

Surveying the Track: Effectively Using Assessment Tools


Betty Walton, PhD, LCSW
2013 US Ombudsman Association
Annual Conference
Indianapolis, IN

- Need for implementing common assessment tools
- Introduce CANS & ANSA Tools
- How can resulting information be used?
- How is it used in Indiana?
- Impact?
- Explore how information is used in your state....

Agenda: Tracking Implementation & Impact

Indiana's Story

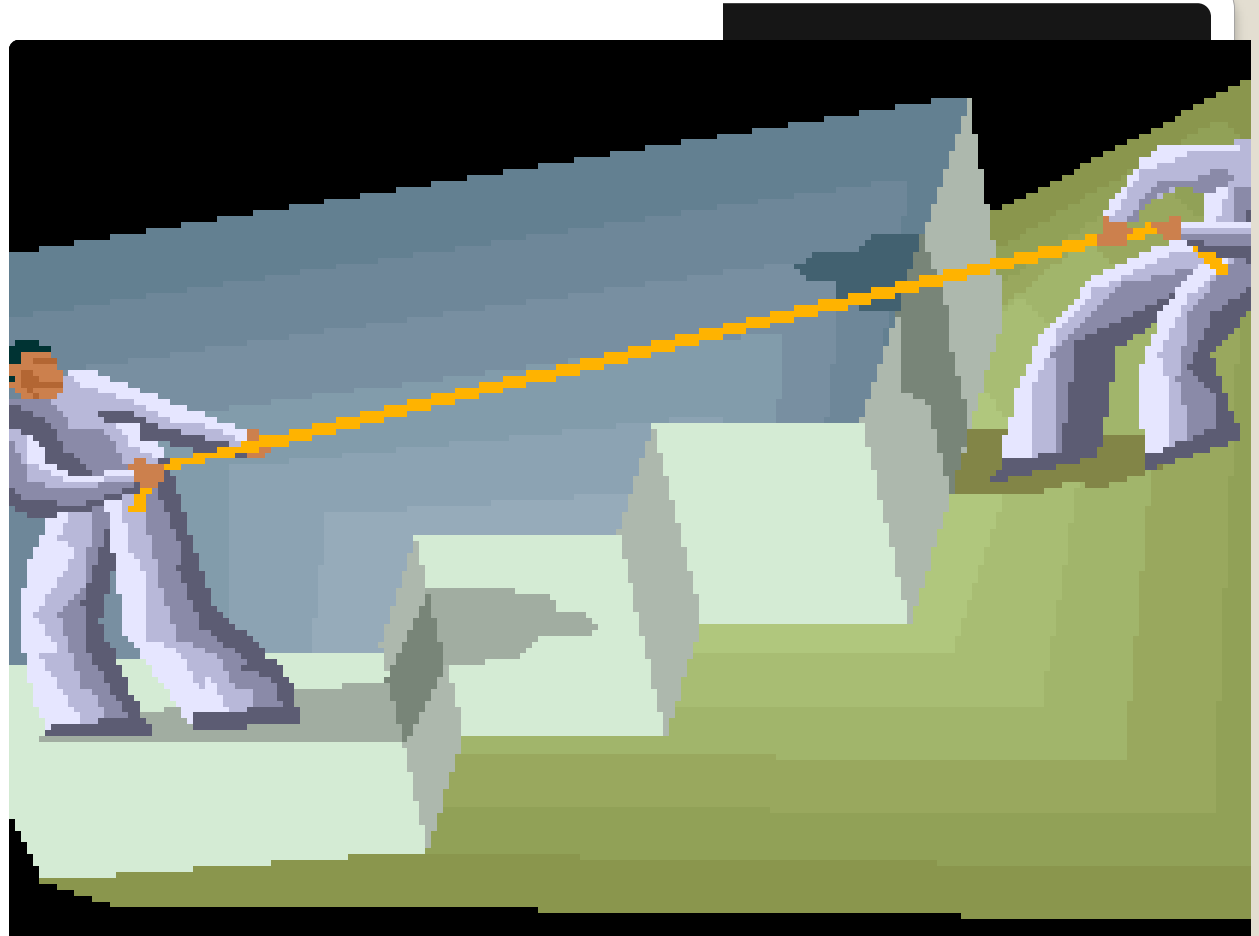


- 
- **We have a lot of good people working in the system**
 - **We know a lot about treatment that works!**
 - **Why does the system not always provide the services our clients need?**
 - **Many different stakeholders involved with different perspectives, agendas, goals & objectives**
 - **What's this going to create?**

Overview

**Nature of Our
Work**

**CONFLICT
RESOLUTION**



CONFLICT!

- We are not actually managing our business.
- Serving children/youth and families is complex
- Expertise is often not present with our direct care

Three Major Challenges in the Existing System (Lyons, 2013)

Challenges in the Human Service System

- Nature of our work = **Conflict Resolution**
- What do you need to manage conflict?

