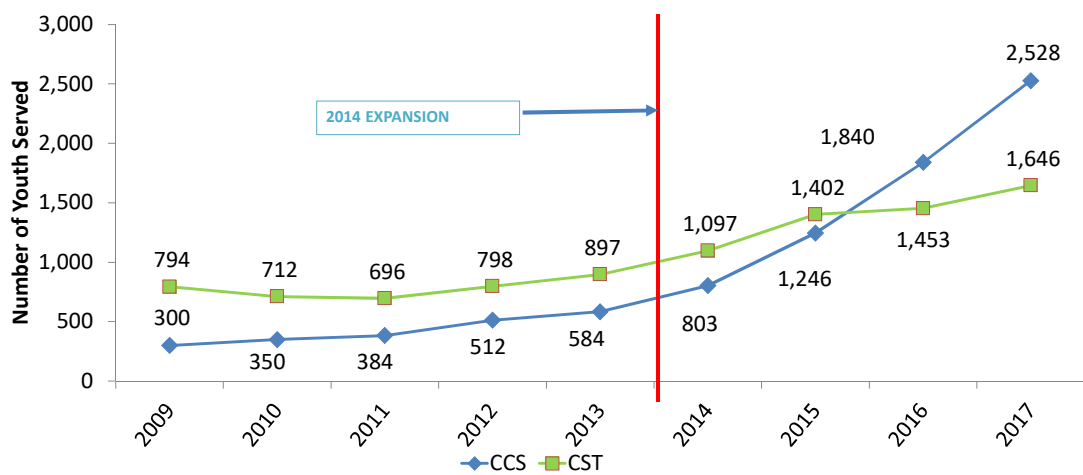


The Journey of Data Collection and Measuring Outcomes

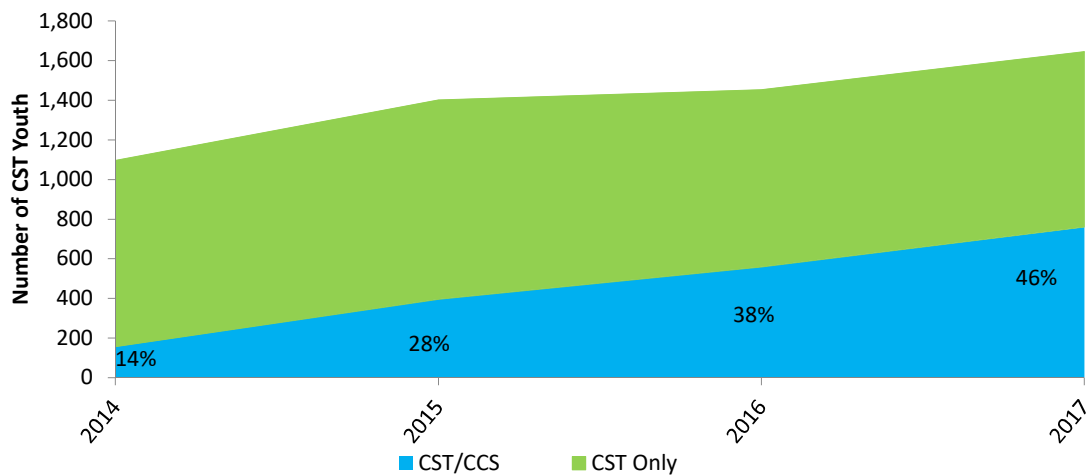
Comprehensive Community Services (CCS)
Coordinated Services Teams Initiatives (CST)
Statewide Meeting
September 12, 2018



CCS and CST Youth Served



Increasing Rate of CCS Participation Within CSTs



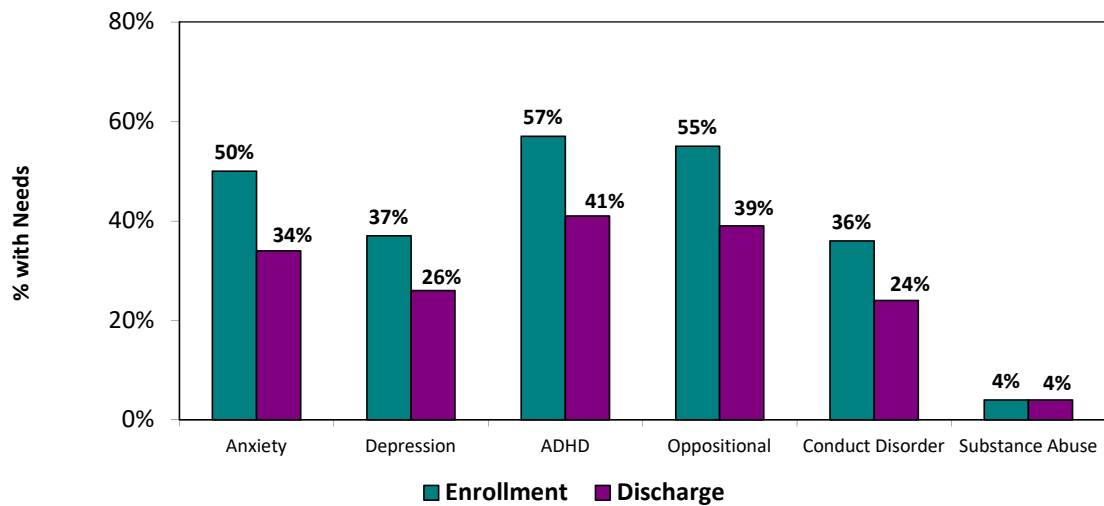
3

Child and Adolescent Needs and Strengths (CANS) Assessment Tool

- The CANS items are important to service planning.
- Item ratings translate into action levels.
- It is about the child, not about the service.
- It is about the what, not about the why.
- Rate the past 30 days to keep assessments relevant and fresh.
- Consider development and culture when rating items.

