

CANS 101
**Assessment, Decision Support, Outcome
Monitoring & Quality Improvement**

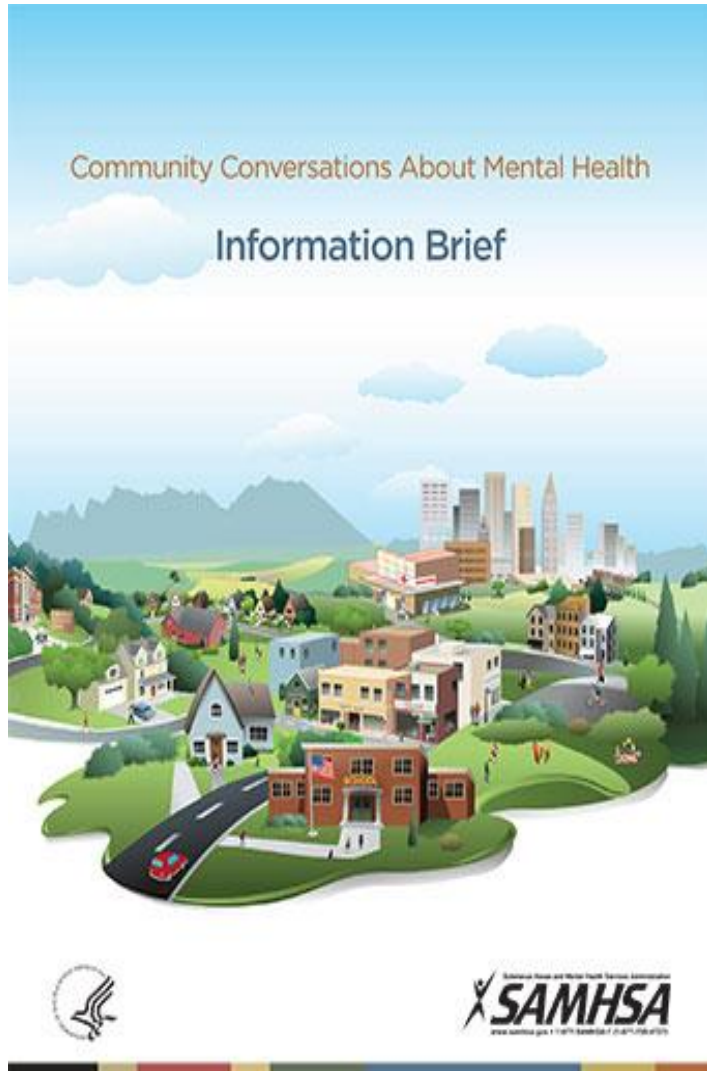
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Jeffersonville, Indiana
June 25, 2013

Agenda

- **Background**
- **Basics: Philosophy & Principles**
- **Child and Adolescent Needs & Strengths (CANS)**
- **Integrating tool into practice & using information**
- **How is the CANS used in Indiana?**
- **How does the CANS relate to your work?**



Community Conversations about Mental Health: Information Brief



Substance Abuse Mental Health
Services Administration
(SAMHSA)

<http://store.samhsa.gov/product/Community-Conversations-About-Mental-Health-Information-Brief/SMA13-4763>

Background

- 1 in 5 children/youth have mental health needs
- Mental Health Services are Provided Across Child Service Systems
- Early Identification and Intervention
- Brief History

Selection Criteria for Tool:

- Useful to families
- Decision support for providers: action plans & intensity of services
- Communicate
- Monitor progress (outcomes)
- Help improve quality of services



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 **NAMI** | Indiana
National Alliance on Mental Illness



Challenges in the Human Service System

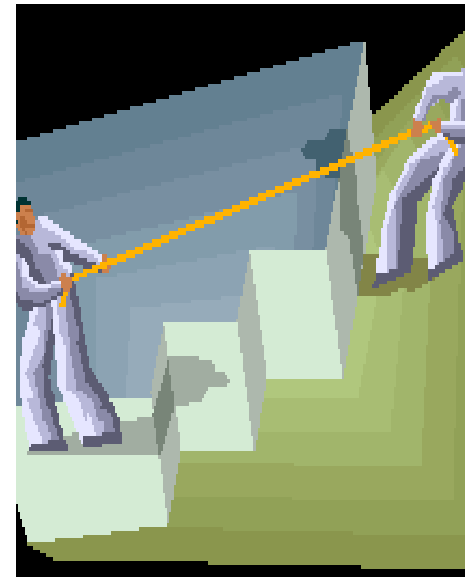
- We have a lot of good people working in the system.
- We know a lot about treatment that works!
- Why does the system not always provide the services our clients need?

