



Pacific  
Clinics®

# Influencing the Culture Toward Clinical Use of the CANS

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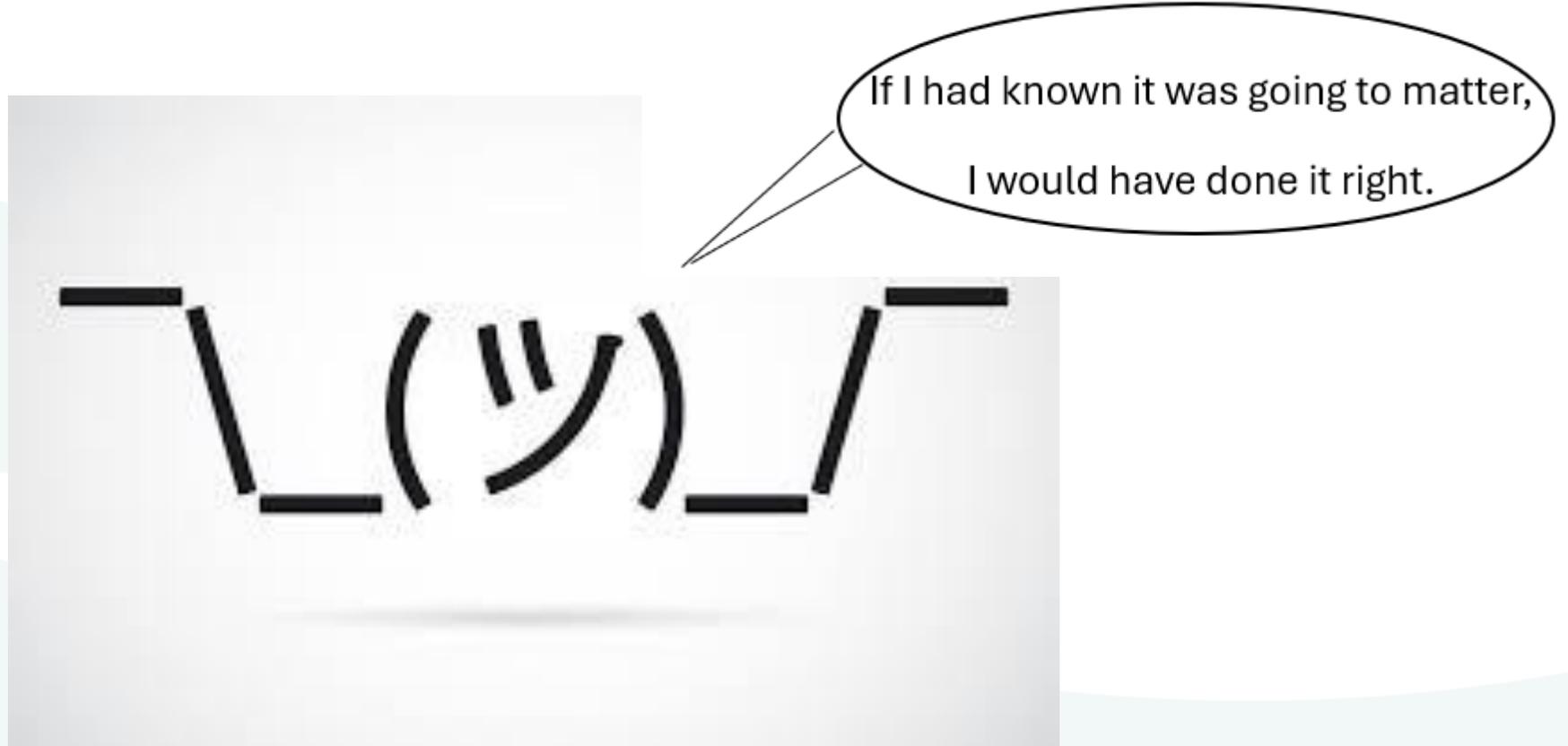
# A Potential Bias of Data Teams

