

The background of the slide is a light gray gradient. It is decorated with numerous realistic water droplets of various sizes. Some droplets are large and prominent, while others are small and subtle. They are scattered across the page, with a higher concentration in the top-left and bottom-right corners. The droplets have highlights and shadows, giving them a three-dimensional appearance.

MAKING USE OF THE ANSA IN ALAMEDA COUNTY

JEN MULLANE AND ELLA JACKSON

OUR AGENDA

- BHCS AND THE ANSA
- HOW THE ANSA WILL INFORM OUR WORK
- 6 KEY PRINCIPLES OF THE ANSA
- MANAGING STAFF RESISTANCE
- BECOMING A SUCCESSFUL TRAINER/COACH
- STRATEGIES FOR ENGAGING STAFF
- NEXT STEPS AND THE ANSA COLLABORATIVE



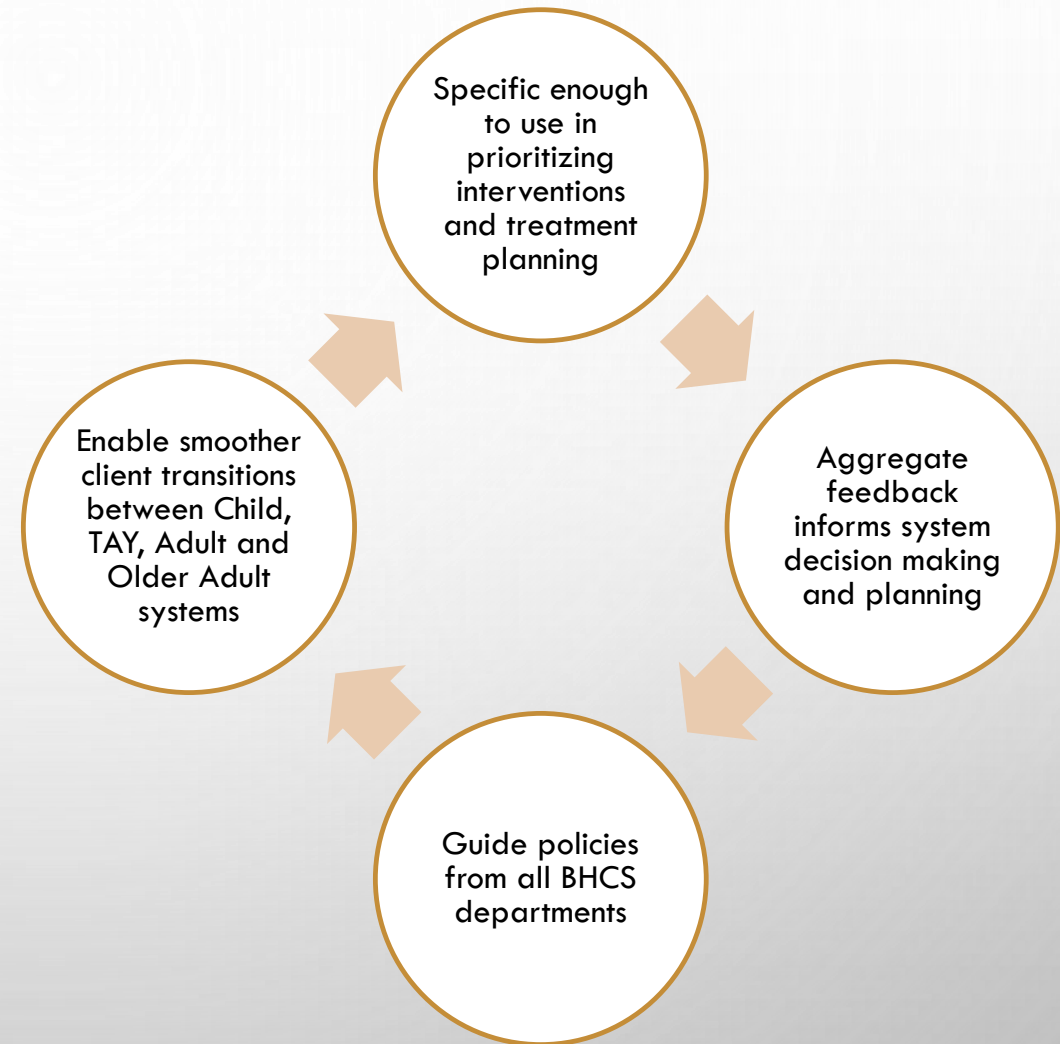
BE THE CHANGE
THAT YOU WISH
TO SEE
IN THE WORLD.



WHY ARE WE USING THE ANSA?

- TO SEE IF CLIENTS ARE GETTING THE SERVICES THEY NEED
- TOOL ASSESSES THE WHOLE PERSON
- IDENTIFY IF SERVICES ARE HELPFUL FROM A QUALITY IMPROVEMENT LENS
- PINPOINT GAPS IN THE SYSTEM OF CARE
- **BECAUSE YOU CAN'T MANAGE WHAT YOU DON'T MEASURE**

USE ACROSS SYSTEMS



SHIFTING TO USING THE ANSA



DOING THE ANSA

- STAFF IN THEIR OFFICES ALONE
- NO/LITTLE CLIENT INPUT
- DOESN'T INFORM TREATMENT PLAN
- FILED AWAY AND FORGOTTEN
- NOT DISCUSSED WITH OTHER PROVIDERS
- NOT USED TO TRACK PROGRESS



USING THE ANSA

- STAFF COMPLETE WITH THE CLIENT
- LOTS OF CLIENT AND TEAM INPUT
- INFORMS THE TREATMENT PLAN
- TOPIC OF CONVERSATION THROUGHOUT CARE
- USED TO COMMUNICATE WITH OTHER PROVIDERS
- TRACK PROGRESS ONGOING USING OA REPORTS

WHO I AM



- ELLA JACKSON, LMFT, CLINICAL SUPERVISOR FOR LONG TERM CARE TEAM IN SONOMA COUNTY, CALIFORNIA.
- TEAM SERVES ADULTS WITH SEVERE AND PERSISTENT MENTAL HEALTH CONDITIONS.
- CONSERVED, LIVING IN LOCKED PSYCHIATRIC FACILITIES.

