



# **Using Information to Improve Services for Youth & Families**

**Building on Family Strengths Conference  
Portland, Oregon  
June 24, 2009**

# Introductions

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# Objectives

- **Background -- Getting Ready**
- **Introduction to the CANS**
- **Family Perspective**
- **Emerging Information**
- **Using Information to Improve Services Objectives**

# Background

- **Cross System Work**
- **Child Welfare Mental Health Early Identification & Intervention Initiative**
- **Used Functional Assessment for Risk Adjusted Funding**
- **Grass Roots**
- **Task Force**

## **Selection Criteria:**

- **Engage Youth & Families**
- **Improve Communication**
- **Support Decisions**
- **Monitor Progress**
- **Quality Improvement**

# Child and Adolescent Needs & Strengths Assessment (CANS)

- Information Integration Tool

- Total Clinical Outcome Management

- Copyright, 1999  
Praed Foundation

- [www.praedfoundation.org](http://www.praedfoundation.org)

- John S. Lyons  
University of Ottawa

- Common Assessment Transformational Tool?

- Implemented statewide in public behavioral health system, July 2007

- In 2008, the Department of Child Services (DCS) required that Residential Providers use the CANS

- CANS was integrated IN's Medicaid Demonstration grant in 2008

- DCS to begin using CANS to support decisions in July 2009

# Implementation

## Training/certification

- SuperUsers
- Annual Certification of Direct Service & Supervisory Staff
- Training Website

<http://www.communimetrics.com/CansCentralIndiana>

- Support

## Tools

- CANS 0 to 5, 5 to 20
- ANSA
- Comprehensive Forms
- 'Short' Form

## Collection & Reporting Website

- Collects CANS ratings
- Reports information based in CANS
- <http://ibhas.in.gov>

## Use Information to:

- Develop individualized plan
- Help decide intensity of services & placement
- Monitor Progress
- Quality Improvement
- Support funding decisions

# Family Perspective

- **Early Involvement with CANS**
- **Implementation**
- **Successes**
- **Challenges**

# Scope of implementation

## Local Experts..

- 558 CANS SuperUsers
- 270 ANSA SuperUsers
  
- # Certified CANS & ANSA Users ~7400  
from community mental health centers, child residential centers, state hospitals, other child service providers and child welfare

# CANS Domains

- **Functioning**
- **Strengths**
- **Acculturation**
- **Behavioral Health**
- **Risk Behavior**
- **Caregivers Strengths & Needs**

# **CANS: Communimetric Measures**

## **Need Action Levels:**

- 0 No Need**
- 1 Watch/Prevent**
- 2 Act**
- 3 Act Immediately/Intensively**

## **Strengths Action Levels:**

- 0 Centerpiece**
- 1 Useful**
- 2 Identified**
- 3 None identified**

**(Lyons, 2008)**



# How is the CANS Used?

## TCOM Grid of Activities

	<b>Family &amp; Youth</b>	<b>Program</b>	<b>System</b>
<b>Decision Support</b>	<b>Service Planning</b>	<b>Eligibility</b>	<b>Resource Management</b>
<b>Outcome Monitoring</b>	<b>Service Planning &amp; Celebrations</b>	<b>Evaluation</b>	<b>Performance Contracting</b>
<b>Quality Improvement</b>	<b>Case Management &amp; Supervision</b>	<b>Accreditation</b>	<b>Transformation</b>

(Total Clinical Outcome Management, Lyons, 2006)

# DARMHA

DATA ASSESSMENT REGISTRY  
MENTAL HEALTH & ADDICTION

**Interactive  
Web Site**

**Use Information  
to Make  
Decisions**

## 3 Functions

1. **Collect Assessment Ratings**
2. **Analyze: Calculate Algorithms**
3. **Report Information**



**Detailed Assessment Results Report**

**Assessment Date:** 2/19/2009  
**Assessment Type:** CANS Short Assessment 5 - 17  
**Assessment Reason:** Reassessment  
**Assessment Status:** CLOSED  
**Assessor:** Walton, Betty - 5121-34

