

# CANS



## Provider Tip Sheet: Using the CANS with families

The Child and Adolescent Needs and Strengths (CANS) is a tool that is used to organize information about the needs and strengths of children, youth, and their families. The CANS items help to capture the story of what is happening in the young person's life. The CANS is meant to be part of the assessment process that identifies where children and families could benefit from support. It is an important part of a consensus-based assessment that engages young people and their families in telling their story in a way that helps them feel comfortable and supported.



### Organize



- ◆ Take time to crosswalk the CANS and Comprehensive Diagnostic Assessment (CDA). As much as you can, align the CANS items with the sections of the CDA: know where the CANS and the CDA overlap; remember that one question and one response can provide answers more than one item.
- ◆ Review and learn the domains and items on the CANS. Use your CANS Reference Guide in your learning process. Being comfortable with the CANS helps in organizing and structuring your assessments and having a more natural conversations with young people and families.
- ◆ Being familiar with the CANS helps to keep conversations focused when the family bounces around to different topics.

### Engagement



- ◆ Explaining the CANS and what it is used for is a pivotal area for engagement, helping young people and their caregivers understand that their perspectives are important and needed for good care to take place.
- ◆ Explain the process of the CANS including: how the items will be discussed, how items are rated, what happens when there is disagreement on ratings, what happens to the CANS items, and who gets a copy of the CANS.
- ◆ Don't talk about a young person's needs and strengths in terms of the CANS ratings. Stay focused on people and talk instead about what the ratings mean about what is happening to the young person and their family.

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### Collaboration



- ◆ Plan how you will get to know the family with them. You can have them start anywhere in their story. Share with them when the CANS will be brought into the process to ensure that it represents their story – their needs and strengths – and how it will be used in care planning.
- ◆ Sharing the CANS between providers and working toward a single, aligned CANS is essential to the continuity of care. The CANS is the story of the young person and their family. If there is more than one provider, each with a CANS on the same person, the story of that person (the CANS) should be the same, supporting all system providers in coordinating treatment.
- ◆ Completing the CANS collaboratively means talking to the people in the child's life and having those perspectives represented in the CANS ratings. Remember that consensus on action is the primary outcome of collaborative processes.
- ◆ Engagement with young people and their families does not end with the assessment process. Engagement and collaboration with young people and their families should happen from the time they are assessed until they exit the care process.

### Consensus



- ◆ Gaining consensus means sharing the ratings on the CANS with the parties and making sure everyone agrees.
- ◆ Gaining consensus is a process, not an event. When people disagree, document the disagreements (this helps people feel heard and valued), come to some common ground. Remember to revisit the disagreement and continue to work toward agreement.

### Monitor Progress



- ◆ The CANS is updated every 90 days to provide feedback on how interventions are working, to capture new information, and to measure change and transformation. Young people's needs change over time, and one way to determine how treatment is helping is by re-assessing needs, adjusting treatment and tracking change.
- ◆ The CANS is a summary of a young person's story. If there are changes to their story, the CANS should be updated. Changes to the story can sometimes mean that the treatment plan should change as well. These updates should be done even if it is outside of the 90-day timeframe.
- ◆ The CANS is not an event; it is an organizational tool. Once the CANS is completed, it does not get re-done, it gets checked in on – items that have changed are updated and a short description of why the item rating was changed is documented.
- ◆ The CANS informs the treatment plan. Actionable needs and strengths (rated '2' and '3') are meant to be addressed in the plan. Useful strengths (rated '0' and '1') should be considered in addressing needs and could therefore be part of the plan.