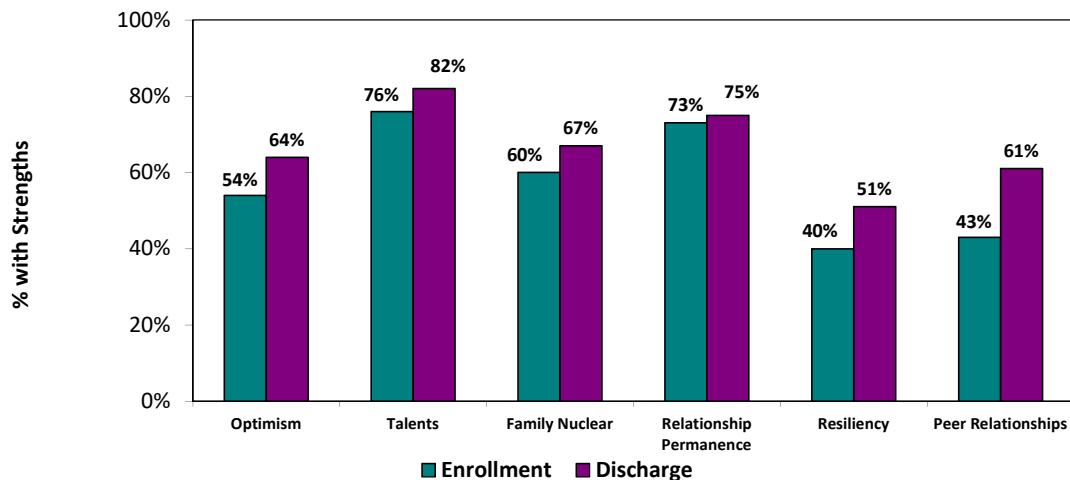
4

CST Change in Mental Health Symptoms, 2017 (N=482)



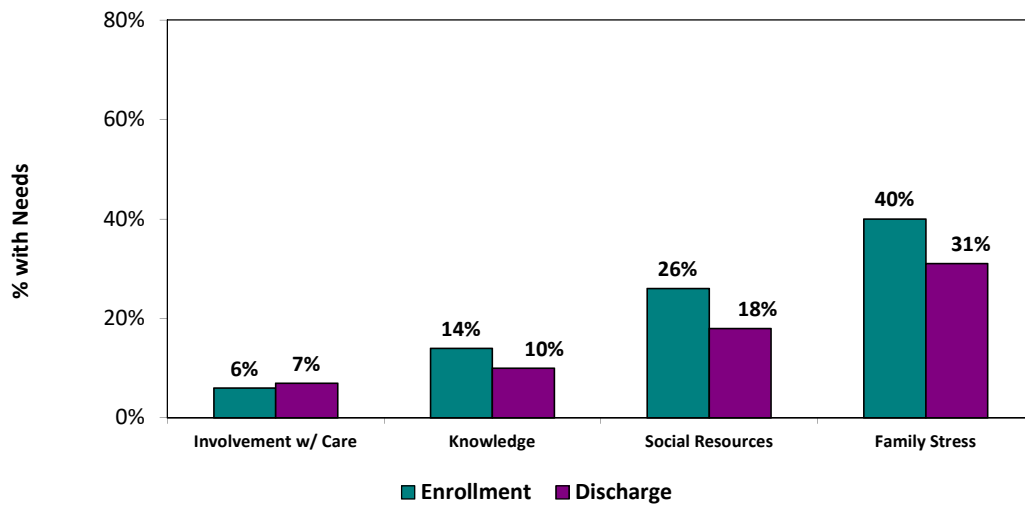
5

Change in Youth Strengths, 2017 (N=477)



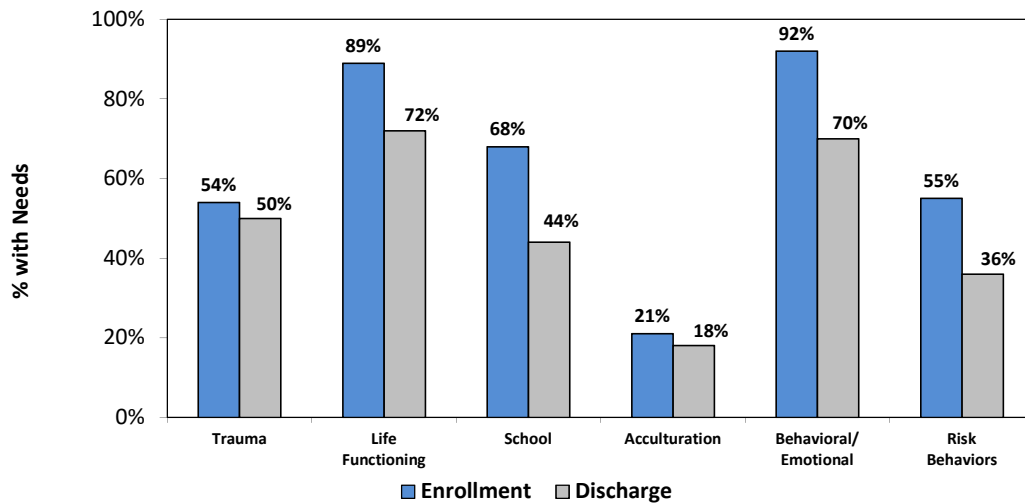
6

CST Change in Caregiver Needs, 2017 (N=435)



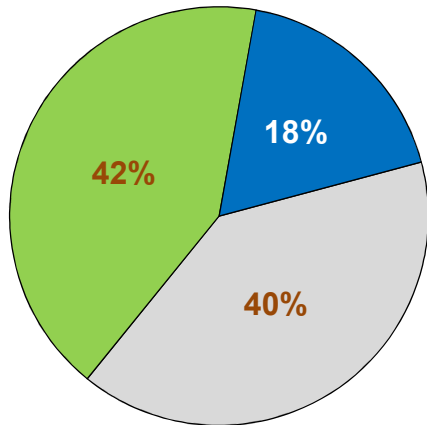
7

CST Change in Needs by CANS Domains, 2017 (N=483)



