

Transformational Collaborative Outcomes Management & CANS-NY for NYS Health Homes Serving Children

Part #1
Virtual Live Training To Prepare For Certification

Presented by
TBD



Introductions

&

Tech
Coaching



CANS-NY Live-Streamed Virtual Training Agenda

Today: Part #1

- TCOM & the Journey Through Care
- Working with the Action Levels of the CANS-NY
- Six Key Principles of a Communimetric Tool
- The CANS-NY: Structure, Domains, Items

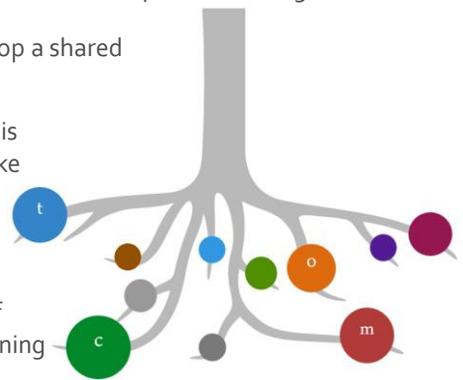
After Today

- *Self-directed learning on tcomtraining.com*
- Part #2: Small Group Rating Practice
- *Self-directed learning on tcomtraining.com*
- Part #3: Care Planning with the CANS-NY, Achieving Reliability, and Getting Support

TCOM: Engineering Personal Change

Transformational Collaborative Outcomes Management

- **Transformational:** Our work is focused on personal change.
- **Collaborative:** We must develop a shared understanding and vision.
- **Outcomes:** What we measure is relevant to the decisions we make about the strategies and interventions we use.
- **Management:** Information gathered is used in all aspects of managing the system from planning for individuals and families, to supervision, and program/system operations.



TCOM: The Journey Through Care



Information from TCOM tools such as the CANS-NY are designed to follow the course of the child/youth and family from system engagement to goal attainment and transition. Person-centered information is used to support decision-making at every level of the system.

TCOM: Youth & Family Needs and Strengths Guide Decisions

	Client & Family	Program	System
Decision Support	Care Planning Effective Practices EBPs Appropriate Hospitalization	Eligibility Step-down	Resource Management Right-Sizing
Outcome Monitoring	Service Transitions and Celebrations	Evaluation	Provider Profiles/Performance Contracting
Quality Improvement	Care Management Integrated Care Supervision	CQI/QA Accreditation Program Redesign	Transformation Business Model Design

TCOM Strategy



The CANS-NY is part of a suite of tools that are used as a strategy for:

- organizing information
- improving communication
- building consensus in an integrated, collaborative and transparent service context

Collaborative and Consensus Based

Tools such as the CANS are to be completed as part of a group process with core stakeholders. Multiple points of view are represented, and consensus on the level of action needed to address each identified need, useful strength and strength to build leads to a clear, mutually agreeable action plan.



Action Levels

Description & Action

- **Strength:** A characteristic of an individual in an environment, or an external factor, that provides the individual meaning and wellbeing.
 - **Need:** A characteristic of an individual in an environment that could benefit from external support.
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- The action levels serve as **both** a description of the strength/need and as a communication of the action.



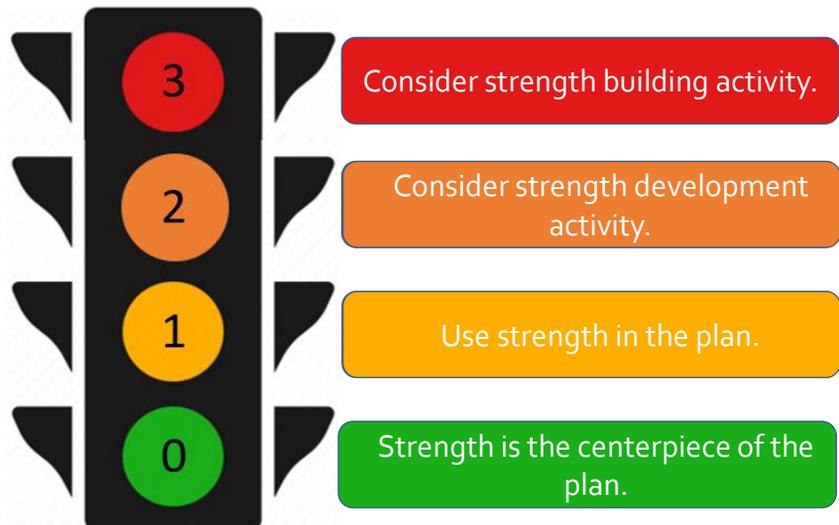
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Strength Action Levels

