



Functional Assessment Systems

CAFAS® | PECFAS® | JIFF® | CWL®

2011 OUTCOMES MANAGEMENT SOLUTIONS

Technology That Works for You

WHAT'S INSIDE?

- FASOUTCOMES® WEB-HOSTED SOFTWARE
- WHAT SETS US APART
- MEASURE DESCRIPTIONS
 - CAFAS®- CHILD & ADOLESCENT FUNCTIONAL ASSESSMENT SCALE®
 - PECFAS®- PRESCHOOL & EARLY CHILDHOOD FUNCTIONAL ASSESSMENT SCALE®
 - JIFF®- JUVENILE INVENTORY FOR FUNCTIONING®
 - CWL®- CAREGIVER WISH LIST®

CONTACT US TODAY!

Sign up for a demo today at <http://www.FASoutcomes.com>!

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*- all measures developed by
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FASOUTCOMES®

OUR NEW WEB-HOSTED SOFTWARE THAT CONTAINS ALL 4 MEASURES!

FEATURES IN FASOUTCOMES®

Automated reports –the system automatically generates client and family assessment reports which include clinical markers and indicators that have been honed over 15+ years of research. This new reporting feature alerts staff to high risk behaviors and provides interpretive results to guide treatment planning.

Real Time Data – Instantly, upon completing an assessment, your results are available. All case and aggregated data is available at the click of a button, enabling fast proactive management and tracking capabilities.

Dashboards – At three levels, comprehensive dashboards are available. They work to provide at a glance summaries for individual clients, clinicians, or supervisors. Each level of dashboard provides the user the information they want without having to look for it. All of the key indicators, reports, and case details are shown on each client dashboard. Number of clients, case load in the next 30 days, and overdue assessments are shown for clinicians. Program, entire organization, or location breakdown is given for the supervisors – all in real-time.

Intuitive, Customizable, and User Friendly – the FASOutcomes system was built with you in mind. From intuitive features like Help and What's This on every page, we want you to get the most out of the system. The system offers customizable options for your reports and various tracking features, to ensure it fits your needs. Most importantly the FAS system is extremely user friendly, with ease of navigation, and logical element placement, exploring the system is a breeze. We provide easy quick-start guides for each assessment to get you going your first time, and more advanced documents to assist with understanding some of the more powerful features in the system.

INTRODUCTION TO FASOUTCOMES®

FAS Outcomes® is web-hosted software that includes our four empirically based assessments. Here you can access the CAFAS®, PECFAS®, JIFF® and CWL® all from one single application. It gives you “real time” information about client status and outcomes, keeping your clinicians informed and focused on quality care. Greatly assists with clinical interpretations, treatment planning, outcome tracking, and management within an organization. Data is instantly provided at multiple levels in comprehensive “dashboards” for users, and can be easily exported, saved, printed, or transmitted to others working on the case.

SAFE & SECURE SYSTEM

- Web-hosted system with no local installation or IT
- Minimal system requirements - all you need is an internet connection
- Designed to meet HIPAA requirements to ensure privacy of data:
 - 256 bit encryption for every session
 - Unique user login – using role based authentication
 - Audit table
- Data & application are securely housed at a hosting facility which requires biometric entry and maintains the highest level of industry security standards – including SAS70 certification.
- All your data is available at all times! You can extract data elements into a variety of file types and all reports can be saved locally.

SYSTEM REQUIREMENTS

Processor speed
1.5 GHz or better

RAM
256 MB

Web browser
IE 7.0 and up
Firefox 3.0 and up
Safari 4.0 and up

Operating system
Windows 2000 or higher
MAC OSX 10.4.11,
Linux

FASOUTCOMES® *Continued*

OUR NEW WEB-HOSTED SOFTWARE THAT CONTAINS ALL 4 MEASURES!

IMPACT OF THE SYSTEM

You can ensure that the most appropriate youths are matched with evidence-based treatments and can determine the outcomes achieved by each of these treatments.

Your staff will actively use our “progress at a glance” tools to drive toward better outcomes.

Our family reports and planning tools encourage a family-driven and youth-guided approach to services and actively invite the family to be a vital part of the team.

