MichiCANS

Michigan's Child and Adolescent Needs and Strengths Assessment

Michigan CANS General Overview
7/9/2024

Introductions

GETTING TO KNOW EACH OTHER

-Share your name, role, and any experience you have with the TCOM tool(s) in your introduction.

-Question or concern about the MichiCANS you would like addressed

-Hopes for the out time together

Agenda

- TCOM Overview
- Intro to the MichiCANS
  - Domains and Items
  - Practice Application
    - Data Application
      - Certification

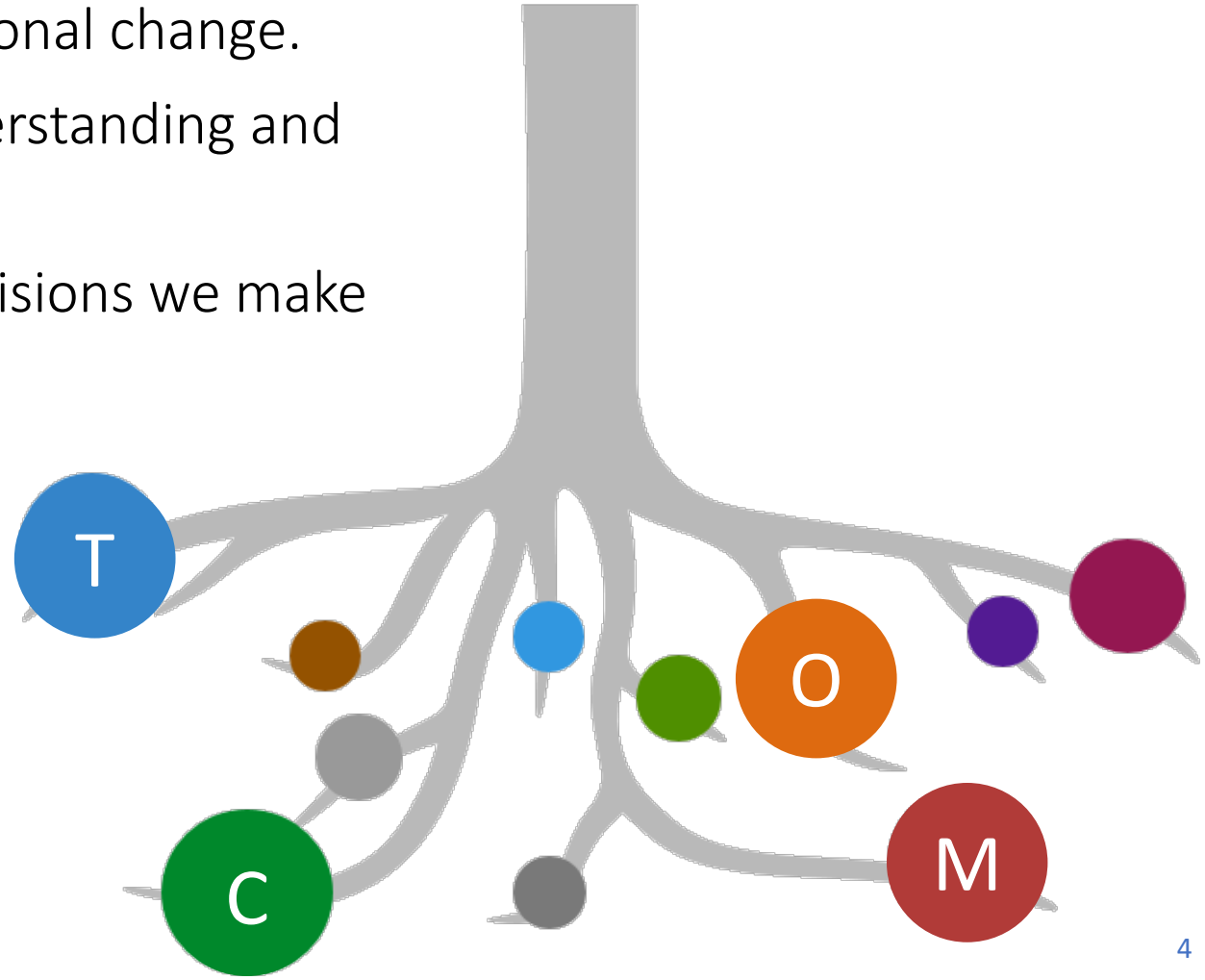
A Philosophy from Which Change Can Grow

Transformational: Our work is focused on personal change.

Collaborative: We must develop a shared understanding and vision.

Outcomes: What we measure impacts the decisions we make about the strategies and interventions we use.

Management: Information gathered about children and families is used in all aspects of managing the system from planning with families and children, to supervision of the workforce, and program/system operations.



TCOM Guiding Values

Underpinnings of the MichiCANS

- All assessments and interventions should be culturally responsive and respectful.
- People should have a voice and choice regarding their participation in assessments and interventions.
- All interventions should be personalized, respectful and have demonstrative value to the people they serve.

- Collaborative processes (inclusive of individual adults, children, and families) should be used for all decisions at all levels of the system.
- Consensus on action is the primary outcome of collaborative processes.
- Information about the people served and their personal change should always inform decision-making at all levels of the system.

TCOM Practice Approach

Underpinnings of the MichiCANS

Transformational Collaborative Outcomes Management (TCOM)

- **Philosophy—always return to the shared vision. In the child serving system the shared vision are the need and strengths of children and families we serve.**
- 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
- Techniques – skills that promote the integration of the strategy into practice settings

Understanding the Business of Children's Services: The Hierarchy of Offerings

COMMODITIES

Raw Materials

PRODUCTS

Produced for a retail market

SERVICES

Having someone apply a product for you

EXPERIENCES

Purchasing a memory

TRANSFORMATIONS

Helping people change in some notable way

“You Can’t Manage What You Don’t Measure.”

How is a Transformational System Different?

	Service System	Transformational System
Assessment	Eligibility Focus: Manage 'hello' (Access)	Change Focus: Manage 'hello' and 'goodbye' (Access and Egress)
Documentation	Program Focused	Person Focused
Supervision	Productivity and Compliance	Teaching Efficiency/Effectiveness
Productivity	Caseload Management	Workload Management
Population Served	Incentives to serve the LEAST challenging	Incentives to serve the MOST challenging
Priority	Serve as many people as possible, as inexpensively as possible	Serve as many people as possible, as effectively as possible
Change Approach	Engineer change through compliance	Engineer change through shared aspirations

A Strategy for Shifting towards a Transformational System

	Service System Approach	Transformational System Approach
System Management	• What did we do? • What did people get?	• What impact did we have? • What worked?

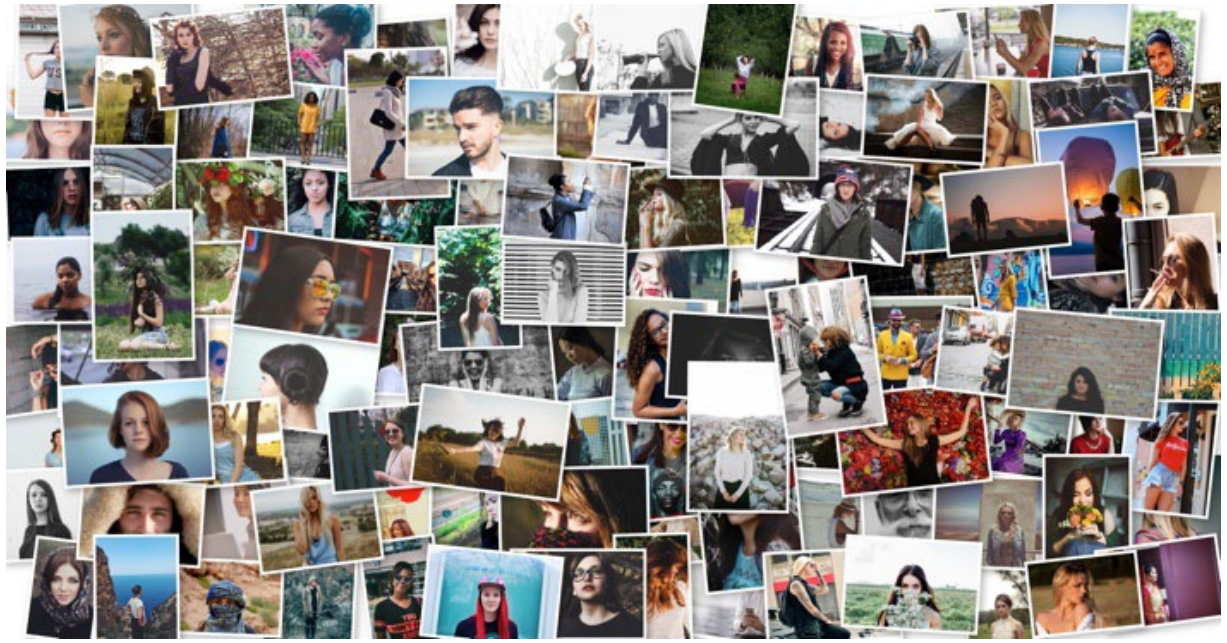
A Strategy for Shifting towards a Transformational System

	Service System Approach	Transformational System Approach
System Management	• What did we do? • What did people get?	• What impact did we have? • What worked?
Supervision	• Time and Task Management • Compliance	• Teaching / Skill Development • Managing effectiveness

Navigating the Journey Through Care

Transformational Collaborative Outcomes Management

- How can we successfully manage the inherent complexity of our work?
  - How do ensure that children and families benefit from all of the efforts that are put towards enhancing their well-being?



Going from Process to Impact

Is TCOM/MichiCANS a Change in How We Work?

- Experience and research has demonstrated that collaborative practices are at the heart of effective change.
- People vary tremendously in their use of collaborative, data-informed practices.
- TCOM provides a pathway by which people can get the formal feedback necessary to develop expertise.

We Need a Consensus- Based Approach

- Supports the development of effective working relationships by establishing the common purpose/shared vision.
- Engages people seeking help to be active participants in the process.
- Results in a more accurate assessment of outcomes.

Approaches to Working in Complex Systems

Human expertise in complex systems is constantly changing

Our work is not about memorizing a series of steps or tasks

We are coaching people to creatively and successfully tackle unstructured problems.

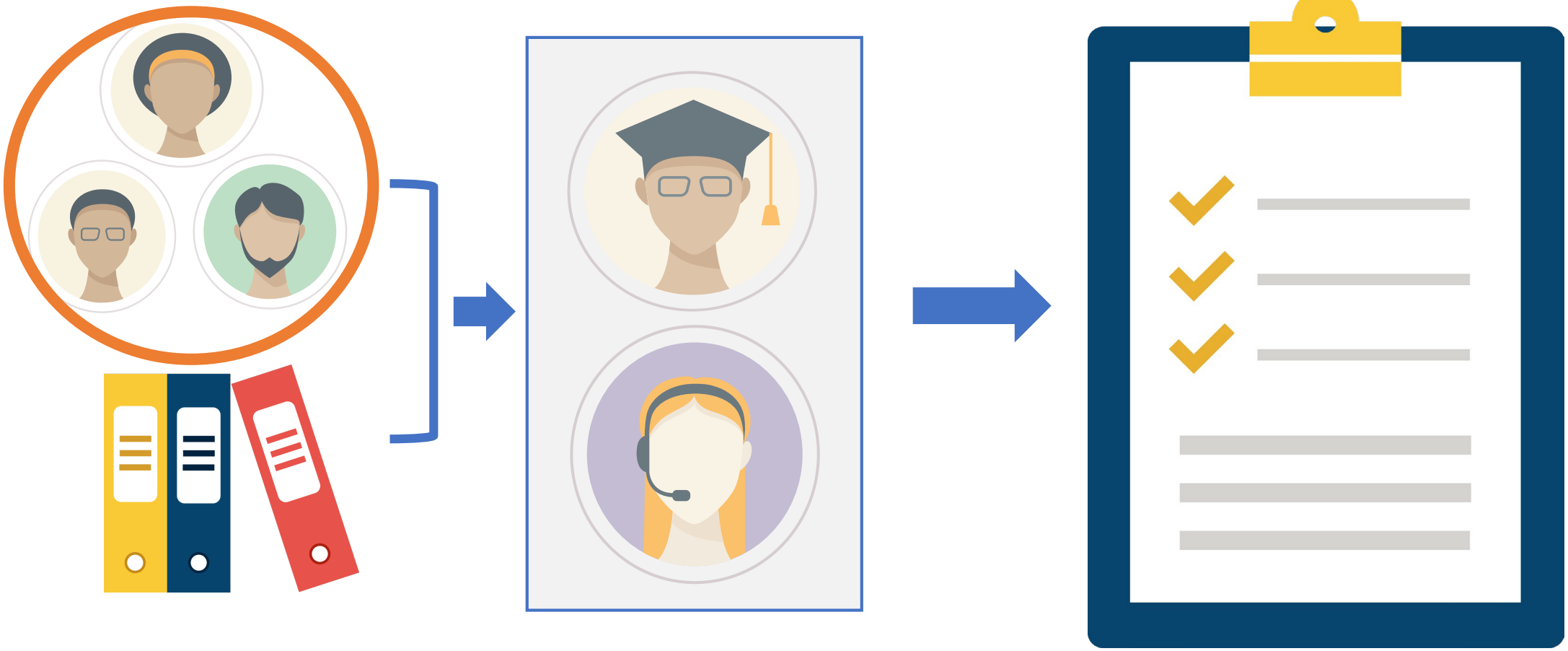
We are continually on a process of learning and skill development.

