Transformational Collaborative Outcomes Management
TCOM

Incorporating the Strengths & Needs Tool with Wraparound Values and the Child Family Team Process:
Individual Service Planning

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OBJECTIVES:

* Gain Understanding of Transformational Collaborative Outcomes Management or TCOM Philosophy
* Increased Child/Family Team Understanding of the IMDS Tools & Treatment Planning
* Effective Infusing of Wraparound Values/Principles in Creation of Individualized Service Plans (ISPs) in the Child Family Team
* Plans of Care will be:
  * Family Focused
  * Individualized
  * Strength Based
  * Comprehensive
Challenges in the Human Service System

- Many different adults in the lives of the people we serve
- Each has a different perspective and, therefore, different agendas, goals, and objectives
- Honest people, honestly representing different perspectives will disagree
- This creates the potential for conflict
Understanding our Marketplace: The Hierarchy of Offerings

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

- Gilmore & Pine, 1997
So What’s Our Challenge? You can’t manage what you don’t measure!

- You need good information to make good decisions
- You can try to fake it.
- You can rely on intuition. But even good intuition is limited as a management strategy
- Collecting information is measurement
Communication Measurement

Behaviors
Experiences
Abilities
Relationships

Traditional Psychometric Measures

Service Planning

The Child and Family
The Philosophy: Transformational Collaborative Outcomes Management (TCOM)

- **Transformation** means that it is focused on the personal change that is the reason for intervention.
- **Collaborative** means that a shared visioning approach is used—not one person’s perspective.
- **Outcomes** means the measures are relevant to decisions about approach or proposed impact of interventions.
- **Management** means that this information is used in all aspects of managing the system from individual family planning to supervision to program and system operations.
Managing Tension is the Key to Creating an Effective System of Care

* Philosophy—always return to the shared vision. In the child serving system the shared vision is the child and family

* 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
<table>
<thead>
<tr>
<th>TCOM Grid of Tactics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual &amp; Family</td>
</tr>
<tr>
<td>Decision Support</td>
</tr>
<tr>
<td>Outcome Monitoring</td>
</tr>
<tr>
<td>Quality Improvement</td>
</tr>
</tbody>
</table>
The Strategy: IMDS Tools based upon the CANS
Six Key Characteristics of a Communimetric Tool

- Items are included because they might impact service planning
- Level of items translate immediately into action levels
- It is about the person not about the service
- Consider culture and development
- It is agnostic as to etiology—it is about the ‘what’ not about the ‘why’
- The 30 day window is to remind us to keep assessments relevant and ‘fresh’
Getting the Child Family Team Members To Understand the IMDS Tools..,
"I CAN.."
Parents and Caregivers

- This helps me understand my child and family better.
- This gives me a tool to help me navigate the system
- *I can* become a more effective advocate.
- This is an approach where my perspective matters too.
- This helps my family agree on what we need to work on together.
* I can participate in my assessment process.
* I’m not getting blamed for anything.
* I can understand what I need to work on so that my life is a little easier
* I can get the help I need rather than having to put up with the things adults want to ‘do to me’.
Direct Care—Care Managers, Therapists, Behavioral Assistants

- I can better engage families and youth by creating a shared vision where all of our perspectives matter.
- I can use this approach to work smarter rather than harder by avoiding problems ahead of time.
- I can utilize my case conceptualization skills and clinical judgment.
- I can organize a personalized plan.
- I can monitor and celebrate success in a more formal way.
- I can look good to my supervisor and other professionals involved with my cases.
This guide* is meant to provide the Care Manager, Therapist and/or “Family Team” members with the following:

1. A brief summary of the IMDS tools and the scoring system (0, 1, 2, 3).
2. The use of the IMDS tools & individualized treatment planning - keeping the child, youth and family both engaged and actively involved in treatment planning process from the beginning of treatment to “graduation.”
3. A “family friendly” description of the importance of gathering IMDS information as well as sharing some ideas on how the IMDS tool can be used in a “clinically meaningful way.”
4. A one-page summary of the IMDS Tools which can be given to families (please see the final page).

