# ANSA: Becoming a Recovery Focused Tool

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10<sup>th</sup> Annual CANS/TCOM Conference Chicago, IL

November 2014

# Agenda

- Vision: Recovery (Wellness)
- Use of Psychometric Analysis & Trauma Informed Consultation to Create ANSA 2.1
- Impact on ANSA Psychometric Properties
- Outcome Performance Measures
- New 1915i Medicaid Programs (training Challenges)
- Recovery Measure
- Cross-Domain Scales

### **SHARED VISION**

# Recovery

Health : overcoming or managing one's disease(s) as well as living in a physically and emotionally healthy way;

*Home:* a stable and safe place to live;

- **Purpose:** meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income and resources to participate in society; and
- **Community** : relationships and social networks that provide support, friendship, love, and hope

# Wellness

- <u>"Wellness</u>—the presence of purpose in life, active involvement in satisfying work and play, a healthy body and living environment, joyful relationships, and happiness—is integral to our behavioral health.
- However, too many Americans who experience mental and/or substance use disorders are in poor health, mostly due to preventable medical conditions. Practicing wellness has become an essential part of good behavioral health."

(SAMSHA, 2014, September)

#### 8 Dimensions of Wellness

EMOTIONAL Coping effectively with life and creating satisfying relationships.

ENVIRONMENTAL

Good health by occupying pleasant, stimulating environments that support well-being.

#### INTELLECTUAL

Recognizing creative abilities and finding ways to expand knowledge and skills.

#### PHYSICAL

Recognizing the need for physical activity, diet, sleep, and nutrition. WELLNESS

FINANCIAL Satisfaction with current and future financial situations.

#### SOCIAL

Developing a sense of connection, belonging, and a well-developed support system.

#### SPIRITUAL

Expanding our sense of purpose and meaning in life.

Adapted from Swarbrick, M. (2005). A Wellness Approach. Psychlatric Rehabilitation Journal, 29(4), 311–314.

OCCUPATIONAL Personal satisfaction and enrichment derived from one's work.

(SAMHSA, 2014)

### **CREATING ANSA2.1**



### Process

- Issues
  - More parents referred from child welfare
  - Few Substance Use Needs Identified
  - Little legal system involvement
  - Problem with internal consistency of Risk Behavior Domain
  - Identification of trauma related needs
  - Low rates of improvement

# ANSA 2.1

- Added Parental/Caregiver Role Functioning
- Simplified wording of Substance Use item
- Identified strategies to obtain transition ANSA
- Split Danger to Self & Other to Suicide Risk and DTO
- Enhanced Trauma Items
- Recommended change in timeframe for outcome performance measures to 12 months for adults with SMI
- Activate modules by 1, 2 or 3
- Posted at <u>https://dmha.fssa.IN.gov/darmha</u> (Documents Page)

### Parental/Caregiver Role Functioning

 This item focuses on an individual in any parental/caregiver role. For example, an individual with a son or daughter or an individual responsible for the care of another family member (e.g. an elderly parent or grandparent) would be rated here. Include pregnancy as a parenting role.

<u>An adult whose children are in the custody of</u> <u>child welfare, but who retains parental rights,</u> <u>would be rated in a parental role.</u>

### **Revised ANSA Substance Use Item**



#### Definition:

This item includes use of alcohol and other drugs, the misuse of prescription medications and the inhalation of any substance. This item is rated consistently with DSM Substance Related Disorders. It does not apply to the use of tobacco or caffeine.

### ANSA: Rating Substance Use

- **0** This rating is for an individual who has **no** notable substance use history or difficulties at the present time.
- 1 This rating is for an individual with mild substance use problems that might occasionally present problems of living for the person (i.e., intoxication, loss of money, and reduced work performance). This rating is also used to reflect a significant history of substance use problems without evidence of current problems related to use.
- 2 This rating is for an individual with a **moderate substance use problem that consistently interferes** with the ability to function optimally, but does not completely preclude functioning in an unstructured setting.
- 3 This rating is for an individual with a severe substance use problem that presents complications to functional issues which may result in danger to self, public safety issues, or the need for detoxification of the individual. Immediate and/or intensive interventions are indicated.