**Assessor Signature:**

**Recommendations:** DCS - Placement - Short Form 5 - 17 - Therapeutic Foster Care  
 Mental Health - Short Form 5 - 17 - Intensive Community Based Services - Wraparound Teams, Home Based Services

**Provider Name:** Test Team  
**Consumer Name:** Minnie Mouse  
**Identifier:**  
**CSDS ID (if applicable):**

**General Questions**

Question	Score
ICBS Attempted Prior	0 - No
Involvement with DCS	1 - Yes
Age Group	0 - Children 5 and older but less than 12. (Ages 5, 6, 7, 8, 9, 10, or 11)

**Behavioral/Emotional Needs**

Question	Score
Psychosis	1 - History or suspicion of hallucinations, delusions or bizarre behavior that might be associated with some form of psychotic disorder.

**Individualized Report**

**Recommended Placement & Intensity of Behavioral Health Services**

**Needs & Strength Ratings**

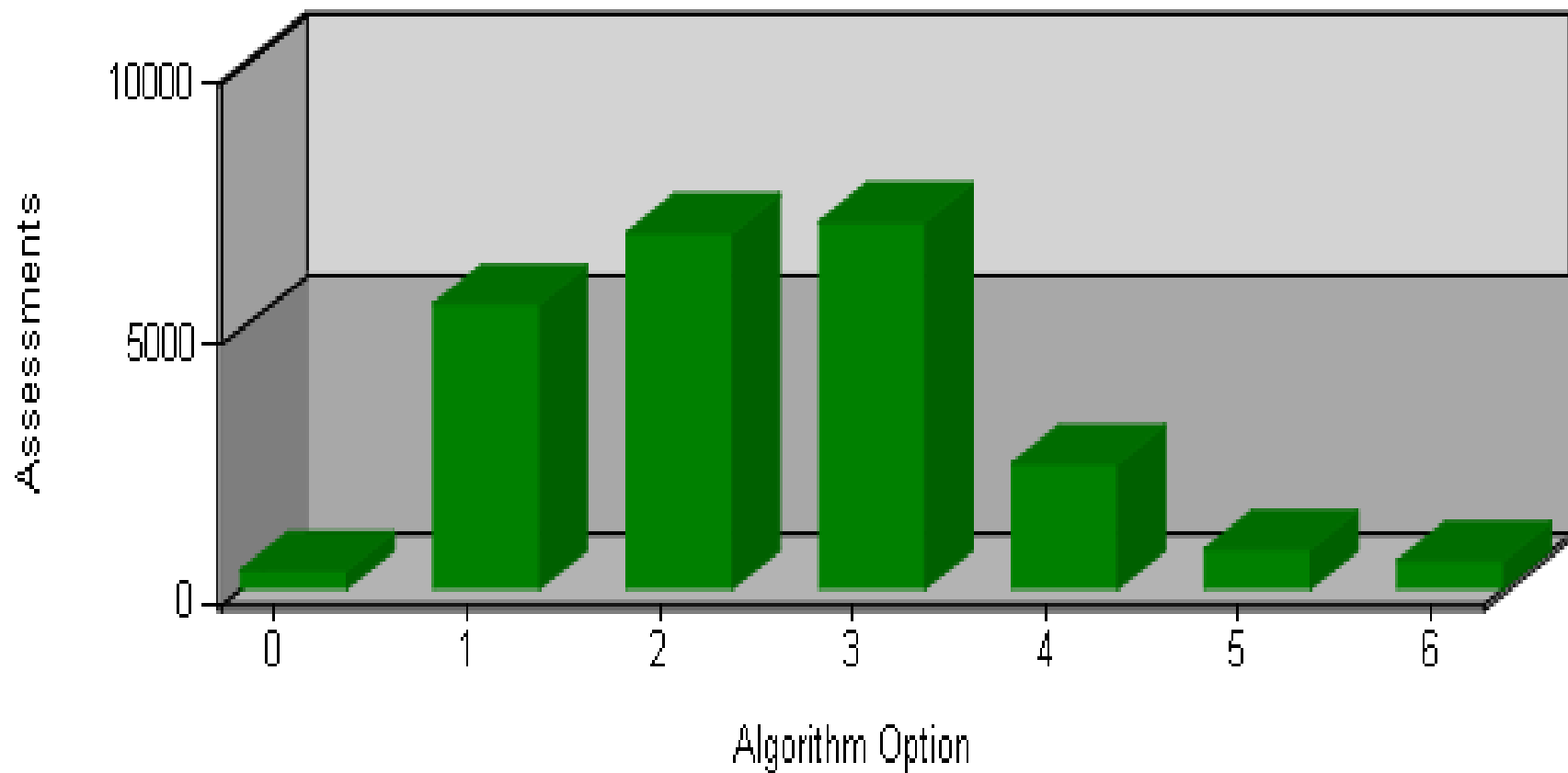
**Information can be used to help make decisions, develop intervention plan, monitor progress, manage implementation....**

