Understanding the CANS: Transformational Collaborative Outcomes Management

It’s about personal change
Understanding the Business of Residential Treatment: The Hierarchy of Offerings

I. Commodities       Materie prime
II. Products          Prodotti
III. Services         Servizi
IV. Experiences       Esperienze
V. Transformations    Trasformazione

- Gilmore & Pine, 1997
The Hierarchy of Offering

1. Fish
   un pesce
2. Fish sticks
   bastoncini di pesce
3. A fish dinner at a restaurant
   Una cena di pesce in un ristorante
4. Sport Fishing
   Pesca sportiva
5. Teaching how to fish
   Insegnando a pescare
Complicated versus Complex Systems
Sistemi Complicati e Complessi

- **Similarities**
  - Both have many component parts.
  - Both require integration for the system to function effectively.

- **Differences**
  - In complicated systems all component parts are 100% predictable.
  - In complex systems component parts are not 100% predictable—human beings are never 100% predictable.
Hierarchical (gerarchicatells) integration
- Higher authority people what to do and they do it
- Works well when there is a single line of authority

Collaborative (collaborative) integration
- Try to establish a consensus understanding and plan
- Only possible workable integration strategy where there are multiple lines of authority
Transformational Collaborative Outcomes Management

Developing a shared vision—a shared understanding of the problems and how they came about, shared goals and a set of actions to achieve those goals—is key to any change happening.
Equality vs Equity as fairness
L'uguaglianza rispetto all'equità
The Philosophy: Transformational Collaborative Outcomes Management (TCOM)

- **Transformational** means that it is focused on the personal change that is the reason for intervention.
- **Collaborative** means that a shared visioning approach is used—not one person’s perspective.
- **Outcomes** means the measures are relevant to decisions about approach or proposed impact of interventions.
- **Management** means that this information is used in all aspects of managing the system from individual family planning to supervision to program and system operations.
Managing Tension is the Key to Creating an Effective System of Care

- Philosophy—always return to the shared vision. In the mental health system the shared vision are the children and families we serve
- Strategy—represent the shared vision and communicate it throughout the system with a standard language/assessment
- Tactics—activities that promote the philosophy at all the levels of the system simultaneously
TCOM Key Decision Points

Access  Engagement Appropriateness  Effectiveness  Linkages
Decision Support on Key Decisions

- Should be informed by the needs of the individual (child and family)
  - Although other considerations must be included
  - Information about these needs must be available PRIOR to decisions being made
  - Documentation should reflect these effective decision making processes
    - Information efficiency promotes clinical effectiveness. Work smarter not harder
Most measures are developed from a research tradition. Researchers want to know a lot about a little. Agents of change need to know a little about a lot. Lots of questions to measure one thing.

Traditional measurement is arbitrary. You don’t really know what the number means even if you norm your measures.

Traditional measurement confounds interventions, culture and development and become irrelevant or biases. You have to contextualize the understanding of a person in their environment to have meaningful information.

Triangulation occurs post measurement which is likely impossible.
Key Characteristics of the CANS

- **Shared Vision approach**
  - About the child not the child-in-care
  - Consider culture and development before establishing the action levels
  - About the ‘what’ not the ‘why’

- **Information Science approach (relevant, actionable and timely)**
  - Each item is relevant for decision support for children and families
  - Levels of the items translate immediately into action
  - Is it relevant in the last 30 days?
<table>
<thead>
<tr>
<th>Decision Support</th>
<th>Individual</th>
<th>Program</th>
<th>System</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Care Planning Effective practices EBP’s</td>
<td>Eligibility Step-down</td>
<td>Resource Management Right-sizing</td>
</tr>
<tr>
<td>Outcome Monitoring</td>
<td>Service Transitions &amp; Celebrations</td>
<td>Evaluation</td>
<td>Provider Profiles Performance/Contracting</td>
</tr>
<tr>
<td>Quality Improvement</td>
<td>Case Management Integrated Care Supervision</td>
<td>CQI/QA Accreditation Program Redesign</td>
<td>Transformation Business Model Design</td>
</tr>
</tbody>
</table>
A need is a characteristic of a person (within an environment) that describes a situation where external assistance could be beneficial. It is the interaction of the person and environment that is key to understanding the presence of a need. Although the personal characteristics might directly create a need, it is MORE LIKELY that the person’s environment effects the expression of that need. And, although environmental characteristics might directly create a need, it is more likely that the presence of specific personal characteristics effects the expression of the need.
A strength is a characteristic of a person in the environment that describes a situation that promotes meaning and wellbeing in that person’s life. While some strengths are more personal characteristics (e.g., musical talent) and other strengths are more characteristics of the environment (e.g. family), it is generally the case that it is the interaction of the person and environment that is key to understanding the presence of a strength.
Action Levels