GETTING TO KNOW EACH OTHER

- ORGANIZATION, ROLE
- HOPES FOR THE DAY



PLEASE HOLD COMMENTS/QUESTIONS FOR THE END.

PADS OF PAPER AND PENS AVAILABLE.



THE COMMUNIMETRICS APPROACH

THE ANSA WAS DEVELOPED FROM A COMMUNICATION PERSPECTIVE



It is designed to facilitate the linkage between the assessment process and the design of individualized service plans including the application of evidence-based practices.




COMMUNIMETRICS APPROACH TO ASSESSMENT

- COMMUNICATION VALUE OF TOOL IS TOP PRIORITY
- CONTENT IS FLEXIBLE AND MUST BE MEANINGFUL TO THE SERVICE DELIVERY PROCESS
- ITEMS SELECTED ON CLINICAL RATHER THAN STATISTICAL CRITERIA
- TRUST IN THE RELIABILITY OF THE RESPONSES AND EXPERTISE OF THE RATER
- EASY TO USE AND RESULTS ARE ACTIONABLE



PSYCHOMETRIC APPROACH TO ASSESSMENT

- PRECISE MEASUREMENT IS TOP PRIORITY
 - FOCUS IS ON SCIENTIFIC REPLICATION OF MEASUREMENT
 - MULTIPLE SIMILAR ITEMS TO TEST RELIABILITY OF RESPONSES
 - SOPHISTICATED SCALE SCORING
 - INTERPRETING RESULTS FOR SERVICE PLANNING IS NOT ALWAYS STRAIGHTFORWARD
- 

6 KEY PRINCIPLES



Key Principle 1: Relevant



"If I had an hour to solve a problem I'd spend 55 minutes thinking about the problem and 5 minutes thinking about solutions."
~ Albert Einstein (maybe)

KEY PRINCIPLE 1: RELEVANT



As case managers and clinicians, we naturally listen to stories and look for themes.

The items on ANSA are the themes of the story that are relevant to the decisions you make in the person's treatment.

KEY PRINCIPLE 1: RELEVANT

When we are working to create transformation, we must first understand the person.



Items are included because they are relevant to supporting individuals, families, organizations and systems.

KEY PRINCIPLE 1: RELEVANT

Items have meaning in terms of pathways to care.



And levels of items have meaning in terms of action priority.





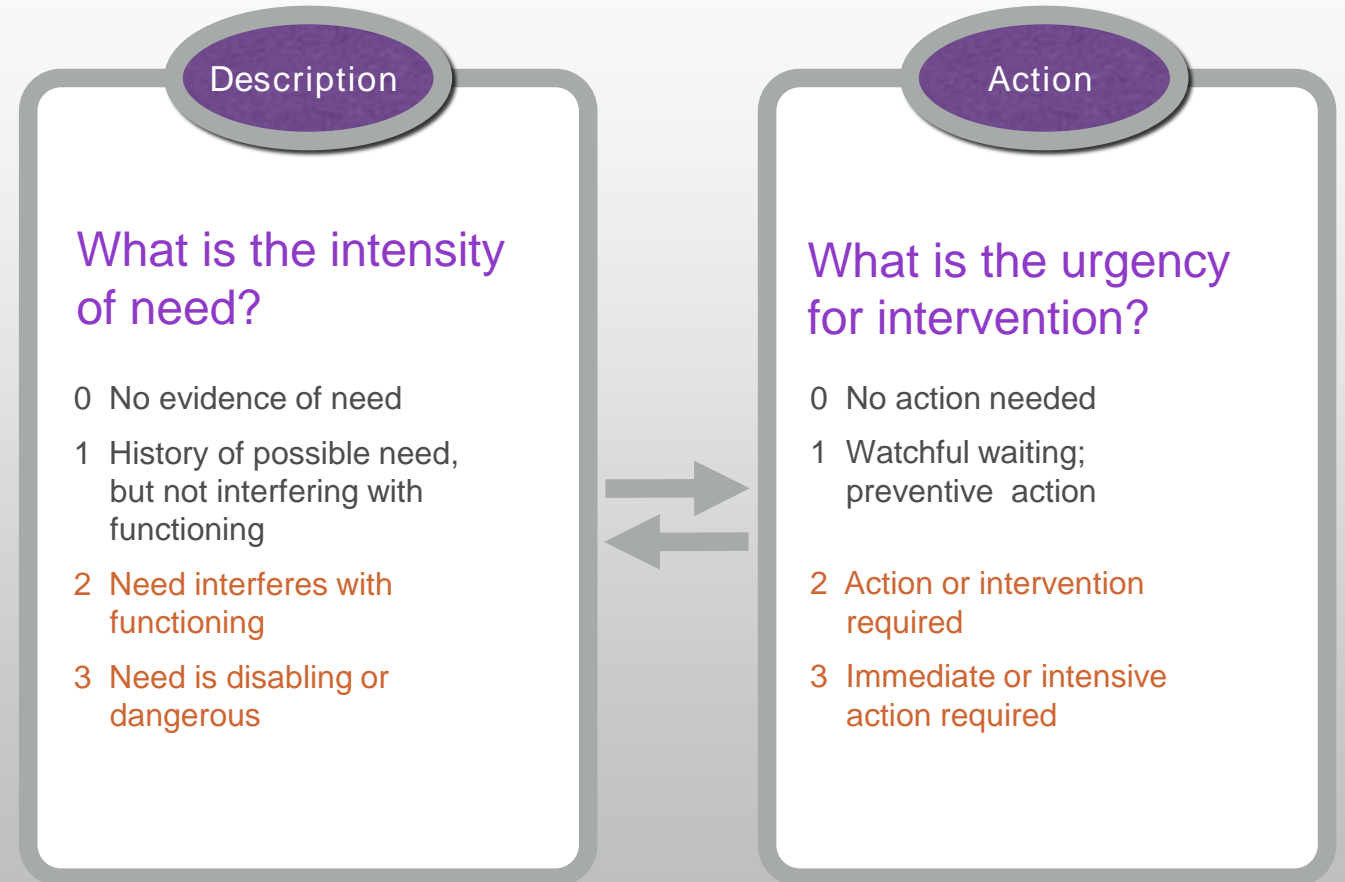
Key Principle 2: Actionable

ACTION LEVELS: RATING NEEDS

What is a Need?