8

2017 Level of Need for Youth in CSTs at Enrollment (N=482)



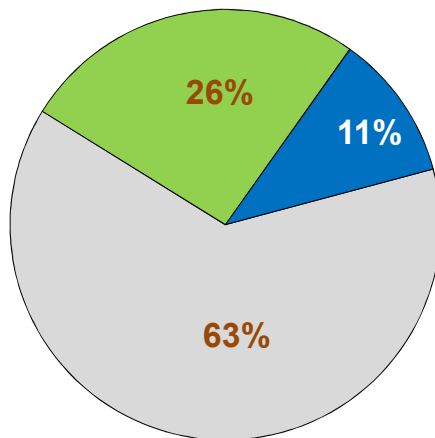
□ Levels 1-2: Community Care (Regular Foster Care)

■ Levels 3-4: Group Home

■ Levels 5-6: Residential Care Center

9

2017 Level of Need for Youth in CST's at Discharge (N=482)



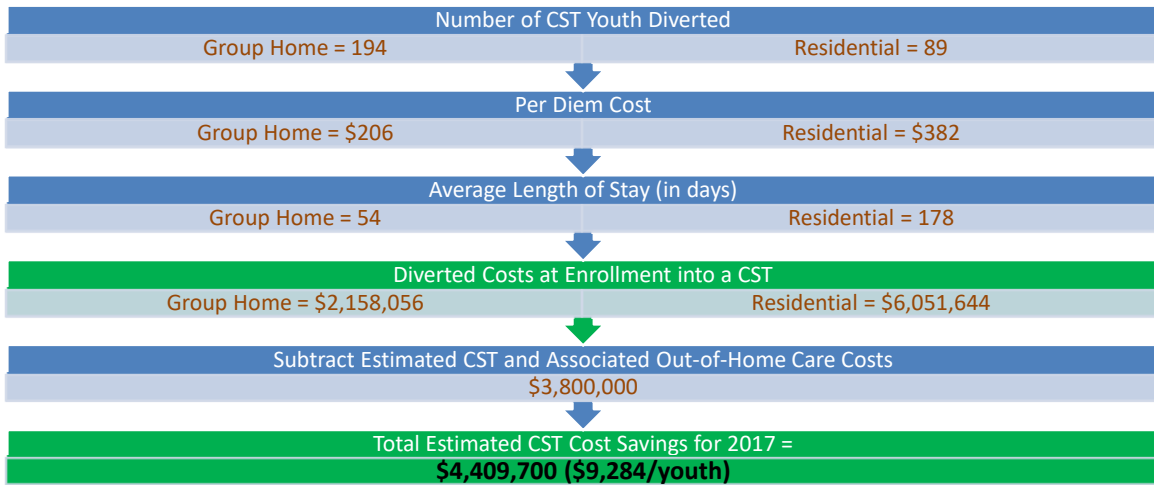
□ Levels 1-2: Community Care (Regular Foster Care)

■ Levels 3-4: Group Home

■ Levels 5-6: Residential Care Center

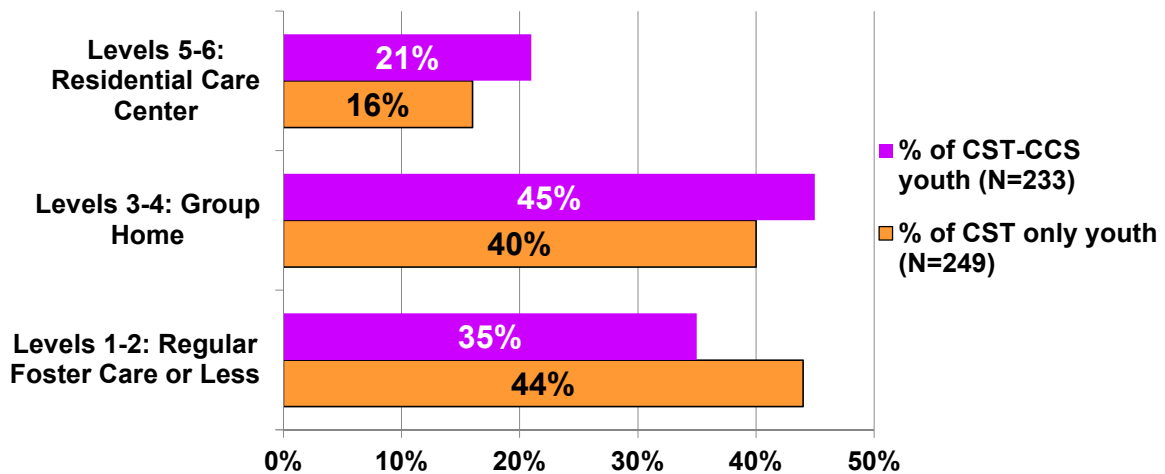
10

Estimated Costs Diverted Due to CST Enrollment in 2017 (N=475)



