

Improving the CANS & ANSA as Effective Assessment & Outcome Management Tools

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Lafayette, Indiana

Overview

- Context
- Cross-system Use of Communimetric Tools across Indiana
- New Outcome Management Reports
- Necessary Conditions for Meaningful Implementation
- Next Steps

Once upon a time....

Child Welfare Screening and Early Identification Initiative (Clendenning & Wright, 2009)

- Increased number of children screened for mental health problems
- Youth with identified risks more likely to receive treatment than youth with unidentified risks
- Average quarterly spending higher for youth with identified risks

Conclusion: Resources were being directed toward children with greatest need.

- Relationship found between MH or SU needs and number of removals from the home

Challenge:

- Significant variability in subsequent behavioral health assessments and recommendations

Interprofessional, cross-system assessment work group in 2004-2005

Reviewed Multiple Tools

- Engage Youth & Families
- Improve Communication
 - Support Decisions
 - Monitor Progress
- Quality Improvement

After 9 months- work group recommended:

- DMHA implement CANS contingent upon implementing outcome management strategies (decision support, progress monitoring, and quality improvement)
- Other child service systems adopt common assessment and outcome management tool

One year later.....

Transformation of Indiana's Behavioral Health System

(President's Commission on Mental Health, 2003)

- **CANS become part of FSSA/DMHA's plan to transform Indiana's mental health system**
- Interagency implementation team (met for about 3 years)
- Grassroots' pilots
- Local/regional training of behavioral health workforce statewide (2006)
- Technology developed for data collection, analysis, and reporting (Sept 2006)
- DMHA implemented CANS – July 2007
- DMHA implemented ANSA – July 2008
- DCS Residential CANS requirement – January 2008
- Integrated into the Medicaid Demonstration grant – 2008
- DCS rollout – SFY2010
- Linked to MRO service packages – SFY2010

Since then.....

- Training & technical assistance move to IU with ongoing collaboration with Dr. Lyons and the Praed Foundation Team (SFY2012)
- Trauma informed assessment with **Child & Adolescent Needs & Strengths (CANS, Lyons, 2009)** & **Adult Strengths & Needs Assessment (ANSA)**
- DCS developed capacity for CANS training & consultation
- DMHA developed staff capacity for QI initiatives (SFY2015)
- Renewed focus on meaningful use (trauma-informed, engagement, plan, and monitor progress)
- Variability in level of implementation

For your organization, program ,team, consider.....

How do we use the CANS and ANSA????????????????????

As a:

- Form
- Tool
- Framework
- Transformation

The Framework

T

- **Transformational** Our work is focused on the personal change that is the reason for our intervention.

C

- **Collaborative** A shared vision approach is used – not one person's perspective.

O

- **Outcomes** The measures are relevant to the decisions about the approach or purpose of the intervention.

M

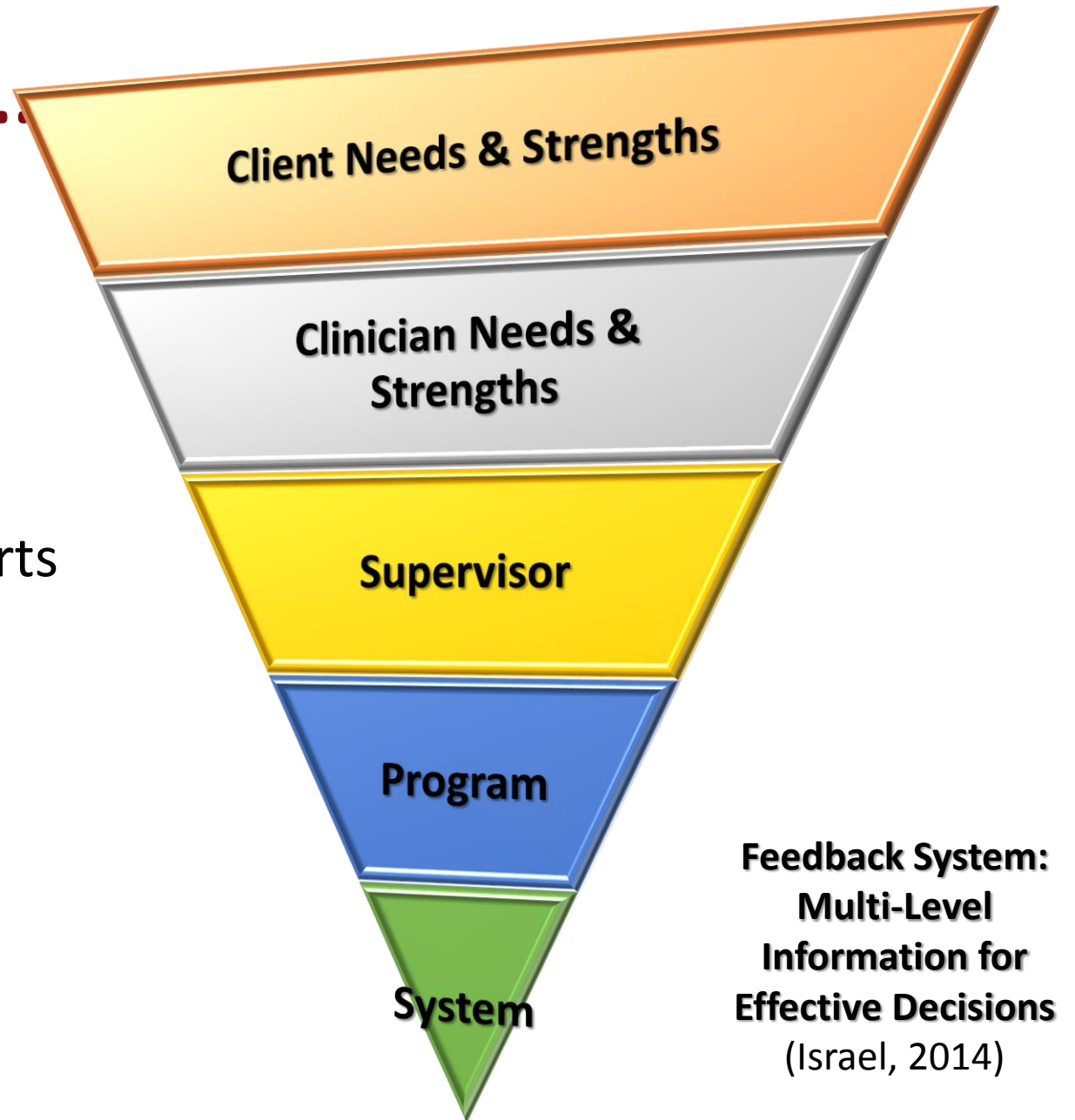
- **Management** The information is used in all aspects of managing the system from individual and family planning to clinical supervision and systems operations.

How can rating information be used?

	Individual Youth & Family	Organization/ Program	System/ Jurisdiction
Decision Support	Engagement Assessment Planning	Eligibility	Resource Management
Outcome Monitoring	Monitor Progress Celebrations	Evaluation	Performance Contracting
Quality Improvement	Case Management Supervision	Accreditation	Transformation

Technology support.....