# Emerging Information

- **Public Behavioral Health System**
- **CA-PRTF Grant**
- **Early Childhood Mental Health**
- **Young Adults**

# Profile of behavioral health needs

CANS Comprehensive 5 - 17 - Mental Health

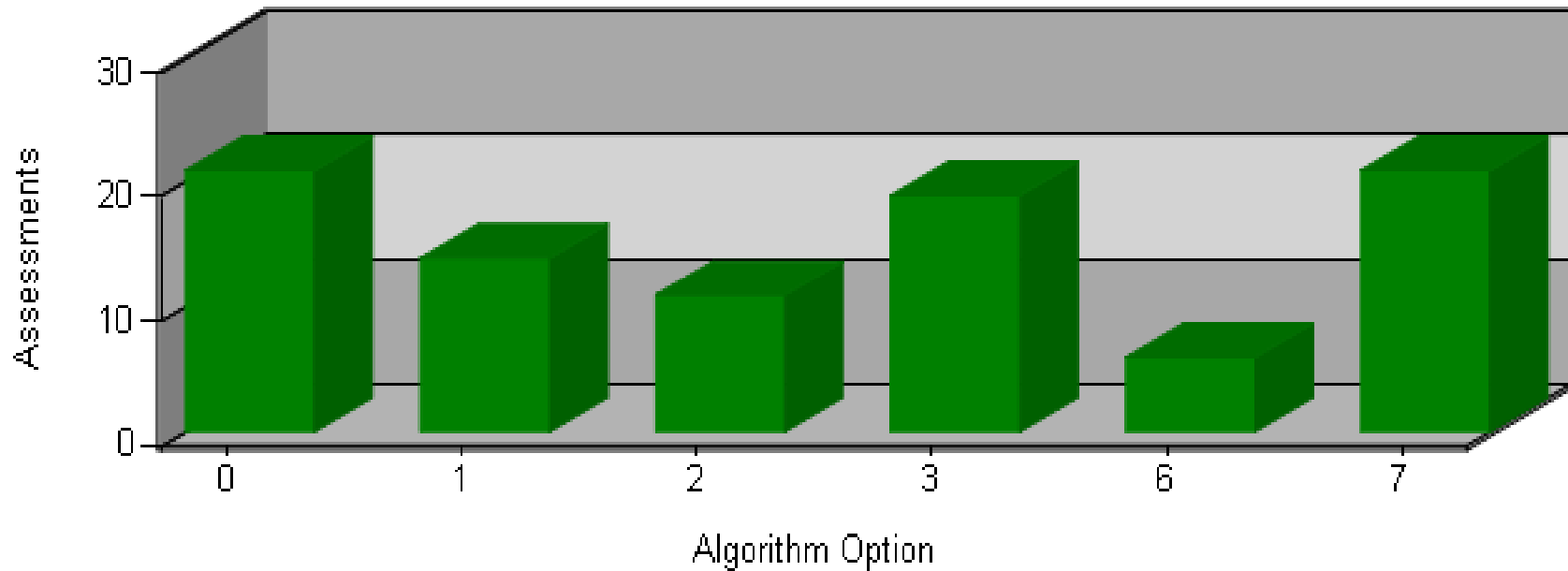


**Behavioral Health Decision Model Recommendations**  
***For Assessment Completed Between 7/1/2008 and 6/15/2009***  
***Initial Assessments Only***

**CANS Comprehensive 5 - 17 Tool**

	Option	N
<b>0</b>	<b>No Treatment Recommended</b>	<b>349</b>
<b>1</b>	<b>Outpatient</b>	<b>5476</b>
<b>2</b>	<b>Supportive Community Services</b>	<b>6839</b>
<b>3</b>	<b>Intensive Community Based Services: Intensive Case Management, Day Treatment, Intensive Outpatient Services, Home Based Services</b>	<b>7053</b>
<b>4</b>	<b>Intensive Community Based Services - Wraparound Teams</b>	<b>2410</b>