*Guide has been adapted from Northwestern University—A Guide for Using the CANS
The Strengths & Needs Assessment (SNA) Tool

A Brief Introduction:
Here are some of the Benefits of using the Strengths & Needs Assessment/SNA:

- **It is COMPREHENSIVE!** It includes specific items in all areas (home, school and community) and also asks about the strengths a child/youth and family may have, which makes it pretty unique.
- **It INTEGRATES A LOT OF INFORMATION.** It helps Care Managers put all of the information they have in one place. This way a lot of information can be considered, and shared (with other professionals or family members with permission) quickly.
- **It HELPS TO INFORM GOALS AND PLANS FOR TREATMENT.** It guides the Care Manager with You and Team in making decisions about what to focus on in therapy and where to start, or how to prioritize treatment.
- **It can be used to TRACK PROGRESS over time.** If the SNA is repeatedly scored while a child/youth is in therapy, we have a way of seeing how his/her needs and strengths change over time. A way of seeing how and if treatment/therapy is working!
- **The SNA keeps thing TRANSPARENT!** The SNA is purposely direct and clear. It has simple scoring so that all important people in the child/youth’s life can review and use this measure as a way to communicate information about the child/youth/family.

**Strength & Needs Scores-Level of Needs:**

0 = always stands for the best possible functioning in an area; either it means there is no “need” or challenge in a particular area.
1 = a score of 1 indicates an area that might require a little attention. It represents an area of need that we want to keep our eye on or we may want to take some preventive measure based on anticipated need.
2 and 3 = Scores of 2 and 3 always need attention of some type, as both indicate a significant need or a lack of strengths in a particular area. Items scored 2 and 3 should be addressed in the goals for a child/youth’s treatment. A score of 3 indicates a need for intensive and/or immediate attention.

**Strength & Needs Scores-Level of Strengths:**

0 = A zero represents a significant area of strengths for a child/youth/caregiver; it is the best rating you can have in the areas of strengths.
1 = a score of 1 implies a good strength that can be made even stronger.
2 and 3 = Scores of 2 and 3 indicate a lack of strength in a particular area. A score of 2 means the child/youth/caregiver have some potential for strength in this area but this strength is not yet fully developed. A score of 3 indicates that a child/youth/caregiver has no identified strength in this area.
IMDS Tools are **NOT** forms...not check off boxes.

We need to **SNAP** out of that thinking...

- **S**trengths &
- **N**eeds
- **A**ssessment
- **P**lans of Care
CANS: CONVERSATION VS FORM
## Strengths and Needs Assessment

### Child's Name: ____________

<table>
<thead>
<tr>
<th>Life Domain Functioning</th>
<th>Life Domain Functioning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family</td>
<td>Medical</td>
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<tr>
<td>Living Situation</td>
<td>Physical</td>
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<td>Social, Civic</td>
<td>Sleep</td>
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<td>Recreational</td>
<td>Sexuality</td>
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<td>School Behavior</td>
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<td>School Achievement</td>
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### Child Strengths

<table>
<thead>
<tr>
<th>Area</th>
<th>Level</th>
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<tbody>
<tr>
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<tr>
<td>Interpersonal</td>
<td>2</td>
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<tr>
<td>Cognitive</td>
<td>3</td>
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<tr>
<td>Emotional</td>
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<tr>
<td>Educational</td>
<td>1</td>
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<tr>
<td>Vocational</td>
<td>2</td>
</tr>
<tr>
<td>Talent Interest</td>
<td>3</td>
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<td>Spiritual/Religious</td>
<td>1</td>
</tr>
<tr>
<td>Community Life</td>
<td>2</td>
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<tr>
<td>Relationship Prominence</td>
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### Acculturation

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<thead>
<tr>
<th>Language</th>
<th>Identity</th>
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### Caregiver Strengths

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<thead>
<tr>
<th>Area</th>
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</thead>
<tbody>
<tr>
<td>Supervision</td>
<td>2</td>
</tr>
<tr>
<td>Involvement</td>
<td>3</td>
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<tr>
<td>Knowledge</td>
<td>1</td>
</tr>
<tr>
<td>Organization</td>
<td>2</td>
</tr>
<tr>
<td>Social Resources</td>
<td>1</td>
</tr>
<tr>
<td>Residential Stability</td>
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### Caregiver Needs