*A NEED IS A CHARACTERISTIC OF PERSON IN THE ENVIRONMENT THAT DESCRIBES A **SITUATION IN WHICH EXTERNAL ASSISTANCE COULD BE BENEFICIAL.***

IT IS THE INTERACTION OF THE PERSON AND ENVIRONMENT THAT IS KEY TO UNDERSTANDING THE PRESENCE OF A NEED.



For care planning: Items rated '2' or '3' must be addressed in the plan.

KEY PRINCIPLE 2: ACTIONABLE

ACTION LEVEL = '0'

- '0' - NO EVIDENCE, NO REASON TO BELIEVE.
- YOU ARE NOT EXPECTED TO BE OMNISCIENT, TO PREDICT SOMETHING. YOU ARE SIMPLY SCORING WHAT YOU KNOW. '0' MEANS YOU HAVE NO KNOWLEDGE OF THIS.
- EXAMPLE: JASON'S SISTER SAYS HE DOESN'T USE DRUGS. JASON SAYS HE DOESN'T USE DRUGS. THIS DOESN'T MEAN HE DOESN'T USE DRUGS. BUT IT IS NOT SOMETHING AT THIS TIME THAT YOU HAVE A KNOWLEDGE OF, SO YOU ARE NOT GOING TO SCORE IT. NO EVIDENCE.
- DOES THIS MEAN HE DOESN'T ACTUALLY USE DRUGS? NO IDEA.
- IT DOES MEAN YOU WILL NOT SEND JASON TO A SUBSTANCE ABUSE TREATMENT PROGRAM.

KEY PRINCIPLE 2: ACTIONABLE

ACTION LEVEL = 1

- YOU MIGHT DECIDE, THERE IS SOME INDICATION, SOME SUSPICION, THAT THIS IS SOMETHING WE NEED TO KEEP AN EYE ON. THEN YOU WOULD RATE IT A '1'.
- 3 REASONS A GOOD CLINICIAN WOULD WANT TO KEEP AN EYE ON SOMETHING: HISTORY, SUSPICION, CONTENTION.

ACTION LEVEL = '2'

- IT'S INTERFERING WITH FUNCTIONING.
- ACTION OR INTERVENTION IS NEEDED.



KEY PRINCIPLE 2: ACTIONABLE

ACTION LEVEL = '3'

- IMMEDIATE AND INTENSIVE ACTION. EITHER DANGEROUS OR DISABLING. DISABLING MEANS IT PREVENTS FUNCTIONING IN AT LEAST ONE DOMAIN.
- SUICIDAL, HOMICIDAL, GRAVELY DISABLED, OTHER IMPAIRMENTS REQUIRING SWIFT INTERVENTION

