



## Effectively Integrating the CANS Tool into the Wraparound Process

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1

## Understanding the Business of Helping: The Hierarchy of Offerings

- I. Commodities
- II. Products
- III. Services
- IV. Experiences
- V. Transformations

- Gilmore & Pine, 1997

2

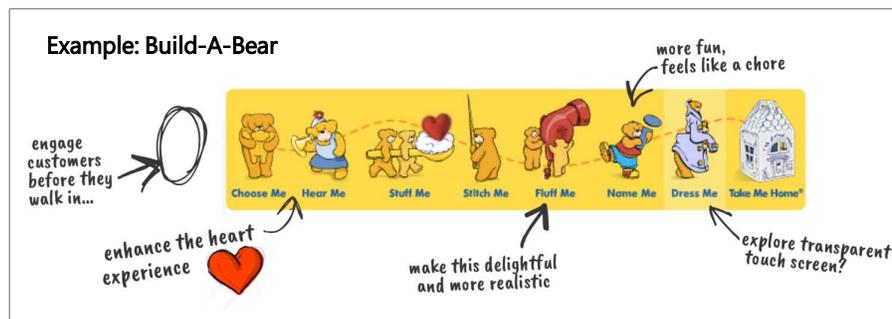
# Continuum of Production



3

# Experience Economy (Pine & Gilmore, 2007)

- Mass customization rather than mass production
- Personalized engagement is the foundation of the experience economy
- The initial assessment process is the opportunity to create a memorable personal experience (or not)
- Experiences can lead to transformations



4



**Transformational:** Personal change is the reason for intervention.

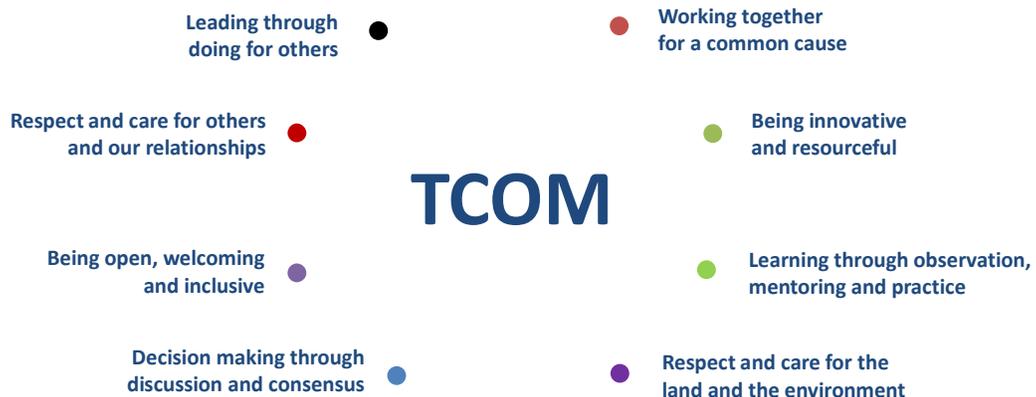
**Collaborative:** A shared visioning approach is used – not one person’s perspective.

**Outcomes:** Measures are relevant to decisions about approach or proposed impact of interventions.

**Management:** Information gathered is used in all aspects of managing the system from planning for individuals and families, to supervision, and program/system operations.

5

## Inspired by Inuit Societal Values



6

## What Is The CANS?

The **Child and Adolescent Needs and Strengths** is an **information integration tool** that is used to identify the needs and strengths of children/youth and their families.

- Its underlying philosophy and approach is **person-centered**: continuously aligning the work of all persons with the identified strengths and needs of children and families at all levels of the system.
- Consensus ratings by multiple informants across a consistent and comprehensive set of strengths and needs helps achieve **collaborative, consensus-based assessment** – a common language framework that aids system understanding of presenting issues, impact, and effectiveness across multiple levels: family, program, system.



7

## CANS: Understanding a Young Person's Story



8

## Use of Clinical Language in the CANS

- CANS is a common language tool that helps teach families how to talk with professionals outside the CFT process.
- This common language approach honors the “Nothing about us without us” philosophy in complex systems.



9

## The Child and Family Team



Child and family team meetings are one tool of the CFT engagement and service delivery process.

Team meetings are critical opportunities to demonstrate the principles of effective core practice, including empathy, empowerment, and awareness about the impact of trauma.

10

# CANS: Enhances & Supports The CFT

**The Child and Family Team (CFT) is the vehicle for collaboration on assessment, case planning and placement decisions.**

**Summarizes the Assessment Process**  
The CANS is intended to be the process by which the assessment information is organized, summarized, used and communicated after it has been collected.

