# Understanding, Accessing, & Using New CANS & ANSA Outcome Management Reports in Practice

Betty Walton, Wendy Harrold, & Stephanie Moynihan

## **Webinar Goals**

- 1) Background
- 2) New Language
- 3) Describe Individual Reports
- 4) Describe Group Reports
- 5) Accessing Reports
- 6) Sharing & Using Information
- 7) Next Steps

## **Background: Collaborative Reporting**

Goal: To facilitate effective decision-making at every level of the system based on a shared understanding of the current needs & strengths of individuals, youth and families

**Process:** Report individual, youth and family needs & strengths to persons at all levels of the system, in metrics that are consistent across levels of meaning for the tasks of people at that level.

**Available:** Individual and group reports are available through DARMHA.

Initial Needs/Strengths & Change over Time (item level)

**Client Needs & Strengths** 

Client level effectiveness, Effectiveness vs. Agency & System averages

Clinician Needs & Strengths

Client level effectiveness, Effectiveness of Clinical Supervisors

**Supervisor** 

Particular needs of clients at entry; Change in Needs over time (total change & change by item)

**Program** 

Multi-Level
Information for
Effective
Decisions

Feedback

System:

Program-by-program profile of client needs over time, Characteristics for Individual Programs, Programs within a level of care & entire system

System

(Israel, 2015)

## **New Language**

- Actionable Need (ratings of '2' or '3") indicates a need for action
- Resolved Need (change in rating from '2' or '3' to '0' or '1') indicates that an actionable need has been resolved
- Usable Strengths (ratings of '0' or '1') can be used in planning to address actionable needs or protected
- Buildable Strengths (ratings of '2') reflect strengths that could be further developed to become usable

## **Outcome Management**

Outcome Management, the framework behind Child and Adolescent Needs and Strengths (CANS, Lyons, 2009) and Adult Needs and Strengths Assessment (ANSA), uses rating information in all aspects of managing the system from individual and family planning to clinical supervision and systems operations (Israel, 2015; Lyons & Weiner, 2009)

# Meaningful Use of CANS & ANSA Monitoring Progress New Reports



Individual Reports

## ENGAGEMENT, PLANNING, AND TRACKING CHANGE OVER TIME

## **CANS/ANSA Needs & Strengths Ratings Key**

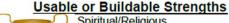
	STRENGTHS				
	RATING	LEVEL OF STRENGTH	APPROPRIATE ACTION		
	0	Centerpiece strength	Central to planning		
	1	Strength present	Useful in planning		
	2	Identified strength	Build or Develop strength		
?	3	No strength identified	Strength creation or identification may be indicated		

			<u> </u>			
NEEDS						
	RATING	LEVEL OF NEED	APPROPRIATE ACTION			
1	0	No evidence of need	No action needed			
	1	Significant history or possible need which is not interfering with functioning	Watchful waiting/ Prevention/ Additional assessment			
ACTION	2	Need interferes with functioning	Action/ Intervention			
	3	Need is dangerous or disabling	Immediate and/or Intensive action			

#### **Individual Assessment Summary**

Date: 10/31/2016 Type: CANS 5-17 Assessor: Blue Moon DARMHA 23232312

Internal ID: 11111111





Spiritual/Religious Community Life Natural Supports

#### Actionable Needs Family Functioning



Living Situation

School Recreation

Communication

Impulsivity/Hyperactivity

Anger Control

Intentional Misbehavior (Social Behavior)



Family Strengths
Relationship Permanence
Youth Involvement with Care



Judgment Family Stress (Caregiver)