Expert Perspective Tools

Information Gathering

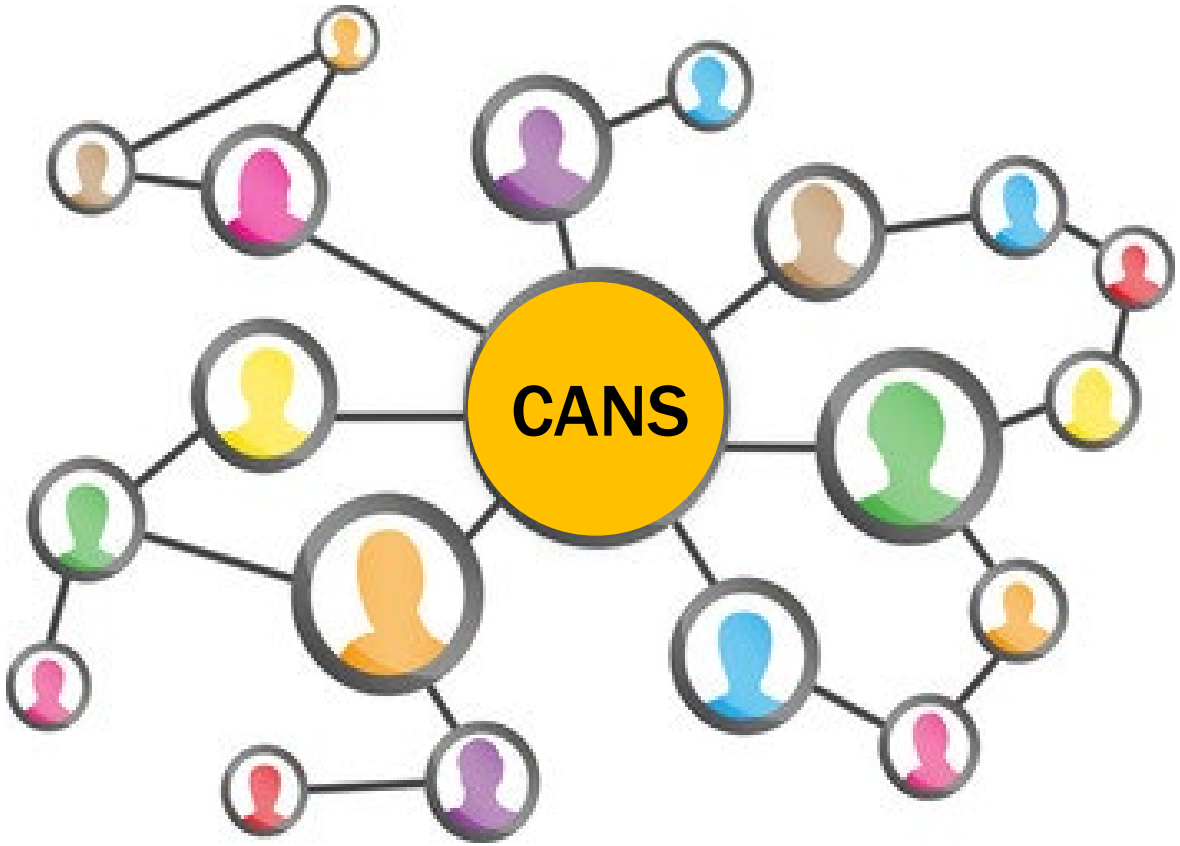
Experts Complete Tools

Measurement Tool



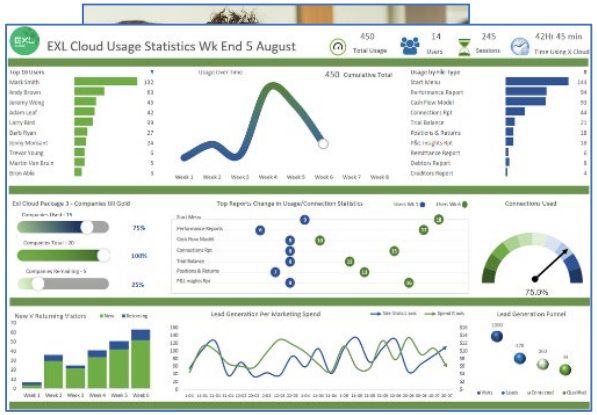
Collaborative and Consensus Based

Tools such as the MichiCANS 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.



MichiCANS and TCOM

Collaborative and Consensus Based (Person Centered Data)



Planning Decisions

Goal Achievement

Aggregated Youth/Family Stories

System Level Decision Making

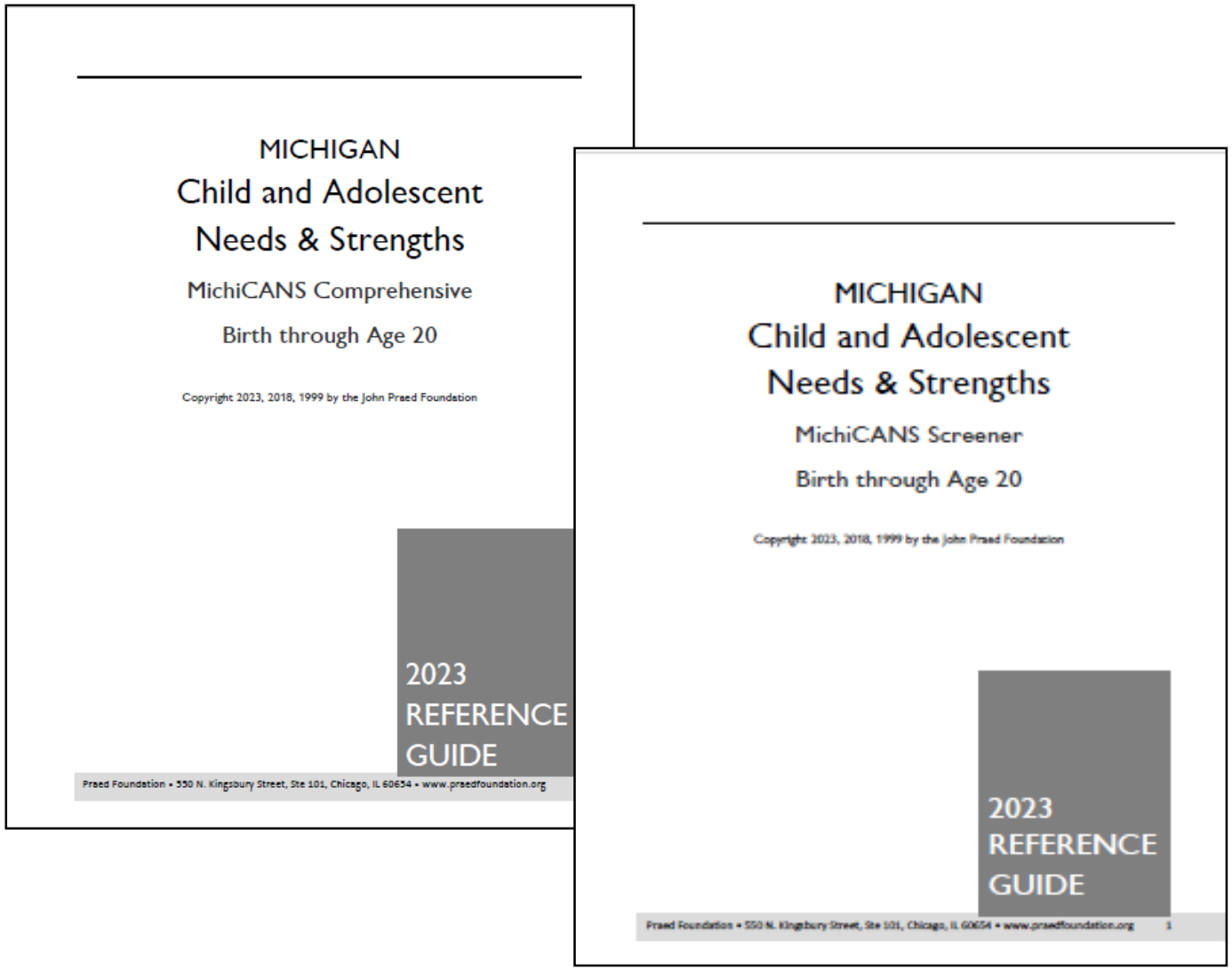
The MichiCANS Assessment

Life Functioning, Strengths, Behavioral / Emotional Health, Risk Factors and Behaviors, and Cultural Factors

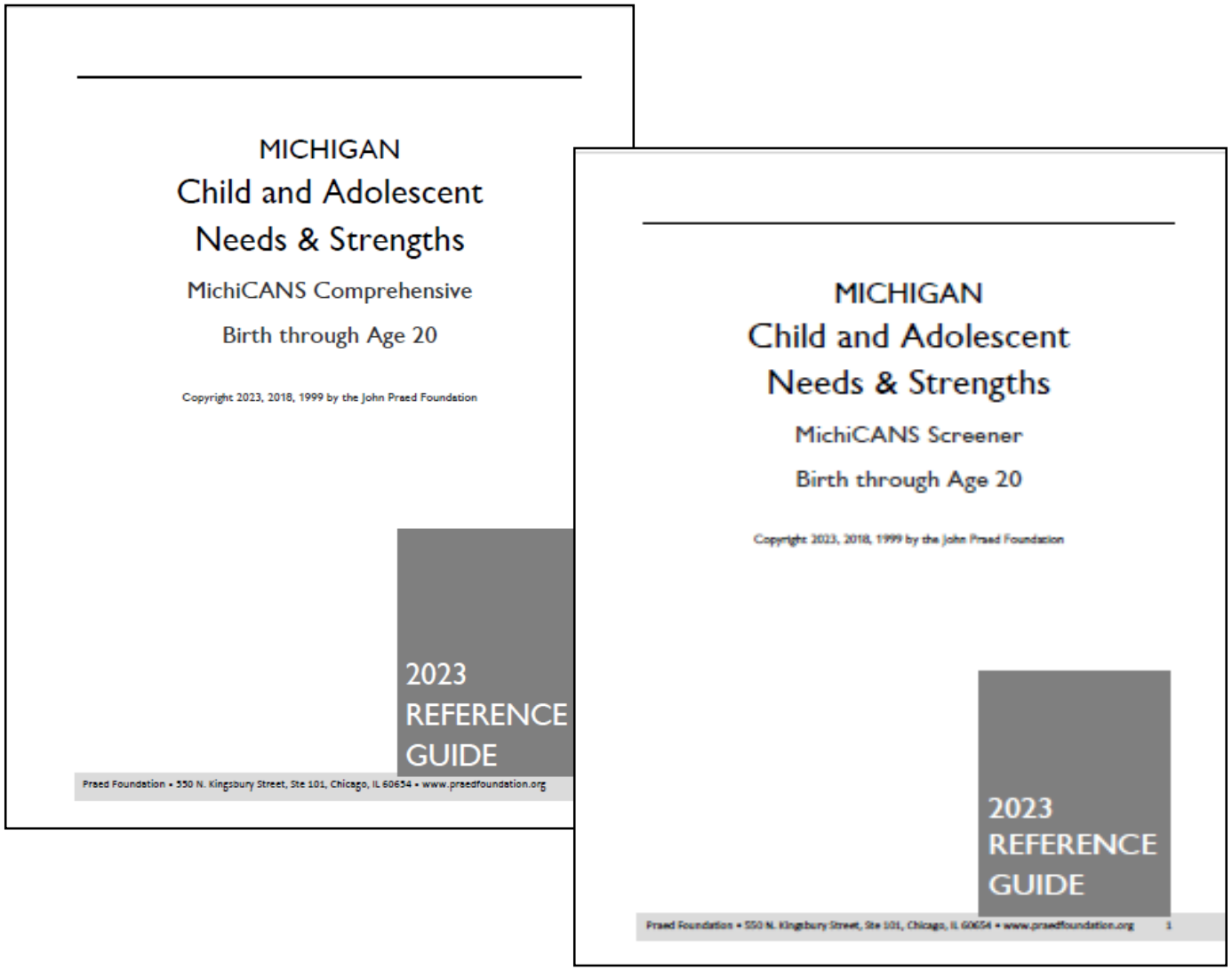
What Is The MichiCANS?

The TCOM tools are **information integration tools** used to identify the **needs and strengths** of a child/youth or adult and their families and support communication.

The TCOM tools underlying philosophy and approach are **person-centered**, using **multiple perspectives** to achieve **collaborative**, **consensus-based** assessment.



What Is The MichiCANS? (cont.)



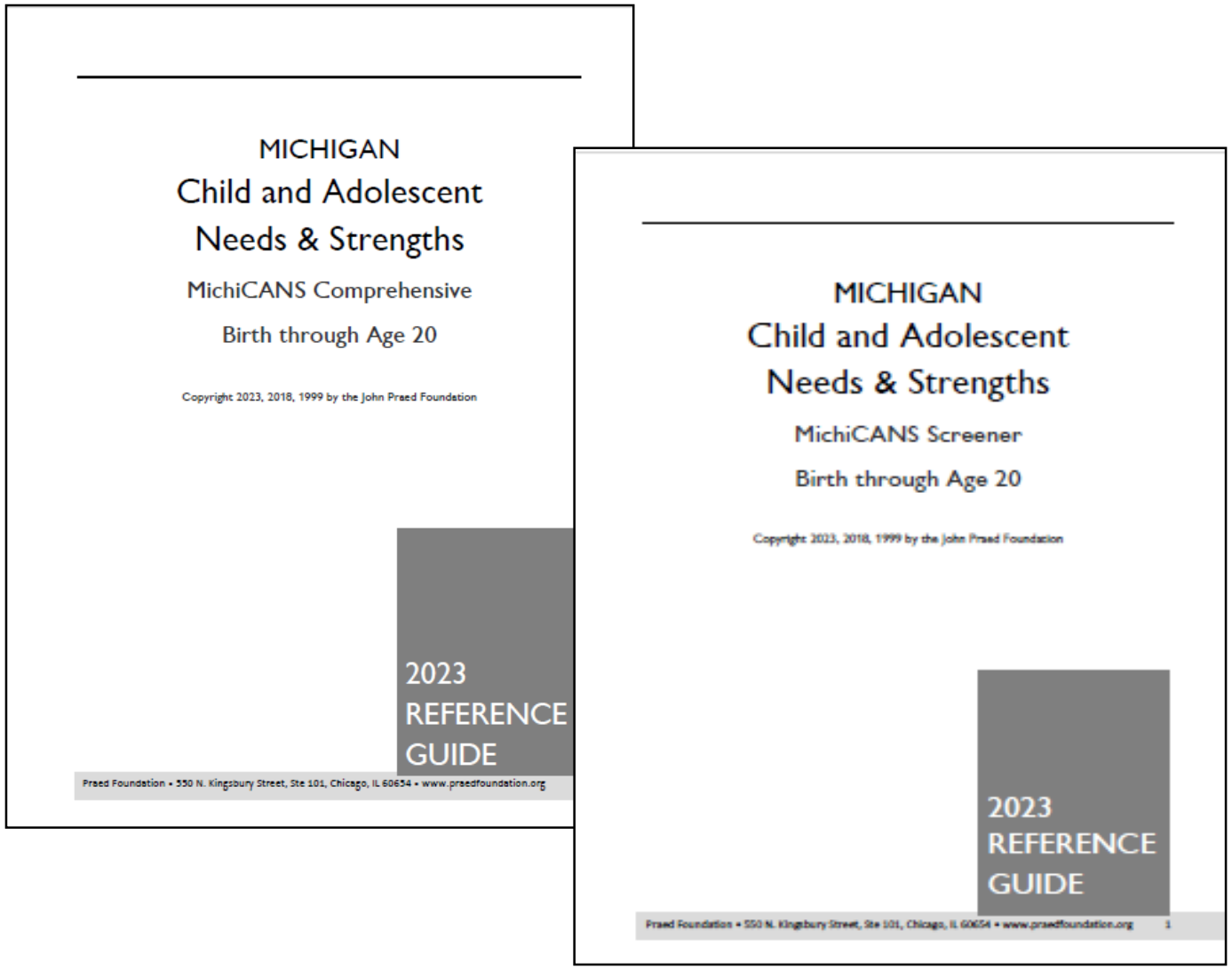
The tools continuously align the work of all persons with the identified strengths and needs of children and families at all levels of the system.

It is a common language framework that aids system understanding of presenting issues, impact, and effectiveness across multiple levels—family, program, system.