2 Critical Ingredients for Managing Conflict for Individual Relationships & Service Systems

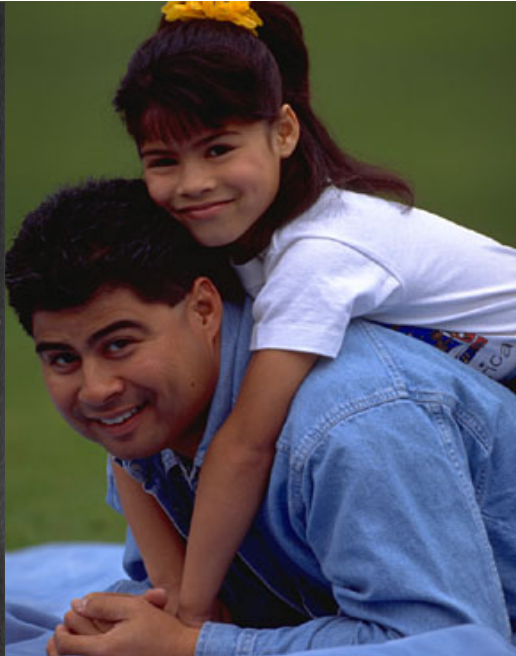
1. A Shared Vision


2. Common Language

RECOVERY (SAMSHA, 2011)

- **Health** : overcoming or managing one's disease(s) as well as living in a physically and emotionally healthy way;
- **Home**: a stable and safe place to live;
- **Purpose**: meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income and resources to participate in society; and
- **Community** : relationships and social networks that provide support, friendship, love, and hope

Shared Vision: Well Being of Individuals, Children & Families



- 
- Communication tools
 - Functional assessments
 - **Domains:** Life Functioning, Strengths, Acculturation, Behavioral Health Needs, Risks, & Caretaker
 - Copyright: Praed Foundation, 1999

Common Language

Adult Needs and Strengths Assessment (ANSA)

Child and Adolescent Needs and Strengths (CANS)

- Items are included because they might impact care planning
- Level of items translate immediately into action levels
- It is about the child not about the service
- Consider culture and development
- It is agnostic as to etiology—it is about the 'what' not about the 'why'
- The 30 day window is to remind us to keep assessments relevant and 'fresh'

The Strategy: CANS

Six Key Characteristics of a Communimetric Tool

CANS/ANSA Ratings

Items Stand Alone - Clinically Meaningful

Rating	Level of Need	Appropriate Action
0	No Evidence of Need	No Action
1	Significant History or possible need which is not interfering with functioning	Watchful Waiting Prevention Further Assessment
2	Need Interferes with Functioning	Intervention
3	Need is Dangerous or Disabling	Immediate/Intensive Action





CANS & ANSA Strength Ratings

Rating	Level of Strength	Appropriate Action
0	Centerpiece Strength	Central to Planning*
1	Strength Present	Useful in Planning*
2	Identified Strength	Must be Built or Developed**
3	No Strength Identified	Strength Creation or Identification may be Indicated

Information Integration Tools



- **Use all available sources of information**
 - Individual, Youth & Family
 - Foster Parents
 - Referral Information
 - Clinical Records
 - School, Courts, Physician
 - Other Service Providers
 - Observation

ONLINE TECHNICAL ASSISTANCE

Training,
Certification, &
Technical
Assistance

- <http://www.canstraining.com>
- Items specific videos & information
- Multi-choice items
- Practice

Center for Child
Trauma Assessment
and Service Planning
(CCTASP)

Northwestern University



How is the Information Used?

(Lyons, 2009)

	Family & Youth	Program	System
Decision Support	Care Planning Effective practices EBP's	Eligibility Step-down	Resource Management Right-sizing
Outcome Monitoring	Service Transitions & Celebrations	Evaluation	Provider Profiles Performance/ Contracting
Quality Improvement	Case Management Integrated Care Supervision	CQI/QA Accreditation Program Redesign	Transformation Business Model Design

