

CANS Mid-Treatment Report

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Objectives

- ❖ **Introduction to CANS as an outcomes measure**
- ❖ **Review the new BHRS Mid-Treatment Report**
- ❖ **Highlight the report features and meaning**
- ❖ **Review ways to utilize the information to inform agency practices in BHRS**
- ❖ **Discuss the upcoming BHRS Discharge Report**

Child and Adolescent Needs and Strengths (CANS)



The Child and Adolescent Needs and Strengths is a multi-purpose tool developed to support care planning and level of care decision-making, to facilitate quality improvement initiatives, and to allow for the monitoring of outcomes of services.

CANS

- **The CANS helps identify a child/youth's and parents/caregivers' needs and strengths.**
- **Strengths are the child/youth's assets: areas in life where he or she is doing well or has an interest or ability.**
- **Needs are areas where a child/youth requires help or serious intervention.**
- **The CANS is completed following a thorough assessment.**
- **The CANS helps identify which needs are the most important to address in a treatment plan and what strengths can support them.**

CANS

- **The CANS can be used to monitor outcomes.**
- **CANS items that are initially rated a '2' or '3' are monitored over time to determine the percentage of individuals who move to a rating of '0' or '1' (resolved need, built strength).**

What is the benefit of using the CANS?

- On an individual member basis it helps target interventions and create effective support plans.
- Measures a youth's progress over time across several domain areas.
- Program level outcomes can indicate the profile of youth who make progress in your program.
- Can highlight training and supervision needs.



Magellan CANS BHRS Mid-Treatment Report



The Magellan CANS BHRS Mid-Treatment report will be provided annually to each provider with at least 5 members that had a Mid-treatment CANS completed during the specific time period. For the initial report we used members who had a Mid-treatment CANS between 9/1/15-8/31/16. The initial CANS could be completed at any time.

2018's CANS Mid-treatment report will include members with a Mid-Treatment CANS between 9/1/16-8/31/17.

Mid-Treatment report



Mid-Treatment Report Format

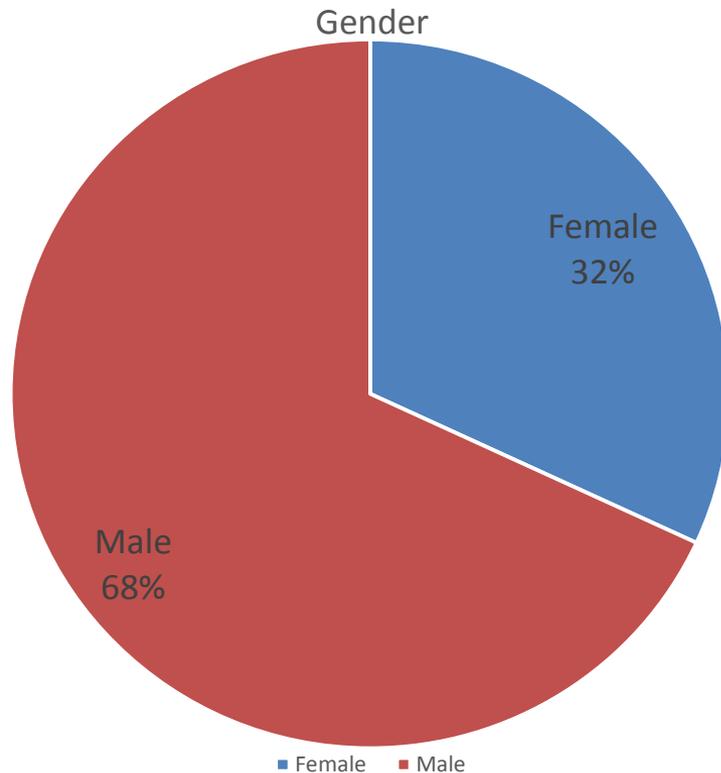


CANS Assessment Information			
Member Count	1774		
Avg. Days Between First and Mid-Treatment CANS	359		

Member Count- indicates how many youth are included in this report. This should match closely with the total number of youth served in your BHRS program eligible for the CANS.

How many days between the initial CANS and the most recent CANS (which is used for the mid-treatment). Allows to compare the youth's profile at admission to the most recent assessment.

