Reflections

CARE ACROSS COUNTIES

Implementing the Child & Adolescent Needs & Strengths Tool

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This is the second in a series of "reflections" by Trauma Transformed intended to facilitate a practice informed implementation of legislation and state mandates. This issue summarizes the challenges and strategies shared during a day-long convening of providers and county agencies across the Bay Area focused on the use of the Child and Adolescent Needs and Strengths Assessment (CANS) and the Adult Needs & Strengths Assessment (ANSA). The CANS and ANSA are part of a suite of tools guided by the Transformational Collaborative Outcomes Management (TCOM) practice model, and currently are used by many Health Care Service Agencies, Behavioral Health Care Service agencies, and county-operated and community-based providers nationally and throughout the Bay Area.

Improve Care Coordination: Focus on CANS

The State of California ushered in 2018 with a mandate for the Department of Social Services and Department of Health Care Services public systems to implement new evidence-based functional assessment and outcomes tools, including the CANS, for all youth and families receiving care across the State. This mandate is widely accepted as an opportunity for a unified strategy to communicate, address, and monitor the individual needs of children, youth and families.

However, for any new reform or policy to succeed, it must be turned into actionable steps. Too often, social workers, service providers, and those charged with translating policies into practice are left out of the design and implementation process. In this case, the mandate requires collaboration across very complex human services departments (mental health, child welfare, etc.) and it is our observation that despite decades of mandated change, effective collaborative practices remain elusive.

Most recently, we have seen this challenge in the implementation of AB 1299, which aimed to change the ways in which counties in California delivered consistent and coordinated care to child-welfare-involved youth moving across county lines. It remains to be seen whether we can collaborate across county lines to realize the promise of this reform so that children and youth do not experience lapses in care and the services they need to heal and be well. As we grapple with AB 1299 and this new CANS mandate, we find ourselves experiencing a familiar tension between holding hope for positive change and the trepidation and fatigue around implementing yet another initiative in ways that can truly transform our systems.

"Policies and innovations designed without consideration to contexts of implementation are like providing medicine through a broken syringe."

Jen Leland, Center Director, Trauma Transformed

east bay agency for children

The opportunity and challenges of implementing CANS in all counties

This mandate is an unprecedented opportunity to unify versions of the CANS so that assessments are coordinated and information can be shared across counties. Doing so would create a common language and approach to decision-making and planning to achieve better outcomes. Additionally, the creation of a unified CANS tool holds the promise of improving individual access to needed services, reducing the need for repeat assessments across services and counties, and improving access to information and the quality of data at the systems level. At its best, the CANS assessment can create a shared vision across county lines and across human services agencies and it allows us to identify the priorities of our families and youth.

Despite these opportunities, significant challenges exist to the creation of a unified CANS tool in our region and across the state. County jurisdictions have developed unique versions of the tool, which require community-based organizations (CBOs) located in multiple counties to re-administer multiple CANS versions to meet the different county requirements. Additionally, outdated technology, separate Electronic Health Records (EHR) management systems, and information sharing barriers preclude providers'

communicating about the results of a CANS assessment, which can lead to disjointed services, missed opportunities for healing and recovery, and poor coordination among providers.

Due to the way service providers are forced to meet different demands from different parties, the CANS is more often than not simply completed ''to meet county requirements'' and not for its intended purpose: to identify and address the needs of youth and families, and to establish a shared vision with our clients for care. Additionally, there can be conflicts about who "owns" the data, which also creates barriers to seamless communication between systems and providers.

For youth and families who are impacted by multiple systems, the lack of care coordination and information sharing can be crippling and trauma-inducing. The impact of discordant pathways to care is particularly difficult for youth and families in the Bay area, where mobility is higher than the state average and out-of-county placements are increasing in frequency and distance from home regions. Youth and families tell us repeatedly of practices that fall far short of the "no wrong door approach."

WHAT IS CANS?

The Child and Adolescent Needs and Strengths (CANS) Comprehensive Assessment is a multipurpose tool developed to support care planning and level of care decision-making. At the most rudimentary level, the CANS is a way to record a family's history with quantifiable measurements that can help practitioners determine how to respond. An individual designing service plans for a child or for a family unit fills out the CANS assessment like a form. However, the CANS differs from a form in that it captures more than arbitrary information. Instead, it collects valuable and reliable measurements of a client's (a child or youth) needs (areas that need to be addressed by services and supports), and strengths (areas that may not need to be addressed, or can be used to support a successful outcome). The CANS measures assessment of six life domains. These include: Behavioral/Emotional Needs Domain, Cultural Factors Domain, Risk Behaviors Domain, Caregivers Needs & Resources, Life Functioning Domain and Strengths Domain. The CANS can expand to require assessment of additional measures and domains, depending on the focus of the assessment. Using the measures assigned to each area of these domains can result in more effective management, and gives practitioners, supervisors, and other stakeholders, actionable and reliable, person-centered, and trauma informed information that's translatable into practice and service planning.