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<thead>
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<th>Area</th>
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<tbody>
<tr>
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<td>1</td>
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<tr>
<td>Mental Health</td>
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<tr>
<td>Substance Use</td>
<td>3</td>
</tr>
<tr>
<td>Developmental</td>
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<tr>
<td>Safety</td>
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</table>

### Child Behavioral/Emotional Needs

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<th>Area</th>
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<tr>
<td>Impulse Hyperactivity</td>
<td>3</td>
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<tr>
<td>Depression</td>
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<tr>
<td>Anxiety</td>
<td>1</td>
</tr>
<tr>
<td>Oppositional</td>
<td>3</td>
</tr>
<tr>
<td>Conduct</td>
<td>1</td>
</tr>
<tr>
<td>Adj to Trauma</td>
<td>2</td>
</tr>
<tr>
<td>Anger Control</td>
<td>3</td>
</tr>
<tr>
<td>Substance Use</td>
<td>1</td>
</tr>
<tr>
<td>Gambling</td>
<td>2</td>
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</table>

### Child Risk Behaviors

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<th>Level</th>
</tr>
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<tbody>
<tr>
<td>Suicide Risk</td>
<td>3</td>
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<tr>
<td>Self Mutilation</td>
<td>1</td>
</tr>
<tr>
<td>Other Self Harm</td>
<td>2</td>
</tr>
<tr>
<td>Danger to Others</td>
<td>3</td>
</tr>
<tr>
<td>Sexual Aggression</td>
<td>1</td>
</tr>
<tr>
<td>Runaway</td>
<td>2</td>
</tr>
<tr>
<td>Delinquency</td>
<td>3</td>
</tr>
<tr>
<td>Judgment</td>
<td>1</td>
</tr>
<tr>
<td>Pre Lancing</td>
<td>2</td>
</tr>
<tr>
<td>Social Behavior</td>
<td>3</td>
</tr>
<tr>
<td>Bullying</td>
<td>1</td>
</tr>
</tbody>
</table>
CANS: SHARED LANGUAGE

Conversations Matter
CANS: SHARED LANGUAGE

goal

learning

participant A

interface

action

exchange

context

(trans)action

participant B

evaluating

goal

shared language

agreement
Strengths & Needs Assessment (SNA) Interview Format

This is to be used in conjunction with the IMS Manual & Glossary.
(Includes questions to assist with information gathering and interviewing youth and caregivers.)

LIFE DOMAIN FUNCTIONING
This section of the SNA focuses on how your child and family are doing right now in the major life areas. Please think about the last month (30 days) when you discuss and answer these questions.

Family Functioning. Who does the child consider their ‘family’? How does your family get along? Are there challenges between family members? Has there ever been violence? How is your family getting along right now?
Comments: __________________________________________

- No action needed. Generally, my child ‘gets along’ with the family. (0)
- Let’s watch, try to prevent. My child is ‘kind of’ getting along with the family; there are a few challenges here and there. (1)
- Help is needed. My child is not really getting along with the family (parents, bros/sis). There is a lot of fighting. (2)
- Help is needed now/immediately. My child is not getting along at all with anyone. There is lots of arguing and may be physical violence. (3)

Living Situation. How is the youth behaving and getting along with other in their current living situation? ‘If youth is living with their family this rating will be the same as ‘family functioning.’
Comments: __________________________________________

- No action needed. Our living situation is fine. (0)
- Let’s watch, try to prevent. Our living situation is just “OK,” with challenges ‘here and there.’ (1)
- Help is needed. Our living situation is not “OK.” My child’s behavior is really affecting other people in the house. (2)
- Help is needed now/immediately. Our living situation is absolutely not working. My child may have to leave my home soon. (3)
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Moving from a form
to the work that we do
Let’s SNAP To It!