Challenges in the Human Service System

- Many different stakeholders involved
- Each has a different perspective and
 - agendas,
 - goals, and
 - objectives

Challenges in the Human Service System

- Honest people, honestly representing different perspectives
- With the moral obligation to present your perspective
- What's this going to create?
- **CONFLICT!**



Lyons, 2010

Challenges in the Human Service System



- Nature of our work = Conflict Resolution
- Law is designed to decrease and resolve conflict
- What do you need to manage conflict?

Two Critical Ingredients for Managing Conflict:

(for individual relationships &
service systems)

1. **A Shared Vision**
2. **Common Language**

Shared Vision

Well Being of Children & Families



Shared Vision: Recovery (SAMSHA)

- **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

Common Language:

2 Communimetric Tools

1. Child and Adolescent Needs & Strength (CANS)

2. Adult Needs & Strength Assessment (ANSA)

- Information Integration Tools
- Copyright, Praed Foundation, 1999
- Domains: Functioning, Acculturation, Risk Behaviors, Behavioral Health Needs, Youth Strengths, & Caretakers Strengths & Needs
- Developmentally Appropriate

CANS: Information Integration Tool



- Use all available sources of information
 - Engage individual, child, and family in the process
 - Referral Information
 - Clinical Records
 - School, Physician (etc.)
 - Other service providers
 - Observation
 - Advocates
- Use information to monitor progress

6 Key Characteristics of CANS

1. Items are included because they might impact service planning
2. Level of items translate immediately into action levels
3. It's about the individual, not about the service
4. Developmentally & culturally sensitive
5. Descriptive -- is about the 'what' not about the 'why'
6. The 30 day window is to remind us to keep assessments relevant and 'fresh'

(Rater can override to reflect “need”)

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

Supporting Documents

- **Manuals**
- **Rating Sheets**
- **Family Friendly Interview (CANS)**
- **Glossaries**

<http://dmha.fssa.in.gov/darmha>

(see Documents Page)

The logo for DARMHA features the word "DARMHA" in a bold, white, sans-serif font. The letters are set against a background of a stylized, three-dimensional, metallic-looking sphere with a complex, swirling pattern of ridges and valleys, resembling a fingerprint or a globe. The sphere is rendered in shades of brown and gold, with highlights and shadows that give it a sense of depth and texture.

DARMHA

**DATA ASSESSMENT REGISTRY
MENTAL HEALTH & ADDICTION**

Training & Certification Required to Use Tools

Online
Training &
Certification

- <http://canstraining.com>

In Person
Training for
“SuperUsers”

- See DARMHA Training Page for details



How is CANS Information Used?

(Total Clinical Outcome Management, Lyons, 2009)

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

How are CANS & ANSA Used in IN?

DMHA

- **Person Centered Intervention Plans**
- **Monitoring Progress**
- **Performance Outcome Measures**
- **Sustainability Planning of Intensive Community Based Services for Youth & Families**
- **CMHCs & Addiction Providers**
- **Access to Recovery**
- **State Hospitals**
- **Wraparound Facilitators**

Medicaid

- **Eligibility for intensive services, service plan & budget, outcomes**
- **Level of Need (Intensity of Service Recommendations) linked to MRO**
- **Eligibility for 1915I State Plan Amendment(s)**

Child Welfare



- **CANS completed by Family Case Managers**
- **Residential Providers**
- **CANS Ratings linked to Foster Care Rates (Jan 2012)**
- **Revision of CANS Birth to 5 and CANS 5 to 17 Placement Algorithms (12/1/2011)**
- **Rating information used to refer youth & families to services**

