

DESIGN, DEVELOPMENT AND IMPLEMENTATION OF A CROSS- AGENCY BEHAVIORAL HEALTH ASSESSMENT SYSTEM FOR CHILDREN AND ADOLESCENTS

NRI's 2008 Conference on State Mental
Health Agency Services Research,
Program Evaluation and Policy
February 11, 2008

Objectives

- Cultural Change
 - Historical Perspective
 - Cross System Initiative
 - Description of CANS Tools
 - Indiana Behavioral Health Assessment System
 - Using the Information: Reports & Analyses
 - Implementation Successes and Blues
 - Next Steps
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Cultural Change: Using Information to Support Decisions

- David Mechanic (2001) argued the importance of a strong data infrastructure and assessment of performance as partial protection from special interests in health care.
 - Theory about Acceptance of Information Technology in social Services (Zhang & Gutierrez, 2007)
 - “Transforming current human service systems nationally will require a dedicated effort to install effective programs and create performance oriented cultures in human service organizations and supporting systems” (Fixsen, et al., 2005, p. 72).
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Then

&

Now

Data Tracked on Annual Enrollments	Data Tracked on Episodes of Care
Consumers tied to one provider for year	More opportunity to choose providers
Assessment tool used for funding	Assessment tool used for clinical decisions and quality management
Limited ability to measure outcomes	Performance Based contracts with Outcome targets

Cultural Change

- **Form**.... to submit data per contractual or Block Grant requirements
- **Tool**..... to engage child & family, to assess needs and strengths, to inform care plan, to support level of care decisions
- **Framework of Practice**
- **Positive Transformation**

(Conversation with J S Lyons, 2007)

Why the CANS?

- **History**
 - **Criteria: be useful to families and direct service providers, inform plans of care and levels of care, communicate, measure outcomes, improve quality**
 - **Common Assessment Tool Across Child Service Systems**
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Interagency Implementation Team

- **Recognition that Behavioral Health Services Provided across Service systems**
 - **Stakeholder Forums**
 - **Built on several years of cross system initiatives**
 - **Included Key Public Service Systems: Child Welfare, Medicaid, Corrections, Juvenile Justice, Education, Mental Health & Addiction**
 - **Monthly to Quarterly Meetings**
 - **Decisions about tools, decision models & policy**
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CANS: Keeps Focus on Children & Families



What is the CANS?

(Lyons, Griffin, Fazio & Lyons, 1999)

- **Communication Tool**
 - **Functional Assessment**
 - **Domains: Functioning, Strengths, Acculturation, Caretakers Needs & Strengths, Emotional/Behavioral Needs, Risks**
 - **Total Clinical Outcome Management (TCOM) Processes**
 - **Copyright: Buddin Praed Foundation**
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CANS/ANSA:5 Key Characteristics

(Lyons, 2006)

- **Items are included because they might impact service planning**
 - **Level of items translate immediately into action levels**
 - **It is about the child not about the service**
 - **Descriptive -- is about the 'what' not about the 'why'**
 - **The 30 day window is to remind us to keep assessments relevant and 'fresh'**
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CANS/ANSA: Communimetric Measures

(Lyons, 2006)

Items Stand Alone - Clinically Meaningful

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**



Assessment Tools

- <http://ibhas.in.gov>, **“Documents”**
 - **Developmentally appropriate: Birth to 5 CANS, 5 to 17 CANS, Adult Needs & Strength Assessment (ANSA)**
 - **Comprehensive Multi-System Tools**
 - **Reassessment**
-

Training & Support

Web-based Training/Certification

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

Annual Certification Required

SuperUsers – at each provider organization

Consultation – at every opportunity

SuperUser Booster Sessions -- annually

**IBHAS User Groups – occurring around the state
monthly**

File Edit View Favorites Tools Help

Back Forward Stop Refresh Home Search Favorites

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

Y! Search Web Mail My Yahoo! Basketball Games

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Communimetrics Group, LLC

CANS CENTRAL ■ ANSA ■ FAST

Username:

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*The Communimetrics Group offers a **unique** opportunity to facilitate the development of the CANS community. As **we strive** to work collaboratively **to improve** services for children, families and adults, having a common tool and data management site that many jurisdictions can use is **an important tool.** ~ John S. Lyons Ph.D

HOME CANS ARTICLES FORUM ABOUT US CONTACT US

- Services
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- Resources
- News & Events
- FAQs
- Verify Certification

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Welcome Box

Indiana - Training Website

Welcome to the Indiana CANS training website.