- **Needs**
  - 0  No evidence, no need for action
  - 1  Watchful waiting/prevention
  - 2  Action
  - 3  Immediate/intensive action

- **Strengths**
  - 0  Centerpiece strength—focus of plan
  - 1  Useful strength (but not focus)
  - 2  Identified strength but need to build
  - 3  Not yet identified
By using Provider and Child proximity scores IDCFS will be able to realign contracted services to better serve children and families:

1. Eliminates waste by identifying contracted services that may be at locations which are difficult for children reach.
   - A proximity threshold

2. Identifies areas where DCFS needs to recruit new providers, or encourage providers to relocate, in order to improve service proximity for children.
   - Convert clusters of children into 'hot spots'
   - Convert clusters of providers into 'cold spots'

3. Optimizes current contracts by placing them with providers that children can easily reach.
   - Allows you to model impacts prior to action.
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Strategies for Engagement and Shared Visioning

- A conversation
- About the what, not about the why—no shame or blame
- Time spent in understanding pays off in impact
- Output of an assessment process
- It is not an event
- Once one CANS/ANSA is completed you don’t ‘redo’ it, you check in on it.
Percent of hospital admissions that were low risk by racial group
Adapted from Rawal, et al, 2003
# Key Decision Support CSPI Indicators
Sorted by Order of Importance in Predicting Psychiatric Hospital Admission

<table>
<thead>
<tr>
<th>If CSPI Item</th>
<th>Rated as</th>
<th>Start with 0 and</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suicide</td>
<td>2,3</td>
<td>Add 1</td>
</tr>
<tr>
<td>Judgment</td>
<td>2,3</td>
<td>Add 1</td>
</tr>
<tr>
<td>Danger to Others</td>
<td>2,3</td>
<td>Add 1</td>
</tr>
<tr>
<td>Depression</td>
<td>2,3</td>
<td>Add 1</td>
</tr>
<tr>
<td>Impulse/Hyperactivity</td>
<td>2,3</td>
<td>Add 1</td>
</tr>
<tr>
<td>Anger Control</td>
<td>3</td>
<td>Add 1</td>
</tr>
<tr>
<td>Psychosis</td>
<td>1,2,3</td>
<td>Add 1</td>
</tr>
</tbody>
</table>

Ratings of ‘2’ and ‘3’ are ‘actionable’ ratings, as compared to ratings of ‘0’ (no evidence) and ‘1’ (watchful waiting).
Change in Total CSPI Score by Intervention and Hospitalization Risk Level (FY06)
Strategies to Define Outcomes

