lose everything and it will need to be re-entered.

Once you have saved, the process is completed of adding the user. You can edit the information at any time if necessary, such as when changing counties covered,

upgrading from Basic to Admin User roles, and when a user leaves your department or agency.

PLEASE remember to disable the accounts of all employees leaving your agency. The CPRS portal is accessible from anywhere, as it is an internet based system. The CPRS contains protected health information under HIPAA. Not disabling these accounts of prior employees is a HIPAA violation.

Final Steps

After adding or updating CPRS user accounts, be sure to do the following:

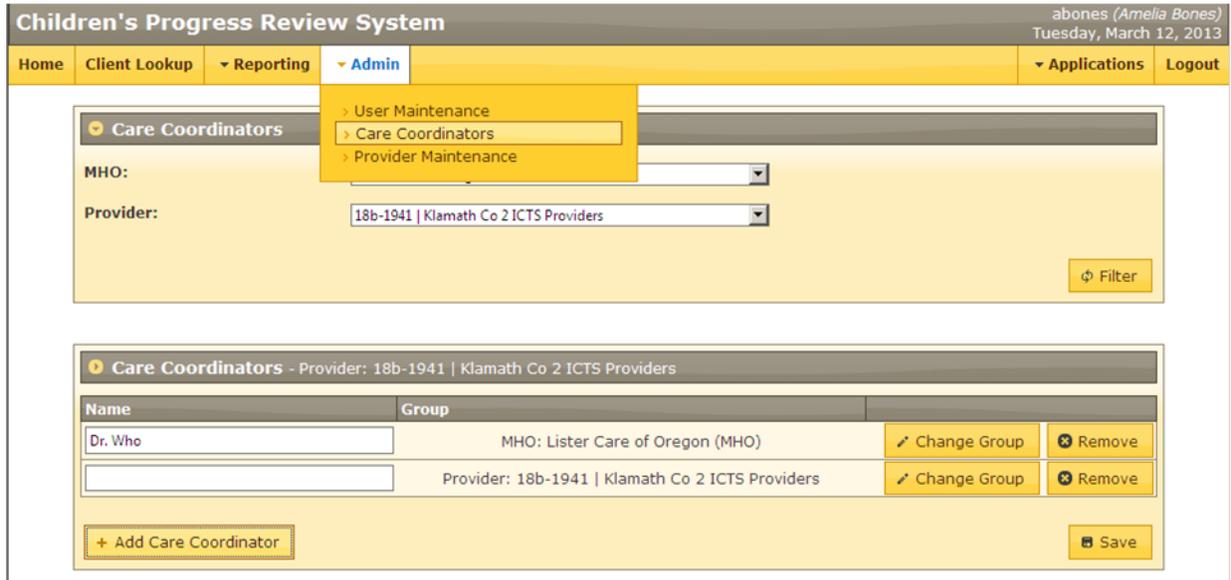
1. Let the user know they have access to CPRS,
2. Give them their Username and Password, and
3. **Make sure they participate in training and read this manual.**
4. **Email CPRS.Help@state.or.us with the new users' Name, Username, email, CCO/County they work in, and date trained.**

Adding Care Coordinators

The Care Coordinator page is used to identify individuals who fill the Care Coordinator role within your agency or county. Care Coordinators coordinate the work of child and family teams in the System of Care. Information for the Progress Review and BERS are gleaned from the Child and Family team and contact with the family. The Care Coordinator is responsible for making sure these data are collected.

From the Admin menu choose "Care Coordinators." Select your CCO or county Provider from the dropdown list and click the "Filter" button in the lower right corner. This will pull up a list of the Care Coordinators in the agency. If the person you are seeking is not on the list, use the "Add Care Coordinator" button in the lower LEFT corner. A new row with a blank "Name" box will appear at the end of the list. The group designation in the middle section should be the name of your CCO or county. If this is not displayed correctly, contact CPRS.Help@state.or.us for assistance.

To the right are two buttons: "Change Group" and "Remove." Disregard these if you are ADDING a Care Coordinator and the CCO and county provider are correctly displayed. Simply type the Care Coordinator's name in the blank box and click SAVE in the lower right corner.



To REMOVE a Care Coordinator, find their name on the list and click "Remove," then SAVE. If you need to MOVE a Care Coordinator to a different group (county provider or CCO) select the "Change Group" button and use the popup screen to search for and choose the Care Coordinator's new group. When you Move or Remove a Care Coordinator from your group all of the data assigned to that Care Coordinator is retained, but they will no longer appear in your list.

Dealing with Password Lockouts

There are two ways a user could be locked out of CPRS.

