# Use of CANS/ANSA Data

Reporting at the Individual, Program and Agency levels

Alameda TCOM Provider Collaborative



Name
Agency/Role
How does your agency currently use data?
Who uses it and for what?

## Pair and Share

- 1. How do you do the assessment/data differently now that you have the CANS?
- 2. How do you use data for treatment planning, and how do you involve clients in process?
- 3. What are the barriers to using data within your organization?

# Why use data?

- Need to learn more about the clients we serve
- Ease of communication regarding needs & strengths
- Want to facilitate effective decision making
  - At every level of the system
  - Based on a shared understanding of current needs & strengths



# What's your agency's question?

- Prevalence
  - Who are the clients we serve?
  - What are their needs?
  - Are there clusters of needs we commonly see together?
- Outcomes
  - Are clients improving?
  - Are they improving in the areas we anticipated?
- Workload
  - Do clinicians have similar intensity levels on their caseloads?
  - Are we assigning cases properly?

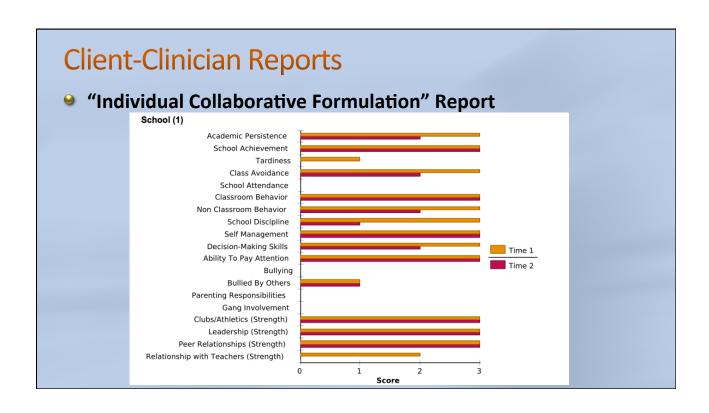
# Focus on individual use

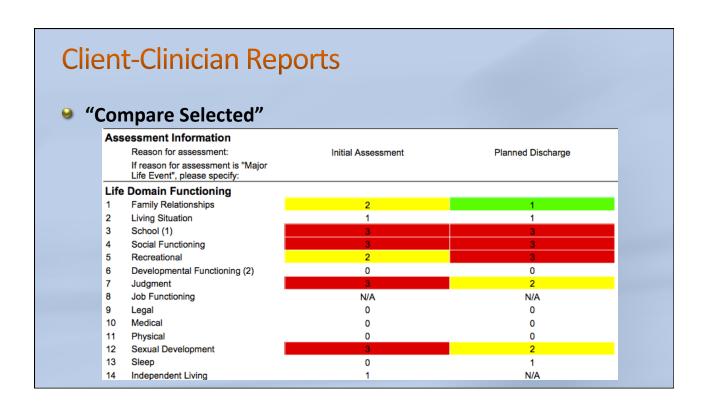
- What can we do to use data between two individuals
  - Between client and clinician
    - Communication about needs and strengths
    - Collaborative scoring
  - Between clinician and supervisor
    - Caseload intensity
    - Caseload progress
    - Average impact

