

IM+CANS: Treatment Planning



PATH

PROVIDER ASSISTANCE
AND TRAINING HUB



School of Social Work
UNIVERSITY OF ILLINOIS URBANA-CHAMPAIGN

Learner Workbook

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Virtual Learning Quick Start

The online learning environment is designed to be engaging, interesting, informative and above all, interactive. Because we want your experience to be great, we have created this Learner Workbook for you to more easily follow the content and provide your own notes and written answers to exercises throughout. We encourage you to keep this Learner Workbook following the session so that it may become a reference when you are conducting this work in the field.

Prepare Before You Attend

Think about what might impact your success before it becomes an obstacle to your learning. Ask, “What barriers can I remove now so that I will be able to focus during my online session?”

- ✓ **Be aware of personal resistance.** We all handle change differently. Do you like “trying on” new methods, technology, or the social aspects of learning? Are you willing to share experiences with virtual participants? Spend some time on self-assessment.
- ✓ **Protect your online learning session time on your calendar.** To head off interruptions, inform others that you will be unavailable during this time. Make sure work commitments are taken care of now so that during the session you’re dedicated to learning.
- ✓ **Download, and print (if you would like) your learner workbook** ahead of time and have it available during the course. Follow along with the instructors to complete written exercises and jot down notes during the course.
- ✓ **Keep the web address for your virtual classroom handy** (found on your Welcome email).
- ✓ **Arrive in plenty of time.** Check in at least 15 minutes early to your session to make sure that you are properly connected through your computer and the audio bridge. Voice-over IP (VOIP) is not recommended so you will connect through your computer and your telephone.

During the Session

Here, success is all about interaction. Participate actively using all of the methods available to you. Remember that others are depending on your efforts to keep the session running smoothly, generating the most take away. A major benefit from these sessions, according to participants, is the information that is exchanged among the group. We encourage and value your contributions.

- ✓ **Remove distraction from background noise.** Locate yourself away from other conversations, television, music, pets, children, and coworkers. Your parakeet might be cute when it chirps, but it interferes with the session’s flow and distracts others.
- ✓ **Go to a private room** or cubicle for the duration of your session.
- ✓ **Use a noise reducing headset** and microphone.
- ✓ **Have fun** and engage other colleagues.

Guidelines for Virtual Class Discussions

In this session, there will be many opportunities for you to participate in discussions. So, let's review some guidelines around the discussions we will be having.

1. **Participate:** This is a shared learning environment. We encourage everyone to contribute.
2. **Be Patient:** Read everything in the chat/on the whiteboard before replying. This will help you avoid repeating something someone else has already said.
3. **Be Brief:** You should be clear and direct.
4. **Emoticons, Acronyms and Abbreviations:** Social networking and text messaging has spawned a body of linguistic shortcuts that are not familiar to all. The learners in this course perform many different roles and may not be as familiar with some aspects of your job specific language. Please make sure your response can be easily understood by all.
5. **Respect Diversity:** It's a diverse, multi-cultural world in which we live. Use no language that is, or that could be construed to be, offensive toward others. Sessions should be a safe space for this discussion to occur, however if at any time you feel offended, please use the private chat feature to let the co-instructor know.
6. **Courtesy:** Avoid using bold upper-case letters in the chat, it is difficult to read. It can also be interpreted as yelling or being hostile
7. **Be helpful.** Criticism must be constructive, and well-meaning.

Treatment Planning Overview

Introduction

The IM+CANS Treatment Planning course is an intermediate-level training that builds upon the information presented in the IM+CANS General Overview one-day training. This course addresses utilization of the tool to: create treatment plans in a collaborative manner; document medical necessity and develop connectivity between identified needs/strengths and goal and objectives; monitor client progress; and provide feedback on the impact of interventions.

Instructor: _____

Co-Instructor: _____

Sponsorship

Today's training is sponsored by the Illinois Department of Healthcare and Family Services and is administered by the Provider Assistance and Training Hub.

All materials related to TCOM (e.g., CANS) are provided in collaboration with the Praed Foundation at the University of Kentucky.

Learning Objectives

1. Establish a line of connectivity and accountability between needs/strengths identified in the assessment and targeted services to be delivered.
2. Create a collaborative treatment planning process.
3. Utilize the IM+CANS information as feedback on intervention impacts and for monitoring progress.