Ultimately, by seeing the CANS as more than just another compliance requirement, and by utilizing it to its full potential as a way to develop and communicate a shared understanding of what is happening for a child and family – we can arrive at leveraging the CANS towards strengthening our system with a shared vision – a shared framework of the positive outcomes for our children and families.

Implementing the CANS: From Compliance to Practice to System Transformation

For the CANS to move from form to tool for integrated practice, users and stakeholders could benefit from supports and strategies already vetted locally and shared learnings from Bay Area counties who have implemented the CANS successfully. Moving from form to tool to practice can happen on many levels as indicated in the accompanying chart.

	FORM/COMPLIANCE	TOOL	PRACTICE
CLIENT LEVEL	*"This is something I have to do in order to bill"* The CANS commonly begins as a form to complete and is seen as separate from treatment/care.	CANS is shared with youth and families and they are invited to collaboratively score the CANS. Tool informs service planning and transitions, celebrations.	Ratings become shorthand for youth/family needs and priorities with regular check ins, not just at intake and re-assessments, with supervision and at agency level.
AGENCY LEVEL	*"We have a 67% certification compliance ate at agency X"* Agencies over-focus on CANS certification rates and compliance to timelines versus quality of data collected.	Agencies begin to look at prevalence data to understand needs and priorities of the communities they are serving.	Agencies use CANS to measure outcomes and change over time for youth and families. Decision-making using CANS includes: eligibility, step-down staff training, program and investments to inform, strategic planning.
SYSTEM LEVEL	*"Legislative rules without tools"* Systems will mandate CANS without implementation supports or accountability or meaning-making.	Systems make available implementation supports and training to guide use of tool in treatment planning, supervision, and engagement. CANS is based on mass collaboration framework, so many tools available for free.	Systems use CANS data to guide decision-making, at all levels from resource management, gap analysis for services, level of care needs, place-based care coordination, cultural and language accessibility.

Although there are many challenges to truly centering youth and family needs in our delivery systems, there also are many tools, resources, and expertise to guide us through implementation of the CANS and ANSA. These resources exist on the national level (Praed Foundation/Chapin Hall), in our own regional systems of care, and within the experience and knowledge of our greatest resource - the youth and families we serve.

"What excites the family members about CANS is action levels, because 'we are so tired of people doing assessments of us and our kids that we don't think have any meaning for what we need to do about this."

John Lyons, Senior Policy Fellow, Chapin Hall and Developer of the CANS tool

Sharing implementation wisdom: Reflection Day

To address the challenge of implementing this new mandate, Trauma Transformed convened a reflection day which included seven county mental health systems and five multi-county serving non-profit provider agencies, over 35 people, to explore local challenges and best practices related to CANS implementation, engagement with youth and families and data usage for system transformation. The group consisted of agencies who have implemented the CANS and those who are just beginning the process, as well as representatives of our regional network of CANS and ANSA implementers, the Alameda County CANS Learning Collaborative, and members of the Praed/Chapin Hall TCOM team.

During the convening, Chapin Hall introduced the concept of Transformational Collaborative Outcomes Management (TCOM), a practice model that puts people at the center of programs and requires systems to focus on consensus-based assessment, collaborative treatment planning, and individual outcomes monitoring. TCOM also focuses on aggregating meaningful information about the people we serve to manage all levels of the system. But for TCOM to work, the CANS must be implemented using implementation science and effective engagement practices. TCOM implementation requires deep collaboration, ongoing communication, and taking the same kind of time at the systems level that its philosophy advocates at the individual level.

This day-long convening produced a rich array of local promising practices and insights with the goal of creating regional communities of practice enabling cross-county collaboration. The "tip sheets" and tools that accompany this brief capture just a fraction of the locally generated best practices based on the systems experiences in the seven counties implementing CANS.

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About Trauma Transformed

Trauma Transformed (T^2) is a Bay Area regional center and clearinghouse that promotes a trauma-informed, regional infrastructure to implement, sustain, and improve services for children and youth affected by trauma. Trauma and chronic stress is a pervasive public health issue that affects Bay Area residents and our human services workforce. Like people, organizations are susceptible to trauma in ways that contribute to fragmentation, reactivity, and depersonalization. T2 is particularly concerned with understanding how our systems can, directly and indirectly, induce stress for the people we serve and creating healing environments and supporting policies and practices that reduce the impact of trauma and counteract mechanisms of oppression. Trauma Transformed is uniquely positioned to support innovative systems change through multi-county and cross-system collaboration as a primary mechanism to reduce stress and foster healing for children, youth, and families. More information about Trauma Transformed and its work in our region: traumatransformed.org

For information on CANS tools and highlighted practices from the regional reflection day, please visit: www.alamedatcom.org