**Integrates the Family's Story**  
The CANS provides a summary of the family's story, and it should be done as an integration of multiple story tellers.

**Develops a Shared Vision**  
The consensus-based process of determining action levels on items, and prioritizing relevant needs and strengths to build creates a shared understanding from which a coordinated plan is developed.

**Supports Change Management**  
Mapping the CANS to the plan facilitates outcomes monitoring and management by the team members, allowing for plan adjustment, acknowledgement of accomplishments and celebrating goals that have been met.

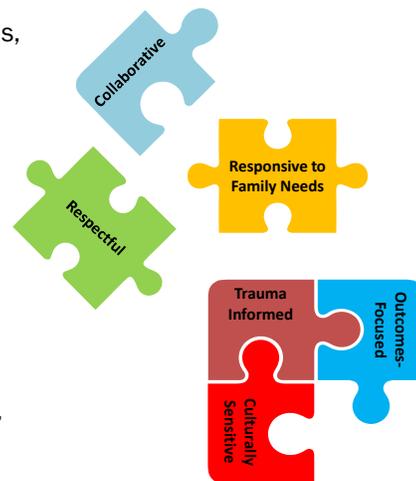
11

# CFTs CANS and Case Planning

It is important to integrate the CFT case plan across systems, perspectives, and individual needs based on information shared by:

- CANS process
- Child, youth, or NMD, family, and placing agency
- Service providers
- Family members
- Community supports
- Natural supports

Develop a shared understanding about safety, permanency, and well-being issues to be addressed with the team.



12

## Developing a Theory of Change



13

## Planning for Care: The CANS as a Support

- Based on the team's shared understanding, use the CANS ratings to prioritize needs to address and strengths to build, as well as access useful strengths.
- Use the CANS to identify the needs to address and link them to goals to create a understanding of how change happens. This will help in coordinating the multiple plans developed by the professionals on the team.
- In collaboration with the client and family, the team develops objectives or steps to the plan with benchmarks that they can understand.
- Select interventions, resources or activities that respect the youth and family's culture and take into account any contextual issues.

14

# Approaches to Working in Complex Systems

## **Human expertise in complex systems is constantly changing**

Practitioners within a system have varying degrees of expertise.

Expertise as a resource (often scarce) needs to be directed towards the most challenging aspects of transformation.

The development of expertise for future transformation is an ongoing process.



15

# Going from Process to Impact

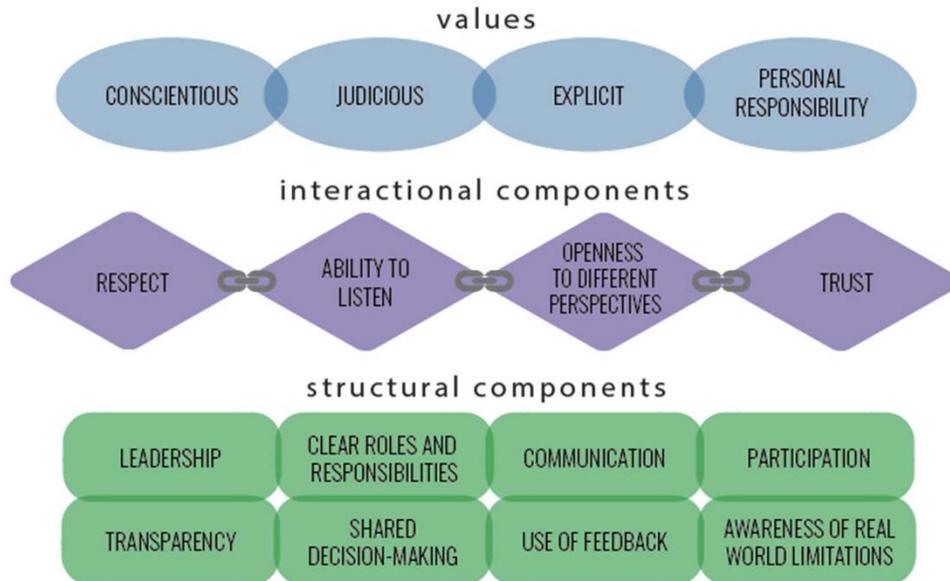
## **Is TCOM/CANS a Change In How We Work?**

- Experience and research has demonstrated that collaborative practices are at the heart of effective change.
- People vary tremendously in their use of collaborative, data-informed practices.
- TCOM provides a pathway by which people can get the formal feedback necessary to develop expertise.