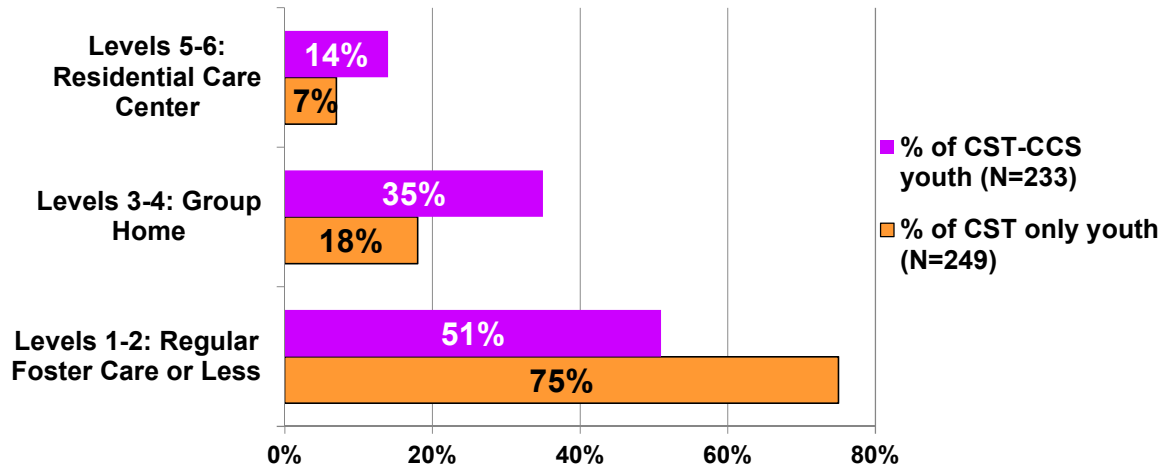
11

2017 Level of Need for Youth in CST/CCS at Enrollment



12

2017 Level of Need for Youth in CST/CCS at Discharge



13

La Crosse County CCS/CST

- Emily McGonigle, LMFT Clinical Supervisor
- Ryan Ross, LCSW Mental Health Professional

14

La Crosse County Change Process

- History: From 2012-2015, average of 44% of consumers meeting treatment objectives
- 2016: Focused on improving measurability of service plans
 - ◆ Reduced to one or two SMART treatment objectives for each consumer
 - ◆ Began training staff on CST model late summer

15

Existing Process

Excel spreadsheet to track outcomes

| name | plan due date | # of goals | # of Obj | Met | Not Met | number of not met due to no doc | notes |
|--------|---------------|--------------|----------|-----|---------|---------------------------------------|-------|
| "Alex" | 01/18/13 | 4 | 7 | 4 | 3 | | |
| "Sam" | 01/31/13 | 2 | 4 | 0 | 4 | | |
| | | | | | | | |
| | | | | | | | |
| | | TOTAL | 195 | 74 | 121 | 18 | |
| | | | | 38% | 62% | 15% | |

16

“Past Plan Summary”

| |
|--------------------|
| Strengths |
| Challenges |
| Discharge Planning |
| Past Plan Summary |

<< **Strengths:** What are the consumer’s strengths to promote recovery and independent functioning? Consider character strengths, operational strengths, capacities, supports, etc.

<< **Challenges:** What are the barriers limiting the consumer from independent functioning? How is mental health or substance use impacting their abilities?

<< **Discharge Planning:** How will the consumer/team know they are ready for discharge from CCS? Consider using scaling questions: 0-10, 10 being the best, how would you describe a 10?

<< **Past Plan Summary:** Review each goal and treatment objective and indicate if it was MET or NOT MET. Provide brief description of how the team determined this (for example, how did you measure, what did you observe, etc.). If not met, share gains made and identify barriers to address in future plan.

17

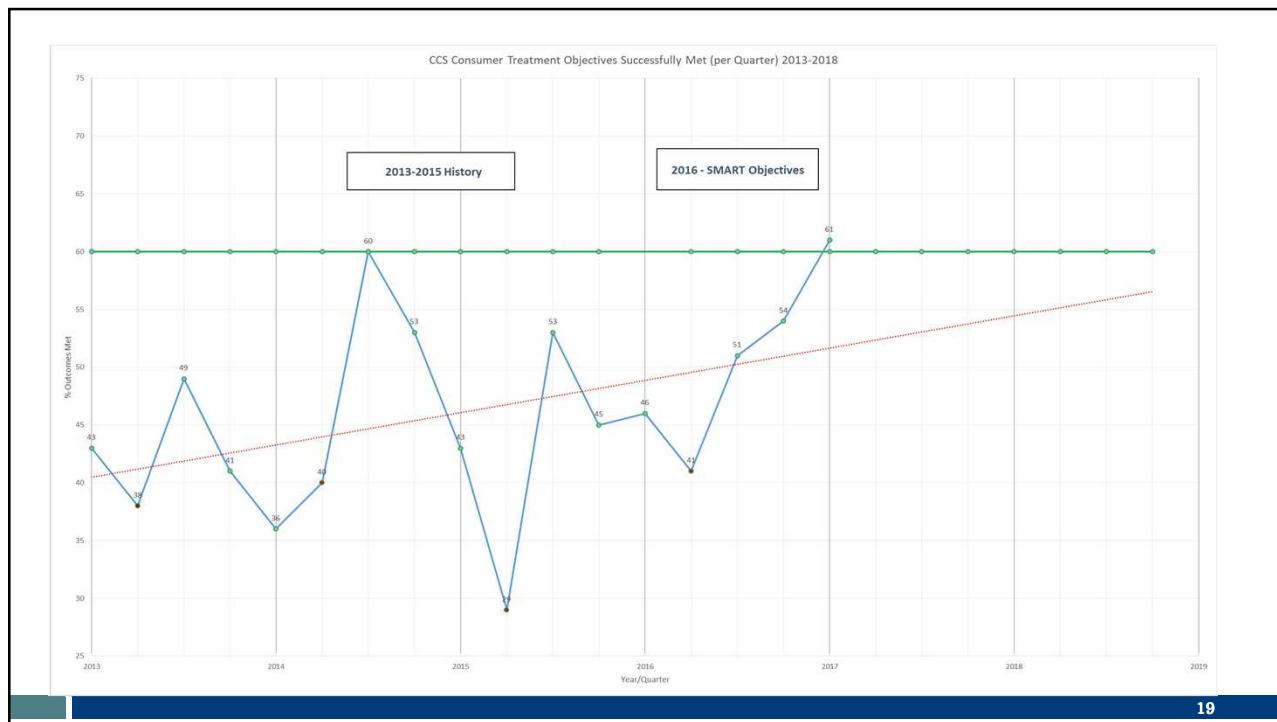
SMART

- **Specific**
- **Measurable**
- **Attainable**
- **Relevant**
- **Time Bound**

Example SMART Template

Consumer will increase _____ (*specific behavior*)
from # times a day/week/month (*how is it right now - baseline*)
to # times a day/week/month (*what will it look like? - target*)
as reported/evidenced by _____ (*self, team, sticker chart, etc.*)