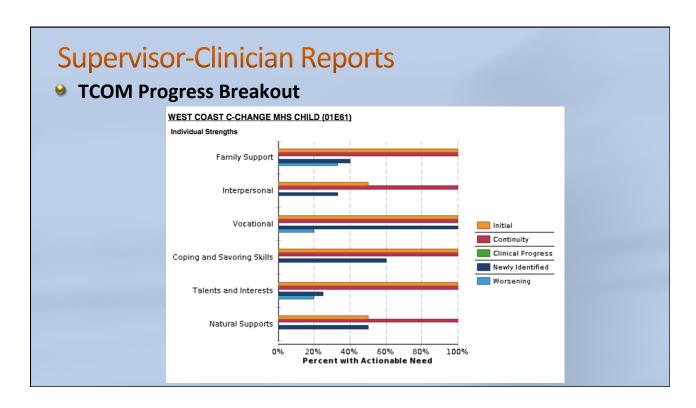
FIRST THINGS FIRST

# **Objective Arts Reports**

- Provider website: http://www.acbhcs.org/providers/CANS/resources.htm
- Objective Arts YouTube Reports: <a href="https://www.youtube.com/watch?">https://www.youtube.com/watch?</a> <a href="v=ZTMD219N1MY&list=PLHcGj4">v=ZTMD219N1MY&list=PLHcGj4</a> SxYiF5l Ru2f9lfS0b8ngFS3Jr</a>