In order to use this site, you must first choose a user name and password. This will create a user profile that will record your practice tests and certification.

In the upper right corner of the page, click on "Create

Register to the site for free, and subscribe to the newsletter. Every month you will receive new articles and special content not available elsewhere on the site, right into your e-mail box!

E-mail here

[Archived Newsletters](#)

POLL OF THE WEEK

How is the CANS Used?

TCOM Grid of Activities

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

(Total Clinical Outcome Management, Lyons, 2006)

CANS Behavioral Health Decision Model

- Algorithms – 5 to 17 tools
 - Based on patterns of CANS Ratings
 - Used to support decisions about intensity of service (level of care)
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- Operational Definitions



Profile: Behavioral Health Algorithm

- **Statewide Profile**
 - **Provider Agency Profile**
 - **Caseload: Certified CANS Clinician**
1. **Outpatient**
 2. **Supportive Community**
 3. **Intensive Community**
 4. **Child & Family Wraparound Team**
 5. **CA-PRTF Grant**
 6. **PRTF or State Hospital**
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Monitoring Outcomes

- **Uses initial and reassessment information**
 - **Outcome reports will be available with Version 2 of IBHAS**
- **Multiple uses:**
 - **Clinician share with child and family to celebrate successes and revised treatment plan**
 - **Clinical Supervision**
 - **Program Evaluation**
 - **Quality Improvement**
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Outcome Measure - CANS

- **Child and family level:**

- Maintained or improved needs
- Increased strengths

- **Methods:**

- % Improvement in any domain (average item ratings) – Improvement using Reliable Change Index
- Use specific items: school attendance, arrests, decrease in substance use (SAMHSA NOMS)

- **Service level outcome:**

- Compare recommended intensity of services with actual practice – QI: explore outliers
 - Compare result of children in recommended LOC with similar children getting other services
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Indiana Behavioral Health Assessment System



3 Functions

Interactive Web Site

1. Collect Assessment Data

**Use Data to Make
Decisions**

**2. Analyze: Calculate
Algorithm(s)**

3. Report

Indiana Behavioral Health Assessment System



- **IBHAS <http://ibhas.in.gov>**
- **Interactive website**
- **Collects, Analyzes & Reports Assessment Information**
- **3 ways to enter CANS data: on line assessment, data entry, batch**
- **Exploring “web services” to link provider and state systems**
- **Calculates algorithm**
- **Reports (Client and Aggregate: assessment, algorithm results, outcomes, management)**
- **IBHAS User Manual**
- **Provider Registration – Privacy/Security**
- **Only certified Users can use CANS & enter data into Indiana Behavioral Health Assessment System (IBHAS)**

