WHAT IS THE CANS?

CANS is the acronym for the Child and Adolescent Needs and Strengths assessment.   It was **developed by Dr. John Lyons, Ph.D. who is currently a faculty member at the University of Ottawa and many stakeholders from numerous states across the country.**   The **CANS** is designed **for use at two levels—for the individual child and family and for the system of care.**   The CANS provides a structured assessment of children along a set of dimensions relevant to service planning and decision-making. In addition, the **CANS** will provide information regarding the child and family's service needs for use during system planning and/or quality assurance monitoring. The CANS is a meaningful **information integration tool** that will help child serving systems with their most important work - improving the lives of children and their families. *Utilizing the CANS is a fundamental shift in how systems utilize assessment information to guide decision making.*

WHY THE CANS?

Children and adolescents with serious emotional disturbance are commonly served by multiple systems including mental Health, juvenile courts, public schools, and child protective services. Historically, these systems have developed separate jargon, missions, and services. This type of "silos" of services has resulted in communication barriers between the systems and fragmentation of services. *An assessment instrument that can cross these barriers by creating a common assessment language while addressing the child and family status in a comprehensive manner was identified as a first step toward improving service delivery for these youth and their families.* **A cross system workgroup composed of private, public and family representatives selected the CANS as the initial comprehensive assessment tool for WV child serving systems because it:**

- Guides service planning by broadly assessing strengths and needs of individual children and their families with the primary objective of permanency, safety and improved quality of life;
- Captures data to track progress on meaningful child and family outcomes;
- Identifies service gaps and promotes resource development;
- Enhances communication among participants through consistency and uniformity by all involved in children's services to be **"on the same page" and "speak the same language"** regarding a child's needs and strengths;
- Is easy to administer and use;
- **Is statistically valid and reliable;**
- Is scored to create a profile of the child, not arrive at a single total number;
- Is an open domain tool that is available at no cost, the CANS is free;
- Is simple to use and training is quick, with annual re-certification;
- Is designed to assess children from birth to adulthood;
- Provides for **a consistent and uniform cross-system information integration tool and process;**
- Is face valid and easy to use yet provides comprehensive information regarding clinical status
- Is already being utilized by the Bureau of Children and Families and providers Statewide.

WV PROGRAMS CURRENTLY UTILIZING THE WV CANS

- WVDHHR Bureau of Children and Families (BCF) Comprehensive Assessment and Planning System (CAPS)
- West Virginia System of Care Regional Clinical Review Teams
- WVDHHR BCF Community Based Teams (Wraparound Model)
- Individual Provider Agencies
- Division of Juvenile Services (Pending)

WV CANS FOCUS AREAS

<u>TRAUMA EXPERIENCES</u> - *These ratings are made based on lifetime exposure of trauma (abuse, violence, disaster, etc.)*

<u>TRAUMATIC STRESS SYMPTOMS</u> - *Describes a range of reactions that children and adolescents may exhibit to any of the variety of traumatic experiences. (re-experiencing, numbing, avoidance, adjustment to trauma, etc.), .*

<u>CHILD STRENGTHS</u> **-** *Describes a range of assets that children and adolescents may possess that can facilitate healthy development. In general strengths are more trait-like, stable characteristics (family , education, talents, etc.).*

<u>LIFE DOMAIN FUNCTIONING</u> - D*escribes how children and adolescents are doing in their various environments or life domains (sleep, recreation, medical, school, family, legal, etc.)*

<u>ACCULTURATION</u> - *All children are members of some identifiable cultural group. These ratings describe possible problems that children or adolescents may experience with the relationship between their cultural membership and the predominant culture in which they live (language, identify, ritual, cultural stress).*

<u>CHILD BEHAVIORAL/EMOTIONAL NEEDS</u> -*Identifies the behavioral health needs of the child or adolescent. While the CANS is not a diagnostic tool, it is designed to be consistent with diagnostic communication (Psychosis, depression, anxiety, conduct, substance, anger, etc.)*

<u>CHILD RISK BEHAVIORS</u> – *Identifies risk behaviors that can get children and adolescents in trouble or put them in danger of harming themselves or others (suicide, danger to others, bullying, runaway, etc.)*

<u>DEVELOPMENTAL</u> – A*ssess the presence of developmental factors such as intellectual functioning, expressive language issues, self and daily living skills and/or other pervasive development disorders such as Autism, Tourette's, Down Syndrome, or other significant delays.*

<u>LIFE SKILLS</u>: *Focuses on the presence of skills needed to live independently and or the readiness to take on these responsibilities.*

<u>CAREGIVER NEEDS & STRENGTHS</u> – *Focuses on the current caregiver, including birth parents, substitute caregivers, and any other caregiver when the goal is "return home" or when the status is pending. Caregiver ratings should be completed for the significant households involved. Out of hone care Residential Settings and Independent Living Settings are excluded.*

SCORING AND USING THE WV CANS

The CANS is easy to learn and is well liked by individuals, youth and families, providers and other partners in the services system because it is easy to understand. Each CANS item suggests different pathways for service planning. There are four levels of each item with definitions (found in the CANS Manual). The definitions are designed to translate into the following action levels.