Unit 1 | Phases of Care & TCOM

Why do we Treatment Plan?

| |
|---|
| Treatment Roadmap |
| Best Practice / Good Clinical Care / Culturally Responsive and/or Grounded |
| Measure Progress |
| Medicaid Compliance / Payment |

TCOM: Five Decision Points of Care



| Engagement & Team Preparation | Collaborative Assessment | Treatment Planning | Monitoring & Adapting | Transition |
|--|--|--|---|---|
| <ul style="list-style-type: none"> • Create an effective partnership for change • Ensure the individual and their supporters are recognized as integral parts of the process | <ul style="list-style-type: none"> • Understand the individual's story • Integrate the formal and informal information from the discovery/ assessment process • Collaboratively develop a shared understanding of where the individual could benefit from support | <ul style="list-style-type: none"> • Identify priority needs and strengths to build • Individual vision and preferences root the plan • Multiple perspectives considered in development of the plan • Emphasize natural supports and established resources | <ul style="list-style-type: none"> • Monitor progress on the individual's engagement with the plan • Revise the plan as needed to achieve goals/outcomes • Review and monitor frequently. • Modify plan as needed, even if before a regularly scheduled plan update | <ul style="list-style-type: none"> • Make necessary connections for the team to manage future challenges • Consider changes in level of care • Collaboratively discuss and plan for resource needs after formal services |
| "Build the Team" | "Capture the Story" | "Plan for Change" | "Optimize the Plan" | "Sustain the Change" |

TCOM Approach

Transformational

Collaborative

Outcomes

Management

Goals of TCOM Planning Process

Shared Understanding

Transparency

Engagement

Enhancing Collaboration & Teaming

Summarizes the Assessment Process

Integrates the Individual's Story

Develops a Shared Vision

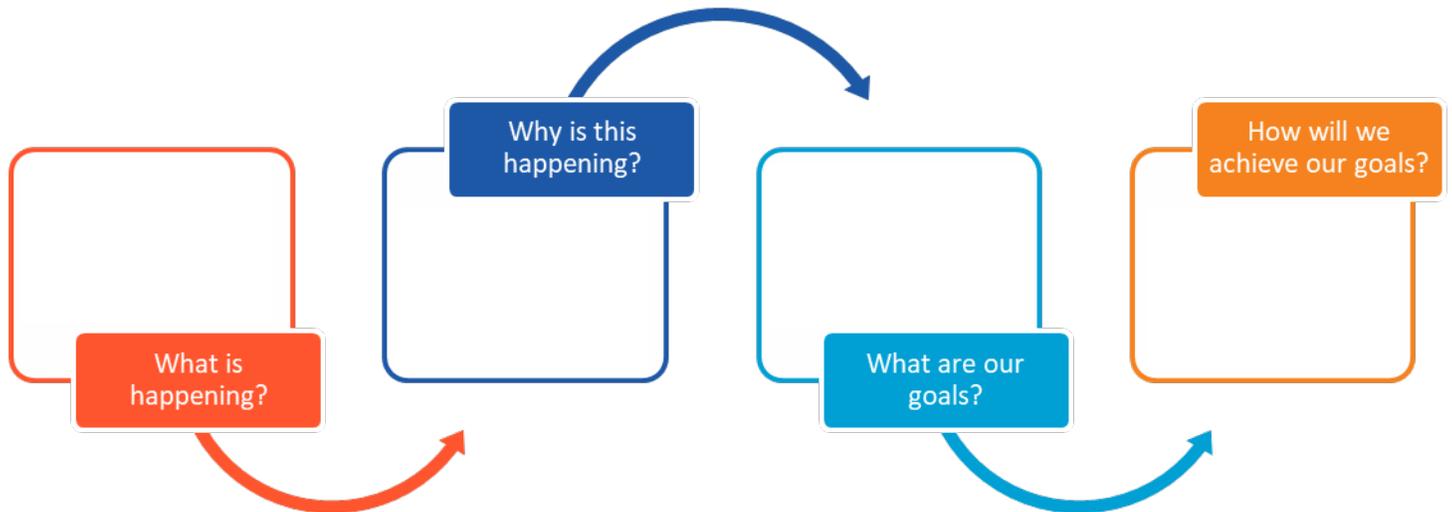
Supports Change Management

Managing the Tensions in Our Work



Unit 2 | Collaborative Planning

Collaborating on a Theory of How Change will Happen



Treatment Planning Practice: Randy Vignette (*No Caregiver*)