IBHAS Reports

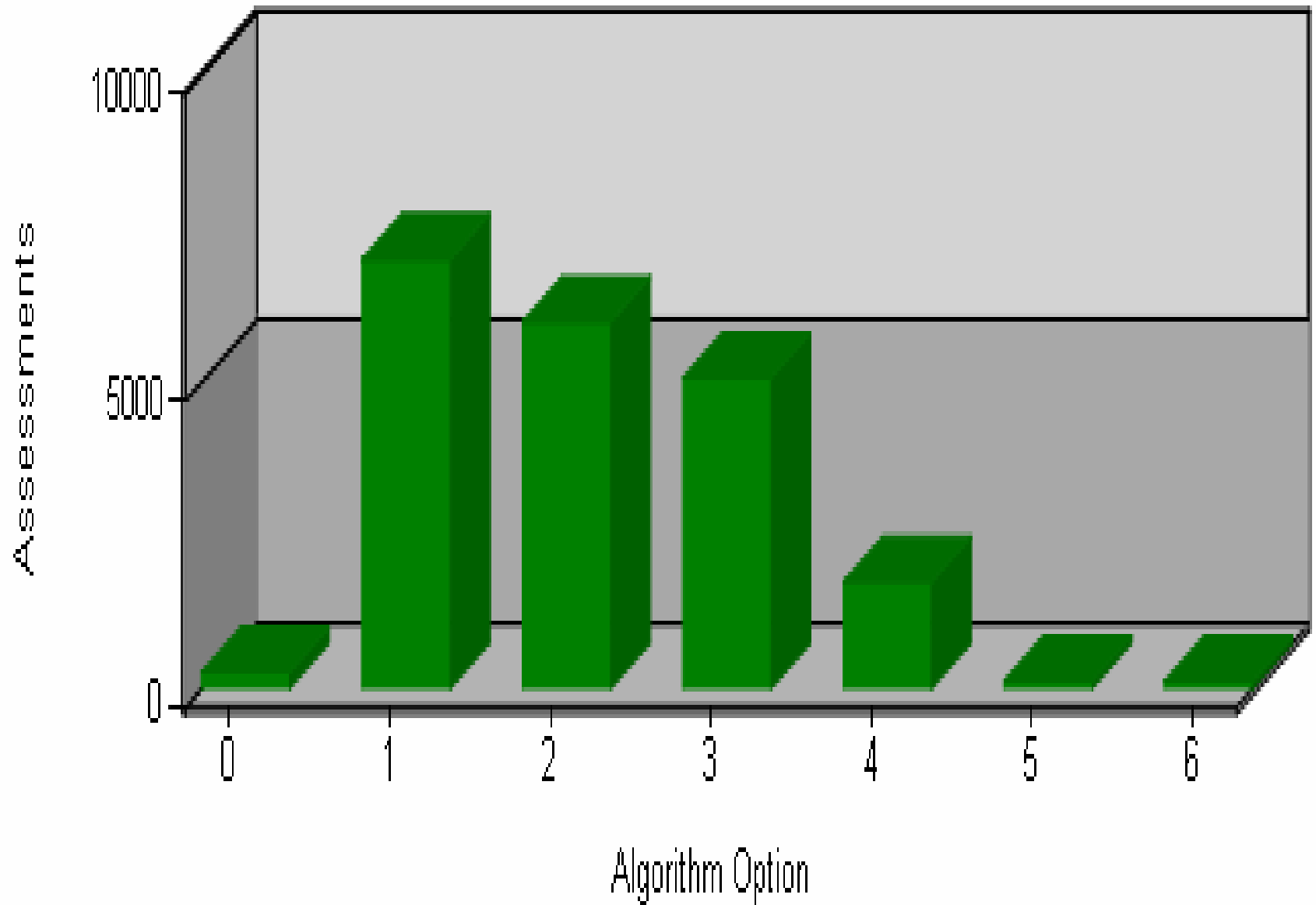
Currently Available:

- **Assessment Report for Child: Item Ratings, Intensity of Care Recommendation**
- **Intensity of Service Profile: State, Agency, Clinician**
- **List of certified staff**

In Development, V2:

- **Outcome Reports: State, Agency, Clinician, Child**
 - **Who needs reassessment?**
 - **Date for recertification of staff**
 - **List of all agency children with LOC recommendation**
 - **Split reports by service system**
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CANS Comprehensive 5 - 17 - Mental Health



Behavioral Health Decision Model: Intensity of Service Recommendations

July 1, 2007 - December 31, 2007

Initial Assessment Using CANS Comprehensive Tool, 5 to 17

Level	Option	Assessments	%
0	No Recommendations	254	1
1	Outpatient - Counseling, Therapies, Meds	6998	35
2	Supportive Case Management	5976	30
3	Intensive Community Services	5064	25
4	Wraparound Teams*	1732	9
5	Community Alternative to Psychiatric Residential Treatment (CA-PRTF) Grant*	113	<1
6	PRTF, CA-PRTF or State Hospital	110	<1
Total Assessments		20247	100

Behavioral Health Decision Model Recommendations

For Assessment Completed Between 7/1/2007 and 12/31/2007

Reassessments Only

Level	Option	Reassessment CANS Tool	Comprehensive CANS 5 - 17	Subtotal	%
0	No Recommendations	34	17	51	4
1	Outpatient	250	166	416	31
2	Supportive Case Management	201	168	369	28
3	Intensive Community Based	199	152	351	26
4	Child and Family Wraparound Teams	49	58	107	8
5	CA-PRTF Grant	14	4	18	1
6	PRTF or State Hospital	1	12	13	<1
Total Assessments		748	577	1325	

Emerging Profile of Youth Served:

