Nebraska Department of Health and Human Services
Division of Children and Family Services
Level of Care Assessment Subcommittee Meeting Minutes
Wednesday, September 5, 2012
10:00 am – 12:00 pm
Nebraska State Office Building, Lower Level Room F, Lincoln, Nebraska

Minutes

Present:

Joan Kinsey	Barb Nissen
Susan Henrie	Lana Temple-Plotz
Carrie Hauschild	Carol Krueger
Karen Knapp	Rosey Higgs

Absent:
Dave Newell

Agenda
Approval of August 17, 2012 Meeting Minutes
Approval of Agenda
Discussion of research currently underway by subcommittee members
Discussion of Next Steps

Discussion

Group reviewed August 17, 2012 meeting minutes and all approved.

Group approved today's agenda. Change to agenda – September 17 is a Monday not a Wednesday. LTP will make the change and resend the agenda.

Guest Speakers:

- John Lyons, Child and Adolescent Needs and Strengths (CANS) author joined us. Group asked Dr. Lyons to describe the CANS and explain how other states have utilized the tool. Dr. Lyons shared the following:
    - Overall Description of Tool - The CANS is an "information integration process" and 28 states are currently utilizing variations of the tool in the areas of Child Welfare, Mental Health and Juvenile Justice; Dr. Lyons described the tool as designed to create a shared vision process and resolve conflicts in systems; he further described the tool as "total clinical outcomes management" with three focus areas: decision support, outcome monitoring, and quality improvement; Instead of a score or cutoff, the CANS uses patterns or 2's and 3's across domains.
    - Use of Tool for Rate Setting - Dr. Lyons stated you must imbed any assessment within a larger system of decision making and not just use it for rate setting; he cited Tennessee and Indiana as examples of states that had imbedded the tool within larger decision making models.

- Training – training is fairly simple as is the certification process. Dr. Lyons' describes it as applying what you already know to a common language; he stated the tool has inter-rater reliability and cited an article being published in "Youth Today" and described how auditors in Allegany County are using a tool to assess if the CANS is used in service delivery; he again referenced the need to incorporate the CANS within a larger system of care and process; If NE were to choose this tool Dr. Lyons recommended a "launch" and choosing a cohort of people who can train the tool across the state.
- Level of Care – when asked further about the CANS use in assessing level of care, Dr. Lyons described the need for both caregiver responsibility and level of need of the child. He indicated the CANS has a caregiver section.
- Timelines – when asked about timelines for using the tool, Dr. Lyons reported that some states like Tennessee use it in the first 7 days (starts in CPS and then flows to Child Welfare) and others wait as many as 30 days before completing the tool. Dr. Lyons stressed the importance of building the expectation that the focus should be on learning as much about the child as soon as possible versus making a quick decision to complete a step in the process.
- Other States Implementation of the CANS – Wisconsin and NY State use separate the CANS for 0-5, transition age youth and medically fragile. Tennessee, Indiana and Wisconsin use both Structured Decision Making (SDM) and the CANS; Dr Lyons states the two tools are completely compatible and these states pull the 7 questions about strengths out of the SDM and input the CANS questions in their place.
- Foster Parent Involvement – foster parents can be involved in completing the tool and should be trained as well.

Group Discussion:

- Compatibility - Need to look at compatibility of CANS with SDM more closely before making any recommendations to the larger group; concerns expressed related to the certification process and how this could be managed if staff weren't certified but needed to manage their caseloads; concerns expressed related to the level of communication and trust needed between foster parents, DHHS and agencies with any tool we choose.
- Pros and Cons –
  - Pros – no cost for tool, on-line training available, certification process, Lyons oversses changes in the tool/maintains purity, appears to address all behaviors including those of

special populations, emphasis on strengths, focuses on last 30 days thus addressing previous concerns related to "pathologizing" children and there are no parameters on when it can/can't be completed again, tool is outcome based, can be used to collect data, other states have implemented allowing us to compare and get insight and assistance from others, currently used in higher levels of care in NE.

- Cons – implementation may be difficult given NE is currently implementing SDM and it could potenltially be another lengthy process, may be issues if workers can't pass certification process, potential for duplicating work if we do not eliminate the strengths and caregiver needs within SDM or CANS.
- Unknown – how the tool relates to caregiver responsibilities, how we can use it to determine rates

Next Steps

Carrie – find an SDM expert from HHS to be on the call. Lana will also contact the Children's Research Center for information.
Lana – compile meeting minutes; find a Vermont rep. to participate in the next meeting; contact Wisconsin and ask about their integration of SDM and CANS and any lessons learned from their implementation of LOC tools and rate structures.
Karen – research TN and Indiana's integration of SDM and CANS
Carol – find any information/data that Washington has on their tool and the implementation.

October 11th meeting - group agreed to make top choices at September 17th meeting with plan to break into groups, research and study your assigned tool and be prepared to present an overview, pros and cons during the October 11th meeting. This will allow us to more thoroughly understand one tool and describe it versus learning the intricacies of every tool we are reviewing.

October 22nd Meeting – group agreed to use this meeting to compile our final report.

Future Meeting Dates

a. Monday, September 17, 10 am – 12 pm, NSOB, LL - F
b. Thursday, October 11, 12:30 - 2 pm, NSOB, 5C
c. Monday, October 22, 10 am-12 pm, NSOB, LL-F
d. Wednesday, November 14, 12:30 -2 pm, NSOB, LL-F