Description and Action



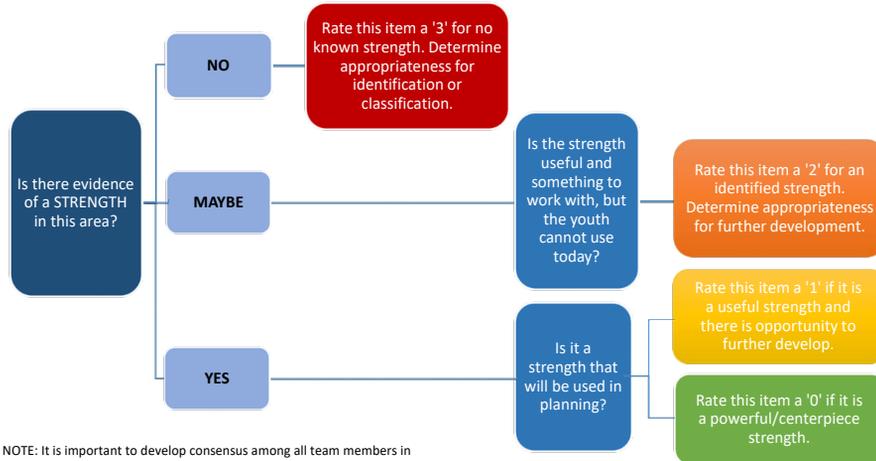
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ASSESSING FOR STRENGTHS

Decision of whether or not information represents a STRENGTH



NOTE: It is important to develop consensus among all team members in identifying the youth's strengths and in determining the item's action level.

Assessing for Strengths Example: Kim

Kim and her Mom have lived in the same neighborhood since she was two. They know all the neighbors well. When Mom is at work, neighbors help by getting Kim off the bus, feeding her a snack, and helping her with schoolwork.

Kim has become particularly close to an elderly woman next door. Kim calls her "Grandma," and has dinner with her neighbor most Friday nights. Both Kim and her Mom describe Kim's relationship with her neighbor as a "saving grace" when times are tough.

Do Kim's relationships with adults in her neighborhood support her healthy development?

Strengths provide meaning, well-being and support healthy development.

What action level applies?

Can you use this strength as a foundational component of your Plan of Care?

Need Action Levels

Need Action Levels

Description and Action



3
Immediate or intensive action needed.

2
Action / intervention needed.

1
Waiting and watching, or collect more information

0
No action needed.

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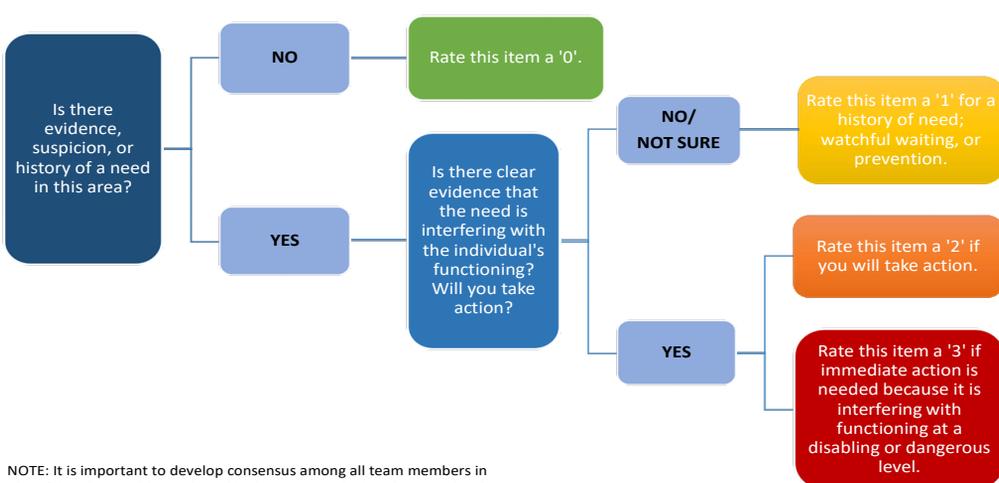
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ASSESSING FOR NEEDS