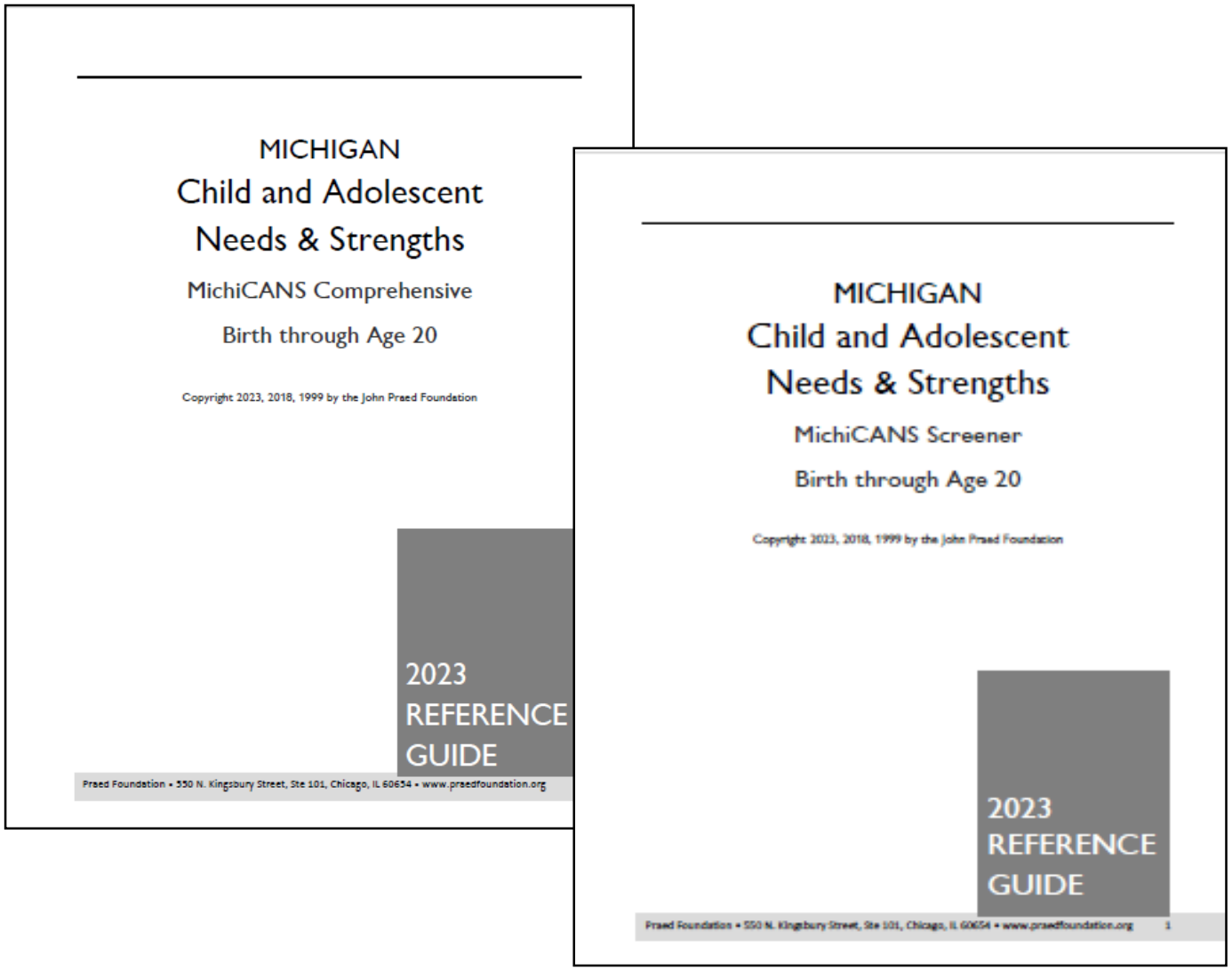
What Is The MichiCANS? (cont.)

MichiCANS Screener: CMHC ACCESS/Intake Centers

Used to guide screening, initial assessment and referrals for behavioral health services.



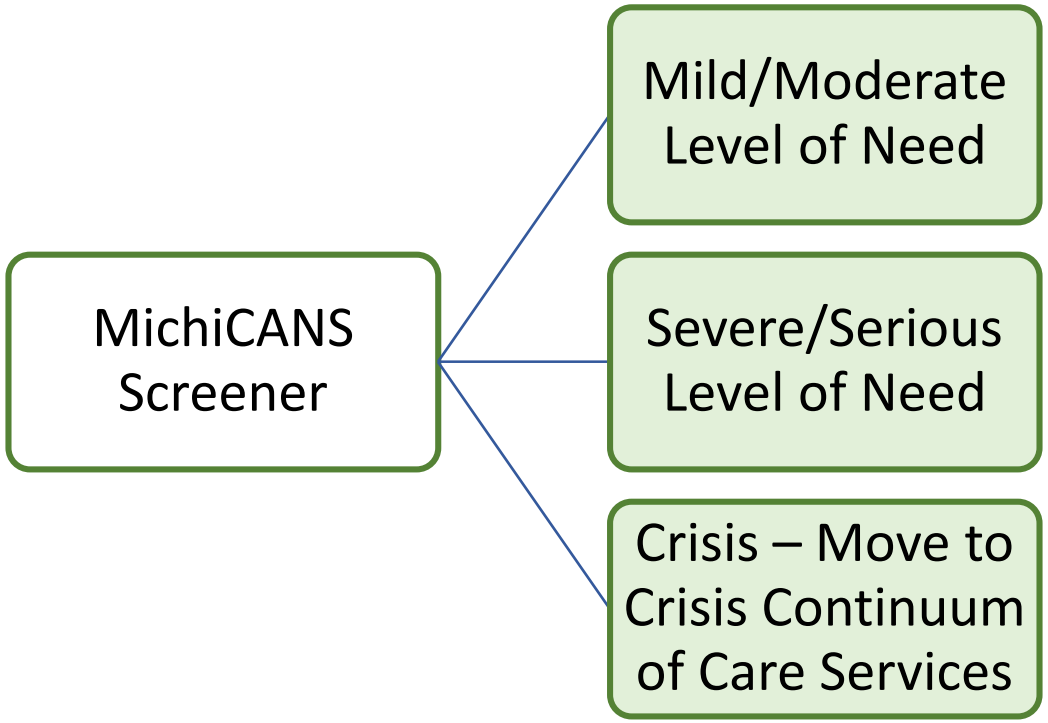
What Is The MichiCANS? (cont.)

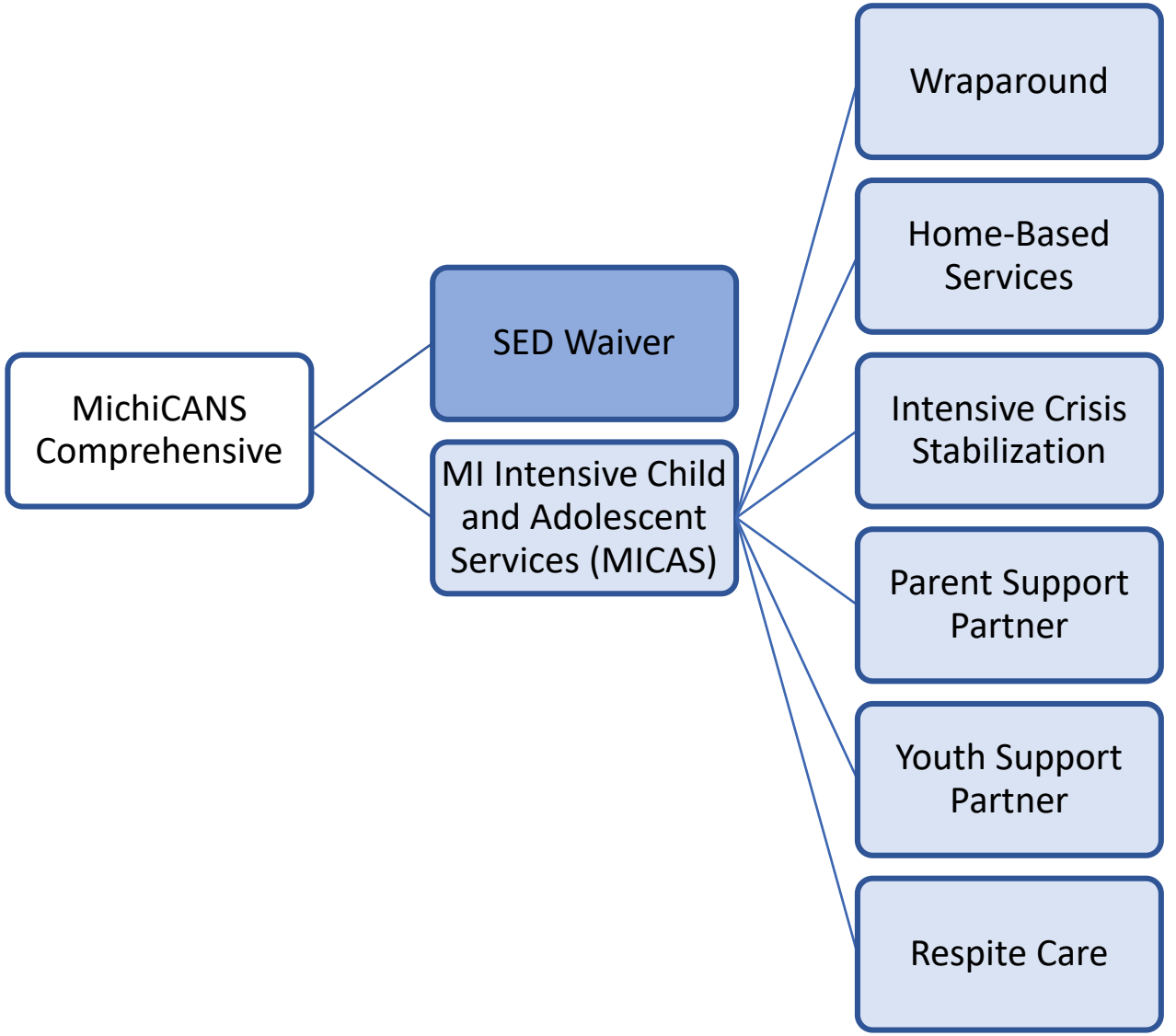


MichiCANS Comprehensive: Clinical and Care Coordination Providers – Therapists, Case Managers, Wraparound Facilitators

- Ongoing assessment of youth and family functioning.
- Guides treatment and service planning across all life domains at youth and family team level.
- Monitors outcomes and quality improvement
- To be completed every 3 months and at the time of transition.

What Is The MichiCANS? (cont.)





Brief MichiCANS Overview

Action Levels

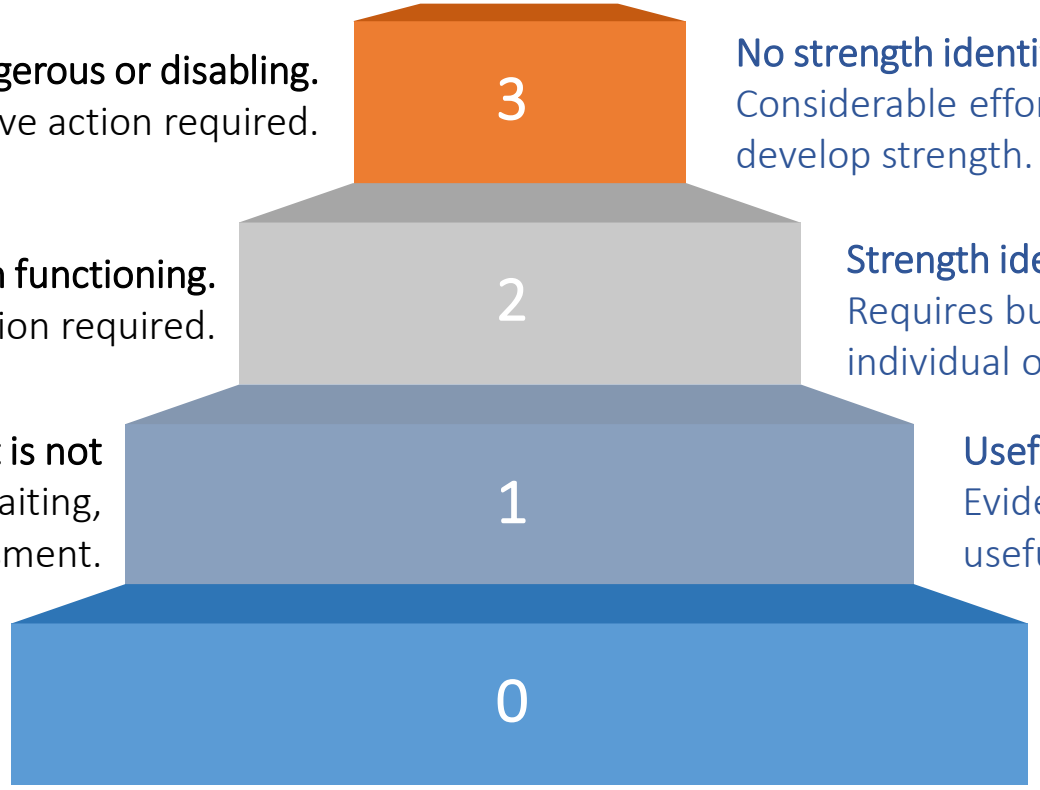
Status and Impact

Need is dangerous or disabling. Immediate/intensive action required.

Need interferes with functioning. Action/intervention required.

Significant history of need or need that is not interfering with functioning. Watchful waiting, additional assessment.

No evidence of need. No need for action.



No strength identified.
Considerable effort or building to create and develop strength.

Strength identified.
Requires building in order to be useful for individual or planning.

Useful strength.
Evident and can be accessed by individual; useful for planning.

Well developed centerpiece strength.
Easily accessible by individual; essential for planning.

Action Levels In Practice

Need Action Levels

0 - No need for action

1 - Watchful waiting, additional assessment

2 - Action/intervention

3 - Immediate/intensive action

Have we built consensus around working on this area of need?