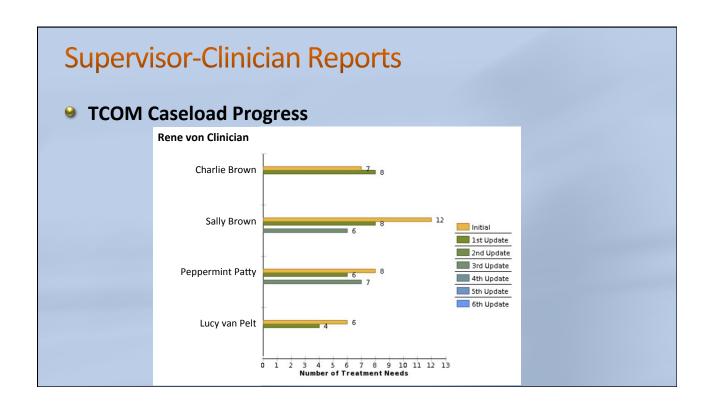


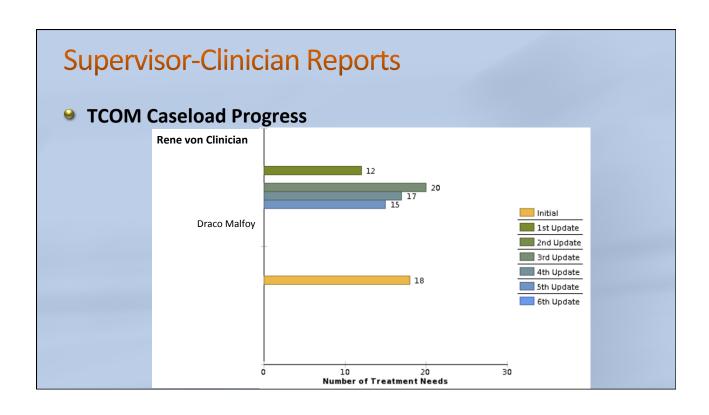


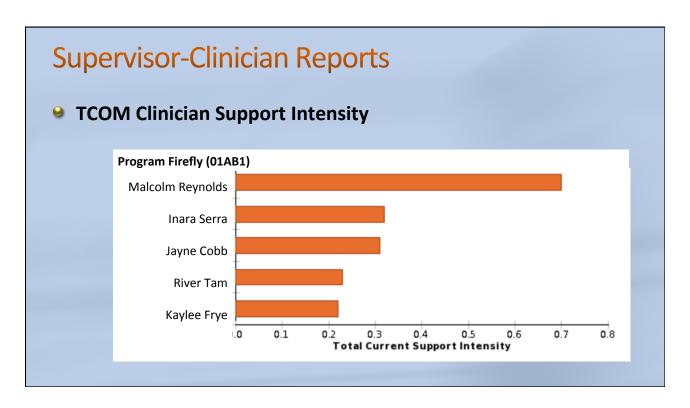
# **Supervisor-Clinician Reports**

Impact Outcomes

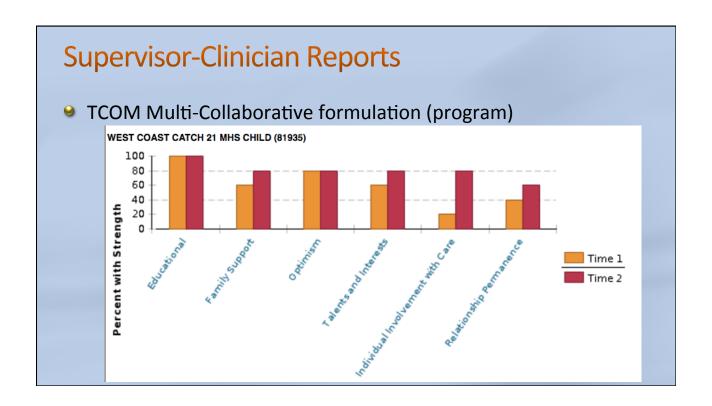
	Clients with Initial and Discharge Assessments							
	Presenting							
	% 2 or 3 at Initial/ Total Discharged	Of Initial with 2 or 3, % Discharged with 0 or 1	Of Initial with 2 or 3, % Discharged with Lower Score	Of Initial with 2 or 3, % Discharged with Same or Higher Score				
WEST COAST FYDP/IMTS MHS CHILD (81931)								
Life Domain Functioning								
Living Situation	32% (12/38)	58% (7/12)	58% (7/12)	42% (5/12)				
School (1)	63% (24/38)	54% (13/24)	63% (15/24)	38% (9/24)				
Social Functioning	55% (21/38)	48% (10/21)	52% (11/21)	48% (10/21)				
Recreational	21% (8/38)	63% (5/8)	75% (6/8)	25% (2/8)				
Developmental Functioning (2)	8% (3/38)	33% (1/3)	33% (1/3)	67% (2/3)				
Judgment	22% (8/37)	63% (5/8)	63% (5/8)	38% (3/8)				
Job Functioning	<u>0% (0/3)</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>				
Legal	3% (1/38)	100% (1/1)	100% (1/1)	0% (0/1)				
Medical	<u>8% (3/38)</u>	33% (1/3)	33% (1/3)	67% (2/3)				
Physical	<u>5% (2/38)</u>	50% (1/2)	50% (1/2)	50% (1/2)				
Sexual Development	3% (1/38)	100% (1/1)	100% (1/1)	0% (0/1)				
Sleep	24% (9/38)	44% (4/9)	56% (5/9)	44% (4/9)				
Independent Living	33% (2/6)	50% (1/2)	50% (1/2)	50% (1/2)				