- Item Level
  - Actionable vs Not Actionable and
  - Useful vs Not Useful
- Dimension Scores
  - Average items and multiply by 10
- Total Score
  - Combine dimension scores for functioning, symptoms and risks
- Reliable Change Indices
<table>
<thead>
<tr>
<th>Mental Health</th>
<th>%Presenting</th>
<th>%Resolved</th>
<th>%Improved</th>
<th>%Identified</th>
<th>%Worsened</th>
<th>%Transitioning</th>
<th>%NetGain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anger Control</td>
<td>60.2%</td>
<td>47.1%</td>
<td>56.1%</td>
<td>25.6%</td>
<td>14.0%</td>
<td>42.0%</td>
<td>30.2%</td>
</tr>
<tr>
<td>Psychosis</td>
<td>10.9%</td>
<td>70.5%</td>
<td>74.7%</td>
<td>5.0%</td>
<td>10.8%</td>
<td>7.6%</td>
<td>30.2%</td>
</tr>
<tr>
<td>Adj to Trauma</td>
<td>48.5%</td>
<td>50.1%</td>
<td>60.1%</td>
<td>22.2%</td>
<td>15.2%</td>
<td>35.0%</td>
<td>27.8%</td>
</tr>
<tr>
<td>Depression</td>
<td>48.0%</td>
<td>52.0%</td>
<td>55.9%</td>
<td>24.5%</td>
<td>5.3%</td>
<td>35.8%</td>
<td>25.4%</td>
</tr>
<tr>
<td>Opposition</td>
<td>49.5%</td>
<td>42.7%</td>
<td>50.5%</td>
<td>22.9%</td>
<td>12.5%</td>
<td>37.9%</td>
<td>23.4%</td>
</tr>
<tr>
<td>Conduct</td>
<td>29.6%</td>
<td>59.3%</td>
<td>66.1%</td>
<td>16.7%</td>
<td>14.6%</td>
<td>23.8%</td>
<td>19.6%</td>
</tr>
<tr>
<td>Attention-Impulse</td>
<td>49.7%</td>
<td>46.7%</td>
<td>55.1%</td>
<td>20.0%</td>
<td>9.1%</td>
<td>40.1%</td>
<td>19.3%</td>
</tr>
<tr>
<td>Anxiety</td>
<td>29.5%</td>
<td>50.9%</td>
<td>54.1%</td>
<td>19.0%</td>
<td>6.0%</td>
<td>25.1%</td>
<td>14.9%</td>
</tr>
<tr>
<td>Substance Use</td>
<td>16.0%</td>
<td>55.8%</td>
<td>61.1%</td>
<td>11.6%</td>
<td>17.3%</td>
<td>15.5%</td>
<td>3.1%</td>
</tr>
</tbody>
</table>
Outcomes on Behavioral and Emotional Needs of 5248 youth over a residential treatment episode of care using items of the Child and Adolescent Needs and Strengths

<table>
<thead>
<tr>
<th>Dangerous Behavior</th>
<th>%Presenting</th>
<th>%Resolved</th>
<th>%Improved</th>
<th>%Identified</th>
<th>%Worsened</th>
<th>%Transitioning</th>
<th>%NetGain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suicide</td>
<td>11.0%</td>
<td>82.0%</td>
<td>83.9%</td>
<td>3.9%</td>
<td>10.3%</td>
<td>5.4%</td>
<td>50.9%</td>
</tr>
<tr>
<td>Sexual Aggression</td>
<td>11.6%</td>
<td>76.7%</td>
<td>82.9%</td>
<td>5.0%</td>
<td>14.0%</td>
<td>6.5%</td>
<td>43.9%</td>
</tr>
<tr>
<td>Self Injury</td>
<td>9.2%</td>
<td>80.2%</td>
<td>83.0%</td>
<td>3.7%</td>
<td>20.3%</td>
<td>5.2%</td>
<td>43.4%</td>
</tr>
<tr>
<td>Danger to Others</td>
<td>37.6%</td>
<td>66.1%</td>
<td>69.8%</td>
<td>27.2%</td>
<td>8.6%</td>
<td>23.3%</td>
<td>38.0%</td>
</tr>
<tr>
<td>Other Self Harm</td>
<td>17.1%</td>
<td>78.4%</td>
<td>80.7%</td>
<td>9.0%</td>
<td>5.2%</td>
<td>11.2%</td>
<td>34.5%</td>
</tr>
<tr>
<td>Runaway</td>
<td>37.2%</td>
<td>49.2%</td>
<td>58.1%</td>
<td>22.5%</td>
<td>35.7%</td>
<td>33.0%</td>
<td>11.3%</td>
</tr>
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Illinois Trajectories of Recovery before and after entering different types of Child Welfare Placements
The Myths

1. We are running a service delivery system
2. Outcomes management is a form of program evaluation
3. Program evaluation is a form of applied research
4. Objective is better than subjective
5. You have to triangulate your outcomes by measuring different perspectives
6. Status at discharge represents an outcome
7. Changes in means represents meaningful changes in people
Problems with Managing Services