Data are important- almost sacred- and that clinicians should just get with it



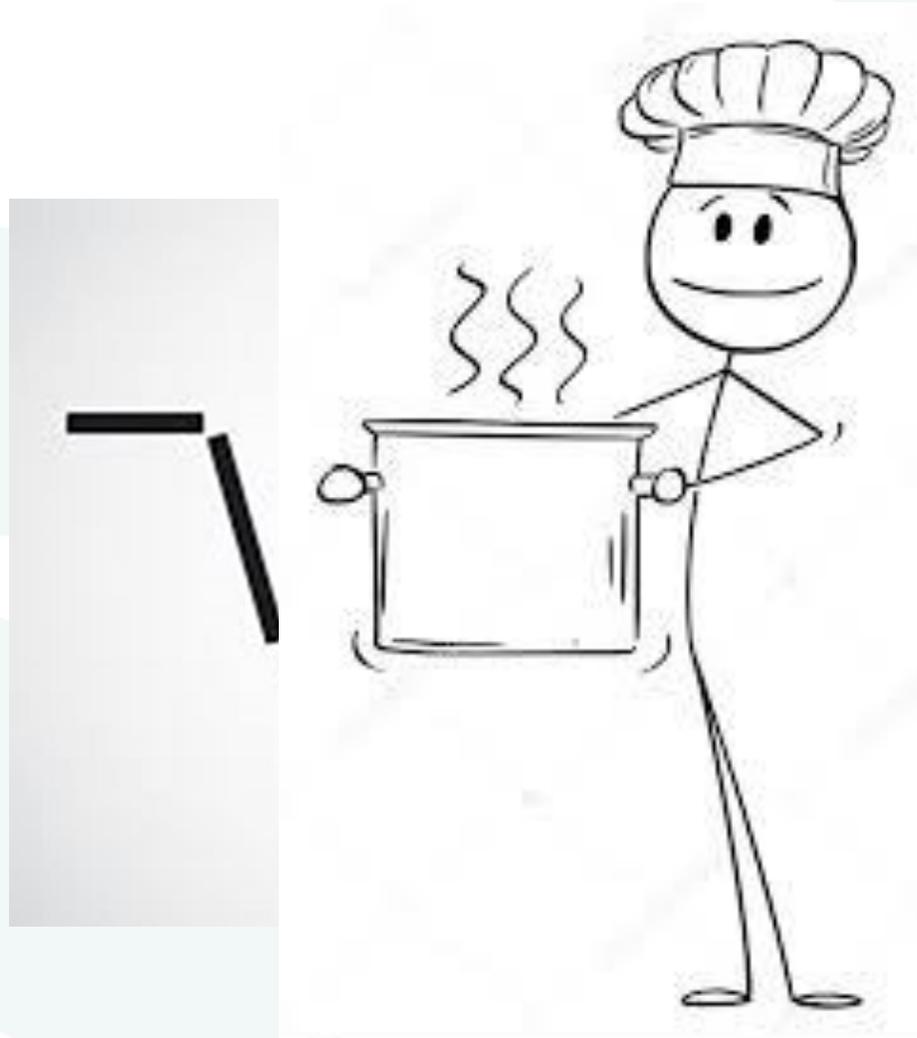
# Guiding Quote #1 (of 2) for Today

From a clinic leader after they saw a good CANS visualization



# Well, This (Rightfully) Shifts the Burden

Let's (Revise and) Incorporate our Second Guiding Quote



# How Pacific Clinics is Trying for “Quality Out”

Guiding Principle: Make it Clinical

Landing Page	Where to Begin?	Choose the Best Route	Traveling Light or Overpacking?	Reading the Signs	Journey's End: Needs	Journey's End: Strengths
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Please adjust report filters, in the parameters section above, to fit your needs.