<b>5</b>	<b>Intensive Community Based Services: Community Alternative to Psychiatric Residential Treatment (CA-PRTF) grant</b>	<b>755</b>
<b>6</b>	<b>Psychiatric Residential Treatment Facilities (PRTF) or CA-PRTF or State Hospital (SOF)</b>	<b>534</b>
	<b>Total Assessments</b>	<b>23,416</b>

CANS Short Assessment 5 - 17 - DCS - Placement - Short Form 5 - 17



**‘Short’ CANS Used only in Crisis Shelters since February 2009**

<b>0</b>	<b>No DCS/JJ Current Removal</b>	<b>21</b>
<b>1</b>	<b>Foster Care</b>	<b>14</b>
<b>2</b>	<b>Foster Care with Services</b>	<b>11</b>
<b>3</b>	<b>Therapeutic Foster Care</b>	<b>19</b>
<b>4-6</b>	<b>Group Home</b>	<b>6</b>
<b>7</b>	<b>Residential Facility</b>	<b>21</b>

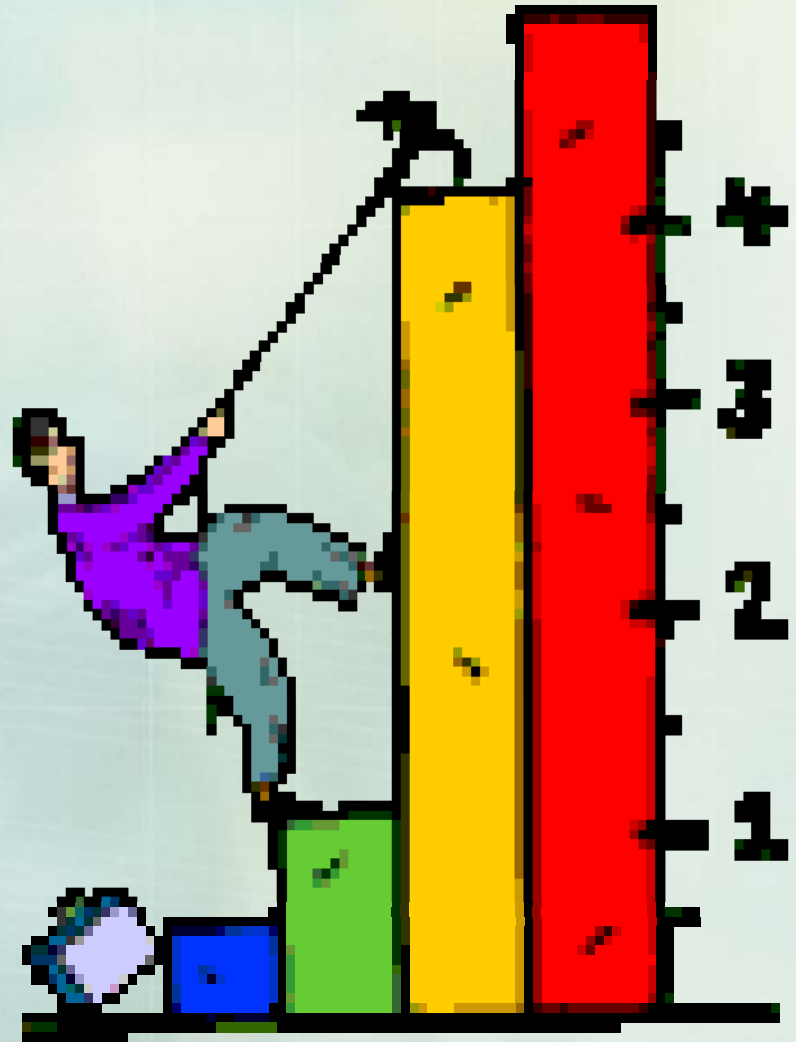
# Comprehensive CANS, 5 to 17 (7/1/2007 – 4/30/2009)