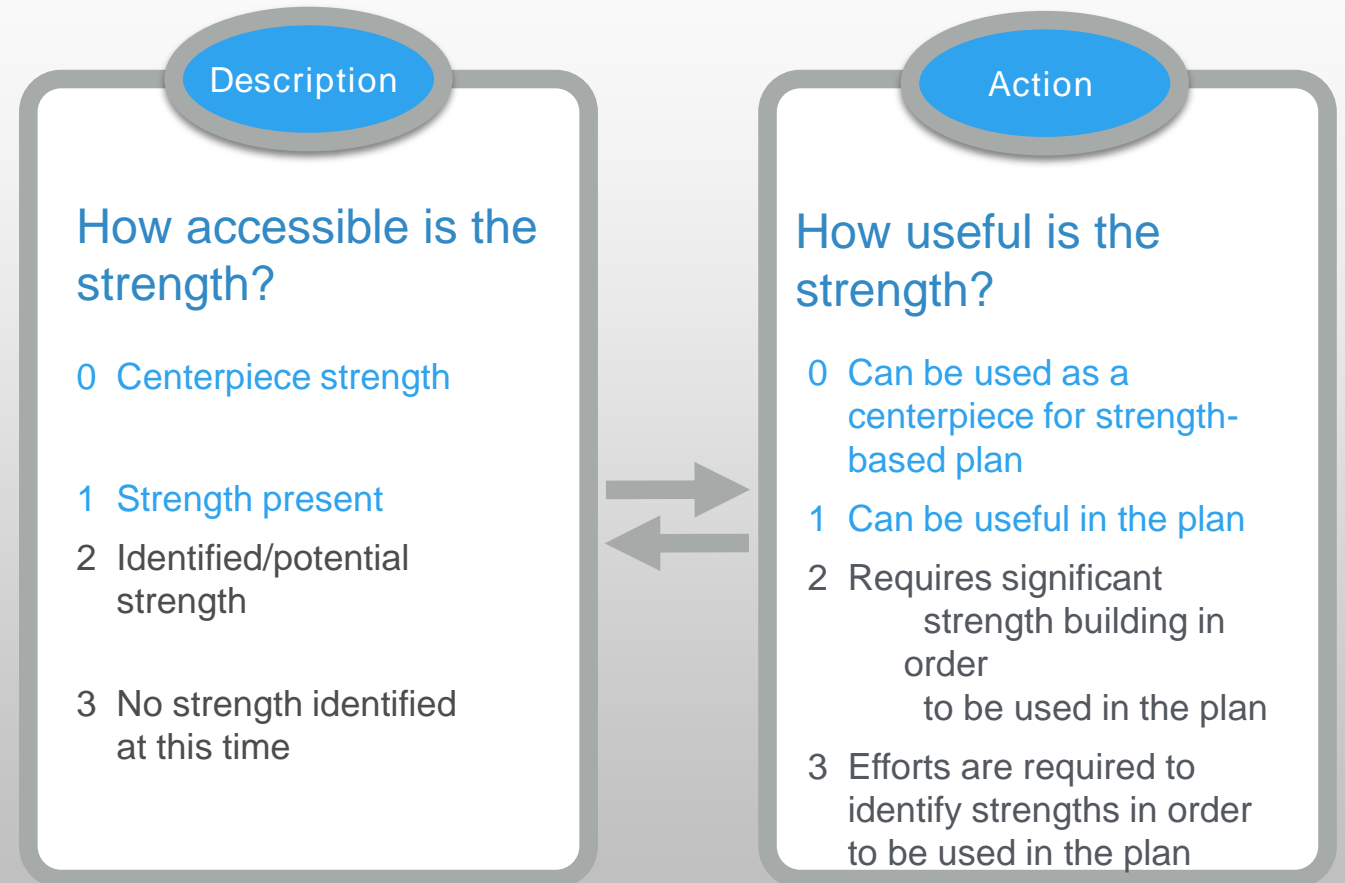


ACTION LEVELS: RATING STRENGTHS

What is a Strength?

*A STRENGTH IS A CHARACTERISTIC OF A PERSON IN THE ENVIRONMENT THAT DESCRIBES A **SITUATION THAT PROMOTES MEANING AND WELLBEING IN THAT PERSON'S LIFE.***

IT IS GENERALLY THE CASE THAT THE INTERACTION OF THE PERSON AND THE ENVIRONMENT IS KEY TO UNDERSTANDING THE PRESENCE OF A STRENGTH.



For treatment planning:

- Items rated '0' or '1' Items can be used to support care goals.
- Items rated '2' or '3' may need to be addressed in the care plan.



Key Principle 3: Timely

Key Principle 3: Timely

A 30 Day window is used for ratings in order to make sure assessments stay fresh and relevant to the individual's present circumstances.



Key Principle 3: Timely



If something in the past is the basis for continued (future) action, the time-frame can be over-ridden.



Key Principle 4: Client Focus

KEY PRINCIPLE 4: CLIENT FOCUS



- RATING SHOULD DESCRIBE THE INDIVIDUAL, NOT THE INDIVIDUAL IN SERVICES.
- HAVE THEY INTERNALIZED TREATMENT?
- YOU WILL SOMETIMES ONLY KNOW THIS ABOUT SOMEONE WHEN YOU REMOVE ONE OR MORE LAYERS OF SERVICE.
- RISK IS A PART OF RECOVERY: WILL THEY RELAPSE? ATTEMPT SUICIDE? STOP TAKING THEIR MEDICATIONS? ACCURATELY SCORING 2S AND 3S IS PARAMOUNT. WILL THEY NEED SUPPORT WITH THESE THINGS WHEN YOU STEP THEM OUT OF AN IMD INTO A BOARD AND CARE?
- THIS IS ONE OF THE HARDER PRINCIPLES, REQUIRES CLINICAL SOPHISTICATION AND SOME GUESS WORK.

KEY PRINCIPLE 4: CLIENT FOCUS

Thoughtful scoring allows the clinician to scaffold a person's recovery: to put supports in place for areas of potential need.



A lasting recovery happens gradually.



Key Principle 5: The What

KEY PRINCIPLE 5: THE WHAT

Focuses on what the individual needs. Avoids explaining away needs with what might be underlying causes.
The “why” is brought into treatment Planning.



To see something clearly, you need to slow down. Take time discovering ...the what.



Key Principle 6: Culture and Development

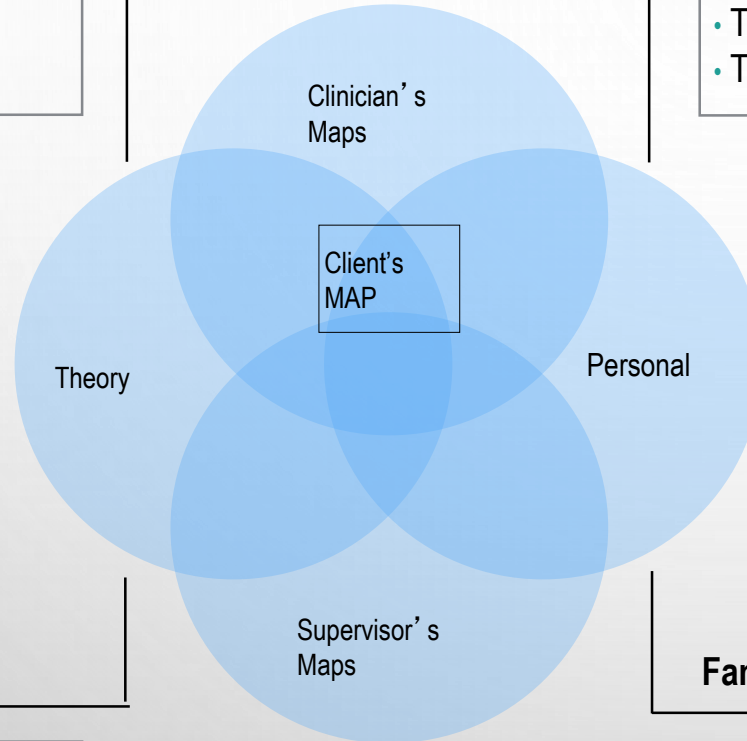
Ecological Context

- Community
- School
- Work
- Religion

Family Life Cycle

- Ideals
- Meanings
- Timings
- Transitions

SOCIAL JUSTICE
(discrimination, racism)



