



Child and Adolescent Needs and Strengths  
(CANS)  
Alabama Version  
User Manual

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Mental Illness Division  
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### **Purpose of Document**

This document contains training information for the Child and Adolescent Needs and Strengths Comprehensive Multisystem Assessment tools (CANS and EC-CANS). This document is intended for a wide audience, consisting of clinicians, administrative staff, management and IT staff.

It is recommended that each individual read this document in its entirety.

### **Child and Adolescent Needs and Strengths Comprehensive Multisystem Assessment (CANS) Background**

The Child and Adolescent Needs and Strengths (CANS) assessment tool has been selected by the Alabama Department of Mental Health (ADMH), Mental Illness Division, to be used statewide for children and adolescents receiving services through the public mental health system. A large number of individuals have collaborated in the development of the CANS-Comprehensive. Along with the CANS versions for developmental disabilities, juvenile justice, and child welfare, this information integration tool is designed to support individual case planning and the planning and evaluation of service systems. The CANS-Comprehensive is an open domain tool for use in service delivery systems that address the mental health of children, adolescents and their families. John S. Lyons, Ph.D., now with the University of Ottawa, developed the initial CANS and since that time, numerous localities and states have added their suggestions, making the CANS an instrument that has developed as a “mass collaboration.” The copyright is held by the Buddin Praed Foundation to ensure that it remains free to use. There is no cost to use the tools. However, CANS users must be trained and certified annually.

The ADMH Mental Illness Division Child and Adolescent Task Force, made up of representatives from each child service system, families and youth, professionals from a variety of disciplines, and the academic community, recommended the use of a state-wide functional assessment tool in August 2009. Criteria guiding the recommendation of the CANS included:

- The use of a functional assessment tool serves as a uniformed state-wide reporting process that would be a valuable approach for consistently capturing measurable data elements that are comparable.
- The use of a functional assessment tool serves as an instrument to drive treatment planning that is individualized, family-centered, and strength-based.
- The use of a functional assessment tool would provide an avenue to capture data needed to assist in mandatory reporting elements such as National Outcome Measures.
- The use of a functional assessment tool would provide rich data that would enhance grant applications which is highly valuable considering the current state and federal economic conditions.

The Associate Commissioner of the ADMH Mental Illness Division accepted the recommendation, viewing the CANS tools as a strategy to work toward transforming

Alabama's services provided to the children and families in the public mental health system. This transformation tool, consistent with system of care values and principles, focuses on the needs of the children and families. The CANS-Comprehensive provides a common language, objective criteria to support decisions about intervention plans and intensity of services, monitors progress through outcome measures, and supports quality improvement initiatives. Information from the CANS-Comprehensive will support decisions at multiple levels – direct services, supervision, program management, and system management.

### **Alabama's CANS Tools**

The CANS-Comprehensive and EC-CANS have been tailored to meet Alabama's needs. The "Super User" training/certification process was implemented in June 2010. Approximately 107 CANS Super Users were trained to support local implementation of the CANS-Comprehensive training, supervision, and integration into everyday practice. Alabama's mental health public system providers are being trained and certified to be "Certified CANS Users" in preparation for the October 1, 2010 statewide implementation by ADMH mental health providers. A database, the Alabama Behavioral Health Assessment System (ABHAS), was developed to capture the CANS data and to provide a variety of reports to users at all levels of the child-serving system.

There are two versions of the CANS Assessment tools.

- ❖ For children aged 0-4, the Child and Adolescent Needs and Strengths – Early Childhood Comprehensive Multisystem Assessment (EC-CANS) will be required for all children served beginning in October 2010.
- ❖ For children and adolescents aged 5-adulthood, the Child and Adolescent Needs and Strengths Comprehensive Multisystem Assessment (CANS) will be required for all children and adolescents beginning in October 2010. (Adulthood is defined as any youth who is from age 18 through 21 who is receiving services in through the Child and Adolescent public health system and has not yet been referred to the adult public mental health system within the provider programs)

All youth receiving services from an ADMH certified public mental health provider are required to have a CANS assessment administered by a certified CANS user and the data submitted to ADMH beginning October 1, 2010. Data submission for the CANS is not the same as CDR data reporting. All CANS data reported must be associated with the certified user's identification number.