		Initial		Reassess		End of Episode	
	Intensity of Service		%		%		%
<b>0</b>	None	760	1.39	578	1.68	1077	6.12
<b>1</b>	Outpatient	16,714	30.51	11,374	33.09	6609	37.54
<b>2</b>	Supportive	16,353	29.85	9,211	26.80	4049	23
<b>3</b>	Intensive	14,826	27.07	9,353	27.21	4244	24.11
<b>4</b>	Wraparound	4,783	8.73	2,432	7.08	1049	5.96
<b>5</b>	CA-PRTF	924	1.69	661	1.92	294	1.67
<b>6</b>	Congregate CA-PRTF	417	0.76	760	2.21	281	1.60
	Total	54,777		34,369		17,603	

# Measuring Outcomes

Improvement in one domain:

- behavioral health
- functioning
- risks
- strengths or
- caretakers strengths & needs



# IBHAS Domain Outcomes Report

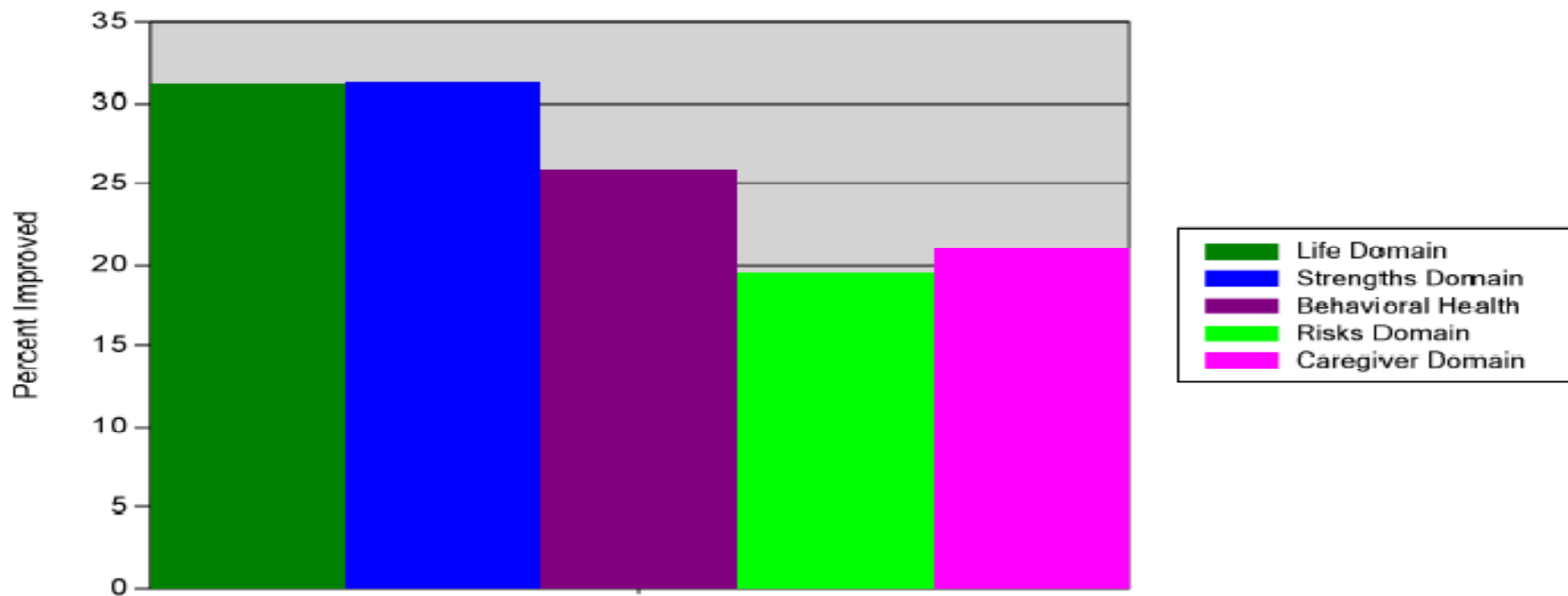
For Consumers Completing an Episode of Care Between: 1/1/2009 - 1/31/2009