Decision of whether or not information represents a NEED



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graph TD
    Q1[Is there evidence, suspicion, or history of a need in this area?] -- NO --> R0[Rate this item a '0'.]
    Q1 -- YES --> Q2[Is there clear evidence that the need is interfering with the individual's functioning? Will you take action?]
    Q2 -- NO/NOT SURE --> R1[Rate this item a '1' for a history of need; watchful waiting, or prevention.]
    Q2 -- YES --> R2[Rate this item a '2' if you will take action.]
    Q2 -- YES --> R3[Rate this item a '3' if immediate action is needed because it is interfering with functioning at a disabling or dangerous level.]
    
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NOTE: It is important to develop consensus among all team members in identifying the youth's needs and in determining the item's action level.

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Assessing for Needs Example: Shawn

Shawn's parents worry that he is not getting enough sleep at night because of playing video games with his friends. Shawn agrees.

Shawn reports that he is very tired at school, and that his grades are slipping in one course because it is scheduled for early morning, when he is the most tired.

Shawn says he catches up on sleep every weekend, and that other schoolwork and activities are going well.



6 Key Principles of the CANS-NY



- 01 Items are selected because they are relevant to service/case planning.
- 02 Each item uses a 4-item rating scale that translates into action.
- 03 Rating should describe child/youth, not the child/youth in services.
- 04 Consider culture and development before determining ratings.
- 05 The ratings are agnostic as to etiology; it's about the *What*, not the *Why*.
- 06 Use a 30-day window in considering what is relevant to children, youth and their families.

Key Principle #1

Items are included because they are relevant to planning.

A goal without a plan is only a dream.

Brian Tracy



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Key Principle #2

Each item is given one of four rating levels that translates into action.

Strength Action Levels

- 0 = Well developed, centerpiece strength. **Strength is the centerpiece of the plan.**
- 1 = Identified & Useful for planning. **Use strength in the plan.**
- 2 = Identified, but not yet useful for planning. **Consider strength development activity.**
- 3 = No strength identified. **Consider strength building activity.**

Need Action Levels

- 0 = No evidence of need. **No action.**
- 1 = Significant history of need, or a need not interfering with functioning. **Waiting & watching, or collect more information.**
- 2 = Need interferes with functioning. **Action.**
- 3 = Need is dangerous or disabling. **Immediate or intensive action.**



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Key Principle #3

Ratings should describe the child or youth, not the child or youth in services.

Example

Dolores is a 14-year-old that has had problems with peers, poor judgement, and has a history of running away. Dolores will break her curfew and sneak out of the home at night to hang out with friends. Dolores has been in a locked diagnostic unit (DU) in the community for 5 weeks as a result of a recent explosive incident in the home which resulted in her running away for the 3rd time in 2 months prior to arriving at the DU.



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Key Principle #4

Consider culture and development before determining ratings.

Culture Example

Sheila recently lost her grandmother unexpectedly. This was a big blow to her as she was very close to her grandmother, but she is using her faith to cope with her feelings of sadness and loss. She has spoken with her pastor at her church who has encouraged her to pray to hear grandmother in heaven and explained that in their faith the dead watch over us and can answer our prayers. When you meet with Sheila, she explains that she speaks with her grandmother each night before bed and still feels connect to her.



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Key Principle #4

Consider culture and development before determining ratings.

Development Example

Harrison is a developmentally on target 11-year-old boy who will throw tantrums when he does not get his way. This includes throwing things, hitting others and screaming at the top of his lungs. When you discuss these concerns with the caregiver she informs you that this behavior started when Harrison was 3. She asked the pediatrician about it at the time (when Harrison was 3) and he said not to worry about the behavior that it was a normal part of development and that Harrison will eventually grow out of it. Mom is not concerned about Harrison's behavior but the school is.



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Key Principle #5

The ratings are agnostic as to etiology; it's about the *What*, not the *Why*.

