Surveying the Track: Effectively Using Assessment Tools

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

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

*Common Language*

- Adult Needs and Strengths Assessment (ANSA)
- Child and Adolescent Needs and Strengths (CANS)

*Copyright: Praed Foundation, 1999*
The Strategy: CANS
Six Key Characteristics of a Communimetric Tool

- 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’
# CANS/ANSA Ratings

**Items Stand Alone - Clinically Meaningful**

<table>
<thead>
<tr>
<th>Rating</th>
<th>Level of Need</th>
<th>Appropriate Action</th>
</tr>
</thead>
<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>
</tbody>
</table>
### CANS & ANSA Strength Ratings

<table>
<thead>
<tr>
<th>Rating</th>
<th>Level of Strength</th>
<th>Appropriate Action</th>
</tr>
</thead>
<tbody>
<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>Identified 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>
</tr>
</tbody>
</table>
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](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)

<table>
<thead>
<tr>
<th></th>
<th>Family &amp; Youth</th>
<th>Program</th>
<th>System</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Decision Support</strong></td>
<td>Care Planning</td>
<td>Eligibility</td>
<td>Resource Management</td>
</tr>
<tr>
<td></td>
<td>Effective practices</td>
<td>Step-down</td>
<td>Right-sizing</td>
</tr>
<tr>
<td></td>
<td>EBP’s</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Outcome Monitoring</strong></td>
<td>Service Transitions &amp; Celebrations</td>
<td>Evaluation</td>
<td>Provider Profiles</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Performance/Contracting</td>
</tr>
<tr>
<td><strong>Quality Improvement</strong></td>
<td>Case Management</td>
<td>CQI/QA</td>
<td>Transformation Business Model Design</td>
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<td></td>
<td>Integrated Care Supervision</td>
<td>Accreditation</td>
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<tr>
<td></td>
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<td>Program Redesign</td>
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</tbody>
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*(Lyons, 2009)*
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)
<table>
<thead>
<tr>
<th>Purpose</th>
<th>DCS</th>
<th>Residential</th>
<th>CMHCs</th>
<th>DMHA</th>
<th>Medicaid</th>
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</thead>
<tbody>
<tr>
<td>Engage</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identify Needs &amp; Strengths</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plan Interventions</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EBPs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intensity of Services</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Foster Care Rates Placements</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>MRO Referrals Intensive community Services</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Contract with CMHCs for Treatment Services (Medicaid)</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Different Levels of Service based on Pattern of CANS Needs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Authorize Services: MRO Intensive Services PRTF</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
Implementation Strategies & processes

Training/Certification & TA
- Fidelity: On-line training/certification
- Retraining/Coaching: Recruit and provide In-Person Training & Certification of Local “SuperUsers”
- Coaching: SuperUser Booster Workshops
- Training: Local/Regional for Child Welfare
- Consultation with state & local agencies, individuals

Technology
- Develop Data Collection, Analysis, & Reporting
- Available to all systems & providers
- Require certification
- Partnership between CANS TA & IT
- Transition from data collection to easy access & use of information in practice, funding, policy development, & measuring outcomes

Implementation & Sustainability
- State & University Partnership
- Incremental
- Add systems & agencies
- Ongoing activities to improve reliability and effective use of information
- Link funding to ratings
- Outcome Performance Measures
- Link to EBPs
- Integrated policies
- Monitor Fidelity/Progress
- Use information for QI
## 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**

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*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

N = 35,484 Initial Assessments
1/1/2012- 12/31/2012
<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>
Individual Level Outcome Report

Life Functioning Domain

Physical/Medical
Family Functioning
Employment
Social Functioning
Recreational
Intellectual/Development
Sexuality
Living Skills
Residential Stability
Legal
Sleep
Self-Care
Decision-Making
Involvement In Recovery
Transportation

2/1/2008 - Assessment
9/22/2008 - Assessment
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

- Adults - SMI
- Addiction
- Youth

Q1 Q2 Q3 Q4  Q1 Q2 Q3 Q4  Q1 Q2 Q3 Q4  Q1 Q2 Q3 Q4  Q1 Q2 Q3 Q4
Calendar 2009 Calendar 2010 Calendar 2011 Calendar 2012 Calendar 2013

March 17, 2016
Indiana Performance Outcome Measure
over Last 6 Months
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?
• 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
Percentage of Actionable Behavioral Health Symptoms for Young Adults (n = 1164, 12 months)

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Rev Baseline</th>
<th>Jun-10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychosis</td>
<td>19.5</td>
<td>38.2</td>
</tr>
<tr>
<td>Impulse Control</td>
<td>34.4</td>
<td>20.1</td>
</tr>
<tr>
<td>Depression</td>
<td>44.4</td>
<td>34.4</td>
</tr>
<tr>
<td>Anxiety</td>
<td>52.5</td>
<td>18.4</td>
</tr>
<tr>
<td>Interpersonal</td>
<td>10.2</td>
<td>4.4</td>
</tr>
<tr>
<td>Antisocial</td>
<td>19.2</td>
<td>20.1</td>
</tr>
<tr>
<td>Adjustment to Trauma</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anger Control</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Substance use</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eating Disorder</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Israel, Lyons, Walton, & Friedman, 2013)
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:

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

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