Next we will develop a Plan of Care (based on the identified actionable needs (ratings of 2 or 3) using the TCMO Approach, Wraparound Values and Principles & the Strengths & Needs Assessment Tool.
### TCOM Grid of Tactics

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

Task 1: Review vignette and completed S&N’s assessment with your group

Task 2: Discuss and create an ISP from the S&N’s provided (25 minutes)
# Life Domain Functioning

<table>
<thead>
<tr>
<th>Key</th>
<th>Description</th>
<th>Family</th>
<th>Medical</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Indicates a life domain in which the child is excelling. This is an area of considerable strength.</td>
<td>○ 0 ○ 1 ○ 2 ○ 3</td>
<td>○ 0 ○ 1 ○ 2 ○ 3</td>
</tr>
<tr>
<td>1</td>
<td>Indicates a life domain in which the child is doing OK. This is an area of potential strength.</td>
<td>○ 0 ○ 1 ○ 2 ○ 3</td>
<td>○ 0 ○ 1 ○ 2 ○ 3</td>
</tr>
<tr>
<td>2</td>
<td>Indicates a life domain in which the child is having problems. Help is needed to improve functioning into an area of strength.</td>
<td>○ 0 ○ 1 ○ 2 ○ 3</td>
<td>○ 0 ○ 1 ○ 2 ○ 3</td>
</tr>
<tr>
<td>3</td>
<td>Indicates a life domain in which the child is having significant problems. Intensive help is needed to improve functioning into an area of strength.</td>
<td>○ 0 ○ 1 ○ 2 ○ 3</td>
<td>○ 0 ○ 1 ○ 2 ○ 3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Living Situation</th>
<th>Physical</th>
<th>Sexuality</th>
<th>School Behavior</th>
<th>School Achievement</th>
<th>School Attendance</th>
<th>Sleeping</th>
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<tbody>
<tr>
<td>Family</td>
<td>○ 0 ○ 1 ○ 2 ○ 3</td>
<td>○ 0 ○ 1 ○ 2 ○ 3</td>
<td>○ 0 ○ 1 ○ 2 ○ 3</td>
<td>○ 0 ○ 1 ○ 2 ○ 3</td>
<td>○ 0 ○ 1 ○ 2 ○ 3</td>
<td>○ 0 ○ 1 ○ 2 ○ 3</td>
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</table>
## Child Strengths & Acculturation

<table>
<thead>
<tr>
<th>Key</th>
<th>Description</th>
<th>Key</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Indicates a domain where strengths exist that can be used as a centerpiece for a strength-based plan.</td>
<td>0</td>
<td>Indicates a domain where strengths exist that can be used as a centerpiece for a strength-based plan.</td>
</tr>
<tr>
<td>1</td>
<td>Indicates a domain where strengths exist but require some strength building efforts in order for them to serve as a focus of a strength-based plan.</td>
<td>1</td>
<td>Indicates a domain where strengths exist but require some strength building efforts in order for them to serve as a focus of a strength-based plan.</td>
</tr>
<tr>
<td>2</td>
<td>Indicates a domain where strengths have been identified but that they require significant strength building efforts before they can be effectively utilized in as a focus of a strength-based plan.</td>
<td>2</td>
<td>Indicates a domain where strengths have been identified but that they require significant strength building efforts before they can be effectively utilized in as a focus of a strength-based plan.</td>
</tr>
<tr>
<td>3</td>
<td>Indicates a domain in which efforts are needed in order to identify potential strengths for strength building efforts.</td>
<td>3</td>
<td>Indicates a domain in which efforts are needed in order to identify potential strengths for strength building efforts.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Family</th>
<th>Language</th>
<th>Interpersonal</th>
<th>Identity</th>
<th>Optimism</th>
<th>Vocational</th>
<th>Talents/Interests</th>
<th>Spiritual/Religious</th>
<th>Community Life</th>
<th>Relationship Permanence</th>
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<tr>
<td>0 0 1 2 3</td>
<td>0 0 1 2 3</td>
<td>0 0 1 2 3</td>
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<td>0 0 1 2 3</td>
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*Note: The table above illustrates the key descriptors for various domains in the context of child strengths and acculturation.*
# Caregiver Strengths & Needs