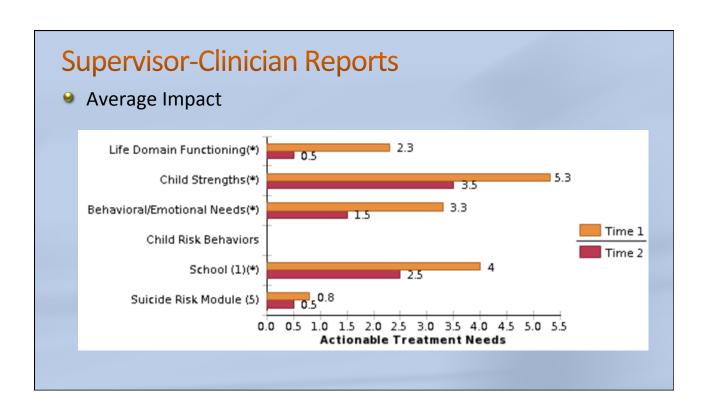




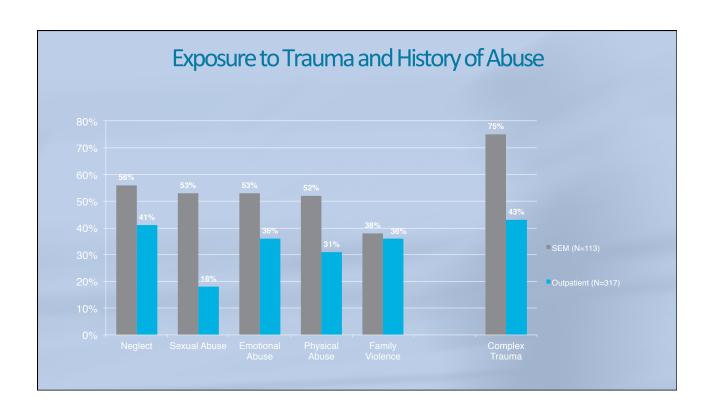


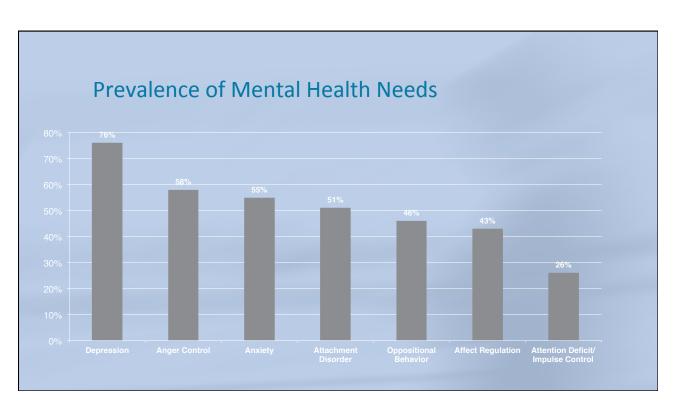
Clinician Caseload Report						
Clinician	Initial Assessment	Scheduled Update	Planned Discharge	Unplanned Discharge		
WEST COAST PROGRAM						
VON CLINICIAN, RENE	<u>3</u>	<u>5</u>	<u>0</u>	<u>7</u>		
Life Domain Functioning						
Family Relationships	100%	<u>80%</u>	<u>0%</u>	<u>86%</u>		
Residential Stability	<u>100%</u>	<u>40%</u>	<u>0%</u>	<u>57%</u>		
School (1)	<u>33%</u>	20%	<u>0%</u>	<u>29%</u>		
Social Functioning	<u>100%</u>	<u>60%</u>	<u>0%</u>	100%		
Recreational	<u>67%</u>	<u>80%</u>	<u>0%</u>	100%		
Developmental Functioning (2)	<u>0%</u>	<u>0%</u>	<u>0%</u>	<u>0%</u>		
Self-Care	<u>0%</u>	0%	<u>0%</u>	14%		
Knowledge of Illness	<u>0%</u>	<u>60%</u>	<u>0%</u>	100%		
Judgment	<u>100%</u>	<u>60%</u>	<u>0%</u>	<u>100%</u>		
Job Functioning (3)	<u>0%</u>	0%	<u>0%</u>	<u>0%</u>		
Sexual Development	<u>33%</u>	20%	<u>0%</u>	<u>71%</u>		
Sleep	<u>33%</u>	<u>40%</u>	<u>0%</u>	<u>43%</u>		
Intimate Relationships	<u>100%</u>	<u>80%</u>	0%	100%		
Independent Living	<u>33%</u>	<u>40%</u>	<u>0%</u>	<u>57%</u>		
Transportation	<u>0%</u>	<u>20%</u>	<u>0%</u>	<u>14%</u>		
Behavioral/Emotional Needs						
Psychosis	<u>0%</u>	<u>0%</u>	<u>0%</u>	<u>0%</u>		
Impulse Control/Hyperactivity	<u>33%</u>	<u>60%</u>	<u>0%</u>	<u>71%</u>		
Depression	<u>100%</u>	<u>80%</u>	<u>0%</u>	<u>86%</u>		