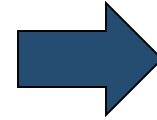
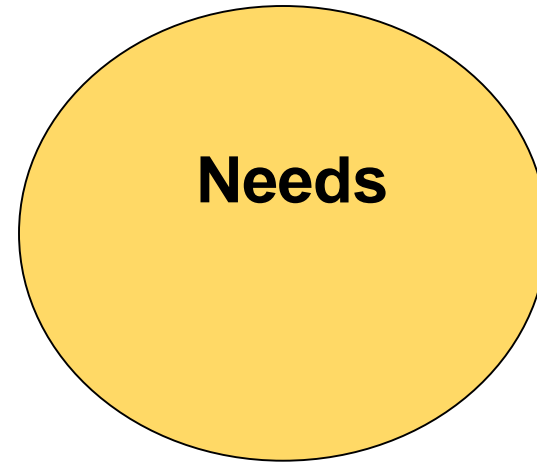
- Make information accessible
- Report Workgroup – SFY2015
- Identified & prioritized which reports would be useful
- External contractors
- Built Data Warehouse
- Suite of New Reports



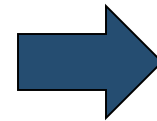
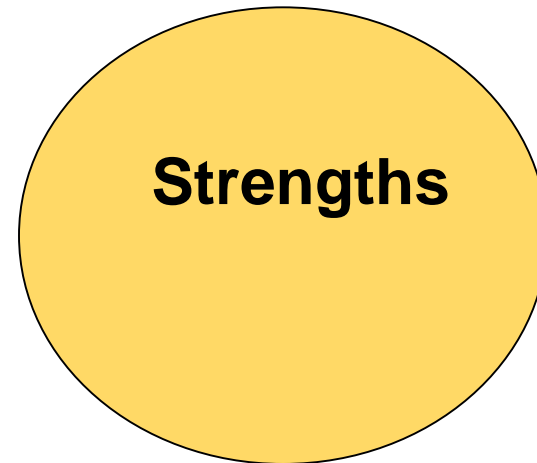
The Tools

CANS

ANSA



Rating = 2 or 3
'Actionable'
Requires Intervention



Rating = 0 or 1
Strength Present
'Useful' in Planning Services

If rating = 2 or 3
Consider **'building'**
this strength

Engaging, Planning, & Monitoring Individual Change

Usable or Buildable Strengths



Family Strengths



*Natural Supports
Resiliency*



BUILDABLE

*Social Connectedness
Optimism
Talents/Interests
Volunteering
Community Connection*

Assessment Date:	3/12/2015
Assessment Type:	ANSA
Assessor:	Wendy Harrold
DARMHA ID:	345897
Internal ID:	34562

Actionable Needs











*Impulse Control
Antisocial Behavior
Adjustment to Trauma
Criminal Behavior
Physical/Medical Functioning*

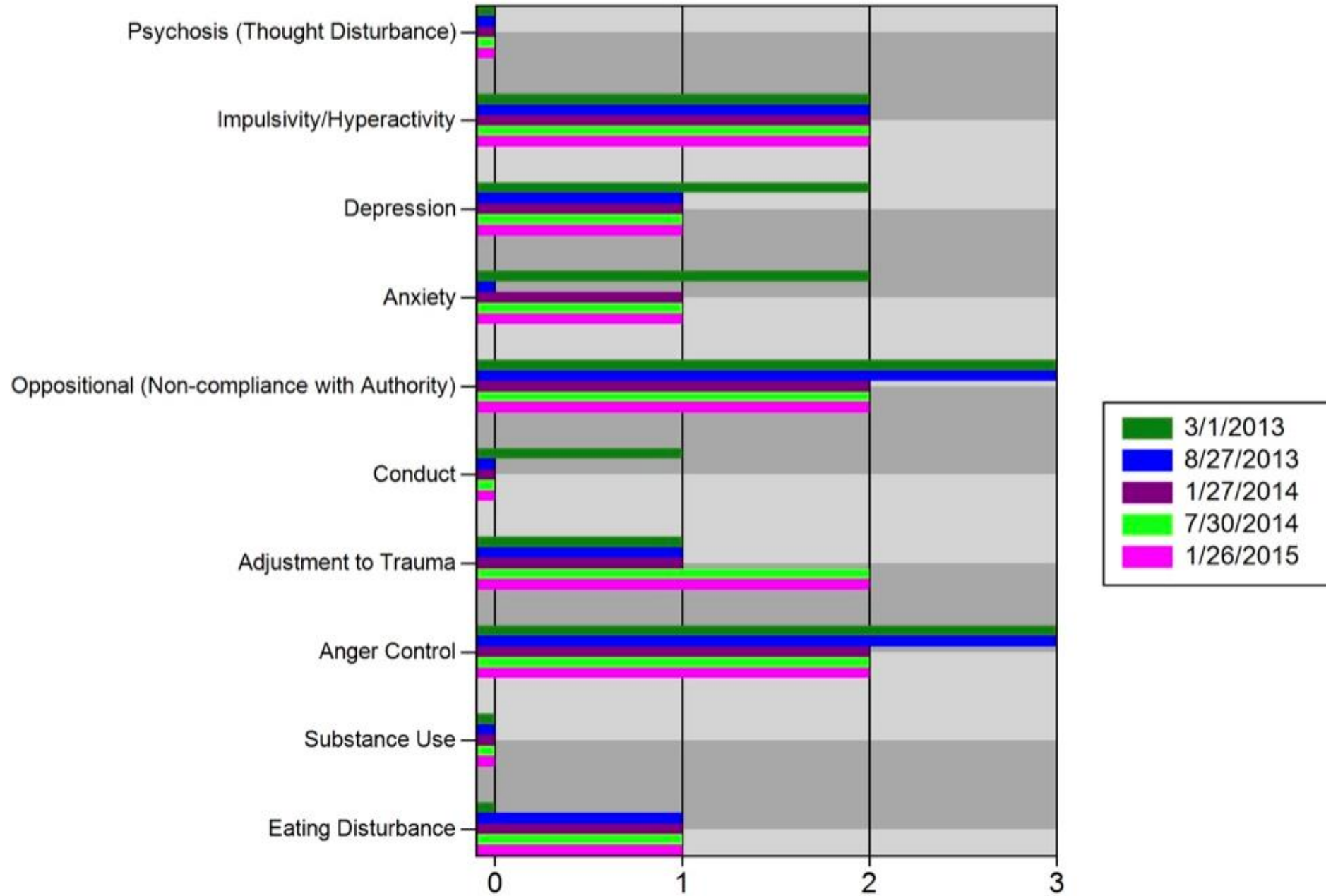


*Anger Control
Employment
Legal
Involvement in Recovery*

CANS/ANSA Needs and Strengths Ratings Key

STRENGTHS				NEEDS			
	RATING	LEVEL OF STRENGTH	APPROPRIATE ACTION		RATING	LEVEL OF NEED	APPROPRIATE ACTION
	0	Centerpiece strength	Central to planning		0	No evidence of need	No action needed
	1	Strength present	Useful in planning		1	Significant history or possible need which is not interfering with functioning	Watchful waiting/ Prevention/ Additional assessment
	2	Identified strength	Build or Develop strength		2	Need interferes with functioning	Action/ Intervention
	3	No strength identified	Strength creation or identification may be indicated		3	Need is dangerous or disabling	Immediate and/or Intensive action