#### **ANSA: SUICIDE RISK**

This item is intended to describe the presence of suicidal thoughts and behavior. Only overt and covert thoughts and efforts at attempting to kill oneself are rated on this item. Other self-destructive behavior is rated elsewhere. Please rate the highest level from the past 30 days. A rating of '2' or '3' would indicate the need for a safety plan.

#### ANSA: Rating Suicide Risk

Notice timeframes!

- **O** No evidence found of suicide risk.
- **1** Individual has history of risk, but no recent ideation or gesture.
- **2** Individual has recent suicidal ideation or gesture, but not in the past 24 hours.
- **3** Current ideation and intent OR command hallucinations that involve self-harm.

#### ANSA Suicide Module

- Suicide Ideation
- Suicide Intent
- Suicide Planning
- Suicide History

#### Danger to Others

This item rates the individual's violent or aggressive ideation or behavior. Reckless behavior that may cause physical harm to others is not rated on this item. Please rate the highest level from the past 30 days. A rating of '2' or '3' would indicate the need for a safety plan.

### **ANSA:** Rating Danger to Others

- No evidence or history of dangerous behavior to others.
- The individual has a history of violent ideation and/or behavior, but no such behavior during the past 30 days.
- 2 The individual has recent violent ideation or behavior, but not within the last 24 hours.
- 3 Current/acute violent ideation (including command hallucinations) or behavior in the past 24 hours.

#### Module:

- Intent
- Planning
- Violence History
- Frustration Management
- Hostility
- Paranoid Thinking
- Secondary Gains from Anger
- Violent Thinking (Ideation)

# Legal System Involvement

#### Issues

- Used Crime Module as Outcome Performance Measure
- Module activated only by actionable ratings of '2', or '3' on Criminal Behavior (Risk Item)
- No data if no evidence of criminal behavior in last 30 days.

#### Solution & Impact

- Active all modules (except for Sexual Aggression) with ratings of '1', '2', or '3'.
- Linkage of measure to one item continues to minimize data
- Next Step: Compare difference in Legal and Criminal Justice ratings.
- NOTE: Good example for need of ongoing monitoring and adjustments

# Comparison of Legal & Criminal Behavior Ratings (SFY14) n =46,013

#### Legal Mean .82(.996)

0 51.1%

- 1 22.6%
- 2 19.8%
- 3 6.4% Criminal Behavior\*

Mean .40(.69)

0	70.2%
1	20.7%
2	7.8%
3	1.3%

\*Crime Extension Module is triggered by ratings of '2' or '3'. Since 7/2013 by ratings of '1', '2', or '3'.

Significant history (%) is similar for Legal and Criminal Behavior!

More individuals are likely to be screened into the Crime Module if triggered by the Legal Functioning item.

#### IMPACT ON ANSA PSYCHOMETRIC PROPERTIES

# July – December 2013

ANSA 2.1, Effective July 1, 2013 Posted, <u>https://dmha.fssa.IN.gov/darmha</u>

Data Set: n = 46,013

#### Behavioral Health Decision Model Recommendations

July 1, 2013 to December 31, 2013

FSSA/DMHA - Provider: All Providers

All Assessments

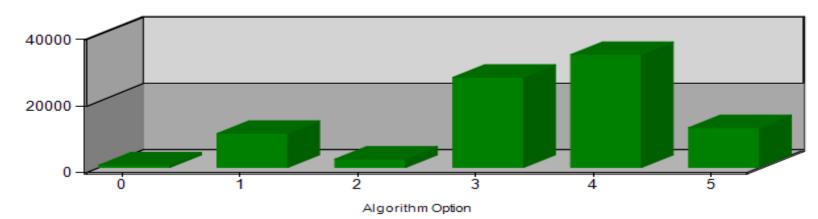
#### **ANSA** Comprehensive

0	No Recommendation	737	<1%
1	Outpatient	10231	12%
2	Outpatient with Occasional Case Management	2528	3%
3	Supportive Community Based Services	27152	31%
4	Intensive Community Based Treatment and Support	34022	39%
5	Intensive Community Based: Assertive Community	12000	14%
	Treatment (ACT)		