Your supervisors can easily and continually stay informed about the status and progress of all cases and can provide timely consultation to staff, helping to avert crises, minimize risks, prevent poor outcomes, and ensure compliance with records maintenance and treatment guidelines. Think workforce development.

With a “click”, your agency has access to analyzed results and easy-to-read reports, without requiring expertise from IT staff or research analysts.

Your data is available to you at all times.

LEARN MORE TODAY!

To learn more about the FAS Outcomes system, or to get a live interactive demonstration today, please contact us at 734.769.9725 or by emailing software@FASoutcomes.com!

More information and comprehensive documents can be found at www.FASoutcomes.com (select software from the left navigation bar).

CAFAS 5.4 USERS - This transition should be smooth, and we can work with you to help train your staff on the new system!

WEB-SERVICES, CONNECTING TO YOUR ELECTRONIC HEALTH RECORDS

Offering a direct connection from your Electronic Health Record (EHR) to the FAS system, with the ability to automatically bring client information from your records to FAS, prior to completing an FAS assessment. Once the assessment has been completed, the reports and all data elements are sent back into your EHR allowing for seamless integration of your records. Enjoy all the benefits and features in FASoutcomes, while ensuring the elimination of duplicate entry and allowing you to view all your information in your EHR!

HOW DOES THIS WORK?

A bridge is built between the two programs. FAS has already built a bridge out, allowing all EHR suppliers to build their bridge in with unique coding to fit your system. Your vendor should be familiar with web services and may already be offering this service with our system. Check with your EHR provider today. To get the specifics on building the bridge to our system contact FAS.



To learn more about Web Services please contact fas@FASoutcomes.com Today!

WHAT SETS US APART?

OBJECTIVE MEASURES THAT TRACK OUTCOMES FOR THE ENTIRE SYSTEM OF CARE

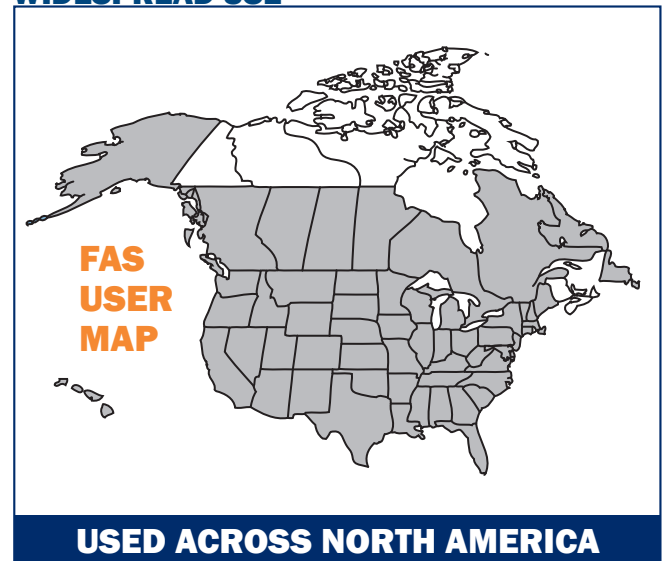
WHO USES OUR MEASURES?

MENTAL HEALTH	<i>for youth who are:</i>
- at risk for behavioral and emotional problems	
- referred for eligibility assessment for services for Seriously Emotionally Disturbed	
- Receiving on-going services	
JUVENILE JUSTICE	<i>Ideal for assessing youth at all points of contact within Juvenile Justice, including youth who are:</i>
- at-risk for delinquency	
- truant	
- candidates for diversion programs	
- adjudicated and receiving community-based services	
- receiving substance use services	
- detained	
CHILD WELFARE	<i>used to rapidly assess youth:</i>
- entering foster care	
- entering adoption	
- at risk for placement disruption or adoption failure	
- child welfare referrals needing a “front-end” assessment.	
EDUCATION	<i>help assess youth who:</i>
- present with behavioral challenges in the classroom	
- appear to have emotional concerns that could be compromising their educational progress	
- receive specialized educational services	
- receive substance use services	
- are transitioning back to the community after residential placement	
HEALTH SETTINGS	<i>for youth who are:</i>
- are at risk for behavioral and emotional problems	
SYSTEM OF CARE	<i>our measures can be:</i>
used as “the common measure” across child-serving agencies. The choice of measure depends on the needs of the community, although the youth and caregiver JIFF is probably the most commonly used for this purpose. Use of common measure(s) ensures that children and youths receive services based on their needs identified by an objective measurement of day-to-day functioning.	