## Journeys

**Your clients, Your work, Your impact**

Journeys is a tool for clinicians and managers to learn more about their programs and clients as a whole. In here you'll find info related to clinical outcomes, caseload, and services to help you make informed decisions about treatment.

An illustration of a hiker in a yellow jacket and dark pants, carrying a backpack, standing on a dark blue mountain peak and looking out over a landscape. The landscape features stylized mountains in shades of blue and orange, with a map overlay showing a path and various markers. The background is a light blue gradient with a subtle pattern of small white dots.

# Introducing Clinical Issues

View Level:  ▼

Region(s)  ▼

Program(NCIE)/Location(LASC)  ▼

Within the Last:  ▼

Age Range Begin:  ▼

Age Range End:  ▼

Landing Page

Where to Begin?

Choose the Best Route

Traveling Light or Overpacking?

Reading the Signs

Journey's End: Needs

Journey's End: Strengths

## Where to Begin? Let's start with why clients come in for services.

Each client has treatment goals based on complex needs  
this section lets you see elements of those needs and strengths side by side so you can get a snapshot of who is coming into your program.

Here we can see the most Common  
Diagnosis in your Program

	<u>Count</u>	<u>Total</u>
Depressive	154	462
Anxiety	95	462
Neurodevelopmental: ADHD	79	462
Trauma and Stressor Related	67	462
Other Conditions That May be a Focus of Clinical Attention	22	462

Next, we see most common mental health  
needs and risk behaviors based on your most  
recent clinical assessments\*

Depression	22 %
Anxiety	21 %
Impulsivity/Hyperactivity	21 %
Anger Control	16 %
Adjustment to Trauma	13 %
Oppositional	6 %

Traumatic exposure and adverse experiences can shape both engagement and clinical goals\*. These are the most common  
potentially traumatic events experienced by clients in your programs.

	<u>Count</u>	<u>Total</u>
Disrupt Caregiving	270	395
Attachment Losses	146	395
Family Violence	102	395
Emotional Abuse	101	395
Parental Criminal Acts	93	395
Neglect		

Resiliency shapes a client's ability to get better. What are the most  
common strengths to build in your program\*?

Resiliency	25 %
Educational	25 %
Interpersonal	25 %
Natural Supports	24 %
Cultural Identity	20 %

\*Based on the most recent  
CANS assessment

# Client Intensity and Complexity

Everyone in our system should get the care they need; no more, no less

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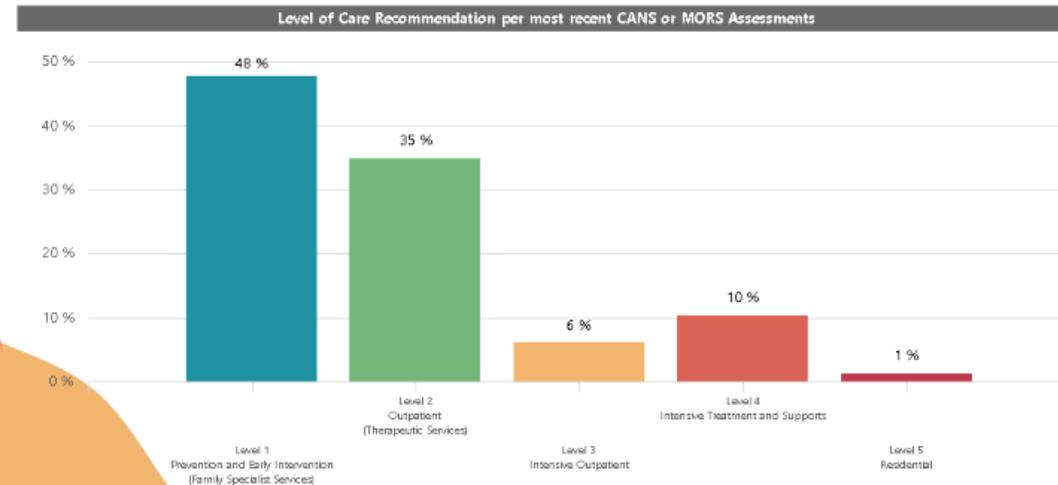
## Choosing the Best Route: Level of Care

What can a client's most recent clinical assessment tell us about the type of services might fit them best?