CULTURAL DIVERSITY
(values, beliefs)

Migration/Acculturation

- Separations & Reunions
- Trauma
- Disorienting Anxieties
- Cultural Identities

Family Organization

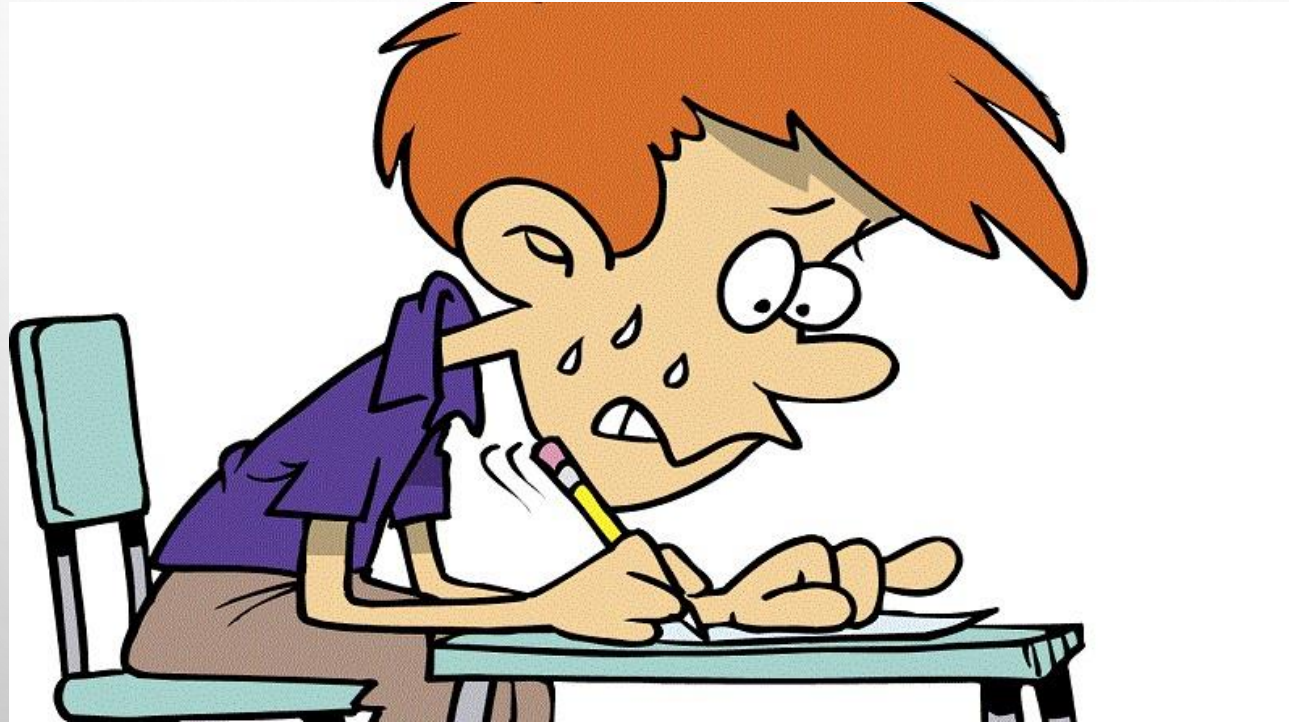
- Nuclear/Extended Family
- Connections
- Hierarchies
- Communication Styles

Multicultural and Multi-layered



BREAK

WHEN I LEARNED THE ANSA



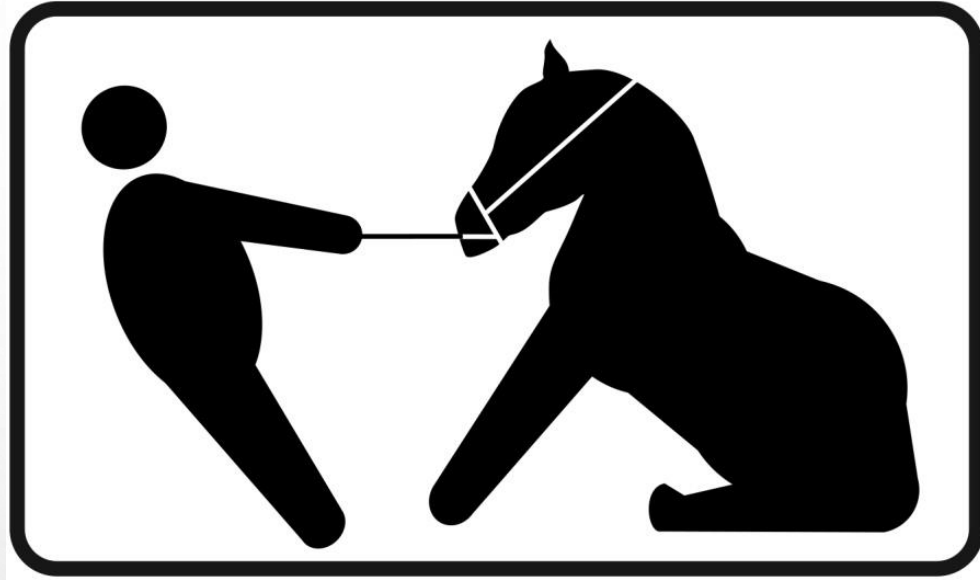
EVER HEARD ANYTHING LIKE THIS ABOUT THE ANSA?

- “IT’S SO TIME CONSUMING!”
- “ANOTHER FORM TO BE COMPLETED.”
- “REALLY I HAVE TO DO THIS ON TOP OF EVERYTHING ELSE?”



LET'S TALK ABOUT RESISTANCE





- REFUSAL TO ACCEPT SOMETHING NEW OR DIFFERENT
- ANY FORCE THAT SLOWS DOWN OR PREVENTS CHANGE
- WHAT DOES RESISTANCE TO THE ANSA LOOK LIKE ON YOUR TEAMS?