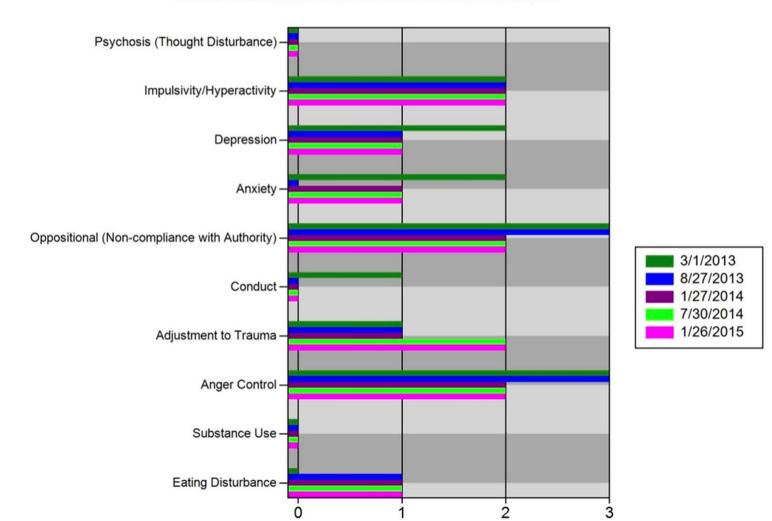


Interpersonal
Optimism
Educational
Talents/Interests

This report lists usable or buildable strengths (rated 0, 1 or 2) and actionable needs (rated 2 or 3) identified from a CANS or ANSA assessment for the specified individual on the indicated date. n = number of individuals; e = number of episodes.

For more information about CANS & ANSA and this report, visit <a href="https://dmha.fssa.in.gov/DARMHA/mainDocuments">https://dmha.fssa.in.gov/DARMHA/mainDocuments</a>. Indiana Family & Social Services Administration, Division of Mental Health & Addiction, DARMHA

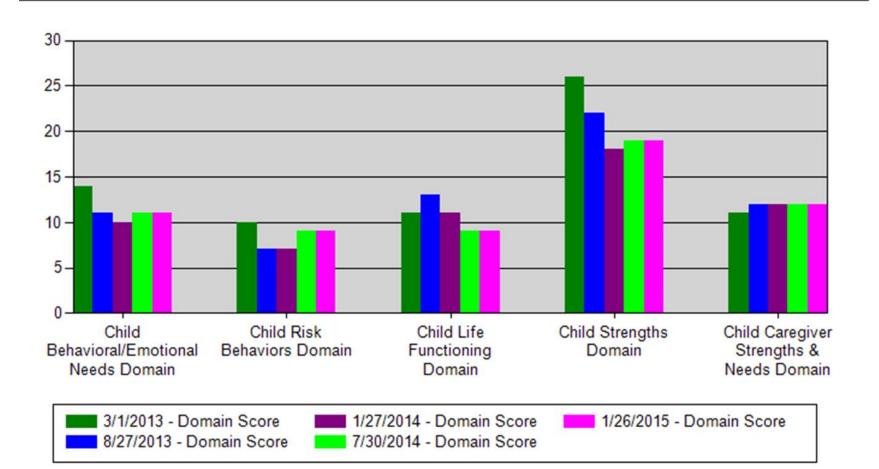
#### Child Behavioral/Emotional Needs Domain



#### Consumer Outcomes by Domain

Run Date: 6/22/2015 11:00:36 AM

Internal ID: 126873



**Group/Aggregate Reports** 

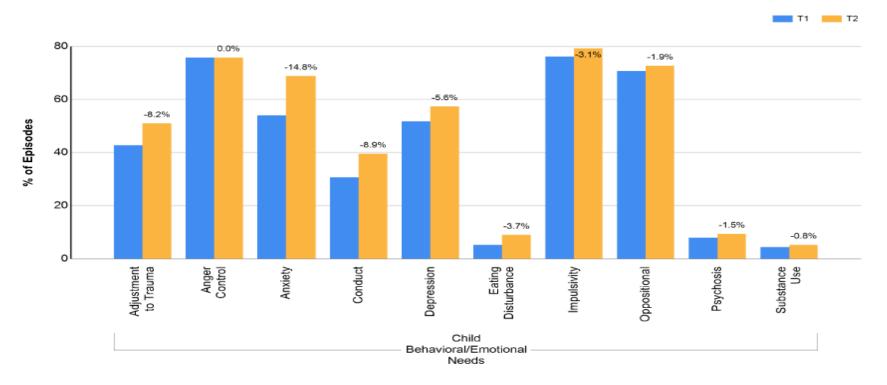
## TRACKING PROGRAM & SYSTEM CHANGE

## **Baseline Strategy**

- Calculate 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)]
- Implication: Manage time between assessments



#### Resolved Needs over Time for Children & Youth Resolved Behavioral/Emotional Needs over Time Statewide, n = 1,415, e = 1,447 as of 01/17/2017



Selected Filters: Statewide, T1=Baseline, T2=Latest, SED, All Episodes, High Fidelity Wraparound?; Graph presents data from 07/11/2007 to 11/29/2016.