### What is Level of Care?

**Level of Care** is our way of describing what types of services a client should be in based on their clinical need. \* Level of care is not related to the type of program a client is currently enrolled in - it is an estimate of required service intensity based on presenting problems.

Our method for calculating level of care, if you'd like more information. [CANS](#) / [MORS](#)



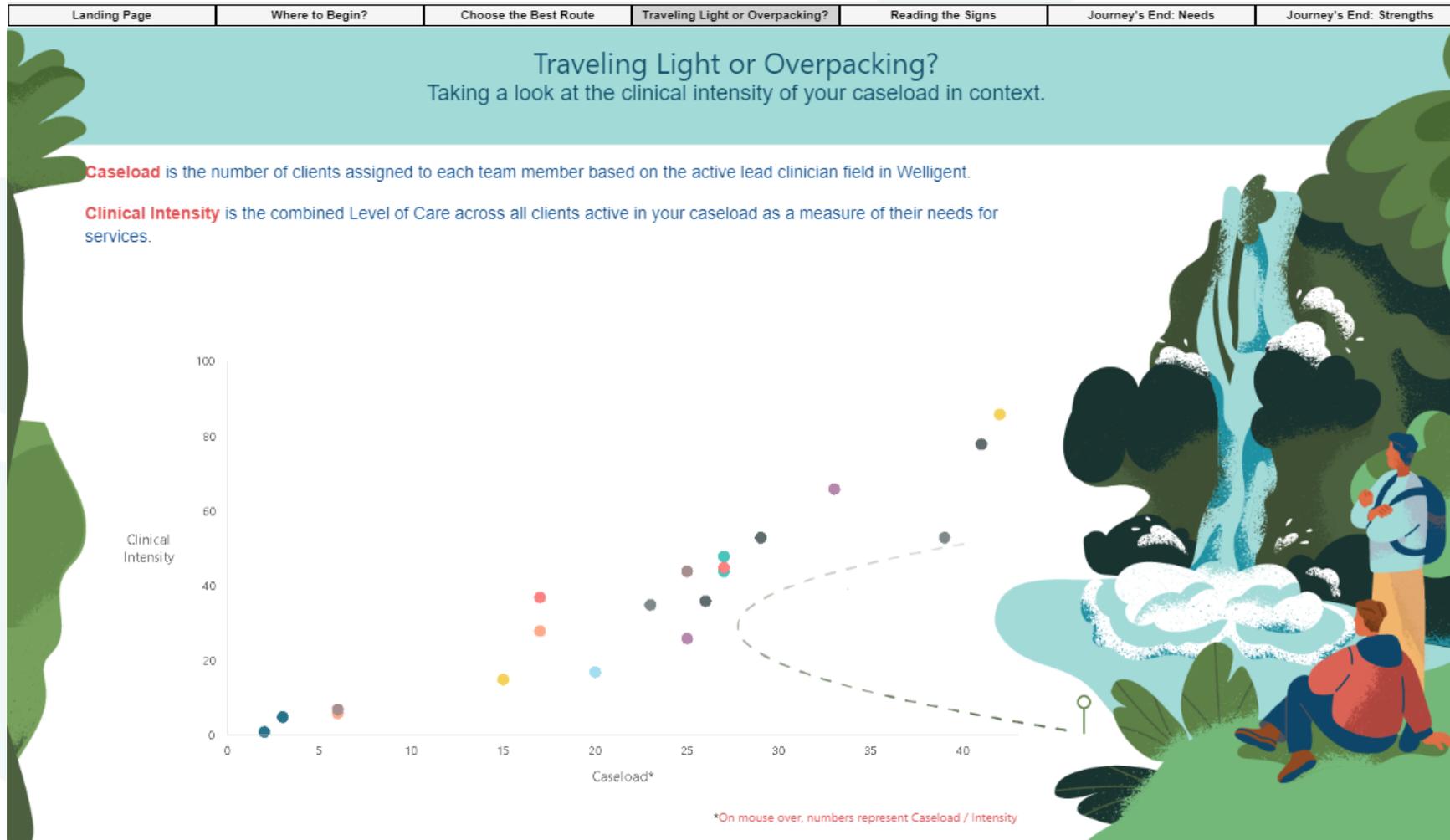
# Level of Care? Using the CANS?