WHAT DOES RESISTANCE LOOK LIKE IN THE PEOPLE I SUPERVISE?



A few common types of resistance I have discovered...

The person who has an endless supply of excuses of why it won't work, why they can't do it.



The person who seems like they are open to learning a tool, but is hiding the fact they are doing things the old way, in case things don't work out.
(not really learning, just covering the bases)

The person who is enthusiastic and agrees the tool is awesome, but never quite seems to use it....or to complete their assessments.
Procrastinates endlessly.



The person who hears about the new tool they will need to learn, and starts avoiding you, taking more sick time, getting to meetings late.



MY REACTION



FRUSTRATION...



DESPAIR.



I START EATING STARCHY FOOD AT MY DESK.



WHAT DO WE DO AS SUPERVISORS WHEN WE ARE MET WITH RESISTANCE?

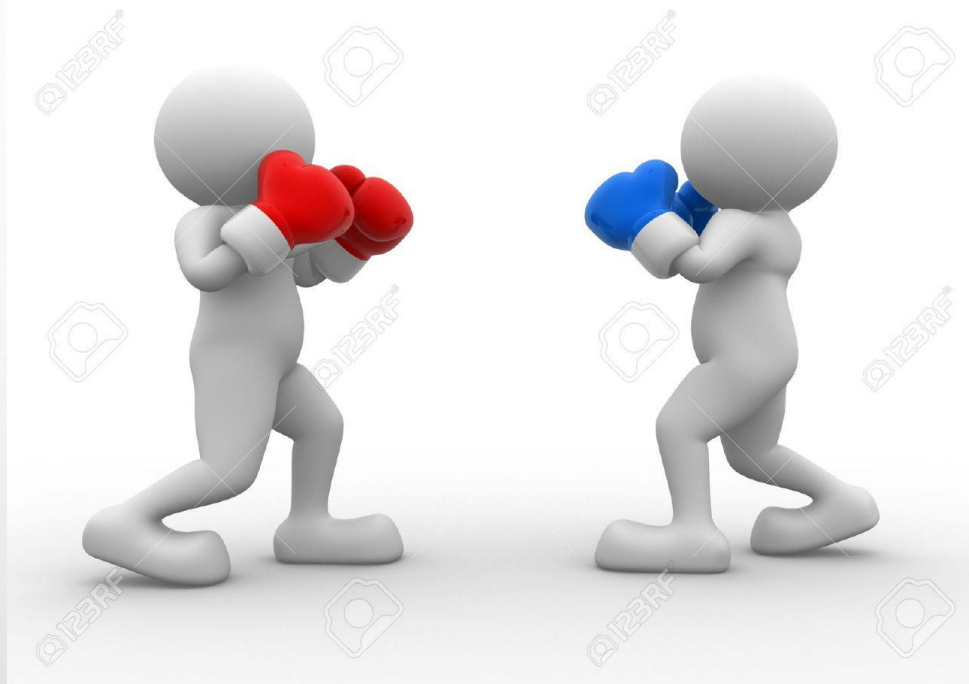


- WE TRY TO MAKE THOSE RESISTANT BEHAVIORS **STOP**.
- IF OUR STAFF IS COMING UP WITH EXCUSES, WE COME UP WITH ALL THE COUNTER ARGUMENTS FOR WHY THEY ARE WRONG.
- IF SOMEONE IS PROCRASTINATING , WE REMIND, REMIND, REMIND...



...WE NAG.

THE BATTLE



THE CHANGE BECOMES A BATTLE TO WIN,
NOT SOMETHING WE ARE COLLABORATING
ON TOGETHER.

HOW DO YOUR EFFORTS TO ADDRESS RESISTANCE IMPACT YOUR RELATIONSHIP WITH YOUR STAFF?

WHEN WE ADDRESS RESISTANT BEHAVIORS DIRECTLY, IT ONLY MAKES
THEM STRONGER.



TOOLS FOR A SUCCESSFUL TRAINER: MY PITFALLS AND LEARNINGS



TREAT THE SOURCE, NOT THE SYMPTOM
WHEN WE ADDRESS THE RESISTANCE WE ARE ONLY
ADDRESSING
A SYMPTOM.



WHEN PEOPLE RESIST THERE IS SOMETHING GOING ON UNDER THE SURFACE.



WHEN WE CAN UNDERSTAND THE EXPERIENCE OF RESISTANCE FROM THEIR
POINT OF VIEW, THEN WE HAVE SOMETHING WE CAN ADDRESS, AND HELP
THEM DEAL WITH.

REFLECTIVE PROCESS

- IMPORTANT TO HUMANIZE THE WORK.
- REFLECT ON THE PERSON GIVING THE ASSESSMENT.
- DOES SHE/HE FEEL PRESSURE TO COMPLETE IT QUICKLY?
- ANXIOUS ABOUT NOT KNOWING THE TOOL WELL?



ASK HARD QUESTIONS

(AND BE READY TO HEAR ANSWERS THAT ARE TRIGGERING)



DO THEY FEEL LIKE DECISIONS ARE BEING MADE ABOUT THEM, WITHOUT THEIR INPUT?

DOES IT FEEL LIKE THERE IS AN INSINUATION THAT WHAT THEY ARE ALREADY DOING ISN'T GOOD ENOUGH?

HOLD THE SPACE



IT IS IMPORTANT FOR US AS SUPERVISORS TO BE ABLE TO HOLD SPACE
FOR RESISTANCE, FOR ANGER, FOR FRUSTRATION.

WHAT IS THE UNDERLYING CAUSE OF THE RESISTANCE?

- FOR ONE PERSON, MAYBE THEY ARE NOT REALLY CLEAR ABOUT WHAT THEY'RE SUPPOSED TO BE DOING, BUT THEY'RE EMBARRASSED TO ASK.
- FOR ANOTHER PERSON, THEY MAY NOT BE COMFORTABLE WITH THEIR ABILITY TO DO THE JOB WELL, AND SO THEY DON'T EVEN WANT TO TRY.