Example

Karissa, 16, was arrested 2 weeks ago after driving her mother home from a local store where she worked. Unbeknownst to Karissa, her mother had shoplifted several items and Karissa was implicated as an accomplice. Karissa's lawyer reports that the prosecutor does not intend to pursue charges, but they have not yet been dismissed.



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Key Principle # 6

Use a 30-day window in considering what is relevant to children, youth and their families.

Example

Joey's mom, Heather, has always been on top of managing the school schedules for her three children as well as her own work schedule. Next week Joey moves to a new middle school with a later start time. Heather cannot change her work schedule and is not sure how she will be able to get him to school now.

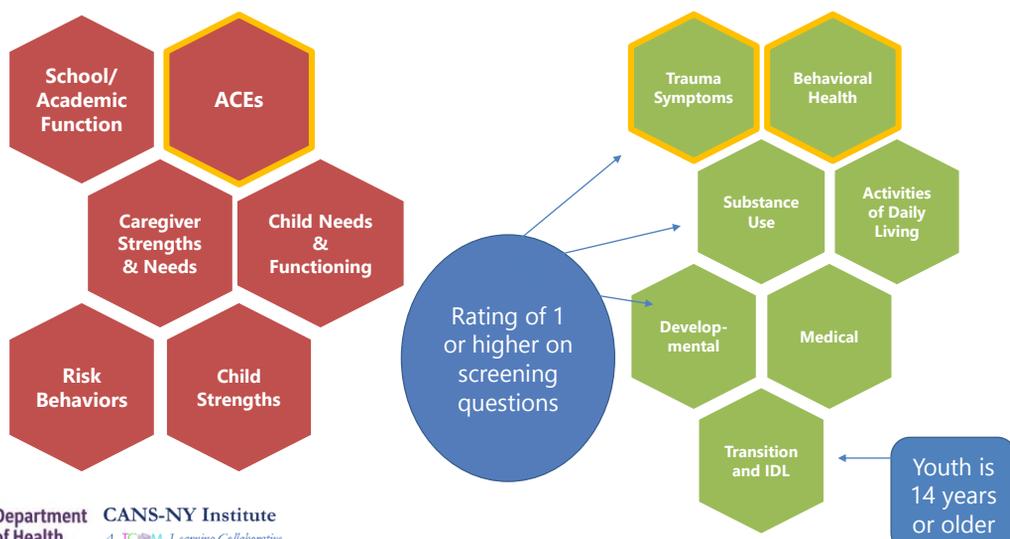


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CANS-NY 6-21: Domains & Modules



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Assessing Caregivers Using the CANS



Caregivers play a critical role in the development of every child. Understanding the caregivers' strengths and needs helps to build the entire picture of the youth's story .

Every caregiver is unique and should be rated as such. The UAS system allows care managers to enter individual ratings for up to 4 caregivers. What defines a caregiver?

Carefully consider important caregivers to rate:

- ✓ Children at home: Rate any parents or parental substitutes with a significant role in the child's life.
- ✓ Children in legal custody of parent but temporarily living elsewhere: Rate the parent.
- ✓ Children with unique needs: foster care = consider permanency goal to determine rating.

PERMANENCY GOAL

CHILD'S RESIDENCE	PERMANENCY GOAL			
	Reunification	Live with a relative	Pre-adoptive Parent(s) AND/OR Foster Parent(s)	Other Planned Living Arrangement
Foster Home	Parent(s) AND Foster Parent(s)	Parent(s)	Pre-adoptive Parent(s) AND/OR Foster Parent(s)	Foster Parent(s) and Parent(s), if still involved in child's care
Congregate Care	Parent(s)	Relative(s)	Pre-adoptive Parent(s) OR No Caregiver	No Caregiver

The UAS System allows care managers to rate up to four (4) unique caregivers.