16

## COLLABORATION WITHIN A TCOM FRAMEWORK



17

## Key Stages in Helping Systems



18

## TCOM Grid of Tactics

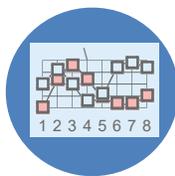
	Family & Youth	Program	System
Decision Support	Care Planning Effective practices EBP's	Eligibility Step-down	Resource Management Right-sizing
Outcome Monitoring	Provider Transitions & Celebrations	Program Evaluation	Provider Profiles Performance/ Contracting
Quality Improvement	Case Management Integrated Care Supervision	CQI/QA Accreditation Program Redesign	Transformation Business Model Design

19

## Person-Centered Care Requires New Metrics



Classical  
Test



Item  
Response



Clinimetric



Communimetric

### History of Measurement Theories

20

## Communimetrics

- Native Naturalism (Reality Theory) rather than British Empiricism
- Non-arbitrary—every number has immediate meaning
- Culturally and developmentally informed—the measure of a story
- Based on qualitative approaches to synthesizing complex phenomenon—modified grounded theory
- Post triangulation rather than pre-triangulation measurement

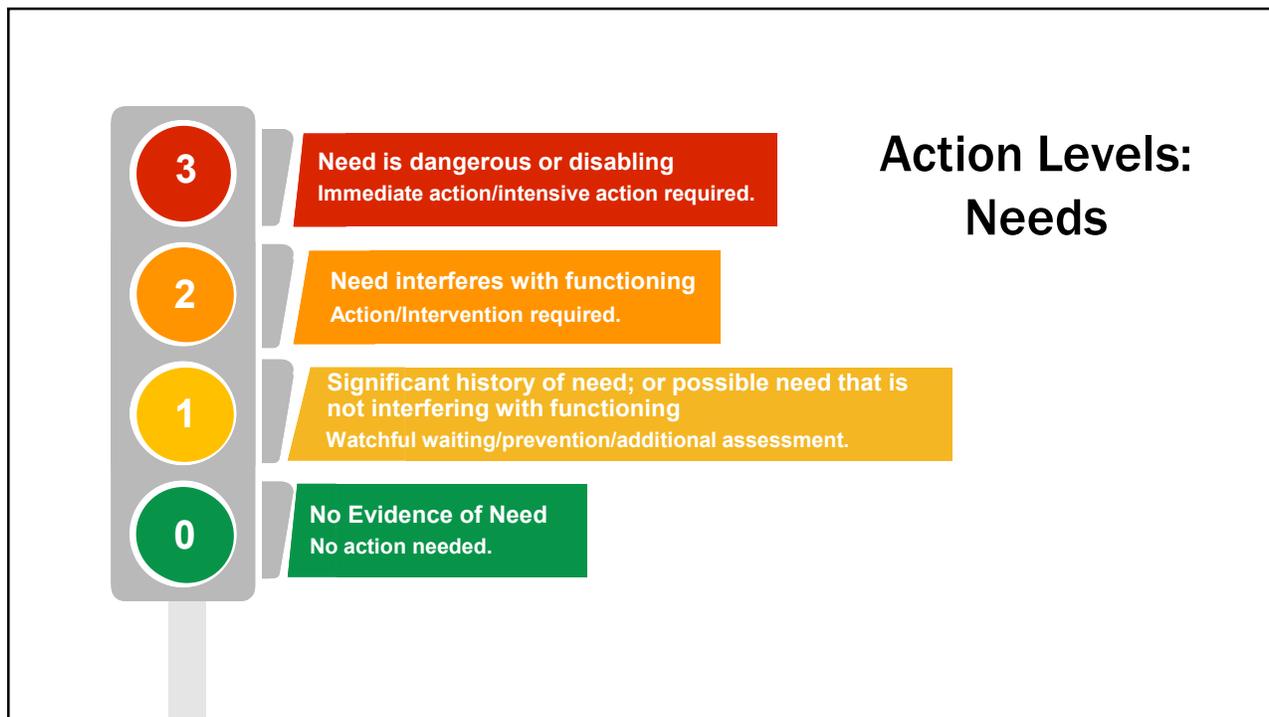
21

## 6 Key Principles

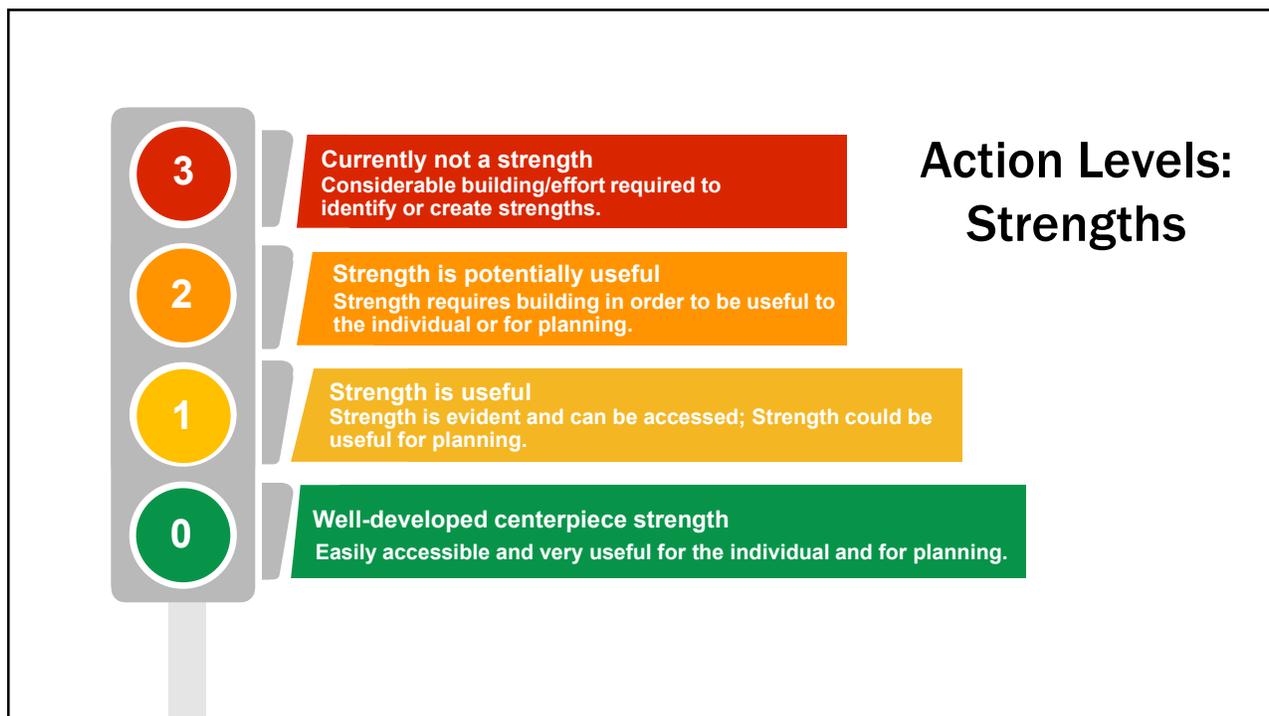


- 01 Items are selected because they are relevant to action planning.
- 02 Each item uses a 4-item rating scale that translates into action.
- 03 Rating should describe child/youth, not the child/youth in services.
- 04 Consider culture and development before determining ratings.
- 05 The ratings are agnostic as to etiology; it's about the *What*, not the *Why*.
- 06 Use a 30-day window in considering what is relevant to children, youth and their families.