Addressing Identified Needs

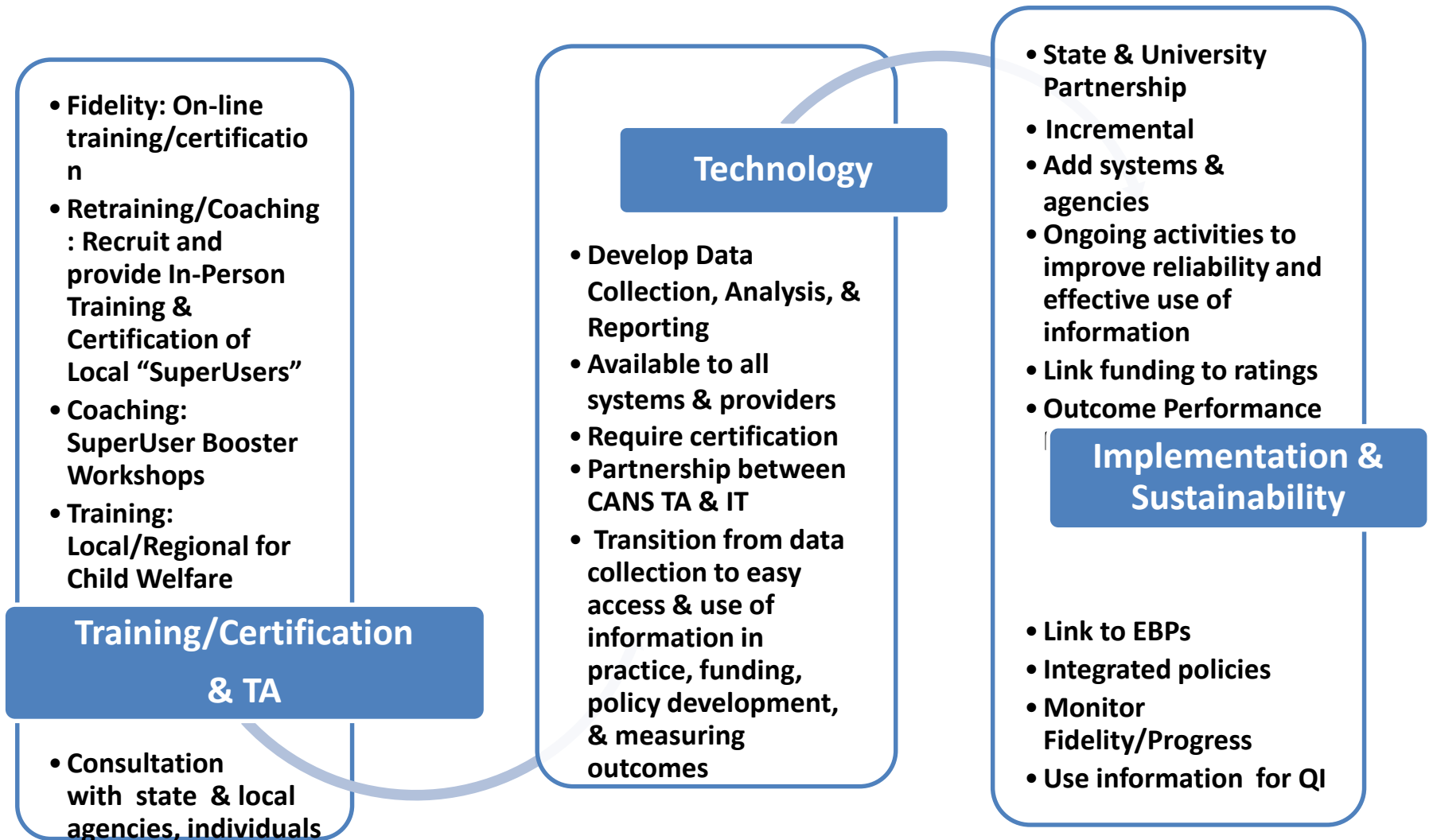


Individualized Plans.....

- ▶ **Goals:** “in words of individual”
- ▶ **Barriers** (‘2s’/’3s’ on ANSA)
- ▶ **Objectives** (measure change for person-- realistic, measurable)
- ▶ **Interventions** (include using/ building strengths)

Purpose	DCS	Residential	CMHCs	DMHA	Medicaid
Engage	X	X	X		
Identify Needs & Strengths	X	X	X	Linked to Intensive Plans of Care	
Plan Interventions	X	X	X	Justify Intensive Plans of Care	
EBPs	trauma	X	X	Wraparound, ACT	X
Intensity of Services	Foster Care Rates Placement MRO Referrals Intensive community Services	Contract with CMHCs for Treatment Services (Medicaid)	X	Different Levels of Service based on Pattern of CANS Needs	Authorize Services: MRO Intensive Services PRTF

Implementation Strategies & processes



2 CANS Decision Support Models

Behavioral Health Treatment Recommendations (5-17)

- 0 No Services
- 1 Outpatient
- 2 Outpatient with Limited Case Management
- 3 Supportive Services
- 4 Intensive Wraparound
- 5 Intensive: PRTF Waiver, MFP
- 6 Intensive: PRTF Waiver, MFP, PRTF or State Hospital