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.

For more information about CANS & ANSA and this report, visit <a href="https://dmha.fssa.in.gov/DARMHA/mainDocuments">https://dmha.fssa.in.gov/DARMHA/mainDocuments</a>.

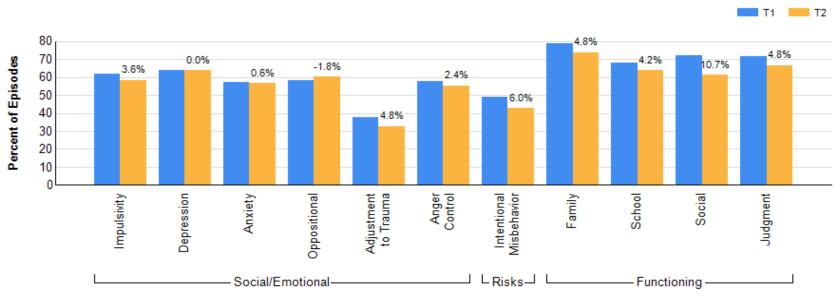
Indiana Family & Social Services Administration, Division of Mental Health & Addiction, DARMHA

### **Resolved Needs**

- The report graphically displays the percentage of actionable needs at Time 1 compared to T2 for a designated group of people.
- One graph is included for each CANS or ANSA needs domain: Function, Behavioral Health, Risk Behaviors, Acculturation, and Caregiver Needs and Strengths

## Key Interventions over Time for Children & Youth For teenagers, ages 13 – 17

Agency K, n = 168, e = 168 as of 11/02/2016



Selected Filters: Agency K, T2=Latest, T1=T2 - 120 days, Age 13 to 17 years, County X, All Agreement Types, Open Episodes, DMHA Supported Consumer; Graph presents data from 11/27/2012 to 10/31/2016.

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. For more information about CANS & ANSA and this report, visit <a href="https://dmha.fssa.in.gov/DARMHA/mainDocuments">https://dmha.fssa.in.gov/DARMHA/mainDocuments</a>. Indiana Family & Social Services Administration, Division of Mental Health & Addiction, DARMHA

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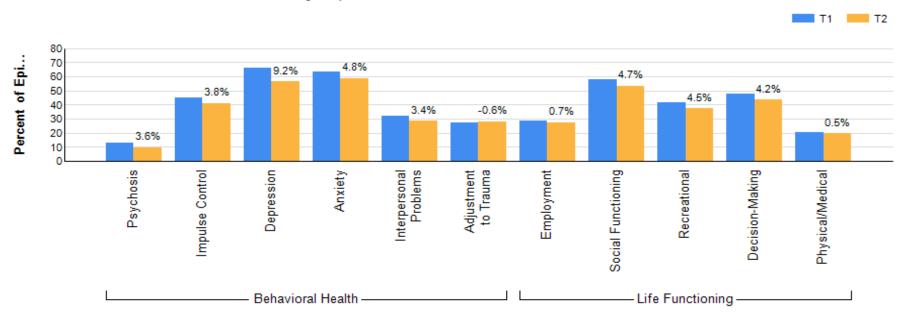
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## **Key Intervention (Dashboards)**

- Items in the reports include the most commonly endorsed items for that population (young children, children and youth, adults with mental health problems, or adults in primarily in treatment for substance use disorders.
- Key Intervention reports include the six most frequently endorsed social/emotional (behavioral health) or risk behavior needs, and the four most frequently identified life functioning problems. Adjustment to Trauma was added to all dashboards.

#### Key Interventions over Time for Adults with Mental Health Problems For Transition Age Youth, Ages 18 to 25

Agency T, n = 807, e = 807 as of  $\frac{11}{08}/2016$ 



Selected Filters: Agency T, T1=Baseline, T2=Latest, Age 18 to 25 years, SMI, Open Episodes; Graph presents data from 07/16/2008 to 11/03/2016. 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.

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.