**Total Assessments** 

Assessments

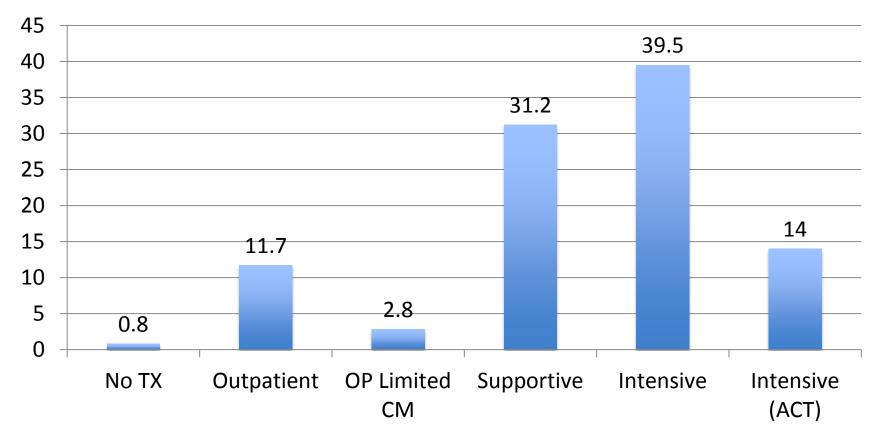
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#### ANSA Comprehensive - ANSA Behavioral Health

# Recommended Intensity of Services n = 46,013 (revise)

Percentage



### Internal Consistency ANSA 2.1 n = 46,013

Domains	Cronbach's Alpha	# of items	Mean	SD
Life Functioning	.826	17	14.80	7.707
Strengths	.864	12	17.52	7.339
Mental Health	.70	10	8.63	4.429
Risks	.544	8	1.89	2.071
Acculturation	.756	4	0.15	0.754
Caregiver	.938	6	0.36	1.738

Modules	Cronbach's Alpha	# of items	Mean	SD
Employment	.961	6	2.68	5.043
Development	.906	3	0.40	1.224
Trauma Exposure	.757	9	2.81	3.981
Trauma Effect	.869	6	4.40	5.484
Substance Use	.937	6	3.39	4.949
Parenting	.927	5	0.69	2.105
Suicide	.872	4	0.82	1.727
Dangerousness	.953	12	1.45	4.220
Sexual Aggression	.930	6	0.03	0.561
Crime	.859	8	3.14	5.333
Employment	.961	6	2.68	5.043

ANSA Ratings Help Determine Eligibility Quality Management Training/TA Challenges

### **NEW 1915I MEDICAID PROGRAMS**

# New Medicaid 1915i Programs

Behavioral & Primary Healthcare Coordination (BPHC) Adult Rehabilitation Health Habilitation (AMHH)

Community-based care coordination of physical and behavioral health services for individuals with significant behavioral and physical health care needs.

Community-based group programs to met needs of adults with significant behavioral health impairments. Comprehensive non-residential services: health, wellness, social and therapeutic activities in a structured, supportive environment

#### State and Local Quality Management Initiatives

Indiana Family & Social Services Administration Division of Mental Health & Addiction (DMHA)

#### **Quality Management**

- Site Reviews by DMHA Team
- Includes ANSA/CANS Validation

#### **1915i Quality Improvement**

on-site reviews approval of intervention plans

#### Local: Signature of "SuperUser" on ANSA

- Do the ratings accurately describe the individual's needs and strengths?
- Documentation for 'Actionable' Needs & 'Usable' or 'Buildable' Strengths?
- Do treatment plans address identified needs?
- Is progress monitored?

# **PHYSICAL/MEDICAL** This rating includes both acute/chronic health problems and physical conditions

0 There is no evidence of physical or medical problems.

- 1 Mild or well-managed physical or medical problems are indicated. This might include well-managed chronic conditions like diabetes or asthma. A person in need of a physical/medical examination would be rated here.
- 2 **Chronic** physical or **moderate** medical problems are present.
- 3 **Severe**, life threatening, physical or medical condition exists.