Gender profile



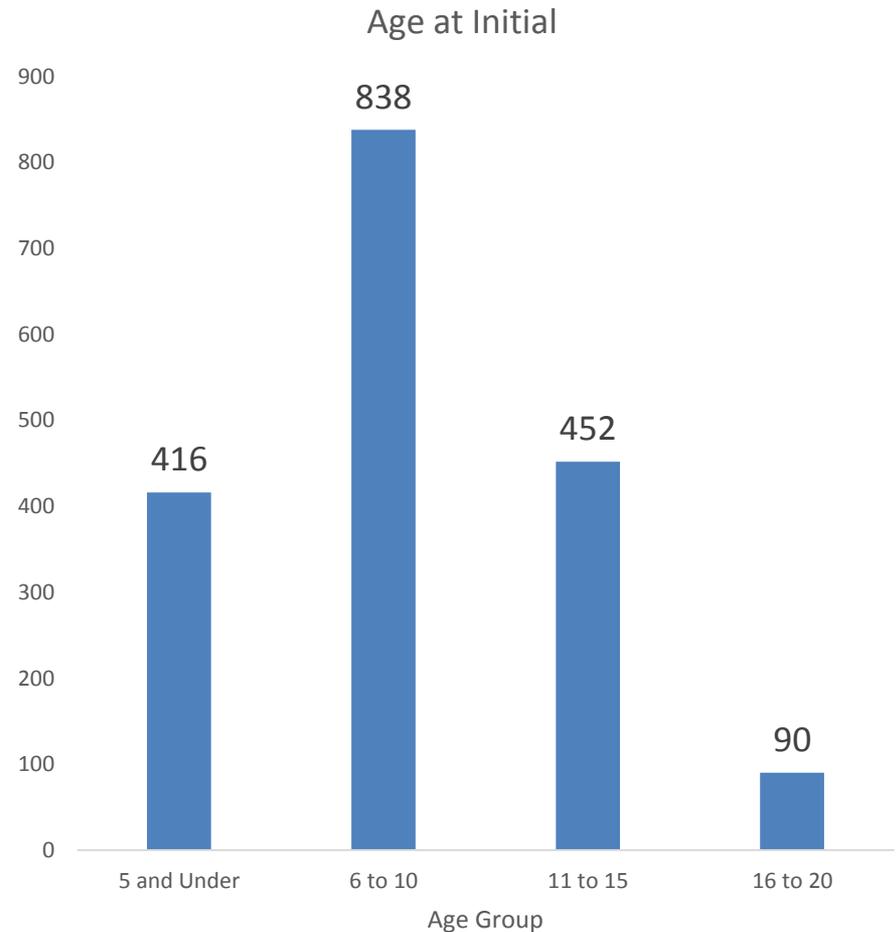
Presents the gender profile for your agency. Regionally, 68% of the youth in BHRIS with a CANS are male.

Age Breakdown

This chart represents the youth's age at initial CANS completion.

Regionally, the majority of young people were between 6 to 10 years old at their initial CANS.

Agency specific data can be helpful in developing marketing strategies, training needs, and specialty services.

