Effectively Integrating CANS into Wraparound

A joint webinar hosted by the National Technical Assistance Network for Children's Behavioral Health

Kimberly Estep[1,3,5]
John S. Lyons [2,5]
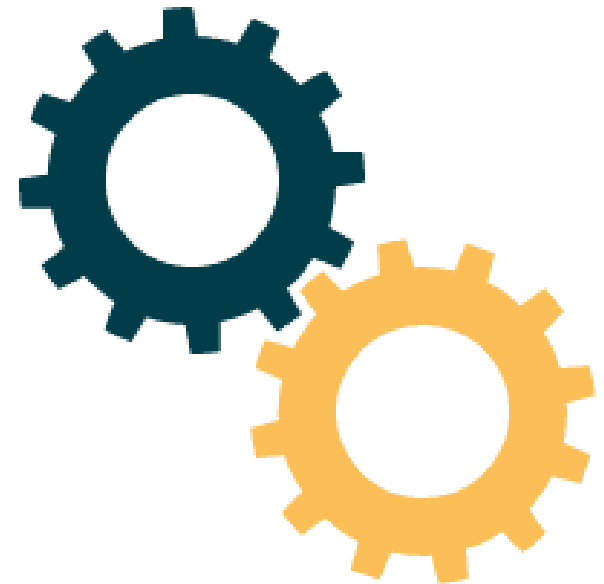**Eric J. Bruns[1,4,5]**
Michelle Zabel[1,3,5]

[1]*National Wraparound Implementation Center*
[2]*Chapin Hall at the University of Chicago*
[3]*University of Maryland School of Social Work*
[4]*University of Washington School of Medicine*
[5]*National Technical Assistance Network for Children's Behavioral Health*

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Why are we here?

The **Wraparound** process is the most common <u>practice model</u> focused on coordination of services and supports for children and youth with complex mental health needs.

The **Child and Adolescent Needs and Strengths (CANS)** is now the most widely used <u>assessment tool</u> in public systems serving children and families.

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- Many states and systems use **both** CANS and Wraparound:
  - CANS is typically used system-wide to determine service eligibility and monitor outcomes for a broad population of youth.
  - Wraparound is reserved for youth with multi-system involvement and/or the most serious and persistent needs.

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Poll Number 1

- Which response best matches your current implementation of CANS and/or Wraparound?
    – Implementing both Wraparound and CANS
    – Wraparound only
    – CANS only
    – Neither

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Poll Number 2

- For those who use Wraparound do you
  - Follow "High Fidelity Wraparound" guidelines (as per National Wraparound Initiative) very closely
  - Generally work to use High Fidelity wraparound processes
  - Use the general philosophy of wraparound but not necessarily all the components of High Fidelity Wraparound.
  - Use some other approach

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Poll Number 3

- How would you describe your state or system of care's current status of figuring out how CANS and Wraparound can work together?
  - We only have one (or neither) so it is not currently an issue
  - It has been an easy and straightforward process from the beginning
  - It was a challenge but we have figured it out
  - We are currently trying to make it work but it remains difficult
  - It has been a major challenge and we continue to struggle

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Poll Number 4: Wordcloud!

- In the Chat Box, type a BRIEF description (just a few words per entry) of the primary challenge(s).
  - We will review this information after the webinar to help us develop more follow on support to the field.

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Why are we here? (cont.)

- Chapin Hall, NWIC, and the National TA Network saw a need to develop a joint statement:
  - Guidance on how to effectively coordinate the CANS assessment within a well-implemented Wraparound process.

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What are the "Operational Frictions"?

CANS & Transformational Collaborative Outcomes Management (TCOM):

- Consensus ratings by multiple informants across a consistent set of items ("strengths" and "needs").

- Aims to achieve consensus-based assessment — *a common language framework that aids system understanding of presenting issues and impact across multiple levels (family, program, system).*

- Used for youth at all levels of care.

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What are the "Operational Frictions"?

Wraparound Care Coordination:

- Core values include being family- and youth-driven, team-based, and individualized.
- Emphasizes "idiographic" *(rather than standardized)* assessment that is individualized to the family:
  - Narrative of the family story;
  - Construction of a vision of the future *(an often metaphorical statement describing what positive transformation will look like for the family);*
  - A manageable number of needs statements describe the longstanding underlying conditions that have led to the problematic events or behaviors and around which all planning and strategizing are focused.
- At regular intervals a rating of progress toward achieving the vision and/or meeting underlying needs is obtained from the family *(e.g., on a 0-10 scale).*
- Reserved for youth with complex mental health needs.