The Sample

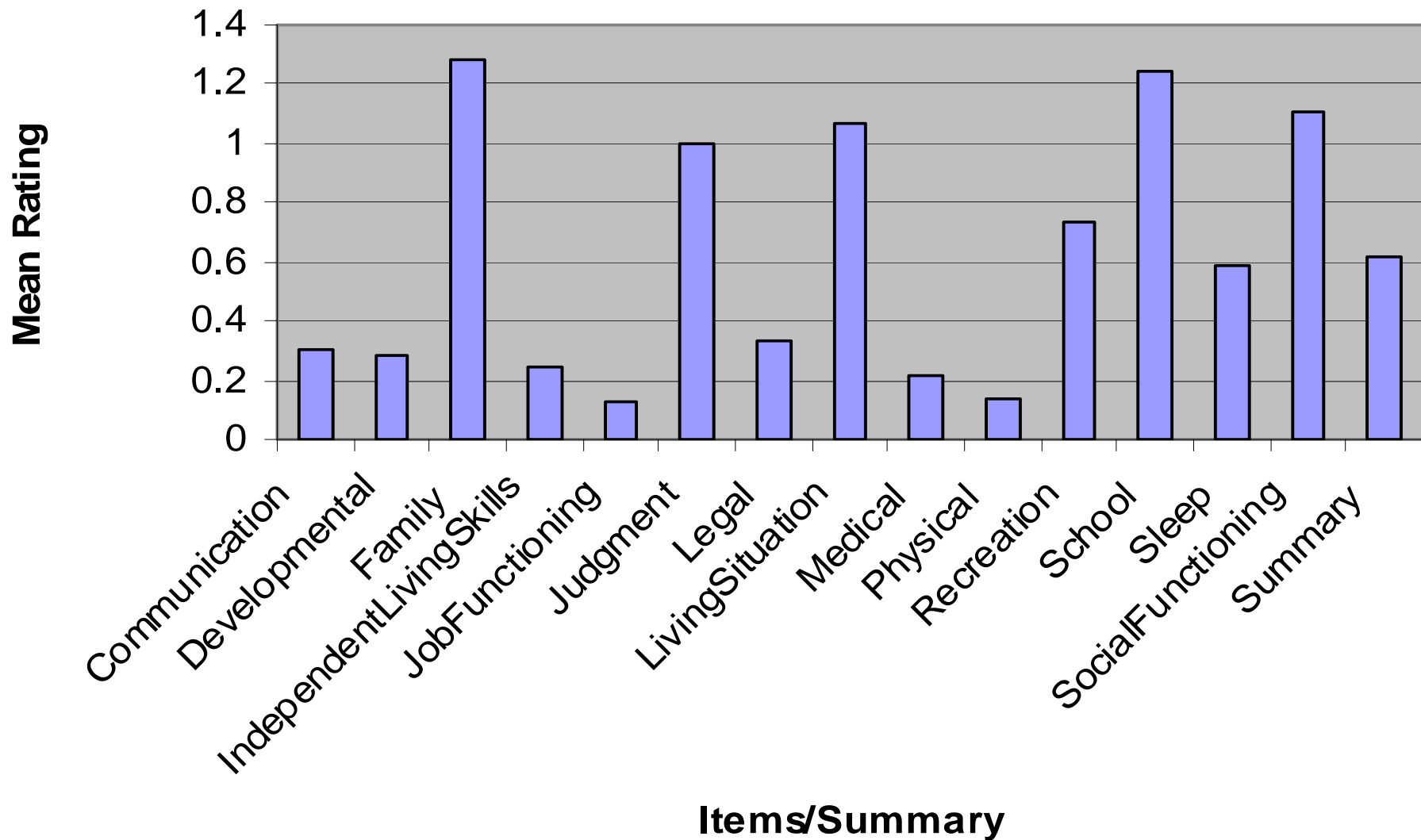
- COMPREHENSIVE MULTISYSTEM ASSESSMENT for Children and Youth 5 to 17 used as an initial evaluation July 1- December 31, 2007, which were reported to IBHAS by January 3, 2008.
- 20,528 youth represent about 67% of the total number of children enrolled in DMHA's Community Services Data System (CSDS) in SFY2007 30,734
- The assessments were completed by clinical staff in 39 provider agencies, including 29 community mental health centers (CMHCs), two state hospitals, and child service agencies. The majority of children were assessed at CMHCs. Assessments from the state hospitals involved only 25 youth.

