Objectives

Participants will learn:

• To describe the differences and similarities between the Child and Adolescent Strength and Needs (CANS) tool and the Child and Adolescent Service Intensity Instrument (CASII);

• To understand the key components, application and integration of these outcomes tools in Maryland and Wyoming;

• How to apply these tools to advance quality improvement initiatives in clinical practice, organizational planning, statewide resource allocation;

• How to implement collaborative tools in your states;

• How to guide your states to use these tools to assess and grow your community-based services array;

• How Maryland integrated these tools effectively to gain knowledge from each outcome tool without duplicating effort.

CANS Overview

• Developed by Dr. John Lyons

• Statewide implementation in over 27 states

• Assessment tool is provided at no cost

• Annual certification requires a score of .70 or above on a reliability test

Introduction to the CANS

Eight Sections in the revised State of Maryland Version

- Life Domain Functioning
- Child Behavioral/Emotional Needs
- Child Risk Behaviors
- Acculturation
- Trauma Experiences
- Trauma Stress Symptoms
- Child & Environmental Strengths
- Caregiver Needs & Strengths
The Strategy: CANS and FAST

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 child in care
- 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'

Action Levels

Needs Action Levels

0 = Nothng, due to no evidence of need
1 = Monitor or collect more information, due to suspicion or history
2 = ACT to address need, due to evidence of need
3 = ACT immediately/intensely, due to evidence of imminent danger to safety, health, and/or development

Action Levels

Strengths Action Levels

0 = Use as a centerpiece in strength-based plan, due to identified & highly useful strength
1 = Use in strength-based plan, due to identified & useful strength
2 = Consider further development before using this identified but not yet useful strength
3 = Consider identification of potential skill/resource, to build this not yet identified strength

Total Clinical Outcomes Management

<table>
<thead>
<tr>
<th>Decision Support</th>
<th>Program</th>
<th>System</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Planning</td>
<td>Eligibility</td>
<td>Resource Management</td>
</tr>
<tr>
<td>Quality Improvement</td>
<td>Case Management &amp; Supervision</td>
<td>Accreditation</td>
</tr>
<tr>
<td>Outcome Monitoring</td>
<td>Service Planning</td>
<td>Evaluation</td>
</tr>
<tr>
<td></td>
<td>Transitions &amp; Celebrations</td>
<td>Performance Contracting</td>
</tr>
</tbody>
</table>

Overview of the CANS and TCOM in SOC

System of Care Guiding Principles

- Individualization
- Cultural Sensitivity
- Family and Youth Centered, Focused and Directed

Can these principles be incorporated into the measurement and management of outcomes of our child serving systems?

Managing the Transformation

Do we manage our system as if it were a system of services?

Much of the focus is on productivity, capacity and activities

- How many beds are filled?
- How many appointments have been delivered?

Managing by client satisfaction

- If they are happy we are doing a good job.
Managing the Transformation

You can’t manage what you don’t measure.

You need to be able to define what it is you want to measure.

Can we define, then measure the transformational aspects of our work and use those to manage our system?

The Assessment Cycle

CASII Overview

- Common framework created for clinicians, administrators, utilization reviewers to make decisions for treatment of children and adolescents on:
  - Level of service intensity placement,
  - Continued stay, and
  - Outcomes

- Primarily used for initial service decisions, also used at all stages of intervention to reassess the level of intensity of services needed (at points of significant change and discharge)

CASII Application

- On individual level, CASII can determine the level of service intensity for an individual child and family
- On a global level, CASII can assist states to balance between individual clinical need and services / resources available across the state

CASII History

- Based on the Level of Care Utilization System (LOCUS) and was adapted for children with a family focus and services available for children and adolescents (C&A)
- Originally named CALOCUS and changed to CASII in 2004 by the American Academy of Child and Adolescent Psychiatrists
- Designed for use by clinicians with C&A assessment and treatment experience
CASII Principles

- Applied to children ages 6-18 years
- *Early Childhood Service Intensity Instrument (ECSII)* used for 0-5 year olds
- Quantifies clinical severity and service needs of 3 populations: children with psychiatric, substance use and developmental disorders
- Defines a set of dimensions relevant to the child's environment and clinical status and they are simple, specific and easily understood

CASII Foundation

CASII draws from clinical expertise and following values and theories:
- Guiding principles for systems of care
- Normative physical, emotional, cognitive, social change developmental theory
- Family empowerment
- Cultural competence
- Wraparound concepts

CASII Psychometric Testing

- AACAP conducted extensive psychometric testing to measure reliability and validity among 4 study sites
- Six hour training provided to non-psychiatrists
- Demonstrated tool is:
  - Reliable when used with a broad range of clinicians
  - Valid when compared to Child and Adolescent Functional Assessment Scale (CAFAS) and Child Global Assessment Scale (CGAS)

Perspective

“If the adults disagree, the child fails”


CASII Levels of Service Intensity

Level 0: Basic Services (i.e. preventative services)
Level 1: Recovery Maintenance and Health Management (i.e. medication management)
Level 2: Outpatient Services (i.e. individual therapy)
Level 3: Intensive Outpatient Services (i.e. therapy 3x per week with daily supervision)

CASII Levels of Service Intensity

Level 4: Intensive Integrated Service Without 24-Hour Psychiatric Monitoring (i.e. wraparound services, PHP)
Level 5: Non-Secure, 24 Hour Services with Psychiatric Monitoring (i.e. RTC or RTC Waiver)
Level 6: Secure, 24 Hour Services with Psychiatric Management (i.e. inpatient)
CASII Dimensional Rating System

Six Dimensions:
I. Risk of Harm
II. Functional Status
III. Co-occurrence of Conditions
IV. Recovery Environment
V. Resiliency and/or Response to Services
VI. Involvement in Services (Scale A – child/adolescent, Scale B parents/primary caretaker)

CASII Composite Score Table

- Level Zero (Basic Services for Prevention and Maintenance) – Score 7-9
- Level One (Recovery Maintenance and Health Management) – Score 10-13
- Level Three (Outpatient Services – Score 14-16
- Level Four (Intensive Integrated Services w/out 24-hr psychiatric monitoring) – Score 20-22
- Level Five (Non-secure, 24-hr Psychiatric Monitoring – Score 23-27
- Level Six (Secure, 24-hr Psychiatric Management) – Score 28+

CASII Implementation in MD

- Implementation plan within 3 unique systems:
  - Department of Juvenile Services (Fall 2012)
  - Residential Treatment Center Providers (Summer 2014)
  - Administrative Service Organization (ValueOptions) and Core Service Agencies (Fall 2014 as part of the 1915i State Plan Amendment)

The Assessment Cycle

CANS/CASII Integration

- Meaningful Use
  “The most important strategy to maintain field reliability is to ensure that assessment information is used at the individual case level, in supervision, and in program and system management. When people completing assessments know that others are actually using those assessments, they take them far more seriously.”


CANS/CASII Integration Strategies

- Identifying Overlap
  - CANS/CASII Crosswalk
- Developing Interview Guide
- Developing Joint Training Approach
Implementation Efforts

- Wyoming
  - Cross System Training

- Maryland
  - At provider, agency, local mental health authority and managed care level

Next Steps

Contact Information

The Institute for Innovation and Implementation
University of Maryland School of Social Work
306 W. Redwood Street, Baltimore, MD 21201
www.theinstitute.umaryland.edu

Mark Lardner, CANS Implementation Director
mlardner@ssw.umaryland.edu

Jennifer Lowther, Clinical and Quality Initiatives Director
jlowther@ssw.umaryland.edu