- Find people and get them to show up
- Assessment exists to justify service receipt
- Manage staff productivity (case loads)
- Incentives support treating the least challenging individuals.
- Supervision as the compliance enforcement
- An hour is an hour. A day is a day
- System management is about doing the same thing as cheaply as possible.
Find people you can help, help them and then find some one else.
Accuracy is advocacy. Assessment communicate important information about the people we serve.
Impact (workload) more important that productivity.
Incentives to treat the most challenging individuals.
Supervision as teaching.
Time early in a treatment episodes is more valuable than time later.
System management is about maximizing effectiveness of the overall system.
Myth 2: Outcome Management is not program evaluation and
Myth 3: Program evaluation is not research. Therefore, Outcomes Management is not research

It is engineering......
<table>
<thead>
<tr>
<th>INPUTS</th>
<th>OUTPUTS</th>
<th>OUTCOMES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inputs are the resources used by the program.</td>
<td><strong>Activities</strong> are what the program does with its inputs to fulfill its mission.</td>
<td><strong>Outcomes</strong> are the results of your program. They are the changes that take place during or after the program for individuals, groups, communities, or organizations. These changes can take place over the short, intermediate, or long-term. Long-term outcomes are sometimes referred to as <strong>Impacts</strong>.</td>
</tr>
<tr>
<td>Examples: program staff, funding, time, external partners, volunteers, materials, equipment, technology</td>
<td><strong>Audience</strong> refers to the participants, clients, or customers reached by the program.</td>
<td>Examples of short/intermediate-term Outcomes: knowledge, attitudes, awareness, opinions, skills, behavior</td>
</tr>
</tbody>
</table>

| | Satisfaction refers to participants’ satisfaction with their experience in the program and how it was implemented | Examples of **Impacts**: educational, environmental quality, or human health improvements |

- Examples: events, informational materials, products, workshops, trainings, conferences, exhibits, curricula
Engineering

- The creative application of scientific principles to design or develop structures, machines, apparatus, or manufacturing processes, or works utilizing them singly or in combination; or to construct or operate the same with full cognizance of their design; or to forecast their behavior under specific operating conditions; all as respects an intended function, economics of operation or safety to life and property (American Engineer’s Council, 1947).
Myth 4: Objective is better than subjective

- This belief leads us to focus on measuring things that are ‘objective’ rather than things that are relevant to a transformational enterprise.
- There is substantial body research that demonstrates that global, subjective ratings are often more reliable and valid than very specific ratings.
- Subjective does not mean unreliable. It means that judgment is involved. How can you be clinically, culturally or developmentally sensitive without exercising judgment?
Youth self report, Parent report, therapist report, teacher report and so forth represent the standard of triangulation in research and program evaluation.

We have been trying for more than 50 years to statistically create a consensus outcome—it is impossible.

You have to triangulate first and then measure.
Scenario 1: Youth is distressed and the parent is minimizing the situation. With treatment the youth feels better and the parents come to realize the youth’s mental health needs.
Scenario 2. Parent is catastrophizing and youth is minimizing. With treatment the youth understand his her mental health needs better and the parent sees progress.
The problem with means of single perspectives—the average of two clinically successful treatment episodes equates to no effect.
There is a large body of research that demonstrates that the people who need our interventions the least have the best outcomes. All of that research uses status at discharge as the definition of an outcome. Of course, many of these individuals who ‘need it the least, have already achieved the positive status prior to the intervention. This body of research is simply irrelevant for the business of personal change.
Let’s say you effectively help 75% of the youth you serve.
But the other 25% escalate and require something more intensive.
How does the mean change reflect your success rate?
Mean Outcomes of a Program that is successful 75% of the time

Youth who improved
Youth who deteriorated
Full Sample

Series 1
Series 2
Distinguish between a ‘centerpiece’ piece and a ‘useful’ strength

- **Useful**
  - Play youth hockey
  - Sing in a choir
  - Supportive family members
  - Interested in what happens around them

- **Centerpiece**
  - Good enough at hockey to get drafted or scholarship
  - Soloist in choir, could get scholarship
  - Parents fully committed to doing everything in their power to support the success of their children
  - Constantly seeks new stimuli, exposure, opportunities to learn
Tell me and I forget

Teach me and I remember

Involve me and I learn