Child Behavioral/Emotional Needs Domain

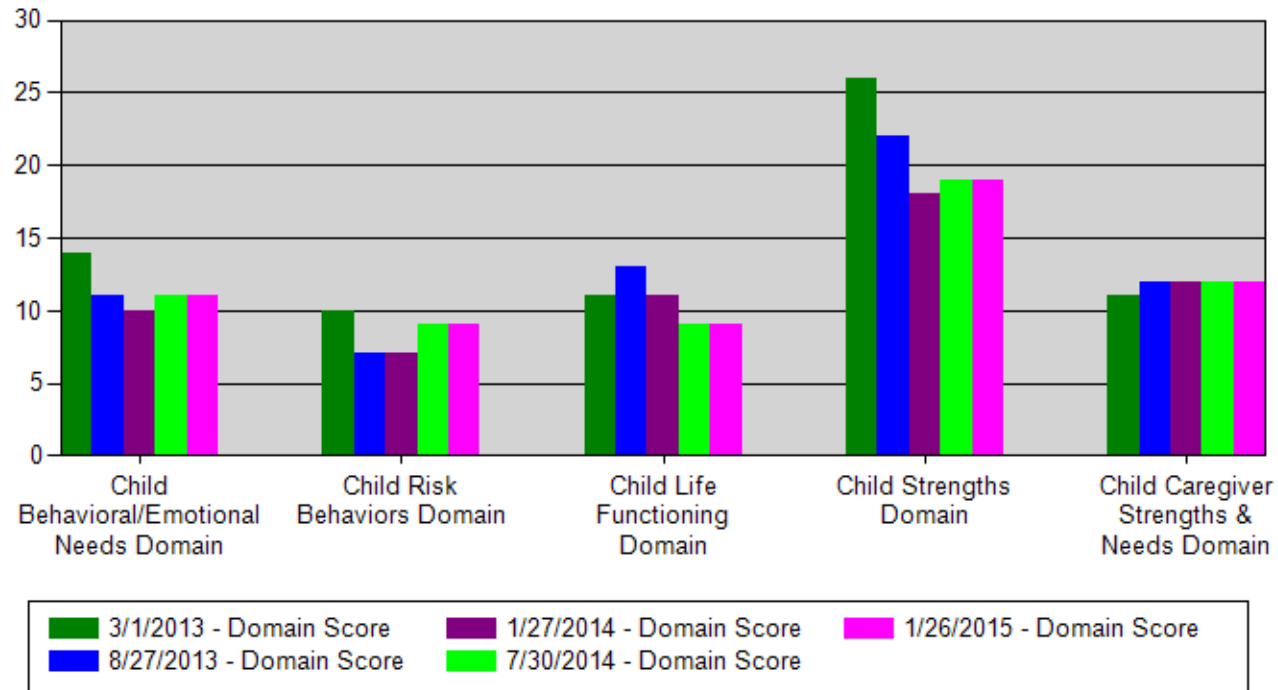


All Assessments by Domain

Consumer Outcomes by Domain

Run Date: 6/22/2015 11:00:36 AM

Internal ID: 126873



Tracking Program Change

Reset Baseline Strategy

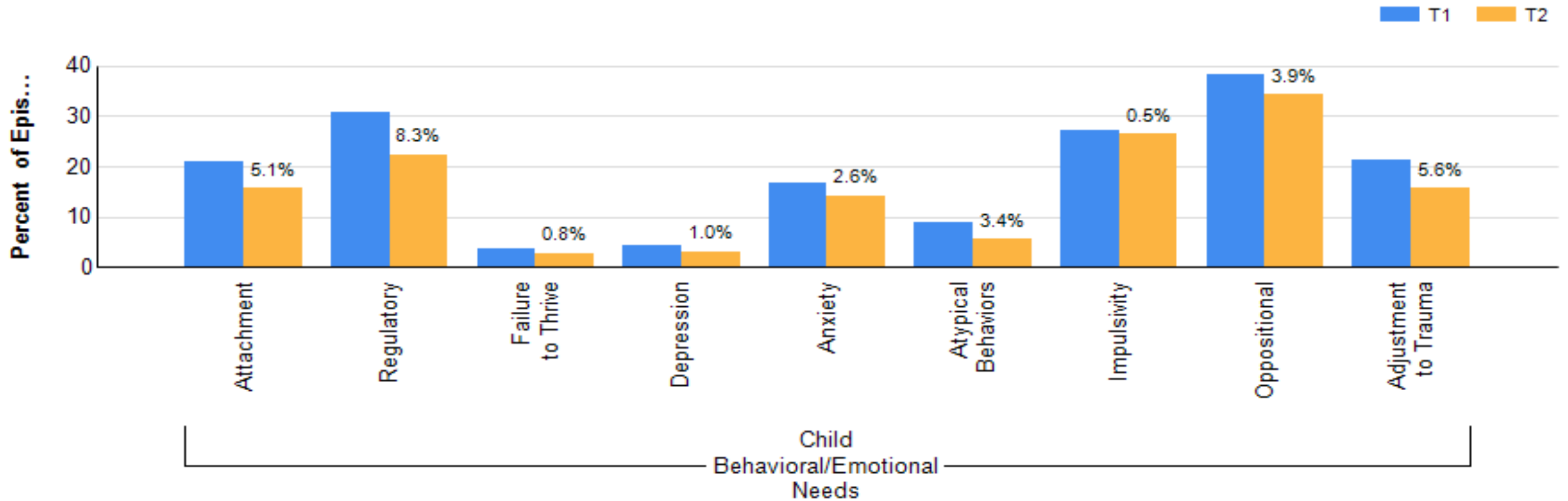


- Reset Baseline = Time 1 (T1) or Time 2 (T2)
- The assessment with the highest level of identified needs = Mean [Behavioral Health Symptoms, Life Functioning, Risk Behaviors, Caregiver (for youth)]