Reassessments using a CANS tool are required at discharge and at least every 180 days of on-going services to the youth. More frequent assessment is required if a more intense level of service is being indicated. For Child and Adolescent In-Home Intervention (IHI), a Reassessment would be done at the completion/closure of IHI as this is a discharge from a program and transfer to new services. For IHI, the Reassessment would be at least every 90 days.

### **CANS Training and Certification**

There are two types of Certified Trainers: Certified Super Users and Certified CANS Users. Both types of Certified Users who use the CANS Tools must be trained and certified annually. Annual certification helps ensure reliable use of the tools and communication with families, youth, and other child service systems.

- ❖ **Certified Super User Trainings** – Alabama has about 107 Certified Super Users trained and certified by Dr. Lyons in June 2010 to support the Alabama CANS implementation. Annual certification process is under consideration for development which could include live trainings with Dr. Lyons, web-based training and certification approved by Dr. Lyons, or training hosted by an entity determined by Dr. Lyons.
- ❖ **Certified CANS User Trainings** – Alabama Certified Super Users will initiate the process of training appropriate staff for certification beginning in August 2010. At present, this initial certification is a paper and pencil process that will be completed by designated AMDH staff. A web-based initial certification process will be under development in January 2011. Annual certification process is under consideration for development which could include web-based training and certification and/or training hosted by provider Certified Super Users (local trainers).

### **CANS Training Guidelines**

- ❖ **Training Guidelines**
  - Introduction to CANS
    - Application of the CANS/Remoralization
      - Using the CANS as a Communication tool with family to have a shared vision and common goals
      - Using the CANS as Assessment and Treatment Plan Development tool
        1. Not more paperwork (organizes and frames the Intake information in a workable manner)
        2. Identifies and builds on strengths – not deficiencies
      - Using the CANS as monitoring and evaluation tool with family
        1. Provide service outcome measures for individual care
      - Using the CANS as monitoring and evaluation tool for Program Management
        1. Provide service outcome measures for system evaluation.
  - Review relevant information from Dr. Lyon's Power Point
    - Total Clinical Outcomes Management (TCOM)
  - Review of CANS Glossary of Items
    - Key Principles of the CANS
    - Action Levels of Need Items

- Action Levels of Strength Items
- CANS Items
  - Go over each item and identify what area it is assessing and the criteria for scoring
- Practice Vignette(s)
  - Review scoring with Super User and items missed and rationale for scoring
- Test Vignette completed and submitted to DMH for Scoring

❖ **Dr. John Lyons Training Information:**

- Limit training to small groups of no more than 20-25.
- Trainees should be given the opportunity to practice in small groups of 3 to debrief the vignette and recommend ratings with a Super User.
- At least two practices with this support are likely to increase successful certification with the test vignettes.
- A review of the critical, more difficult to rate items by the Super Users is suggested.
- Remind the trainees of the vignette assumptions: Assume a complete assessment has been done. If no information about an item appears in the vignette, assume there is no evidence of that need or strength.

**Frequently Asked Questions (FAQ):**

Q. What is the CANS?

A. CANS stands for Child and Adolescent Needs and Strengths assessment. It refers to a group of outcome management tools that have been developed by John Lyons, PhD, now with the University of Ottawa, and many stakeholders across multiple states. The assessment instrument is copyrighted by the Buddin Praed Foundation, 1999.

Q. Why is Alabama implementing the Child and Adolescent Needs and Strength tools?

A. In 2008, a task force representing all child service systems, providers, professions, families and youth reviewed multiple functional assessment and utilization review tools. First, they agreed on fundamental criteria for review and selection of a tool. If possible, one tool would serve multiple functions. Fundamentally, an instrument would be meaningful to children and families. It must be useful in day-to-day practice, providing information regarding decisions about care plans and intensity of services. It would improve communication among child service systems. The tool would also be useful for measuring outcomes. Information from the tool could inform practice, supervision, program quality improvement initiatives, and state policy and planning. The idea was to develop a way to develop “practice based evidence”. After reviewing several tools in depth, the group decided that the CANS came closest to meeting these criteria. A recommendation was made to the Associate Commissioner of ADMH Mental Illness Division in August 2009 and was accepted. The initial Super Users were trained and

certified in June 2010 and state-wide implementation of the CANS began in October 2010.

Q. Transition. How do the community mental health providers initiate the process of getting consumers transitioned into the use of the CANS?