22

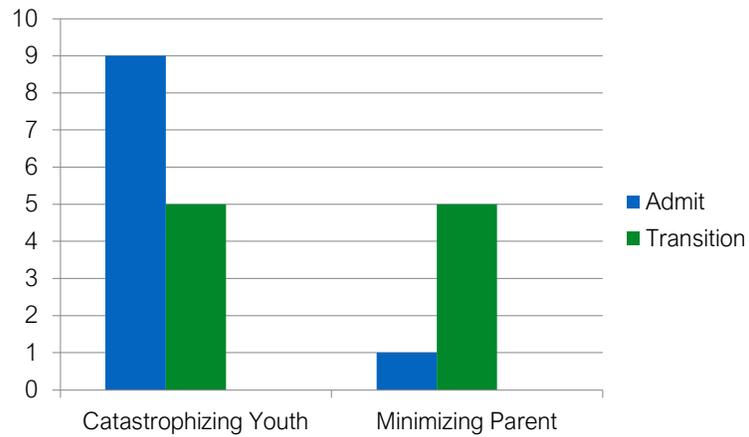


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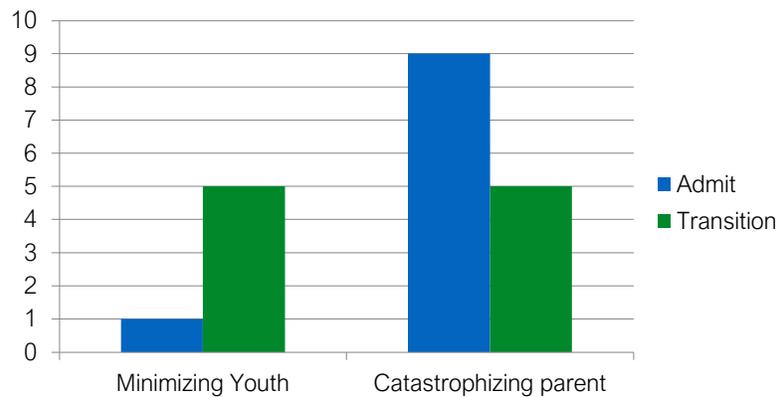
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Scenario 1: Youth is distressed and the parent is minimizing the situation. With treatment the youth feels better and the parents come to realize the youth's mental health needs



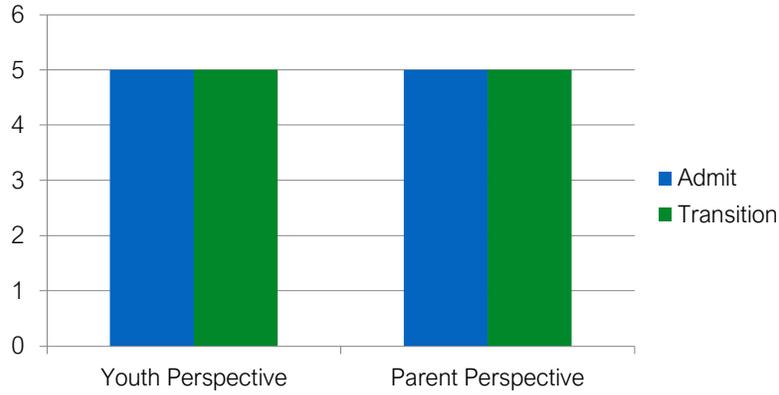
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Scenario 2. Parent is catastrophizing and youth is minimizing. With treatment the youth understand his her mental health needs better and the parent sees progress

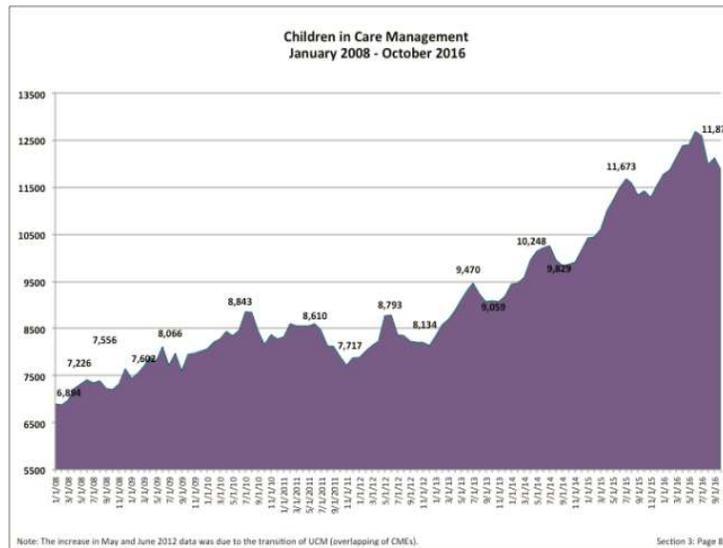


26

The problem with means of single perspectives—the average of two clinically successful treatment episodes equates to no effect