Resolved Needs over time for Young Children

Resolved Behavioral/Emotional Needs over Time

Agency C, n = 738, e = 769 as of 07/22/2016



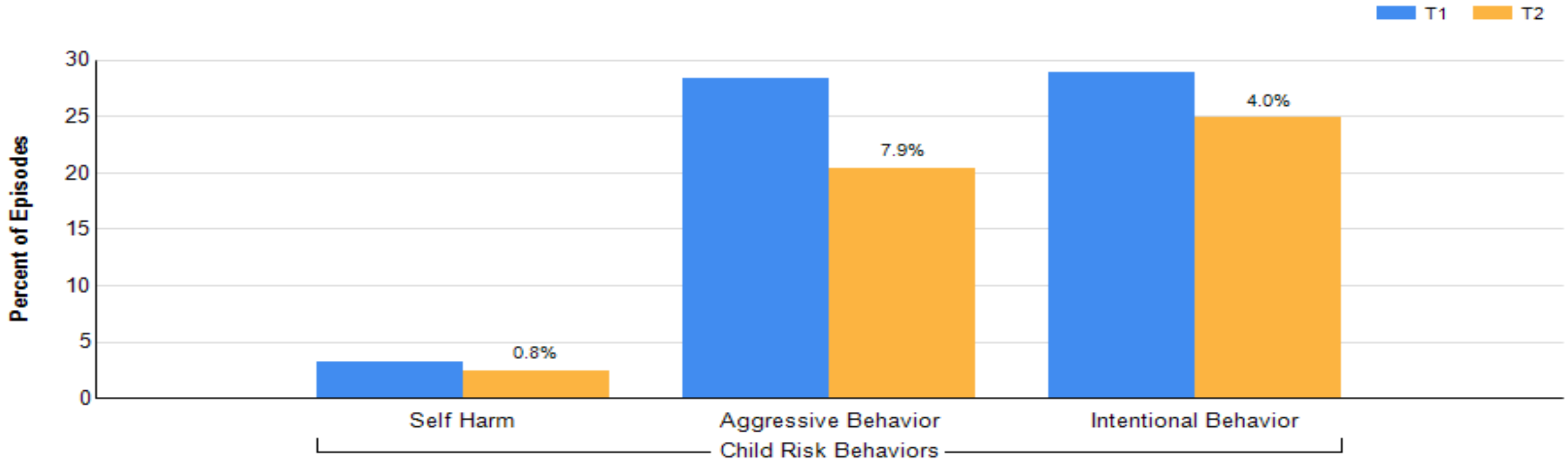
Selected Filters: Agency C, T1=Baseline, T2=Latest, All Agreement Types, All Episodes; Graph presents data from 07/20/2007 to 06/29/2016.

This report details resolved actionable needs (ratings of 2 or 3 changing to 1 or 0) for items in each core assessment domain. For each item, the bar reports the percentage actionable needs (rated 2 or 3) at Time 1 (T1), and the second bar reports the percentage at Time 2 (T2). The numeric percentage is the percent of resolved need from T1 to T2. n = number of individuals; e = number of episodes.

Resolved Needs over time for **Young Children**

Resolved Child Risk Behaviors over Time

Agency C, n = 738, e = 769 as of 07/22/2016



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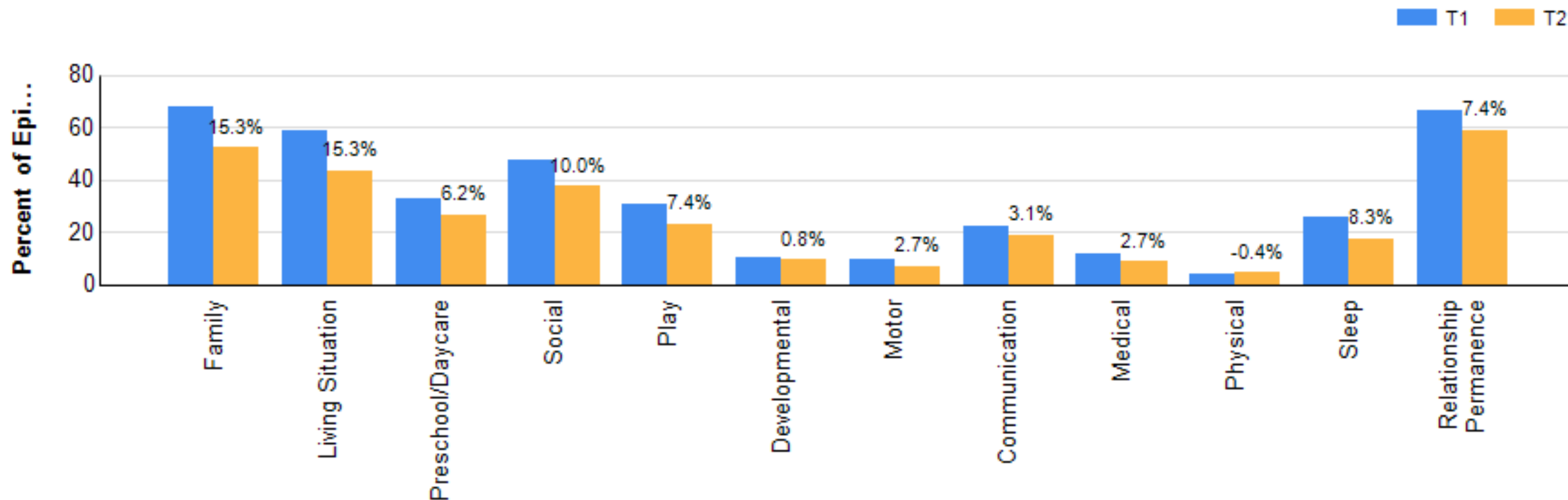
For more information about CANS & ANSA and this report, visit <https://dmha.fssa.in.gov/DARMHA/mainDocuments>.

Indiana Family & Social Services Administration, Division of Mental Health & Addiction, DARMHA

Resolved Needs over time for Young Children

Resolved Life Functioning Needs over Time

Agency C, n = 738, e = 769 as of 07/22/2016



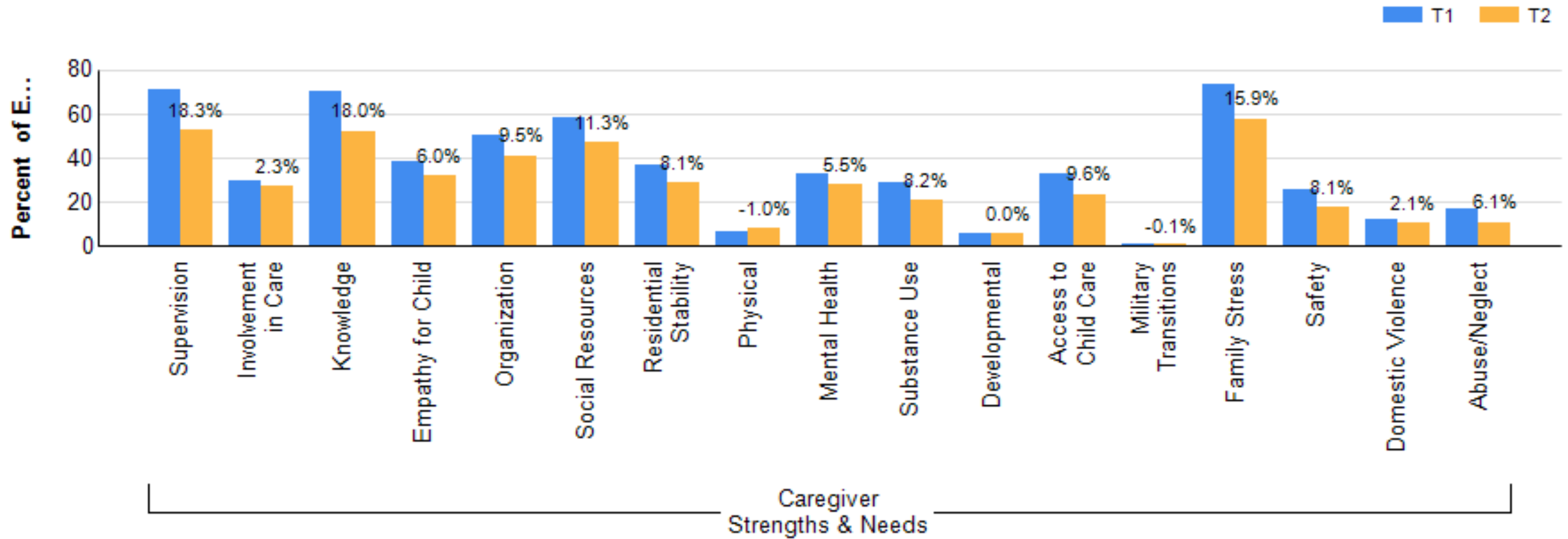
Selected Filters: Agency C, T1=Baseline, T2=Latest, All Agreement Types, All Episodes; Graph presents data from 07/20/2007 to 06/29/2016.