## Caregiver Strengths

<table>
<thead>
<tr>
<th>Key</th>
<th>Description</th>
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</thead>
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<tr>
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</tr>
<tr>
<td>1</td>
<td>Indicates a domain where strengths exist but require some strength building efforts in order for them to serve as a focus of a strength-based plan.</td>
</tr>
<tr>
<td>2</td>
<td>Indicates a domain where strengths have been identified but that they require significant strength building efforts before they can be effectively utilized in as a focus of a strength-based plan.</td>
</tr>
<tr>
<td>3</td>
<td>Indicates a domain in which efforts are needed in order to identify potential strengths for strength building efforts.</td>
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## Caregiver Needs

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<tr>
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<td>Indicates a domain where strengths exist but require some strength building efforts in order for them to serve as a focus of a strength-based plan.</td>
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<td>2</td>
<td>Indicates a domain where strengths have been identified but that they require significant strength building efforts before they can be effectively utilized in as a focus of a strength-based plan.</td>
</tr>
<tr>
<td>3</td>
<td>Indicates a domain in which efforts are needed in order to identify potential strengths for strength building efforts.</td>
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<table>
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<tr>
<th>Supervision</th>
<th>0</th>
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<td>Involvement</td>
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<td>2</td>
<td>3</td>
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<tr>
<td>Knowledge</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Organization</td>
<td>0</td>
<td>1</td>
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<td>3</td>
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<td>Social Resources</td>
<td>0</td>
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<td>3</td>
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<td>Residential Stability</td>
<td>0</td>
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<td>2</td>
<td>3</td>
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<tr>
<td>Physical</td>
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<td>Safety</td>
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# Behavioral/Emotional Needs & Risk Behaviors

<table>
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<th>Description</th>
<th>Key</th>
<th>Description</th>
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</thead>
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<td>Indicates a dimension where there is no evidence of any needs.</td>
<td>0</td>
<td>Indicates a dimension where there is no evidence of any needs.</td>
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<tr>
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<td>Indicates a dimension that requires monitoring, watchful waiting, or prevention activities.</td>
<td>1</td>
<td>Indicates a dimension that requires monitoring, watchful waiting, or prevention activities.</td>
</tr>
<tr>
<td>2</td>
<td>Indicates a dimension that requires action to ensure that this identified need or risk behavior is addressed.</td>
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<tr>
<td>3</td>
<td>Indicates a dimension that requires immediate or intensive action.</td>
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<tr>
<th>Psychosis</th>
<th>0 1 2 3</th>
<th>Suicide Risk</th>
<th>0 1 2 3</th>
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<tbody>
<tr>
<td>Impulse/Hyper</td>
<td>0 1 2 3</td>
<td>Self Mutilation</td>
<td>0 1 2 3</td>
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<tr>
<td>Depression</td>
<td>0 1 2 3</td>
<td>Other Self harm</td>
<td>0 1 2 3</td>
</tr>
<tr>
<td>Anxiety</td>
<td>0 1 2 3</td>
<td>Danger to Others</td>
<td>0 1 2 3</td>
</tr>
<tr>
<td>Oppositional</td>
<td>0 1 2 3</td>
<td>Sexual Aggression</td>
<td>0 1 2 3</td>
</tr>
<tr>
<td>Conduct</td>
<td>0 1 2 3</td>
<td>Runaway</td>
<td>0 1 2 3</td>
</tr>
<tr>
<td>Adj. to Trauma</td>
<td>0 1 2 3</td>
<td>Delinquency</td>
<td>0 1 2 3</td>
</tr>
<tr>
<td>Anger Control</td>
<td>0 1 2 3</td>
<td>Judgment</td>
<td>0 1 2 3</td>
</tr>
<tr>
<td>Substance Use</td>
<td>0 1 2 3</td>
<td>Fire Setting</td>
<td>0 1 2 3</td>
</tr>
<tr>
<td>Gambling</td>
<td>0 1 2 3</td>
<td>Social Behavior</td>
<td>0 1 2 3</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Bullying</th>
<th>0 1 2 3</th>
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</thead>
</table>


Identified Action Items

- Family
- Living Situation
- Recreational
- Legal
- Medical
- Interpersonal
- Talents/Interests
- Identity

- Supervision
- Knowledge
- Depression
- Anxiety
- ADJ. to Trauma
- Substance Use
- Other Self-Harm
- Judgment
Identified Domains

- Family
- Living Arrangements
- Legal
- Substance Abuse
- Safety
- Cultural/Spiritual
- Social/Recreational
- Medical Health
- Other (talents/interest, interpersonal skills)
- Psychological/Mental Health
Strengths

Describe Strength:

Melissa is a honor student, has a great relationship with her family, and has good ties to her community.