18



Change Process

- 2012-2015 – Average of 44% of consumers meeting treatment objectives
- 2016 – Focused on improving measurability of service plans
- 2017 – Focused on how to best carry out service plans
 - ◆ Promising practice of integrating CST model with youth and adult consumers
 - ◆ All service facilitators CANS certified
 - ◆ CST meetings held monthly with support teams

CCS and CST: How They Work Together

- CCS program provides standards to meet within service provision by statutes.
- CST provides a practical framework to help meet these standards.

21

CCS and CST: How They Work Together

Example: Assessment

- ◆ CCS requires a comprehensive assessment to adequately address domains of functioning (social network, family relationships, mental health, trauma, etc.).
- ◆ CST provides a standard assessment format through a reliable rating tool .
 - CANS – Child and Adolescent Needs and Strengths
 - ANSA – Adult Needs and Strengths Assessment

22

CCS and CST: How They Work Together

Example: Service Plan Review

- ◆ CCS requires a recovery team to meet regularly (at least every 6 months) to review and update progress on the service plan.
- ◆ CST provides a framework and structure for monthly team meeting reviews.

Using CANS to Assess Needs and Strengths and Track Progress

**WISCONSIN COORDINATED SERVICES TEAM (CST) INITIATIVE
COMPREHENSIVE CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS)**

| | | | | |
|--------------------|---------------------------|-----------------|-------------------|--|
| Name – Child/Youth | | DOB | Court File Number | |
| Effective Date | Age at Time of Assessment | Assessment Type | Current Caregiver | |

NEEDS ITEM RATING SCALE
 0 = No Evidence of Problems No Action Needed
 1 = Mild Problems Let's watch/try to prevent
 2 = Moderate Problems Action needed
 3 = Severe Problems --- Immediate/Intensive Action Needed

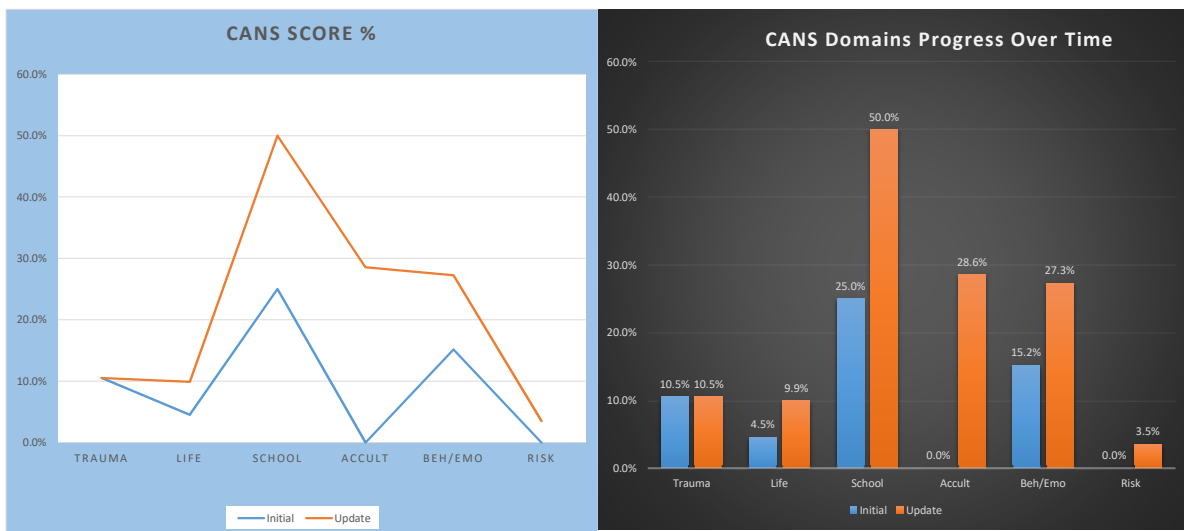
| | 0 | 1 | 2 | 3 |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| TRAUMA | | | | |
| 1. Sexual Abuse | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Emotional Closeness to Perpetrator | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Frequency of Abuse | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Duration | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Force | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Reaction to Disclosure | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Physical Abuse | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Neglect | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Emotional Abuse | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Medical Trauma | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Natural Disaster | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Witness to Family Violence | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Witness to Community Violence | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Witness/Victim - Criminal Acts | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Adjustment to Trauma | | | | |
| 10. Adjustment to Trauma | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Traumatic Grief/Separation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Intrusions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Attachment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Dissociation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| LIFE FUNCTIONING | | | | |
| 15. Family - Nuclear | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Family - Extended | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SCHOOL | | | | |
| 31. Attendance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 32. Behavior | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 33. Achievement | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 34. Relation with Teachers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CHILD/YOUTH & FAMILY ACCULTURATION | | | | |
| 35. Language | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 36. Identity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 37. Ritual | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 38. Cultural Stress | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 39. Knowledge Congruence | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 40. Help seeking Congruence | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 41. Expression of Distress | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CHILD/YOUTH BEHAVIORAL/EMOTIONAL NEEDS | | | | |
| 42. Psychosis | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 43. Impulse/Hyperactivity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 44. Depression | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 45. Anxiety | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 46. Oppositional | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 47. Conduct | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 48. Anger Control | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 49. Substance Use | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 50. Sexualization | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Using CANS: CANS Comprehensive