Don't even say "Algorithm." Stick with stuff like "Clinical Descriptions of Intensity."

	Treatment Need/Population Eligibility	Complexity														
<b>Level 3 Intensive Outpatient</b> Criterion 3.1 AND (Criterion 3.2 or Criterion 3.2)	<b>3.1</b> <b>At least one</b> rating of '3', OR <b>two or more</b> ratings of '2', or '3' on any of the following Behavioral/Emotional Needs: <ul style="list-style-type: none"> <li>– Psychosis</li> <li>– Impulsivity/Hyperactivity</li> <li>– Depression</li> <li>– Anxiety</li> <li>– Oppositional Behavior</li> <li>– Conduct</li> <li>– Adjustment to Trauma</li> <li>– Anger Control</li> <li>– Attachment Difficulties</li> <li>– Substance Use</li> </ul>	<b>3.2</b> <b>At least one</b> rating of '3', OR <b>two or more</b> ratings of '2' or '3' on any of the Life Functioning items: <table border="0"> <tr> <td>– Family Functioning</td> <td>– Medical/Physical</td> </tr> <tr> <td>– Living Situation</td> <td>– Sexual Development</td> </tr> <tr> <td>– Social Functioning</td> <td>– Sleep</td> </tr> <tr> <td>– Recreational</td> <td>– School Attendance</td> </tr> <tr> <td>– Develop/Intellectual</td> <td>– School Behavior</td> </tr> <tr> <td>– Job Functioning</td> <td>– School Achievement</td> </tr> <tr> <td>– Legal</td> <td>– Decision Making</td> </tr> </table>	– Family Functioning	– Medical/Physical	– Living Situation	– Sexual Development	– Social Functioning	– Sleep	– Recreational	– School Attendance	– Develop/Intellectual	– School Behavior	– Job Functioning	– School Achievement	– Legal	– Decision Making
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– Job Functioning	– School Achievement															
– Legal	– Decision Making															
<b>3.3</b> <b>At least one</b> rating of '2' or '3' on and of the following Risk Behaviors: <table border="0"> <tr> <td>– Suicide Risk</td> <td>– Runaway</td> </tr> <tr> <td>– NSSI Behavior</td> <td>– Delinquent Behavior</td> </tr> <tr> <td>– Other Self-Harm</td> <td>– Fire Setting</td> </tr> <tr> <td>– Danger to Others</td> <td>– Intentional Misbehavior</td> </tr> <tr> <td>– Sexual Aggression</td> <td>– Exploitation/Victimiz.</td> </tr> </table>	– Suicide Risk	– Runaway	– NSSI Behavior	– Delinquent Behavior	– Other Self-Harm	– Fire Setting	– Danger to Others	– Intentional Misbehavior	– Sexual Aggression	– Exploitation/Victimiz.						
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# Moving Beyond Caseload

## How many PEI cases are equal to 1 FSP case?



# People Should Receive What They Need; No More, No Less

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## Reading the Signs

How do we know when someone is ready to leave our services? What if they need a higher level of care?

**Ensuring Our Clients Get the Right Amount of Care**  
 Someone who needs a higher level of care in your program probably needs more time with a clinician. This graph shows how much billable time clients are spending with their providers grouped by their level of care\*.