1. For security purposes, if it has been **90 days** or more since your last log in date, access to CPRS will automatically be disabled. If this happens, only an Admin User can unlock the user's account.
2. After 6 consecutive unsuccessful login attempts, the user's account will be automatically locked and the user will not be able to log in even if they use the correct password. The password will need to be changed if this occurs. To restore a user's account, go to User Maintenance, use the Search function to find and open the user's profile and follow these steps:

1. On the lower part of the screen, click the Account tab.
2. At the top left of the Account section find a box labeled “Login Attempts”. Find the two small curved arrows next to the box showing the number of attempts and click on the arrows to reset the Login Count to 0.
3. If the box on the right says “Locked” use the drop down list to change it to “Active”.
4. Change the password and record it so you can give it to the user.
NOTE: You can re-use the initial password (first initial, last name). Also, if the User knows their current password and wants to keep it, it is not necessary to change it.



The screenshot shows a user account management interface. At the top, there are three tabs: "Account" (selected), "MHO Roles", and "Provider Roles". Below the tabs, there are four fields: "Login Attempts" with a value of 8 and a reset icon, "Account Status" with a dropdown menu set to "Active", "Last Login" with the date and time "03/12/2013 11:05 PM", and "First Login" with the date and time "03/12/2013 11:05 PM". A yellow "Change Password" button is located at the bottom left of the account details section.

How to Disable a User Account

The CPRS system contains HIPAA protected information. That means that when someone using it is no longer employed by the agency, their account must be disabled as soon as possible. You may disable a user account on the main User Maintenance Center – Edit User screen in the Account section at the bottom.

To the right of the Login Attempts is a field labeled **Account Status** with a dropdown box listing “Active,” “Disabled,” or “Locked”. To avoid removing data associated with the user, change their designation to “Disabled”. The user will no longer be able to access their CPRS account. Admin Users must do this for their CCO/County because they will know when a user no longer needs access to the system.

Trouble Shooting and Technical Assistance

In most cases user issues can be resolved by the local Admin User. To request AMH assistance, send an email to CPRS.Help@state.or.us. Include your name and contact information, which CCO/MHO or county you work with, and a brief description of the problem. Screen shots are helpful, but please don't include protected health information unless you are sending your request in a secure email. If you don't have secure e-mail readily available, you can send a request to [CPRS.Help](#) requesting that a secure e-mail be sent to you, to which you can respond.

Data dissemination

The CPRS features several reports which Admin Users and Basic Users can create and view reports for children in the CCO, CMHP, or Provider to which the user has access. These reports are also useful to AMH staff members, who can create statewide reports from data in the CPRS system.

Data Status Report

This report is useful to CCOs and AMH administrators for managing the completeness and integrity of data in the CPRS system. The user is offered a selection of categories which may be used to define the report parameters:

- Review dates (range)
- Program (ISA, Wraparound, or both.)
- Current Status (Entry, Open, Exit)
- Ages (range)
- Gender
- One or more from a list of the review questions.

An additional Reports section summarizes the progress report form data that has been submitted, including number of:

- Entry Progress Review forms submitted in the last quarter/year.
- Open Progress Review forms submitted in the last quarter/year.
- Exit Progress Review forms submitted in the last quarter/year.
- Level of Service Intensity Assessment forms completed in the last quarter/year.
- Clients with draft reports for the selected parameters.

A new Level of Service Intensity summary report has also been added, which will show the number and percentage of clients at each CASII and ECSII Level of Service Intensity.

Once a Data Status Report has been configured and is displayed on the screen, the user may convert it to a PDF in a separate window, from which the report can be printed or saved.

The screenshot displays the 'Children's Progress Review System' interface. At the top, the user is identified as 'knewton (Kathleen Newton)' on 'Monday, March 11, 2013'. The navigation menu includes 'Home', 'Client Lookup', 'Reporting', and 'Admin'. A dropdown menu under 'Reporting' is open, showing options for 'Data Status', 'Progress Review Status', and 'Bulk Export'. The main content area shows a report for 'Behavioral Care Network (MHO)' with a review complete date range from 07/01/2010 to 12/31/2012, for ages 2 to 18. The program status is 'Entry (First Review)' and only clients in the 'ISA' program are included.