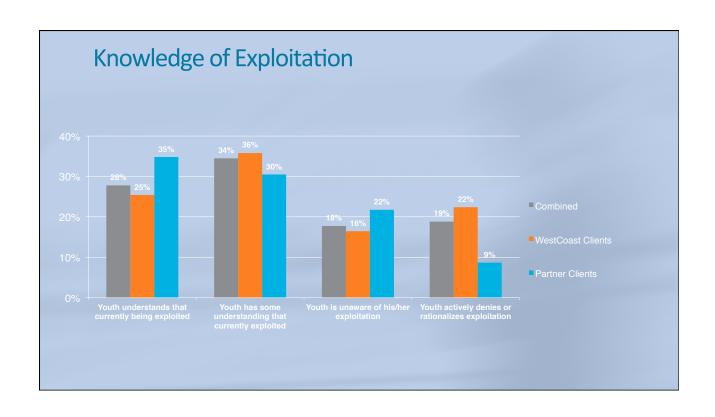


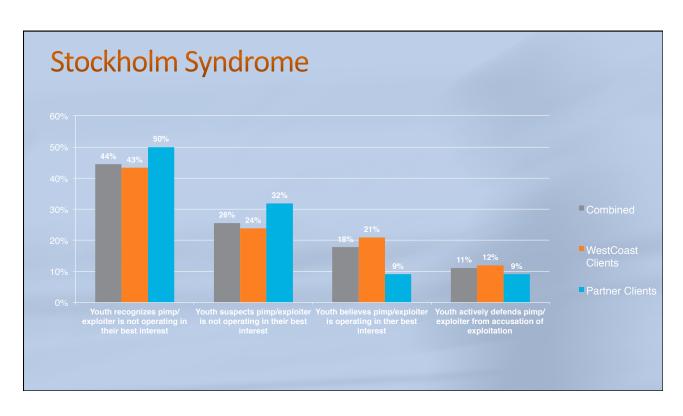


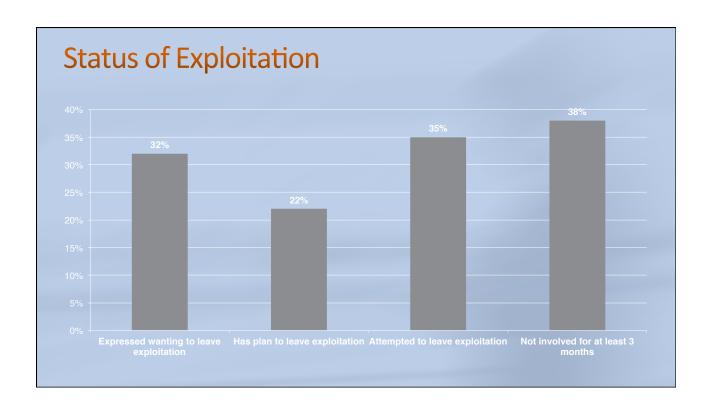
# Agency Examples











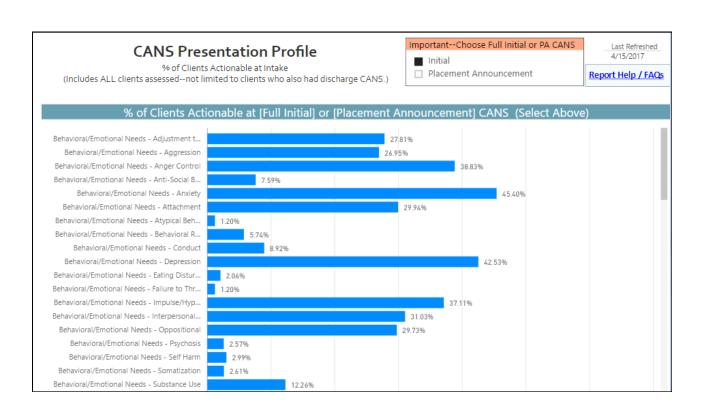
## **Risk Behaviors**

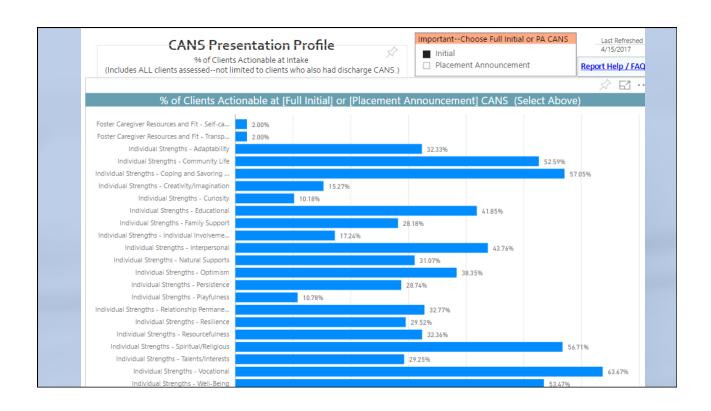
- 84% have problems with judgment that place them at risk of significant physical harm.
- ⊙ 62% run away from home frequently.
- 79% are currently in unhealthy partner relationships.
- 35% have engaged in moderate to severe self-injuring behavior requiring medical assessment or intervention.
