



**A12 Integrating Transformational
Collaborative Outcomes Management
(TCOM) into the Child and Family Team
Process, Part 1**

Wednesday, June 13, 2018 10:30 a.m. - 12:00 p.m.

**B12 Integrating Transformational
Collaborative Outcomes Management
(TCOM) into the Child and Family Team
Process, Part 2**

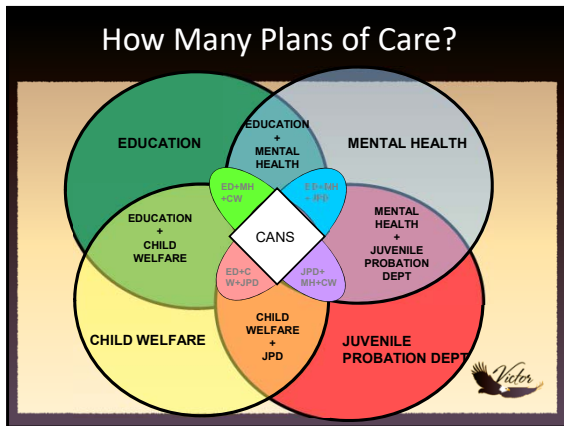
Wednesday, June 13, 2018 1:30 - 3:00 p.m.

Janis Graybill, Rebekah Cox

Salon 6

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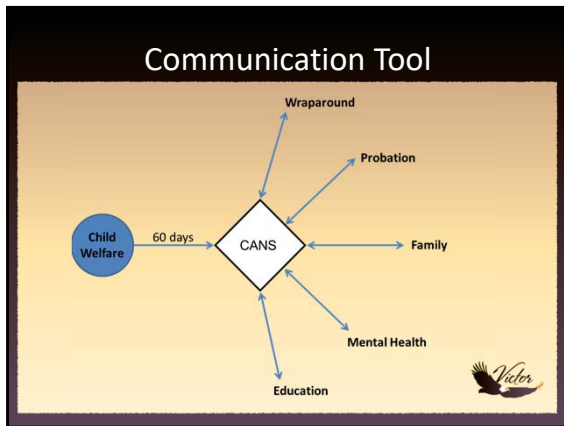


Why TCOM?

	Family & Youth	Program	System
Decision Support	Care Planning Effective Practices EBP's	Eligibility Step down	Resource Management Right Sizing
Outcome Monitoring	Service Transitions & Celebrations	Evaluation	Performance Contracting/ Provider Profiles
Quality Improvement	Case Management & Supervision	Accreditation CQI/QA Program redesign	Transformation Business Model Design

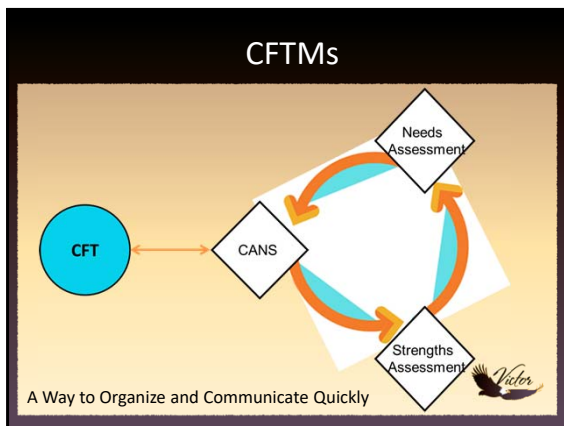
Transformational Collaborative Outcomes Measurement Lyons (2006)

- ### The Basics of CANS
1. Intended to be used as a **COMMUNICATION** tool across providers
 2. A **DECISION SUPPORT TOOL** to assist in the planning process. Whether you call it a treatment plan, care plan, service plan, individual education plan, crisis plan, or plan of care, this plan is informed by relevant information about the person and or family
 3. To **MONITOR** changes/transformations in the families we serve, at individual level, program level, system level



- ### How is CANS Used?
- **Child and Family Team Meetings**
 - Interdisciplinary Team Meetings
 - Supervision
 - Outcomes Monitoring
-

- ### CFTMs
- Has there ever been a time when your Child and Family Team disagreed?
 - What have we learned?
-



Treatment Planning

- Needs:
 - 0 = No Need Identified
 - 1 = History of, or Watch
 - 2 = Actionable Need
 - 3 = Immediate Need