Strength Begin Date: 3/4/2015 15  
Strength End Date: <M/d/yyyy> 15

Person linked to Strength: Melissa

Describe Strength: (In Use)

Father is involved in the treatment process and advocating for Melissa's needs.

Strength Begin Date: 3/4/2015 15  
Strength End Date: <M/d/yyyy> 15

Person linked to Strength: Father
Strengths

Describe Strength: (In Use)

Mother is involved in youth's treatment and advocating for Melissa's needs.

Strength Begin Date: 3/4/2015 15
Strength End Date: <M/d/yyyy> 15
Person linked to Strength: Mother +

Describe Strength: (In Use)

CM is resourceful and follows the wraparound model.

Strength Begin Date: 3/4/2015 15
Strength End Date: <M/d/yyyy> 15
Person linked to Strength: Care Manager +
Creating the ISP: Need

Description of Need:
Melissa needs assistance with her substance abuse challenges (daily use of substances, ecstasy)

Start Date: 3/4/2015
End Date: 6/4/2015
Target Date: <M/d/yyyy>

Domains:
- Cultural/Spiritual
- Educational/Vocational
- Family
- Legal
- Living Arrangements
- Medical Health
- Other
- Psychological/Mental Health
- Safety
- Social/Recreational
- Substance Abuse
- System Barriers
- Transitional Planning

Progress: Partially Met

Accept | Delete | Cancel
Creating the ISP: Need

Add/Edit Needs for a Treatment

**Description of Need:**

Melissa needs assistance addressing her legal involvement (attending court-ordered treatment).

**Start Date:** 3/4/2015  
**End Date:** 6/4/2015  
**Target Date:** <M/d/yyyy>  

**Domains:**

- Cultural/Spiritual
- Educational/Vocational
- Family
- Legal
- Living Arrangements
- Medical Health
- Other
- Psychological/Mental Health
- Safety
- Social/Recreational
- Substance Abuse
- System Barriers
- Transitional Planning

**Progress:** Partially Met
Creating the ISP: Strategy

Specify Strengths:
- Melissa is a honor student, has a great relationship with her family, and has good ties to her community.
- Father is involved in the treatment process and advocating for Melissa's needs.
- Mother is involved in youth's treatment and advocating for Melissa's needs.
- CM is resourceful and follows the wraparound model.

Specify Needs:
- Melissa needs assistance with her substance abuse challenges (daily use of substances, ecstasy).
- Melissa needs assistance addressing her legal involvement (attending court-ordered treatment).

Description of Strategies:
Melissa will attend the court-mandated substance abuse treatment and comply with drug screenings.

Start Date: 3/4/2015
End Date: 6/4/2015
Target Date: <M/d/yyyy>

Progress of Strategy: Partially Met

Responsible Person: Melissa, Family

Accept
Cancel
Creating the ISP: Need

Description of Need:
Melissa needs assistance addressing her depression and anxiety, other self-harm, Adjustment to trauma and judgment (frequent drug use, sneaking out of home).

Start Date: 3/4/2015  End Date: 6/4/2015  Target Date: <M/d/yyyy>

Domains:
- Cultural/Spiritual
- Educational/Vocational
- Family
- Legal
- Living Arrangements
- Medical Health
- Other
- Psychological/Mental Health
- Safety
- Social/Recreational
- Substance Abuse
- System Barriers
- Transitional Planning

Progress: Partially Met
Creating the ISP: Need

Description of Need:
Family needs assistance addressing communication challenges (frequent arguing/ knowledge of substance abuse), supervision, limited parental knowledge, and address cultural identity.