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Resolved Needs over time for **Young Children**

Resolved Caregiver Needs over Time

Agency C, n = 738, e = 769 as of 07/22/2016



Caregiver Strengths & Needs

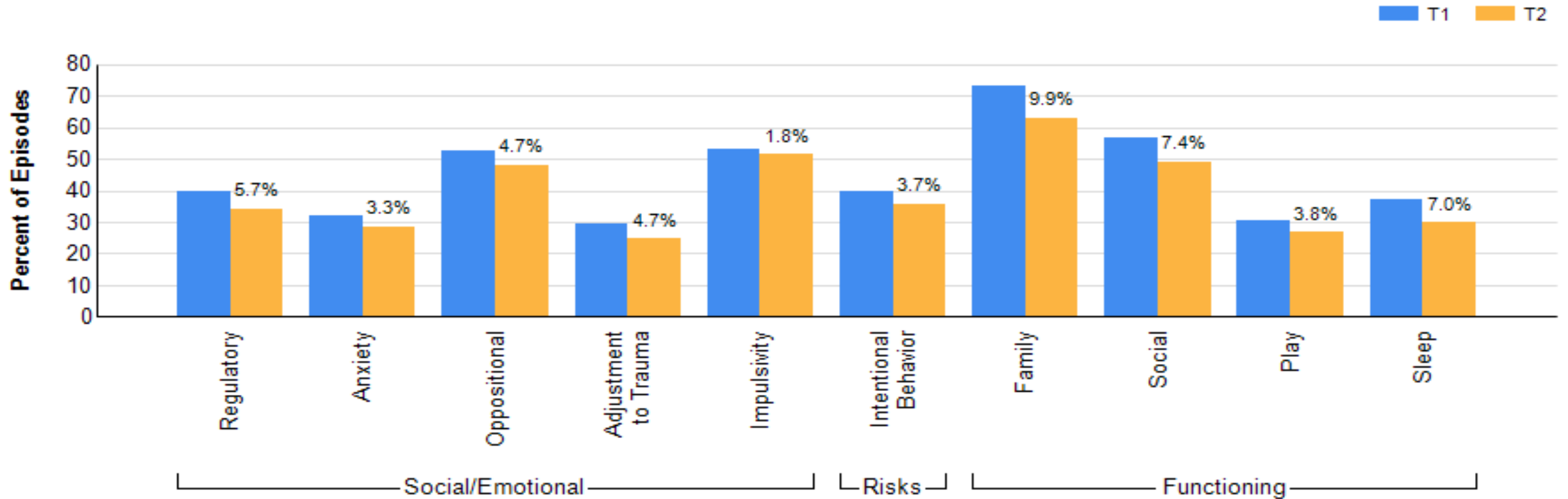
Selected Filters: Agency C, **T1=Baseline, T2=Latest, All Agreement Types**, All Episodes; Graph presents data from 07/20/2007 to 06/29/2016.

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For more information about CANS & ANSA and this report, visit <https://dmba.fcsj.in.gov/DARMIJA/mainDocuments>

Key Interventions over Time for Young Children

Statewide, n = 6,427, e = 6,691 as of 07/25/2016

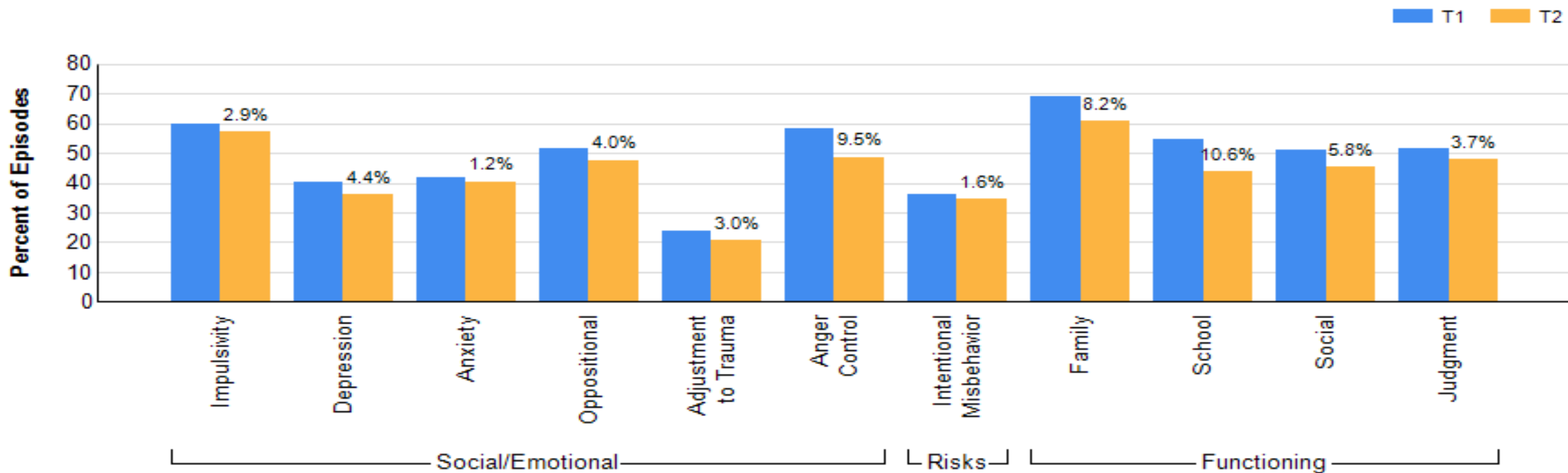


Selected Filters: Statewide, T2=Latest, T1=T2 - 120 days, SED, All Episodes; Graph presents data from 07/02/2007 to 07/08/2016.

This report presents a dashboard of the most frequently identified behavioral health symptoms or risks (plus adjustment to trauma) and the most frequently identified functional needs for this population. For each item, the first bar reports the percentage actionable needs (rated 2 or 3) at Time 1 (T1), and the second bar reports the percentage at Time 2 (T2). The numeric percentage reflects change from T1 to T2. n = number of individuals; e = number of episodes.