| CHILD/YOUTH BEHAVIORAL/EMOTIONAL NEEDS | | | | |
|---|--|--------------------------|--|---------|
| Please rate the highest level from <u>the past 30 days</u> . | | | | |
| Rating Hint: any confirmed behavioral/emotional mental health diagnosis is rated at minimum as a '2' | | | | |
| Diagnoses: | | Diagnosing Practitioner: | | |
| Sources of Information: | | | | 0 1 2 3 |
| CANS 42: Psychosis. Does your child talk about hearing, seeing or feeling something that you do not believe was actually there? Does your child do strange or bizarre things of which you could make no sense? Does your child have strange beliefs about things? Has anyone told you that your child has a thought disorder or a psychotic condition? | | | | 0 1 2 3 |
| Notes: | | | | |
| CANS 43: Impulsivity/Hyperactivity. Is your child able to sit still for any length of time? Does he/she have trouble paying attention for more than a few minutes? Is your child able to regulate/control him/herself? | | | | 0 1 2 3 |
| Notes: | | | | |
| CANS 44: Depression. Do you think your child is depressed or irritable? Has he/she withdrawn from normal activities? Does your child seem lonely or not interested in others? | | | | 0 1 2 3 |
| Notes: | | | | |
| CANS 45: Anxiety. Does your child have any problems with anxiety or fearfulness? Is s/he avoiding normal activities out of fear? Does your child act frightened or afraid? Does your child worry a lot? | | | | 0 1 2 3 |
| Notes: | | | | |
| CANS 46: Oppositional Behavior. Does your child typically refuse to do what adults tell him/her to do? If so, has this behavior affected your child's situation at home, school, or in the community? Has your child's defiant behavior ever caused emotional or physical harm to others? | | | | 0 1 2 3 |
| Notes: | | | | |

25

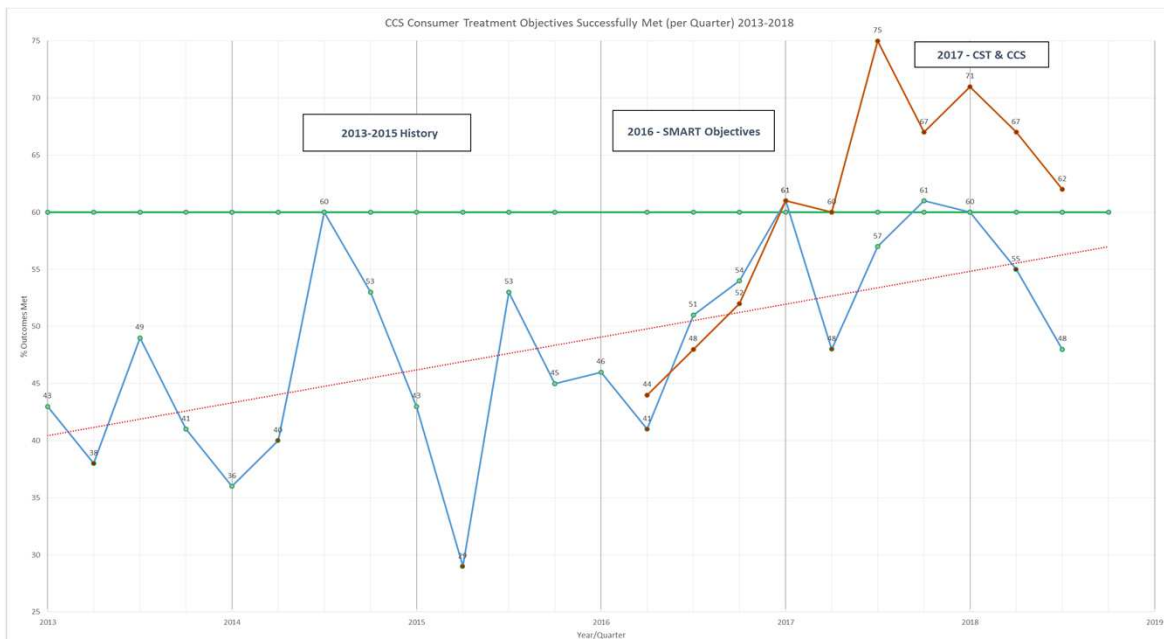
CANS Individual Scoresheet



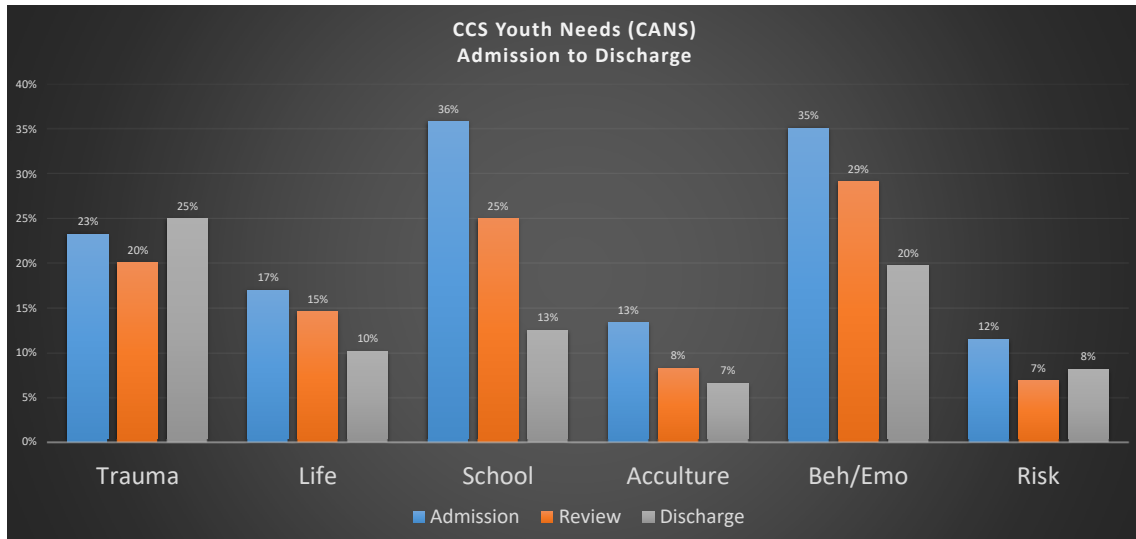
26

CANS and Level of Need (LON)