Treatment Planning

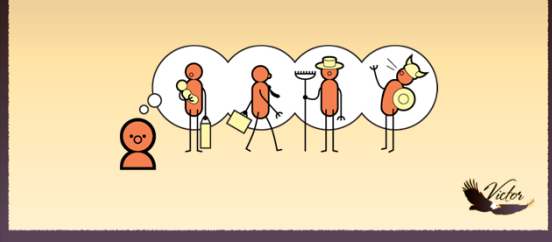
- Review Actionable Needs (2's and 3's)
- Prioritize items:
 - a. safety first
 - b. Look at immediate needs
 - c. Do certain needs drive others?
 - d Look for pattern of items (constellation of needs)

Prioritizing Needs-Practice

CHILD BEHAVIORAL/EMOTIONAL NEEDS				
	0	1	2	3
1. Psychosis (Thought Disorder)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Impulsivity/Hyperactivity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Oppositional	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Conduct	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Anger Control	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Substance Use	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Adjustment to Trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

LIFE DOMAIN FUNCTIONING				
	0	1	2	3
10. Family Functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
11. Living Situation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
12. Social Functioning	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13. Developmental/Intellectual	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Decision-Making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15. School Behavior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. School Achievement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. School Attendance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Medical/Physical	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Sexual Development	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Sleep	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Utilization of CANS with Various of Roles



Utilizing CANS in Your CFT Agenda

- What's Working
- Strengths
- Needs
- Goals
- Ideas and Brainstorming
- Action Items




Thank You!

- Questions?



Helping Others Soar



TCOM and WRAP Part 2


Supervision and Outcomes Management

Purpose

- Demonstrate how TCOM is a useful tool for supervision and outcome management




	Family & Youth	Program	System
Decision Support	Care Planning Effective Practices EBP's	Eligibility Step down	Resource Management Right Sizing
Outcome Monitoring	Service Transitions & Celebrations	Evaluation	Performance Contracting/ Provider Profiles
Quality Improvement	Case Management & Supervision	Accreditation CQI/QA Program redesign	Transformation Business Model Design



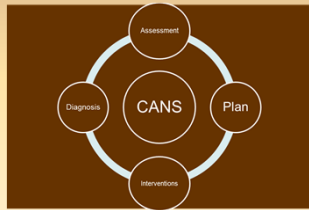
Using CANS in Supervision

1. Supervisors review and approve all completed CANS
2. Supervisors should ensure the CANS data is reflected in **plans for treatment** and/or client documentation
3. Supervisor and Direct Service Providers meet regularly to evaluate progress of the client
4. Using the CANS as a supervision tool to determine if current therapeutic strategies are working, need to be reduced or an increase in services is necessary



CANS in Treatment Planning

CANS Supervision Square



Functional Impairments:

Diagnosis:

Notes:

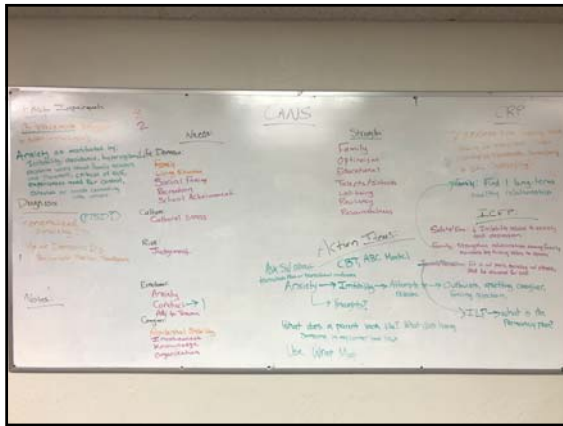
CANS Scores:

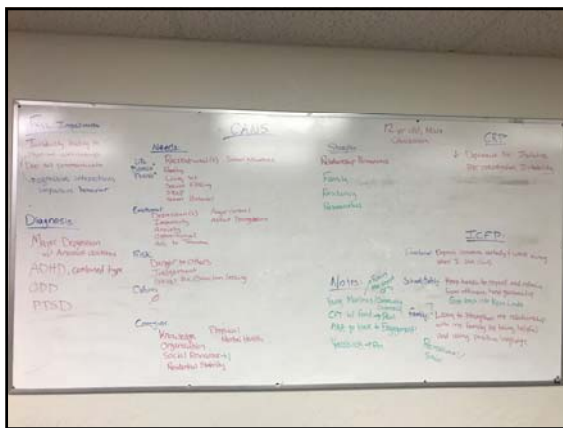
Needs (2/3) Strengths (0/1)