Key Interventions over Time for Children & Youth

Agency B, n = 12,024, e = 13,266 as of 07/22/2016

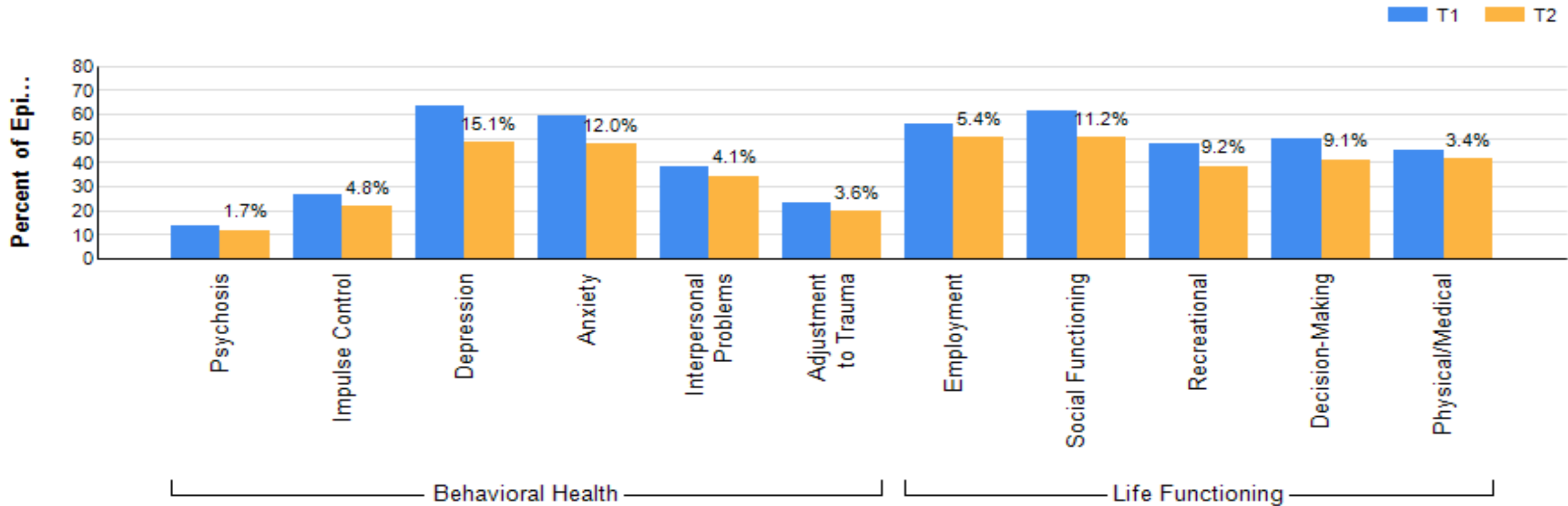


Selected Filters: Agency B, T1=Baseline, T2=Latest, SED, All Episodes; Graph presents data from 07/02/2007 to 07/07/2016.

This report presents a dashboard of the most frequently identified behavioral health symptoms or risks (plus adjustment to trauma) and the most frequently identified functional needs for this population. For each item, the first bar reports the percentage actionable needs (rated 2 or 3) at Time 1 (T1), and the second bar reports the percentage at Time 2 (T2). The numeric percentage reflects change from T1 to T2. n = number of individuals; e = number of episodes.

Key Interventions over Time for Adults with Mental Health Problems

Agency D, n = 9,071, e = 10,973 as of 07/22/2016

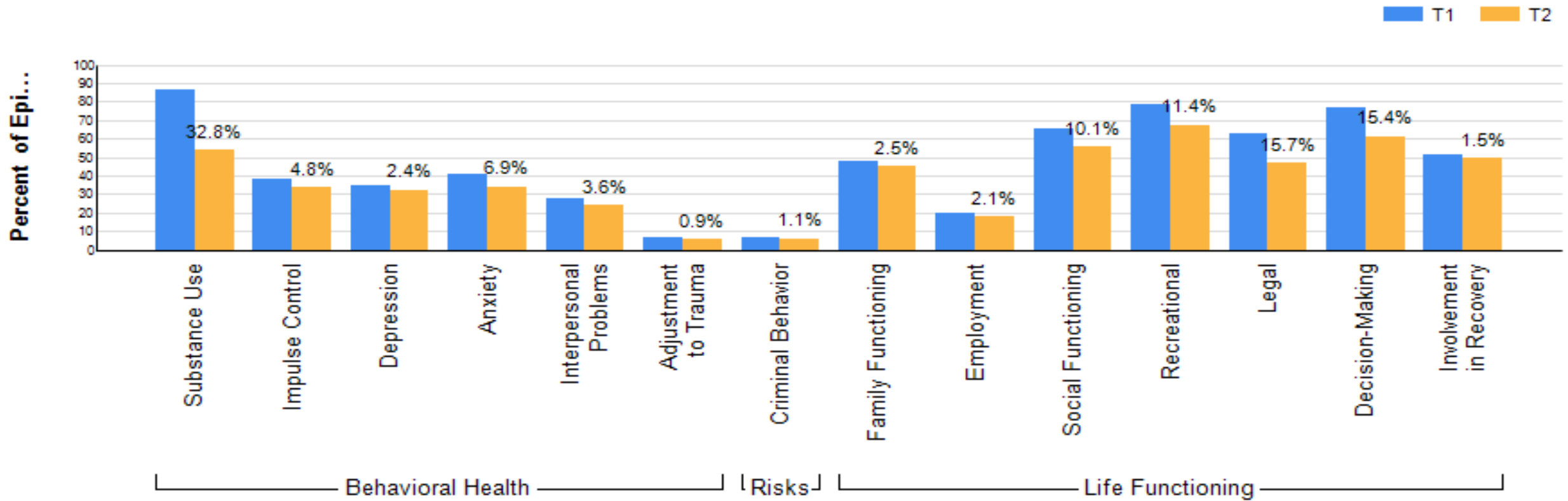


Selected Filters : Agency D, T2=Latest, T1=T2 - 120 days, SMI, All Episodes; Graph presents data from 06/27/2008 to 07/08/2016.

This report presents a dashboard of the most frequently identified behavioral health symptoms or risks (plus adjustment to trauma) and the most frequently identified functional needs for this population. For each item, the first bar reports the percentage actionable needs (rated 2 or 3) at Time 1 (T1), and the second bar reports the percentage at Time 2 (T2). The numeric percentage reflects change from T1 to T2. n = number of individuals, e = number of episodes.

Key Interventions over Time for Adults with Substance Use Problems

Agency E, n = 2,392, e = 2,714 as of 07/22/2016



Selected Filters: Agency E, T2=Latest, T1=T2 - 120 days, CA, All Episodes; Graph presents data from 05/26/2008 to 07/06/2016.

