Department of Human Services Allegheny County, Pennsylvania

Jail Collaborative– Provider Cognitive Behavioral Treatment Outcome Screen

If a Provider is providing Cognitive Behavioral Treatment (CBT) services to a Jail Client, the provider must complete the *CBT Outcomes and Measures* screen in the Jail Collaborative application.

Completing the CBT Outcome and Measure Screen

Department of Human Services Allegheny County, Pennsylvania					
			Help Logout	Jail Client 🔻	
List Services Provider Service Log	Outcomes and Measures				
* Denotes Required Fields ** [ds			
Client's Name Dummy Test		Staff Name Ralph Bunche		Documentation Date	
Service(s)					
Services▲ ► Cognitive Behavioral Trea	atment				
Goal To change criminal thinking for	individuals at high-risk for	re-offending.			
Outcomes and Measures					
1. Client completed pre-test Yes/No Date 2. Client enrolled into CBT Date Comm	Test Score	Comment			
3. Client's level of participation					
Number of sessions attended	Number of sessions offered	Comment		Save	J
Number of sessions attended 4. Client completed CBT Date Communication 5. Client completed post-test Yes/No Date		comment			J
	County, Pennsylvar Ust Services Provider Service Log Outcomes and Measures Lis * Denotes Required Fields ** C General Information Client's Name Dummy Test Service(s) Service(s) Services A Cognitive Behavioral Tree Cognitive Behavioral Tree Cognitive Behavioral Tree Code To change criminal thinking for Outcomes and Measures 1. Client completed pre-test Yes/No Date 2. Client enrolled into CBT Date Comme 3. Client's level of participation Number of sessions attended A. Client completed CBT Date Comme S. Client completed CBT Date Comme	County, Pennsylvania List Services Provider Service Log Outcomes and Measures I Outcomes and Measures List * Denotes Required Fields * Denotes Required Fields * Denotes Required Fields * Denotes Half-Mandatory Fiel Ceneral Information Client's Name Durmmy Test Service(s) Services A Cognitive Behavioral Treatment Coal To change criminal thinking for individuals at high-risk for Outcomes and Measures 1. Client completed pre-test Yes/No Date Z Client enrolled into CBT Date Comment 3. Client's level of participation Number of sessions attended Number of sessions Number of sessions attended Number of sessions Jote Comment Jote Comment S. Client completed CBT Date Date Comment S. Client completed post-test Yes/No Yes/No Date Test Score	County, Pennsylvania List Service Log Outcomes and Measures I Outcomes and Measures List Denotes Required Fields Denotes Half-Mandatory Fields General Information Client's Name Staff Name Durmmy Test Raiph Bunche Service(s) Services A Cognitive Behavioral Treatment Outcomes and Measures 1. Client completed pre-test Yes/No Date Test Score Comment 2. Client enrolled into CBT Date Comment Comment 3. Client's level of participation Number of sessions Onment Comment Ves/No Comment Comment Comment Comment Serviced CBT Date Comment Comment Comment S. Client completed CBT Date Comment <th>Bele Leaout Bele Leaout List Services Provider Service Log Outcomes and Measures I Outcomes and Measures I Outcomes and Measures I Outcomes and Measures List Denotes Required Fields ** Denotes Half-Mandatory Fields Centeral Information Clear's Name Comment Services A Cognitive Behavioral Treatment Conditive Behavioral Treatment Conditive Behavioral Treatment Outcomes and Measures 1. Client completed pre-test Yes/No Date 2. Client enrolled into CBT Date Date Comment . Client completed CBT Comment . Attended Number of sessions offered Comment . Client completed CBT Date Comment . Scient completed post-test Yes/No Date Comment . Scient completed post-test Yes/No Date Comment</th> <th>Service: Provider Service Log Outcomes and Measures List • Concomes and Measures List • Denotes Helf-Mandatory Fields • Centers Indormation Staff Name Decumentation Date* • Centers Indormation • Provider Service Comment • Provider Service Comment Service(s) Service(s) • Provider Service Service Comment • Provider Service Comment Service(s) Service(s) • Provider Service Service Comment • Provider Service Comment Service(s) Service(s) • Provider Service Se</th>	Bele Leaout Bele Leaout List Services Provider Service Log Outcomes and Measures I Outcomes and Measures I Outcomes and Measures I Outcomes and Measures List Denotes Required Fields ** Denotes Half-Mandatory Fields Centeral Information Clear's Name Comment Services A Cognitive Behavioral Treatment Conditive Behavioral Treatment Conditive Behavioral Treatment Outcomes and Measures 1. Client completed pre-test Yes/No Date 2. Client enrolled into CBT Date Date Comment . Client completed CBT Comment . Attended Number of sessions offered Comment . Client completed CBT Date Comment . Scient completed post-test Yes/No Date Comment . Scient completed post-test Yes/No Date Comment	Service: Provider Service Log Outcomes and Measures List • Concomes and Measures List • Denotes Helf-Mandatory Fields • Centers Indormation Staff Name Decumentation Date* • Centers Indormation • Provider Service Comment • Provider Service Comment Service(s) Service(s) • Provider Service Service Comment • Provider Service Comment Service(s) Service(s) • Provider Service Service Comment • Provider Service Comment Service(s) Service(s) • Provider Service Se