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THE CASE MANAGER WHO WANTED TO DO A PERFECT ANSA (A STORY)

ALLOW FOR GRADUAL GROWTH. PRAISE. SUPPORT. REPEAT.

Slow things down, See the person. Verbalize strengths.

IDENTIFY THE PERSONAL BARRIER TO USING THE TOOL.

THE RESISTANT STAFF PERSON.

INDIVIDUALIZED APPROACH

MAKE THE TOOL PERSONAL TO THE ASSESSOR



Help staff to see that the ANSA
is a tool.



What instrument do you need?
A hammer? A ruler? Pliers?
There are different Ways to Use This Tool.

INDIVIDUALIZED APPROACH



SOME CASE MANAGERS LIKE TO HAVE THE ANSA IN FRONT OF THEM WHEN THEY MEET WITH THE CLIENT.

INDIVIDUALIZED APPROACH



Some case managers do not like to have the paper assessment in front of them.

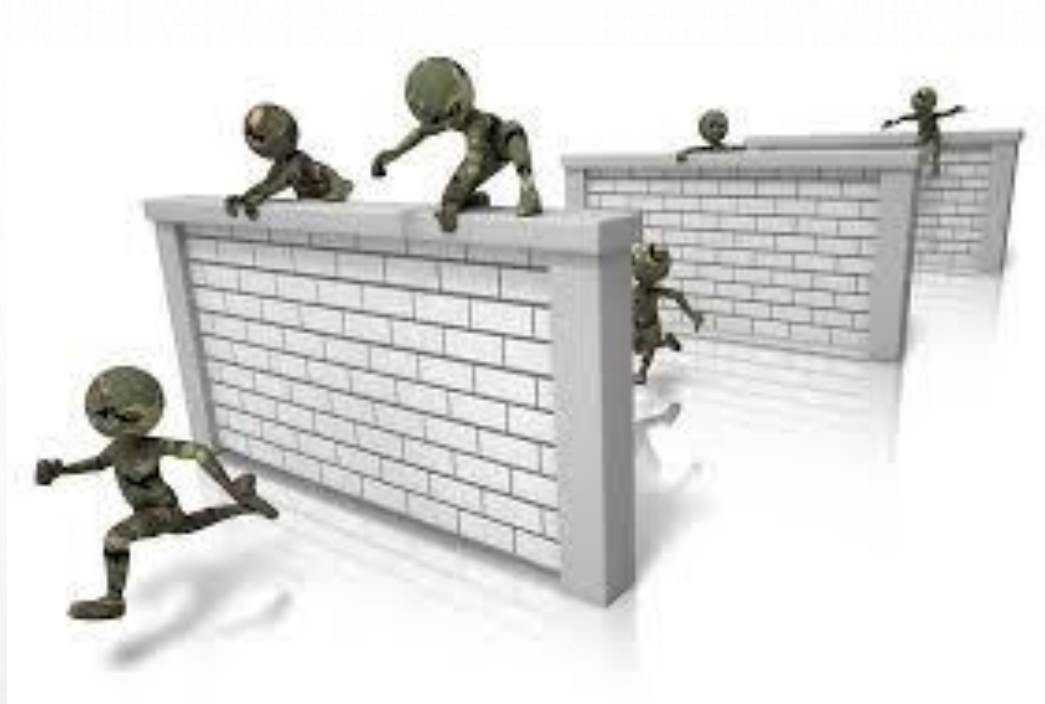


START WITH WHERE STAFF'S INTEREST IS.

WHAT ARE THEY PASSIONATE ABOUT?

CULTURAL ISSUES? RISK FACTORS?

SUPPORT THEM IN STARTING WHERE THEY ARE NATURALLY THE MOST
CURIOUS ABOUT THE PERSON SITTING IN FRONT OF THEM.



- DON'T GET RUSTY OR FORGET WHAT IT'S LIKE TO BE IN THE INDIVIDUAL PROVIDER'S SHOES.
- KNOW YOUR TOOL: SUPERVISORS SHOULD CONTINUE TO DO AN ANSA AT LEAST ONCE EVERY TWO MONTHS TO KEEP THEIR SKILL SET FRESH.
- STAY SKILLED IN THE WORK YOU ARE ASKING YOUR STAFF TO DO.

MAKE LEARNING FUN FOR STAFF



ANSA Jeopardy!

THE DINOSAURS	NOTABLE WOMEN	OXFORD ENGLISH DICTIONARY	NAME THAT INSTRUMENT	BELGIUM	COMPOSERS BY COUNTRY
\$200	\$200	\$200	\$200	\$200	\$200
\$400	\$400	\$400	\$400	\$400	\$400
\$600	\$600	\$600	\$600	\$600	\$600
\$800	\$800	\$800	\$800	\$800	\$800
\$1000	\$1000	\$1000	\$1000	\$1000	\$1000

RULES:

1. ANSWER MUST BE WRITTEN DOWN
2. RAISE YOUR HAND ONCE IT'S BEEN WRITTEN DOWN
3. FIRST PERSON TO GET IT CORRECT WINS A PRIZE

NAME THE 7 DOMAINS/AREAS OF THE ANSA



7 DOMAINS/AREAS OF BHCS ALAMEDA ANSA

- TRAUMATIC/ADVERSE CHILDHOOD EXPERIENCES
- LIFE DOMAIN FUNCTIONING
- INDIVIDUAL STRENGTHS
- CULTURAL FACTORS
- BEHAVIORAL HEALTH NEEDS
- RISK BEHAVIORS
- CAREGIVER NEEDS

NAME 5 RISK BEHAVIORS ON THE ANSA.