Person Centered Planning & ANSA or CANS

- ▶ **Goals:** in words of individual or youth/family (priorities) **“I want...”**
- ▶ **Barriers:** (**‘2s’/’3s’ on CANS or ANSA**)
- ▶ **Objectives:** (measures change for individual related to goal or barrier – **measurable & realistic**)
- ▶ **Interventions:** (include using and/or building strengths)

Decision Models

- Algorithms based on patterns of CANS/ANSA Ratings
- Used to support decisions about intensity of service
(level of need)
- Thresholds given only to SuperUsers
- Calculated by DARMHA



2 CANS Decision Support Models: Use Both to Plan

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: CA-PRTF Grant
- 6 Intensive: CA-PRTF, PRTF or State Hospital

Child Welfare/JJ Placement^{*} Recommendations

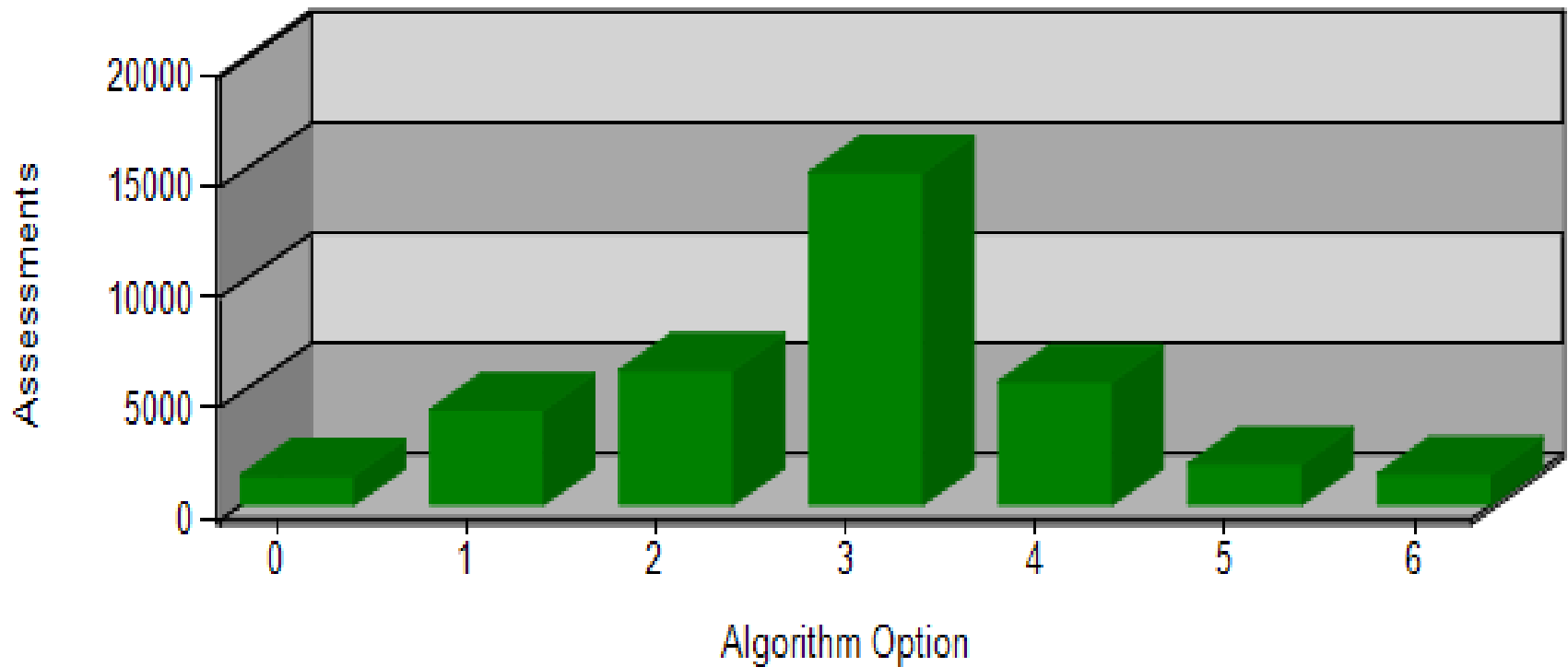
- 0 No current DCS/JJ Removal
- 1 Foster Care
- 2 Foster Care with Support
- 3 Therapeutic Foster Care
- 4 Group Home^{**}
- 5 Residential^{**}

