



CANSFORMATION™ BRINGING IT ALL TOGETHER



Volume 1, Issue 1

Winter 2018

INTRODUCING- CANSFORMATION

Since our System of Care in New Jersey has expanded so has our Newsletter. For over **9 years** the **IQ (IMDS Quarterly)** Newsletter has been sent out to all IMDS or CANS SuperUsers throughout New Jersey.

Well it is now time to bring it all together...connecting the **CANS** or Child Adolescent Needs & Strengths, **TCOM** or Transformational Collaborative Outcomes Management and **Wraparound**. This updated newsletter will help to strengthen our system of care by providing useful information to all system partners, especially those who are trained on the CANS Tools!

So with some trepidation

but immense hope for the future, we close the chapter on the 'old' and bring in the 'new' more interactive newsletter...CANSformation!

We have had the privilege for almost a year of having our newsletter published on TCOM Conversations. Our hope is to continue this and even take it one step further by having contributors from all over the country and beyond!

Since CANS & TCOM have been part of a mass collaboration, so too has the many individuals throughout New Jersey...collaborating with the hope of better our abilities to assist those who we serve-children/adolescents, parents/caregivers.



Information's Gateway...Technology

So a sincere 'Thank you!' goes out to the countless number of people who have contributed to the IQ Newsletter over the years.

Now we 'Welcome!' many more to the collaborative.



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Special points of interest:

- Spotlight: highlighting those who are making a mark
- Takeaways: useful tips for everyday practice

CANSFORMATION: PURPOSE & GOALS

A newsletter is a communications tool and is used to disseminate information. One of the main goals of any newsletter is to serve to bond people together and keeping them informed of all activities, functions and

advancements. Another important goal of a newsletter is to build interest in areas of innovations. Lastly, which is a foundational tenet of CANSformation is to assert both acknowledge & praise to those people and

activities for whom a system of care expands and strengthens.



CANS TOOLS

CANS Tools are both Valid and Reliable

The Validity & Reliability must be understood from a 'communimetrics' perspective.

The following CANS information is from [Dr. Lyons' blog on TCOM Conversations](#). A 6-part series on the Key Principles of CANS



Principle 1. Item Selection

*Permission granted for reprint of original Blog-TCOM Conversations

*6 KEY PRINCIPLES OF CANS TOOLS

Principle 1. Each item is selected because it is relevant to the decision-making process. Only relevant information is included. by: Dr. John S. Lyons

Concept: A communimetric measure is designed to represent a minimum standard of understanding of a person in their circumstances. The individual items in this approach are designed to stand alone as independent pieces of information to communicate this under-

standing. Therefore, the items are designed to be reliable and valid on their own. For many of the commonly used versions of this approach there is a core set of standard items. For example, there is a core set of 50 items for the CANS that is recommended for most versions. Additional items are used when relevant to support decision making in different situations. Items are selected in an effort to define a 'minimum standard of understanding.'

In other words, items should reflect information relevant to:

- Contextualizing a person's circumstances**
- Reflecting a key target for an intervention**
- Reflecting a key outcome of an intervention**

Background: This concept comes from the work of Ken Howard's group, who could be credited with developing the very first outcomes management approach, eventually called Compass [1]. Previously we approached measurement from a traditional psychometric perspective: We developed a symptom list to have a measure of symptoms; then we developed a functioning list to create a measure of function, and so on.

Once created, these measures were required to be unchanging. Further, there was always pressure to make the list of items shorter.

In my book 'The Measurement and Management of Clinical Outcomes' [2], I stated that clinicians could not be expected to spend more than five minutes completing a measure or they simply wouldn't do it. Working from this perspective, it became clear that our cur-

rent design approach guaranteed that the measurement process was independent of the clinical process. It was always an add-on. This lack of integration between the actual work and the documentation of the work added operational burden to clinicians without providing them a perceived value.

At the same time I started working in the Department of Medicine at Northwestern University and became familiar with other communimetric measures. In these approaches, single items were considered scales in and of themselves. Those combined experiences led to the idea that modularized measures with different items for different applications might be more acceptable to people who complete them.

Proof of Concept: There are a number of published studies (and more unpublished) that demonstrate that the individual items of a Communimetric measure are in fact reliable and valid on their own to better support the decision-making process. The first reliability study was published in 2002 by Ander-

son, et al.[3] These findings have been replicated in other countries with different Communimetric measures (e.g. Singapore and Europe).

In addition, the item level information has allowed these measures to be scored flexibly to allow a variety of applications that are simply not feasible with a traditional measure that results in a single score. For instance, treatment planning applications allow for individual item needs to be allocated as Background Needs (not addressed in the plan but exists to provide context), Treatment Target Needs (i.e., causes of the individual's current challenges) and Anticipated Outcomes (i.e., effects of the identified causes).

In addition, the item level information

Alternatively, if the decision is about intensity of care or placement, flexible item scoring can allow for the creation of algorithms to support decision making. These complex metrics involve patterns of actionable needs that have been shown to support effective decision making (e.g. Chor, et al., 2014).[4] Finally, it is also possible to generate scale scores that are used for change analyses in a manner identical to applications of psychometric measures (e.g. Lyons, 2009).[5] Thus the item level construction of a Communimetric meas-

ure allows maximum flexibility for using the information in a variety of ways to support different decisions in complex systems.

