CANS-NH

Child and Adolescent Needs and Strengths
An assessment adapted for the NH System of Care

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OVERVIEW

1. A Brief History of CANS in NH
2. A Practice Case Study: CANS Implementation at Seacoast Mental Health
3. CANS at the System Level
What is the CANS? (1)*

The CANS is a tool developed for children’s services to

• Support decision making, including level of care and service planning,

• Facilitate quality improvement initiatives, and

• Allow for the monitoring of outcomes of services.

Versions of the CANS are currently used in over 25 states in child welfare, mental health, juvenile justice, and early intervention applications.

A comprehensive, multi-system version exists as well.

* http://praedfoundation.org/
What is the CANS? (2)*

The CANS is an open domain tool that is free for anyone to use.

There is a community of people who use the various versions of the CANS and share experiences and additional items and supplementary tools.

* http://praedfoundation.org/
CANS for Decision Support

Decision support applications include:

• The development of specific algorithms for levels of care including treatment foster care, residential treatment, intensive community services, and traditional outpatient care.
• Algorithms can be localized for sensitivity to varying service delivery systems and cultures.
• The applications of CANS-based decision algorithms have documented dramatic impacts on service systems.
  – In Illinois, use of a simple decision model for residential treatment resulted in savings of approximately $80 million per year in residential treatment in the late 1990’s.
  – In Philadelphia, their use of a decision model for Treatment Foster Care reduced lengths of stay dramatically and saved the city $11 million in the first year of use.

(Source: Praed Foundation*)

* http://praedfoundation.org/
SIX KEY COMPONENTS OF A PRACTICAL COMMUNIMETRIC TOOL

1. Items are selected based on relevance to planning.
2. Action levels for all items
3. Consider culture and development before establishing the action level
4. Agnostic as to etiology—descriptive, no cause and effect
5. About the child, not about the service. Rate needs when masked by interventions.
6. Specific ratings window (e.g. 30 days) can be over-ridden based on action levels
Sample Training Video:

Dr. John Lyons: The Six Key Principles

If the video doesn't work...
The NH-CANS-MH

New Hampshire Child and Adolescent Needs and Strengths (CANS)

<table>
<thead>
<tr>
<th>Purpose (Choose One):</th>
<th>Assessment Date:</th>
</tr>
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<tbody>
<tr>
<td>Eligibility Determination</td>
<td>Eligibility Effective Date:</td>
</tr>
<tr>
<td>ISP Review (Period not to exceed 99 days)</td>
<td>Eligibility End Date:</td>
</tr>
<tr>
<td>Combined Eligibility determination/Annual ISP Review</td>
<td>Period Starting:</td>
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<tr>
<td></td>
<td>Period Ending:</td>
</tr>
</tbody>
</table>

Please use extension modules to further assess boldface italized items.

### Child Behavioral/Emotional Needs

<table>
<thead>
<tr>
<th>Item</th>
<th>Level</th>
<th>Rating</th>
<th>Comments</th>
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</thead>
<tbody>
<tr>
<td>Psychosis</td>
<td>N/A</td>
<td></td>
<td></td>
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<tr>
<td>Attention/Impulse</td>
<td>N/A</td>
<td></td>
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<tr>
<td>Depression</td>
<td>N/A</td>
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<tr>
<td>Anxiety</td>
<td>N/A</td>
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<tr>
<td>Oppositional Behavior</td>
<td>N/A</td>
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<td></td>
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<tr>
<td>Conduct Behavior</td>
<td>N/A</td>
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<tr>
<td>Adjustment to Trauma</td>
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<tr>
<td>Substance Use</td>
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<tr>
<td>Autism Spectrum</td>
<td>N/A</td>
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<tr>
<td>Anger Control</td>
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<tr>
<td>Eating Disorder</td>
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<tr>
<td>Attachment</td>
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<td></td>
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<tr>
<td>Regulatory Behaviors</td>
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### Child Life Functioning