Randy is a single, 35-year-old male with a tenth-grade education who self-identifies as being of mixed race. Randy has diabetes that he manages poorly. This has resulted in multiple ER visits over the years and other medical interventions which have proven ineffective to control this illness. He has worked for short periods of time in the food service industry and recently as a laborer, but he has not gone into work the last two days. When asked, he admits that he is unsure if he is still employed; he left because he was afraid that he, “couldn’t keep up,” and, “I would be fired anyway”; but he does want to work. Randy carries the diagnosis of Schizophrenia, and Borderline Intellectual Functioning. After a long struggle with poor medication and treatment adherence, he graduated from a supervised group living environment to a supervised apartment two years ago.

Randy has not had relationship with his parents or siblings since his twenties, stating that he doesn’t currently have or need a family. When he did have a relationship with them, he was sexually abused and neglected. Randy has a history of becoming too dependent on others and is easily manipulated due to fears of rejection and abandonment. Randy struggles with acknowledging his self-worth.

Until about six months ago, when he became reacquainted with a man from his past, Tim, Randy was doing well in his supervised apartment and participated in a local clubhouse. Ten years ago, Tim exploited Randy by sexually exploiting him for money. Tim’s recent presence in Randy’s life has resulted in disruptions in Randy’s treatment adherence, his social functioning in and out of the clubhouse, and his residential stability. Randy has become increasingly avoidant with treatment staff. He has withdrawn from friends in the clubhouse and residential settings; when they express concerns about Tim’s presence in his life, he remains silent and passive. Staff who supervise his living situation have found Tim and other, unknown men in Randy’s room after curfew, and the neighbor in the apartment next to Randy’s has been complaining to the staff about frequent and loud “sex noises” coming from Randy’s apartment. Two weeks ago, it was discovered that Randy was selling all of his psychotropic medication on the street; when asked, he admitted to giving some of the proceeds of this activity to Tim.

Randy quit attending his volunteer position in the NAMI support group that met down the street from his apartment. He volunteered his time designing pamphlets and flyers for the organization. Art and design have always been something that he is good at and enjoys, and this is something he wants to do more of should an opportunity present itself. He connected with another NAMI volunteer, and they were considering joining a local group called PC-ARTS (People of Color in the Arts) to meet others of similar background. NAMI members have previously taken an interest in Randy and recognized him to have good work skills, but his withdrawal from the group two weeks ago has impacted his access to these helpful people and the positive experiences he had there.

Randy has been spending his time in his room with the blinds closed and the lights off. During a check-in his case manager found many sugary, inappropriate foods in Randy's room and is concerned about how this will impact his diabetes. Randy's apartment was a mess, food was left out, and dirty clothes were all over the floor. When confronted about the state of his apartment, Randy became quiet and would not engage. These problems, in combination with curfew and visitor violations, may result in expulsion. The residential board is meeting in a month to decide about Randy's remaining in the apartment and has offered him the opportunity to attend and speak on his behalf.

Presently, Randy is less and less verbal, he withdraws and is doing less drawing and art. His motivation, especially for treatment, is extremely low, and attempts by others to engage him result in him shutting down. Twice in the last week Randy attempted to re-enter his secured building after having been out all night and was pounding on the front door due to being locked out. Since being off of his medication, his voices have returned, and his behavior has become impulsive. He has been observed to be increasingly disoriented, talking to himself, not taking care of his hygiene, wearing dirty clothes and no shoes.

| |
|-----------------------------|
| Needs for Randy: |
| Strengths for Randy: |
| Additional Notes: |

Randy's IM+CANS Ratings

Unless otherwise stated, the following categories and action levels are used throughout to score individual CANS items:

0 = No evidence/no reason to believe item requires action

2 = Need for Action. Some strategy is needed to address problem/need.