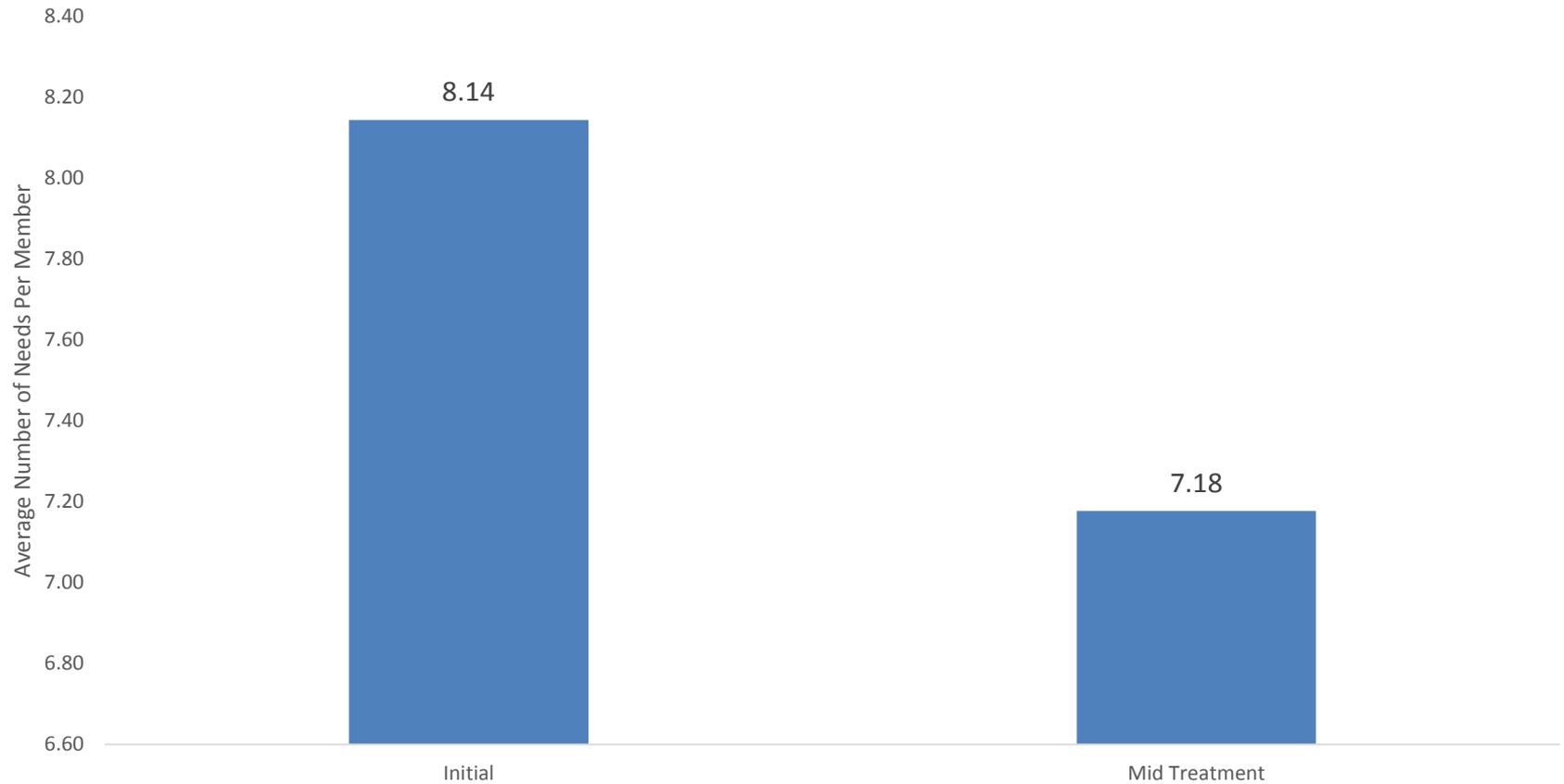


Overall Improvement and Comparison to Similar Providers

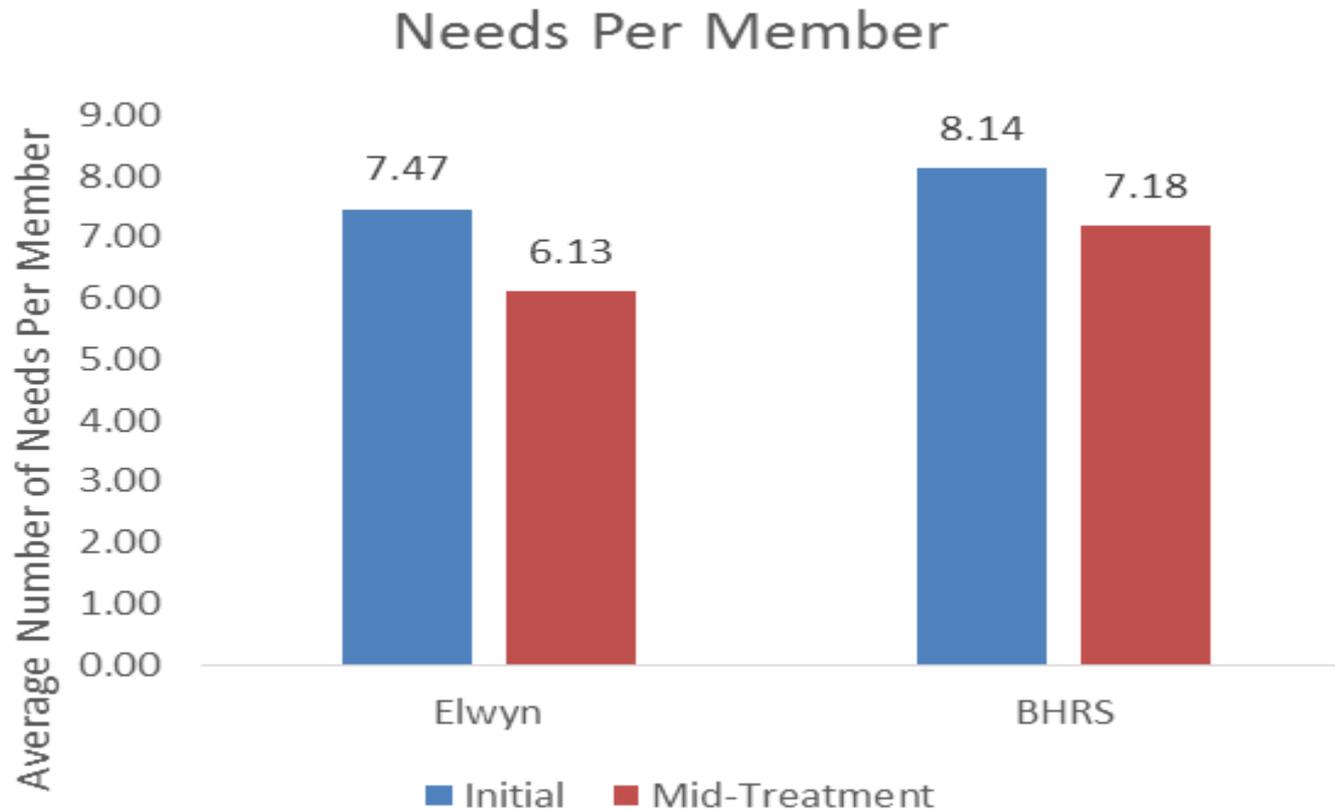
The “Actionable Treatment Needs Over Time” chart shows change in the average number of actionable treatment needs per member (CANS item score of ‘2’ or ‘3’) across all domains at admission compared to mid-treatment. This can be used to assess overall improvement. Comparison data shows your agency’s level of improvement relative to similar providers.