Description of Children

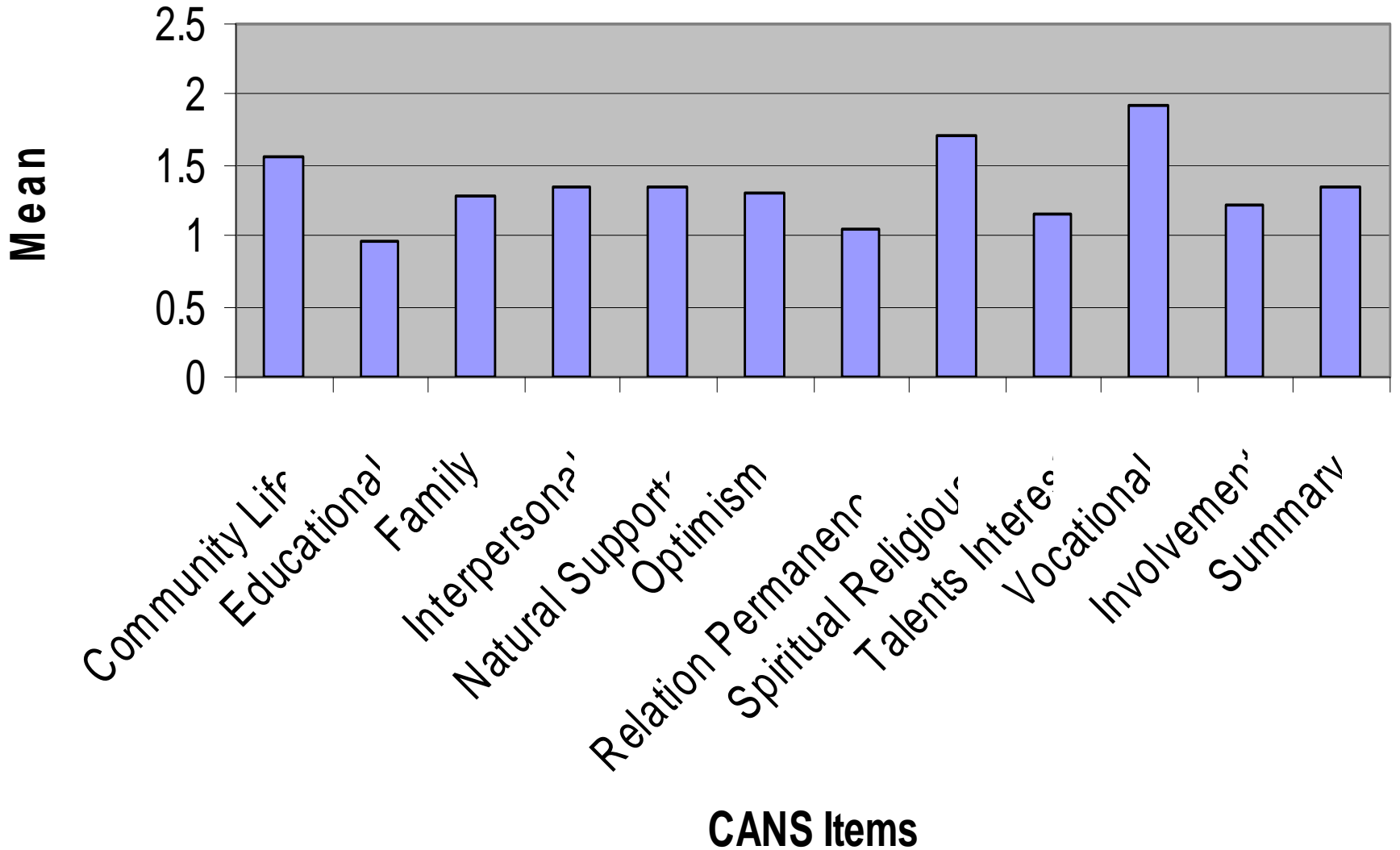
- Although the tool was designed for youth, 5 to 17, the population ranged from birth to 19 years of age.
- Boys make up 61% of the population.
- Fifty-four of the children were between birth and 4 years of age. (As of 1/29/08, 946 children assessed using 0 to 5 CANS – not in this sample)
- Average age is 11.36 Girls are, on average, older with a mean of 11.72 as compared with an average age of 11.13 for boys.
- 1.9% of the youth are Hispanic.