Caregiver Strengths and Needs

- Physical Health
- Developmental
- Mental Health
- Substance Use
- Partner Relationship
- Caregiver Adjustment to Trauma
- Legal
- Acculturation/ Language
- Culture Stress
- Self-Care/Daily-Living
- Organization
- Supervision
- Resourcefulness
- Decision-Making
- Parenting Stress
- Housing Safety
- Residential Stability
- Financial Resources
- Safety from Others
- Informal Supports
- Cultural Differences within a Family
- Transportation of Child
- Knowledge of Condition
- Care/Treatment Involvement
- Knowledge Congruence
- Family Relationship to the System
- Accessibility to Child Care Services



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Action Overrides Anchor

Item Definition

	PARTNER RELATIONSHIP: <i>This item refers to the primary caregiver's intimate relationship with another adult. If married, this refers to the primary caregiver's husband or wife.</i>
0	Caregiver has a generally positive, partner relationship with another adult. This adult functions as a member of the family.
1	Caregiver has a generally positive partner relationship with another adult. This adult does not function as a member of the family.
2	Caregiver is currently involved in a negative, unhealthy relationship with another adult. This adult does not live with the caregiver and children (include recent break-ups here if the partner still has access to the household or has contact with the children).
3	Caregiver is currently involved in a negative, unhealthy relationship with another adult who is living with the primary caregiver and children.
NA	Primary Caregiver does not have an adult partner relationship.

Item
Specific
Anchor
Descriptions



Ratings

Need Action Levels

- 0 = No action
- 1 = Waiting & Watching, Collect More Information
- 2 = Action
- 3 = Immediate or Intensive Action



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Child Strengths

- Family of Origin
- Foster Family
- Social Relationships with Peers
- Social Relationships with Adults
- Relationship Stability
- Optimism
- Resourcefulness
- Adaptability
- Persistence
- Resilience/Internal Strengths
- Talents/Interests
- Cultural Identity
- Spiritual/Religious

Strength Action Levels

- 0 = Centerpiece of the plan
- 1 = Identified & Useful for planning
- 2 = Identified, but not yet useful for planning
- 3 = Not identified



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Child Needs & Functioning

- Living Situation
- Acculturation/Language
- Peer Interactions
- Decision-making/Judgment
- Sleep
- Physical Limitations
- Dental Needs
- Recreational
- Juvenile Justice/Legal

Need Action Levels

- 0 = No action
- 1 = Waiting & Watching, Collect More Information
- 2 = Action
- 3 = Immediate or Intensive Action



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School/ Academic Functioning

- Educational Partnership
- School Behavior
- School Achievement
- School Attendance
- Learning Ability

Need Action Levels

- 0 = No action
- 1 = Waiting & Watching, Collect More Information
- 2 = Action
- 3 = Immediate or Intensive Action



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Risk Behaviors

- Suicide Risk
- Self-injurious Behavior
- Other Self-harm
- Danger to Others
- Fire Setting
- Sexually Reactive Behavior
- Sexual Aggression
- Delinquent Behavior
- Bullying
- Runaway
- Problematic Social Behavior
- Eating Disturbance

Need Action Levels

- 0 = No action
- 1 = Waiting & Watching, Collect More Information
- 2 = Action
- 3 = Immediate or Intensive Action



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Adverse Childhood Experiences (ACES)

- Sexual Abuse
- Physical Abuse
- Emotional Abuse/Neglect
- Neglect
- Witness To Abuse Of Another Child
- Medical Trauma
- Domestic Violence
- Community Violence
- Exploitation
- School Violence
- Natural Or Manmade Disasters
- Criminal Activity
- Parental Incarceration
- Disruptions in caregiving/attachment
- Death of a loved one
- Substance Exposure
- Harm (bullying, abuse, threats) due to youth's sexual orientation, gender identity or expression,
- Bullied

Experience Levels

- 0 = No evidence
- 1 = Evidence or suspicion



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What's Next?

- Remember, you will not receive credit or a certificate for the full CANS-NY General Live Training until you complete all steps of the virtual course.
- Be sure you register right away for the date of your choice when Part #2 and Part #3 are being offered. You do not need to take them within the same week, but you MUST take them in the correct order!
- Log into your account on www.TCOMTraining.com account for the course bundle for this full course titled "CANS-NY Introductory Training – Web-Based Training."
 - This required self-directed learning activities to complete before Part #2 of this webinar series are:
 1. Principle #4: Considering Development
 2. Principle #4: Considering Culture
 3. Exploring the CANS-NY Domains with Mini-Vignettes



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End of Part #1 of this 3-Part Webinar Series

Thank you for your time
and attention!



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