RISK BEHAVIORS

- SUICIDE RISK
- SELF-INJURIOUS BEHAVIOR
- OTHER SELF HARM (RECKLESSNESS)
- GRAVE DISABILITY
- DANGER TO OTHERS
- EXPLOITATION
- HOARDING
- SEXUAL AGGRESSION
- UNLAWFUL BEHAVIOR/CRIMINAL BEHAVIOR



14 STRATEGIES FOR ENGAGING STAFF IN USING THE ANSA

WHEN INTRODUCING THE ANSA GIVE AN OVERVIEW



WHY SHOULD THEY LEARN TO USE THIS TOOL?

WHAT IS THE INTENTION OF THE ANSA?

DON' T RELY SOLELY ON TECHNOLOGY
TO TEACH YOUR STAFF.



AFTER INTRODUCING THE ANSA SEND STAFF HOME WITH THE DOMAINS, HAVE THEM STUDY AND FAMILIARIZE THEMSELVES WITH THE TOOL, THEN COME BACK FOR ANOTHER TRAINING.



Don't train large groups: Keep training groups small. 4-6 people.



Make the training something you do more than once before testing.

- SLOW DOWN THE LEARNING PROCESS.
- BY DOING THIS YOU GIVE STAFF THE MESSAGE THAT IT IS OK TO SLOW DOWN THE ASSESSMENT PROCESS, TO BE THOUGHTFUL IN THEIR LEARNING AND APPLICATION OF THE ANSA.





HELP STAFF TO UNDERSTAND THE INTENTION OF THE ANSA.
THE GOAL: TWO DIFFERENT CASE MANAGERS LOOKING AT THE SAME CLIENT
ARE ABLE TO IDENTIFY THE SAME TREATMENT NEEDS & STRENGTHS.

HAVE CHECK-IN MEETINGS WITH STAFF ABOUT THE TOOL, OBSTACLES THEY ARE ENCOUNTERING, AREAS WHERE THEY FEEL UNCERTAIN ABOUT SCORING.



BE VULNERABLE: TELL THEM YOUR OWN EXPERIENCES AROUND TEST TAKING, LEARNING A NEW TOOL, MISTAKES YOU MADE WHEN YOU WERE NEW OR WERE LEARNING TO IMPLEMENT A NEW TOOL.



**ENCOURAGE YOUR STAFF TO SHARE THEIR
HONEST REACTIONS AND FEELINGS.**





ADDRESS RESISTANCE BY UNCOVERING WHAT
IS UNDERNEATH IT.



FIND AREAS A STAFF IS PASSIONATE ABOUT, HAVE THEM START AT THIS PLACE WHEN DOING THE ANSA.



TAKE AN INDIVIDUALIZED APPROACH.

HELP ASSESSORS MAKE THE TOOL PERSONAL TO THEMSELVES, THEIR OWN
UNIQUE TOOL.



DON'T GET RUSTY OR FORGET WHAT IT'S LIKE TO BE IN THE INDIVIDUAL
PROVIDER'S SHOES.

MAKE GETTING TO KNOW THE DOMAINS AND LINE ITEMS FUN.



14 STRATEGIES FOR ADDRESSING STAFF RESISTANCE



1. When introducing the ANSA give an overview: Why should staff learn to use this tool?
2. Don't rely solely on technology to train your staff.
3. After introducing the ANSA send staff home with the domains, then have them come back for another training.
4. Make the training something you do more than once before testing.
5. Slow down the learning process.
6. Support staff in understanding the intention of the ANSA. The Goal: 2 different case managers looking at the same client are able to identify the same treatment needs & strengths.
7. Have check-in meetings with staff about the tool, obstacles they are encountering, areas where they feel uncertain about scoring.
8. Be vulnerable: tell them your own experiences around test taking, learning a new tool, mistakes you made when you were new or were learning to implement a new tool.
9. Encourage staff to share their honest reactions and feelings.
10. Address resistance by uncovering what is underneath it.
11. Find areas a staff is passionate about, have them start at this point when doing the ANSA.
12. Help assessors make the tool personal to themselves, their own unique tool.
13. Don't get rusty or forget what it's like to be in the individual provider's shoes. Know your tool: supervisors should continue to do an ANSA at least once every two months to keep skill set fresh. Stay skilled in the work you are asking your staff to do.
14. Make getting to know the domains and line items fun.

WHAT'S
NEXT?



ACTION STEPS FOR ORGANIZATIONS

1. Make a plan to take this information back to your agency/clinic
 - Clinical team meetings
 - Manager meetings
2. Determine how to change your individual/group supervisions to incorporate ANSA
3. How are clinicians using the ANSA to inform the treatment plan?
4. Pull some preliminary reports from Objective Arts – what do they tell you?



BHCS SUPPORT

- IT SUPPORT FOR OBJECTIVE ARTS HIS@ACGOV.ORG
- QA SUPPORT FROM AMY SAUCIER
AMY.SAUCIER@ACGOV.ORG
 - BILLING QUESTIONS, POLICY GUIDANCE

ANSA PROVIDER COLLABORATIVE



- PROVIDER REPRESENTATIVES
 - COACH AGENCIES ON CLINICAL PRACTICE OF TCOM AND THE ANSA
 - PROVIDE TRAININGS ON BEHALF OF BHCS
 - CONSULT TO BHCS ON POLICIES AND PRACTICES

JOIN US!!

We're recruiting new Collaborative member agencies now

Email jen@cardenasgroup.org

UPCOMING TRAININGS

- TREATMENT PLANNING WITH ANSA
 - 5/8/18, 6/22/18
- ANSA CERTIFICATION
 - 5/14/18, 6/14/18
- TCOM IN SUPERVISION
 - 5/17/18, 6/26/18
- CANS/ANSA TRAINING FOR TRAINERS
 - 6/7/18

COMING SOON

- ENGAGEMENT WITHIN THE TCOM FRAMEWORK
- DATA USE AND OBJECTIVE ARTS
- TCOM IN DISCHARGE AND TRANSITION



Please sign
out and
complete
your
evaluation!