Overall Improvement and Comparison to Similar Providers

Actionable Treatment Needs Over Time



Overall Improvement and Comparison to Similar Providers



Items where your agency improved distinctly more or less than other BHRS providers are listed to the right of the Need Per Member chart.

Items where clients improved the most:

-  **School Behavior**
-  **Well-being**
-  **Talents & Interests**
-  **Resiliency**
-  **Resourcefulness**

Items where clients improved the least:

-  **Attention**
-  **Involvement**
-  **Resources**
-  **Residential**
-  **Vocational**

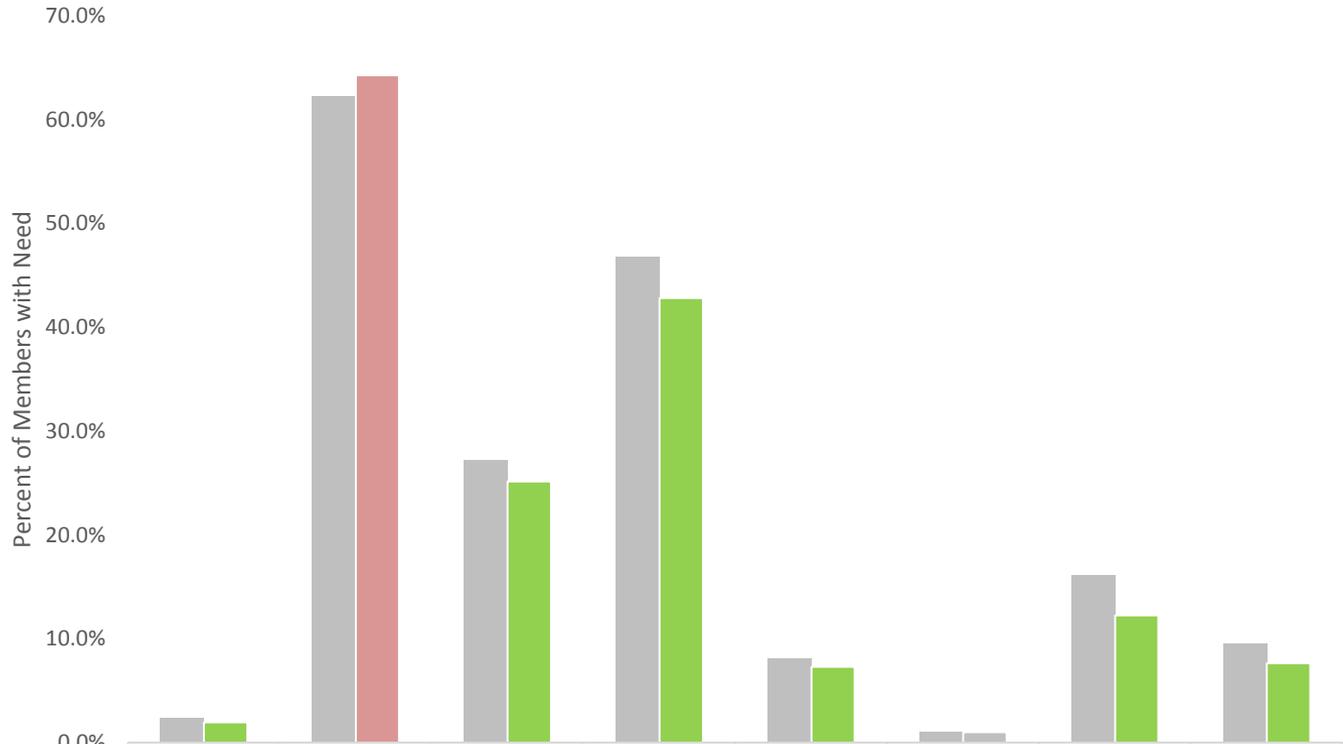
CANS-MH Needs at Admission Compared to Mid-Treatment

This section shows change in the percent of members with “needs” on the CANS-MH (defined as an item score of ‘2’ or ‘3’) at admission compared to mid-treatment. Results are provided at the item level for the “Problem Presentation,” “Risk Behaviors,” and “Functioning” domains. Results can be used to assess the most common areas of need at admission, as well as level of improvement in each item from admission to mid-treatment. Items with a decrease in needs from admission to discharge reflect improvement and are shaded green. Items with an increase in needs could reflect decline and are shaded red.