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<th>Item</th>
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<td>Family</td>
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<tr>
<td>Living Situation</td>
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<tr>
<td>Peer Relations</td>
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<tr>
<td>Adult Relations</td>
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<tr>
<td>Legal</td>
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<tr>
<td>ADLs/Self Care</td>
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<tr>
<td>Sleep</td>
<td>A</td>
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<tr>
<td>Sexual Development</td>
<td>A</td>
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<td></td>
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<tr>
<td>School Achievement</td>
<td>A</td>
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<td></td>
</tr>
<tr>
<td>School Behavior</td>
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<tr>
<td>School Attendance</td>
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<tr>
<td>Medical/Physical</td>
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<tr>
<td>Intellectual</td>
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<td></td>
</tr>
<tr>
<td>Communication</td>
<td>N/A</td>
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<tr>
<td>Culture</td>
<td>N/A</td>
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### Child Risk Behaviors

11/4/2015
Training and Certification

The CANS tool, along with similar communimetric approaches, is not like traditional measures. The approach is uniquely designed to support shared visioning and effective communication.

As such, ethical use of these tools requires annual training and recertification.
Methods of CANS Implementation and Application

1. NH is subsidizing an online portal to allow statewide partners access to the statewide CANS client database, for
   - Direct entry of the ratings; and
   - Report generation.

2. Most CMHCs are incorporating the CANS into their electronic medical records (EMRs) and will export CANS data into the statewide database.
CMHC Implementation

- SMHC and CLM acted as pilots
- SMHC began transition September 1, 2014
Training

- Managers were trained by Dr. Lyons in early 2014
- Staff were trained by managers who scored an 80 or higher on 2/14/14
- During team meetings, time was used for staff to complete certifications
- Noted trends related to certifications
Process Towards Implementation

• Began with intakes and annuals
• Post intake or annual, staff began to review CANS at the quarterly treatment plan review
• Challenges and frustrations
Administrative Relief

- SMHC worked to incorporate the CANS into our electronic health record and all clinical paperwork
- Intent was to offer administrative relief and more proficient use of the document
View of our EHR

![EHR Interface](image-url)
Example of Assessment Questions
Example of Narrative
Moving ahead

- Currently, all clients have been assessed using the CANS
- The CANS has been incorporated into our quarterly reviews
- Data is reviewed every 90 days
- Less time to complete than a year ago
- Collaborative documentation
Child and Adolescent Needs and Strengths: CANS

CANS Characteristics and Benefits

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Mackenzie Soniak
Jessica Gibson
Kate Evarts

Center for Research on Psychological Practice

October 2015
Purpose

Characteristics

Individual Level Use

Program Level Use

Systems Level Use
Characteristics

CANS

Functioning, Symptoms, and Risk Behaviors

Prospective and Retrospective

Planning, Review, Improvements, and Fidelity

Communimetric

Program Evaluation
Benefits: Individual Level

Identify Immediate Needs

Planning and Decision Making

Monitor Progress
3 Benefits: Project Level

More Effective Communication

Efficient Care Strategies

Program Evaluation
4 Benefits: Systems Level

Resource Mapping, and Allocation

Provider Profiles/Performance/Contracting

System Outcomes
# Summary of CANS Tactics

<table>
<thead>
<tr>
<th></th>
<th>Family &amp; Youth</th>
<th>Program</th>
<th>System</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Decision Support</strong></td>
<td>Care Planning Effective practices EBP’s</td>
<td>Eligibility Step-down</td>
<td>Resource Management Right-sizing</td>
</tr>
<tr>
<td><strong>Outcome Monitoring</strong></td>
<td>Service Transitions &amp; Celebrations</td>
<td>Evaluation</td>
<td>Provider Profiles Performance/Contracting</td>
</tr>
<tr>
<td><strong>Quality Improvement</strong></td>
<td>Case Management Integrated Care Supervision</td>
<td>CQI/QA Accreditation Program Redesign</td>
<td>Transformation Business Model Design</td>
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</tbody>
</table>
References