Start Date: 3/4/2015  End Date: 6/4/2015  Target Date: <M/d/yyyy>

Domains:
- Cultural/Spiritual
- Educational/Vocational
- Family
- Legal
- Living Arrangements

Progress: Partially Met
Creating the ISP: Strategy

Add/Edit Strategies for a Treatment

Specify Strengths:
- Melissa is a honor student, has a great relationship with her family, and has good ties to her community.
- Father is involved in the treatment process and advocating for Melissa’s needs.
- Mother is involved in youth’s treatment and advocating for Melissa’s needs.
- CM is resourceful and follows the wraparound model.

Specify Needs:
- Melissa needs assistance addressing her legal involvement (attending court-ordered treatment).
- Melissa needs assistance addressing her depression and anxiety, other self-harm and judgment (freedom of movement).
- Family needs assistance addressing communication challenges (frequent arguing/ knowledge of substance use, neglect, or refusal).

Description of Strategies:
CM will link family to Licensed level 1IC for 3 hours per week to address mental health challenges and family communication.

Start Date: 3/4/2015 15
End Date: 6/4/2015 15
Target Date: <M/d/yyyy> 15

Progress of Strategy: Partially Met
Responsible Person: CM, Family

Accept
Cancel
Creating the ISP: Need

Add/Edit Needs for a Treatment

Description of Need:
Melissa needs assistance addressing her recreational, interpersonal and talent/interest challenges (current peer group uses substances, partying and staying out late).

Start Date: 3/4/2015   End Date: 6/4/2015   Target Date: <M/d/yyyy>

Domains:
- Cultural/Spiritual
- Educational/Vocational
- Family
- Legal
- Living Arrangements
- Medical Health
- Psychological/Mental Health
- Safety
- Social/Recreational
- Substance Abuse
- System Barriers
- Transitional Planning

Progress: Partially Met

Accept  Cancel
Creating the ISP: Strategy

Add/Edit Strategies for a Treatment

Specify Strengths:
- Melissa is a honor student, has a great relationship with her family, and has good ties to her community.
- Father is involved in the treatment process and advocating for Melissa’s needs.
- Mother is involved in youth’s treatment and advocating for Melissa’s needs.
- CM is resourceful and follows the wraparound model.

Specify Needs:
- Melissa needs assistance addressing her depression and anxiety, other self-harm and judgment (free from suicidal ideation or behavior).
- Family needs assistance addressing communication challenges (frequent arguing/knowledge of substance abuse).
- Melissa needs assistance addressing her recreational, interpersonal and talent/interest challenges.

Description of Strategies:
CM will link Melissa to a mentor for 2 hours per week to explore recreational activities, interpersonal and talent/interests.

Start Date: 3/4/2015 15  End Date: 6/4/2015 15  Target Date: <M/d/yyyy> 15
Progress of Strategy: Partially Met
Responsible Person: CM, Melissa, Mentor

Accept  Cancel
Creating the ISP: Need

Description of Need:
Melissa needs assistance addressing her medical challenges (recent weight loss).

Start Date: 3/4/2015  End Date: 6/4/2015  Target Date: <M/d/yyyy>

Domains:
- Cultural/Spiritual
- Educational/Vocational
- Family
- Legal
- Living Arrangements

- Medical Health
- Other
- Psychological/Mental Health
- Safety

Progress: Partially Met

Accept  Delete  Cancel
Creating the ISP: Strategy

Add/Edit Strategies for a Treatment

Specify Strengths:
- Melissa is a honor student, has a great relationship with her family, and has good ties to her community.
- Father is involved in the treatment process and advocating for Melissa’s needs.
- Mother is involved in youth’s treatment and advocating for Melissa’s needs.
- CM is resourceful and follows the wraparound model.

Specify Needs:
- Family needs assistance addressing communication challenges (frequent arguing, knowledge of subject)
- Melissa needs assistance addressing her recreational, interpersonal and talent/interest challenges (clubs)
- Melissa needs assistance addressing her medical challenges (recent weight loss).

Description of Strategies:
Melissa’s family will schedule appointment with pediatrician to address medical challenges as needed.

Start Date: 3/4/2015 15  End Date: 6/4/2015 15  Target Date: <M/d/yyyy> 15

Progress of Strategy: Partially Met

Responsible Person: Family

Accept  Cancel
The ISP has been:

Meaningfully grouped from having 16 separate ‘actionable items (2 or 3) and covering 12 separate Domain Areas to now...