Problem Presentation



Problem Presentation

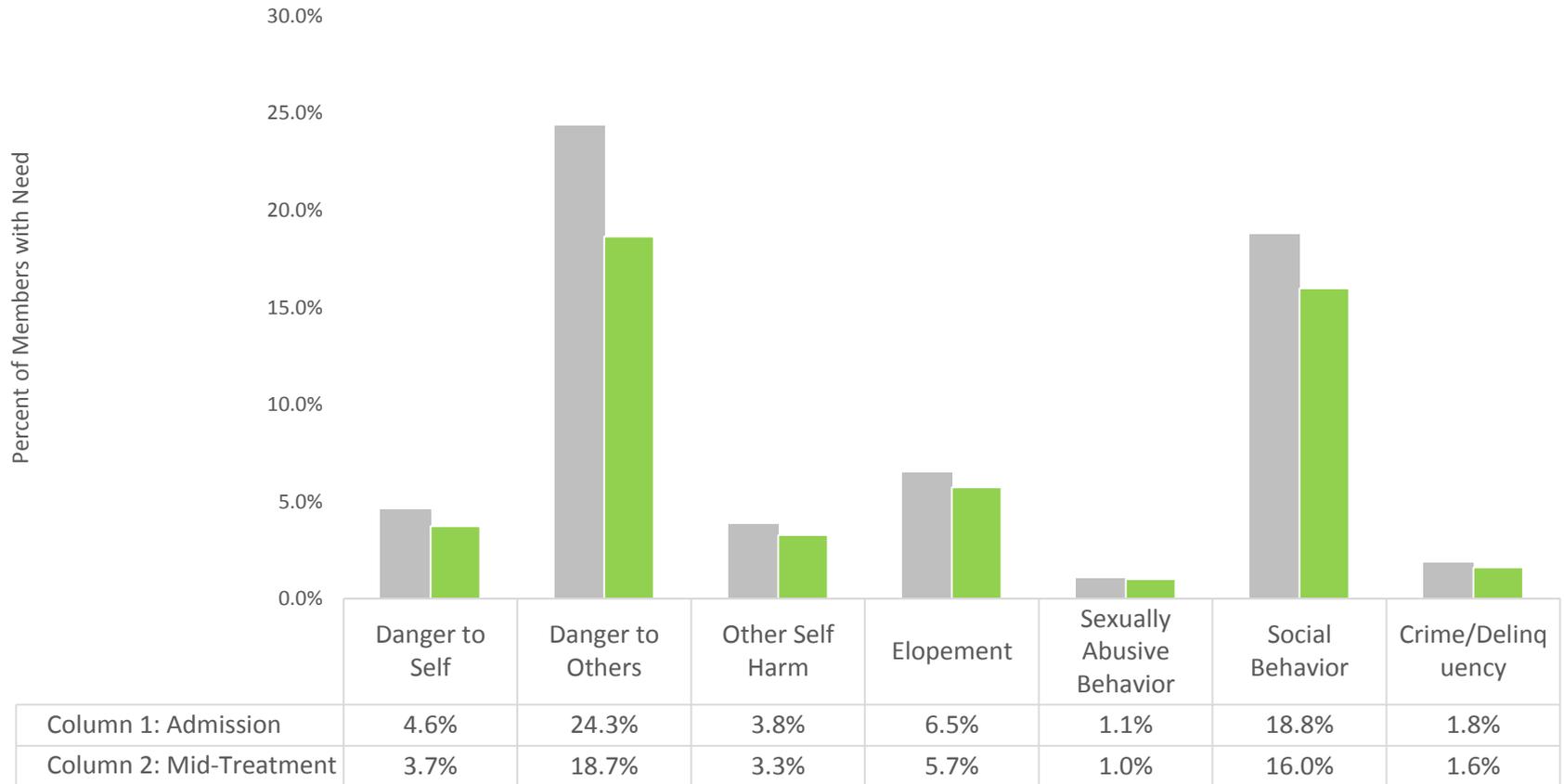


	Psychosis	Attention Deficit/Impulse	Depression/Anxiety	Oppositional Behavior	Antisocial Behavior	Substance Abuse	Adjustment to Trauma	Attachment
Column 1: Admission	2.3%	62.2%	27.2%	46.8%	8.1%	1.0%	16.1%	9.5%
Column 2: Mid-Treatment	1.9%	64.3%	25.2%	42.8%	7.3%	1.0%	12.2%	7.6%