Client Recovery Plan:

Life Domain Goals:

Action Items:






CANS in Evaluating Progress

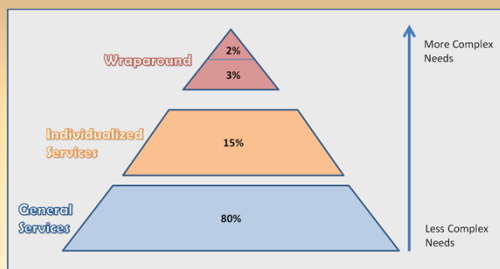
Life Domain Functioning				
2	Family	2	2	1
3	Living Situation	2	2	2
4	Social Functioning	2	2	2
5	Recreational	2	2	2

Child/Youth Strengths				
16	Family	2	2	1
17	Interpersonal	2	2	1
18	Optimism	2	2	2
19	Educational	2	2	1



Level of Care Justification and Planning

Look at number of Action Items



Drive Practice and EBPs

Look for patterns/constellations of needs

- Are we treating the right things?
- Are we equipped with Evidenced Based Practices to target the right needs or can we get them on the team?



Using CANS for Outcomes and Program Management

- Staff training and expertise
 - Program strengths and areas for improvement
- Improving Data Entry
 - Need accurate data to track meaningful outcomes
- Integrating TCOM with other tools and measures



Staff Training and Expertise

Look for patterns:

- What do we treat most often?
- What are we good at treating?
- Where are we not seeing improvement?
- Are teams/clinicians over or under-reporting certain items?



Staff Training and Expertise

	Total	Presenting	Presenting	Resolved	Improved	Transition	Net Gain
	Clients with Initial % 2 or 3 at Initial Total Initials	% 2 or 3 at Initial Total Discharged	% 2 or 3 at Initial Total Discharged with <1	% 2 or 3 at Initial Total Discharged with Lower Score	% 2 or 3 at Initial Total Discharged with 2, 3	% 2 or 3 at Initial Total Discharged with 2, 3	(#Wins - #Losses) / #Wins
All RUs							
Life Domain Functioning							
Family	59	97% (57/59)	84% (26/31)	88% (23/26)	88% (23/26)	11% (4/31)	84%
Living Situation	59	81% (48/59)	92% (28/31)	71% (22/28)	73% (22/28)	26% (8/31)	67%
Social Functioning	59	88% (52/59)	81% (25/31)	84% (21/25)	100% (25/25)	13% (4/31)	83%
Recreational	59	69% (41/59)	68% (21/31)	68% (10/21)	71% (15/21)	38% (11/31)	47%
Developmental	59	3% (2/59)	6% (2/31)	50% (1/2)	50% (1/2)	2% (1/31)	50%
Job Functioning	2	0% (0/2)	N/A	N/A	N/A	N/A	N/A
Legal	59	10% (6/59)	3% (1/31)	100% (1/1)	100% (1/1)	0% (0/31)	100%
Medical	59	2% (1/59)	2% (1/31)	100% (1/1)	100% (1/1)	0% (0/31)	100%
Physical	59	0% (0/59)	0% (0/31)	N/A	N/A	0% (0/31)	N/A
Sexuality	59	17% (10/59)	35% (10/31)	100% (5/5)	100% (5/5)	0% (0/31)	100%
Sleep	59	69% (41/59)	81% (18/31)	95% (18/19)	100% (18/19)	2% (1/31)	94%



Improving Data Entry

Are we inputting on time and accurately?