- We agree, no need for work = 0
- It never came up in conversation = 0
- Team unsure if work is needed, keep exploring = 1
- No consensus/disagreement, work on aligning perspectives = 1
- Team agrees, select intervention support = 2
- Team agrees and we need to act quickly/intensely = 3

Action Levels In Practice

Strength Action Levels

0 - Used as centerpiece of the plan

1 - Used in planning

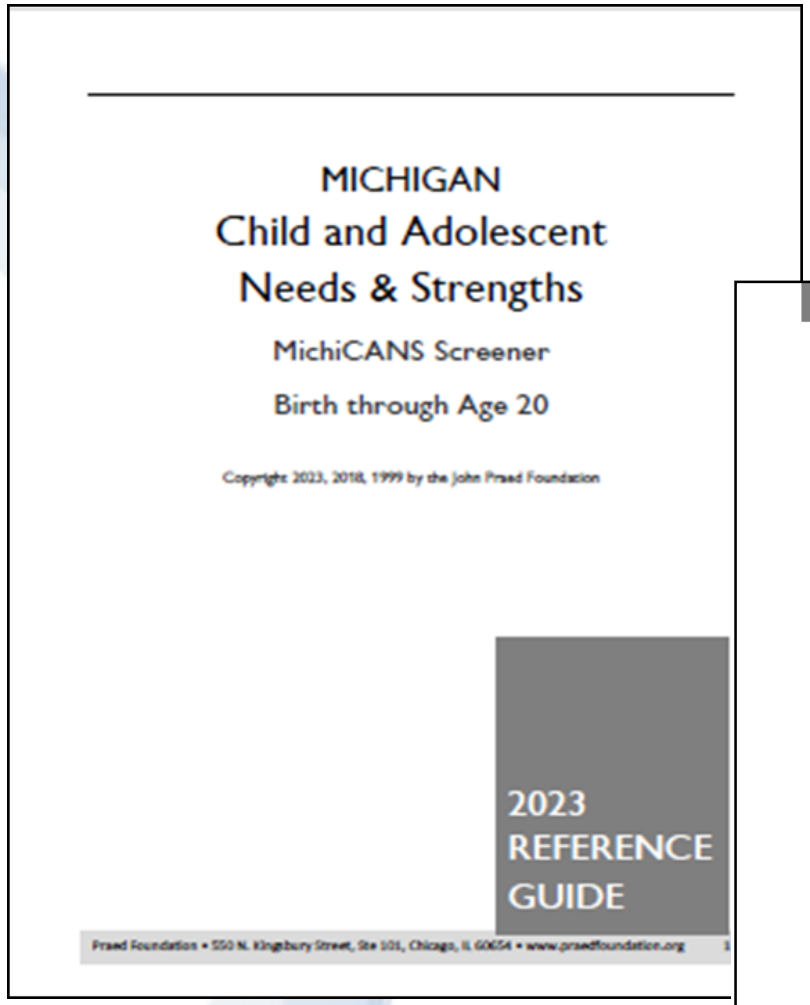
2 - Needs development for use in planning

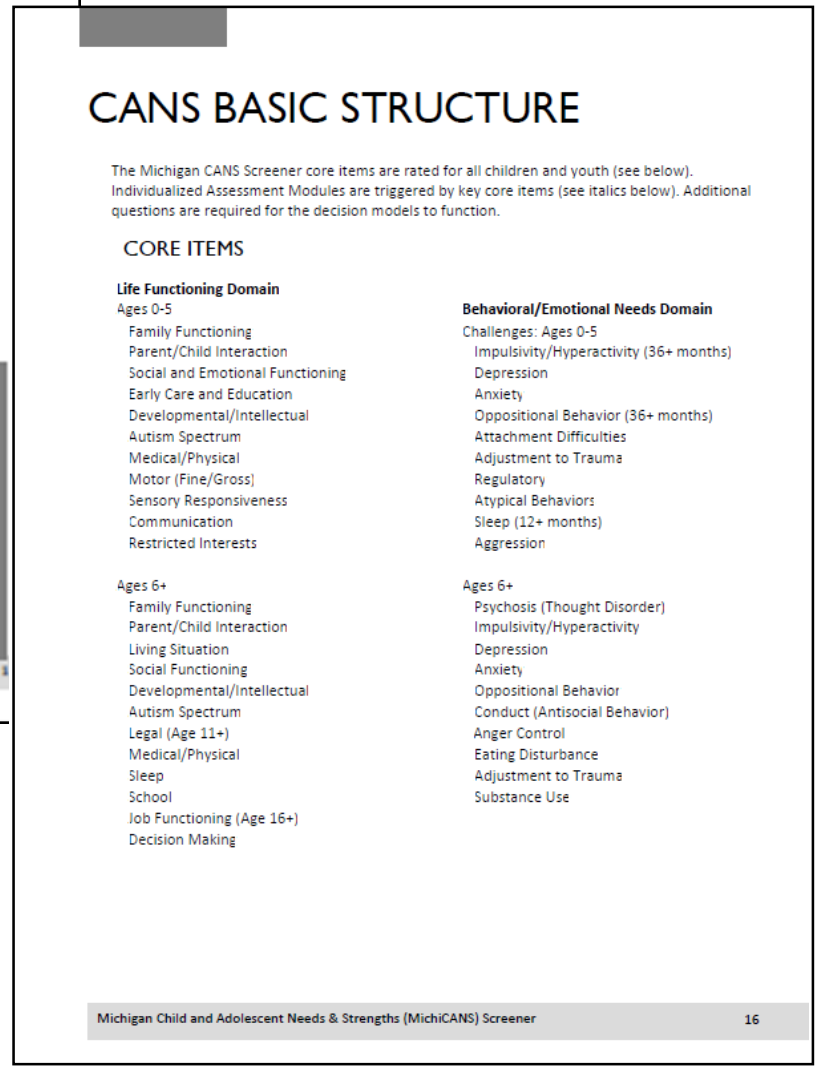
3 - Strength not identified

Have we built consensus around the utility of an area strength?

- We can build a plan around this strength = 0
- In use, keep in place = 1
- We can begin using this = 1
- This needs development to use it in a plan = 2
- Unsure if this is a strength, further exploration = 3
- Not a strength, we are considering building = 3

MichiCANS Screener





CANS BASIC STRUCTURE

The Michigan CANS Screener core items are rated for all children and youth (see below). Individualized Assessment Modules are triggered by key core items (see italics below). Additional questions are required for the decision models to function.

CORE ITEMS

Life Functioning Domain

Ages 0-5
- Family Functioning
- Parent/Child Interaction
- Social and Emotional Functioning
- Early Care and Education
- Developmental/Intellectual
- Autism Spectrum
- Medical/Physical
- Motor (Fine/Gross)
- Sensory Responsiveness
- Communication
- Restricted Interests

Ages 6+
- Family Functioning
- Parent/Child Interaction
- Living Situation
- Social Functioning
- Developmental/Intellectual
- Autism Spectrum
- Legal (Age 11+)
- Medical/Physical
- Sleep
- School
- Job Functioning (Age 16+)
- Decision Making

Behavioral/Emotional Needs Domain

Challenges: Ages 0-5
- Impulsivity/Hyperactivity (36+ months)
- Depression
- Anxiety
- Oppositional Behavior (36+ months)
- Attachment Difficulties
- Adjustment to Trauma
- Regulatory
- Atypical Behaviors
- Sleep (12+ months)
- Aggression

Ages 6+
- Psychosis (Thought Disorder)
- Impulsivity/Hyperactivity
- Depression
- Anxiety
- Oppositional Behavior
- Conduct (Antisocial Behavior)
- Anger Control
- Eating Disturbance
- Adjustment to Trauma
- Substance Use

Life Functioning Domain

The life domains are the different arenas of social interaction found in the lives of children, youth, and their families. This domain rates functioning of the individual with family, peer, school, and community. This section is rated using the needs scale and therefore will highlight any struggles the individual and family are experiencing.

LIFE FUNCTIONING DOMAIN

Ages 0-5 Items	**Rating**
Family Functioning	0 ☐ 1 ☐ 2 ☐ 3 ☐
Parent/Child Interaction	0 ☐ 1 ☐ 2 ☐ 3 ☐
Social and Emot. Functioning	0 ☐ 1 ☐ 2 ☐ 3 ☐
Early Care and Education	0 ☐ 1 ☐ 2 ☐ 3 ☐
Developmental/Intellectual	0 ☐ 1 ☐ 2 ☐ 3 ☐
Autism Spectrum	0 ☐ 1 ☐ 2 ☐ 3 ☐
Medical/Physical	0 ☐ 1 ☐ 2 ☐ 3 ☐
Motor (Fine/Gross)	0 ☐ 1 ☐ 2 ☐ 3 ☐
Sensory Responsiveness	0 ☐ 1 ☐ 2 ☐ 3 ☐
Restricted Interests	0 ☐ 1 ☐ 2 ☐ 3 ☐

Ages 6+ Items	**Rating**
Family Functioning	0 ☐ 1 ☐ 2 ☐ 3 ☐
Parent/Child Interaction	0 ☐ 1 ☐ 2 ☐ 3 ☐
Living Situation	0 ☐ 1 ☐ 2 ☐ 3 ☐
Social Functioning	0 ☐ 1 ☐ 2 ☐ 3 ☐
Developmental/Intellectual	0 ☐ 1 ☐ 2 ☐ 3 ☐
Autism Spectrum	0 ☐ 1 ☐ 2 ☐ 3 ☐
Legal (Age 11+)	0 ☐ 1 ☐ 2 ☐ 3 ☐
Sleep	0 ☐ 1 ☐ 2 ☐ 3 ☐
School	0 ☐ 1 ☐ 2 ☐ 3 ☐
Job Functioning	0 ☐ 1 ☐ 2 ☐ 3 ☐
Decision Making	0 ☐ 1 ☐ 2 ☐ 3 ☐

Behavioral/Emotional Needs Domain

The ratings in this section identify the behavioral health needs of the youth. **While the CANS is not a diagnostic tool,** it is designed to be consistent with diagnostic communication. In the DSM, a diagnosis is defined by a set of symptoms that is associated with either dysfunction or distress. This is consistent with the ratings of '2' or '3' as described by the action levels.

BEHAVIORAL/EMOTIONAL NEEDS DOMAIN

Ages 0-5 Challenges Items	**Rating**
Impulsivity/Hyperact. (36+ mos)	0 ☐ 1 ☐ 2 ☐ 3 ☐
Depression	0 ☐ 1 ☐ 2 ☐ 3 ☐
Anxiety	0 ☐ 1 ☐ 2 ☐ 3 ☐
Oppositional Behavior (36+ mos)	0 ☐ 1 ☐ 2 ☐ 3 ☐
Attachment Difficulties	0 ☐ 1 ☐ 2 ☐ 3 ☐
Adjustment to Trauma	0 ☐ 1 ☐ 2 ☐ 3 ☐
Regulatory	0 ☐ 1 ☐ 2 ☐ 3 ☐
Atypical Behaviors	0 ☐ 1 ☐ 2 ☐ 3 ☐
Sleep (12+mos)	0 ☐ 1 ☐ 2 ☐ 3 ☐
Aggression	0 ☐ 1 ☐ 2 ☐ 3 ☐

Ages 6+ Items	**Rating**
Psychosis (Thought Disorder)	0 ☐ 1 ☐ 2 ☐ 3 ☐
Impulsivity/Hyperactivity	0 ☐ 1 ☐ 2 ☐ 3 ☐
Depression	0 ☐ 1 ☐ 2 ☐ 3 ☐
Anxiety	0 ☐ 1 ☐ 2 ☐ 3 ☐
Oppositional Behavior	0 ☐ 1 ☐ 2 ☐ 3 ☐
Conduct (Antisocial Behavior)	0 ☐ 1 ☐ 2 ☐ 3 ☐
Anger Control	0 ☐ 1 ☐ 2 ☐ 3 ☐
Eating Disturbance	0 ☐ 1 ☐ 2 ☐ 3 ☐
Adjustment to Trauma	0 ☐ 1 ☐ 2 ☐ 3 ☐
Substance Use	0 ☐ 1 ☐ 2 ☐ 3 ☐

Risk Behaviors Domain

This section focuses on behaviors that can get children and youth in trouble or put them in danger of harming themselves or others. Time frames in this section can change (particularly for ratings ‘1’ and ‘3’) away from the standard 30-day rating window.

RISK FACTORS AND BEHAVIORS DOMAIN

Ages 0-5 Items	**Rating**
Risk Factors	
Substance Exposure in Utero	0 ☐ 1 ☐ 2 ☐ 3 ☐
Environmental Toxin Exposure	0 ☐ 1 ☐ 2 ☐ 3 ☐
Prenatal Care	0 ☐ 1 ☐ 2 ☐ 3 ☐
Labor and Delivery	0 ☐ 1 ☐ 2 ☐ 3 ☐
Birth Weight	0 ☐ 1 ☐ 2 ☐ 3 ☐
Failure to Thrive	0 ☐ 1 ☐ 2 ☐ 3 ☐
Risk Behaviors	
Self-Harm (12+ mos)	0 ☐ 1 ☐ 2 ☐ 3 ☐
Flight Risk/Bolting	0 ☐ 1 ☐ 2 ☐ 3 ☐

Ages 6+ Items	**Rating**
Risk Factors	
Substance Exposure in Utero	0 ☐ 1 ☐ 2 ☐ 3 ☐
Risk Behaviors	
Suicide Risk	0 ☐ 1 ☐ 2 ☐ 3 ☐
Non-Suicidal Self-Inj. Behav.	0 ☐ 1 ☐ 2 ☐ 3 ☐
Other Self-Harm (Recklessness)	0 ☐ 1 ☐ 2 ☐ 3 ☐
Danger to Others	0 ☐ 1 ☐ 2 ☐ 3 ☐
Problematic Sexual Behavior	0 ☐ 1 ☐ 2 ☐ 3 ☐
Runaway	0 ☐ 1 ☐ 2 ☐ 3 ☐
Victimization/Exploitation	0 ☐ 1 ☐ 2 ☐ 3 ☐

Cultural Factors Domain

These items identify linguistic or cultural issues for which service providers need to make accommodations (e.g., provide interpreter, finding therapist who speaks family's primary language, and/or ensure that children and youth in placement has the opportunity to participate in cultural rituals associated with their cultural identity).

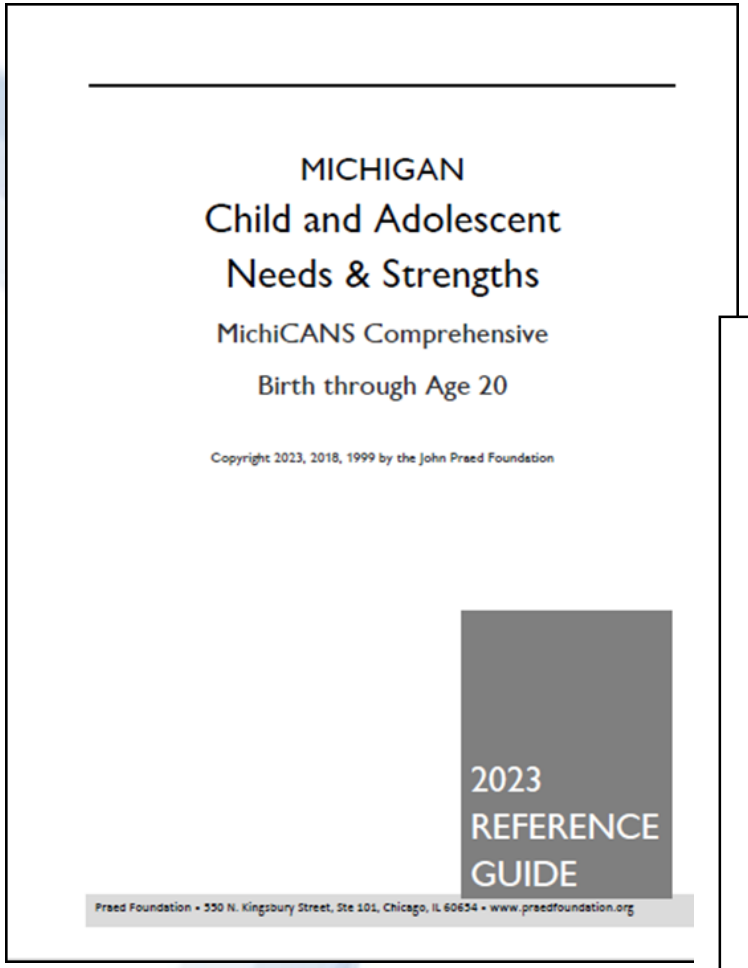
Items in the Cultural Factors Domain describe difficulties that children and youth may experience or encounter as a result of their membership in any cultural group, and/or because of the relationship between members of that group and members of the dominant society.