Functioning Domain

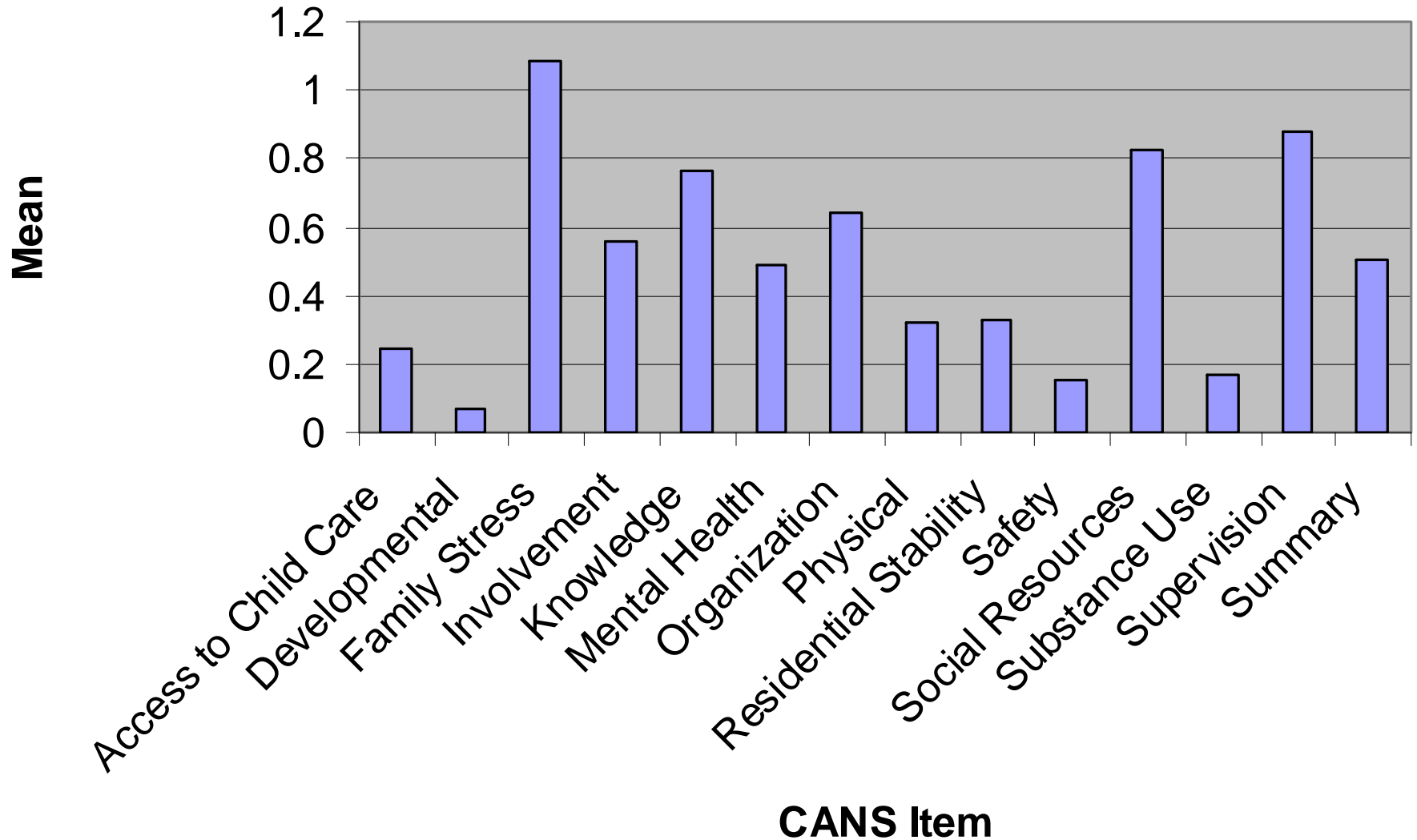
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