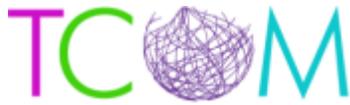
[1] Sperry, L., Brill, P. L., Howard, K. I., & Grissom, G. R. (2013). *Treatment Outcomes in Psychotherapy and Psychiatric Interventions* (Vol. 6). New York: Brunner/Mazel.

[5] Lyons, J.S. (2009). *Communimetrics: A theory of measurement for human service enterprises*. New York: Springer.

has allowed these measures to be scored flexibly to allow a variety of applications that are simply not feasible with a traditional measure that results in a single score. For instance, treatment planning applications allow for individual item needs to be allocated as Background Needs (not addressed in the plan but exists to provide context), Treatment Target Needs (i.e., causes of the individual's current challenges) and Anticipated Outcomes (i.e., effects of the identified causes). This scoring approach makes Communimetric tools like the CANS and ANSA valuable to clinicians for use in generating personal theories of change.

[2] Lyons, J. S., Howard, K. I., O'Mahoney, M. T., & Lish, J. D. (1997). *The Measurement & management of clinical outcomes in mental health*. New York: J. Wiley.

[3] Anderson, R.L., Lyons, J.S., Giles, D.M., Price, J.A., & Estes, G. (2002). Examining the reliability of the Child and Adolescent Needs and Strengths-Mental Health (CANS-MH) Scale from two perspectives: A comparison of clinician and researcher ratings. *Journal of Child and Family Studies*, 12, 279-289.



CANSformation...

Bringing it ALL Together!!!



“The TCOM approach is grounded in the concept that the various perspectives in a complex service system creates conflicts. The tensions that results from these conflicts are best managed by keeping a focus on common objectives—a shared vision. In human service enterprises, the shared vision is the person (or people served). In health care, the shared vision is the patient; in the child serving system, it is the child and family, and so forth. By creating systems that all return to this shared vision, it is easier to create and manage effective and equitable systems.”

Praed Foundation 2017

PLANNING FOR FUTURE

Incorporating the Strengths & Needs Tool with Wraparound Values and the Child Family Team Process:

Individual Care Planning

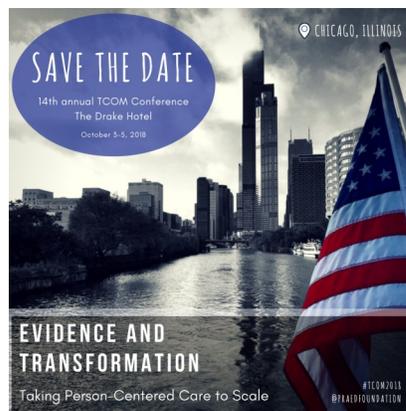
Future Issues...understanding of Transformational Collaborative Outcomes Management or TCOM Philosophy to assist:

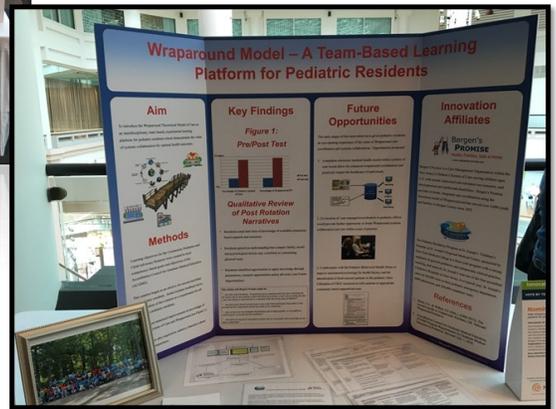
*Increased Child/Family Team Understanding of the CANS Tools & Treatment Planning

*Effective Infusing of Wraparound Values/ Principles in Creation of Individualized Service Plans (ISPs) in the Child Family Team

TCOM Grid of Tactics

	Individual	Program	System
Decision Support	Care Planning Effective practices EBP's	Eligibility Step-down	Resource Management Right-sizing
Outcome Monitoring	Service Transitions & Celebrations	Evaluation	Provider Profiles Performance/ Contracting
Quality Improvement	Case Management Integrated Care Supervision	CQI/QA Accreditation Program Redesign	Transformation Business Model Design





WRAPAROUND



Coordinating Wraparound w Evidence Based Practice

TCOM Conversations



This blog is intended to serve as the forum to provide resources, answer your questions, and spark meaningful discussion for all members of the international TCOM collaboration through the Praed Foundation.

TCOM Conversations is jointly hosted by Chapin Hall at the University of Chicago and The Praed Foundation "We are committed to improving the well-being of all through the use of personalized, timely and effective interventions."

For more info about joining the blog contact Katherine Sun, University of Chicago-Chapin Hall at ksun@chapinhall.org

You can also follow the many CANS developments that are taking place nationally as well as internationally by clicking on [Twitter @CANSFamily](#).