CULTURAL FACTORS AND CAREGIVER RESOURCES AND NEEDS DOMAIN (

Items	Rating
Cultural Stress	0 ☐ 1 ☐ 2 ☐ 3 ☐
Adj to Traumatic Experiences	0 ☐ 1 ☐ 2 ☐ 3 ☐
Mental Health	0 ☐ 1 ☐ 2 ☐ 3 ☐
Caregiver Capacity	0 ☐ 1 ☐ 2 ☐ 3 ☐

Items	Rating
Supervision	0 ☐ 1 ☐ 2 ☐ 3 ☐
Involvement with Care	0 ☐ 1 ☐ 2 ☐ 3 ☐
Knowledge	0 ☐ 1 ☐ 2 ☐ 3 ☐
Safety	0 ☐ 1 ☐ 2 ☐ 3 ☐

MichiCANS
Comprehensive



MICHIGAN
Child and Adolescent
Needs & Strengths

MichiCANS Comprehensive

Birth through Age 20

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2023
REFERENCE
GUIDE

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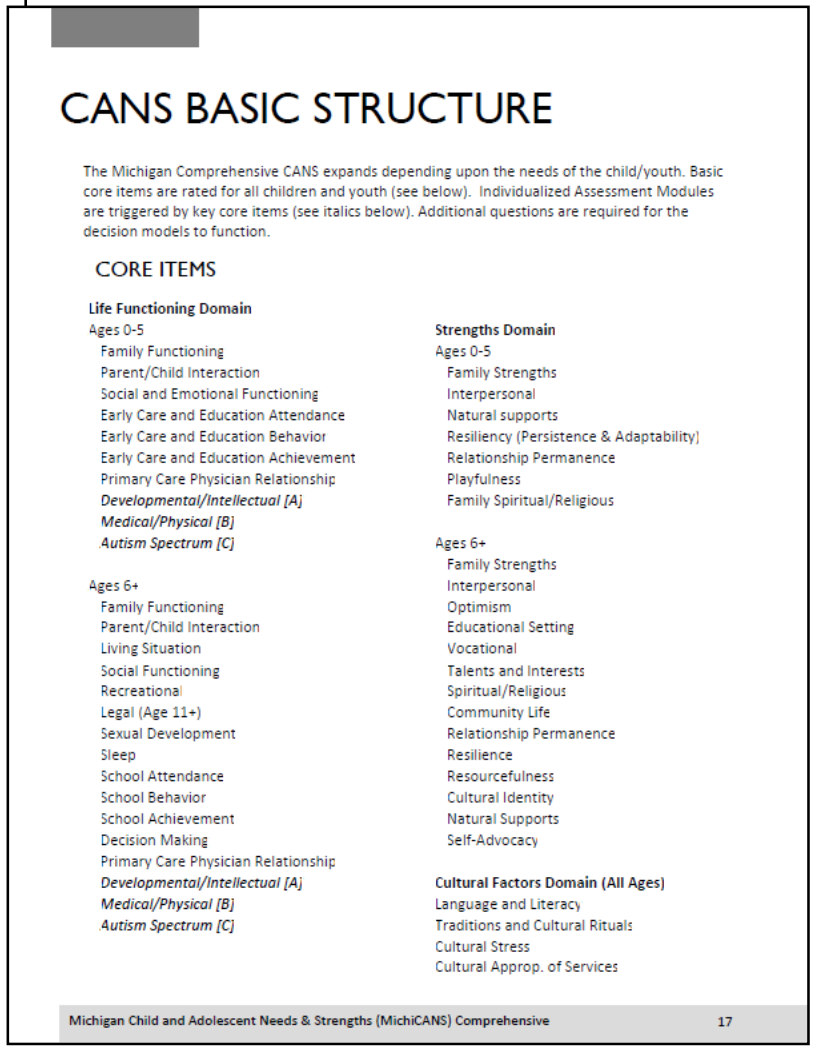


CANS BASIC STRUCTURE

The Michigan Comprehensive CANS expands depending upon the needs of the child/youth. Basic core items are rated for all children and youth (see below). Individualized Assessment Modules are triggered by key core items (see italics below). Additional questions are required for the decision models to function.

CORE ITEMS

Life Functioning Domain

Ages 0-5
- Family Functioning
- Parent/Child Interaction
- Social and Emotional Functioning
- Early Care and Education Attendance
- Early Care and Education Behavior
- Early Care and Education Achievement
- Primary Care Physician Relationship
- *Developmental/Intellectual [A]*
- *Medical/Physical [B]*
- *Autism Spectrum [C]*

Ages 6+
- Family Functioning
- Parent/Child Interaction
- Living Situation
- Social Functioning
- Recreational
- Legal (Age 11+)
- Sexual Development
- Sleep
- School Attendance
- School Behavior
- School Achievement
- Decision Making
- Primary Care Physician Relationship
- *Developmental/Intellectual [A]*
- *Medical/Physical [B]*
- *Autism Spectrum [C]*

Strengths Domain

Ages 0-5
- Family Strengths
- Interpersonal
- Natural supports
- Resiliency (Persistence & Adaptability)
- Relationship Permanence
- Playfulness
- Family Spiritual/Religious

Ages 6+
- Family Strengths
- Interpersonal
- Optimism
- Educational Setting
- Vocational
- Talents and Interests
- Spiritual/Religious
- Community Life
- Relationship Permanence
- Resilience
- Resourcefulness
- Cultural Identity
- Natural Supports
- Self-Advocacy

Cultural Factors Domain (All Ages)
- Language and Literacy
- Traditions and Cultural Rituals
- Cultural Stress
- Cultural Approp. of Services

Life Functioning Domain

The life domains are the different arenas of social interaction found in the lives of children, youth, and their families. This domain rates functioning of the individual with family, peer, school, and community. This section is rated using the needs scale and therefore will highlight any struggles the individual and family are experiencing.

LIFE FUNCTIONING DOMAIN

Ages 0-5 Items	**Rating**			
Family Functioning	0 ☐	1 ☐	2 ☐	3 ☐
Parent/Child Interaction	0 ☐	1 ☐	2 ☐	3 ☐
Social and Emot. Functioning	0 ☐	1 ☐	2 ☐	3 ☐
Early Care and Ed. Attendance	0 ☐	1 ☐	2 ☐	3 ☐
Early Care and Ed. Behavior	0 ☐	1 ☐	2 ☐	3 ☐
Early Care and Ed. Achievement	0 ☐	1 ☐	2 ☐	3 ☐
Primary Care Physician Rel.	0 ☐	1 ☐	2 ☐	3 ☐
Developmental/Intellectual [A]	0 ☐	1 ☐	2 ☐	3 ☐
Medical/Physical [B]	0 ☐	1 ☐	2 ☐	3 ☐
Autism Spectrum [C]	0 ☐	1 ☐	2 ☐	3 ☐

Ages 6+ Items	**Rating**			
Family Functioning	0 ☐	1 ☐	2 ☐	3 ☐
Parent/Child Interaction	0 ☐	1 ☐	2 ☐	3 ☐

Ages 6+ Items continued		**Rating**			
Living Situation		0 ☐	1 ☐	2 ☐	3 ☐
Social Functioning		0 ☐	1 ☐	2 ☐	3 ☐
Recreational		0 ☐	1 ☐	2 ☐	3 ☐
Legal (Age 11+)	NA ☐	0 ☐	1 ☐	2 ☐	3 ☐
Sexual Development		0 ☐	1 ☐	2 ☐	3 ☐
Sleep		0 ☐	1 ☐	2 ☐	3 ☐
School Attendance		0 ☐	1 ☐	2 ☐	3 ☐
School Behavior		0 ☐	1 ☐	2 ☐	3 ☐
School Achievement		0 ☐	1 ☐	2 ☐	3 ☐
Decision Making		0 ☐	1 ☐	2 ☐	3 ☐
Primary Care Physician Rel.		0 ☐	1 ☐	2 ☐	3 ☐
Developmental/Intellectual [A]		0 ☐	1 ☐	2 ☐	3 ☐
Medical/Physical [B]		0 ☐	1 ☐	2 ☐	3 ☐
Autism Spectrum [C]		0 ☐	1 ☐	2 ☐	3 ☐

Strengths Domain

This domain describes the assets of the child/youth that can be used to advance healthy development. It is important to remember that **strengths are NOT the opposite of needs.**

Increasing a child/youth's strengths while also addressing their behavioral/emotional needs leads to better functioning, and better outcomes, than does focusing just on the child/youth's needs. Identifying areas where strengths can be built is a significant element of service planning. In these items the 'best' assets and resources available to the child/youth are rated based on how accessible and useful those strengths are. These are the only items that use the Strength Rating Scale with action levels.

STRENGTHS DOMAIN

Ages 0-5 Items	**Rating**
Family Strengths	0 ☐ 1 ☐ 2 ☐ 3 ☐
Interpersonal	0 ☐ 1 ☐ 2 ☐ 3 ☐
Natural Supports	0 ☐ 1 ☐ 2 ☐ 3 ☐
Resiliency (Persist. & Adapt.)	0 ☐ 1 ☐ 2 ☐ 3 ☐
Relationship Permanence	0 ☐ 1 ☐ 2 ☐ 3 ☐
Playfulness	0 ☐ 1 ☐ 2 ☐ 3 ☐
Family Spiritual/Religious	0 ☐ 1 ☐ 2 ☐ 3 ☐

Ages 6+ Items	**Rating**
Family Strengths	0 ☐ 1 ☐ 2 ☐ 3 ☐
Interpersonal	0 ☐ 1 ☐ 2 ☐ 3 ☐
Optimism	0 ☐ 1 ☐ 2 ☐ 3 ☐

Ages 6+ Items continued	**Rating**
Educational Setting	0 ☐ 1 ☐ 2 ☐ 3 ☐
Vocational	0 ☐ 1 ☐ 2 ☐ 3 ☐
Talents and Interests	0 ☐ 1 ☐ 2 ☐ 3 ☐
Spiritual/Religious	0 ☐ 1 ☐ 2 ☐ 3 ☐
Community Life	0 ☐ 1 ☐ 2 ☐ 3 ☐
Relationship Permanence	0 ☐ 1 ☐ 2 ☐ 3 ☐
Resilience	0 ☐ 1 ☐ 2 ☐ 3 ☐
Resourcefulness	0 ☐ 1 ☐ 2 ☐ 3 ☐
Cultural Identity	0 ☐ 1 ☐ 2 ☐ 3 ☐
Natural Supports	0 ☐ 1 ☐ 2 ☐ 3 ☐
Self-Advocacy	0 ☐ 1 ☐ 2 ☐ 3 ☐

Cultural Factors Domain

These items identify linguistic or cultural issues for which service providers need to make accommodations (e.g., provide interpreter, finding therapist who speaks family's primary language, and/or ensure that children and youth in placement has the opportunity to participate in cultural rituals associated with their cultural identity).

Items in the Cultural Factors Domain describe difficulties that children and youth may experience or encounter as a result of their membership in any cultural group, and/or because of the relationship between members of that group and members of the dominant society.

CULTURAL FACTORS DOMAIN (ALL AGES)

Items	Rating	Items	Rating
Language and Literacy	0 ☐ 1 ☐ 2 ☐ 3 ☐	Cultural Stress	0 ☐ 1 ☐ 2 ☐ 3 ☐
Traditions and Cultural Rituals	0 ☐ 1 ☐ 2 ☐ 3 ☐	Cutural Approp. of Services	0 ☐ 1 ☐ 2 ☐ 3 ☐

Behavioral/Emotional Needs Domain

The ratings in this section identify the behavioral health needs of the youth. **While the CANS is not a diagnostic tool,** it is designed to be consistent with diagnostic communication. In the DSM, a diagnosis is defined by a set of symptoms that is associated with either dysfunction or distress. This is consistent with the ratings of '2' or '3' as described by the action levels.

BEHAVIORAL/EMOTIONAL NEEDS DOMAIN

Ages 0-5 Challenges Items		Rating			
Impulsivity/Hyperactivity	NA ☐	0 ☐	1 ☐	2 ☐	3 ☐
Depression		0 ☐	1 ☐	2 ☐	3 ☐
Anxiety		0 ☐	1 ☐	2 ☐	3 ☐
Oppositional Behavior*	NA ☐	0 ☐	1 ☐	2 ☐	3 ☐
Attachment Difficulties		0 ☐	1 ☐	2 ☐	3 ☐
Aggression		0 ☐	1 ☐	2 ☐	3 ☐
Regulatory		0 ☐	1 ☐	2 ☐	3 ☐
Atypical Behaviors		0 ☐	1 ☐	2 ☐	3 ☐
Sleep (12+ mos)	NA ☐	0 ☐	1 ☐	2 ☐	3 ☐
Eating		0 ☐	1 ☐	2 ☐	3 ☐
Elimination		0 ☐	1 ☐	2 ☐	3 ☐
Adjustment to Trauma [D1]		0 ☐	1 ☐	2 ☐	3 ☐

*Ages 36+ mos

Ages 6+ Items	Rating			
Psychosis (Thought Disorder)	0 ☐	1 ☐	2 ☐	3 ☐
Impulsivity/Hyperactivity	0 ☐	1 ☐	2 ☐	3 ☐
Depression	0 ☐	1 ☐	2 ☐	3 ☐
Anxiety	0 ☐	1 ☐	2 ☐	3 ☐
Oppositional Behavior	0 ☐	1 ☐	2 ☐	3 ☐
Conduct (Antisocial Behavior)	0 ☐	1 ☐	2 ☐	3 ☐
Attachment Difficulties	0 ☐	1 ☐	2 ☐	3 ☐
Anger Control	0 ☐	1 ☐	2 ☐	3 ☐
Eating Disturbance	0 ☐	1 ☐	2 ☐	3 ☐
Adjustment to Trauma [D1, D2]	0 ☐	1 ☐	2 ☐	3 ☐
Substance Use [E]	0 ☐	1 ☐	2 ☐	3 ☐

Risk Behaviors Domain

This section focuses on behaviors that can get children and youth in trouble or put them in danger of harming themselves or others. Time frames in this section can change (particularly for ratings ‘1’ and ‘3’) away from the standard 30-day rating window.