1 = Watchful waiting, monitoring or preventative action.

3 = immediate/intensive action. Safety concerns, priority for intervention.

Please note: Individual CANS items that are not applicable to the entire lifespan have specific age ranges for which the item must be completed indicated in front of the item name.

2. TRAUMA EXPOSURE

No = No evidence of any trauma of this type.

Yes = Client has, or is suspected of having, at least one incident, multiple incidents or chronic, ongoing experience of this type of trauma.

POTENTIALLY TRAUMATIC/ADVERSE CHILDHOOD EXPERIENCES (ACEs)

| Item | No | Yes | Item | No | Yes | Item | No | Yes |
|-----------------|-------------------------------------|-------------------------------------|--------------------------------------|-------------------------------------|--------------------------|---|-------------------------------------|-------------------------------------|
| Sexual Abuse | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Medical Trauma | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Victim/Witness to Criminal Activity | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Physical Abuse | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Natural or Manmade Disaster | <input checked="" type="checkbox"/> | <input type="checkbox"/> | War/Terrorism Affected | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Neglect | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Witness to Family Violence | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Disruptions in Caregiving/Attachment Losses | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Emotional Abuse | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Witness to Community/School Violence | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Parental Criminal Behavior | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

3. PRESENTING PROBLEM AND IMPACT ON FUNCTIONING

3a. Presenting Situation and Presenting Symptoms

| BEHAVIORAL/EMOTIONAL NEEDS | n/a | 0 | 1 | 2 | 3 | | n/a | 0 | 1 | 2 | 3 |
|--|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|---|--------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| Depression | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 3+: Impulsivity/Hyperactivity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Anxiety | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 3+: Anger Control/Frustration Tolerance | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Eating Disturbance | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6+: Substance Use [L – see p. 5] | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Adjustment to Trauma [A – below] | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 6+: Psychosis (thought Disorder) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 0-6: Regulatory | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6+: Conduct/Antisocial Behavior | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 0-6: Failure to Thrive | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 12+: Interpersonal Problems | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 0-6: Atypical/Repetitive Behaviors [B – p.3] | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 21+: Mania | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3-18: Oppositional (Non-compl. w/ auth.) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 21+: Somatization | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3b. Impact of Problems on Client's Functioning

| LIFE FUNCTIONING | n/a | 0 | 1 | 2 | 3 | | n/a | 0 | 1 | 2 | 3 |
|---|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|
| Family Functioning | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 0-6: Elimination | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Living Situation | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 0-21: School/Preschool/Daycare [C – p. 3] | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Residential Stability | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3+: Decision Making | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Social Functioning | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 6+: Legal [K – see p. 4] | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Recreation/Play | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 6+: Sexual Development | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Developmental/Intellectual [B – p. 3] | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 16+: Job Functioning/Employment [D – p. 3] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Communication | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 16+: Parental/Caregiving Role [E – p. 3] | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Medical/Physical | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 16+: Independent Living Skills [F – p. 3] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Medication Compliance | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 16+: Intimate Relationships | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Transportation | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 21+: Basic Activities of Daily Living | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 1+: Sleep | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 21+: Routines | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 0-6: Motor | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 21+: Functional Communication | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 0-6: Sensory | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 21+: Loneliness | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 0-6: Persistence/Curiosity/Adaptability | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | |

4. SAFETY

4a. Risk Behaviors

| RISK BEHAVIORS | n/a | 0 | 1 | 2 | 3 | | n/a | 0 | 1 | 2 | 3 |
|--|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|---|--------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| Victimization | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 6+: Delinquent/Criminal Behavior [K – p. 4] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 0-6: Self-Harm | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6+: Non-Suicidal Self-Inj. Beh. (Self-Mutilation) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3-6: Flight Risk | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6+: Other Self-Harm (Recklessness) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3+: Suicide Risk | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6+: Danger to Others [I – p. 4] | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3+: Intentional Misbehavior | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6+: Fire Setting [J – p. 4] | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6-21: Runaway [G – p. 4] | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 21+: Grave Disability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6+: Sexually Prob. Behavior [H – p. 4] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 21+: Hoarding | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6+: Bullying Others | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | |

8. CLIENT STRENGTHS

0 = Centerpiece Strength 1 = Useful Strengths 2 = Identified Strengths 3 = Not Yet Identified Strength

| CLIENT STRENGTHS | n/a | 0 | 1 | 2 | 3 | | n/a | 0 | 1 | 2 | 3 |
|------------------------------------|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Family Strengths/Support | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 6+: Talents and Interests | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Interpersonal/Social Connectedness | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 6+: Cultural Identity | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Natural Supports | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6+: Community Connection | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Spiritual/Religious | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 6+: Involvement with Care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Educational Setting | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 16+: Vocational | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 0-21: Relationship Permanence | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 16+: Job History/Volunteering | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2+: Resiliency | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 21+: Self-Care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6+: Optimism | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | | | | |

Additional Notes & Rating Rationale for Randy's IM+CANS

Documentation Practice: IM+CANS Boxes 12 & 13

12. MENTAL HEALTH ASSESSMENT SUMMARY

Summary analysis and conclusion regarding the medical necessity of services. Tie all key information about the client's mental health needs and diagnosis here.

Randy reports an increase in depression, evidenced by decreased interest in activities he once enjoyed and disengaging with others. Randy is also experiencing increased psychotic symptoms, including poor judgement, confusion, hearing voices, talking to himself, and decompensation (dirty clothes no shoes). Randy's poor decision making (functional impairment) has resulted in: 1) poor self-management of diet resulting in multiple ER visits (diabetes) 2) placed his job and housing in jeopardy and 3) unsafe sexual behavior. Randy is receptive and would benefit from additional assessments, case management, and therapeutic services to stabilize in the community.

13. ADDITIONAL CLIENT FUNCTIONING EVALUATIONS RECOMMENDED BY LPHA No additional evaluations

- Medical Evaluation (to help Randy feel empowered with health information)
- Psychological (IQ) Evaluation (to rule out cognitive delays)
- Psychiatric Evaluation (to help Randy manage his medications appropriately)

Unit 3 | Developing a Theory of Change

Describing how Personal Change will Happen

Theory of Change:

Identifying IM+CANS Items for Personal Change

| | |
|--|---|
| <p>Background Needs</p> <p>Identify the needs that we cannot change but must be monitored as they may continue to impact the individual. Background needs provide an important context to the plan.</p> | <p>Treatment Target Needs</p> <p>Identified actionable needs (rated '2' and '3') we can change through intervention/ change process.</p> |
| <p>Strengths/Resources</p> <p>Strengths we intend to use and build upon to assist with the change process.</p> <p>Link strengths that can be accessed to address needs.</p> | <p>Anticipated Outcomes</p> <p>Needs we expect to change in the treatment process, and strengths that will emerge when built.</p> |

Developing a Theory of Change Matters

| | Treatment Target Need | Anticipated Outcome |
|----------|-----------------------|---------------------|
| 1 | Anxiety | School Achievement |
| 2 | School Achievement | Anxiety |

Activity #1: Developing Randy's Treatment Plan

INSTRUCTIONS: Using the Randy vignette (with ratings and rationales), complete boxes 14 and 15 from the IM+CANS form.