Six (6) Needs (clearly identified) in Individual Service Plan (ISP), with specific strategies and using the youth, family and care manager’s ‘functional’ strengths with specific treatment goals, formal and informal strategies and services
IMDS Tools are **NOT** forms...not check off boxes.

We need to **SNAP** out of that thinking...

**S**trengths & **N**eeds

**A**ssessment

**P**lans of Care
The IMDS Tools Capture the Work that We Do WITH the Children/Youth and their Families.

The Goal of TCOM is to assist in transforming the lives of children/youth and their families, utilizing appropriate and effective clinical interventions, in order to achieve positive outcomes through managing data or information gathered over time.
<table>
<thead>
<tr>
<th>TCOM Grid of Tactics</th>
<th>Individual &amp; Family</th>
<th>Program</th>
<th>System</th>
</tr>
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<tbody>
<tr>
<td>Decision Support</td>
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<td>Eligibility Step-down</td>
<td>Resource Management Right-sizing</td>
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<tr>
<td></td>
<td>&amp; Celebrations</td>
<td></td>
<td>Performance/Contracting</td>
</tr>
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<td>Quality Improvement</td>
<td>Care Management</td>
<td>CQI/QA Accreditation</td>
<td>Transformation Business Model</td>
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<tr>
<td></td>
<td>Integrated Care</td>
<td>Program Redesign</td>
<td>Design</td>
</tr>
<tr>
<td></td>
<td>Supervision</td>
<td></td>
<td></td>
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Integrating Transformational Collaborative Outcomes Management into Treatment Planning During and After Child/Family Meetings:

1. Need(s) Identification
2. Strategy Analysis
3. Plan Development
4. Plan Implementation
5. Plan Evaluation
## TCOM Grid of Tactics

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IMDS Tools are **NOT** forms...not check off boxes.

We need to **SNAP** out of that thinking...

**S**trengths &

**N**eeds

**A**ssessment

**P**lans of Care
Here are Some of The Possible ‘Reasons” Why Someone Might Not Want to SNAP To IT?
Cast of Characters: Late Adopters

* Columbo “If I act dumb maybe I can lower expectations and no one will expect me to change”
* The Smartest Person in the Room “I already do this and have for some time now so why should I change. What you are saying is no different from what I’ve already been doing”
* The English Major “What exactly do you mean by this word…. I need clarity before I can change. You do realize that there are typos in this manual”
* Nervous Nelly “We just aren’t quite ready to start doing this today….tomorrow doesn’t look good either”
* The Philosopher “Do we really understand what this means...” or “isn’t it really much more complex than this....We need to think this through”
* The Uber-Professional “This is not in my mandate, it would be unethical.....”
* The Uber-Bureaucratic. “Let’s do it. We’ll start with a subcommittee to explore the feasibility of considering it through the larger committee...”
* The Ostrich “If I don’t see it, it doesn’t exist....”
* The Slacker “If I just don’t do it maybe no one will notice”
Keys to Successful Implementation

- Take it a step at a time—planned incrementalism. Implementation fatigue can drag change to a stop.
- Don’t get the approach confused with the technology that supports it.
- Focus where the work starts—individual care planning with children/youth and families.
- Transparent use creates reliability and validity.
- Do not assume that training is an event. It is a process.
- Reach out to others who use the approach. It is designed as a mass collaboration.
Those who judge will never understand and those who understand will never judge.
TransFORMation CAN Be Accomplished!
A Special “Thank you!” to the Following IMDS SuperUsers from the Passaic Care Management Organization (CMO)
Transformational Leaders!

From left to right: Toni Havers, Mandy Shaalan, Yulenny Beltre, Mercedes Lopez, Marisa Vescio, Aikins Aryee
“It is the reformer who is anxious for the reform, and not society, from which he should expect nothing better than opposition, abhorrence and mortal persecution.”

Mahatma Ghandi
Questions & Comments
Kenneth McGill, EdS, LMFT

Rutgers University Behavioral HealthCare
Children’s System of Care Training and Technical Assistance Program

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Email: kenneth.mcgill@rutgers.edu
Certification Website: www.pfcccertification.org