What are the concerns?

Wraparound practitioners …

- Worry that the CANS overreliance on tools can limit creativity and leaves the family feeling washed over by the standardized "off the shelf" services and sterilized language, compromising the core value of "Family Voice and Choice."
- Another concern is that any standardized assessment process can compromise engagement.

CANS practitioners …

- Worry that Wraparound staff use "Family Voice and Choice" as an excuse for not seeking specific treatments or seeking out expertise.
- Furthermore that without a shared measurement approach, critical system partners may have less voice in the assessment process and the status of the family's goals of the treatment may not be as clear to those "outside the bubble."

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Poll Number 5

- For those who have both CANS and Wraparound, has your state or system of care received training aimed at supporting you to integrate the CANS and Wraparound in your practice?

    1. Yes, and it has been very helpful
    2. Yes, but we still struggle
    3. We plan to do so but have not yet
    4. No

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Poll Number 6

- For those who have both CANS and Wraparound, which option <u>best</u> describes your current integration of CANS and Wraparound in your work with children and families?
  - CANS is completed only to determine access to Wraparound
  - CANS is completed outside child and family team meetings but discussed within CFT meetings
  - CANS is both completed and discussed within CFT meetings
  - Completing CANS regularly is an expectation, but it is not integrated into Wraparound practice
  - Other

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The CANS is <u>not</u> intended to be the way information is collected. The CANS is intended to be <u>the process by which the information is organized, used, and communicated</u> after it is collected.

Since CANS is used for families at all levels of care, youth and families identified as having the most complex needs can and should have a unique and more intensive and individualized approach (Wraparound) for convening helpers and organizing provision of care.

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Overcoming Frictions… from the Wraparound Side

Wraparound ideally does not rely solely on idiographic measures:

- Systems of care that use Wraparound for youth with the most complex needs also require standardized measurement that provides a common language for evaluating levels of need, eligibility for services, and outcomes.

Periodic **CANS** assessment can be useful as a check against priority needs as identified by a youth/family and team:

- and contents of an initial crisis plan and Wraparound plan of care.

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- For those who have both CANS and Wraparound, how do you sequence your work? Which of these steps typically comes <u>first</u>?

    1. Use the CANS to interview the family
    2. Explain Wraparound to the family
    3. Engage the family to understand their story
    4. Engage referral sources and potential team members to understand their perspective of the situation
    5. Both 3 and 4
    6. None of the above

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- For those who have both CANS and Wraparound, which best describes what happens?

  – Hearing the family story and completing the CANS are completed separately during different interactions with the family.

  – The CANS is completed at the same time as the family's story is heard for the first time

  – The CANS is completed as a summary of the family's story and shared back to ensure accuracy and agreement.