- 12% have had a suicidal gesture, attempt, or plan to commit suicide within 30 days of their assessment.

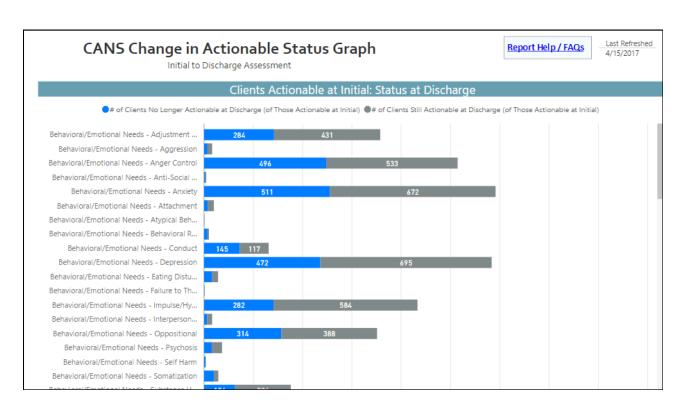
## Improvement in Functioning

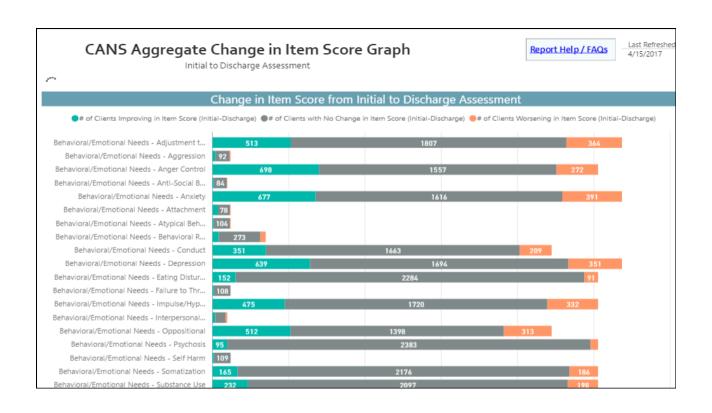
### After six months of therapy:

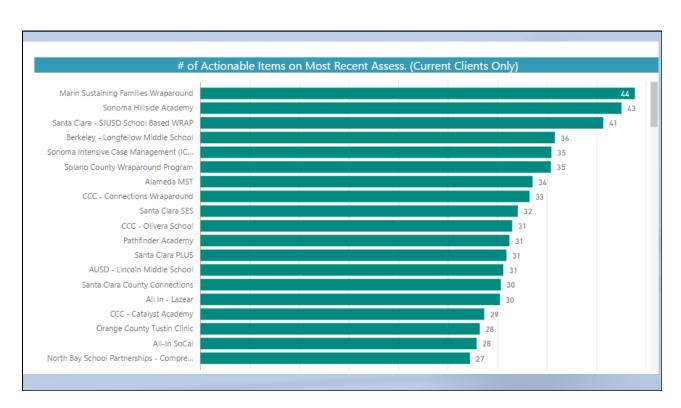
- 50% of youth with sleep problems see improvements in their ability to get a full night's sleep or have only occasional sleep interruptions
- 52% see improvements in their school behavior
- 31% see improvements in school attendance
- 39% see improvement in school achievement