Risk Behaviors



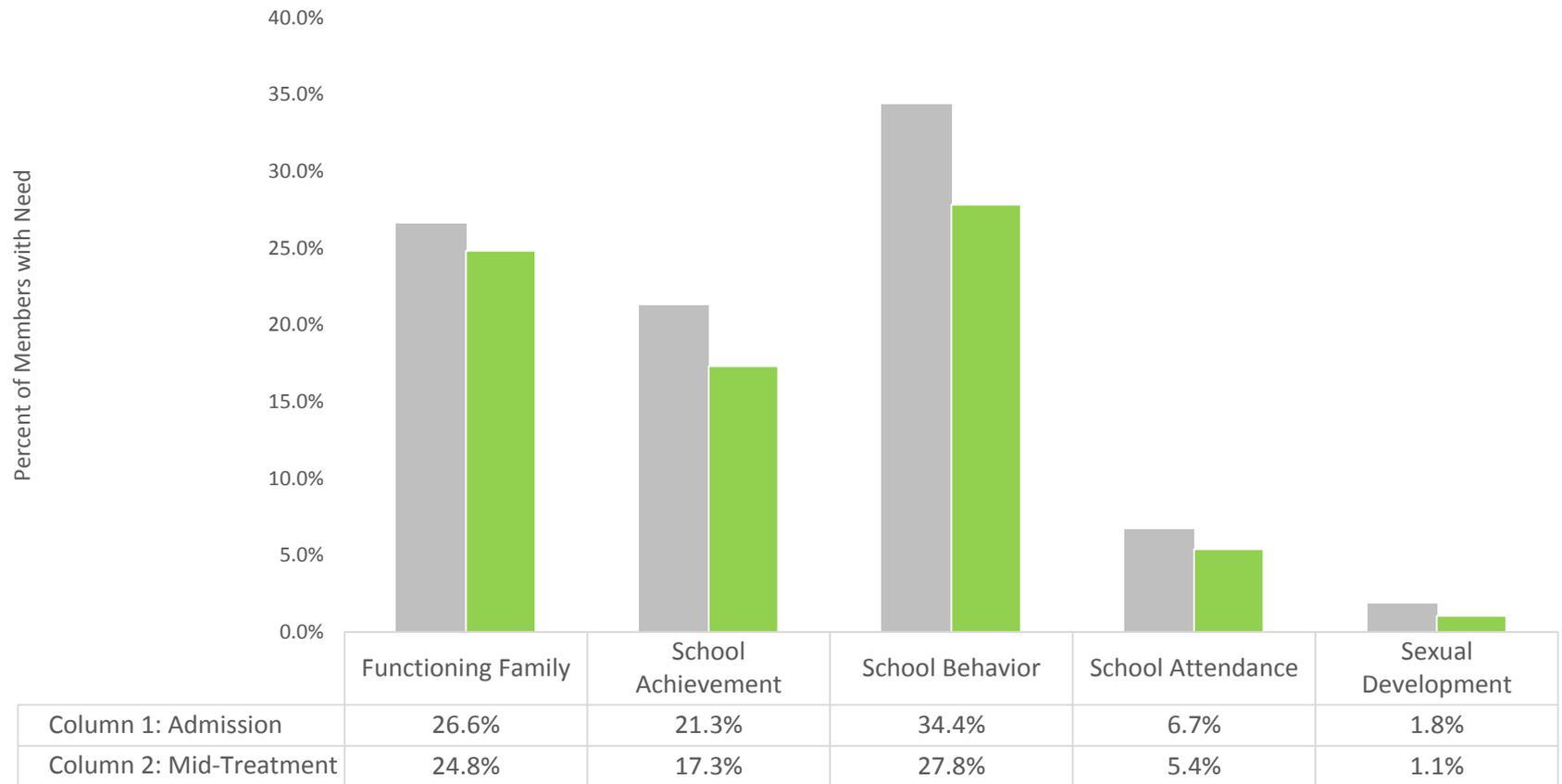
Risk Behaviors



Functioning



Functioning



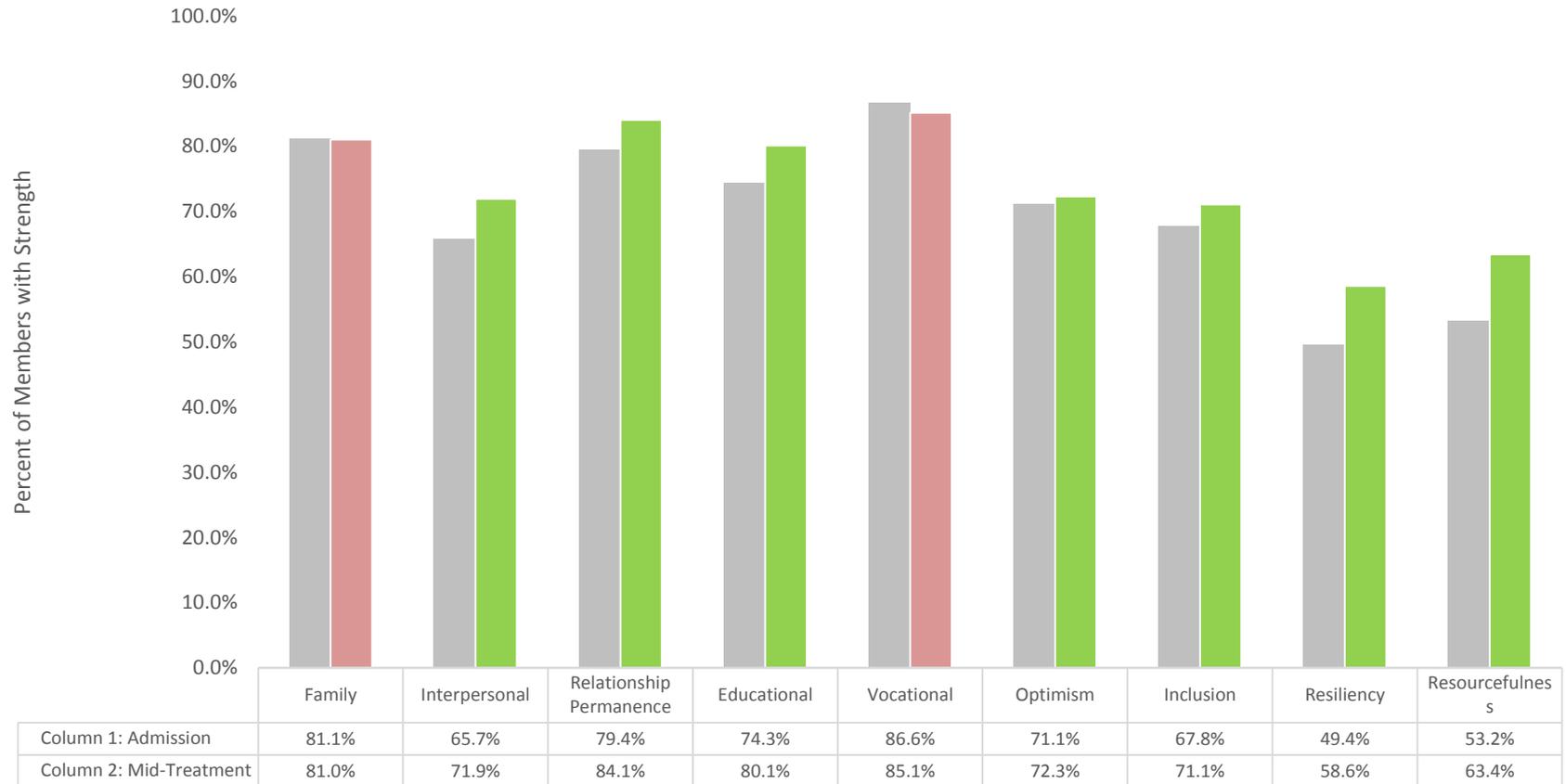
CANS-MH Strengths at Admission Compared to Mid-Treatment

This section provides percent change in “strengths” (defined as a rating of ‘0’ or ‘1’) on the CANS-MH scale at admission compared to the most recent reassessment. Results are provided at the item level for the “Caregiver Needs & Strengths” and “Strengths” domains. Results can be used to assess areas most in need of strength development, as well as level of improvement in each item from admission to mid-treatment. Items with an increase in strengths (‘0’ or ‘1’) from admission to mid-treatment reflect improvement and are shaded green. Items with a decrease in strengths could reflect decline and are shaded red.