Both Wraparound and the TCOM process of completing the CANS emphasize approaching the Engagement Phase from the perspective of listening to the family's story.
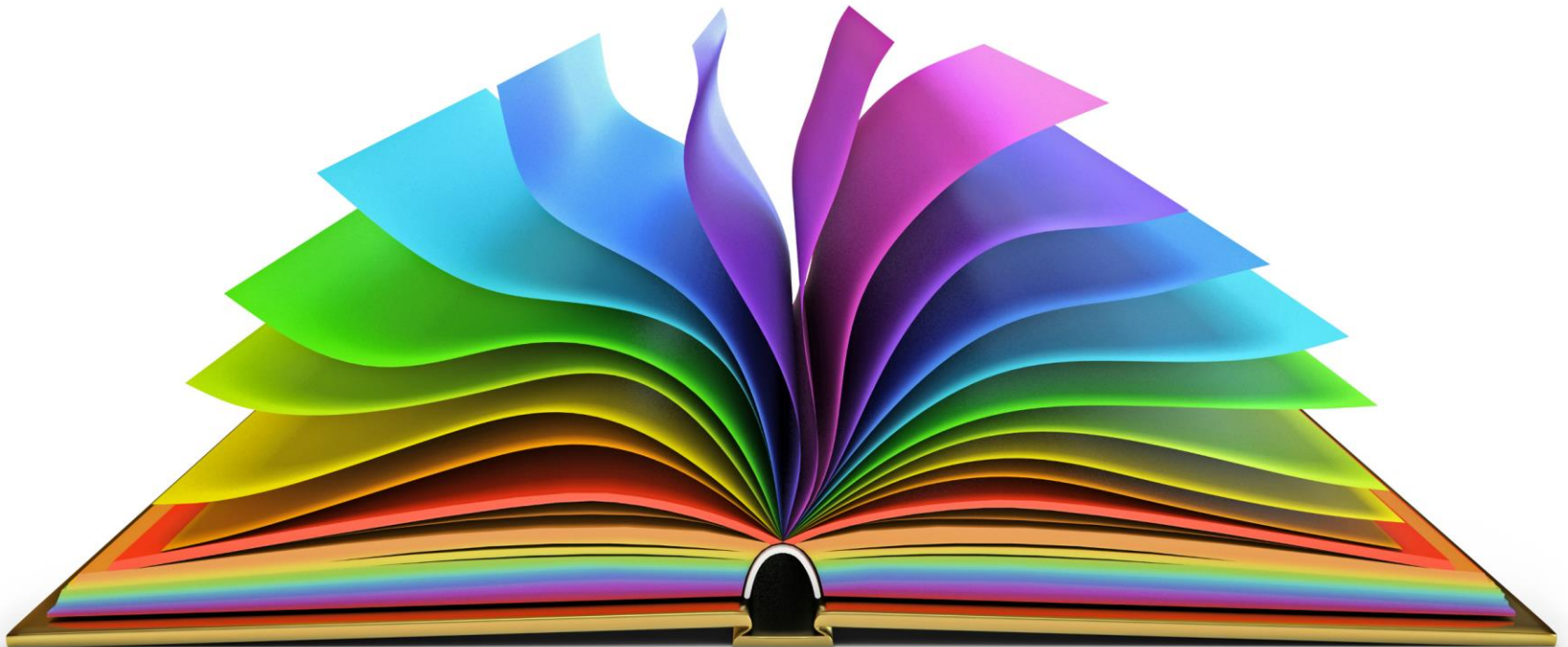
Engagement Phase

Information from multiple perspectives (youth, caregivers, potential team members) should be considered and infused into the **family's story** for both Wraparound planning
and CANS scoring.

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Engagement Phase (cont.)

D☺

- ✓ Use standardized assessment (such as the CANS) to assess eligibility for intensive services (such as Wraparound). Wraparound should be reserved for youth with the highest levels of needs that can be met in the community.

- ✓ Describe the CANS and how it will be used before and during Wraparound.

- ✓ Consider using a brief "CANS screener" for initial eligibility purposes, to reduce assessment burden.

- ✓ Complete a full baseline CANS using information from the family's story, combined with input from other sources (e.g., records, case files, referral information, relevant potential team members).

- ✓ Complete the CANS within 30 days of referral to Wraparound.

- ✓ Ensure that actionable needs (especially those that are immediately actionable) are considered for initial crisis and safety plans.

D☹N'T

- ✗ Complete the CANS by administering it item by item like a survey.

- ✗ Mandate full completion of the CANS before the family has been fully engaged.

- ✗ Review results of the CANS before the family has been fully informed about and engaged in the Wraparound process.

- ✗ Prepopulate a plan of care with CANS items at any point in the Wraparound process.