Consumers: 814

Consumers w/Positive Change: 444

Percent Improved: 54.55

	Life Domain	Strengths	Behavioral Needs	Risks	Caregiver
Positive Change	254	255	211	159	171
Negative Change	174	167	198	154	161
No Change	386	392	405	501	482



# **Community Alternative to PRTF Medicaid Demonstration Grant**

## **CANS used**

- **to determine eligibility**
- **to develop intervention plan**
- **to monitor progress**
- **to improve quality**
- **to evaluate grant**

# CA-PRTF Preliminary Findings

- N = 175 grantees, 99 with reassessment
- Mean age: 13.63 years old: range: 7 to 19  
    < 13: 56      13 -17: 110      18 – 20: 9
- Gender: 65.8% (128) male
- Race:
  - African American 14.5% (28)
  - American Indian 1.6% (3)
  - White 70.5% (136)
  - Other 4.1% (8)
- Ethnicity: 4.1% Hispanic (8)

# Preliminary Outcomes

- Most recent CANS ratings – Grant Baseline CANS (considers RCI for each domain to determine if change is statistically significant)
- 71% (70) improve in at least one CANS domain
- No one got worse in all domains

# Significant Changes

Domain	Improve		Maintain		Worsen	
	Freq	%	Freq	%	Freq	%
Functioning	40	20.7	37	19.2	21	10.9
Strengths	29	15.0	56	29	13	6.7
Behavioral Health	35	18.1	55	28.5	9	4.7
Risks	46	23.8	26	13.5	25	13.0
Caregiver	27	14.0	58	30.1	14	7.3

# Early Childhood

- Needs & Strengths of 1770 infants and toddlers and caregivers rated with Birth to 5 CANS, 7/1/07 to 5/09

## Ages

■ Infants	.5%	(8)
■ 1	10.3%	(182)
■ 2	8.0%	(142)
■ 3	10.4%	(184)
■ 4	25.8%	(457)
■ 5	45.0%	<u>(797)</u>
Total		1770



# Ethnicity & Race: Infants & Toddlers

- **7 % (124) Hispanic**
- **32% (565) African American**
- **< 1% (14) American Indian**
- **<1% (4) Asian**
- **<1% (1) Pacific Islander**
- **64% (1129) White**

# Strengths & Needs Domains, Birth to 5



Note: CANS domain score is Mean of Domain Items x 10

# Mental Health Decision Model for Infants & Toddlers

- Beginning July 1, 2010, algorithms (patterns of CANS ratings) will be used to justify Medicaid Rehabilitation Option Services
- Young Children are included in Child Welfare Placement algorithm: Foster Care vs. Foster Care with Services
- Mental Health Model in development

## **Profile of IN's Young Adult (18-24) Who Receive Public Behavioral Health Services**

- **Initial ANSA Ratings (7/1/2008 – 3/15/2009)**
- **N = 10,508 Young Adults**
- **Gender: 46% Female**
- **Race: 2.6% Asian, 14.3% Black/African American, 2.3% Hawaiian/Pacific Islander, 3.3% Native American, 80% White**
- **Ethnicity: 3.4% Hispanic**

# Substance Use Needs (18 – 24)

<b>S U Needs</b>	<b>F</b>	<b>M</b>	<b>Total</b>	<b>%</b>
<b>0</b>	<b>2179</b>	<b>1418</b>	<b>3597</b>	<b>34%</b>
<b>1</b>	<b>1122</b>	<b>1369</b>	<b>2491</b>	<b>24%</b>
<b>2</b>	<b>2491</b>	<b>2234</b>	<b>3395</b>	<b>32%</b>
<b>3</b>	<b>415</b>	<b>610</b>	<b>1025</b>	<b>10%</b>
	<b>4877</b>	<b>5361</b>	<b>10508</b>	

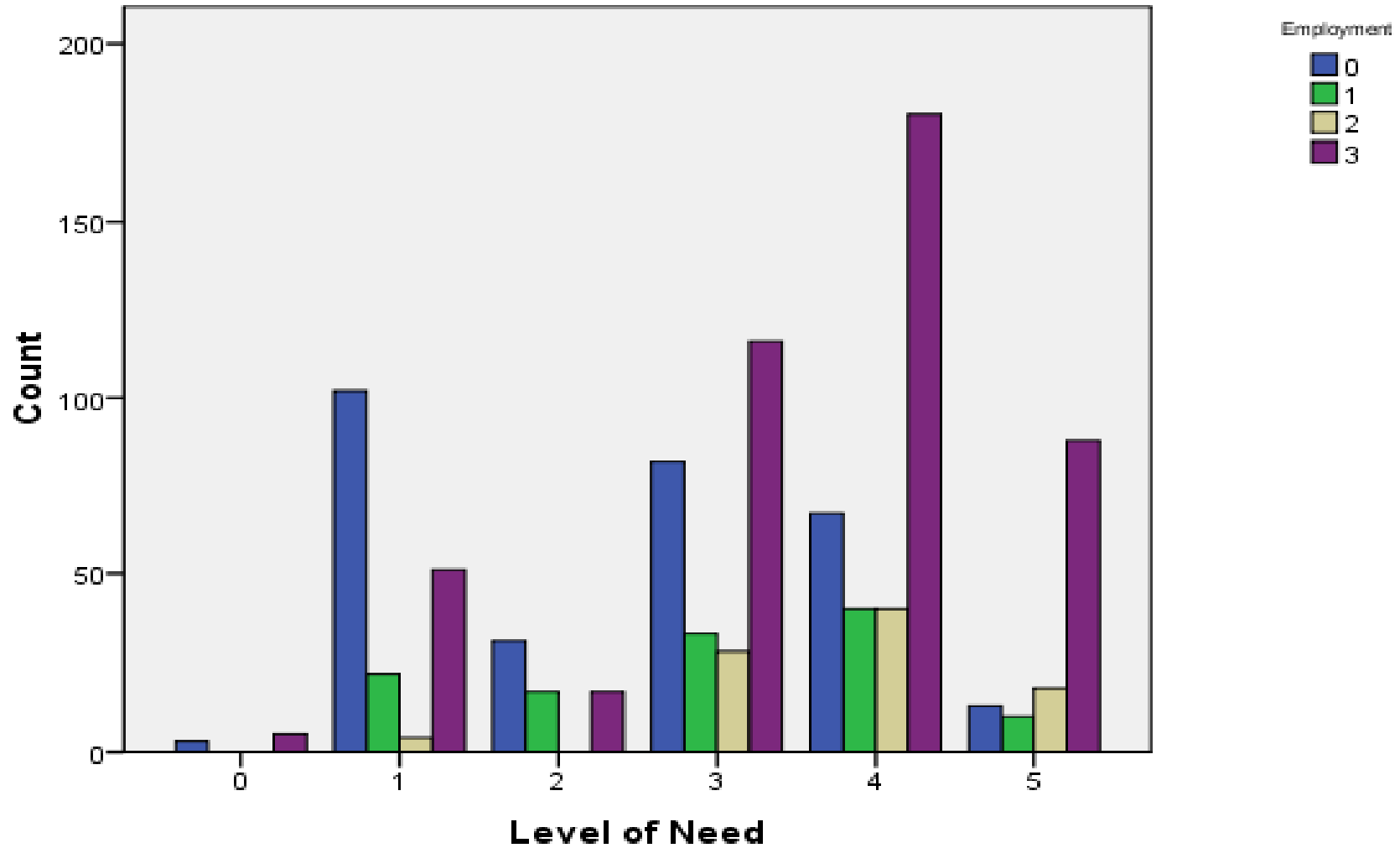
66% have history of/possible or current SA Needs

## Domain Ratings\_Young Adults (18-24)

ANSA Domain	Average Rating (Mean x 10)
Strengths	13.46
Behavioral Health	6.81
Mental Health (- SU)	6.27
Functioning	6.80
Risks	2.16
Caregiver S & N	4.07

N = 10508, for CG, n = 1457

## Bar Chart



LON: 1 Outpatient 2 Outpatient + limited support 3 Supportive 4 Intensive 5 ACT

## Location- (18 – 24 Youth)

<b>SA Needs</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>Total</b>
North West	529	339	499	116	1483
North East	395	320	373	49	1137
East Central	271	191	350	147	959
West Central	294	188	298	110	890
South West	362	212	204	92	870
South East	439	253	262	101	1055
Marion Co.	329	235	304	108	976
<b>Total</b>	<b>2619</b>	<b>1738</b>	<b>2290</b>	<b>723</b>	<b>7370</b>

# Zip Codes (optional IBHAS field) Converted into Regions

## Counties in Each Region

- **NorthWest:** Benton, Carroll, Cass, Fulton, Jasper, LaPorte, Lake, Marshall, Newton, Porter, Pulaski, St. Joseph, Starke, White
- **NorthEast:** Adams, Allen, Blackford, De Kalb, Elkhart, Grant, Huntington, Jay, Kosciusko, Lagrange, Miami, Noble, Steuben, Wabash, Wells, Whitley
- **East Central:** Decatur, Delaware, Fayette, Franklin, Hamilton, Hancock, Henry, Howard, Johnson, Madison, Randolph, Rush, Shelby, Tipton, Union, Wayne
- **West Central:** Boone, Clay, Clinton, Fountain, Hendricks, Montgomery, Morgan, Owen, Parke, Putnam, Tippecanoe, Vermillion, Vigo, Warren
- **SouthWest:** Crawford, Daviess, Dubois, Gibson, Greene, Knox, Lawrence, Martin, Monroe, Orange, Perry, Pike, Posey, Spencer, Sullivan, Vanderburgh, Warrick
- **SouthEast:** Bartholomew, Brown, Clark, Dearborn, Floyd, Harrison, Jackson, Jefferson, Jennings, Ohio, Ripley, Scott, Switzerland, Washington
- **Marion County**

# Uses of Practice Based Evidence

- **Identify Needs**
- **Support Decisions (Practice/Policy)**
- **Write grant(s)**
- **Monitor Progress**
- **Look for Successes**
- **Identify Gaps**
- **Target Evidence Based Practices**

# Incremental Policy Develop

## Examples

- **DMHA**
- **Medicaid**
- **Child Welfare**

# Discussion



# For More Information:

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