^{*} Algorithm used only 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



Placement Recommendation

DARMHA Statewide Report

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

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

Survival analysis of time to placement disruption for children/youth whose placement matches CANS recommendations (Match=0), those whose placement is at a lower intensity than recommended (match=1) and those whose placement is more intensive than recommended (match=-1). (From Illinois DFCS)

Survival Function for patterns 1 - 3

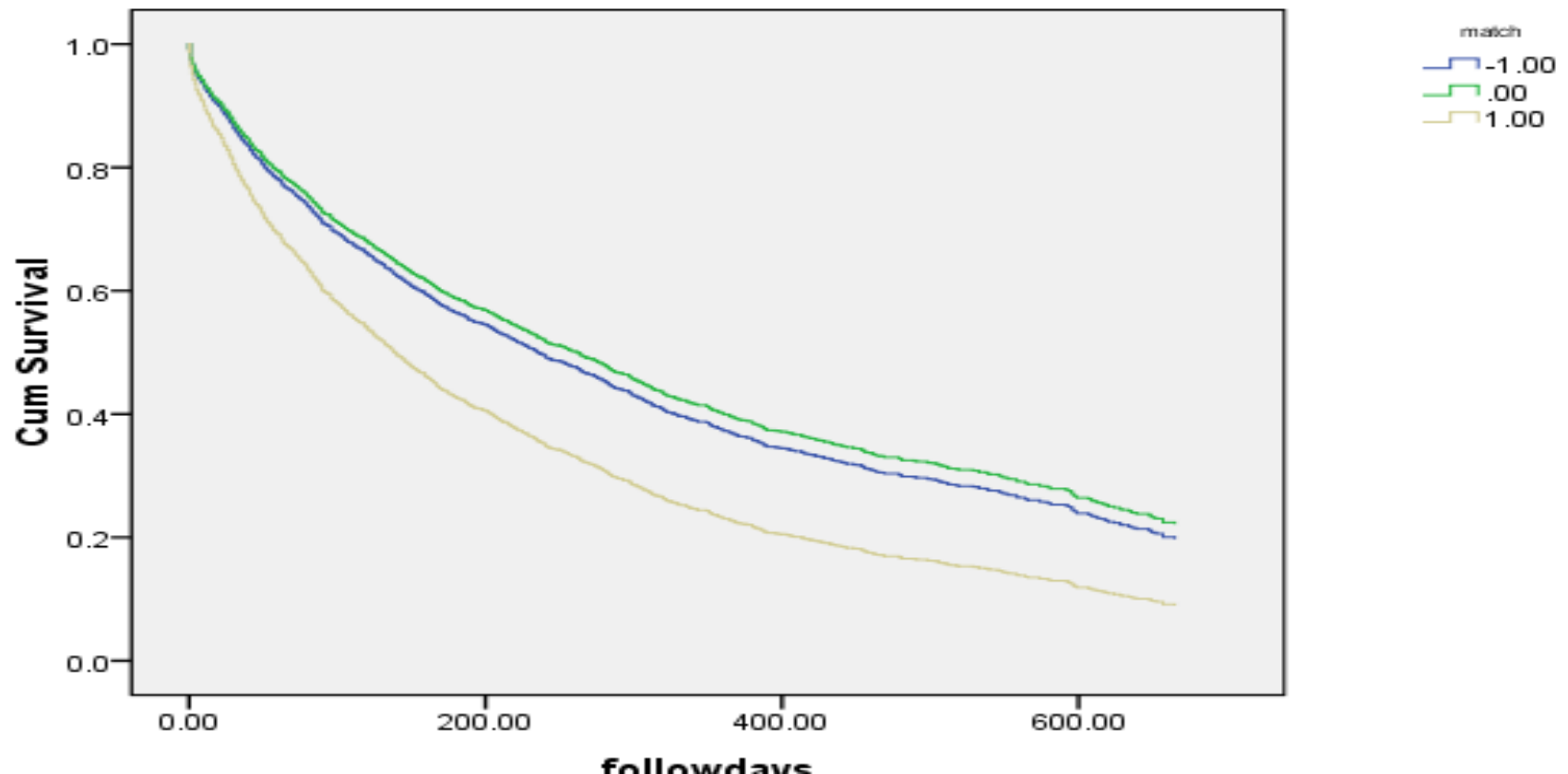


Figure 1. Level of Need by Year for Admissions into Residential Treatment in New Jersey (Lyons, 2009)

