

CANS: The BASICS

Developed for use on CANS Learning Community Call, November, 4, 2016

What Can the CANS do?

- The CANS is a tool that providers use to gather information during their assessment process.
- The CANS focuses on strengths as well as needs. Strengths are areas of the child's life where he or she is doing well or has an interest or ability. Needs are areas where the child requires help or serious intervention.
- The CANS is designed to be used for decision support and outcomes management. Its primary purpose is to allow a system to remain focused on the shared vision of serving children and families. It operates on the philosophy that providers and systems can focus on the best interests of children and families served if care managers have accurate information about the needs and strengths of the children in the system.

How did the CANS come about?

- Over two years ago a work group began meeting made up of the following team members: Janine Beaudry (UVM-Child Welfare Training Partnership), Belinda Bessette (NCSS), Cheryle Bilodeau (IFS), Diane Bugbee (DAIL), Cathie Busgaglia (Howard Center), Cheryl Huntley (CSAC), Barb Joyal (DCF-Family Services), Alison Krompf (NCSS), Beth Maurer (Placement Stability Project), Matt McNeil (Howard Center), Laurel Omland (DMH). The group was initiated by Melissa Bailey, former IFS Director, to think through how we measure outcomes using an IFS approach and answer the question of "Are children, youth and families better off?"
- After focusing on a variety of tools the group decided on the CANS which was developed by John Lyons, Ph.D. The tool creates a way for teams to put information in one place that is gathered during the assessment of a child and family to create a clear way of creating a focus on what strengths can be leveraged that already exist and what the needs are.

How is the CANS being implemented in Vermont?

- The CANS work group previously mentioned meets regularly (every 4-6 weeks) and has created the official CANS tool, organized training opportunities, and continues to think through additional implementation steps.
- If you are interested in being more involved in CANS implementation please reach out to IFS Director, Cheryle.Bilodeau@vermont.gov

Who is using the CANS in Vermont?

- IFS regions are required to use the CANS for children 5-22 who are receiving more than one service and are in DCF custody.
- The DMH Behavioral Interventionist program requires the CANS for all children/youth they serve.

How can I be sure when I give out a CANS report that it is clear what the intention is behind it and how the information was gathered?

On the IFS website you can find a word document with the following CANS Disclaimer that can be added to CANS reports given to teams that states the following: *The Vermont CANS 5-22 is an information integration tool, intended to include multiple sources of information (e.g., youth and family, referral source, treatment providers, school, and observation of the rater). The CANS report is designed to be the output of this assessment process, serving to represent the shared vision of the child/youth serving system.*

Where can I find resources on the CANS:

Here's what you can find on the IFS website about the CANS: www.ifs.vermont.gov

- CANS Manual
- Official CANS Vermont 5-22
- Official CANS Vermont 5-22 Scoresheet
- A Family Guide to the CANS
- Frequently Asked Questions about Training and Certification
- Vermont CANS Web Training and Exam Tips
- How to Navigate the CANS Training Website
- John Lyons CANS Training ppt, May 2016
- CANS Practice Guidance: School Based Programming
- Disclaimer to include on CANS Reports

Myths and Facts about the CANS

MYTH #1: The CANS is a separate tool that should be used in isolation.

FACT: The CANS is designed to be the output of our existing, comprehensive assessment process. Gathering the information for the CANS is not a separate process but instead it is embedded in our work flow. If you have completed a comprehensive psychosocial assessment on a client then you have the information you need to score the CANS. If you have read the existing psychosocial, have worked with the client and family, and are prepared to update the treatment plan, then you can score a CANS reassessment. The CANS is not designed to be a separate questionnaire, but a guide to defining what is known into data points.

MYTH #2: All CANS take 2 hours to complete.

FACT: The average CANS takes 20 minutes to complete.

MYTH #3: Everyone on the team must be in attendance.

FACT: The expectation is that all appropriate parties (parents, DCF, foster parents, counselors, school personnel) are contributing to the information collected on the CANS. This does not mean that all questions need to be answered in a team setting. A team meeting is ONE way to collect CANS information. If completed in this way, the child's needs and strengths should be discussed and the CANS administrator should guide the discussion to obtain

information for scoring. However, the tool should NOT be read word for word, and the final decision for the most appropriate score still lies with the certified administrator of the tool.

A CANS certified provider may also score the tool on their own. The expectation is that providers have done their due diligence to collect information from the appropriate parties involved, either by attending team meetings, speaking to parents, reviewing records in the chart, etc. Providers can then review any scoring with the family, or if releases allow.

MYTH #4: The CANS is subjective, and this is bad.

FACT: The CANS has been proven as a reliable tool with .84 reliability with case studies and up to .90 with live cases in the field.

Some have expressed concern that the CANS is not a traditional psychometric with a “cut off” that determines whether someone is in need. The fear is this makes the tool subjective, and therefore, unreliable. This proposition is simply not true.

Personal change is by its very nature subjective. The expectation of our providers is to use experience and expertise to conceptualize the client, not a calculator. The CANS considers culture and development before you establish the action levels; this requires judgment and therefore, subjectivity. It is in this way that cultural sensitivity is embedded into the CANS and how it can be useful across the developmental trajectory of childhood and adolescence.

Vermont requires all users to be trained and pass the certification exam annually in order to administer the CANS, which provides a reasonable amount of quality assurance around reliability and a yearly accounting of whether users are able to score the tool with fidelity.

MYTH #5: The CANS is just one more thing to be done outside of our work with families.

FACT: The CANS, or any outcome monitoring tool must be fully embedded in the work in order to be successful.

The CANS is essentially a scored psychosocial assessment. These are questions we are already asking. They are central to our work. The CANS asks us to check in on them more regularly, at six month intervals, to monitor progress. This creates a culture where everyone working with the child and family gets to know these areas of needs and strengths, understands them in a common language, and communicates to their progress as treatment progresses.