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Similar terminologies across Wraparound and the TCOM process of completing the CANS can create confusion.
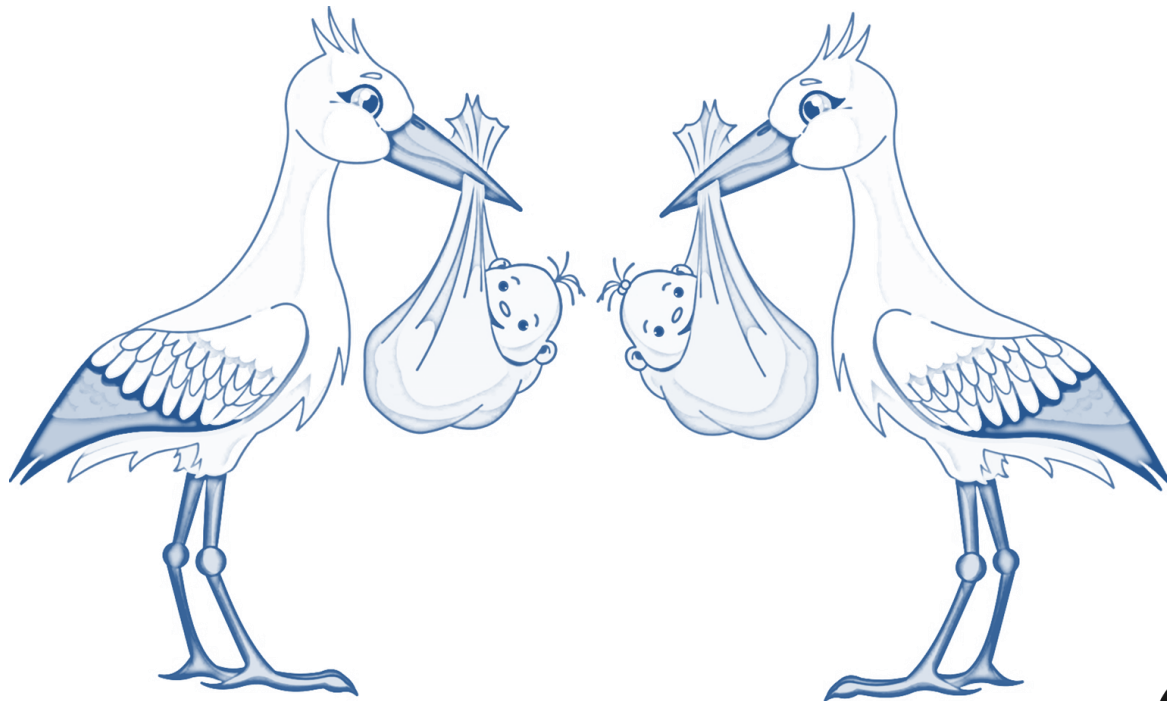
- For those who have both CANS and Wraparound, how would you describe the way you use the two philosophies' conception of "Needs" in developing plans of care?
  - "Actionable needs" from a CANS assessment and "underlying needs" in Wraparound are essentially the same.
  - We ensure that each "actionable need" from a CANS assessment is the focus of a comprehensive set of strategies in a plan of care
  - "Actionable needs" from a CANS assessment provides a comprehensive assessment while "underlying needs" statements help focus planning around 1-3 priorities for the youth and family.
  - Some other approach

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Coming to Terms With Terminology

Wraparound

"Underlying Need"

Longstanding underlying conditions that have led to the problematic events or behaviors and around which all planning and strategizing are focused.

"Needs Statement"

These are NOT deficits but instead phases that promote creativity and brainstorming of strategies.

Example: "Mathew *needs* to know people can be permanent parts of his life."

"Need"

A characteristic of a person that describes a situation where external assistance could be beneficial. A condition of the family's circumstances.

"Background Need"

The causes of the family's current circumstances.

CANS/TCOM

CANS "strengths"

are used within the planning process with a focus on either using strengths in the traditional manner of strength-based planning or building strengths that can be an equally important goal of an effective plan.

Wraparound "functional strengths"

are defined as the family's capacity to cope with difficult situations, bounce back after significant trauma, excel despite barriers, and use social supports and family rituals and traditions as sources of resilience.

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Planning Phase (cont.)

DO☺

✓ Use the CANS to help brainstorm strategies for the plan of care.

✓ Use the CANS assessment to ensure all areas identified as requiring action are addressed.

✓ Consider CANS items as an option for monitoring progress toward addressing needs in initial plan development.

✓ Ensure baseline CANS data is compiled across all Wraparound youth/families to help inform the system about types of concerns experienced by youth/ families.

✓ Consider clustering CANS actionable target needs to the family's chosen strategies as one strategy may impact multiple CANS action items.

DON'T

✗ Mistake CANS actionable needs for underlying needs in Wraparound.

✗ Attempt to develop strategies for more than a small number (e.g., one to three) of underlying needs, no matter how many actionable CANS items emerge.