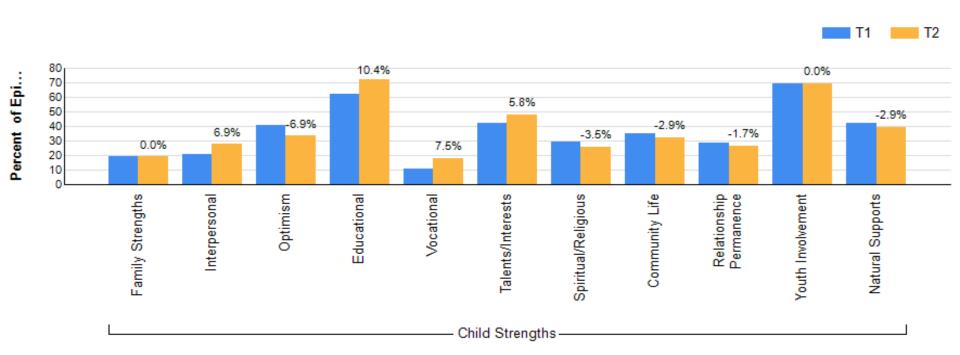
## **Strength Development Reports**

- Use the same periods as the Key Interventions or Resolved Needs
- Percentage of '0s' and '1s' in Time 1 compared to Time 2.
   A higher T2 represents Strength Development.



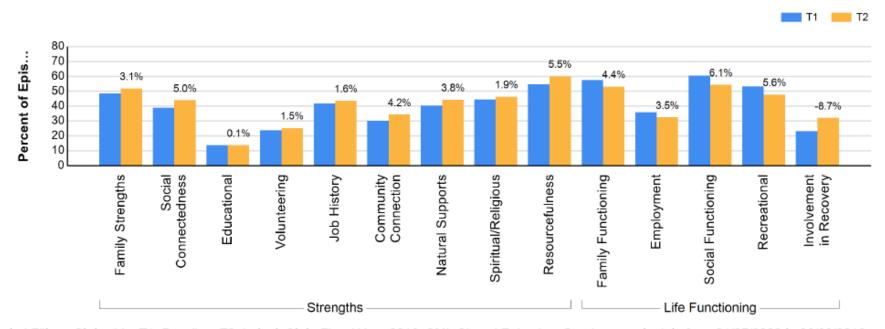
#### Strength Development over Time for Children and Youth

Agency K, n = 173, e = 173 as of 11/08/2016



Selected Filters: Agency K, T1=Baseline, T2=Latest, Age 13 to 17 years, County K, All Agreement Types, Open Episodes, DMHA Supported Consumer; Graph presents data from 08/14/2007 to 11/04/2016. 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.

## Community Integration over Time for Adults with Mental Health Problems Statewide, n = 22,180, e = 22,472 as of 01/17/2017



Selected Filters: Statewide, T1=Baseline, T2=Latest, State Fiscal Year 2016, SMI, Closed Episodes; Graph presents data from 01/07/2008 to 06/30/2016.

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 stengths 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.

For more information about CANS & ANSA and this report, visit <a href="https://dmha.fssa.in.gov/DARMHA/mainDocuments">https://dmha.fssa.in.gov/DARMHA/mainDocuments</a>.

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## Reliable Change over Time for Adults with Mental Health Problems Statewide, Ages 26-35, n = 39,192, e = 46,175 as of 11/08/2016

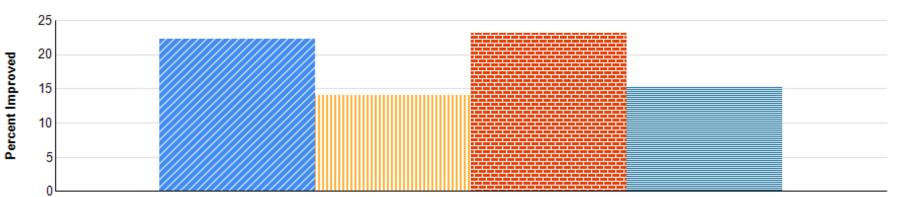
Consumers: 39,192

Consumers w/Positive Change: 17,656

Functioning IIII Strengths ==== Behavioral Needs

Percent Improved: 45.05%

	Functioning	Strengths	Behavioral Needs	Risks
Positive Change	8,706	5,485	9,048	5,952
Negative Change	6,701	9,700	5,490	3,952
No Change	30,758	30,977	31,621	36,254



Selected Filters: Statewide, T1=Baseline, T2=Latest, <u>Age 26 to 35 years</u>, SMI, <u>Closed Episodes</u>, DMHA Supported Consumer; Graph presents data from 01/22/2008 to 11/07/2016. 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

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.