Child Welfare/JJ Placement* Recommendations

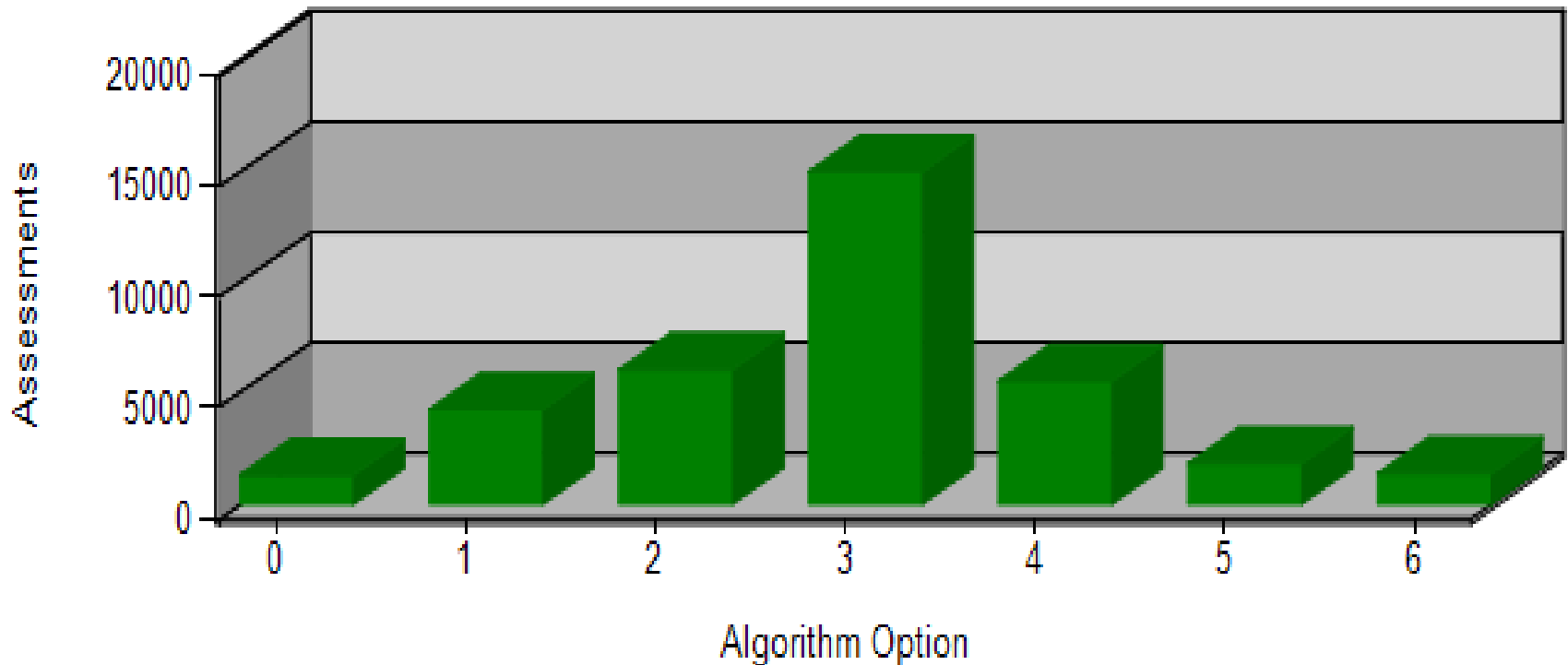
- 0 No current DCS/JJ Removal
- 1 Foster Care
- 2 Foster Care with Support
- 3 Therapeutic Foster Care
- 4 Group Home**
- 5 Residential**

* Only used when DCS or JJ have currently removed child from home.

** Could be served in foster home, if available & safe, with treatment & Support to address identified needs.

Behavioral Health CANS Decision Model Recommendations

CANS Comprehensive 5 - 17 - Mental Health



N = 35,484 Initial Assessments
1/1/2012- 12/31/2012



Recommended Level of Placement	# of Initial CANS
Youth at Home (Not removed by DCS/JJ)	27,446
Foster Care	1,264
Moderate Foster Care (+ Services)	2,650
Treatment Foster Care	1,171
Group Home for youth > 14	59
Group Home for children < 12	23
Group Home for youth 12 - 14	193
Residential	2,678