- 1. Bring the Jail Client and Service Episode into focus.
 - a. Navigate to the Outcomes and Measures list screen.

i. Jail Collab. > Services > Outcomes and Measures

b. Click [Show].

TIP: On first entry, the grid is empty. Click **[Show]**. On subsequent updates, highlight the entry and click **[Show]**.

General Information section

- 1. The *Client's Name* and *Staff Name* automatically populate with the Jail Client in focus and user completing the form.
- 2. Select the *Documentation Date* to select the date you are completing the form.
 - TIP: If you are updating this form, you need to change the Documentation. Date field to reflect the current date. This field shows the last time the form was updated.

Outcomes and Measures section.

- TIP: Only answer the questions relevant at the time of entry. For example, do not choose a date for completing CBT if the Jail Client is still enrolled and participating. You can select this date at a future time when the Jail Client completes treatment.
- 1. Client received an intake/assessment
 - a. Select the Date.
 - b. Enter narrative comments in the *Comment* field.
- 2. Client completed aftercare pre-test
 - a. Select Yes/No.
 - b. Enter the Score.
 - c. Select the Date.
 - d. Enter narrative in the Comment field.
- 3. Client enrolled in aftercare program
 - a. Select the Date.
 - b. Enter narrative in the *Comment* field.
- 4. Client level of participation in aftercare group
 - a. On first entry, enter the *Number of sessions attended*, *Number of sessions offered*, and *Comments* in the respective fields. Click **[Save].** Your answers populate in the grid.
 - b. On subsequent entries, click **[New]**. The entry fields beneath the grid clear. Enter the *Number of sessions attended, Number of sessions offered,* and *Comments* in the respective fields. Click **[Save]** to create a new entry in the grid.
- 5. Client completed aftercare program
 - a. Select the Date.
 - b. Enter narrative in the *Comment* field.
- 6. Client completed aftercare post-test
 - a. Select Yes/No.
 - b. Enter the Score.
 - c. Select the Date.
 - d. Enter narrative in the *Comment* field.
- 7. Click [Save] at the bottom of the screen.

For more information...

For assistance, please contact the Allegheny County Service Desk at <u>servicedesk@alleghenycounty.us</u> or 412-350-4357 (Option 2 for DHS). To access the Self Service Tool go to <u>http://servicedesk.alleghenycounty.us</u>.

This Job Aid and additional user materials are located on the DHS Amazon site at http://dhswbt.s3.amazonaws.com/KIDSJobAids/index.html.