THE FAS DIFFERENCE

- » **EMPIRICALLY-BASED WITH EXTENSIVE RESEARCH**
- » **COMPREHENSIVE ASSESSMENT OF FUNCTIONING**
- » **TRACKS PROGRESS AND OUTCOMES ACROSS DOMAINS**
- » **PROGRAM EVALUATION MADE EASY**
- » **MEANINGFUL RESULTS FOR FAMILIES AND PROFESSIONALS**
- » **FOCUSES TREATMENT**
- » **DOCUMENTATION FOR ACCREDITATION, MEDICAID AUDITS, & FUNDING**

WIDESPREAD USE



CAFAS® OVERVIEW

CAFAS® - The gold-standard tool for assessing a youth's day-to-day functioning and for tracking change in functioning over time. The CAFAS is backed by over 20 years of research with diverse samples of youth. It is widely used to inform decisions about type and intensity of treatment, level of care, placement, and need for referral. The CAFAS is unique because it provides a comprehensive and objective assessment, focusing on **observable** behaviors.

HOW THE CAFAS WORKS ONLINE

The CAFAS is quickly completed by an assessor (10 minutes), based on information collected during a typical clinical assessment. The assessor "clicks" the behaviorally-based items that describe the youth's functioning in each of the domains. For each domain (subscale), the assessor can also quickly identify the youth's strengths and goals.

Results with interpretations are displayed instantaneously, and include: CAFAS Profile, alerts for critical items, risk behaviors, clinical markers, client types, and outcome indicators. The Client Assessment Report and the Family Report (which includes strengths and goals and shows progress) are generated entirely by the software. The assessor can add optional summary comments to appear on the Client Assessment report.

Based on the CAFAS items (i.e., target behaviors), and strengths and goals selected by the assessor, the application generates a Treatment Plan organized by subscales. The "action plan" section for each subscale is completed by the assessor.

After each assessment, a snapshot of the client's results appears immediately on the Client Dashboard. If the CAFAS is re-administered to track progress (e.g., quarterly), outcome indicators focus attention to progress, or lack thereof.

The Supervisor Dashboard presents aggregated client data for a variety of clinical markers (e.g., risk behaviors, client types) and for outcome indicators (improving vs. not improving). It is easy to "drill down" to identify the specific clients who meet the criteria and then "click" to view the Client's Dashboard.

PECFAS® OVERVIEW

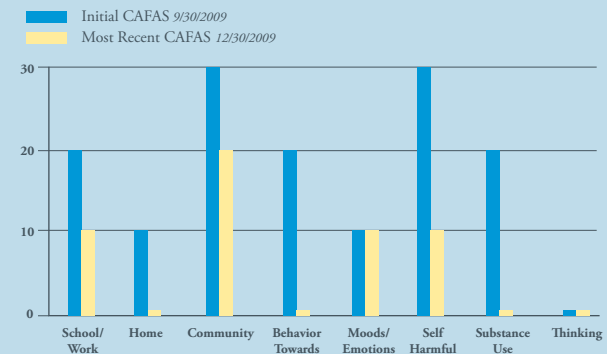
The PECFAS® - Preschool & Early Childhood Functional Assessment Scale® was developed from the CAFAS. Used for preschoolers, it determines day-to-day functioning across 7 life domains (Substance Use omitted). Depending on the child's emotional and cognitive developmental level, the PECFAS can be used with children ages 3 to 7 years old. PECFAS has all the other great features of CAFAS and is available in the same web-hosted suite!