Clients	
Clients with Submitted Reports:	91
Clients with Draft Reports:	1
Ages 0-5 (at the time of submit) :	2
Ages 6-12 (at the time of submit) :	45
Ages 13+ (at the time of submit) :	44

Current Status Break Down		
Entry (First Review)	91	100%
Open (Continuing Review)	0	0%
Exit (Unexpected)	0	0%
Exit (Final Review)	0	0%

90 Day Review Cycle

Level 6 - Secure, 24-hour Services With Psychiatric Monitoring	0	
---	---	--

Average Strength Index			74 out of 137
-------------------------------	--	--	---------------

LoSI - ECSII		
Level 0 - Basic Health Services	0	0%
Level 1 - Minimal Service Intensity (Beginning Care)	0	0%
Level 2 - Low Service Intensity	1	100%
Level 3 - Moderate Service Intensity	0	0%
Level 4 - High Service Intensity	0	0%
Level 5 - Maximal Service Intensity (Full Support)	0	0%

Caregiver Question		
Indicate the frequency with which the following statement is true: "Over the past 20 scheduled school days, the child has been producing school work of acceptable quality for his or her ability level."		
N/A (Child not in school)	19	21%
Never	4	4%
Seldom	6	7%
Sometimes	17	19%
Frequently	18	20%
Very Frequently or Always	15	16%
Rating deferred / Unknown	12	13%

Caregiver Question		
Caregiver's rating of their social network over the past thirty (30) calendar days.		
Caregiver has NO family or social network that could help with raising the child	10	11%
Caregiver has SOME family or social network that MAY BE ABLE to help with raising the child	40	44%
Caregiver has SOME family or social network that ACTIVELY HELPS with raising the child	27	30%
Caregiver has SIGNIFICANT family or social network that ACTIVELY HELPS with raising the child	10	11%
Caregiver's social network unknown	2	2%
Not Applicable	2	2%

BERS2 Percentiles by Group					
Subscale percentile scores:					
	15	30	45	60	
I. Interpersonal Strength (IS)	F				50
	M				9
II. Family Involvement (FI)	F				16
	M				5
III. Intrapersonal Strength (IaS)	F				37
	M				5
IV. School Functioning (SF)	F				16
	M				9
V. Affective Strength (AS)	F				16
	M				5
Strength Index	F				18
	M				1

Progress Review Status Report (Aggregate)

The Progress Review Status Report is a newly added page in the system that displays grouped client data changes over time. This report contains charts comparing results between Entry and Exit and between Entry and first Quarterly review for a selected group of clients. A third table shows average scores from the BERS-2 at Entry and each consecutive quarterly review (first, second, third, etc., to a maximum of eight) and Exit.

The data fields displayed in the Progress Review Status Report are:

- BERS-2 average raw subscale scores and Strength Index,
- Current residence with biological family or in long term placement,
- Reasons for placement disruption if that has occurred,
- Number of children producing academic schoolwork of an acceptable quality for their ability level,
- Participants in the most recent Child and Family Team,
- Number of children who have had no harm to self, or to others, or episodes of substance abuse or encounters with law enforcement (“delinquency”) in the review period,
- Number of children who have run away during the review period,
- Degree of caregiver support that is available to the caregiver providing the Progress Review information,
- An estimate of progress since the previous review, by the caregiver and/or the Child and Family Team, and

A “View the Clients” button below each table generates a list of the clients whose data are summarized in that table. This list cannot be saved within the CPRS, but it may be saved as an Excel spreadsheet or PDF.

The Progress Review Status Report may be used to share information about a group of clients by making a PDF of the report screen while in the system and saving it locally for printing or electronic distribution.

Children's Progress Review System knewton (Kathleen Newton)
Monday, March 11, 2013

Home Client Lookup **Reporting** Admin Logout

Children's Progress Review Status

Providers in: Marion
Review Complete Date From 07/01/2010 To 03/01/2013
Ages 2 to 18
Only Clients In Program: ISA

Data Status
 Progress Review Status
 Bulk Export

Entry to Exit Score Changes				Entry to 2nd Quarterly Review Score Changes			
# of Clients: 6	Entry	Exit	Change	# of Clients: 11	Entry	Open (Q2)	Change
BERS2 IS	26	0	-26	BERS2 IS	24	26	2
BERS2 FI	18	0	-18	BERS2 FI	17	22	5
BERS2 IaS	20	0	-20	BERS2 IaS	19	25	6
BERS2 SF	14	0	-14	BERS2 SF	16	12	-4
BERS2 AS	18	0	-18	BERS2 AS	12	11	-1
BERS2 Raw Sum	96	0	-96	BERS2 Raw Sum	87	96	9
BERS2 Strength Index	88	0	-88	BERS2 Strength Index	82	88	6
Current Residences: biological/adoptive parent	5	4	-1	Current Residences: biological/adoptive parent	5	5	0
Current Residences: long term placement	0	0	0	Current Residences: long term placement	1	1	0
Academic Performance:	0	3	3				

Users' Manual: Children's Progress Review System

or significant active help			
Care giver supports: adequate or excellent	0	0	0
Estimate of progress: rating of improved	0	0	0
View the Clients			

or significant active help			
Care giver supports: adequate or excellent	1	1	0
Estimate of progress: rating of improved	0	0	0
View the Clients			

Average Scores by Quarterly Review

# of Clients: 64	Entry	Open #1	Open #2
BERS2 IS	23	26	37
BERS2 FI	15	22	18
BERS2 IaS	17	25	27
BERS2 SF	14	12	22
BERS2 AS	11	11	18
BERS2 Raw Sum	81	96	122
BERS2 Strength Index	75	88	107

[Print](#)
[Back to Search](#)

Client Progress Review Report (Individual)

This section provides a summary of an individual client, either through a single report or over time, depending on the time frame(s) selected. A single or “progress over time” review for a child or youth can be converted to a PDF and printed.