#### Physical/Medical (ANSA Glossary)

- This items is used to identify any physical limitations and could include chronic conditions such a limitations in vision, hearing or difficulties with fine or gross motor or his/her medical status.
- Most transient, treatable conditions would be rated as a '1'. Most chronic conditions (e.g. diabetes, severe asthma, HIV) would be as a '2'. The rating of '3' is reserved for life threatening medical conditions

### **ANSA-like items**



# Physical/Medical Conversation Starters

- Do you have any medical or physical problems?
- Do you have to see a doctor regularly to treat any problems (such as asthma, diabetes, etc...)?
- When were you last seen by a medical doctor? Do you see a doctor?
- Who is your doctor?
- Where do you go when you are sick?
- Are there any activities that you cannot do because of a physical or medical condition?
- How much does this interfere with your life?

Consider: WHODAS 2.0 (DSM-5, p 745-748)

# Training &TA Challenges

- Usually Provide Cross-System In-person Training for Local 'Implementation Coaches' (SuperUsers)
- Micro-managing Workshop Registration to accommodate Workforce Development Needs related to Adult and Youth 1915i Medicaid Programs
- Displaced Child Welfare Partners (last year)

#### **RECOVERY MEASURE**

#### New Performance Measure Community Integration (n=6320; α=.900) Calculated since 7/1/2013

Item	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
Social Connectedness	.696	.890
Community Connection	.700	.889
Natural Supports	.698	.889
Resourcefulness	.670	.890
Social Functioning	.663	.891
Job History	.659	.891
Recreation	.637	.891
Family Functioning	.479	.897
Volunteering	.552	.895
Educational	.554	.896
Employment	.483	.900
Family Strengths	.550	.895
Spiritual/Religious	.532	.896
Involvement in Recovery	.522	.896

### How's 'Community Integration' going?

To address Risk Domain Internal Consistency Issue

### **NEW CROSS-DOMAIN SCALES**



# Factor Analysis ANSA 2.1

**Exploratory Factor Analysis** 

Extraction Method: Principal Component Analysis

# Rotation Method: Varimax with Kaiser Normalization

- Forced 5 Factors (3-7 suggested)
- Factors loading with <0.4 were not displayed in output.

Kaiser 0.929 and Bartlett's test significant (p=.000)

(e.g., Factor Analysis is appropriate method!)

## Factor Analysis Results

5 Factors explain 40.064 % of variance

- 1. Recovery
- 2. MentalHealth\_DepressionAnxiety (MH1)
- 3. MentalHealth\_Psychosis (MH2)
- 4. JusticeRisk
- 5. Acculturation

ltems	Factor Loadings
S_Community Connections	.714
S_Natural Supports	.707
S_Social Connectedness	.679
S_Resiliency	.675
S_Talents/Interests	.674
S_Resourcefulness	.632
S_Optimism	.619
S_Volunteering	.584
S_Spiritual/Religious	.569
S_Recreation	.524
F_Social	.495
S_Family	.491
S_Job History	.479

#### Recovery Factor (revised)

Internal Consistency

13 items

Cronbach's Alpha  $\alpha=0.887$ 

Scale Statistics Mean = 20.12 (8.041)

## Mental Health 1 DepressionAnxietyFactor

Items	Factor Loadings
MH_Depression	.721
MN_Anxiety	.675
MH_Adjustment to Trauma	.622
F_Sleep	.611
F_Family	.514
R_Suicide Risk	.511
MH_Interpersonal Problems	.501
MH_Anger Control	.467
S_Self Injurious Behavior	.410

Internal Consistency

9 items

Cronbach's Alpha  $\alpha = 0.793$ 

Scale Statistics Mean = 9.01 (4.697)

## Mental Health 2 Psychosis Factor

Items	Factor Loadings
F_Living Skills	.773
F_Self Care	.702
MH_Psychosis	.630
F_Medication Involvement	.532
F_Intellectual	.520
F_Decision Making	.489
F_Transportation	.422

Internal Consistency

7 items

Cronbach's Alpha  $\alpha = 0.795$ 

Scale Statistics 5.06 (3.975)

## Justice Involvement Risk Factor

Items	Factor Loadings
F_Legal	.707
R_Criminal Behavior	.687
MH_Substance Use	.687
MH_Antisocial Behavior	.559
R_Other Self Harm	.442
MN_Impulse Control	.419
R_Residential Stability	414