| 14. SUMMARY OF PRIORITIZED CANS NEEDS AND STRENGTHS | | | |
|---|---|---------------------------|---|
| 14a. CANS Actionable Items to Consider for Treatment Planning | | | |
| Background – Trauma Experiences | | Background – Other Needs | |
| Item: | <input type="checkbox"/> Y <input type="checkbox"/> N | Item: | <input type="checkbox"/> 2 <input type="checkbox"/> 3 |
| Item: | <input type="checkbox"/> Y <input type="checkbox"/> N | Item: | <input type="checkbox"/> 2 <input type="checkbox"/> 3 |
| Item: | <input type="checkbox"/> Y <input type="checkbox"/> N | Item: | <input type="checkbox"/> 2 <input type="checkbox"/> 3 |
| Treatment Target Needs | | Anticipated Outcome Needs | |
| Item: | <input type="checkbox"/> 2 <input type="checkbox"/> 3 | Item: | <input type="checkbox"/> 2 <input type="checkbox"/> 3 |
| Item: | <input type="checkbox"/> 2 <input type="checkbox"/> 3 | Item: | <input type="checkbox"/> 2 <input type="checkbox"/> 3 |
| Item: | <input type="checkbox"/> 2 <input type="checkbox"/> 3 | Item: | <input type="checkbox"/> 2 <input type="checkbox"/> 3 |
| Item: | <input type="checkbox"/> 2 <input type="checkbox"/> 3 | Item: | <input type="checkbox"/> 2 <input type="checkbox"/> 3 |
| Item: | <input type="checkbox"/> 2 <input type="checkbox"/> 3 | Item: | <input type="checkbox"/> 2 <input type="checkbox"/> 3 |
| Centerpiece / Useful Strengths | | Strengths to Build | |
| Item: | <input type="checkbox"/> 0 <input type="checkbox"/> 1 | Item: | <input type="checkbox"/> 2 <input type="checkbox"/> 3 |
| Item: | <input type="checkbox"/> 0 <input type="checkbox"/> 1 | Item: | <input type="checkbox"/> 2 <input type="checkbox"/> 3 |
| Item: | <input type="checkbox"/> 0 <input type="checkbox"/> 1 | Item: | <input type="checkbox"/> 2 <input type="checkbox"/> 3 |
| Item: | <input type="checkbox"/> 0 <input type="checkbox"/> 1 | Item: | <input type="checkbox"/> 2 <input type="checkbox"/> 3 |
| Caregiver Resources | | Caregiver Needs | |
| Item: | <input type="checkbox"/> 0 <input type="checkbox"/> 1 | Item: | <input type="checkbox"/> 2 <input type="checkbox"/> 3 |
| Item: | <input type="checkbox"/> 0 <input type="checkbox"/> 1 | Item: | <input type="checkbox"/> 2 <input type="checkbox"/> 3 |
| Item: | <input type="checkbox"/> 0 <input type="checkbox"/> 1 | Item: | <input type="checkbox"/> 2 <input type="checkbox"/> 3 |
| 15. INDIVIDUAL TREATMENT PLAN | | | |
| 15a. Client and Family Vision Statement for Treatment | | | |
| | | | |
| 15b. Client and Family Service Preferences | | | |
| | | | |

Activity #2: Randy's Theory of Change & IM+CANS Box 16

INSTRUCTIONS: Using the Randy vignette (with ratings and rationales), complete box 16 from the IM+CANS form, along with the TCOM Theory of Change. You will be writing one treatment goal with associated objectives.

| Background Needs | Treatment Target Needs |
|--------------------------------|-------------------------------|
| | Intervention to Address Need: |
| Strengths/Resources | Anticipated Outcomes |
| Strength to Use: | CANS Items: |
| Activity to Draw Out Strength: | |
| Strength to Build: | Goal #1: |
| Activity to Develop Strength: | |

16. TREATMENT GOALS AND OBJECTIVES

All treatment goals and objectives should be stated in client/family language and should related back to the CANS actionable items identified in box 14a. Goals are specific, observable outcomes related to functioning that result from targeting symptoms and behaviors. Objectives are specific steps to reach the goal.

CANS Item(s): Medication Compliance, Psychosis, Depression, Anxiety **Goal Status:** Continue Discontinue Completion Date: _____

CLIENT GOAL 1: *I want to improve my depression and anxiety, get better control over my thoughts, and take my medication over the next four weeks.*

Clinical Objectives

- | | |
|---------------|---|
| Objective 1a. | <i>I will go to an emergency psychiatric appointment at a local hospital on Monday at 2pm to help get back on my medication. Case manager will meet with Randy by the end of the week to complete Randy's crisis safety plan.</i> |
| Objective 1b. | <i>My case manager will help me make an appointment with my PCP to get my blood sugar levels checked. I will talk with my doctor (PCP) about how my diabetes can affect my feelings and behavior.</i> |
| Objective 1c. | <i>I will take my medication daily. The apartment staff or my case manager and psychiatrist with check in with me about positive/negative impacts and side effects from my medication.</i> |

CANS Item(s): _____ **Goal Status:** Continue Discontinue Completion Date: _____

CLIENT GOAL 2:

Clinical Objectives

- | | |
|---------------|--|
| Objective 2a. | |
| Objective 2b. | |
| Objective 2c. | |