Client Distribution by Average Minutes Per Week for the last 6 Months

Level of Care Recommendation	Approximate 15-Minute Intervals (Hours)	Relative Client Count (Bubble Size)
1	15, 30, 45, 60, 75, 90, 105, 120, 135, 150, 165, 180, 195, 210, 225, 240, 255, 270, 285, 300	Small to Medium
2	15, 30, 45, 60, 75, 90, 105, 120, 135, 150, 165, 180, 195, 210, 225, 240, 255, 270, 285, 300	Small to Large
3	15, 30, 45, 60, 75, 90, 105, 120, 135, 150, 165, 180, 195, 210, 225, 240, 255, 270, 285, 300	Small
4	15, 30, 45, 60, 75, 90, 105, 120, 135, 150, 165, 180, 195, 210, 225, 240, 255, 270, 285, 300	Small
5	15, 30, 45, 60, 75, 90, 105, 120, 135, 150, 165, 180, 195, 210, 225, 240, 255, 270, 285, 300	Small

# Representing Change

## What Needs Have Been Resolved at Your Clinic?

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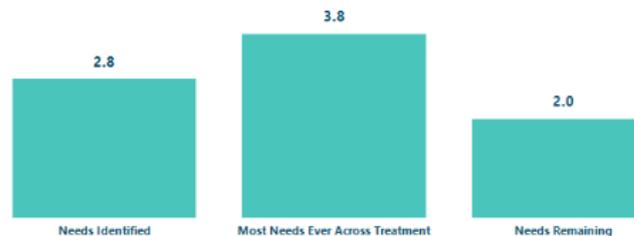
Journey's End: Addressing Needs for our Child Clients  
Telling your clients' stories from first visit to the most recent.

### What Needs Changed Across Treatment?

This sheet is dedicated to your clients' treatment needs, and how they change over time thanks to your work.

We often see an increase in needs to be addressed over time. It's not that the client is getting worse, it's that they're establishing trust.

These tables include's your clients' entire journey through treatment, from their initial assessment to their last available assessment in a treatment episode. What changes took place?



### What Changed?

Throughout your work, you **discovered 0.9** new potential areas for intervention.

Throughout your work, you **resolved 1.7** areas for intervention.



### Looking Closer at the Journey's Path

When the clients first came to us, their most common needs were:

Depression	34 %
Anxiety	33 %
Sleep	27 %
Anger Control	23 %
Impulsivity/Hyperactivity	21 %

The most common needs to show improvement across treatment are:

Depression	49 %
Anxiety	45 %
Sleep	49 %
Anger Control	49 %
Impulsivity/Hyperactivity	25 %
Adjustment to Trauma	58 %

# Representing Change

## What Strengths Were Built?

Landing Page	Where to Begin?	Choose the Best Route	Traveling Light or Overpacking?	Reading the Signs	Journey's End: Needs	Journey's End: Strengths
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### Journey's End: Building Strengths

Promoting resilience within your clients ensure they'll be better prepared for all the journeys ahead

#### What Strengths Were Built Across Treatment?

This sheet shows how you helped your clients get stronger, more adaptable, and more engaged in their lives, with their communities, and with their families.

Just like the previous sheet, we're looking at a client's first assessment, across all their assessments, and at the last assessment we have available.

On this graph, the take-home point is that you helped your clients build 1.5 strengths along the way. That's something worth celebrating!



These are the strengths built by your clients on their most recent assessment.



# Changing the Culture?

## Be the Change

**If we make it matter, clinicians will be more likely to do it right.**

- It's our job to present data in a way that is timely, relevant, and useful because our well-educated and dedicated clinicians are continuously triaging tasks with limited time and energy. If we value them, everybody wins.

**Quality out, Quality in.**

- Representing valid data is not a one-time deal. It's a cycle that we can influence toward the virtuous.