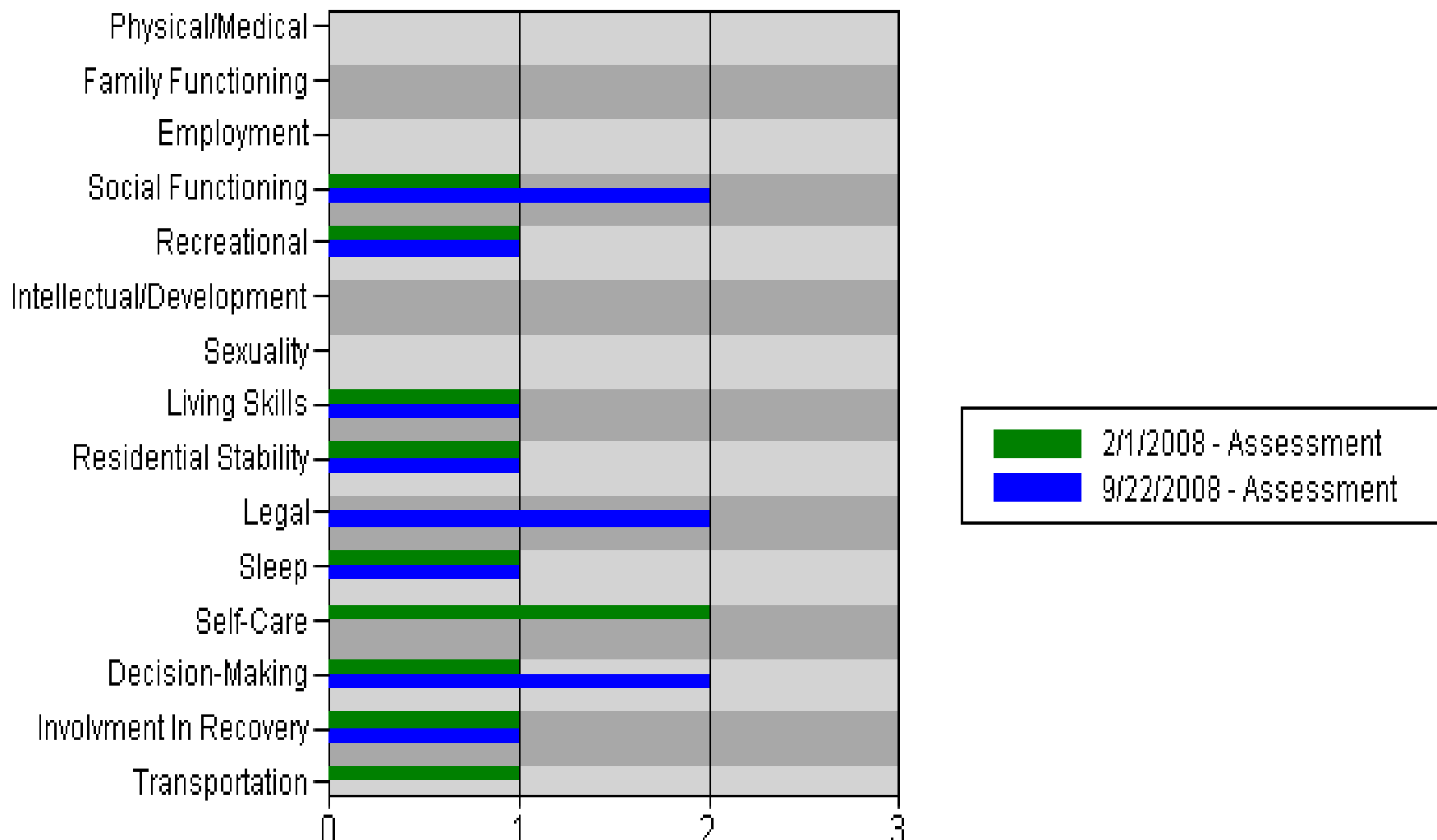
Placement Recommendation

DARMHA State wide Report



Individual Level Outcome Report

Life Functioning Domain



**DMHA implemented
Outcome
Performance
Measures
(funding):**

- Youth with BH Needs
- Adults with SMI
- Adults with Substance Use Needs

Reliable Improvement in

- Any One Domain
- Substance Use
- School Functioning
- Employment
- Housing
- Community Integration