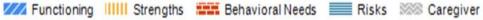
## Reliable Change over Time for Children & Youth Statewide, n = 93,931, e = 114,579 as of 11/09/2016

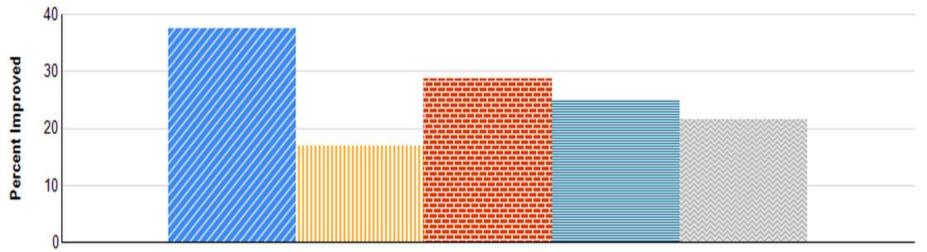
Consumers: 93,931

Consumers w/Positive Change: 57,866

Percent Improved: 61.60%

	Functioning	Strengths	Behavioral Needs	Risks	Caregiver
Positive Change	35,229	15,956	26,928	23,287	20,179
Negative Change	16,980	27,829	15,684	17,349	18,333
No Change	62,342	70,753	71,918	73,890	74,158





Selected Filters: **Statewide**, **T1=Baseline**, **T2=Latest**, **SED**, **Closed Episodes**; **Graph presents data from 07/1/2007 to 11/08/2016**. 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.

## Reliable Change over Time for Children & Youth Statewide. n = 349. e = 351 as of 08/02/2016

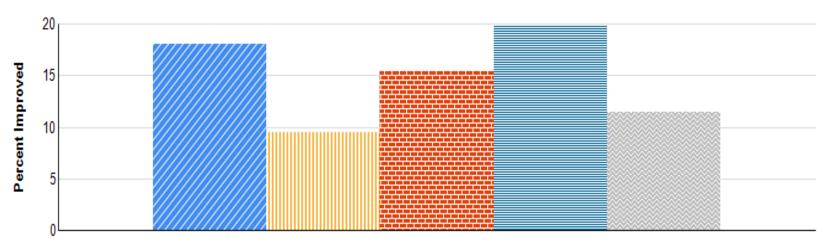
Consumers: 349

Consumers w/Positive Change: 148

Percent Improved: 42.41%

	<b>Functioning</b>	Strengths	Behavioral Needs	Risks	Caregiver
Positive Change	63	33	54	69	40
<b>Negative Change</b>	46	40	36	66	31
No Change	241	277	260	215	279
_					

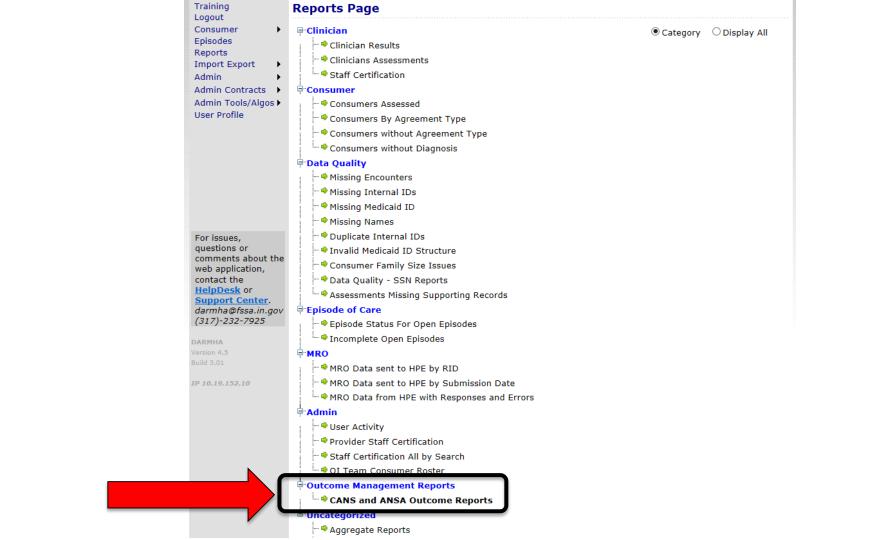




Selected Filters: Statewide, T1=Baseline, T2=Latest, **All Agreement Types, All Episodes**, High Fidelity Wraparound; Graph presents data from 09/22/2015 to 07/08/2016.