IM+CANS Box 17: Aligning Supports

| Use the service key and mode key below to complete the service section of the treatment plan. For services not listed, please indicate "Other" in the Service Type line, and specify the services/interventions to be pursued. | | | | | | | |
|---|--------------|--|------------------|---|-----------|--------------------------|---------------------------------------|
| SERVICE TYPE | KEY | SERVICE TYPE | KEY | SERVICE TYPE | KEY | SERVICE TYPE | KEY |
| Therapy/Counseling | TC | Assertive Comm. Treatment | ACT | Case Mgmt – Transition Linkage, Aftercare | TLA | Psych Med Administration | PMA |
| Community Support | CS | Case Mgmt – Mental Health | MH | Mental Health Intensive Outpatient | IO | Psych Med Monitoring | PMM |
| Community Support Team | CST | Case Mgmt – Client Centered Consultation | CCC | Psychosocial Rehabilitation | PSR | Psych Med Training | PMT |
| SERVICE MODE KEY | | | | PLACE OF SERVICE KEY | | | |
| Individual = I | | Group = G | | On-Site = ON | | Off-Site = OFF | |
| Family = F | | Residential = R | | | | | |
| 17. SERVICES/INTERVENTIONS | | | | | | | |
| Objective(s) | Service Type | Mode | Place of Service | Amount | Frequency | Duration | Agency and Staff Responsible |
| 2C | TC | I | ON & OFF | 1 hour | Weekly | 3 months | Brian Roberts, LPHA |
| 1B, 1C | PMM | I | ON | 30 minutes | Daily | 3 months | Melissa Wright, MD Drew Goode, MHP |
| 1C, 2A, 2B, 2C, 3A, 3B | CS | I | OFF | 3 hours | Weekly | 3 months | Drew Goode, MHP |
| 1A, 1B, 2C, 3B, 3C | MH | I | ON & OFF | 2 hours | Weekly | 3 months | Drew Goode, MHP |
| 1A, 1B, 2C, 3B, 3C | CCC | I | ON | 1 hour | Weekly | 3 months | Brian Roberts, LPHA |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| IM+CANS SIGNATURES | | | | | | | |
| By signing this you agree that you have participated in the mental health assessment and treatment planning process and have been given a copy of the completed IM+CANS. You agree that you have had the chance to review the IM+CANS in full, and that the contents have been explained to you in a language that you understand. You understand the risks and benefits of the services outlined in the treatment plan and consent to the services as outlined in this plan. Please document if youth 12 years of age or older refuses to sign. | | | | | | | |
| CLIENT SIGNATURE (required for all clients 12 years of age or older) | | | | PARENT/LEGAL GUARDIAN SIGNATURE | | | |
| Client (print name) | Signature | Date (mm/dd/yyyy) | | Parent/Legal Guardian (print name) | Signature | Date (mm/dd/yyyy) | |
| STAFF RESPONSIBLE FOR IM+CANS DEVELOPMENT, REVIEW, AND MODIFICATION SIGNATURE | | | | | | | |
| Staff Completing (print name) | | Credentials | | LPHA Authorizer (print name) | | Credentials | |
| Signature | | Date(mm/dd/yyyy) | | Signature | | Date (mm/dd/yyyy) | |

Tips for Rating IM+CANS Items in Practice



The IM+CANS must minimally have sufficient documentation to establish medical necessity for recommended services.



The initial IM+CANS will not provide as complete of a clinical picture of a customer as subsequent IM+CANS will, as new information and history will be discovered as the therapeutic relationship between customer and clinician develops.



If there is no evidence of a need/strengths, the core domain items and the items in any modules that been triggered for the customer must be scored a '0' for needs or a '3' for strengths rather than left blank



What must be documented on the IM+CANS for it to be considered complete?

- An IM+CANS is considered complete once the authorizing LPHA has reviewed, approved, and signed the IM+CANS.
- The completed IM+CANS should minimally document medical necessity for the recommended services.



What is required for an “Update” of the IM+CANS?

- An “update” is any change made to the IM+CANS that occurs during the 180-day period between assessment/reassessment.
- Updates should be used to capture additional information relevant to the customer’s behavioral health needs and circumstances.