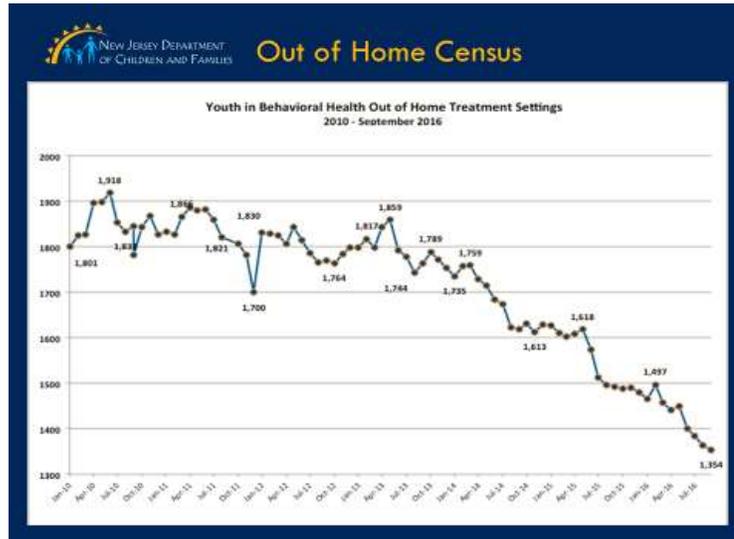


27



**New Jersey's Children's System of Care expansion 2008 to 2016**

28



**New Jersey Children's System of Care  
 Number of Youth Placed in Residential Care  
 2010 to 2016**

29

## Our Future Machine Learning Research

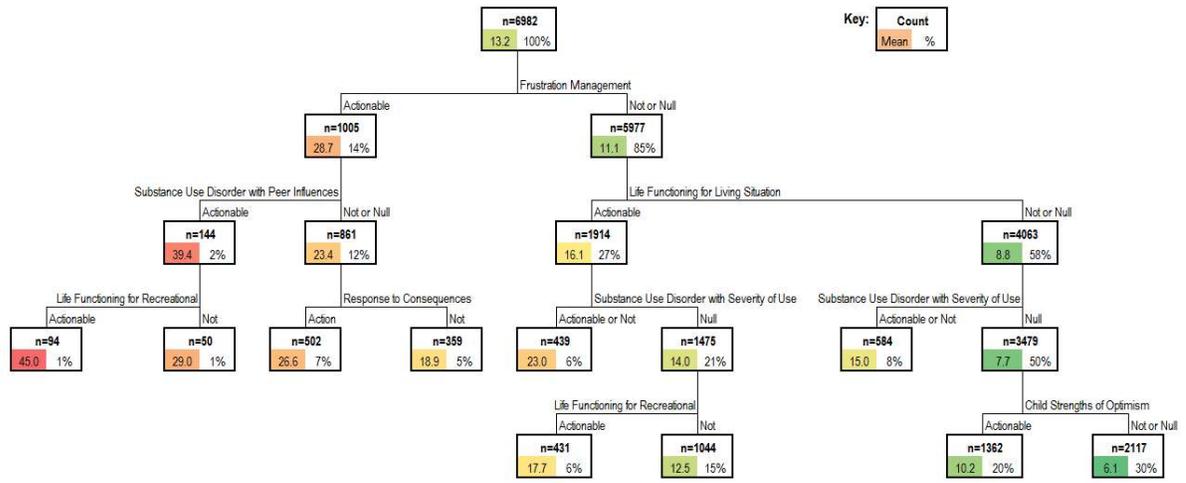
- Use Machine Learning (Neural Networks?) to identify common, rare and improbable family stories among the core 50 items
  - $2^{50} > 1,100,258,999,000,000$  possible family CANS story profiles (over 1 Quadrillion)
- Identify clusters of needs and strengths among common profiles
- Identify when items found after initial assessment are related to trust building or negative progress
- Identify which items found after the initial assessment more often lead to unplanned discharge
- Identify when one targeted items is improved, what other outcome items are likely to also improve, either simultaneously or shortly thereafter (SEM or Path)
- Large scale collaborative public health evaluations



30

# Identify Individual Profiles of High Need

Recursive partitioning results (Cordell, Snowden & Hosier, 2016)



31

## The Story of Helping

Things happen in people's lives and sometimes these events lead someone to believe that receiving care from a mental health professional might be helpful.

### Possible referral sources for adults:

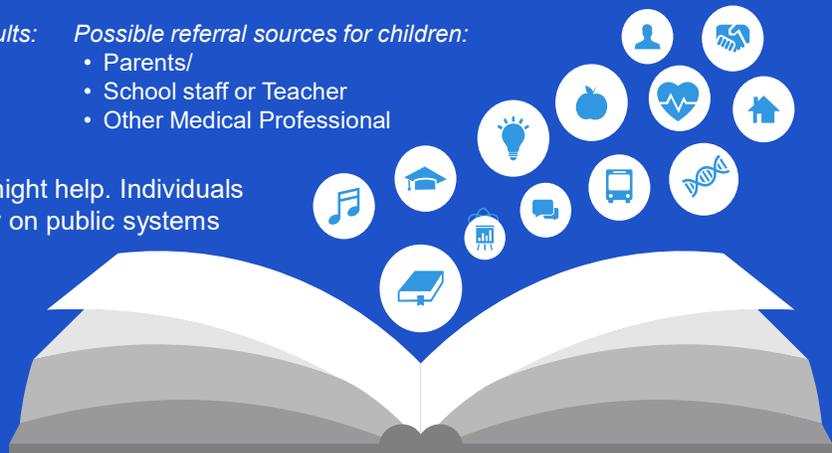
- Internal recognition of value
- Family and Friends
- Other Medical Professional

### Possible referral sources for children:

- Parents/
- School staff or Teacher
- Other Medical Professional

Adults recognize that care might help. Individuals with limited means must rely on public systems for support.