**Outcome Performance
Measures**

View Through
Trauma Lens

Enhanced
Trauma
Items



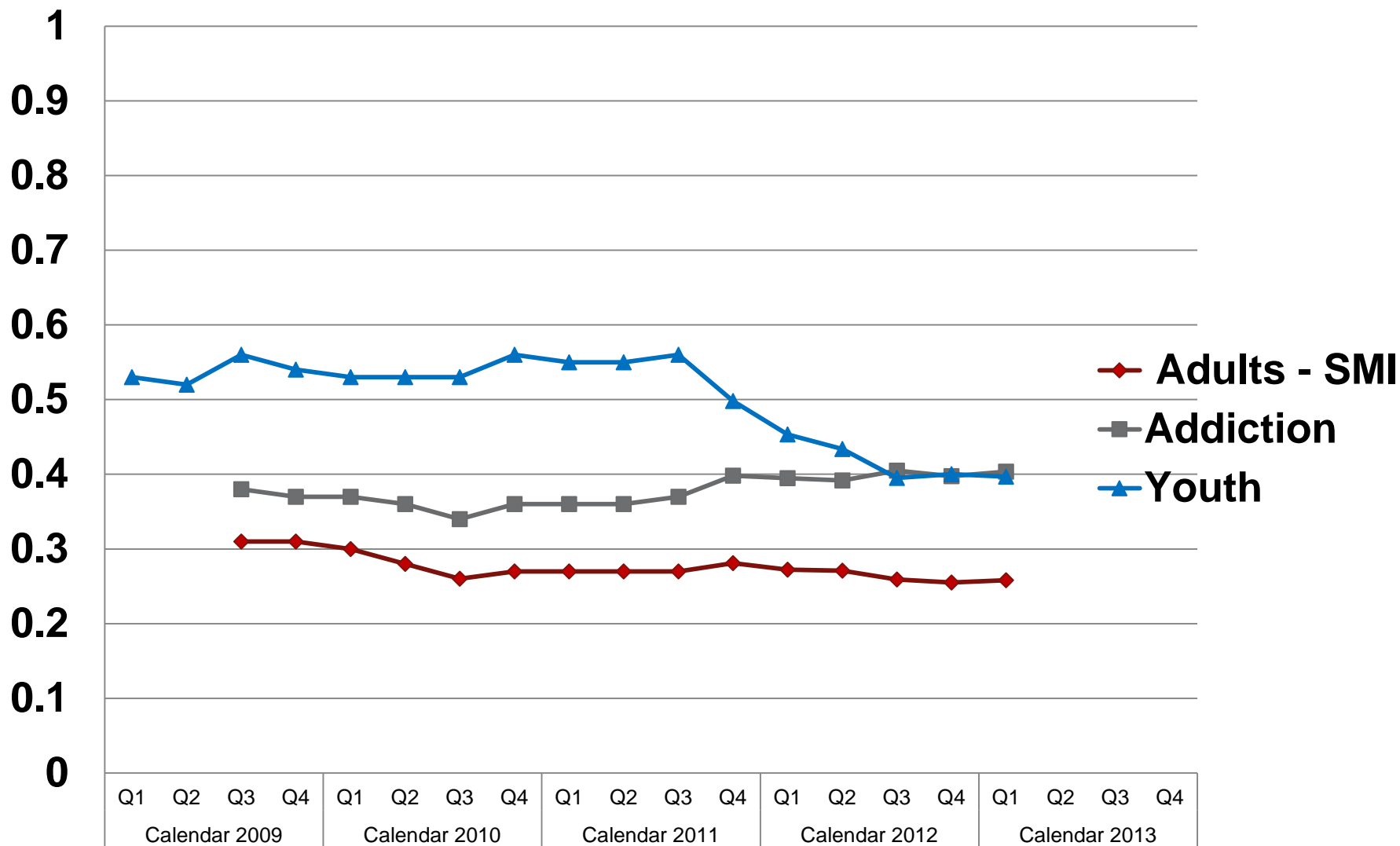
CANS & ANSA

Youth & Family Outcomes

- Since 2008, as measured by the CANS, about 56% of youth who complete an episode of treatment in usual public care improve in one domain.
- In SFY2013, since DCS and residential providers systematically refer youth to CMHCs to access Medicaid services, improvement over the last six months decreased to 40% for CMHCs, range 21.52% – 56.38%.
(target = 45% between last 2 assessments)
- Compare with 65% improvement for youth participating in intensive services (CA-PRTF grant).
- When youth and families receive high fidelity wraparound, up to 78% improve in any one domain. (Walton & Moore, 2012)



Percent Reliable Improvement in at least One Domain



- CANS Designed as Communication and Treatment Planning tools for use with youth and caregivers
- Assessment and Treatment Planning are not often done in a collaborative, culturally-appropriate manner
- Clinicians may mis-perceive the CANS as a *barrier to engagement*
- How can this be remedied?

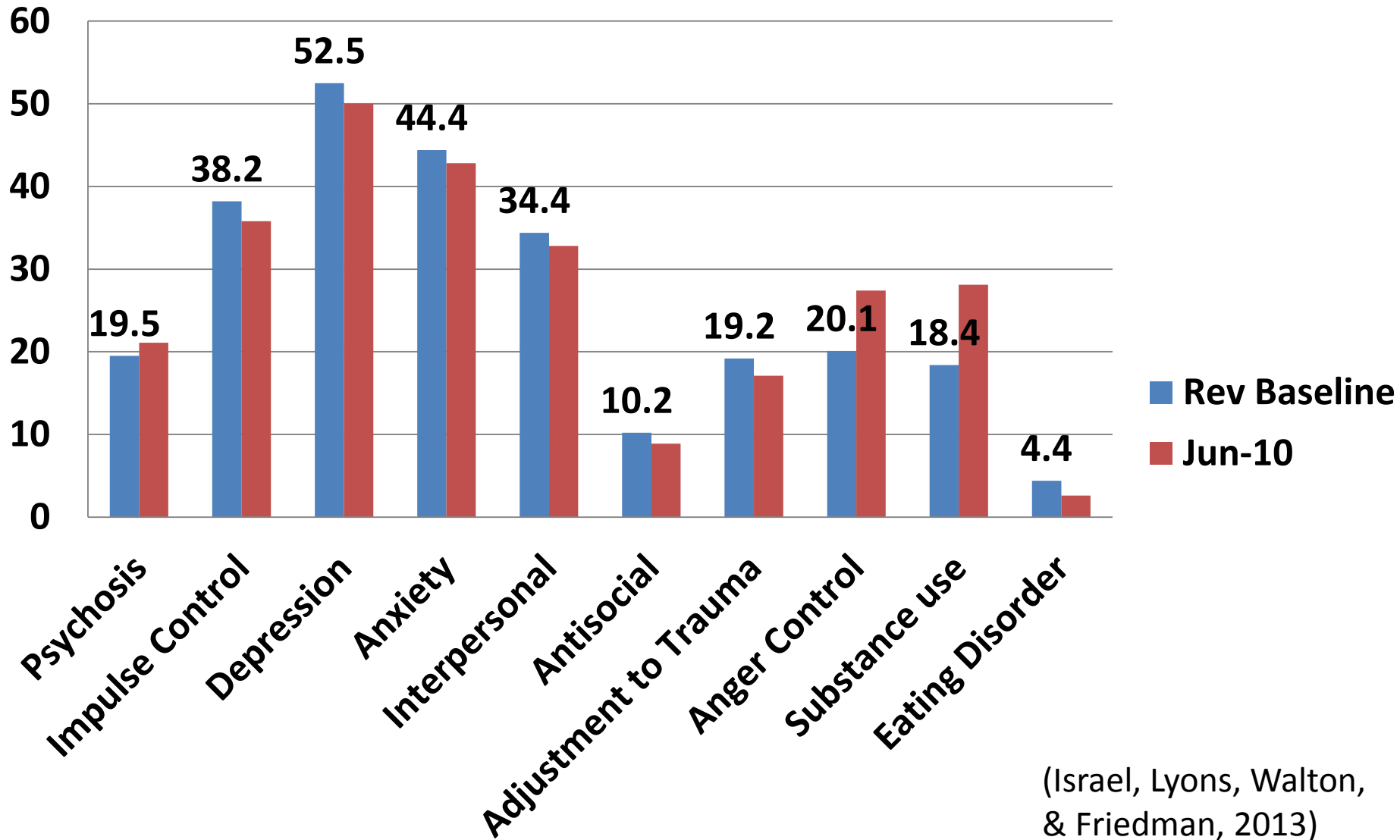
Youth and caregivers (Israel, 2013)