Closing

Commitment & Action Plan

What are the most useful take-aways from the session?

| |
|--|
| |
| |
| |

What specific actions will I take?

When?

| What specific actions will I take? | When? |
|------------------------------------|-------|
| | |
| | |
| | |
| | |
| | |

What is the impact of Treatment Planning on an individual's Theory of Change?

| |
|--|
| |
|--|

Appendix A: IM+CANS Box 14 Reference Sheet

Section 14

IM+CANS

Reference Sheet

Section 14: Summary of Prioritized CANS Needs and Strengths

The purpose of Section 14 is to sort and prioritize the actionable IM+CANS items from the assessment into what will be included in Treatment Planning. This process begins to solidify the Clinical Formulation and starts discussion around theory of change.

This is a collaborative process completed in partnership **with** clients to determine which items they wish to include in their treatment plan. This will likely not include all actionable items from the assessment, only those that are considered in current treatment planning.

Definitions of Each Section



Background Needs – Trauma Experiences – Identified traumas that occurred that we cannot change but must be mindful of as they may continue to impact the individual.



Background Needs – Other Needs – other needs (outside the Trauma Exposure domain) identified that we cannot change (i.e. developmental delays, physical conditions, etc.) but may be impacting the individual.



Treatment Target Needs – Identified actionable needs (items rated 2's and 3's) intended to be targeted through the treatment process. These needs may be the manifestation of the Background or Context Needs. Treatment target needs are those that would be the focus of intervention.



Anticipated Outcome Needs – Identified actionable needs (2's and 3's) we expect to change as the target needs are addressed.



Centerpiece/Useful Strengths – Centerpiece or Useful Strength items (0's and 1's) we intend to use and build upon to assist with the change process. Well-developed strengths are protective factors that could be linked to a need to effect change.



Strengths to Build – Identified or not yet Identified Strength items (2's and 3's) that require effort to build before they can be useful for the individual.



Caregiver Resources – Identified items from Caregiver Resources and Needs Domain (0's and 1's) that would represent a strength we can leverage in the change process.



Caregiver Needs – Identified items from Caregiver Resources and Needs Domain (2's and 3's) that are areas of need where support could be beneficial to the Caregivers.



Appendix B: Tools of Construction

| | Shared Vision | Goals | Objectives |
|-------------------------|----------------------|---------------------|--------------------|
| Nature | Common Ground | Broad Plan | Specific Actions |
| Measure | Client Engagement | Client Satisfaction | Client Improvement |
| Time Frame | Long | Medium to Long | Short to Medium |
| Principle | General Themes | Based on Ideas | Based on Facts |
| Characterization | Conceptual | Constructive | Concrete |

References & Additional Resources

- Illinois Department of Healthcare and Family Services (2018). *Frequently Asked Questions: Integrated Assessment and Treatment Planning (IATP)*. Retrieved from <https://www2.illinois.gov/hfs/SiteCollectionDocuments/IATPWebinarFAQfinal8218.pdf>
- Illinois Department of Healthcare and Family Services (2022). *Frequently Asked Questions: Community-Based Behavioral Services (CBS)* Retrieved from <https://www2.illinois.gov/hfs/SiteCollectionDocuments/CBSServiceFAQ09162021.pdf>
- Illinois Department of Healthcare and Family Services (2022). *Community-Based Behavioral Services (CBS) Provider Handbook*. Retrieved from <https://www2.illinois.gov/hfs/SiteCollectionDocuments/04282022CommunityBasedBehavioralServicesHandbookFor05012022Final.pdf>
- Illinois Department of Healthcare and Family Services. (n.d.). *Integrated Assessment and Treatment Planning (IATP)*. Retrieved from <https://www2.illinois.gov/hfs/MedicalProviders/behavioral/CommunityMentalHealthCenter/Pages/IATP.aspx>
- Provider Assistance and Training Hub (n.d.). *Access Trainings and Materials*. Retrieved from <https://socialwork.illinois.edu/community-partnerships/agency-based-partnerships/provider-assistance-and-training-hub/path-training-materials/>
- Transformational Collaborative Outcomes Management (n.d.). *TCOM Conversations*. Retrieved from <https://www.tcomconversations.org>