DOMAINS OF FUNCTIONING

Youth	
	School/Job
	Home
	Community (delinquent-like behavior)
	Behavior Towards Others
	Moods/Emotions (depression, anxiety, trauma)
	Self Harm
	Substance Use
	Thinking
Caregiver	
	Material Needs
	Family/Social Support

CAFAS PROFILE

Once a youth has more than one CAFAS assessment, a profile graph comparing the initial CAFAS to the most recent is displayed on reports & the client dashboard.



CAFAS BASICS

Age Range
5-19 yrs

Training Req.
Workshop (trainer)
Self-Training
Onsite

Administration
Assessor with
mental health
training (M.A.
preferred)

Approx. Time
10 Min to Score

Settings:
Any child-serving
agency that conducts
in-depth assessments.

Language
Spanish version of
CAFAS Parent Report

JIFF® OVERVIEW

JIFF® – Hands on, interactive, computerized interview that is self-administered by the client. The JIFF does not require training and can be used by front-line staff. Youth of all social groups and circumstances readily use it and report they like it better than being interviewed by a person.

The JIFF is used to rapidly assess youth, evaluate outcomes, and assist with service coordination. Juvenile justice, foster care, child protective services, schools, prevention programs, and residential settings currently use the JIFF. It has also been chosen as the “common tool” for assessing the needs of youth served by various child agencies across a county or region.

WHAT THE JIFF DOES FOR YOU!

The computer reads the questions aloud (in English or Spanish) and the interviewee selects the appropriate answer on the computer screen (and at times responds to open-ended questions). Two versions (youth and caregiver) ask questions across 10 areas of life functioning and about interests and strengths-based coping skills. Usually completed by the youth, caregiver or both in only 15 to 30 minutes.

After the interview, staff immediately view the findings and print the JIFF Summary Report. The youth's Client Dashboard instantaneously displays key results (e.g., risk behaviors, mental health concerns) and a chart showing extent of youth's needs across the 10 domains. Youth's progress is tracked over time when the JIFF is re-administered.

A Service Plan is automatically started by the software, and is quickly completed by staff, with input from the family. Based on the respondent's answers, the application automatically generates a list of potential goals for the youth. Staff then select the goals to be included in the Service Plan and assign services/interventions and a priority level to each goal. Services, priority level, and additional goals are customized to the local community.

The JIFF Service Plan is a powerful tool that translates the youth or caregiver's responses into an action-plan based on practical, achievable goals. Additionally, if both the youth and caregiver take the JIFF Interview, their results can be integrated into one Service Plan.

Application Models

- When used by front-line staff, the entire process (Interview to Service Plan) can be done within an hour, from start to finish!
- When used by professionals, JIFF helps to quickly and easily “start” the assessment and makes documentation and planning easy.

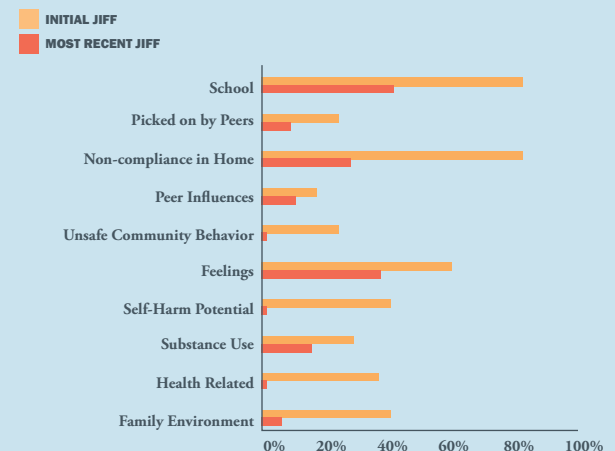
Oversight of all Cases

Supervisor's Dashboard provides real-time aggregated data for number and percent of youth for whom each goal was selected and those with high-risk behaviors or mental health concerns. Supervisors can drill down to identify specific clients meeting any criteria.