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.

## ACCESSING OUTCOME REPORTS







#### DATA ASSESSMENT REGISTRY MENTAL HEALTH & ADDICTION

#### CANS Super User expired more than 30 days ago

Mexican

Latino, Unknown Origin

Cuban

User: Betty Walton (Division of Mental Health and Addiction)

Last Accessed On 5/17/2017 9:11:27 AM

#### **CANS and ANSA Outcome Reports**

In order to run report, please select from following required fields: Tool ID, Agreeement Type, Date Option. Other dropdown and checkbox fields are optional filters.

Report:	Resolved Actionable Needs (Young Children)	·
Select Provider:	- STATEWIDE -	~
(Required) Tool ID:	< Select >	~
(Required) Agreement Type:	< Select >	~
(Required) Date Option:	< Select >	~
Reporting Field 1:	< Select >	~
Reporting Field 2:	< Select >	~
Gender:	< Select >	~
DMHA Supported Consumer:	< Select >	~
Episode Status:	< Select >	~
T2 Date Range:	< Select >	~
Age Group:	< Select >	~
County:	< Select >	~
EBP Question:	< Select >	~
Display Option:		O Raw Data

darmha@fssa.in.gov (317)-232-7925

Race:

Asian

African-American

Nat Hawaijan/Pacific Isl

Build 3.01

Home

Documents Training Logout

Consumer

Admin Contracts ▶
Admin Tools/Algos ▶
User Profile

**Episodes** 

Reports Import Export Admin

Process Report

American Indian

Other Single Race

Caucasian

Close Report

Puerto Rican

Not Hispanic/Latino

Other Hispanic/Latino

Ethnicity:

For issues, questions or comments about the web application, contact the HelpDesk or Support Center.

# To Access Individual Assessment Summary

#### 3 approaches:

- Through Individual's Record
- Filter Page
- Receive Email with <u>Link</u>

#### **Individual Assessment Summary**

Date: 10/31/2016 Type: CANS 5-17 Assessor: Blue Moon DARMHA 23232312 Internal ID: 11111111

#### Usable or Buildable Strengths



Spiritual/Religious Community Life Natural Supports

#### **Actionable Needs**



Recreation

Communication

Impulsivity/Hyperactivity

Anger Control

Intentional Misbehavior (Social Behavior)



Family Strengths
Relationship Permanence
Youth Involvement with Care



Judgment Family Stress (Caregiver)



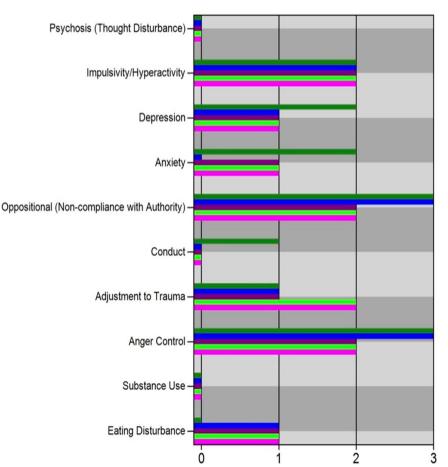
This report lists usable or buildable strengths (rated 0, 1 or 2) and actionable needs (rated 2 or 3) identified from a CANS or ANSA assessment for the specified individual on the indicated date. n = number of individuals; e = number of episodes.