RISK FACTORS AND BEHAVIORS DOMAIN

Ages 0-5 Items	**Rating**
Risk Factors	
Substance Exposure in Utero	0 ☐ 1 ☐ 2 ☐ 3 ☐
Environmental Toxin Exposure	0 ☐ 1 ☐ 2 ☐ 3 ☐
Prenatal Care	0 ☐ 1 ☐ 2 ☐ 3 ☐
Labor and Delivery	0 ☐ 1 ☐ 2 ☐ 3 ☐
Birth Weight	0 ☐ 1 ☐ 2 ☐ 3 ☐
Failure to Thrive	0 ☐ 1 ☐ 2 ☐ 3 ☐
Exploited	0 ☐ 1 ☐ 2 ☐ 3 ☐
Risk Behaviors	
Self-Harm (12+ mos)	0 ☐ 1 ☐ 2 ☐ 3 ☐
Flight Risk/Bolting	0 ☐ 1 ☐ 2 ☐ 3 ☐
Fire Setting (36+ mos)	0 ☐ 1 ☐ 2 ☐ 3 ☐

Ages 6+ Items	**Rating**
Risk Factors	
Substance Exposure in Utero	0 ☐ 1 ☐ 2 ☐ 3 ☐
Environmental Toxin Exposure	0 ☐ 1 ☐ 2 ☐ 3 ☐
Risk Behaviors	
Suicide Risk	0 ☐ 1 ☐ 2 ☐ 3 ☐
Non-Suicidal Self-Inj. Behav.	0 ☐ 1 ☐ 2 ☐ 3 ☐
Other Self-Harm (Recklessness)	0 ☐ 1 ☐ 2 ☐ 3 ☐
Victimization/Exploitation	0 ☐ 1 ☐ 2 ☐ 3 ☐
Intentional Misbehavior	0 ☐ 1 ☐ 2 ☐ 3 ☐
Danger to Others [F]	0 ☐ 1 ☐ 2 ☐ 3 ☐
Probl. Sexual Behavior [G]	0 ☐ 1 ☐ 2 ☐ 3 ☐
Runaway [H]	0 ☐ 1 ☐ 2 ☐ 3 ☐
Delinquent Behavior [I]	0 ☐ 1 ☐ 2 ☐ 3 ☐
Fire Setting [J]	0 ☐ 1 ☐ 2 ☐ 3 ☐

Transition Age Youth Domain

This section focuses on specific issues related to a youth's transition to living on their own. This domain can also be rated for youth who are already living on their own.

This domain should be completed for youth ages 16+.

TRANSITION AGE YOUTH DOMAIN (AGES 16+)

Items	Rating
Behavioral/Emotional Needs	
Interpersonal Problems	0 ☐ 1 ☐ 2 ☐ 3 ☐
Functioning	
Medication Adherence	0 ☐ 1 ☐ 2 ☐ 3 ☐
Intimate Relationships	0 ☐ 1 ☐ 2 ☐ 3 ☐
Transportation	0 ☐ 1 ☐ 2 ☐ 3 ☐
Educational Attainment	0 ☐ 1 ☐ 2 ☐ 3 ☐

Items	Rating
Functioning continued	
Independent Living Skills [K]	0 ☐ 1 ☐ 2 ☐ 3 ☐
Parent./Caregiving Skills [L]	0 ☐ 1 ☐ 2 ☐ 3 ☐
Job Functioning [M]	0 ☐ 1 ☐ 2 ☐ 3 ☐
Strengths	
Youth Involvement in Care	0 ☐ 1 ☐ 2 ☐ 3 ☐

Caregiver Resources and Needs Domain

These items represent potential areas of need for caregivers while simultaneously highlighting the areas in which the caregivers can be a resource for the child or youth.

CAREGIVER RESOURCES AND NEEDS DOMAIN (ALL AGES)

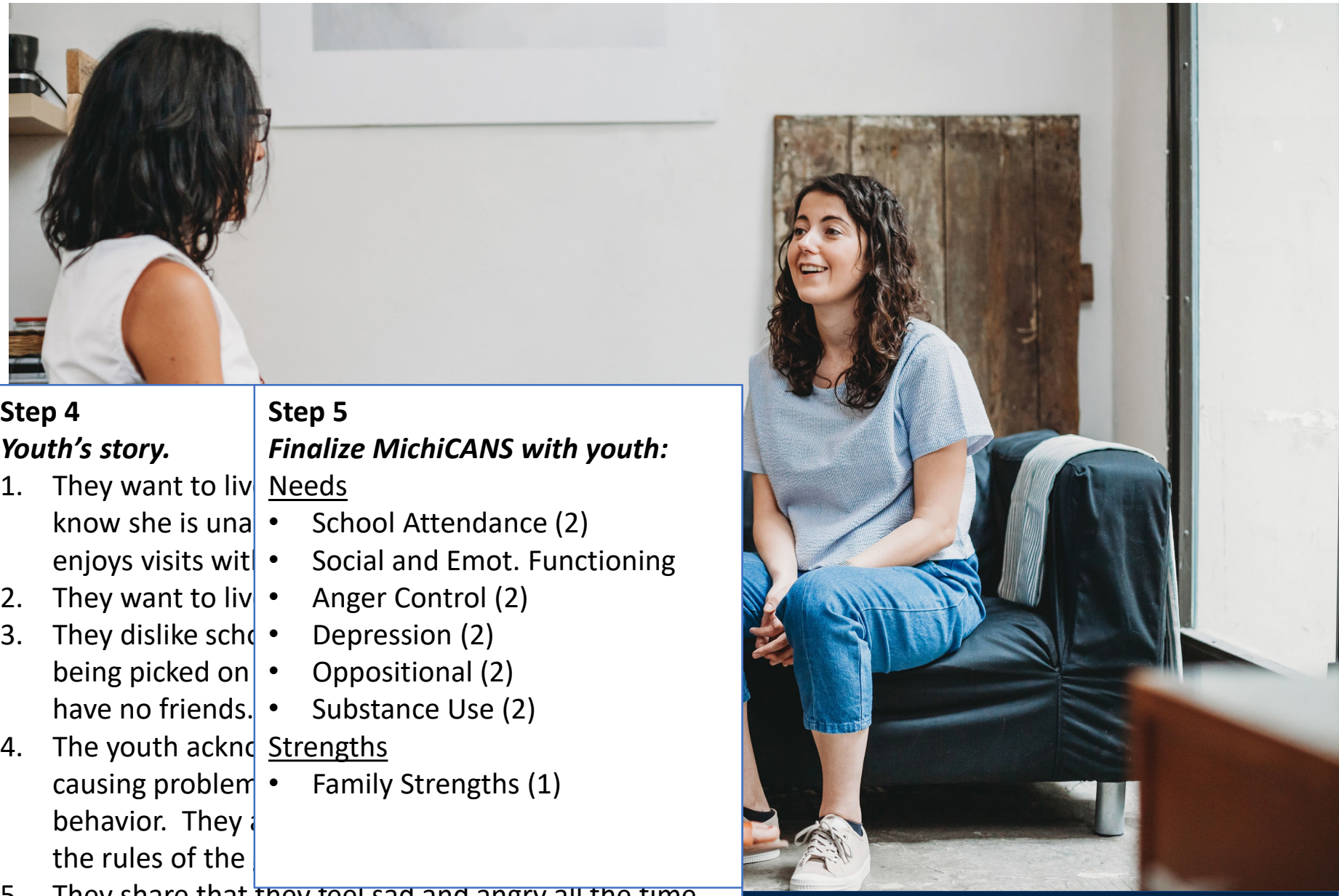
Items	Rating	Items	Rating
Adj. to Traumatic Experiences	0 ☐ 1 ☐ 2 ☐ 3 ☐	Mental Health	0 ☐ 1 ☐ 2 ☐ 3 ☐
Supervision	0 ☐ 1 ☐ 2 ☐ 3 ☐	Substance Use	0 ☐ 1 ☐ 2 ☐ 3 ☐
Involvement with Care	0 ☐ 1 ☐ 2 ☐ 3 ☐	Developmental	0 ☐ 1 ☐ 2 ☐ 3 ☐
Knowledge	0 ☐ 1 ☐ 2 ☐ 3 ☐	Safety	0 ☐ 1 ☐ 2 ☐ 3 ☐
Organization	0 ☐ 1 ☐ 2 ☐ 3 ☐	Marital/Partner Violence In the Home	0 ☐ 1 ☐ 2 ☐ 3 ☐
Social Resources	0 ☐ 1 ☐ 2 ☐ 3 ☐	Legal Involvement	0 ☐ 1 ☐ 2 ☐ 3 ☐
Financial Resources	0 ☐ 1 ☐ 2 ☐ 3 ☐	Family Relationship to the System	0 ☐ 1 ☐ 2 ☐ 3 ☐
Residential Stability	0 ☐ 1 ☐ 2 ☐ 3 ☐		
Medical/Physical	0 ☐ 1 ☐ 2 ☐ 3 ☐		

Strategy for Organization The CANS

We start by organizing action to address needs and build / utilize strengths

Areas Needing Action	Areas Needing Immediate Action
Useful Strengths	**Strengths to Develop Build**
Trauma Experiences	

Strategy for Organization The CANS



Step 1
Review of the identifies:
- the youth school,
- diagnosis dysregulat defiant dis
- Their reme for substar

Step 2
Organize MichiCAN
- Schoo
- Social
- Anger
- Depre
- Oppo
- Subst

Step 3
Meet w
1. Eng
2. Allo
3. Ider bet doc
4. Buil arou stor

Step 4
Youth's story.
1. They want to liv know she is una enjoys visits wit
2. They want to liv
3. They dislike scho being picked on have no friends.
4. The youth ackno causing problem behavior. They the rules of the
5. They share that they feel sad and angry all the time.

Step 5
Finalize MichiCANS with youth:
<u>Needs</u>
- School Attendance (2)
- Social and Emot. Functioning
- Anger Control (2)
- Depression (2)
- Oppositional (2)
- Substance Use (2)

<u>Strengths</u>
- Family Strengths (1)

Strategy for Organization The CANS

We start by organizing action to address needs and build / utilize strengths

TCOM MICHICANS ASSESSMENT REPORT

Child/Youth	Conrad	Date	7/9/2024
Assessor	Berger	Assessment Type	Initial

NEEDS

Action Needed

School Attendance
Social and Emot. Functioning
Anger Control
Depression
Oppositional
Substance Use

Immediate Action Needed

STRENGTHS

Useful Strength

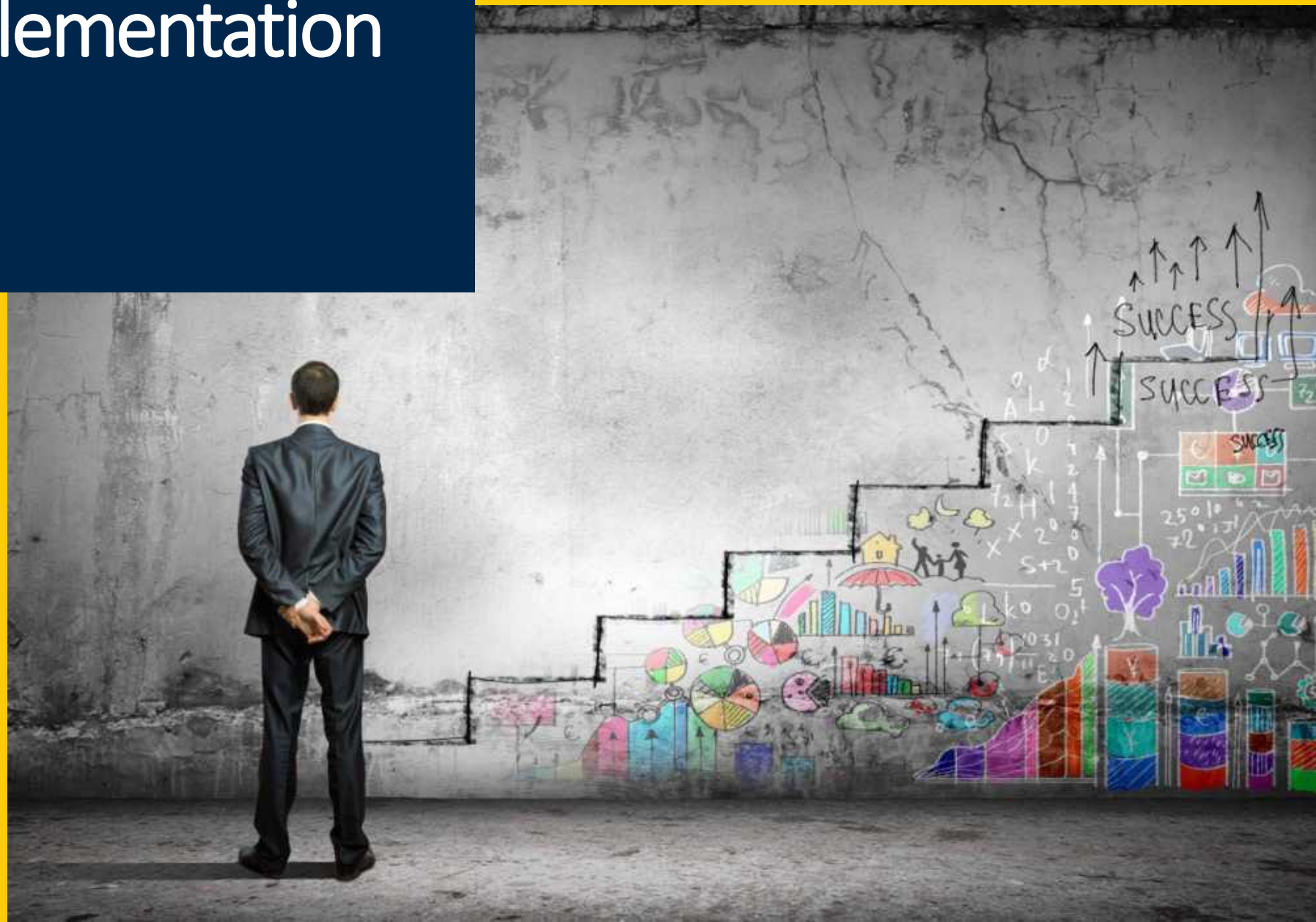
Family Strengths

Strengths to Develop/Build

Areas of Improvement

NA - Initial Assessment

Successful Implementation of TCOM Tools



Supervising Skill Development

What Makes a Quality Assessment?