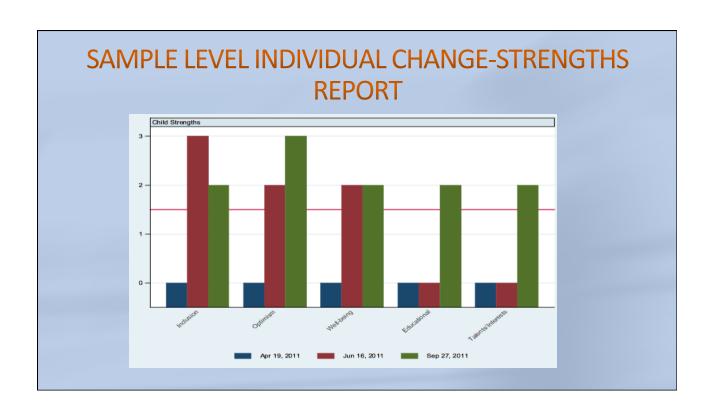


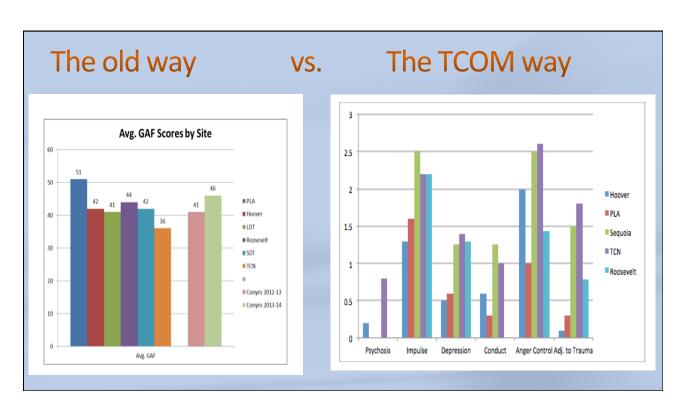


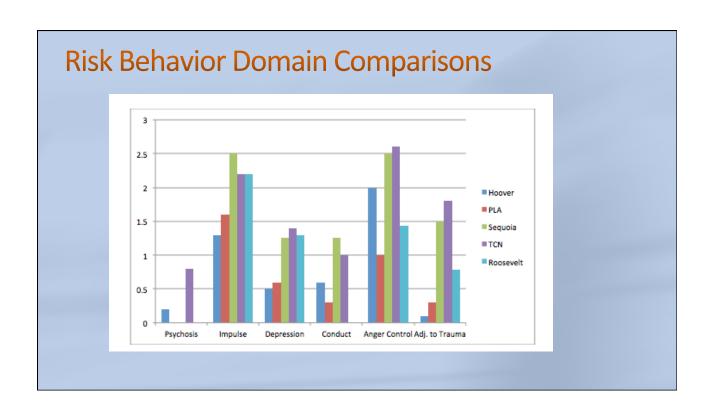


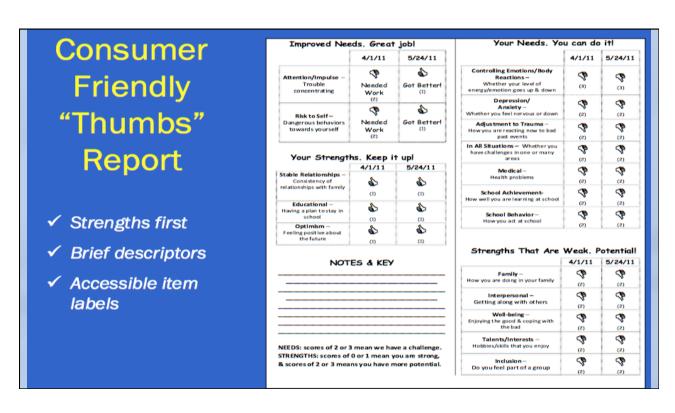












How could using this data inform your practice?

How would you envision using these types of reports?

Are there reports that you would find useful that aren't in OA?

What are questions you want to answer with the data?