A summary of an individual client’s progress over time can be a useful clinical tool. The summary includes

- Progress Report status,
- Estimate of child’s progress since last review,
- Current residence,
- Whether psychotropic medication(s) are being prescribed for the child,
- Whether the child has been doing acceptable schoolwork for their ability level Frequently, Very Frequently, or Always,
- Whether the child’s caregiver(s) have some or significant family or social network that actively helps with raising the child, and
- BERS-2 Strength Index percentile.

These indicators have been selected to provide an overview of a child’s progress, with individual outcome data being provided by an overall estimate of whether there has been progress, a statement of where the child is residing, the need for psychotropic medication, an indication of school progress, the degree of caregiver support available and the BERS-2 Strength Index. These are all key indices for children with high mental health service and support needs.

These data points are displayed for each progress report that is in the system from entry to exit. A system user can identify the Progress Report as Entry, Quarterly Review or Exit. The report will also display the days from Entry to 1st Quarterly Review, 1st Quarterly Review to 2nd or subsequent Quarterly Review and the last Quarterly Review to Exit.

Client Information - TestBL, TestBL						
Provider:	02-015 BENTON COMMUNITY TRTMT SER CHILD					
Case Number:	111111	Recipient ID:	11111111			
Last Name:	TestBL	First Name:	TestBL			
Birth Name:	BLTest	Date of Birth:	01/01/2005			
Gender:	M Male	Program:				
← Back to Client Lookup						Edit
Level of Service Intensity Assessments						
Incomplete Assessments						
ID	Determination Date	Closure Date	Level of Service Intensity	Composite Score	Date of CASII/ECSII	
Complete Assessments						
ID	Determination Date	Closure Date	Level of Service Intensity	Composite Score	Date of CASII/ECSII	
19	10/01/2012	09/27/2012	4	18	10/22/2012	[view]
						+ Start New Level of Service Intensity Assessment
Saved Progress Reports						
Drafts						
ID	Program Status	Created By			Last Modified By	
Submitted Forms						
ID	Program Status	Care Coordinator	Complete Date	Created By	Last Modified By	
42524	Entry (First Review)	Rachel Ronning	01/02/2012	Bryant Lister 10/22/2012	Bryant Lister 10/22/2012	[view]
42527	Open (Continuing Review)	Joe Smith	10/08/2012	Bryant Lister 10/22/2012	Kathleen Newton 03/13/2013	[view]
42526	Open (Continuing Review)	Dr. Doctor (07-005)	10/15/2012	Bryant Lister 10/22/2012	Kathleen Newton 03/13/2013	[view]
42525	Open (Continuing Review)	Danielle Stolk	10/22/2012	Bryant Lister 10/22/2012	Bryant Lister 10/22/2012	[view]
42521	Exit (Unexpected)			Bryant Lister 10/22/2012		[view]
						+ Start New Progress Report Form
Client History						
Review	Bers 2 Strength Index	Progress	Current Residence	Psychotropic Rx?	School Work OK?	Caregiver ACTIVE HELP?
01/02/2012	74	About the same	Other relative or a friend (not foster care)	Yes	No	No
10/08/2012	67	About the same	Long-term foster care placement	No/Unknown	No	Yes
10/15/2012	73	Improved	Long-term foster care placement	No/Unknown	No	Yes
10/22/2012		About the same	Long-term foster care placement	No/Unknown	No	Yes
Unexpected		Not reported	Not reported	No/Unknown	Unknown	N/A

E-mail Feature

The Report Email allows the user to have the standard report sent to their own or another user's inbox with selected preferred frequency. The user may also select an existing report from their list and have it sent immediately.