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Poll Number 10

- For those who use CANS, how does your state or system of care use CANS assessment data? Choose all that apply:
  - Identify gaps in the service array
  - Understand areas of need for ongoing workforce development
  - Discussions about similarities and unique characteristics of youth across child serving systems
  - Decision Support for level of care/intensity of services/service packages
  - Monitor outcomes
  - Most or all of the above— the TCOM approach to the CANS
  - None of the above
  - Something else

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CANS-required assessments may not coincide perfectly with team meetings, which are typically every 30 to 45 days, while the CANS is typically administered every three to six months.

The CANS should be done with flexibility and should not require the family to re-tell their story.

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Implementation Phase (cont.)

DO ☺

✓ Consider whether newly identified actionable CANS items demand attention for strategy revision.

✓ At each meeting, check in on progress and satisfaction around strategies based on the CANS items that have been integrated into the care plan.

✓ At each meeting, provide a graphic representation of movement toward achieving the family's vision, meeting underlying needs, and outcomes, as well as tracking overall progress using the CANS items.

✓ Use resolved CANS items as the basis for celebration, along with progress in meeting mission, family vision, needs, and outcomes.

✓ Compile CANS data across families over time to assess level of progress for all enrolled youth at an aggregate level.

DON'T ☹

✗ Ask the family to complete the CANS via a new interview or survey at every follow-up assessment point.

✗ Spend an entire child and family team meeting (or even a large portion of one) reviewing CANS items.

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- For those who have both CANS and Wraparound, what best describes how information informs Transition decisions?
  - The decision is mostly or solely based on CANS assessment (e.g., reduction in total score or number of Actionable Needs, algorithms)
  - The decision is informed by CANS assessments, but mostly based on the family's progress toward their vision for the future, level of community resources, and own opinions about readiness.
  - The decision is based on some other factor or set of factors.

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The CANS is useful both as a way to track and celebrate the family's success as well as plan for addressing any remaining needs as the family moves forward on their journey.
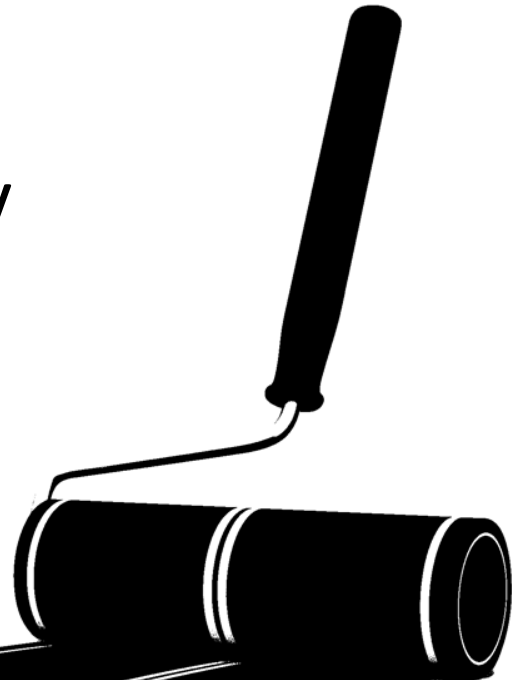
Transition Phase (cont.)

DO☺

✓ Ensure strategies connected to remaining CANS actionable items are in place and warm handoffs are provided.

✓ Ensure end-of episode/transition CANS are documented for outcome monitoring and future consideration if the need should arise.

✓ Track and celebrate all families' success around progress toward the family's vision, strength development, achieving outcome statements, and addressing underlying needs.

DON'T

✗ Use change in CANS need items as the only indicator of readiness for transition.

✗ Mistake a reduced number of actionable CANS items as an indicator of transition. The presence of just a few actionable CANS items could represent significant strain for families necessitating ongoing support needs.

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Concluding Thoughts

By following the Do's and Don'ts outlined here you can:

- Effectively use the CANS within a Wraparound process.

- Supplement the outputs of the Wraparound process.

- Inform systems of:
  - Profiles of youth and families;
  - Service gaps;
  - Needed workforce development activities;
  - Clinical and functional outcomes.

- Benefit youth and families requiring Wraparound by ensuring a broad array of relevant services and supports.

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Your turn!

Discussion and Q&A

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Thank You

SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.

Kimberly Estep
John S. Lyons
Eric J. Bruns
Michelle Zabel

www.samhsa.gov

1-877-SAMHSA-7 (1-877-726-4727) ● 1-800-487-4889 (TDD)