This is where the story in the system begins ...



32

ACTIONABLE NEEDS		
Background/Context Needs	Target Needs	Goals/Anticipated Outcomes
<p><b>Static needs – things that cannot change</b></p> <ul style="list-style-type: none"> <li>Identified needs that inform our focus and choice of services and supports.</li> <li>Background needs may require attention in order to prevent other needs from occurring.</li> </ul>	<p><b>Causes</b></p> <ul style="list-style-type: none"> <li>Effective services/supports around these needs will likely result in direct change of the need.</li> <li>Changes in these needs also likely to change Goals/Anticipated Outcomes.</li> <li>Plan objectives will directly target these needs.</li> <li>Can include strengths to build.</li> </ul>	<p><b>Effects</b></p> <ul style="list-style-type: none"> <li>Needs expected to shift as a result of effectively addressing the target needs.</li> </ul>
Needs we cannot change	Needs we can change	Needs that shift as the effect of change

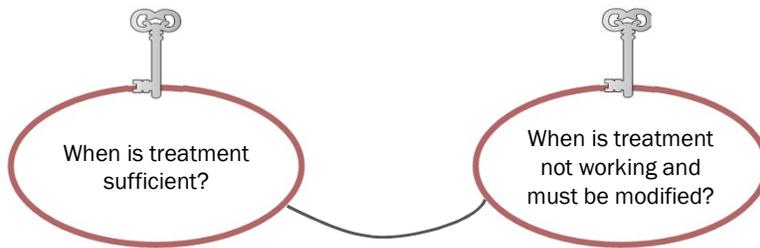
33

Centerpiece Strengths	Useful Strengths	Strengths to Build
<ul style="list-style-type: none"> <li>A well developed strength; may be used as a protective factor.</li> <li>Can be linked to a target need to facilitate change.</li> <li>Includes Safety/Acts of Protection by a parent.</li> </ul>	<ul style="list-style-type: none"> <li>Strength that is evident, but requires effort to maximize it.</li> <li>Can be linked to a target need to facilitate change.</li> <li>Includes parents' Supporting Strengths that do not meet the level of Safety.</li> </ul>	<ul style="list-style-type: none"> <li>Strengths that require building efforts before they can be useful for the individual.</li> <li>May be something important to build and by doing so, support change on a target need.</li> </ul>
When linked to need, strength effects change	When linked to need, strength effects change	If built, strength can support change

34

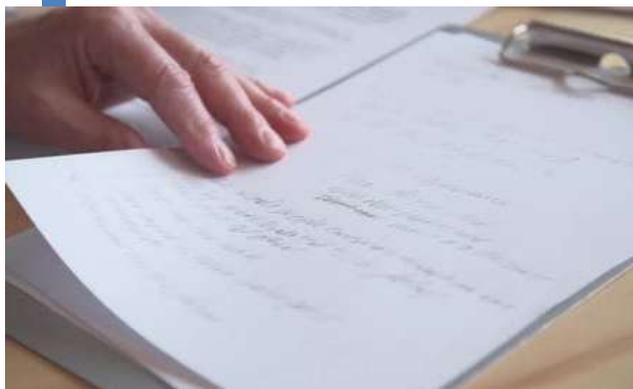
## As treatment progresses, decisions must be made.

There are always 2 key questions throughout treatment



These questions should be answered based on the changing status of the individual and family, as reflected in their evolving story.

35



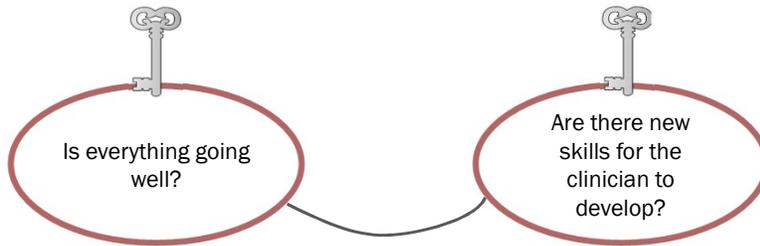
Since treatment is individualized, changes in treatment must be tailored to the continued evolution of the person or family's story. Thus, treatment plans should be adjusted **ONLY** after reviewing changes in the CANS/ANSA.

In this way, the CANS and ANSA is used to monitor treatment progress, determine when the person/family's story has changed, and decide a plan for the person/family after treatment is complete.