The screenshot displays the 'Children's Progress Review System' interface. At the top, there is a navigation bar with 'Home', 'Client Lookup', 'Progress Report Form', 'Reporting', 'Admin', 'Applications', and 'Logout'. The 'Admin' menu is open, showing options like 'User Maintenance', 'Messenger', 'Login Page Alert', 'Care Coordinators', 'Provider Maintenance', 'MHO Maintenance', and 'Report Emails', with 'Report Emails' circled in red. The main content area is titled 'Email Report Setup: New Scheduled Report' and contains several input fields: 'Name of Report:', 'Start Report on this Date:', 'Frequency of Report:', 'Program Area:' (with checkboxes for SCWI and ISA), and 'Recipient Emails:'. A 'Schedule New Report' button is located at the bottom right of this section. Below the form is a table with columns for 'Report Name', 'Last Ran', 'Frequency', 'Program', and 'Actions'. The table lists six reports, each with 'Send Now', 'Edit', and 'Delete' links. A search bar and pagination controls are also visible.

Report Name	Last Ran	Frequency	Program	Actions
Bryant's Monthly Report	10/25/2011	Monthly	SCWI	[Send Now] [Edit] [Delete]
Bryant's Report	10/25/2011	Monthly	SCWI,ISA	[Send Now] [Edit] [Delete]
Bryant's Weekly Report 2	10/18/2011	Weekly	SCWI	[Send Now] [Edit] [Delete]
Bryant's Weekly Report 2	10/25/2011	Weekly	SCWI	[Send Now] [Edit] [Delete]
PJV1	10/25/2011	Weekly	SCWI,ISA	[Send Now] [Edit] [Delete]
Test Report Daily	10/24/2011	Daily	SCWI,ISA	[Send Now] [Edit] [Delete]

AMH system reporting

AMH analysts have issued several reports using data extracted directly from the CPRS system tables. Direct data extraction affords the ability to tailor data sets more closely to analytical requirements. Two reports based on these data are:

Statewide Children's Wraparound Initiative Progress Review Summary, January 2012

Statewide Children's Wraparound Initiative Progress Review Summary, July 2012

Appendix A: ECSII Summary

Level of Service Intensity Assessment - New

Child's Information

LoSI Process

CASII/ECSII Data

Domain I: Degree of Safety	<input type="text"/>
Domain II: Child-Caregiver Relationship	<input type="text"/>
Domain IIIa: Caregiving Environment, A. Strengths & Protective Factors	<input type="text"/>
Domain IIIb: Caregiving Environment, B. Stressors and Vulnerabilities	<input type="text"/>
Domain IV: Functional/Developmental Status	<input type="text"/>
Domain V: Impact of the Child's Medical, Developmental, or Emotional/Behavioral Problems	<input type="text"/>
Domain VIa: Service Profile - A: Caregiver(s) Involvement in Services	<input type="text"/>
Domain VIa: Service Profile - A: Child's Involvement in Services	<input type="text"/>
Domain VIb: Service Profile - B: Service Fit	<input type="text"/>
Domain VIc: Service Profile - C: Effectiveness of Services	<input type="text"/>

ECSII Composite Score: [0] Level 0 - Basic Health Services

Level of Service Intensity:

Clinician Notes:

Performed by (Name & Credentials):

Risk Factors

Appendix B: CASII Summary

Level of Service Intensity Assessment - New

▶ Child's Information

▶ LoSI Process

▼ CASII/ECSII Data

Domain I:
Risk of Harm

Domain II:
Functional Status

Domain III:
Co-Occurrence: Developmental, Medical, Substance Use,
and Psychiatric

Domain IVa:
Recovery Environment - Environmental Stress

Domain IVb:
Recovery Environment - Environmental Support

Domain V:
Resiliency and/or Response to Services

Domain VIa:
Child/Adolescent: Involvement in Services

Domain VIb:
Parent/Primary Caretaker: Involvement in Services

Child is living emancipated or independently:

CASII Composite Score: [0] Level 0 - Basic Services for Prevention and Maintenance

Level of Service Intensity:

Clinician Notes:

Performed by (Name & Credentials):

◀ Previous

▶ Risk Factors

◀ Back to Client

Appendix C: Risk Factors³

Level of Service Intensity Risk Assessment questions (check all that apply.):

- Exceeds usual and customary services in an outpatient setting.
- Multiple agency involvement.
- Significant risk of out-of-home placement.
- History of one or more out-of-home placements.
- Frequent or imminent admission to acute inpatient psychiatric hospitalizations or other intensive treatment services.
- Significant caregiver stress.
- School or child care disruption due to mental health symptomatology.
- Elevated or significant risk of harm to self or others.

Factors that should receive extra emphasis in young children age birth to five:

- History of abuse or neglect.
- Conditions interfering with parenting such as poverty, substance abuse, mental health needs, and domestic violence.
- Significant relationship disturbance between parent(s).
- Child showing significant risk factors for more serious emotional/behavioral challenges (e.g. problems with social relatedness, significant difficulty with affective/behavioral self-regulation, multiple developmental delays.)