- Goal is to transform the use of the CANS from “another piece of paperwork” to value-added tool essential to meeting goals
- Focus on key decision points in clinical work: entry, formal reviews (scheduled and episodic), transition planning
- Provide suite of tools/views which set the stage for a collaborative Clinical Formulation
- Align these tools/views at every level of the system, so all persons are making decisions based on the same data

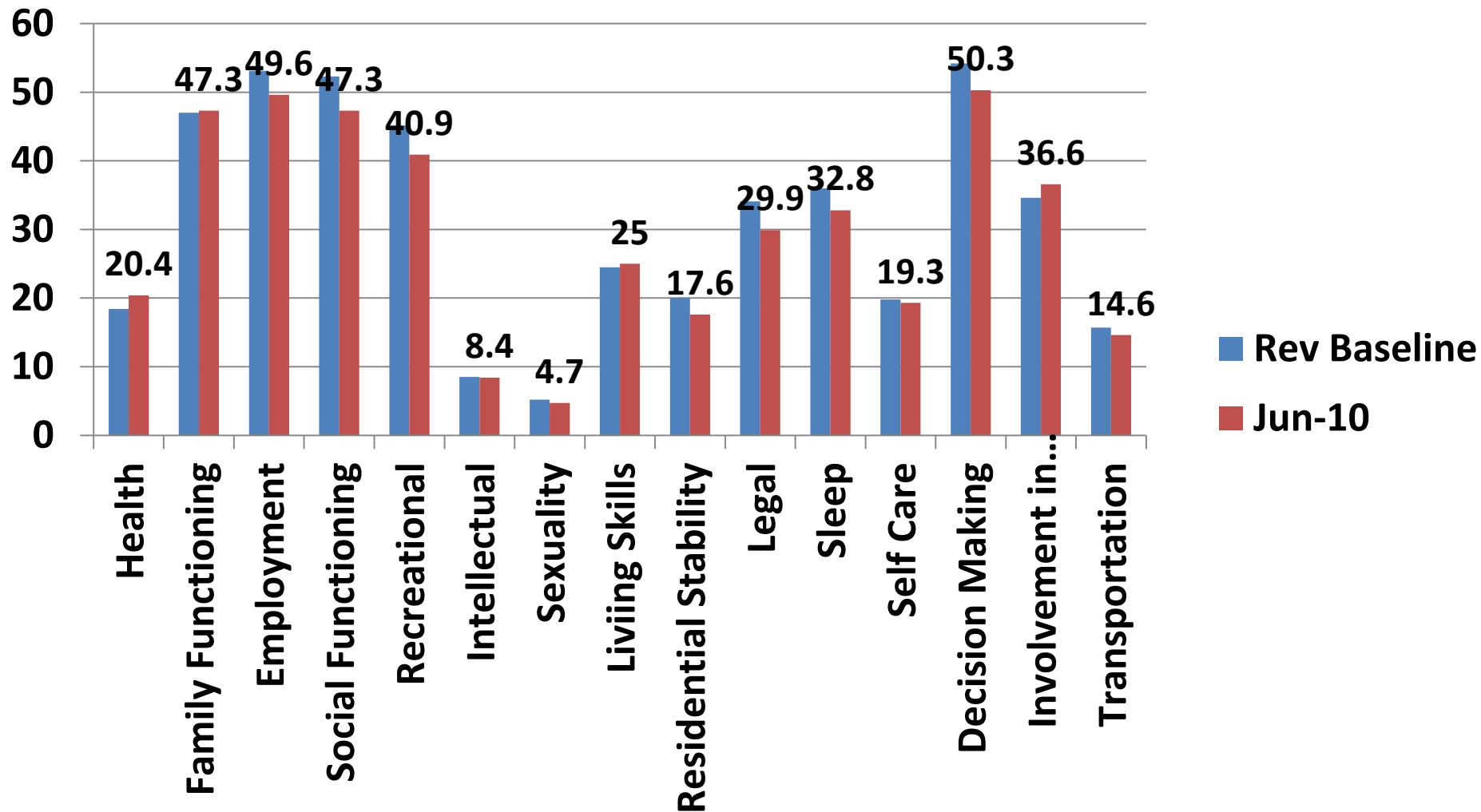
CLINICIANS (Israel, 2013)