For more information about CANS & ANSA and this report, visit <a href="https://dmha.fssa.in.gov/DARMHA/mainDocuments">https://dmha.fssa.in.gov/DARMHA/mainDocuments</a>. Indiana Family & Social Services Administration, Division of Mental Health & Addiction, DARMHA

#### Child Behavioral/Emotional Needs Domain

## **To Access Individual Consumer Outcomes**

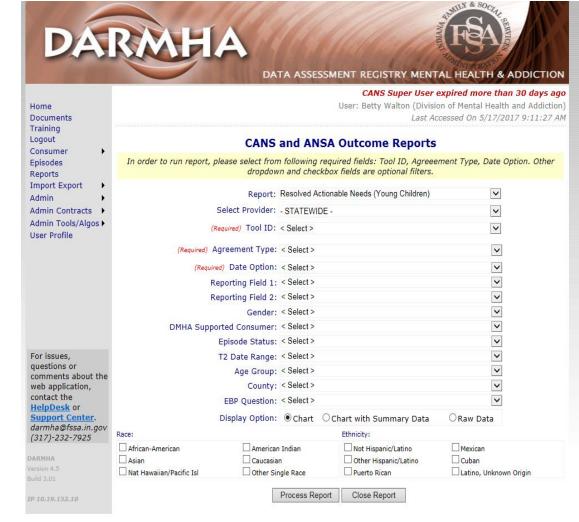
- Look up Individual in DARMHA
- Go to Reports
- Select 'Individual Consumer Outcomes'
- Select 'Item' or 'Domain' Level
- Select Criteria 'Endpoints' or 'All Dates'
- Select Time Frame
- Process Report





## To Access Group/Aggregate Reports

 Use Filter Page for CANS & ANSA
 Outcome Reports



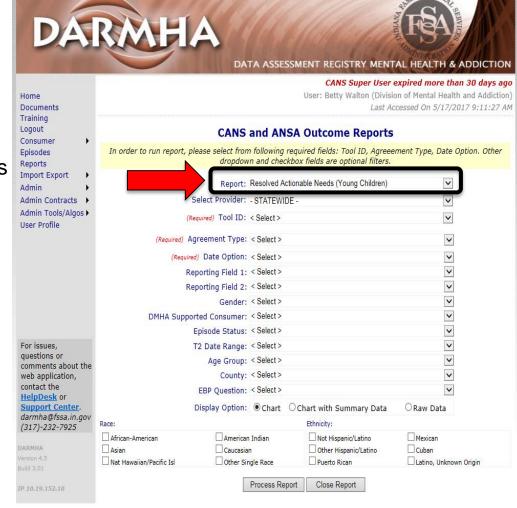
## **Using Filters...**

- Select All Required Filters
  - Report
  - Provider
  - Tool
  - Agreement Type
  - Date Option



## **Select Report**

- Resolved Actionable Needs (Young Children), (Children & Youth), or (Adults)
- Key Interventions for Adults with (Serious Mental Illness) or (Substance Abuse Disorders)
- Key Interventions (CANS, 5 to 17) or (CANS, Birth to 5)
- Strength Development for (Young Children), (Children & Youth), or (Adults)
- Community Integration
- Improvement in One Domain



### **Select Provider**

- Your Agency's Name will appear
- Option: Select Statewide Report for comparison

Note: Statewide reports take longer to run due to the volume of data



### Select Tool

- ANSA
- CANS 5 to 17
- CANS Birth to 5

Be sure that the tool matches the population in the selected report!



### **Select Agreement Type**

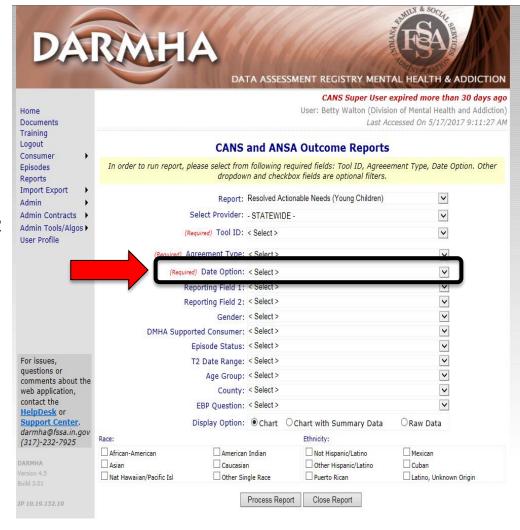
- SMI (serious mental Illness)
- SED (severe emotional disturbance)
- CA (chemical addiction, SUD)
- No Agreement Type
- All Agreement Types

Note: Agreements are designated only for DMHA funded providers, but a choice must be select to run a report.