Internal Consistency

7 items

Cronbach's Alpha  $\alpha = 0.691$ 

Scale Statistics Mean = 4.41 (3.457)

## **Acculturation Factor**

Items	Factor Loadings
A_Cultural Stress	.829
A_Cultural Identity	.811
A_Ritual	.797
A_Language	.563

**Internal Consistency** 

4 items Cronbach's Alpha  $\alpha = 0.752$ 

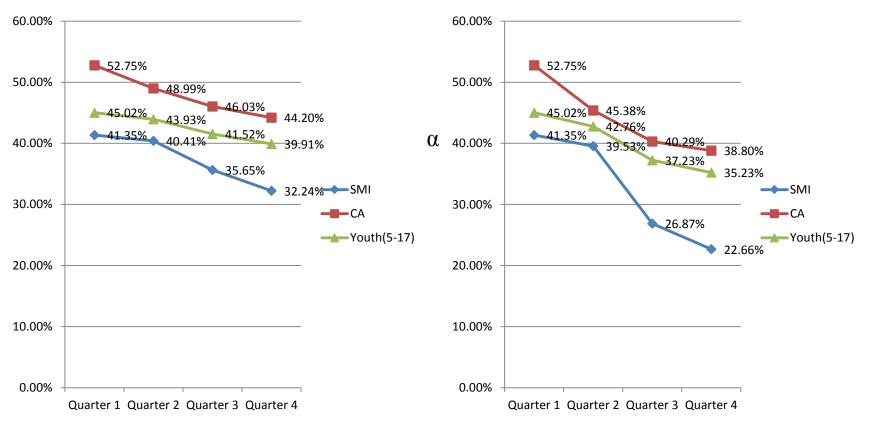
Scale Statistics Mean = 0.15 (.755)

### How could this information be used?

#### **OUTCOME PERFORMANCE MEASURES**

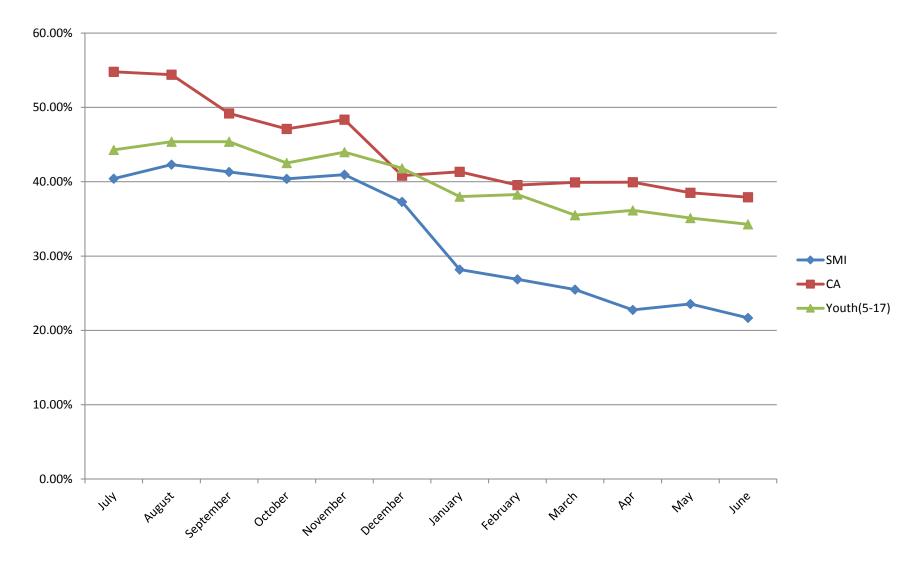
#### DMHA Performance Measures: Reliable Improvement in At Least One Domain (SFY14)

**DMHA Cumulative Report** 



**Non-Cumulative Reporting** 

## View Changes % Reliable Change in at Least One Item by Month



# What is happening?

Asked by DMHA team?

Resolving this is part of consultative services contract between IU and state.

Whatdoyouthink?

Our hunches (hypotheses):

Actions:

- 1. Discuss in workshops..
- 2. Monitor

## Conclusions

#### For additional information, contact: