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

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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.

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

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

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

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

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

(Praed Foundation, 2015)
How can rating information be used?

<table>
<thead>
<tr>
<th></th>
<th>Individual Youth &amp; Family</th>
<th>Organization/Program</th>
<th>System/Jurisdiction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decision Support</td>
<td>Engagement Assessment Planning</td>
<td>Eligibility</td>
<td>Resource Management</td>
</tr>
<tr>
<td>Outcome Monitoring</td>
<td>Monitor Progress Celebrations</td>
<td>Evaluation</td>
<td>Performance Contracting</td>
</tr>
<tr>
<td>Quality Improvement</td>
<td>Case Management Supervision</td>
<td>Accreditation</td>
<td>Transformation</td>
</tr>
</tbody>
</table>
Technology support......

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

Feedback System:
Multi-Level Information for Effective Decisions
(Israel, 2014)
The Tools

CANS

ANSA

Needs

Strengths

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

Social Connectedness
- Optimism
- Talents/Interests
- Volunteering
- Community Connection

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

<table>
<thead>
<tr>
<th>STRENGTHS</th>
<th>NEEDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>RATING</td>
<td>LEVEL OF STRENGTH</td>
</tr>
<tr>
<td>0</td>
<td><img src="image" alt="Gold Medal" /></td>
</tr>
<tr>
<td>1</td>
<td><img src="image" alt="Smiley Face" /></td>
</tr>
<tr>
<td>2</td>
<td><img src="image" alt="Building Blocks" /></td>
</tr>
<tr>
<td>3</td>
<td><img src="image" alt="Question Mark" /></td>
</tr>
</tbody>
</table>
All Assessments by Domain

Consumer Outcomes by Domain

- Child Behavioral/Emotional Needs Domain
- Child Risk Behaviors Domain
- Child Life Functioning Domain
- Child Strengths Domain
- Child Caregiver Strengths & Needs 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

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
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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

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://dmha.fssa.in.gov/DARMHA/mainDocuments](https://dmha.fssa.in.gov/DARMHA/mainDocuments).
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.
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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

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.

Selected Filters: Agency F, T1=Baseline, T2=Latest, SMI, All Episodes; Graph presents data from 01/13/2008 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 episodes.
### 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%**

<table>
<thead>
<tr>
<th>Positive Change</th>
<th>Functioning</th>
<th>Strengths</th>
<th>Behavioral Needs</th>
<th>Risks</th>
<th>Caregiver</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive Change</td>
<td>1,165</td>
<td>762</td>
<td>890</td>
<td>1,009</td>
<td>977</td>
</tr>
<tr>
<td>Negative Change</td>
<td>871</td>
<td>1,080</td>
<td>711</td>
<td>936</td>
<td>957</td>
</tr>
<tr>
<td>No Change</td>
<td>3,786</td>
<td>3,980</td>
<td>4,221</td>
<td>3,877</td>
<td>3,770</td>
</tr>
</tbody>
</table>

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
Discussion/Questions?

• How is your organization/program using communimetric 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


Contact Information

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