³ From AMH Children's Mental Health System Change Initiative [Policy One](#), "Level of Service Intensity Determination Process," November 2009 (revised).

Appendix D: Progress Review Items

ISA Progress Review/BERS-2 Questions for Progress Review Report

The ISA Progress Review is to be administered for each child determined ISA eligible who enters ISA services. The progress of a child and family shall be reviewed upon entry and exit from services and supports, as well as quarterly, while they are participating in the ISA, and the data shall be submitted to AMH, Oregon Health Authority utilizing the electronic format found at:

https://aix-xweb1p.state.or.us/amh_xweb/amh.

Please contact AMH (see end of document for contact information) if you do not have access, need a password, and/or have not had training on how to use the system.

Child's Information

- Provider: CPMS Provider Number
- Case Number: CPMS Case Number
- Recipient ID: Child's Medicaid ID Number
- Last Name: Child's legal last name
- First Name: Child's legal first name
- Birth Name: (May or may not be different from child's legal name.)
- Date of Birth: Child's birth date
- Gender: Child's sex
- Program: ISA, SCWI, or both (may not appear on new forms.)

Residence

- Current Residence: Select one from list below.
 - Biological/adoptive family member
 - Other relative or a friend (not foster care.)
 - Long-term foster care placement
 - Temporary foster care placement

- Therapeutic foster care
- Residential treatment center
- Other (include statement describing type of residence.)
- ▶ Residence statement:
- ▶ Number of times child changed residence (for any reason) within the last 90 days:
- ▶ Number of unplanned/disruptive residence changes:
- ▶ Placement Disruption due to: Check all that apply.
 - No placement disruption – DOES NOT APPLY.
 - Noncompliance in self-care.
 - Refusal to engage in expected activities (does not include school refusal.)
 - School refusal
 - Property destruction
 - Self-abusive behaviors
 - Sexual acting-out behaviors
 - Fecal smearing
 - Other *Please describe:*

Health Care Provider

- ▶ Child has a primary health care provider (check if “Yes”.):
- ▶ Child is being prescribed psychotropic medication (check if “Yes”.):
- ▶ Type of provider prescribing psychotropic medications (select from list.):
 - Psychiatrist
 - Pediatrician
 - Psychiatric Mental Health Nurse Practitioner (PMHNP)
 - Other (not listed above.)
 - Unknown
- ▶ Date of last medication check:

Caregiver Rating

There are 23 items in this section. Items 1 – 12 apply only to children aged 0 – 5; for children of school age, begin with item 13, School Performance.

In the past 30 days, when in settings with same-aged peers, how often has the child:

1. Demonstrated age-appropriate socialization skills?
 - Never
 - Rarely or Seldom
 - Often or Usually
 - Consistently, Always or Almost Always

2. Met developmental milestones in the use of language skills?
 - Never
 - Rarely or Seldom
 - Often or Usually
 - Consistently, Always or Almost Always

3. Met developmental milestones in the use of motor skills?
 - Never
 - Rarely or Seldom
 - Often or Usually
 - Consistently, Always or Almost Always

4. Met developmental milestones in the use of cognitive skills?
 - Never
 - Rarely or Seldom
 - Often or Usually
 - Consistently, Always or Almost Always

5. In the past 30 days, has the child been excluded from a setting with same-aged peers, outside of the home, due to behavioral challenges?
 - No
 - Yes
 - Unknown
 - Not Applicable (child not in such a setting in past 30 days.)

Rate child's ability to function well and at a developmentally appropriate level, in the past 30 days, with respect to:

6. Sleeping:

- Rarely or never able to function well.
- Sometimes able to function well.
- Usually able to function well.
- Consistently able to function well.
- N/A, because regulation of functioning not expected at this age/stage in development.
- Unknown

7. Ability to self-soothe:

- Rarely or never able to function well.
- Sometimes able to function well.
- Usually able to function well.
- Consistently able to function well.
- N/A, because regulation of functioning not expected at this age/stage in development.
- Unknown

8. Ability to be soothed with adult support or assistance:

- Rarely or never able to function well.
- Sometimes able to function well.
- Usually able to function well.
- Consistently able to function well.
- Unknown

“Runaway-equivalent” behaviors in past 30 days (compared to typical behavior for a child of this age; do not rate developmentally normal or playful behavior)

9. Child withdraws and appears to be unreachable/numb/frozen.

- Not at all
- Rarely
- Sometimes

- Frequently
- Not applicable
- Unknown

10. Child acts out indiscriminately.

- Not at all
- Rarely
- Sometimes
- Frequently
- Not applicable
- Unknown

11. Child seeks adults indiscriminately.

- Not at all
- Rarely
- Sometimes
- Frequently
- Not applicable
- Unknown

12. Child runs out of adult line of sight or leaves contained area intentionally.

- Not at all
- Rarely
- Sometimes
- Frequently
- Not applicable
- Unknown

Complete the remaining items for children of ALL ages.

