The business of transforming lives: an introduction to CANS Philosophy

It’s about personal change

Child and Adolescent Needs and Strengths (CANS)

The CANS is not the point
The child serving system has been systematically diminishing itself by managing the wrong business. It is not a service, it is a transformational offering.

It is possible to manage transformations but this is radically different than managing services.

It is hard to shift to transformation management, but it is possible if we can all commit to trying to work differently.

Fundamentally, this process is about restoring trust in the system and learning to communicate effectively.

---

Understanding the Business of Residential Treatment: The Hierarchy of Offerings

I. Commodities
II. Products
III. Services
IV. Experiences
V. Transformations

- Gilmore & Pine, 1997
Problems with Managing Services

- Find people and get them to show up
- Assessment exists to justify service receipt
- Manage staff productivity (case loads)
- Incentives support treating the least challenging youth.
- Supervision as the compliance enforcement
- An hour is an hour. A day is a day
- System management is about doing the same thing as cheaply as possible.

How Transformation Management is Different

- Find people you can help, help them and then find some one else
- Accuracy is advocacy. Assessment communicate important information about the people we serve
- Impact (workload) more important that productivity
- Incentives to treat the most challenging youth.
- Supervision as teaching
- Time early in a treatment episodes is more valuable than time later.
- System management is about maximizing effectiveness of the overall system
Next Problem. How do you engineer effectiveness?

- Because of our service management mentality the lowest paid, least experienced people spend the most time with our youth and families.
- Need to take collective wisdom and somehow help young staff get up to speed on being effective really fast.
- Pilots don’t fly planes anymore. Planes fly themselves. Is there a lesson there for us?

Third problem. Where’s the love? Have we lost faith in each other caring about our youth and families?

- Many different adults in the lives of the children we serve
- Each has a different perspective and, therefore, different agendas, goals, and objectives
- Honest people, honestly representing different perspectives will disagree
- This creates inevitable conflict.
- In residential treatment, this reality has created a significant amount of distrust
Restoring Trust—the essential outcome of conflict management

- Different perspectives cause inevitable conflict. Resolving those perspectives requires conflict resolution strategies.
- There are two key principles to effective conflict resolution
  - There must be a shared vision
  - There must be a strategy for creating and communicating that shared vision

Core Concepts of Transformation Management

- We need to create and communicate a shared vision that is about wellbeing of our children and families. This shared vision has to involve the participation of all key partners in order to restore trust.
- We need to use that information to make good decisions about having an impact (rather than spending time and space with youth). This information must be used simultaneously at all levels of the system to ensure that we are all working towards the same goals.
- This is not going to be easy.
The Philosophy: Transformational Collaborative Outcomes Management (TCOM)

- **Transformational** means that it is focused on the business of supporting personal change.
- **Collaborative** means that all system partners are working together towards a shared vision of helping.
- **Outcomes** means the measures are relevant to decisions about approach or proposed impact of interventions.
- **Management** means that this information is used in all aspects of managing the system from individual family planning to supervision to program and system operations.

Managing Tension is the Key to Creating an Effective System of Care

- Philosophy—always return to the shared vision. In the mental health system the shared vision are the children and families
- Strategy—represent the shared vision and communicate it throughout the system with a standard language/assessment
- Tactics—activities that promote the philosophy at all the levels of the system simultaneously
Why I don’t think traditional measurement approaches help us manage transformations

- Most measures are developed from a research tradition. Researchers want to know a lot about a little. Agents of change need to know a little about a lot. Lots of questions to measure one thing.
- Traditional measurement is arbitrary. You don’t really know what the number means even if you norm your measures.
- Traditional measurement confounds interventions, culture and development and become irrelevant or biases. You have to contextualize the understanding of a person in their environment to have meaningful information.
- Triangulation occurs post measurement which is likely impossible.

The Strategy: CANS and FAST
Six Key Characteristics of a Communimetric Tool

- Items are included because they might impact care planning
- Level of items translate immediately into action levels
- It is about the child not about the child in care
- Consider culture and development
- It is agnostic as to etiology—it is about the ‘what’ not about the ‘why’
- The 30 day window is to remind us to keep assessments relevant and ‘fresh’
TCOM Grid of Tactics

<table>
<thead>
<tr>
<th></th>
<th>Family &amp; Youth</th>
<th>Program</th>
<th>System</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decision Support</td>
<td>Care Planning</td>
<td>Eligibility</td>
<td>Resource Management</td>
</tr>
<tr>
<td></td>
<td>Effective practices</td>
<td>Step-down</td>
<td>Right-sizing</td>
</tr>
<tr>
<td>Outcome Monitoring</td>
<td>Service Transitions &amp; Celebrations</td>
<td>Evaluation</td>
<td>Provider Profiles Performance/ Contracting</td>
</tr>
<tr>
<td>Quality Improvement</td>
<td>Case Management</td>
<td>CQI/QA Accreditation</td>
<td>Transformation Business Model Design</td>
</tr>
<tr>
<td></td>
<td>Integrated Care</td>
<td>Supervision</td>
<td>Program Redesign</td>
</tr>
</tbody>
</table>

Treatment Planning Form

- Background Needs (ratings of 2 or 3)
  - Can’t change
  - Choose not to address at this time
- Treatment Targets (ratings of 2 or 3)
  - Causes
- Anticipated Outcomes (ratings of 2 or 3)
  - Effects
- Useful Strengths (ratings of 0 or 1)
- Strengths to build (ratings of 1, 2 or 3)
Strategies for Engagement and Shared Visioning

- A conversation
- About the what, not about the why—no shame or blame
- Time spent in understanding pays off in impact
- Output of an assessment process
- It is not an event
- Once one CANS/ANSA is completed you don’t ‘redo’ it, you check in on it.

Criminogenic

- adjective 1. producing or tending to produce crime or criminals: a criminogenic environment.
Citizenogenic

- adjective 1. producing or tending to produce citizens or people who participate fully in civil society: a citizenogenic Juvenile Justice system.

Conceptualizing Strengths and their Impact on the Lives of Children

- Strengths
  - Internal
    - Resiliency
    - Functioning
    - High Risk Behavior
  - External
    - Resourcefulness
    - Functioning
    - High Risk Behavior
A fully strength-informed system:

- Uses strengths when available to either address needs or support healthy development
- Looks for opportunity to build strengths when not currently present
- Ensure that strengths are maintained even when this competes with meeting needs.