



CANSFORMATION BRINGING IT ALL TOGETHER

RUTGERS
University Behavioral
Health Care



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CANSFORMATION

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

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

We have 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!

So a sincere 'Thank you!' goes out to the countless number of people who have actively participated in the New Jersey's System of Care!.



WELCOME!

CHRISTINE NORBUT BEYER

COMMISSIONER OF THE NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

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 'communitetrics' perspective.

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

Principle 3. Describe the Person, NOT the person in care



*Permission granted for reprint of original Blog-TCOM Conversations

*6 KEY PRINCIPLES OF CANS TOOLS

Concept: The only way clinical outcomes can be used across a system of multiple interventions is if the clinical measure is independent of the treatment context. If the clinical measure is dependent on the treatment context then one can only measure episodes of care, and there are enormous challenges for interpreting clinical outcomes across treatment settings. For this reason a communitetric measure focuses on decontextualizing any active inter-

- Psychotropic medication has a target symptom and one has to take the medication for the functional implications of that target symptom to be resolved.
- Having a service provider take a child to school makes sure that the child is in school but does not resolve a school attendance problem.
- 24 hour suicide watch does not resolve suicidal ideation or intention; it simply prevents a death outcome.

There are many similar examples, but they

vention.

There are a variety of ways to describe this process of deconstructing the impact of a treatment that exists only during the application of the treatment. For example, we might say that if an intervention is 'masking' the presence of a need, you describe the need — not the fact that you can mask it. Or you look at a person's status before the application of an intervention, then ask:

all have the same basic theme. To effectively communicate a person's status in a helping intervention, it is absolutely essential to determine what the status of that person would be like if the help was not being provided.

Background: The origins of this characteristic come from one of the very first applications of the approach. The original communitetric measure was called the Severity of Psychiatric Illness (SPI), and it was used to model psychiatric emergency decision making. Child welfare in Illinois asked me to use the

if the intervention were withdrawn, would that person return to their pre-intervention status?

Here are some examples of interventions that mask needs without necessarily resolving them:

- Locked detention stops youth from running but does not address runaway

same methodology to model decisions to place youth in residential treatment center (RTC) in support of a community re-investment strategy. From a series of focus groups with system partners, I created the Childhood Severity of Psychiatric Illness (CSPI). The idea was to save money on RTCs and re-invest in community based care. But, a re-investment strategy takes 1-2 years to first save money and then to re-invest in a new interventions.

. The State had first tried this by asking RTCs to nominate step down candidates. Instead of identifying the best candidates for living in the community safely, RTCs tended to say "Don't take Mary. Mary is doing great. You will disrupt Mary's treatment." Instead they were more likely to say "Take Johnny. We aren't helping Johnny. Maybe you could?" So they identified precisely the wrong youth. After a tragic death outcome (a stepdown youth murdered his grandparents), the State revisited their strategy and that's when I got involved. However, the only way their community re-investment strategy could work was if there were youth in residential treatment at the time that

really didn't need to be there, AND that these youth could be successfully returned to the community without intensive supports already in place (to allow the ramp-up of these community-based interventions using cost savings).

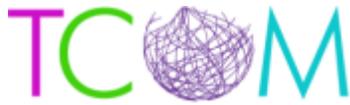
To answer the fundamental question of "Which youth are likely to succeed back in a community setting?" we did a review of more than 300 youth in residential care. In order to have meaningful results, we had to describe youth based on how they would be WITHOUT the residential intervention. Reviewers were trained to assess youth's needs prior to placement and then look for evidence that these needs had actually been eliminated rather than simply ad-

ressed in care. This project had a profound impact on the Illinois system at the time and this was the origin of the third key characteristic of a communimetric measure.

Proof of Concept: Psychometric measures can be used only for monitoring the outcomes of episodes of care. This reality is entirely due to this third key characteristic. Using a measure of how someone is doing in residential treatment to guide a stepdown decision can be completely misleading. The stepdown decision should be based on a projection of how the individual might be if they were NOT in residential treatment.

. The CANS has been widely used as a cross systems decision support and outcome monitoring tool. The ANSA has begun to experience the same type of widespread use with adults. These two measures are among the only measures of functional status that reasonably can be used across systems to assess comparable outcomes.





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

PLAN FOR TRANSITION

Are you incorporating the Strengths & Needs Tool with Wrap-around Values and the Child Family Team Process?

CANS & Wraparound...with TCOM as our GOAL...

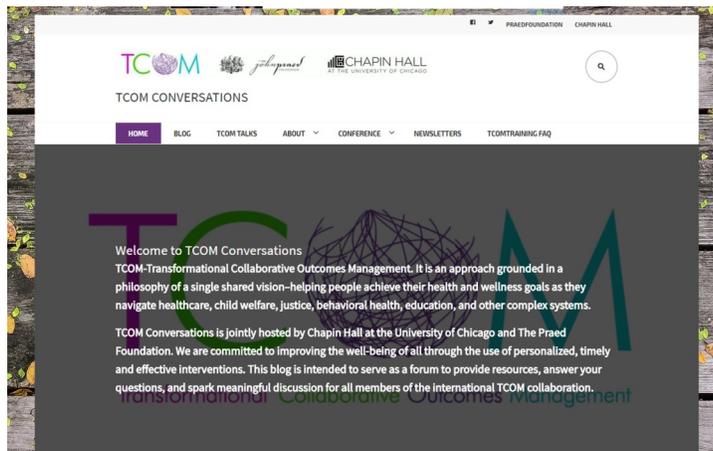
- Transformation means that it is focused on the personal change that is the reason for intervention.
- Collaborative means that a shared visioning approach is used—not one person’s perspective.
- Outcomes means the measures are relevant to decisions about approach or proposed impact of interventions.
- 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.

Understanding our Work
What are trying to accomplish?

- I. Commodities
- II. Products
- III. Services
- IV. Experiences
- V. Transformations ←

- Gilmore & Pine, 1997

Start with the What?...then come up with Why?...this will lead you to HOW?





TCOM Conference Presentation 2018-Preview

Amanda Thompson and Jerome Scriptunas are the Quality Managers for Morris/Sussex and Monmouth CMOs (Care Management Organizations), respectively. Recently they submitted two proposals to the TCOM Conference taking place in Chicago on October 3-5, 2018 and the proposals were both accepted. The first presentation is titled “Leveraging Power BI to focus on CANS data in work with youth/families” and will be led by Amanda with Jerome as co-presenter. Power BI is a Microsoft product and it stands for Power Business Intelligence. It allows for data from many sources to come together on one sharable platform and transformed into powerful visuals that allow Care Managers and Managers alike to see the work that is being done.

The second presentation is titled “Wraparound Youth TimeBanking increases Youth Participation & Transition/Community Planning” and will be led by Jerome with Amanda as co-presenter. Youth TimeBanking is a concept that has been around for a long time but is being utilized in a new way and with the use of an app to help youth transform from always being the person served, to also being a provider of services. It is grounded in youth empowerment and encourages community involvement. [2018 TCOM CONFERENCE-Chicago, Illinois](#)

WRAPAROUND



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 @Praedfoundation](#).