Accurate

- Communicates the information that is know to be true at the time of completion

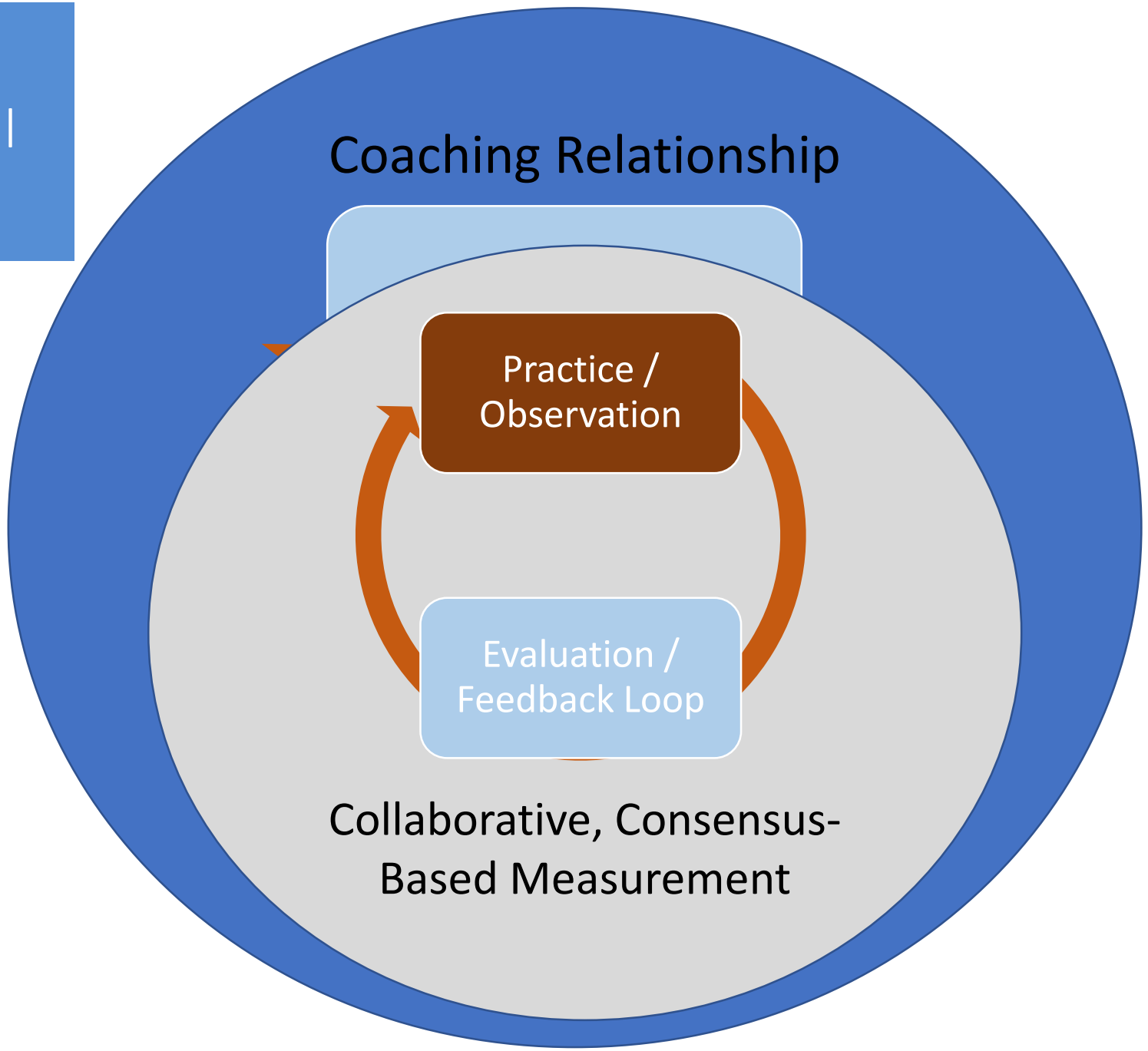
Collaborative

- Completed in partnership with the family and youth.

Timely

- Completed within a timeframe that best supports decisions around interventions/planning

Key Elements of Transformational Supervision



Developing skills that Support Collaborative / Consensus Based Assessment (CHQ-IN)

- Discuss the level of comfort using the CANS for organization, communication, decision Support and tracking progress
  - Provide support based upon their level of comfort / confidence with assessments.
  - Determining the best way to increase their comfort level / confidence with CANS.
  - Utilizing shadowing with more seasoned staff.

Habits that Support a Transformational System

- Accurately communicate the work across the system in a way that the everyone can understand.
- Focus on the relationship between identified needs/strengths and actions, not on the completion of tasks.
- Identify the connection between intensity of need, intensity of effort and achievement of success.
  - Use the measurement success to identify your strengths.
  - Identify successes (needs resolved, strengths developed).
  - Identify critical components of success.
- Use what you learned to be successful again. Focus on building best practitioners, teach skills related to the achievement of positive change.

TCOM Can Help Us Commit to Participating in a Learning Environment

Fundamental Principle of TCOM

We need to make the system about the people we serve, not about us.

Outcomes Management

Reports for Communication

TCOM MICHICANS ASSESSMENT REPORT

Child/Youth	Conrad	Date	7/9/2024
Assessor	Berger	Assessment Type	Initial

NEEDS

Action Needed

School Attendance
Social and Emot. Functioning
Anger Control
Depression
Oppositional
Substance Use

Immediate Action Needed

STRENGTHS

Useful Strength

Family Strengths

Strengths to Develop/Build

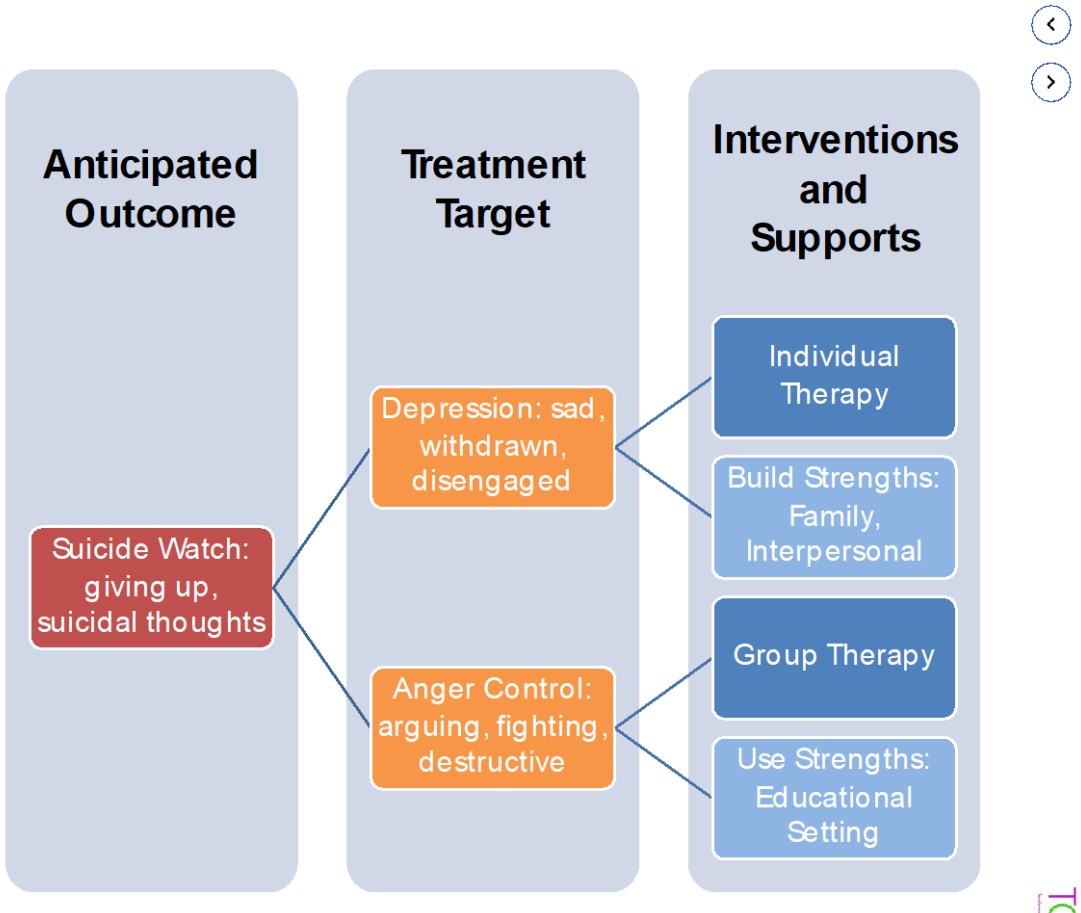
Areas of Improvement

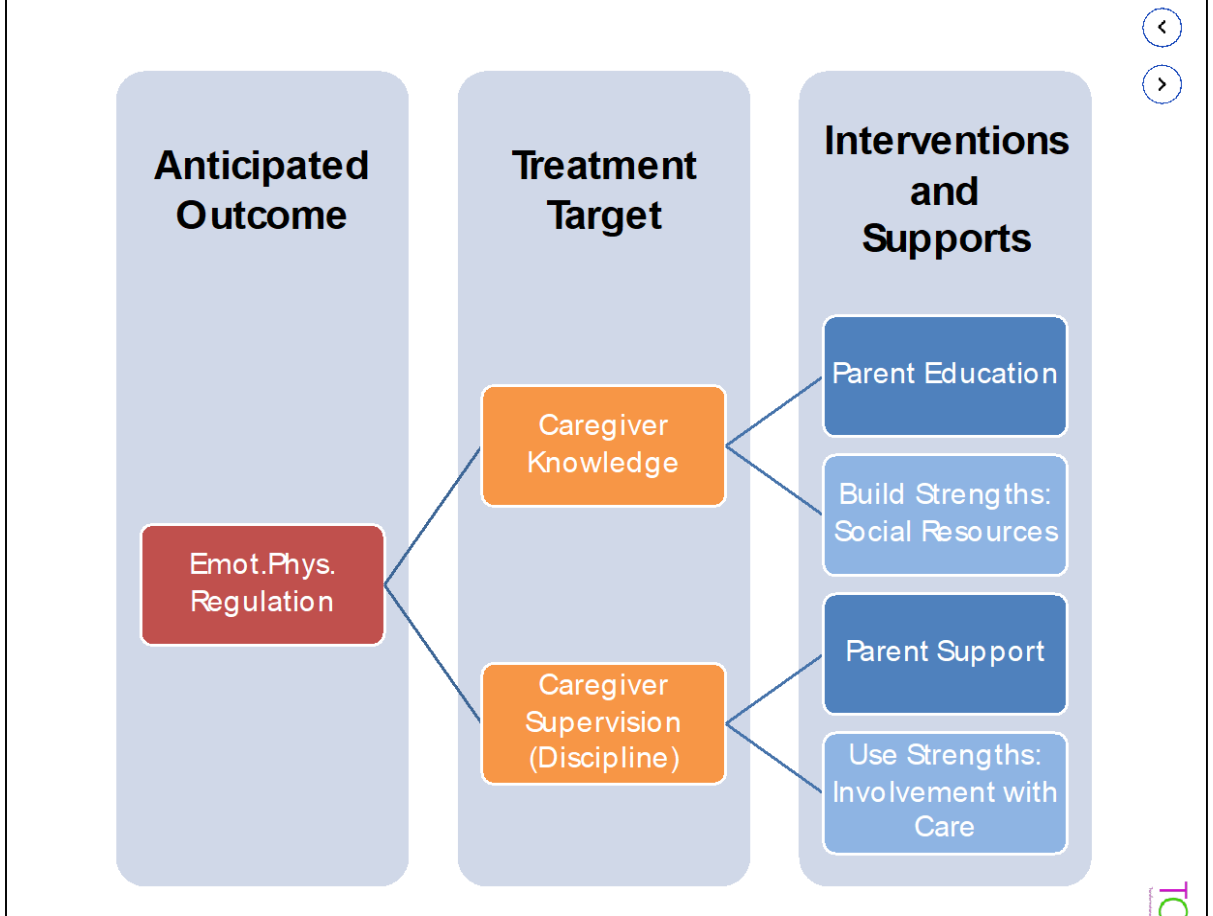
NA - Initial Assessment

Supporting Decision Making

Shared Vision Statement			
Background/ Contextual Needs	Target Needs	Activities/Interventions	Goals/Anticipated Outcomes
Useful Strengths	Activities	Strengths to Build	Activities/Interventions

Supporting Decision Making



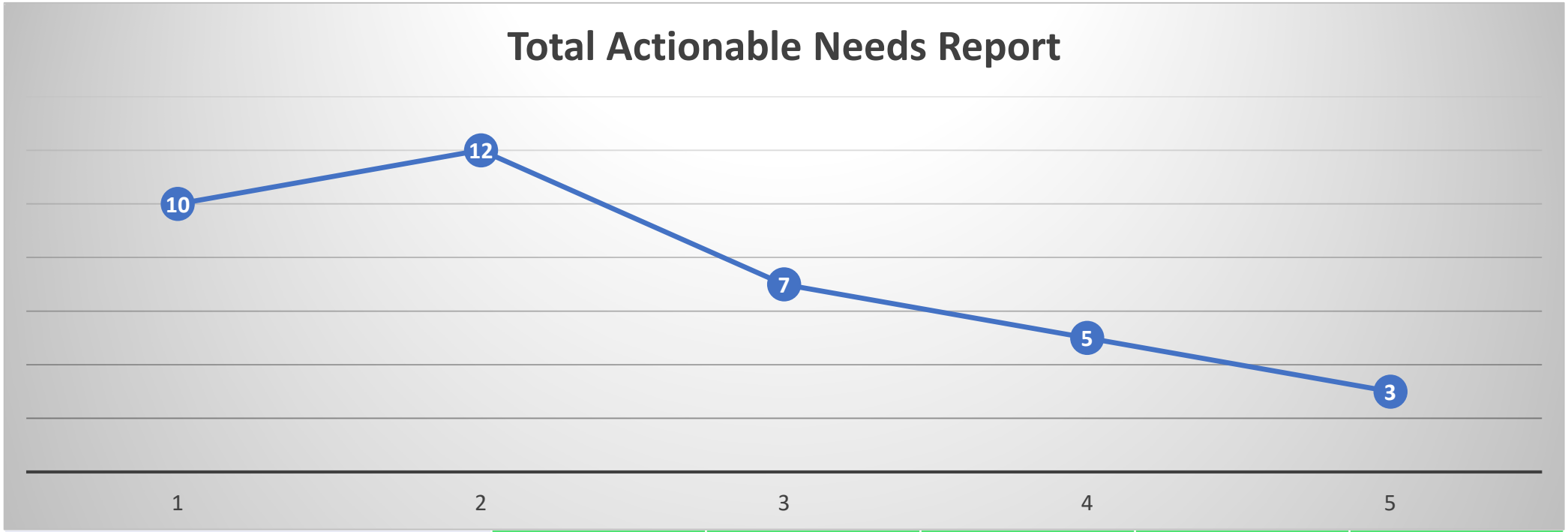


Reports for Tracking Progress

AREAS OF SIGNIFICANT IMPROVEMENT

Below are your child's needs that have shown improvement.