13. Indicate the frequency with which the following statement is true: "Over the past 20 scheduled school days, the child has been producing school work of acceptable quality for his or her ability level."

- N/A (Child not in school.)
- Never
- Seldom

- Sometimes
 - Frequently
 - Very Frequently or Always.
 - Rating deferred /Unknown.
- 14.** Who of the following participated in the current or the most recent Child and Family Team (CFT) meeting? Check all that apply.
- One or more of the child's current primary caregiver(s).
 - Child
 - Natural supports, such as other family member(s) or friends(s).
 - Child welfare representative /caseworker.
 - Mental health provider(s) for child.
 - Chemical dependency provider(s) for child.
 - Legal representative /Attorney /Guardian Ad Litem (do not include Juvenile Justice.)
 - Educator /School teacher/ School representative.
 - Juvenile Justice representative.
 - Other *Please describe:*
- 15.** Child's risk of self-harm (includes reckless or intentional risk taking behavior that may endanger the child.)
- No history of behavior that would place the child at risk for physical harm to self, or that has resulted in physical harm to self.
 - History of behavior (but NOT in the past 30 days) that has placed the child at risk for physical harm to self, or that has resulted in physical harm to self.
 - Within the past 30 days, child has engaged in behavior that has placed the child at risk for physical harm to self, or that has resulted in physical harm to self.
 - Child has engaged in behavior within the past 30 days that has placed child at immediate risk of death.
 - Unknown
- 16.** Child's risk of harm to others.
- No history of behaviors that pose danger to others.

- History (but not in past 30 days) of homicidal ideation, physically harmful aggression, or fire setting that has put self or others in danger of harm.
- Homicidal ideation, physically harmful aggression, or deliberate fire setting in past 30 days (but not in past 24 hours.)
- In past 24 hours, homicidal ideation with plan, physically harmful aggression, deliberate fire setting, or command hallucinations involving harm of others.
- Unknown

17. Child's history of / risk for running away.

- No history of running away.
- History of running away, but no instances of running away in the past 30 days.
- Ran away once or twice in the past 30 days (with no instance of child being gone overnight.)
- Ran away several times in the past 30 days (with no instance of child being gone overnight.)
- Ran away at least once in the past 30 days (with at least one instance of child being gone overnight.)
- Unknown

18. Child's history of / risk for delinquency.

- No history of delinquency.
- History of delinquency, but not in the past 30 days.
- Recent acts of delinquency (in the past 30 days.)
- In the past 30 days, severe acts of delinquency that place others at risk of significant loss or injury and place child at risk of adult sanctions.
- Rating deferred / Unknown.

19. Evidence of substance abuse over past 30 days.

- No evidence of substance abuse over past 30 days, or no history of substance abuse.
- Suspicion of substance abuse.

- Clear evidence of substance abuse that is interfering with child's ability to function in at least one role or setting.
- Clear evidence of substance dependence and/or child requires detoxification.
- Rating deferred / Unknown.

20. The service coordination plan supports:

- | | |
|--|------------------|
| ▶ Child's Culture (select from list.) | No; Yes; Unknown |
| ▶ Caregiver's Culture (select from list.) | No; Yes; Unknown |
| ▶ Child's Language (select from list.) | No; Yes; Unknown |
| ▶ Caregiver's Language (select from list.) | No; Yes; Unknown |

21. Caregiver's rating of their social network over the past thirty (30) calendar days.

- Caregiver has **NO** family or social network that could help with raising the child.
- Caregiver has **SOME** family or social network that **MAY BE ABLE** to help with raising the child.
- Caregiver has **SOME** family or social network that **ACTIVELY HELPS** with raising the child.
- Caregiver has **SIGNIFICANT** family or social network that **ACTIVELY HELPS** with raising the child.
- Caregiver's social network unknown.
- Not Applicable

22. Caregiver rating of available supports for problematic behavior.

- No support
- Limited (inadequate) support
- Adequate support
- Excellent support
- No rating / information not available.

23. Summary estimate of child's progress since last review

- Not applicable (this is first review.)
- Improved

- About the same.
- Not doing as well.