| Level of Need | Suggested Clinical Services Descriptions | Placement Equivalent (CPS/JJ) |
|---------------|--|---|
| LON 1 | >> Youth & Family do not qualify for CCS at this level. Youth and Family may benefit from accessing natural and community supports. Family may explore individual and/or family therapy through primary insurance for additional support | >> Family Home. Child specific regular foster home/kin home/family friend. |
| LON 2 | >> Youth & Family may not qualify for CCS at this level. Youth and Family may benefit from individual and/or family therapy through primary insurance and accessing natural and community supports. If enrolled in CCS, develop discharge/transition plan. | >> Family Home. Child specific regular foster home/kin home/family friend. |
| LON 3 | >> Youth & Families at this level may benefit from individual and/or family therapy with basic skills development 1-2 times a week and wellness and recovery support services to develop natural support network and maintain therapeutic gains. 1 treatment coordination meeting per month is recommended for continuity of care. | >> Family Home. Experienced Basic Foster Home |
| LON 4 | >> Youth & Families at this level may benefit from weekly specialized individual and/or family therapy with skills development services multiple times per week to practice therapeutic skills in the home and community settings. Treatment coordination meetings should occur at least once per month for continuity of care. | >> Family Home. Treatment Foster Care; Group Home |
| LON 5 | >> Youth & Families at this level may benefit from specialized individual and family therapy at least weekly with skills development services near daily to practice therapeutic skills in the home and community settings. Treatment coordination meetings should occur at least bi-weekly for continuity of care. | >> Family Home. Experienced Treatment Foster Care; Residential Care Center (possibly) |
| LON 6 | >> Youth & Families at this level of need generally require an exceptional level of treatment often provided by a residential facility. Youth & Family may need near constant daily therapeutic supports. Treatment coordination meetings should occur at least once per week for continuity of care. | >> Residential Care Center; Exceptional Treatment Foster Care |



Tracking 2017 CANS Outcomes



29

Fiscal Impact of 2017 CANS

| CANS Level of Need | # of Consumers | 2017 Avg Cost of Care | Anticipated Cost | # in Placement | Diversion of Costs |
|--|----------------|-----------------------|------------------|----------------|---------------------|
| (1) Family/Community Support | 1 | | | | |
| (2) General Outpatient; Family/Kin Care | 20 | | | | |
| (3) Coordinated Outpatient; Foster Care | 26 | \$ 6,816 | \$ 177,216 | 14 | \$ 81,792 |
| (4) Specialized Outpatient; TFC/GH | 5 | \$ 132,549 | \$ 662,745 | 0 | \$ 662,745 |
| (5) Intensive Outpatient; Residential Care | 1 | \$ 75,827 | \$ 75,827 | 0 | \$ 75,827 |
| (6) Exceptional OP/Inpatient; 24-hour Care | 8 | \$ 44,280 | \$ 354,240 | 0 | \$ 354,240 |
| | | | | | <u>\$ 1,174,604</u> |

CANS Level of Need Scores can help provide general guidance to the intensity of services needed for consumers within the program.

2017 Cost of Care per individual is based upon Average Cost of Care x Average Length of Stay as publically reported by La Crosse County Children and Family Services. LON 6 is based upon Winnebago Mental Health Institute average reported costs after 60% Medicaid reimbursement.

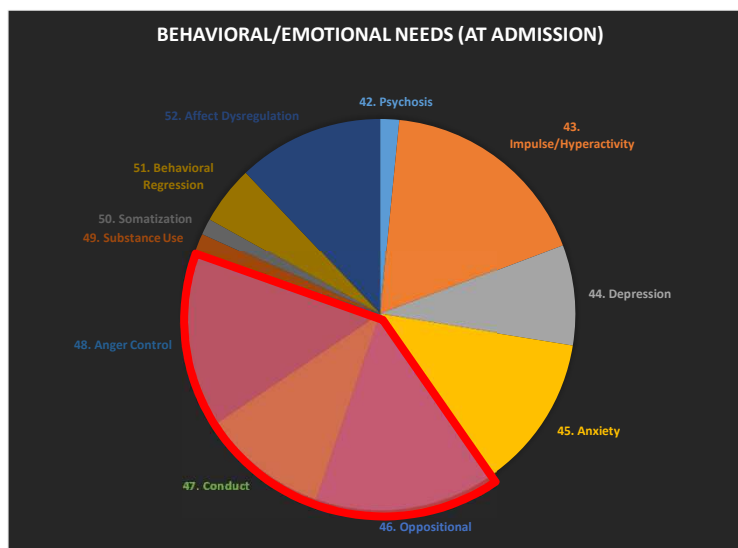
30

Change Process: Looking Ahead

- 2012-2015: Average of 44% of consumers meeting treatment objectives
- 2016: Focused on improving measurability of service plans (SMART)
- 2017: Focused on how to best carry out service plans (CCS and CST)
- 2018: Focused on coordinating service teams and service delivery
 - ◆ CANS completed as part of every CCS assessment (initial and annual reviews)
 - ◆ Using CANS to collaboratively write CCS service plans with community providers and partners
 - ◆ Pilot group testing Adult Needs and Strengths Assessment (ANSA)