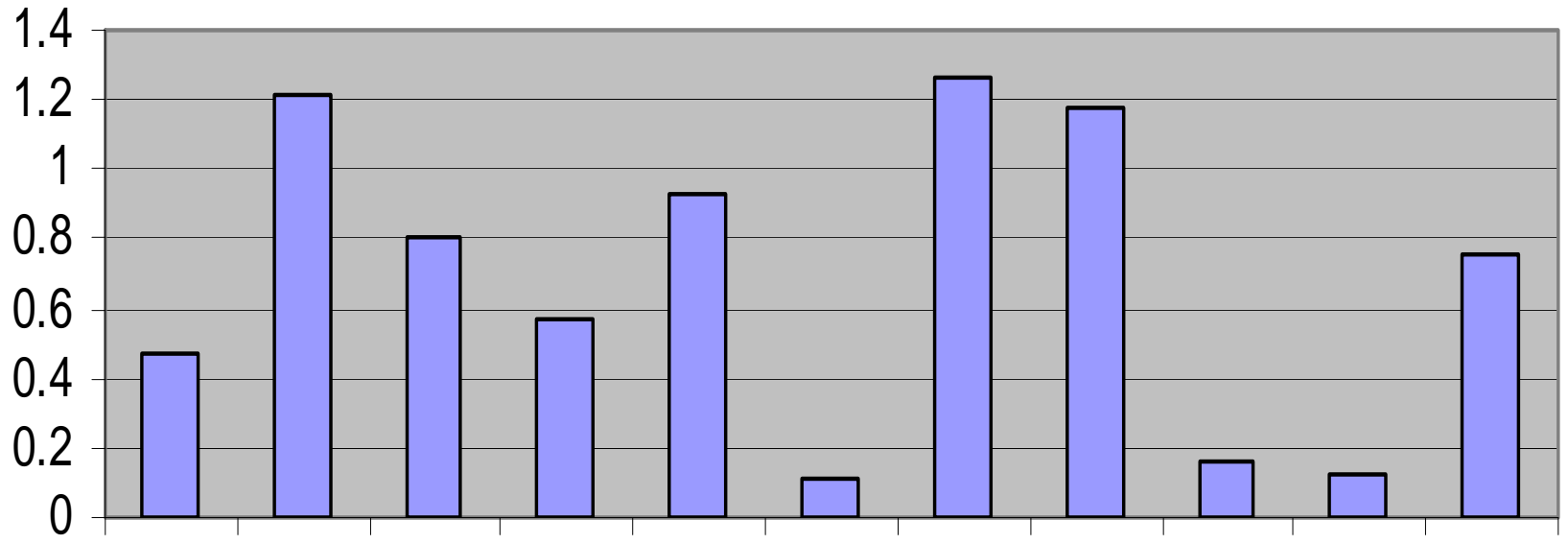
Children's Strengths