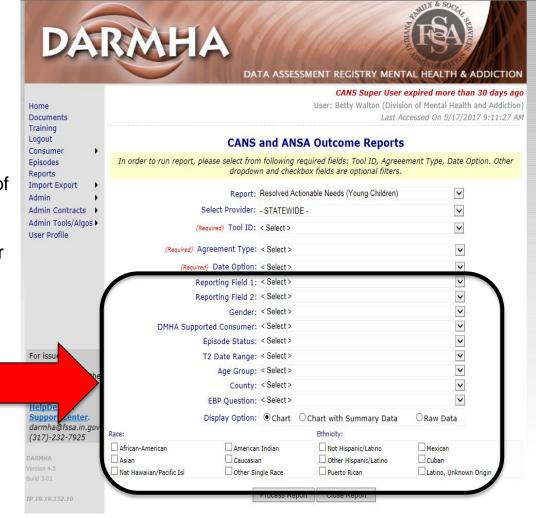
## **Select Date Option**

- T2 = Last Assessment, T1 = Baseline
- T2 = Last Assessment, T1 = 120 days before T2



## **Optional Filters**

- Recommend routinely using 'T2 Date Range' to specific time frame; otherwise your report could go back to 2006.
- Use other filter to focus on a specific groups of individuals.
- Reporting Fields 1 & 2 can be tailored by your agency to group individuals in meaningful ways. (Contact DARMHA support to set up.)
- Episode status is useful in monitoring progress. You can select only individuals in 'open' episodes of care, those with 'closed' episodes or 'all'.
- Select specific EBP to monitor program effectiveness.



## **Optional Filters**

- After looking at progress for groups of individuals, consider disaggregating results by age group, gender, race/ethnicity, and county to identify possible disparities in outcomes.
- Use Display Options to run only a bar graph display or to obtain the graph and table with details (mean percentages for T1 and T2 for each item), or select Raw Data to obtain the report's raw data



## SHOWTIME!!! Let's run some reports!

## BEGINNING TO USE OUTCOME MANAGEMENT REPORTS

## ACTIVITY: Beginning to Use Outcome Management Information

- Discuss specific examples of ways to use one or more of the new outcome measure reports in practice.
- What did you *learn* from your organization's *Key Intervention report*?
- What surprises you about your organization's Strength Development report?

## **Supporting Documents**

STRENGTHS					NEEDS		
	RATING	LEVEL OF STRENGTH	APPROPRIATE ACTION		RATING	LEVEL OF NEED	APPROPRI ACTION
	0	Centerpiece strength	Central to planning	<b>√</b>	0	No evidence of need	No action ne
<u></u>	1	Strength present	Useful in planning	Q	1	Significant history or possible need which is not interfering with functioning	Watchful wai Preventio Additional assessmen
	2	Identified strength	Build or Develop strength	ACTION	2	Need interferes with functioning	Action/ Intervention
0	3	No strength identified	Strength creation or identification may be indicated	$\triangle$	3	Need is dangerous or disabling	Immedia and/or Inter action

Ratings Key
 <a href="https://dmha.fssa.in.gov/DARMHA/Documents/CANSAN">https://dmha.fssa.in.gov/DARMHA/Documents/CANSAN</a>
 SAIndividualReportKey.pdf

#### **Manual**

 Improving Access to Assessment Information and Outcome Management Reports
 https://dmha.fssa.in.gov/DARMHA/Documents/Outcome
 ManagementReports\_032017.pdf

### **Technical Assistance**

**Accessing Reports** 

**Understanding & Using Reports** 

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### References

- Israel, N. (2015). *TCOM report suite: Minimum standards for vendors and systems.* Chicago, IL: Chapin Hall at The University of Chicago.
- Lyons, J. S. (2009). *Communimetrics: A communication theory of measurement in human service settings.* New York: Springer.
- Lyons, J. S. & Weiner, D.A. (eds.) (2009). *Behavioral health care: Assessment, service planning, and total clinical outcomes management.* Kingston, NJ: Civic Research Institute.
- Walton, B. A., Moynihan, S., & Harrold, W., (2017). Improving access to assessment information and outcome management reports. Available at <a href="https://dmha.fssa.in.gov/DARMHA/Documents/OutcomeManagementReports\_032017.pdf">https://dmha.fssa.in.gov/DARMHA/Documents/OutcomeManagementReports\_032017.pdf</a>

### **Contact Information**

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#### **DARMHA Support Team**

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