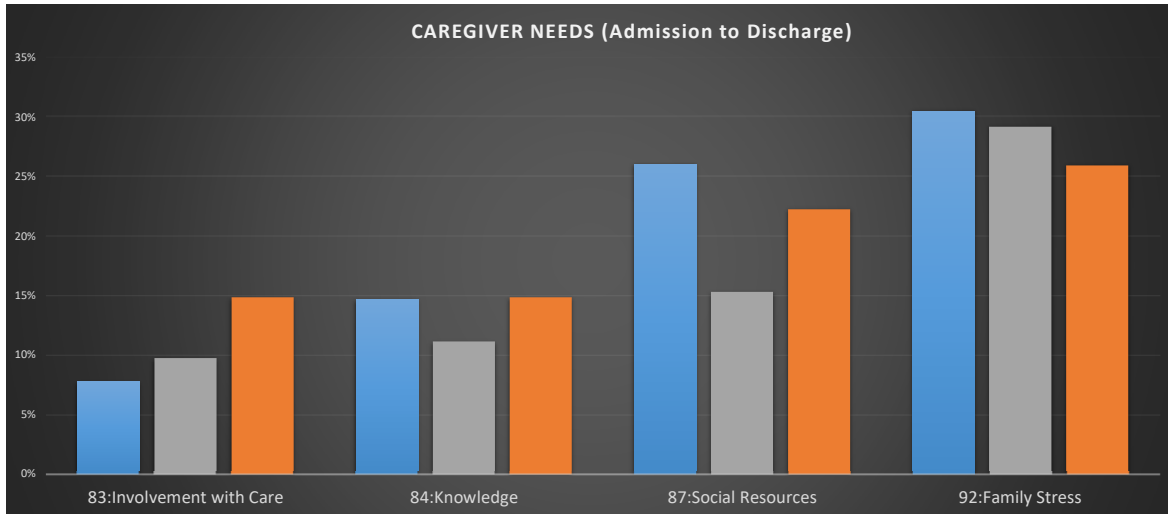
31

Using CANS Data to Guide Services



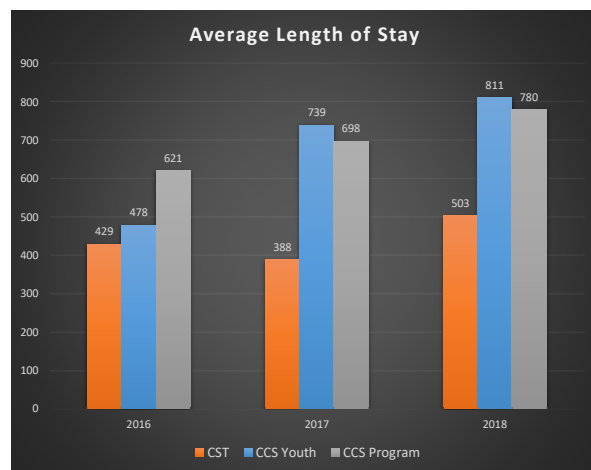
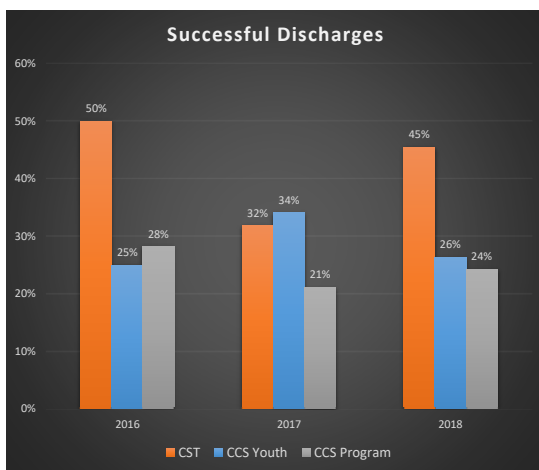
32

Using CANS Data to Improve Services



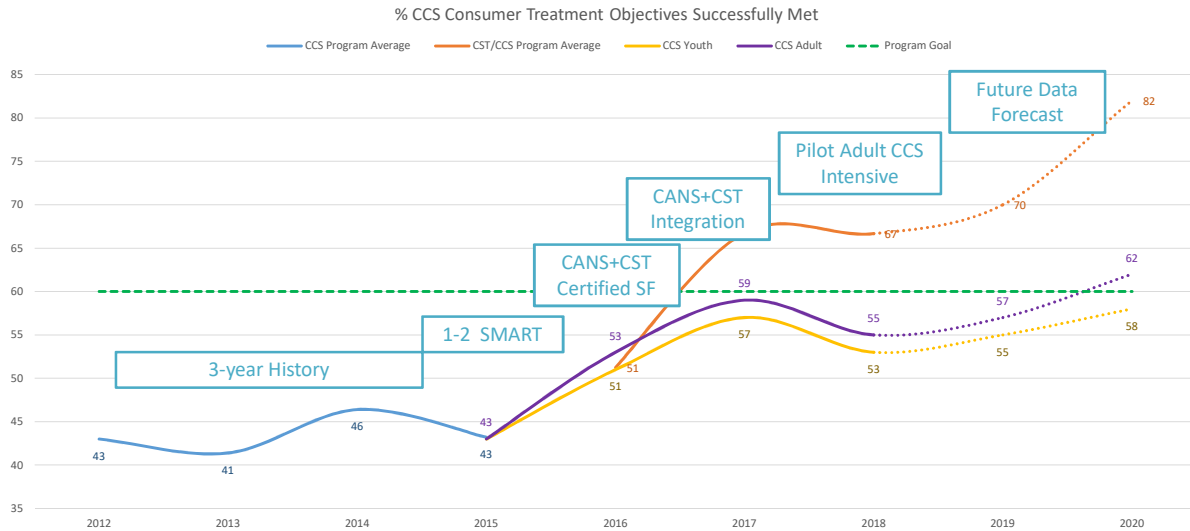
33

CST and CCS Discharge Data



34

Data Outcome Trends and Looking Ahead



35

Contact Information

- Emily McGonigle, emcgonigle@lacrossecounty.org
- Ryan Ross, rross@lacrossecounty.org
- Tim Connor, tim.connor@dhs.wisconsin.gov

36