IMPORTANT: *If this is an Entry (first) review, DO NOT check anything other than "Not applicable".*

Appendix E

CCO/County Crosswalk

Users' Manual: Children's Progress Review System

CCO	CMHP	PROVIDER	PROVIDER CODE	START DATE
AllCare Health Plan (CCO)	Curry 1	Curry Co 1 ICTS Providers	910	8/1/2012
	Douglas 1	Douglas Co 1 ICTS Providers	913	
	Jackson 1	Jackson Co 1 ICTS Providers	917	
	Josephine 1	Josephine Co 1 ICTS Providers	921	
Columbia Pacific CCO, LLC (CCO)	Clatsop 1	Clatsop Co 1 ICTS Providers	905	9/1/2012
	Columbia 1	Columbia Co 1 ICTS Providers	906	
	Coos 1	Coos Co 1 ICTS Providers	907	
	Douglas 2	Douglas Co 2 ICTS Providers	914	
	Tillamook 1	Tillamook Co 1 ICTS Providers	934	
Eastern Oregon (CCO)	Baker 1	Baker Co 1 ICTS PProviders	901	9/1/2012
	Gilliam 1	Gilliam Co 1 ICTS Providers	946	
	Grant 1	Grant Co 1 ICTS Providers	947	
	Harney 1	Harney Co 1 ICTS Providers	948	
	Lake 1	Lake Co 1 ICTS Providers	949	
	Malheur 1	Malheur Co 1 ICTS Providers	927	
	Morrow 1	Morrow Co 1 ICTS Providers	950	
	Sherman 1	Sherman Co 1 ICTS Providers	933	
	Umatilla 1	Umatilla Co 1 ICTS Providers	951	
	Union 1	Union Co 1 ICTS Providers	935	
	Wheeler 1	Wheeler Co 1 ICTS Providers	952	
	Wallowa 1	Wallowa Co 1 ICTS Providers	936	
FamilyCare, Inc (CCO)	Clackamas 1	Clackamas Co 1 ICTS Providers	903	8/1/2012
	Marion 1	Marion Co 1 ICTS Providers	928	
	Multnomah 1	Multnomah Co 1 ICTS Providers	930	
	Washington 1	Washington Co 1 ICTS Providers	937	
Health Share of Oregon (CCO)	Clackamas 2	Clackamas Co 2 ICTS Providers	904	9/1/2012
	Multnomah 2	Multnomah Co 2 ICTS Providers	931	
	Washington 2	Washington Co 2 ICTS Providers	938	
Intercommunity Health Network (CCO)	Benton 1	Benton Co 1 ICTS Providers	902	8/1/2012
	Lincoln 1	Lincoln Co 1 ICTS Providers	925	
	Linn 1	Linn Co 1 ICTS Providers	926	
Jackson Care Connect (CCO)	Jackson 2	Jackson Co 2 ICTS Providers	918	9/1/2012
PacificSource Community Solutions, Inc (CCO) CENTRAL OREGON REGION	Crook 1	Crook Co 1 ICTS Providers	909	8/1/2012
	Deschutes 1	Deschutes Co 1 ICTS Providers	912	
	Jefferson 1	Jefferson Co 1 ICTS Providers	920	
	Klamath 1	Klamath Co 1 ICTS Providers	923	
PacificSource Community Solutions, Inc (CCO) COLUMBIA GORGE REGION	Hood River 1	Hood River Co 1 ICTS Providers	942	11/1/2012
	Wasco 1	Wasco Co 1 ICTS Providers	943	
PrimaryHealth of Josephine Co, LLC (CCO)	Douglas 3	Douglas Co 3 ICTS Providers	915	9/1/2012
	Jackson 3	Jackson Co 3 ICTS Providers	919	
	Josephine 2	Josephine Co 2 ICTS Providers	922	
Trillium Community Health Plan (CCO)	Lane 1	Lane Co 1 ICTS Providers	924	8/1/2012
Umpqua Health Alliance (CCO)	Douglas 4	Douglas Co 4 ICTS Providers	916	8/1/2012
Western Oregon Advanced Health, LLC (CCO)	Coos 2	Coos Co 2 ICTS Providers	908	8/1/2012
	Curry 2	Curry Co 2 ICTS Providers	911	
Willamette Valley Community Health, LLC (CCO)	Marion 2	Marion Co 2 ICTS Providers	929	8/1/2012
	Polk 1	Polk Co 1 ICTS Providers	932	
Yamhill (CCO)	Yamhill 1	Yamhill Co 1	956	11/1/2012
	Marion 3	Marion Co 3	954	
	Clackamas 3	Clackamas Co 3	953	
	Polk 2	Polk Co 2	955	

AMH Contact Information

If you need Technical Assistance or have questions or concerns about the CPRS, please email us at CPRS.Help@state.or.us. Having a central contact point helps us assign and track your requests.

We welcome your feedback and suggestions about how to improve the CPRS and training materials – including this User Manual.

[CPRS.Help](#) Staff Members:

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