CHILD BEHAVIORAL/EMOTIONAL NEEDS					LIFE DOMAIN FUNCTIONING				
0 = No evidence 1 = History or suspicion, monitor 2 = Interferes with functioning; 3 = Debilitating, dangerous, immediate or intensive action needed					0 = No evidence 1 = History or suspicion, monitor 2 = Interferes with functioning; 3 = Debilitating, dangerous, immediate or intensive action needed				
	0	1	2	3		0	1	2	3
1. Psychosis (Thought Disorder)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Family Functioning	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Impulsivity/Hyperactivity	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11. Living Situation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12. Social Functioning	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Anxiety	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Developmental/Intellectual	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Oppositional	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. Decision-Making	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Conduct	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. School Behavior	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Anger Control	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16. School Achievement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Substance Use	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17. School Attendance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Adjustment to Trauma	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18. Medical/Physical	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					19. Sexual Development	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					20. Sleep	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Improving Data Entry

CULTURAL FACTORS				
0=no evidence	1=history or suspicion; monitor			
2=interferes with functioning; action needed	3=disabling, dangerous; immediate or intensive action needed			
	0	1	2	3
29. Language	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Traditions and Rituals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Cultural Stress	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Identifying Program or System Needs

- Are concerns unique to one staff? Or a pattern throughout the program?
- Are policies and program structure supporting accurate data collection?
- Are policies and program structure supporting good outcomes?



Integrating TCOM with other Measures

- WFI (Fidelity vs. Outcomes)
- Medi-Cal Data
 - Dosage
 - Frequency
 - Gaps in Service
 - Diagnosis Information
- Demographics
- Completion of Wraparound Goals



Positive Impact on Outcomes



Victor

Where are we Going in CA

- State mandates
 - California adopted CANS Core 50
 - Everyone will be using 2019
 - Integrated into CFTs
 - Looking to add Trauma Indicators
 - Certification vs. Implementation
 - Continually evolving process

Victor

Child's Name:		DOB:	Gender:	Race/Ethnicity:
Caregiver(s):		Form Status:	<input type="checkbox"/> Initial <input type="checkbox"/> Reassessment <input type="checkbox"/> Discharge	
		Case Name:		
		Case Number:		
Assessor:		Date of Assessment (dd/mm/yyyy)		

CHILD BEHAVIORAL/EMOTIONAL NEEDS					
0=no evidence	1=history or suspicion; monitor				
2=interferes with functioning; action needed	3=disabling, dangerous; immediate or intensive action needed				
	0	1	2	3	
1. Psychosis (Thought Disorder)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Impulsivity/Hyperactivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Oppositional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Anger Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Substance Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Adjustment to Trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

LIFE DOMAIN FUNCTIONING					
0=no evidence	1=history or suspicion; monitor				
2=interferes with functioning; action needed	3=disabling, dangerous; immediate or intensive action needed				
	0	1	2	3	
10. Family Functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Living Situation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Social Functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Developmental/Intellectual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Decision-Making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. School Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. School Achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. School Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18. Medical/Physical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19. Sexual Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20. Sleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

RISK BEHAVIORS					
0=no evidence	1=history or suspicion; monitor				
2=interferes with functioning; action needed	3=disabling, dangerous; immediate or intensive action needed				
	0	1	2	3	
21. Suicide Risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22. Non-Suicidal Self-Injurious Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23. Other Self-Harm (Recklessness)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24. Danger to Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25. Sexual Aggression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
26. Delinquent Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27. Runaway	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
28. Intentional Misbehavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

CULTURAL FACTORS					
0=no evidence	1=history or suspicion; monitor				
2=interferes with functioning; action needed	3=disabling, dangerous; immediate or intensive action needed				
	0	1	2	3	
29. Language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
30. Traditions and Rituals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
31. Cultural Stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

STRENGTHS DOMAIN					
0=Centerpiece strength	1=Useful strength				
2=Identified strength	3=No evidence				
	0	1	2	3	
32. Family Strengths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
33. Interpersonal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
34. Educational Setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
35. Talents/Interests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
36. Spiritual/Religious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
37. Cultural Identity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
38. Community Life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
39. Natural Supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
40. Resiliency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

CAREGIVER RESOURCES AND NEEDS					
A. Caregiver Name:					
0=no evidence	1=history or suspicion; monitor				
2=interferes with functioning; action needed	3=disabling, dangerous; immediate or intensive action needed				
	0	1	2	3	
41a. Supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
42a. Involvement with Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
43a. Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
44a. Social Resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
45a. Residential Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
46a. Medical/Physical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
47a. Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
48a. Substance Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
49a. Developmental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
50a. Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

☐ Youth has no known caregiver. Skip Caregiver Resources and Needs Domain.