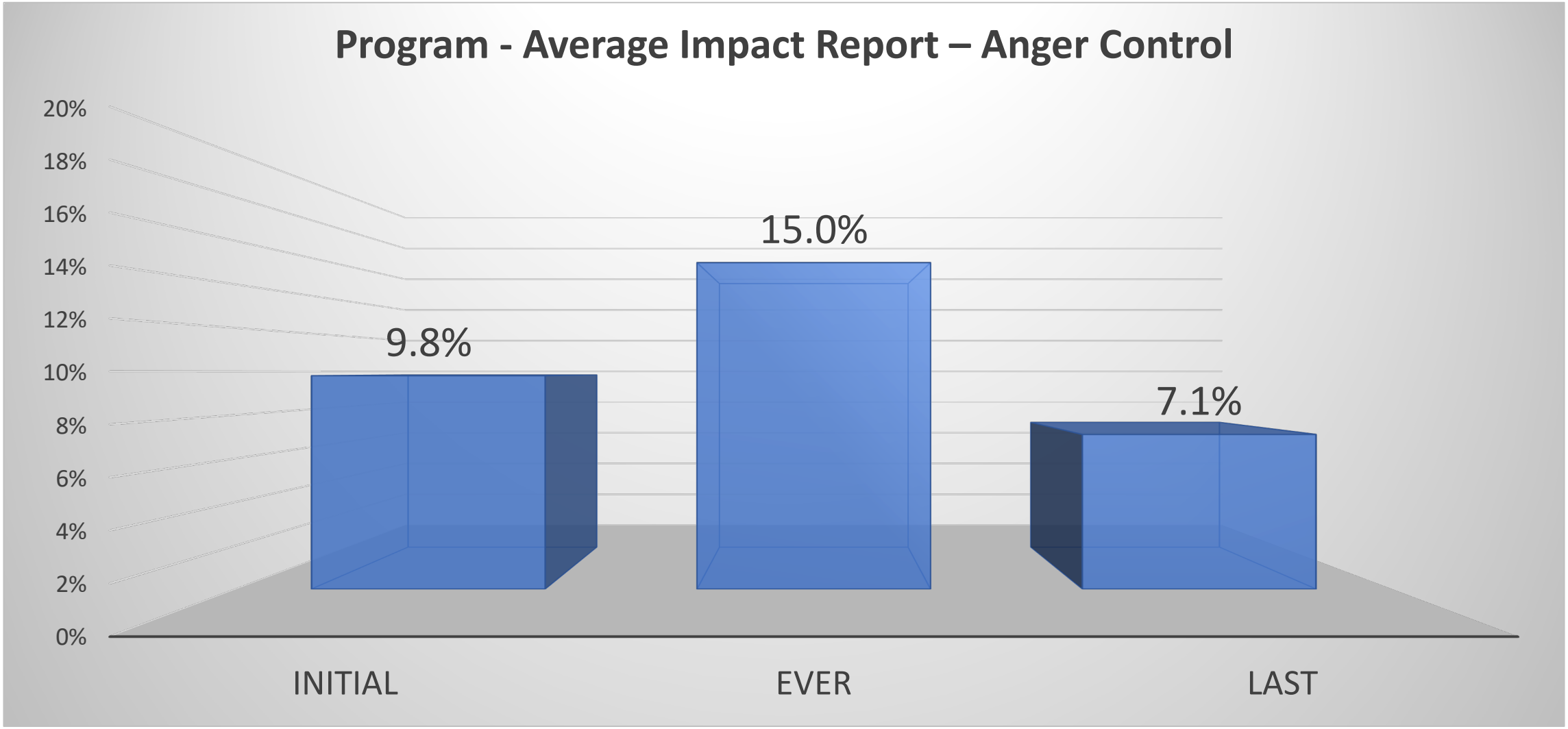
- OPPOSITIONAL BEHAVIOR
- ANGER CONTROL
- ADJUSTMENT TO TRAUMA
- DANGER TO OTHERS
- SOCIAL BEHAVIOR/SECONDARY GAIN BEHAVIOR
- INTELLECTUAL DISABILITY
- FAMILY
- LIVING SITUATION/BEHAVIORS WHERE RESIDING
- SOCIAL FUNCTIONING
- REPETITIVE AND RESTRICTIVE BEHAVIORS



	Time 1	Time 2	Time 3	Time 4	Time 5
CHILD BEHAVIORAL/ EMOTIONAL NEEDS					
Attn Deficit / Impulse Control	1	2	2	2	2
Depression / Mood Disorder	1	2	2	2	1
Anxiety	3	3	2	2	1
Anger Control	2	2	1	1	1
CHILD RISK BEHAVIORS					
Runaway	2	2	1	0	0
Delinquent Behavior	2	2	1	0	0
LIFE FUNCTIONING					
Family	2	2	2	2	2
Living Situation	2	2	2	2	2
Legal	2	2	2	1	1
School Behavior	2	2	1	1	0
School Achievement	2	2	2	1	0
School Attendance	2	2	1	0	0

TCOM Data Applications

CANS item	*% Presenting*	*% Ever*	*% Resolved*	*% Improved*	*% Worsened*	*% Transitioning*	*% Net gain*
Anger control	60.2	85.5	47.1	56.1	14.0	42.0	50.8
Psychosis	10.9	15.9	70.5	74.7	10.8	7.6	52.2
Adjustment to Trauma	48.5	70.7	50.1	60.1	15.2	35.0	50.5
Depression	48.0	64.5	52.0	55.9	5.3	35.8	44.5



- Of the youth with anger control needs, this program saw a 52.7% improvement on Anger Control

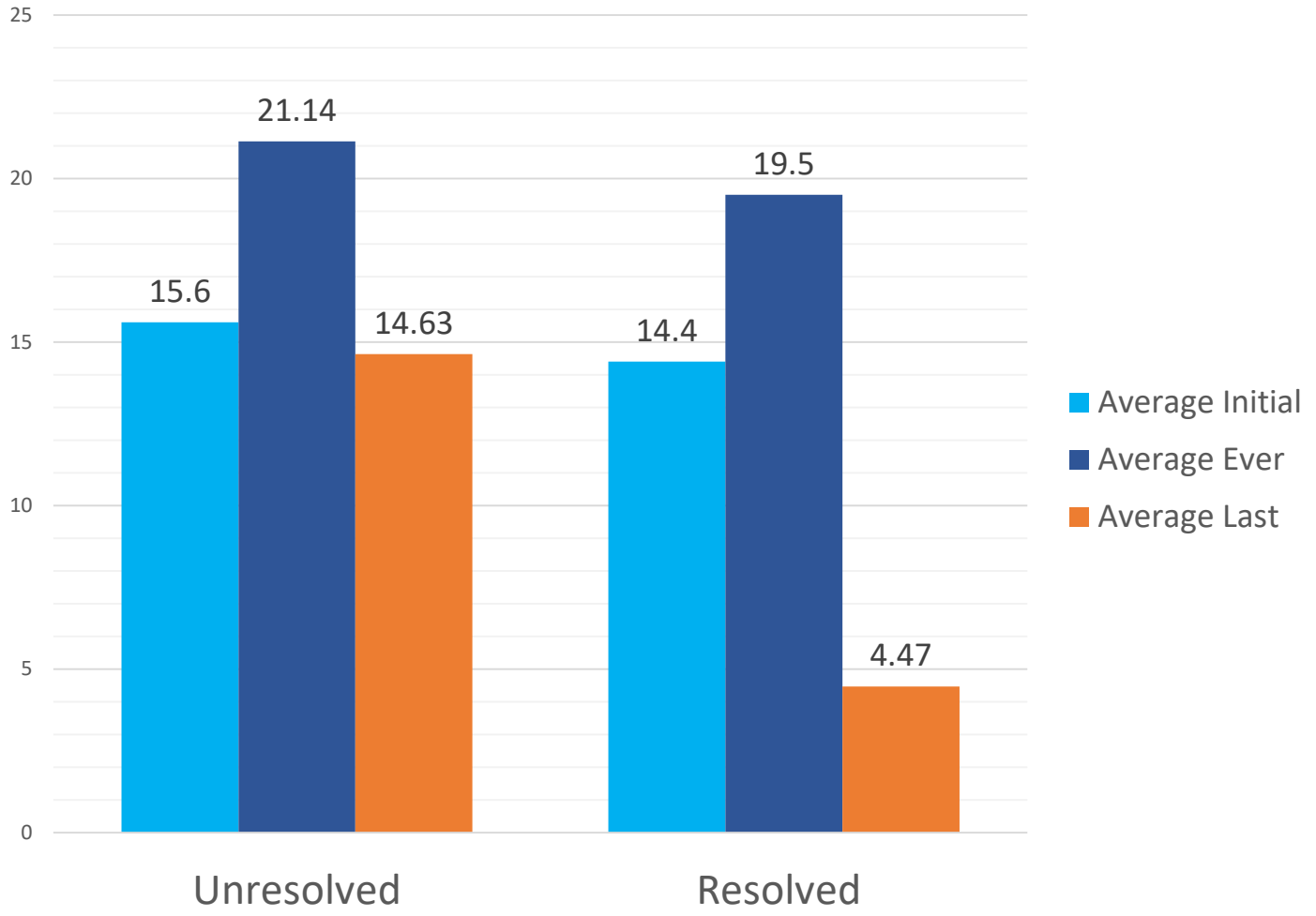
Initial - Ever - Last by Predictive Items

Resolved: A youth that had 2 or more of the predictive items and resolved at least 50% of them by their Last CANS.

Unresolved: A youth that had 2 or more of the predictive items and resolved less than 50% of them by their Last CANS.

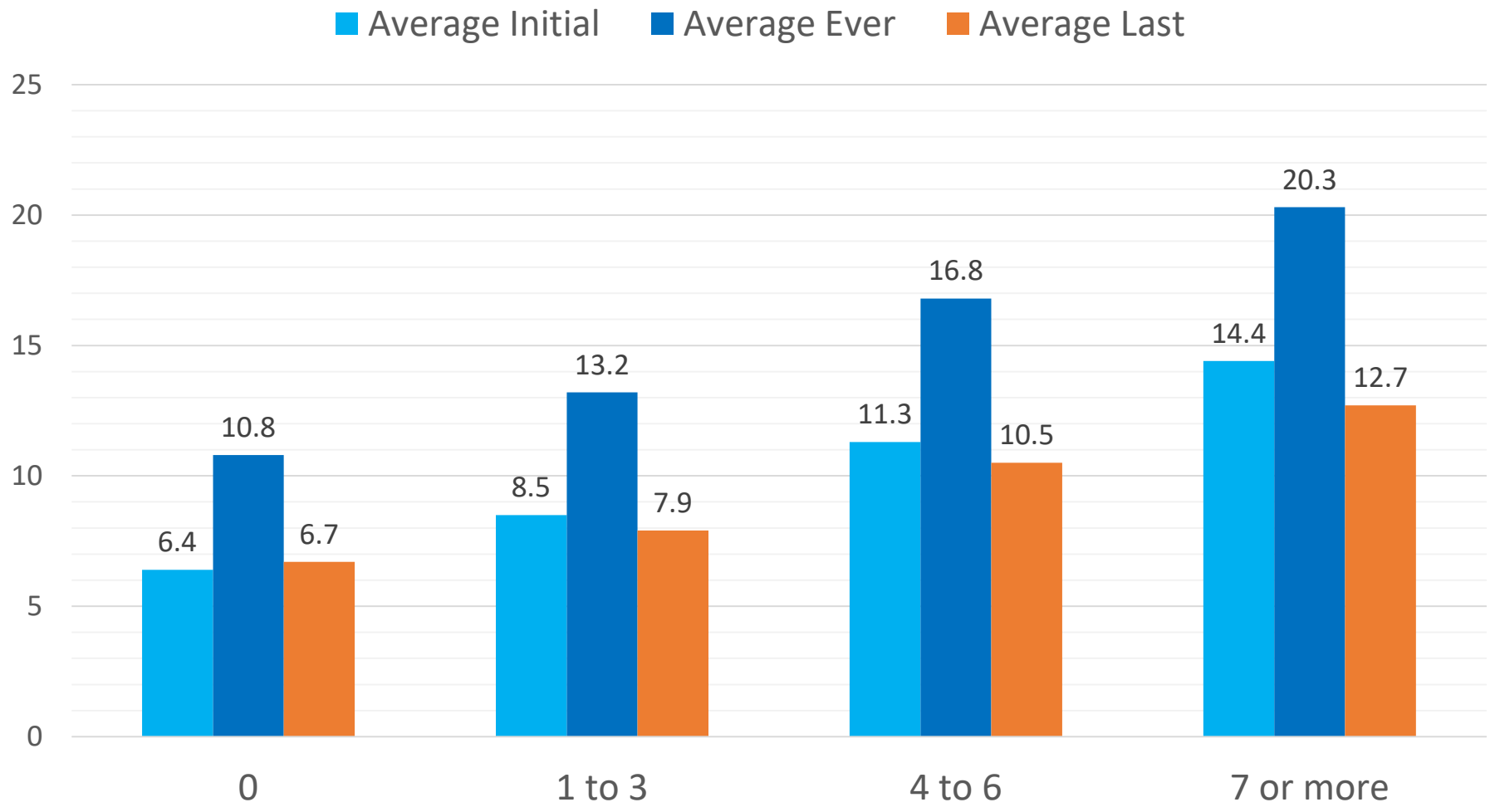
Predictive Items:

- Anger Control
- Decision Making/Judgment
- Emotional Control
- Caregiver - Parenting Stress
- Caregiver - Supervision



Unresolved	92	73.6%	15.6	21.14	14.63	30.8%
Resolved	32	25.6%	14.4	19.5	4.47	77.1%

Average Initial – Ever – Last by Trauma Experiences



# of Trauma Experiences	Average Initial	Average Ever	Average Last	% Change
0	6.4	10.8	6.7	38.0%
1 to 3	8.5	13.2	7.9	40.2%
4 to 6	11.3	16.8	10.5	37.5%
7 or more	14.4	20.3	12.7	37.4%

System Level Transformational Analysis

- What is currently being done with TCOM data to improve the effectiveness of helping systems?

Decision Support Models

- Decisions support models are widely used to help assessors and teams with decisions around:
  - Levels of care
  - Placement types
  - Evidence-based practices
  - Intensity of Case Management
  - Service packages

- These models have shown the ability to enhance decision making that leads to improvements in outcome achievement (i.e., reduced needs, enhanced strengths) and decreases in negative outcomes (i.e., decreased placement disruptions, decreased recidivism).

Recent Research Findings with TCOM Data

- There appears to be no such thing as ‘over-utilization’ of intensive community care for children and families. Under-utilization, however, is a major challenge. Why does utilization management focus on prevent high use, then?
- The impact of Positive Childhood experiences can outweigh the impact of Adverse Childhood Experiences on mental health needs like Anger, Conduct, Oppositional Behaviors, and Impulsivity/Hyperactivity.
- For youth with traumatic experiences, strength-building during treatment can increase treatment engagement and the speed of improvement.
- Using deep neural network models, the early identification of Autism Spectrum Disorders can be accomplished using needs clusters.

Getting Certified

www.TCOMtraining.com

Measurement Properties of the TCOM Tools

Reliability

The degree to which an assessment tool produces stable and consistent results. The TCOM tool's average reliability is 0.70.

Validity

The degree to which the tool measures what it claims to measure. This means that it's actually measuring the needs and strengths of children, youth, adults, and their families.

MichiCANS Certification

- All certification on the MichiCANS must be completed on the Praed Collaborative Training Platform: tcomtraining.com
- In addition to the certification test, the online training course has additional information on TCOM and the tools, including videos on each item.

MichiCANS Certification

- Each person must create their own account.
- All users must pass a certification test at .70 or higher.
- Annual certification is required.

Online Academy

NEW USERS TO TCOM TRAINING

*This resource is for users who are new to TCOM Training. If you previously had an account on the previous platform (LearnerNation), reference the **Returning Users** support handout.*

1. Enter **https://www.tcomtraining.com** into your browser.
2. Click the "Sign Up" link above the login field.
3. Input the following *required* information:
   - First Name
   - Last Name
   - Email
   - Password
   - Country
   - Region
   - Agency
4. Complete the "I'm not a robot" verification and click "Sign Up Now."
   *Need help with the verification? Reference the **Technical Requirements** support handout.*

Logging in after Registration

1. Enter your email/username and password.
2. Click "Login."

Forgot your Password?

Click on the "Forgot your password?" link below the log-in fields. Enter your email and the system will send you a message with reset instructions.

TCOM Support/ Coaching

Contact Information:

Technical Support – TCOM Training Website
Support@tcomtraining.com

Coaching Support – TCOM Training Website
Coaching@tcomtraining.com

Thank you for what you do on behalf of others

Contact us:

livetraining@TCOMtraining.com
coaching@TCOMtraining.com
support@TCOMtraining.com

Center for Innovation in Population Health

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