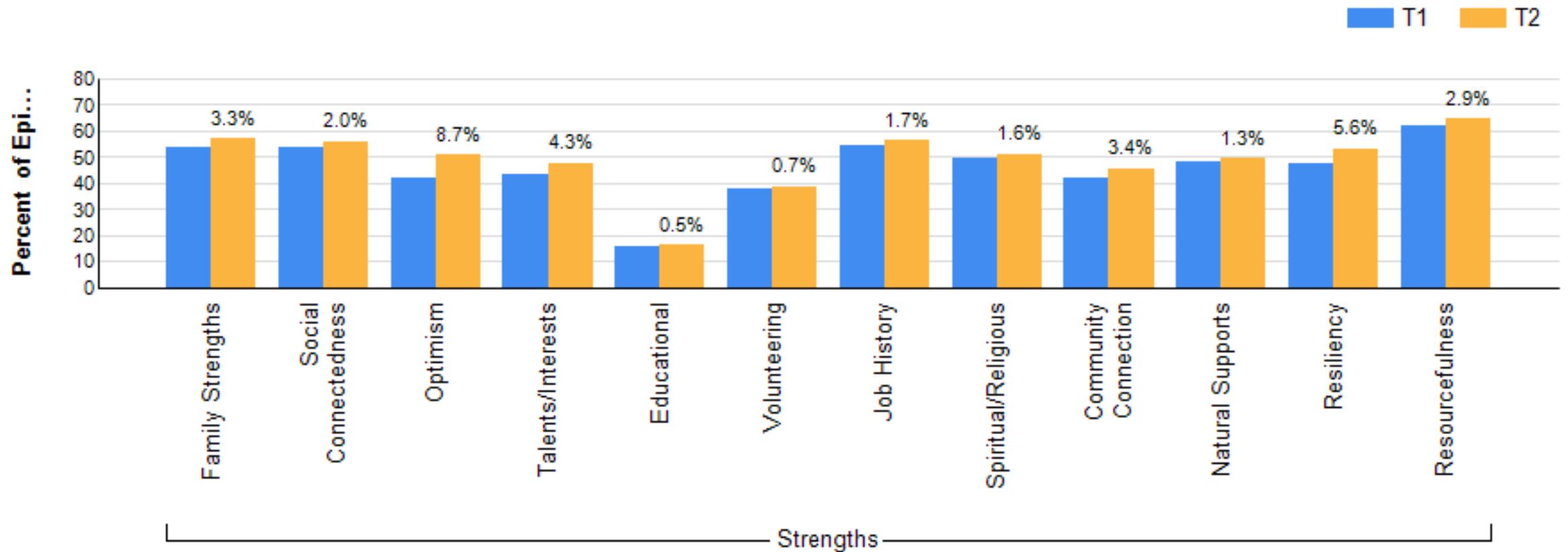
This report presents a dashboard of the most frequently identified behavioral health symptoms or risks (plus adjustment to trauma) and the most frequently identified functional needs for this population. For each item, the first bar reports the percentage actionable needs (rated 2 or 3) at Time 1 (T1), and the second bar reports the percentage at Time 2 (T2). The numeric percentage reflects change from T1 to T2. n = number of individuals; e = number of episodes.

Strength Development

- Using the same periods as the Improvement in at least one Domain
- Counts of “0’s” and “1’s” in Time 1 compared to Time 2. A higher T2 represents Strength Development.

Strength Development over Time for Adults with Mental Health Problems

Agency F, n = 4,063, e = 4,589 as of 07/22/2016

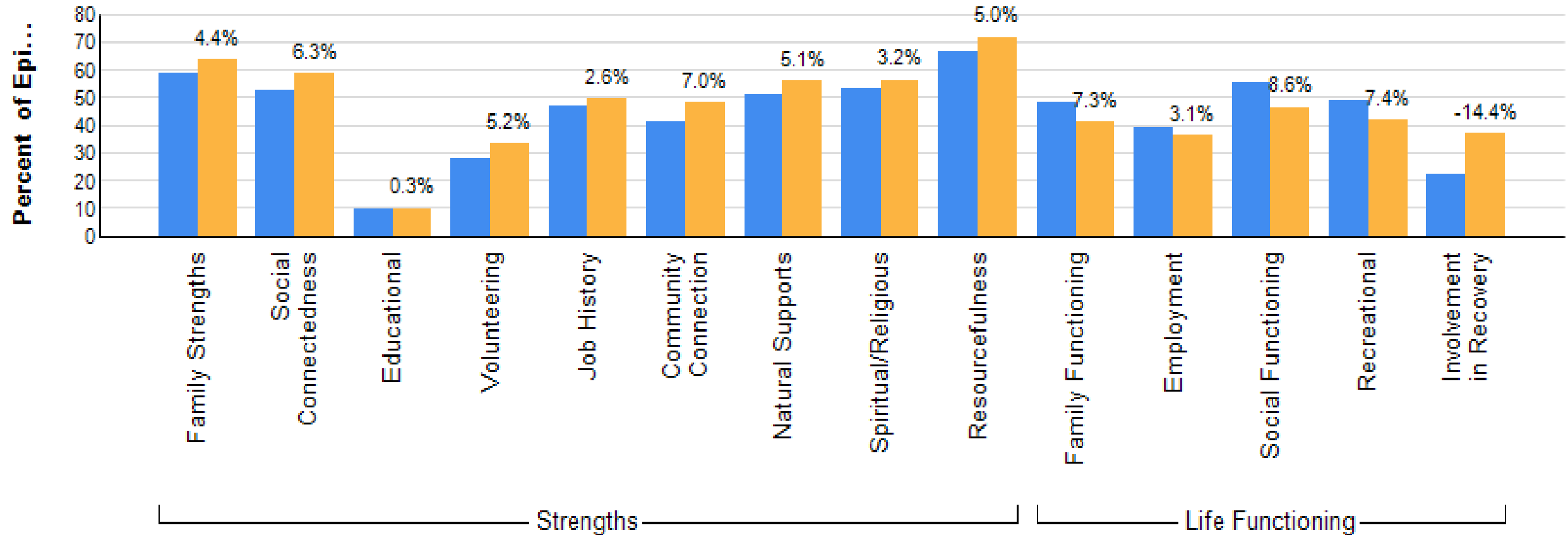


Selected Filters: Agency F, **T1=Baseline**, **T2=Latest**, SMI, All Episodes; Graph presents data from 01/13/2008 to 07/11/2016.

This report measures change in usable strengths (rated 0 or 1) over time. It shows the percentage of usable strengths at Time 1 (T1) and Time 2 (T2). The numeric percentage reflects change from T1 to T2. n = number of individuals; e = number of episodes.

Community Integration over Time for Adults with Mental Health Problems

Agency G, n = 10,899, e = 12,943 as of 07/22/2016



Selected Filters: Agency G, T1=Baseline, T2=Latest, SMI, All Episodes; Graph presents data from 06/03/2008 to 07/11/2016.

This report combines usable strengths (0 or 1) and actionable life functioning needs (2 or 3) which reflect community integration, a recovery measure over time. For each item, the first bar reports the percentage of usable strengths or actionable needs at Time 1 (T1), and the second bar reports the percentage at Time 2 (T2). The numeric percentage reflects change from T1 to T2. n = number of individuals; e = number of

Reliable Change over Time for Children & Youth

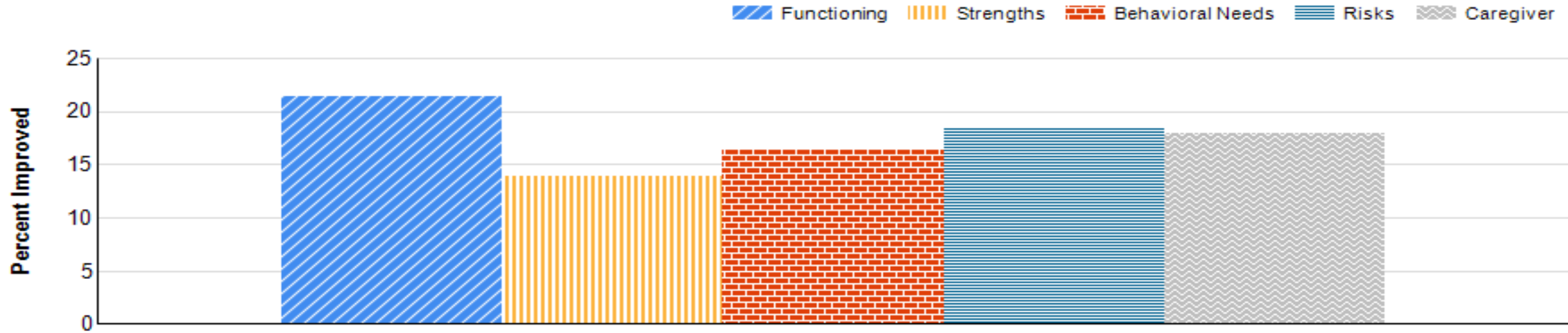
Agency H, n = 5,455, e = 5,822 as of 07/22/2016