10 DOMAINS OF FUNCTIONING

Domains	Areas Assessed
School/Job	Behavior, grades, attendance; fulfilling responsibilities, vocational interests
Home	Compliance in the home; obeying rules
Family Life	Concerns about family environment
Peer Relationships	Interactions with friends; peer pressure
Community Behavior	Respect for others' rights; obeying laws
Feelings	Depression, anxiety, & trauma
Self-Harm	Self harmful behavior or ideas
Substance Use	Alcohol & drug use
Thinking	Irrational/illogical thoughts
Health	Health related needs

TRACKS OUTCOME: COMPARISON OF INITIAL AND MOST RECENT



JIFF BASICS

Versions	Languages	Reading Level
Youth	English	2nd -3rd grd (Y)
Caregiver	Spanish	3rd-4th grd (C)
Age Range	Administration	Approx Time
9-19 yrs (Y)	Self Administered	15-20 mins (Y)
6-19 yrs (C)		20-25 mins (C)

CWL[®] OVERVIEW

The CWL[®] is a self-report measure of parenting skills. It is a step-by-step questionnaire for parents to report their child's compliance and their own parenting behavior. Using this questionnaire, parents "self-discover" their parenting strengths and growth opportunities. Each of the questions on the CWL maps to a specific, behaviorally defined skill that can enhance parenting and is achievable with practice.

The CWL is empirically-derived; the skills included were based on a comprehensive review of the scientific literature. It was designed to include only parenting strategies that have been proven, through rigorous research, to promote child compliance or reduce problem behaviors. These "ingredients for success", which have been identified over the last two decades under the generic term "parent management training", are organized into six skill areas on the CWL.

The CWL is used with parents whose children are from 3 to 19 years old. There are two versions of the CWL, one for preschoolers and one for school-aged children. It is available in English and Spanish. No training is required for the CWL.

APPLICATIONS OF THE CWL

The CWL is used in settings in which parents may need enhanced "child management skills" (Hodges, 2004) in order to positively influence their child's behavior. Mental health, juvenile justice, child protection, and foster care settings use the CWL to help parents identify the areas they would like to focus on in individual, family, or group treatment. Within a strengths-based model, this relationship between the parent and counselor is considered a collaboration in which the counselor is viewed as a practitioner-coach. The CWL informs the coach of the skills the parent wants to focus on. It fosters a therapeutic alliance from the start of the process! The CWL evaluates progress toward attaining skills and provides a means of evaluating outcome.

HOW THE CWL WORKS

The parent and the practitioner work together to complete the CWL. The practitioner reads the questions out-loud to the caregiver. This encourages the parents to add other contextually relevant information, providing an opportunity for the parent to tell their family's story.

The CWL is divided into two sections, one that assesses the child's behavior and the other assesses the parent's behavior. The "Skill Wish List for Your Child" includes items that ask the caregiver about the child's compliance in the home. The "Skill Wish List for You" has items that ask the caregiver about his or her own parenting behavior. Both sections use a five-point response option.

After marking all the items, the caregiver is asked to describe, in their own words, their "top three wishes" – the things they would most like to change about their parenting approach. Typically, after parents have answered the CWL questions, they identify for themselves their parenting strengths and challenges, given the unique needs of their child. In the process, the parent has already begun to visualize specific behavioral changes they could make with the help of coaching.

CWL'S SKILL AREAS

Skill Areas
Providing Direction and Following Up
Encouraging Good Behavior
Discouraging Undesirable Behavior
Monitoring Activities
Connecting Positively with Youth
Problem-Solving Orientation

A MOTHER'S THOUGHTS

"There were some things I never thought about before, like the timing of things to help my kids do what was asked. And my own behavior, telling them some things are okay—when they're not... After a while, though, I saw differences in my scores, and it was good to see. I felt better about what I was doing, and my kids felt better about me."

CWL BASICS

Child Age Range 3-19	Respondent Caregiver
Languages English Spanish	Administration Self Guided
Approx Time 30 mins	Versions Preschool School-Age
	No Training Req

BENEFITS OF THE CWL

- Promotes a collaborative relationship between the caregiver and practitioner-coach, promoting caregiver "buy-in" and a therapeutic alliance
- Gives caregivers a vehicle to "tell their story" about their parenting experience
- Provides staff with a strengths-based framework to guide their work with the families
- Administered pre- and/or post-intervention to document progress and reinforce the parents' perception of how influential their behavior is on how their child handles life
- Can be used in conjunction with Parent Management Training (PMT) to assess program effectiveness