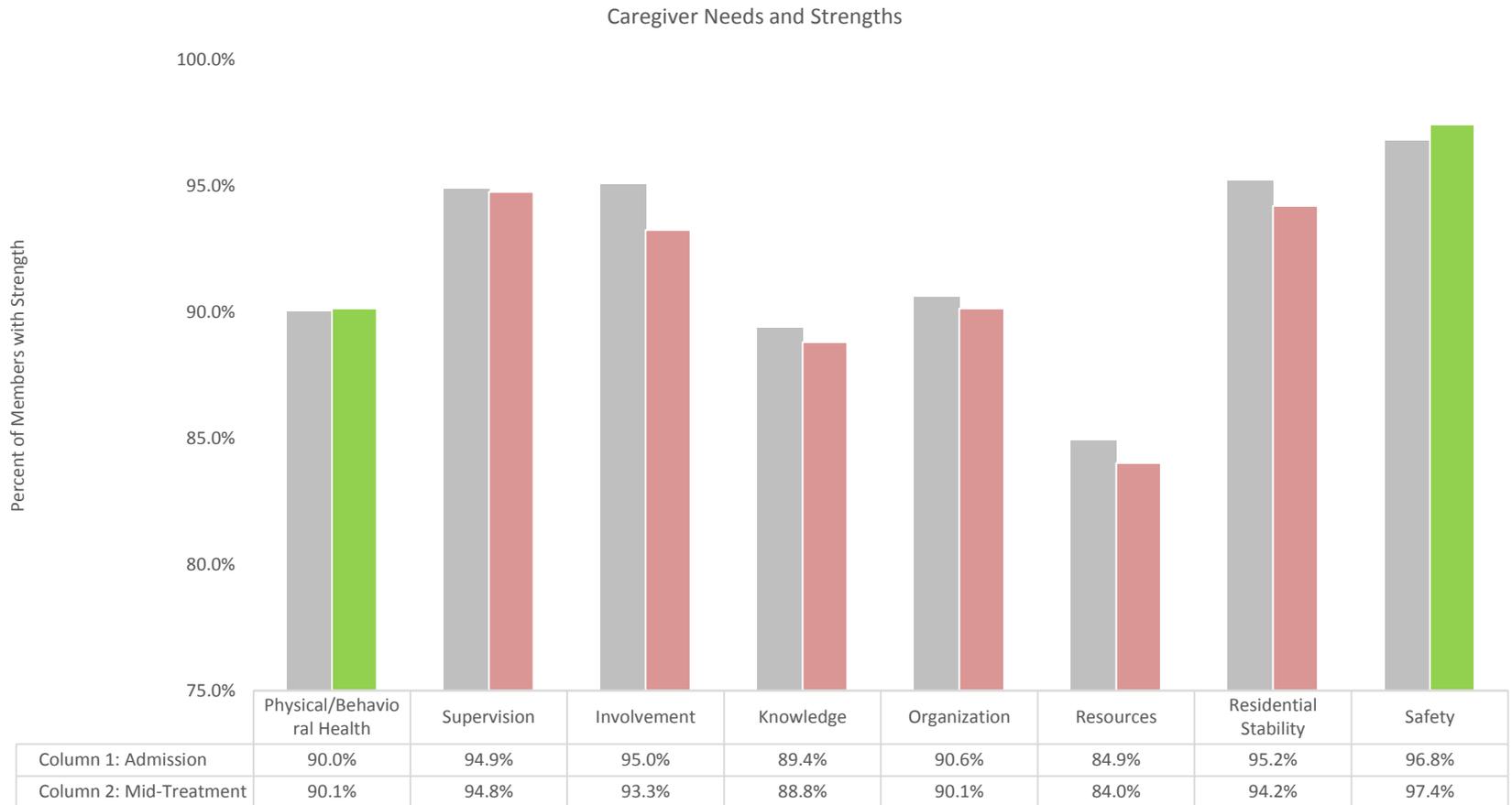
Strengths



Strengths



Caregiver Needs and Strengths



Appendix: Detailed List of BHRS Admission and Mid-Treatment CANS Results

	CANS Item	Initial	Mid-Treatment	Percentage Point Improvement Rate
Problem Presentation	Psychosis	2%	2%	0.39
	Attention Deficit/Impulse	62%	64%	-2.00
	Depression/Anxiety	27%	25%	2.06
	Oppositional Behavior	47%	43%	3.95
	Antisocial Behavior	8%	7%	0.78
	Substance Abuse	1%	1%	0.00
	Adjustment to Trauma	16%	12%	3.90
	Attachment	10%	8%	1.89

Program Management use of Mid-Treatment report



The Mid-Treatment Report could help you answer the following questions:

Does your agency have the expected number of CANS completed considering your agency size?

Does your age and gender profile match staff competencies?

Are youth making progress in your program?

Do your youth appear to have similar needs to the All Agency report? Are there unique needs in your population that need to be addressed?

What areas are the most challenging for the youth in your program? Does your staff training and supervision focus on those areas?

And many others!

CANS BHRS Discharge Report

A similar report format will be utilized for the CANS BHRS Discharge report. This report will look at youth with a Discharge CANS completed between 1/1/2015-12/31/2016.

Please make sure staff are completing *discharge CANS* and indicating that they are *discharge CANS*.

The discharge report will highlight the youth who are discharged from BHRS and the clinical gains they have made. It will highlight agencies with the most success in decreasing member needs by discharge.

Next Steps

We hope that you find the CANS reports helpful to your agency in managing the BHRS program. We encourage you to explore the CANS reports with your agency leadership, Quality team, and direct care staff to expose everyone to the results and determine next steps. We hope that each agency identifies at least one opportunity area from these results that you attempt to strengthen in the next year.

*Thanks for attending today's webinar. If you have additional questions, please outreach to your Care Manager or email Tara Karbiner-
Takarbiner@magellanhealth.com.*