N=2782

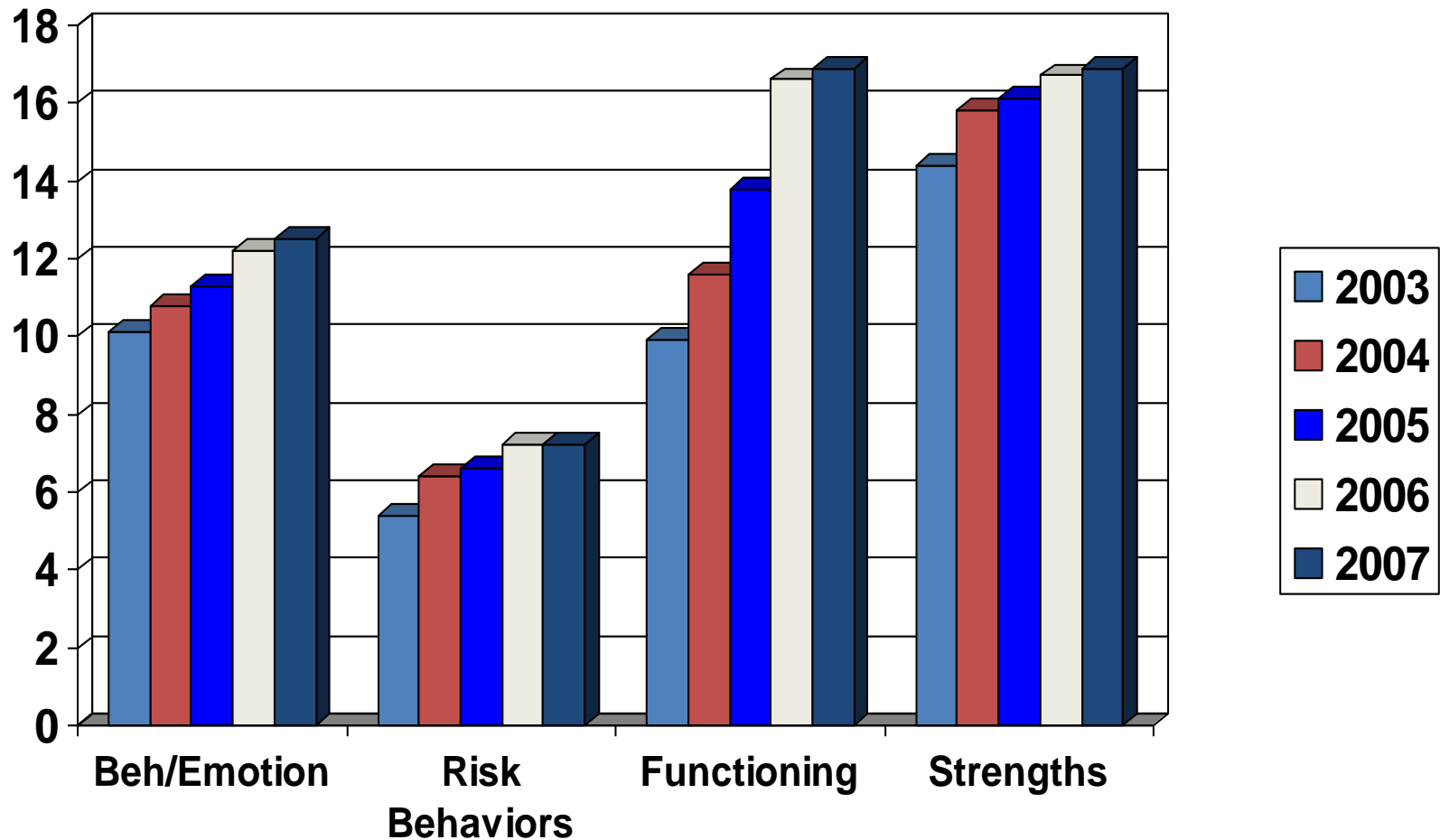


Figure 6. Comparison of total score for RTC, CMO, and YCM initial assessments by year