A. Initial Statewide Implementation. Beginning October 1, 2010, community mental health providers who contract with ADMH Mental Illness Division are required to use the appropriate Comprehensive CANS to assess the needs and strengths of children and families who begin services and of children/families who are continuing services. With this initial implementation, in order to integrate the tools into practice, completing the comprehensive CANS with ongoing child and family is suggested prior to the next regular treatment plan update (within 60 to 90 days).

For Child and Adolescent In-Home Intervention and Child and Adolescent Case Management, each community mental health center's Super User would train the existing staff, but not new staff hired after October 1, 2010 as those staff would receive the Certification CANS User training during the C&A IHI and C&A case management certification training.

Q. So, for the CANS, effective October 1<sup>st</sup>, we will begin reporting all new consumers at program enrollment, existing clients at treatment plan review date, and discharging clients at program closure. This means you would expect to start seeing data on admits and discharges immediately in October and existing consumers would begin to filter in as their treatment reviews are completed. Is this correct?

A. Yes, this is correct.

Q. Regarding CANS: Can you tell me when we would use the "multi-system assessment"? The "reassessment" is used every 6 months, right?

A. For community mental health providers, the *CANS for Alabama Comprehensive Multisystem Assessment (5 to Adulthood)* or the *EC-CANS for Alabama Comprehensive Multisystem Assessment (0 to 4 Years)* tools are to be completed after initial assessment/intake. The CANS is an assessment tool that assists organizing the assessment/intake information and serves as a framework to assist in the development of the individualized treatment plan. *CANS Reassessments* are required every 6 months for outpatient, case management, day treatment, and residential services. Each reassessment restarts the 180 day clock to determine when the next reassessment is due. The CANS would need to be completed at an earlier interval if deemed clinically necessary. **For C&A In-Home Intervention (IHI)**, *CANS Reassessments* are required every 3 months (90 days), at the initiation of IHI (within the first 30 days as outlined in Standards) and the closure of IHI. Reassessments are also required at the end of treatment if the treatment episode ends by mutual agreement of the consumer and clinician. Reassessments should also be completed for all other discharges when the treatment team has sufficient information to document outcomes of the treatment episode. If the consumer and family are not available, base the final reassessment on the most recent information. As with the initial comprehensive assessment, have sufficient documentation in your clinical record to support the reassessment ratings.

Q. So, if I am providing C&A IHI, then would I complete the 3month/90 day CANS Re-assessment or could the treatment staff (therapist/case manager) complete the Re-assessment as they would be doing the CANS to assist with the treatment planning process?

A. Either the IHI team could complete as closure to IHI services or the treatment staff that will be continuing to provide services could complete as to utilize the CANS to assist in the development of a new Treatment Plan. It is just important to note that this process has to be completed within the 3 month/90 days.

Q. If a case has been referred to IHI and a CANS has recently been completed, can I use it to revisit with the family for completion of the Treatment Plan or do I have to complete a new CANS?

A. Any new case referred to IHI has to have a CANS completed and data entered to ADMH within the first 30 days of entering IHI services. The IHI team can revisit a CANS completed prior to entering services, but the information has to be uploaded to ADMH. This is what triggers the 3 month/90 day tickler for Re-assessment.

Q. Do I need to be trained to use the CANS?

A. Yes. In order to use the CANS tools, you must be trained and demonstrate the ability to use the tool reliably. Many individuals were be trained and certified as Certified Super Users through a certification training provided by Dr. Lyons in June 2010. At least one, and up to five, Super Users were trained within every community mental health provider. As certified Super Users, they will train for certification the appropriate service delivery staff and certification is necessary for each to these staff to be recognized as Certified CANS Users. After the appropriate staff member is trained, they will complete a testing vignette that will be sent to ADMH for certification. To be certified, the trained staff member must achieve a reliability factor of 0.70 or above. Once the trained staff member has achieved 0.70 reliability, they will receive certification notification and will be provided password information that will allow them to access the ADMH ABHAS website that will host the CANS assessments. An online certification process is underdevelopment by AMDH.

Q. How do I get my certification test vignette scored?

A. At present, the Super User will send the test vignette to appropriate personnel at ADMH to be scored, recorded and verification provided to the community mental health provider. A password to access the ADMH ABHAS web-based CANS will be issued to the Certified CANS User.