Consumers: 5,455

Consumers w/Positive Change: 2,734

Percent Improved: **50.12%**

	Functioning	Strengths	Behavioral Needs	Risks	Caregiver
Positive Change	1,165	762	890	1,009	977
Negative Change	871	1,080	711	936	957
No Change	3,786	3,980	4,221	3,877	3,770



Selected Filters: Agency H, T2=Latest, T1=T2 - 120 days, SED, All Episodes

This report measures change over time by using the average (mean) and reliability information to calculate statistically significant change in each CANS or ANSA domain (Improved, Maintained, or Worsened). The number and percentage of individuals who experienced reliable improvement over time is reported. Additionally, for each assessment domain, the number of individuals who experienced positive, negative, or no change is reported. n = number of individuals; e = number of episodes.

DARMHA Data Warehouse Report Filters

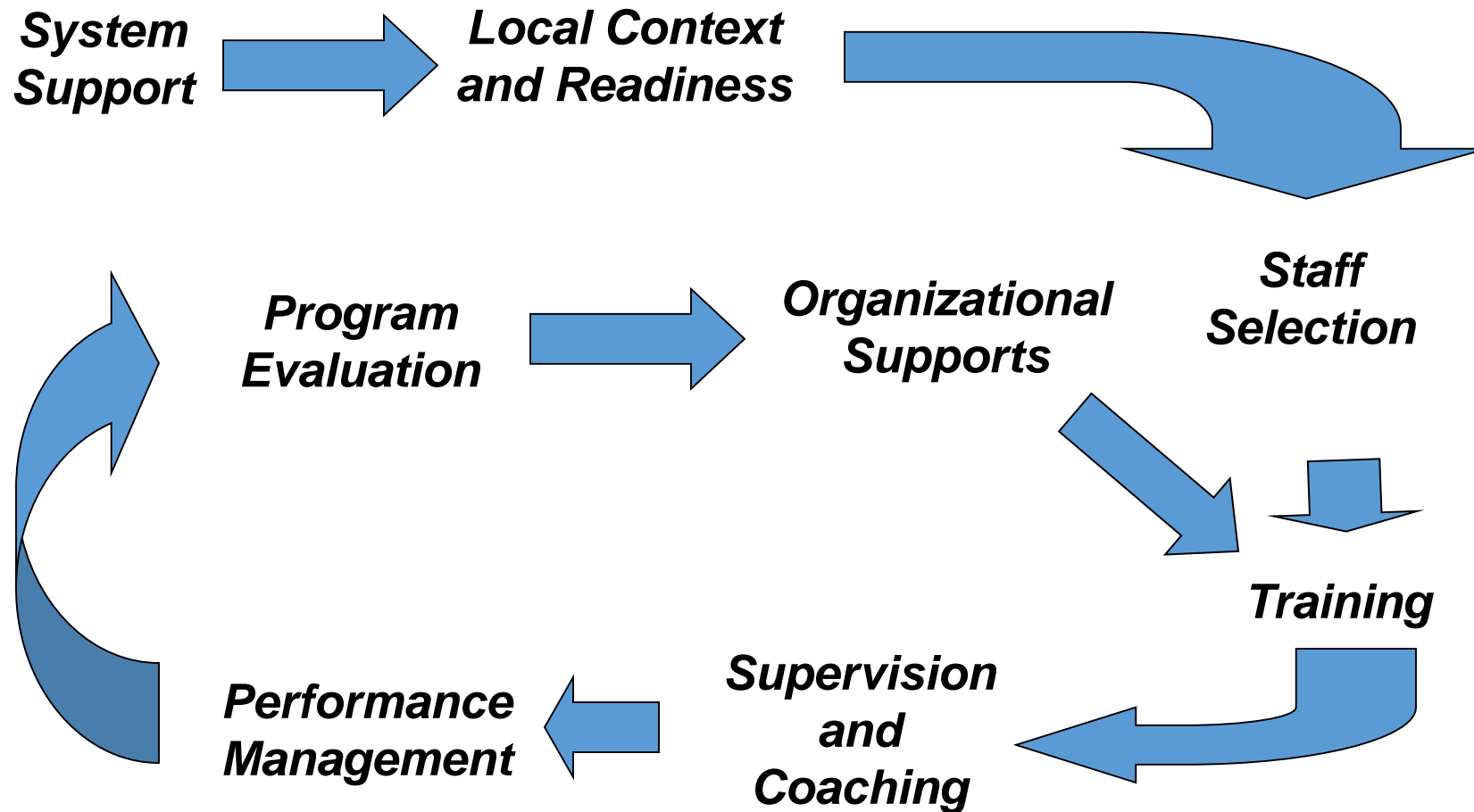
Required

- Provider or Statewide
- Select Report
- Select Tool
- Select Agreement Type
- Select Date Options
 - (T1) Calculated Baseline; (T2) most recent
 - (T1) > 120 days before T2; (T2) Most recent, if available

Optional

- DMHA Supported
- Episode Status (all, closed, open)
- Gender
- Age Group (0-4, 5-12, 13-17, 18-25, 36-49, > 50)
- Race
- Ethnicity
- County
- EBP

Implementation Process



Discussion/Questions?

- How is your organization/program using communitric tools?
- How could outcome management strategies support your work?
- How are you/could you build capacity to improvement meaningful use of the tools and information in practice?
- How will your agency access and use new outcome management reports?

Resources

- Clendenning, D. & Wright, E. R. (2009). *Child welfare mental health screening initiative: Evaluation progress report*. Indianapolis, IN: Indiana University Public Policy Institute: Center for Health Policy.
- Effland, V. S., Walton, B. A., & McIntyre, J. S. (2011). Connecting the dots: Fidelity and youth outcomes. *Journal of Child & Family Studies* 20, 736-746. Retrieved from <http://hdl.handle.net/1805/7356>
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- Lyons, J. (2009). *Communitics: A communication theory of measurement in human service settings*. Dordrecht: Springer.
- Moore, M. & Walton, B. A. (2013). Improving the mental health functioning of youth in rural communities. *Rural Mental Health*, 5, 81-98.
- Quiroga, C. V. & Walton, B. a. (2014). Needs and strengths associated with acute suicidal ideation and behavior in a sample of adolescents in mental health treatment: Youth and family correlates. *Residential Treatment for Children & Youth*, 31, 171–187.
- Walton, B. A., Clark, H.B., Kim, H., & Haber, M. (2013, November). *Using communitic tools with transition-aged youth & young adults*. Workshop at the 9th Annual CANS Conference, San Francisco, CA: Praed Foundation. R
- Walton, B. A., Moynihan, S., & Cornett. S. (2015). *CANS Birth to Five Glossary, v 2.2*. Retrieved from <http://hdl.handle.net/1805/7350>

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