Score Level of Needs & Appropriate Action
0 No evidence of need - No action needed
1 Significant history or possible need which is not interfering with functioning - Watchful waiting/Preventive Activities/Monitoring
2 Need interferes with functioning - Action/Intervention *(requires action to ensure that this identified need or risk behavior is addressed)*
3 Need is dangerous or disabling - Immediate/Intensive action

Score Level of Strengths & Appropriate Action
0 Centerpiece strength - Central to planning
1 Strength present - Useful in planning
2 Identified strength - Must be Built/Developed
3 No strength identified - Strength creation or identification may be indicated

TRAINING

- Face to Face , Web Based and combination training available
- Cross system sanctioned/sponsored external face to face trainings must have a minimum of 10 participants and no more than 30.
- WV CANS Users must achieve a reliability of .70 on a certification vignette and achieve a reliability of .70 on a re-certification vignette annually.
- WV CANS Super Users (in house agency WV CANS experts and trainers) must attend a face –to- face certified super user training, achieve a reliability of .75, recertify annually, have an M.A +2 or B.A +5 in human services field with proven training experience, and attend at minimum an annual sanctioned refresher course.
- Agencies using the Web Based Training and Certification option must have a WV CANS Super User on staff or a partnership with a WV CANS Super User to provide oversight of their training, re-certification and refreshers. Multi-agency partnerships and coordinated training is encouraged.   Agencies must also enter into a Memorandum of Understanding to use the Web Based Training and Certification site (super users will be provided with MOU's and detailed information when they attend the super user training).
- WV CANS Super Users are expected to keep agency staff up to date on new developments, updates, and monitor WV CANS utilization on an ongoing basis.
- WV CANS Super Users can train within their agency and multi-agency training partnerships as long as they keep their certification up to date, use the web based certification system for vignette scoring, and attend required annual refresher updates.
- Individuals can obtain WV CANS Senior Trainer status after maintaining active super user status for 1 year, co-facilitating a minimum of 2 face to face trainings with a senior trainer and being recommended by a senior trainer and approved by the WV CANS Super User Oversight Task Team.
- WV CANS Super Users are charged with training CANS users in their agencies and multi-agency partnerships in the reliable use of the measure, support training and certification processes, guide agencies they are overseeing to fully utilize the CANS in all of its applications and serve as ambassadors to the WV CANS implementation process.
- Only WV CANS Senior Trainers may provide endorsed/sponsored cross system training outside of their own agencies or training partnerships.
- All face to face and web based training must use the **approved curriculum, supporting materials and training models approved by the WV CANS Super User Oversight Task Team.**

OVERSIGHT

The development, implementation, tool updates/additions/support documents, training, super user certification, annual refresher, training data analysis, revision, algorithms/thresholds, automation, outcomes management and monitoring of the WV CANS is coordinated by the Service Delivery and Development Work Group via the WV CANS Super User Oversight Task Team.   This task team is comprised of veteran senior trainers, evaluator and system representatives. The task team will meet quarterly.   Below is the membership composition of the task team:

- 4-5 WV CANS Senior Trainers & Certified Super User Trainer
- Evaluator
- WV DHHR (BHHF & BCF)
- DJS
- WVSOC

Reliability and Validity

There is a large body of research demonstrating that the CANS is reliable both in training and field applications. Unlike most assessments, CANS completed in the field can be audited for accuracy. The audit reliability of the CANS has been reported to be 0.85. In order to be certified in the CANS, you must demonstrate reliability on a case vignette of 0.70 or greater. Case vignettes, due to their inherent brevity and vagueness, have the lowest reliability.

The validity of the CANS has been demonstrated with its correlation with other measures and with its demonstrated ability to identify children and youth who will benefit through placement in different programs and levels of care. The face validity has been demonstrated through its utility in communicating with family members and judges about the needs and strengths of children.

RESEARCH & READINGS

- Redressing the Emperor: Improving our Children's Public Mental Health System (John S Lyons, 2004)
- Strategies in Behavioral Health Care: Total Clinical Outcomes Management (John S Lyons & Dana Weiner, 2008)
- Communimetrics-A Communication Theory of Measurement in Human Service Settings (John S. Lyons, 2009)

USING WV CANS TO ASSESS CHANGE OVERTIME

- The utility of a measure is determined by its reliability and relevance to areas of expected change.
- The WV CANS can be used for outcomes in the following two ways:
- The percent change in actionable items (or in any level of ratings) can be studied for individual items (i.e. the percent of children who move from an actionable level of need (2 or 3) to a 0 or 1.
- Outcomes can also be used for the WV CANS using dimension scores. By using the WV CANS dimension scores over time it is possible to track changes.
- Average available items in the dimension score and multiply by 10.   This creates a 30 point scale in which a 0 is a child or youth with all 0's on a dimension and a 30 would be a child or a youth with all 3 ratings on the items within a dimension. The scores from the behavioral/emotional needs, risk behaviors and functioning can be used to represent the functional status of a youth.

NEXT STEPS

- Establish WV CANS Web Based Training Site
- Develop & Implement WV CANS Super User Refresher Course
- Establish WV CANS Super User Training Calendar
- Establish Memorandums of Understanding with agencies to use the web based training/certification site.
- Develop and implement WV CANS overview for system partners who will not be scoring the tool but need to understand how to utilize the information gathered and scoring results.
- Garner additional child serving system utilization of the WV CANS
- Develop WV CANS operations manual
- Automate the WV CANS in order to move toward data driven decision making and total clinical outcomes management (TCOM)
- Develop Decision Models (Thresholds/Algorithms)
- Implement Total Clinical Outcomes Management