Q. What if I did not reach 0.70 reliability using the CANS the first time? What do I do now?

A. Your community mental health provider and the Super User who trained you will be notified. The Super User will provide additional training which would consist of re-reviewing training materials, completing practice vignettes, comparing your practice vignette ratings and the recommended scores. Remember, if there is an issue that is not addressed in the vignette, assume there is no evidence. No evidence of a need is rated "0". No evidence of a strength is rated "3". Try again. If you are unable to pass the

second time, ADMH will provide you the opportunity to receive training from a Super User outside your community mental health provider. If you are unable to pass the third testing opportunity, you will not be able to be a Certified CANS User.

Q. I was certified to use the CANS about two years ago. Do I need to do anything else?

A. Yes. All Certified Super Users and all Certified CANS Users need to be recertified annually. Documentation of certification will on file at ADMH. Only currently Certified CANS Users will be able to report or enter CANS data into ABHAS. Once your certification is recorded in the training/certification database, you will receive an annual reminder by email.

Q. What are Super Users?

A. Super Users are individuals within community mental health providers which have received additional intensive training to help integrate the CANS into every day practice within their agencies. They have demonstrated at least a 0.75 reliability with the CANS using vignettes and are trained to train, coach, supervise, and use information from the CANS in treatment planning and decisions about intensity of services. Super Users can help integrate the CANS assessment into biopsychosocial assessments, use reports in practice, and help plan quality improvement based on CANS information. There will be quarterly booster training sessions for Certified Super Users.

Q. Is group training a good idea?

A. It's a great idea. Group training provides small group practice and debriefing with the CANS.

Q. How long does CANS training/certification take?

A. Plan on about 4 to 5 hours in live training.

Q. Why is there a website to complete the CANS tools?

A. When implementing the CANS tools, ADMH wanted to be sure to create more real-time, interactive system that would capture CANS data on all child and adolescent consumers receiving services from the community mental health providers. This information will be used by ADMH to report mandatory information such as National Outcome Measures (NOMS).

Q. Is there going to be an 'easy' name assigned to this "program"?

A. Yes. It will be called the Alabama Behavioral Health Assessment System (ABHAS).

Q. How do we get user names and passwords for certified clinicians?

A. Once an appropriate staff member successfully becomes a Certified CANS User, their community mental health provider will complete the Individual User Confidentiality Agreement Form and return to ADMH. Upon receipt of this form, the Certified CANS User will receive a personal username and a password.

Q. What happens if a clinician leaves our organization?

A. These community mental health provider designee would complete the User Removal Form and submit to ADMH.

Q. What will the ABHAS website look like and what is the address?

A. A permanent production web address is not yet finalized. Once a production site is finalized, information will be sent to all providers.

Q. How should I code my time when I am working on the CANS with a family?

If you complete the CANS with the consumer and/or family during a treatment session, it can be coded for that appropriate service. If you use a paper and pencil version that someone uploads after the session, the time it takes to upload is not a billable service.

Q. Can I use the existing CANS if it is still appropriate and within the time restraints?

Yes. It is appropriate to re-visit the CANS with the consumer and/or family to see if it is still an accurate reflection of their treatment strengths and needs.

Q. What if I am the case manager and the consumer has a therapist? Who is to complete the CANS? Do we have to do separate CANS?

It is not uncommon for consumers to be receiving multiple services with a community mental health provider program. When possible, it would be beneficial for the service providers (ex. Therapist and Case Manger), along with the consumer and/or family member to complete the CANS together. This would provide the opportunity for cohesive care and communication and the development of the shared vision. If it is not possible for the service providers to partner with the CANS process, then one service provider could complete with family and the other could use the completed CANS to assist with their service provision. It would be necessary for the service provider using the completed CANS to revisit the outcomes with the family as to assist with treatment provision.

Q. What if the consumer is only receiving services from the community mental health provider's psychiatrist and/or nurse, does a CANS have to be completed?

Yes. Any child and adolescent receiving a service that is indicated on a treatment plan would need a completed CANS.

Q. Since Case Managers will stop doing the SUN-R and will often not do the CANS (because it will be done by a therapist), will the Case Manager stop doing a separate case plan and add items to the Treatment Plan itself?

No. The Case Manager will use the CANS in the same manner they now use the SUN-R in the development of a separate Case Management Case Plan.

**For additional information or questions about CANS Training and Certification and implementation, contact: [kim.hammack@mh.alabama.gov](mailto:kim.hammack@mh.alabama.gov) or at 334-353-9144.**