Caregivers' Strength & Needs

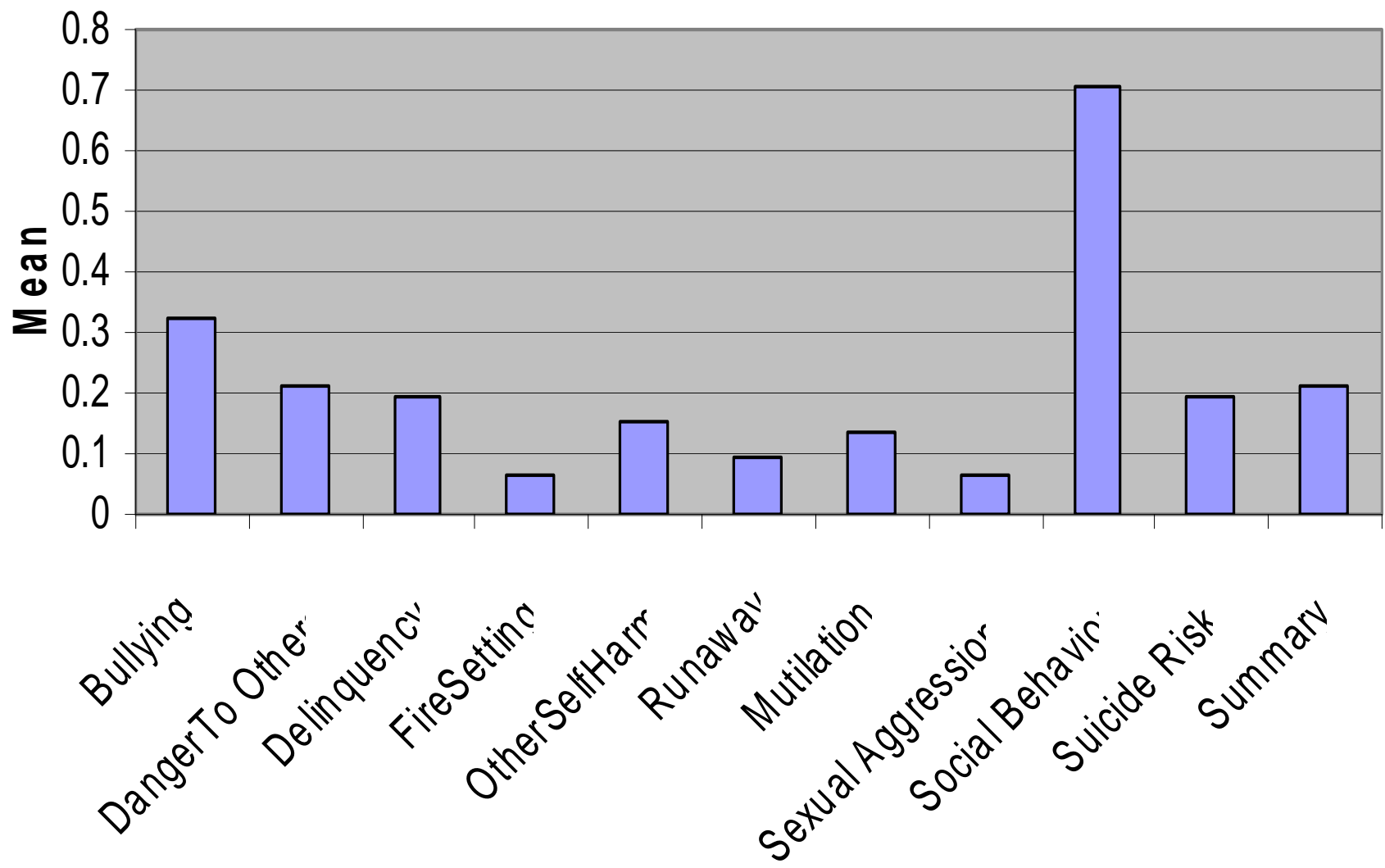


Children's Emotional/Behavioral Needs



Adjustment to Trauma
Anger Control
Anxiety
Conduct
Depression
Eating Disturbance
Impulsivity/Hyperactivity
Oppositional
Psychosis
Substance Use
Summary

Children's Risk Behaviors



Indiana's CANS Implementation

Incremental implementation of common assessment tool, decision support models & outcome quality management tool across child service systems:

- **Multiple local initiatives**
 - **Corrections (Nov 2006) – Facilities & Re-entry**
 - **DMHA Mental Health & Addiction Providers & SOFs (July 2007) (ANSA – July 2008)**
 - **Pike Township Schools Pilot (August 2007)**
 - **Medicaid – CA-PRTF Grant (Oct 2007)**
 - **DCS – Residential Contract (Jan 2008)**
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Community Alternative to PRTF Grant

- **CMS Demonstration Grant**
 - **Services begin Fall 2007**
 - **Intensive Community Based Services through
Child & Family Wraparound
Teams**
 - **Diversion and Transition to Community**
 - **LOC - (CANS, 5 to 17 tools)**
 - **CANS – Determine Eligibility & Monitor Progress**
 - **State & National Evaluation**
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Implementation Successes & Blues

Successes

- >20,000 youth assessed
- ~70% of SFY2007 population
- Implementation at some level in each system
- ANSA Pilots
- Use in CMS grant
- More interest than technology & resources can support
- Emerging Information

Blues

- Stage of Change: Moving from form to tool.....
- Get information to clinicians
- Developing reports
- External Training Website
- Develop infrastructure for TCOM Functions
- Changes in Administration
- Policy Development Needed
- Summary: Complexity

Next Steps?

- **Build infrastructure for TCOM**
 - **Build meaningful reports**
 - **Get information in hands of clinicians & managers**
 - **Use information in SuperUser Booster Training**
 - **Write into performance based contracts**
 - **Initiate targeted QI initiatives**
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Questions/Additional Information?

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