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)

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
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
- 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
CANS usage in the United States

States with CANS Presence:
--Alaska  --Kentucky  --Montana  --S. Carolina
--Arizona  --Louisiana  --N. Carolina  --Texas
--California  --Maine  --N. Dakota  --Utah
--Delaware  --Michigan  --Ohio  --Washington
--Georgia  --Minnesota  --Pennsylvania
--Kansas  --Missouri  --Rhode Island

State-Wide CANS Usage:
--Alabama  --Illinois  --Nebraska  --Oregon
--Colorado  --Iowa  --New Hampshire  --Tennessee
--Connecticut  --Maryland  --New Jersey  --Virginia
--Florida  --Massachusetts  --New York  --W. Virginia
--Indiana  --Mississippi  --Nevada  --Wisconsin
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**

<table>
<thead>
<tr>
<th>Rating</th>
<th>Level of Need</th>
<th>Appropriate Action</th>
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<tbody>
<tr>
<td>0</td>
<td>No Evidence of Need</td>
<td>No Action</td>
</tr>
<tr>
<td>1</td>
<td>Significant History or possible need which is not interfering with functioning</td>
<td>Watchful Waiting Prevention Further Assessment</td>
</tr>
<tr>
<td>2</td>
<td>Need Interferes with Functioning</td>
<td>Intervention</td>
</tr>
<tr>
<td>3</td>
<td>Need is Dangerous or Disabling</td>
<td>Immediate/Intensive Action</td>
</tr>
<tr>
<td>Rating</td>
<td>Level of Strength</td>
<td>Appropriate Action</td>
</tr>
<tr>
<td>--------</td>
<td>-----------------------------------</td>
<td>---------------------------------------------------------</td>
</tr>
<tr>
<td>0</td>
<td>Centerpiece Strength</td>
<td>Central to Planning*</td>
</tr>
<tr>
<td>1</td>
<td>Strength Present</td>
<td>Useful in Planning*</td>
</tr>
<tr>
<td>2</td>
<td>Indentified Strength</td>
<td>Must be Built or Developed**</td>
</tr>
<tr>
<td>3</td>
<td>No Strength Identified</td>
<td>Strength Creation or Identification may be Indicated</td>
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</table>
Supporting Documents

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

http://dmha.fssa.in.gov/darmha
(see Documents Page)
Training & Certification Required to Use Tools

Online Training & Certification

- [http://canstraining.com](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)

<table>
<thead>
<tr>
<th>Decision Support</th>
<th>Family &amp; Youth</th>
<th>Program (Agency)</th>
<th>System</th>
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<tbody>
<tr>
<td></td>
<td>Care Planning</td>
<td>Eligibility</td>
<td>Resource</td>
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<td></td>
<td>Effective</td>
<td>Step-down</td>
<td>Management</td>
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<td></td>
<td>practices</td>
<td></td>
<td>Right-sizing</td>
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<td>EBP’s</td>
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<thead>
<tr>
<th>Outcome Monitoring</th>
<th>Family &amp; Youth</th>
<th>Program (Agency)</th>
<th>System</th>
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<tbody>
<tr>
<td></td>
<td>Monitoring</td>
<td>Evaluation</td>
<td>Provider Profiles</td>
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<td>Progress</td>
<td></td>
<td>Performance</td>
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<tr>
<td></td>
<td>Service</td>
<td></td>
<td>Contracting</td>
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<td></td>
<td>Transitions &amp;</td>
<td></td>
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<td></td>
<td>Celebrations</td>
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<table>
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<th>Quality Improvement</th>
<th>Family &amp; Youth</th>
<th>Program (Agency)</th>
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<tr>
<td></td>
<td>Case Management</td>
<td>CQI/QA</td>
<td>Transformation</td>
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<td>Integrated Care</td>
<td>Accreditation</td>
<td>Business Model</td>
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<td></td>
<td>Supervision</td>
<td>Program Redesign</td>
<td>Design</td>
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</table>
### How are CANS & ANSA Used in IN?

<table>
<thead>
<tr>
<th>DMHA</th>
<th>Medicaid</th>
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</thead>
<tbody>
<tr>
<td>• Person Centered Intervention Plans</td>
<td>• Eligibility for intensive services, service plan &amp; budget, outcomes</td>
</tr>
<tr>
<td>• Monitoring Progress</td>
<td>• Level of Need (Intensity of Service Recommendations) linked to MRO</td>
</tr>
<tr>
<td>• Performance Outcome Measures</td>
<td>• Eligibility for 1915I State Plan Amendment(s)</td>
</tr>
<tr>
<td>• Sustainability Planning of Intensive Community Based Services for Youth &amp; Families</td>
<td></td>
</tr>
<tr>
<td>• CMHCs &amp; Addiction Providers</td>
<td></td>
</tr>
<tr>
<td>• Access to Recovery</td>
<td></td>
</tr>
<tr>
<td>• State Hospitals</td>
<td></td>
</tr>
<tr>
<td>• Wraparound Facilitators</td>
<td></td>
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</tbody>
</table>
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

Assessments

Algorithm Option

N = 35,484 Initial Assessments
1/1/2012 - 12/31/2012
## Placement Recommendation
### DARMHA Statewide Report

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

**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)
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)
How does the CANS related to your work?

QUESTIONS??
For additional information:

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