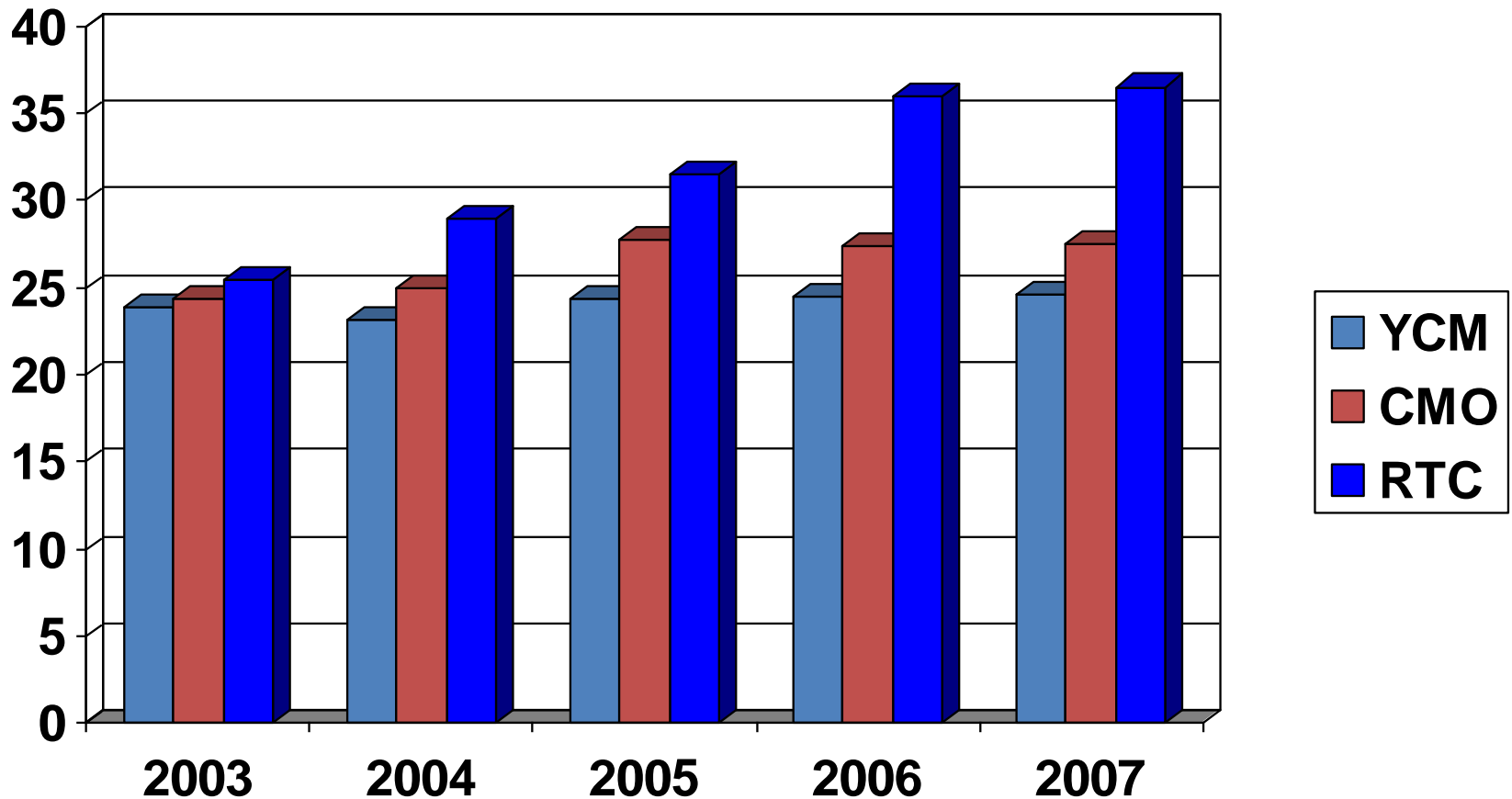
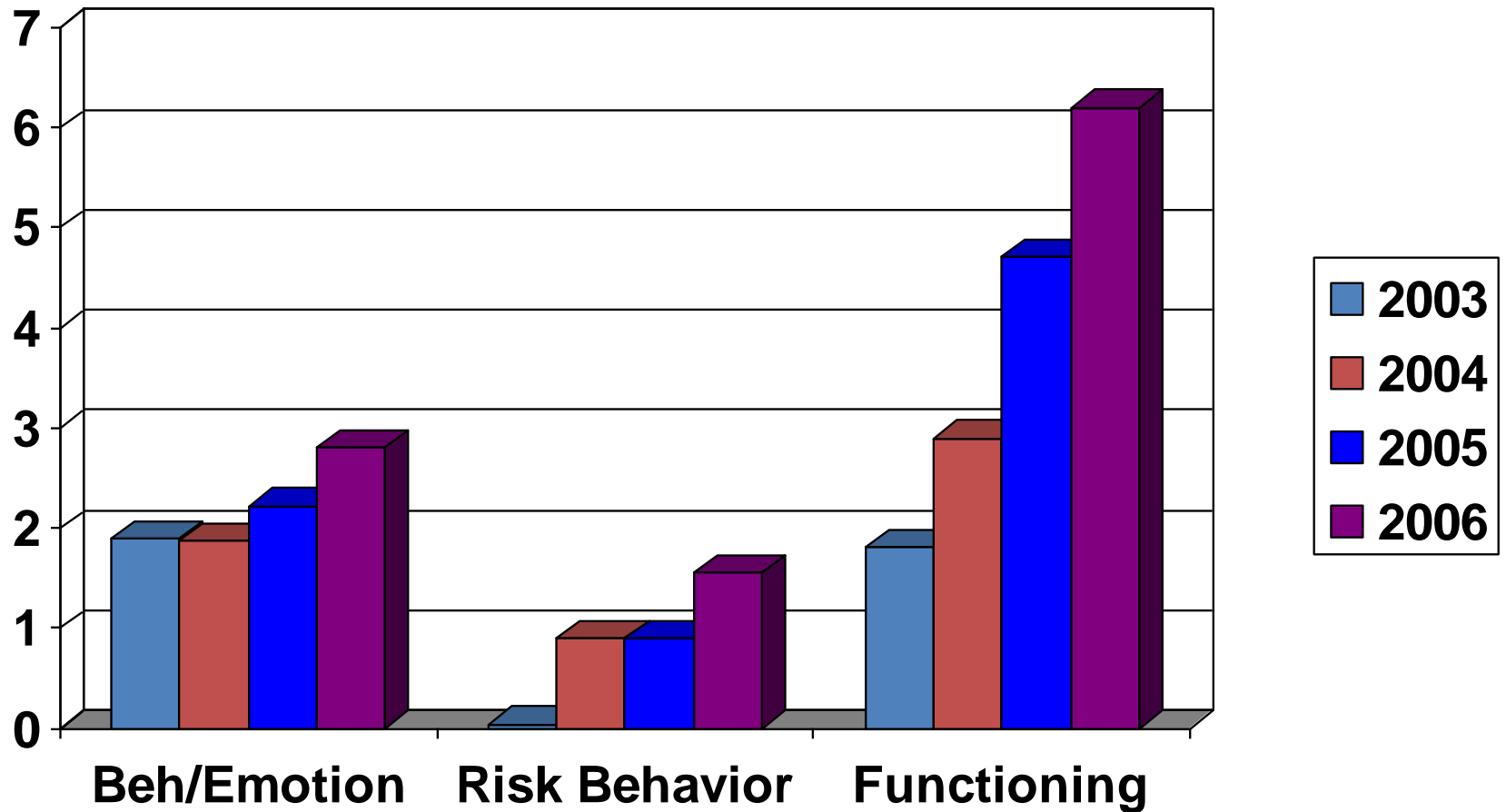


Figure 8. Average Improvement over the course of Residential Treatment by Year

Note: higher score better improvement)



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)

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How does the CANS related to your work?

QUESTIONS??



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