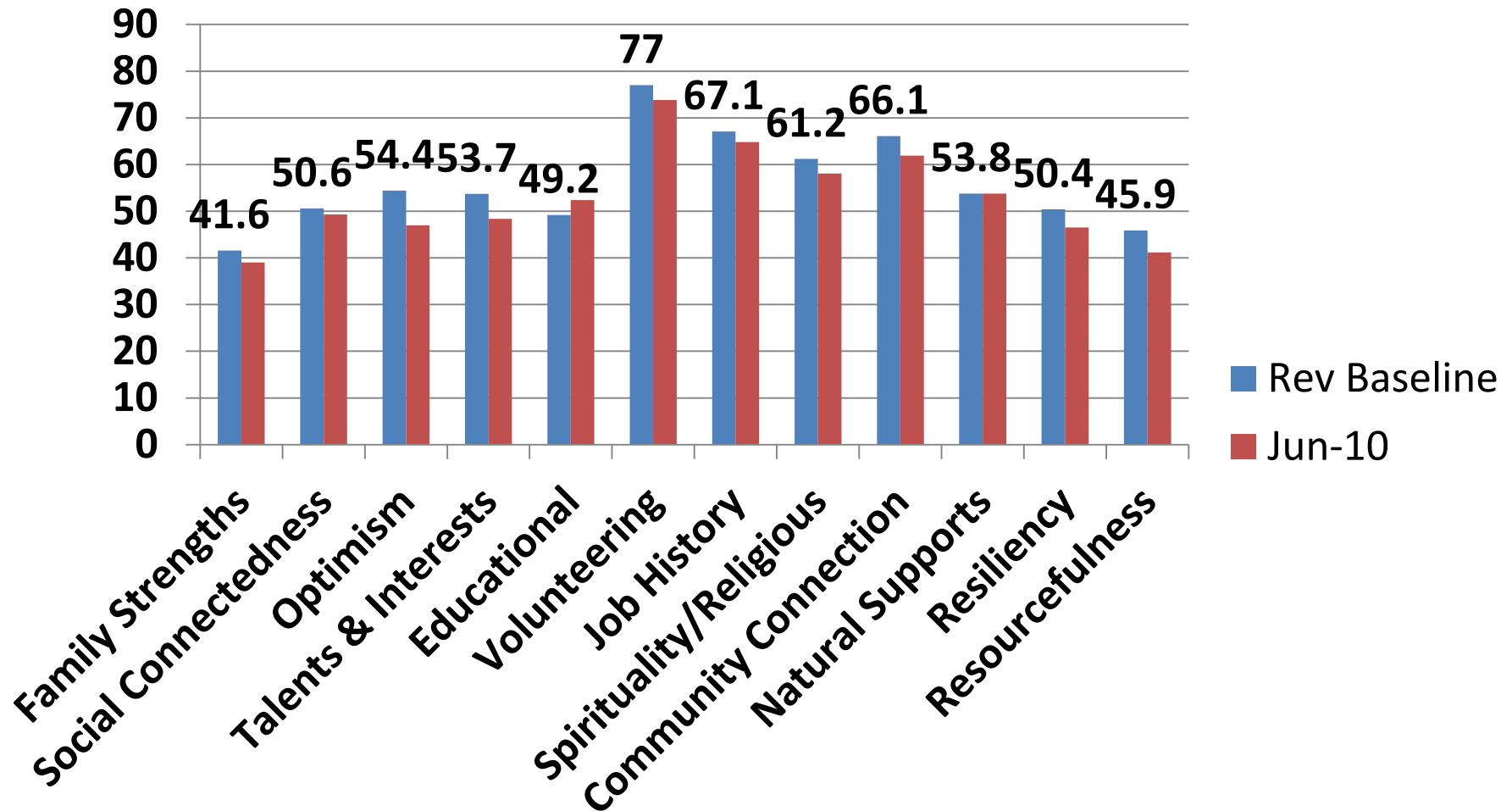
Percentage of Actionable Behavioral Health Symptoms for Young Adults (n = 1164, 12 months)



Percentage of Actionable Functioning Needs for Youth Adults (n= 1164, 12 months)



Percentage Buildable/Identifiable Strengths for Young Adults (n=1164, duration = 12 months)





How is data used in your area?

For additional information:

Betty Walton, PhD, LCSW

Director, Indiana CANS & ANSA Technical Assistance

Assistant Research Professor

Indiana University School of Social Work

Indiana Family & Social Service Administration

Division of Mental Health & Addiction

Betty.Walton@fssa.IN.gov; beawalto@iupui.edu

317 232-7907

<http://www.canstraining.com> (online training & TA)

<https://dmha.fssa.IN.gov/darmha> (CANS & ANSA Tools)