36

## The Clinician's story is also important

There are always 2 key questions throughout treatment



**These questions should be answered based on the changes to the stories of the people that the clinician serves.**

37

## Over the course of treatment, a clinician's supervisor is able to help

Supervisors should track the status of all cases on a supervisee's caseload and provide input when they are stuck or struggling and praise when they are successful.

The CANS and ANSA provide an efficient means for supervisors to rapidly understand the status of each case on a supervisee's caseload.

Sharing the CANS/ANSA with the people or family served helps them understand their progress or identify when they are stuck or struggling.

38

## The end of treatment should be...

..marked by a review of any progress



- Celebrate the changes made
- Develop a plan to address any ongoing needs
- Record the impact of the investment in treatment

A CANS is used to identify progress, celebrate success, and develop a plan beyond the family's experience in wraparound

39

## Learning Mindset

- Every youth and family that interacts with our system is unique test of our system.
- Those that exit can teach us about the quality and efficiency of our system.
- Those who are yet to come, represent an opportunity for us to a) confirm what we know and b) continue to improve.



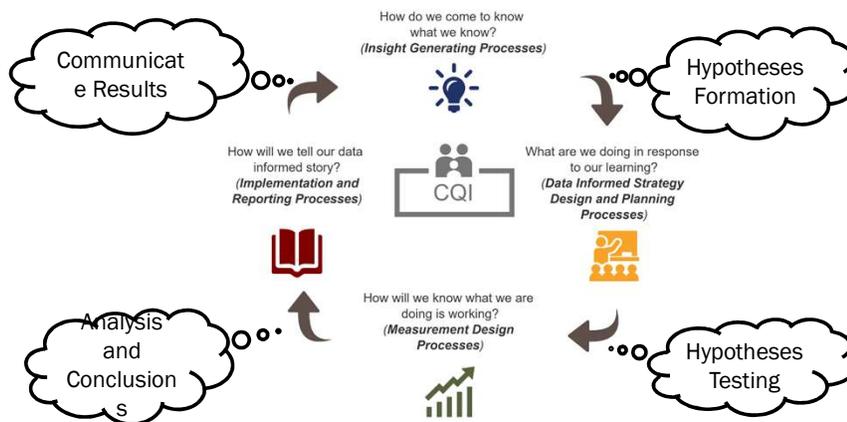
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# FCI Process



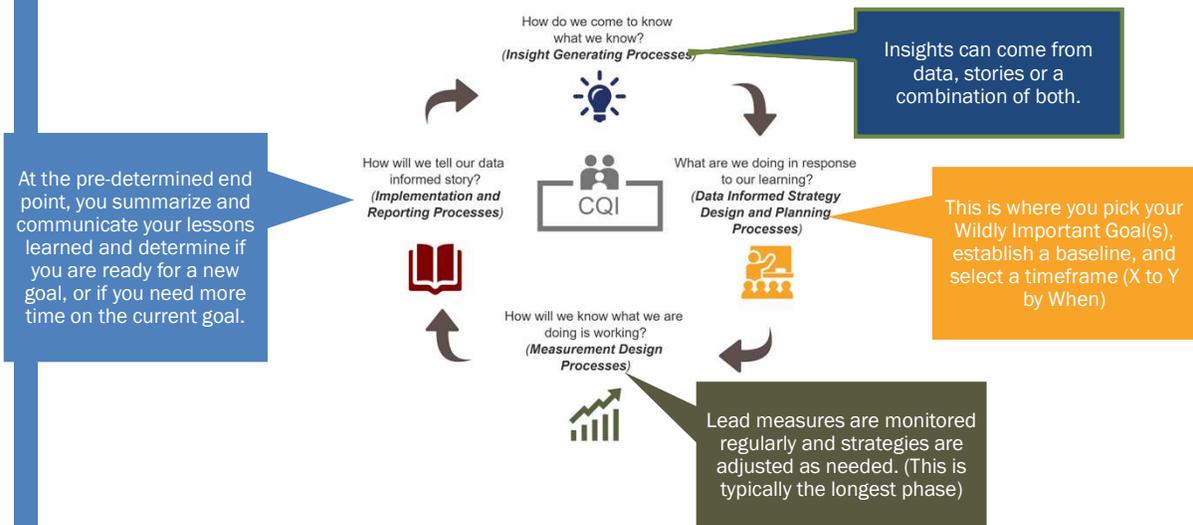
41

# FCI Process



42

# FCI Process



43

## Thank you for your time and attention!

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44