

BHCS Guidelines and Operational Standards for CANS/ANSA (Updated 5.20.15)

1) Background

Alameda County Behavioral Health Care Services uses the **Child Assessment of Needs and Strengths (CANS)** and the **Adult Needs and Strengths Assessment (ANSA)** as part of the assessment and treatment planning process. The CANS/ANSA are multi-purpose communication tools developed for child and adult services to support decision making, including level of care and service planning that allow for the monitoring of outcomes and goal attainment. The CANS/ANSA allows for the effective communication with the client/family to accurately represent the shared vision of the child and adult. The measure is based on research findings that “optimally effective treatment of children and youth should include both efforts to reduce symptomatology and efforts to use and build strengths” (Lyons, 2009).

CANS core domains

CANS is comprised of seven core domains. These domains reflect the different aspects that make up one’s life and vision.

- **Life Functioning:** This domain relates to the activities and relationships that are a part of everyday life including family, school, and health.
- **Strengths:** This domain relates to a child’s resources and assets. These are the positive things in the child’s life that can be used to promote healthy development and positive outcomes.
- **Caregiver Strengths & Needs:** This domain refers to areas in which the caregiver may need assistance or support in their caregiving role/responsibilities while simultaneously highlighting the areas in which the caregivers can be a resource for the child.
- **Cultural Factors:** This domain relates to the youth’s adjustment to the primary culture in which they live, including factors such as language barriers or barriers that prevent the practice of their beliefs. Culture is broadly defined to include, but not limited to race, ethnicity, sexual orientation, religion, age, gender, socio-economic status, etc.
- **Behavioral/Emotional Needs:** This domain refers to the symptoms and/or behaviors that a child may display. This is intended to capture “what” is occurring and not the reasons “why” it is occurring.
- **Risk Behaviors/Factors:** This domain relates to whether or not the child currently behaves in ways that could prove to be dangerous to him/her or others.
- **Trauma Experiences:** This domain focuses on the child’s exposure to potentially traumatic/adverse childhood experiences over their lifetime.

2) System Standards

The CANS is conducted as a conversation and is designed to integrate and communicate information from multiple sources. CANS works to empower persons at every level of the system to collaboratively identify and address the most important needs facing children and families, and to capitalize on their strengths.

The CANS is an “anti-form.” Rather than being a passive instrument for a single person to complete, it is a tool that prompts the CANS assessor to gather and integrate information from multiple sources. Given the diverse and complex nature of the children’s service system, the CANS is a uniform repository of information that allows for input from across different child serving agencies.

Annual training and certification is required for use of CANS. In order to be certified in the CANS, clinicians must demonstrate reliability on a case vignette of .70 or greater. The Praed Foundation's Collaborative Training Website at www.canstraining.com provides on-line training and certification. A standardized training protocol has been developed by Dr. Lyons that includes: video tutorials, practice tests and vignettes, printable certificates, functionality to provide reports identifying users by agency or reporting unit, functionality to provide annual reminders to account holders to complete CANS recertification.

- a) The **CANS/ANSA** will be completed with every client served in the ACBHCS System of Care for Children, Transition Age Youth, Adult and Older Adult. The information will be used to inform the client’s treatment plan and measure service outcomes.
- b) The **CANS/ANSA** will be provided in an interactive process, with the family reviewing CANS scores, in a

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client-centered and transparent manner.

- c) The **CANS/ANSA** will be provided in the preferred language of the client/family members. ACBHCS will provide CANS forms translated into the required threshold languages.
- d) Each agency will ensure that provider staff are trained and certified in the appropriate version based on population(s) served. Five versions include: CANS-Early Childhood (birth -5), CANS (6-17), ANSA-T (18-24), ANSA (25-59), and ANSA Older Adult (60+). ACBHCS will provide an initial series of trainings for all required provider staff. Each program/agency will arrange subsequent certification and recertification of their provider staff as needed.
- e) Each program/ agency will ensure that supervisors/managers are trained in the CANS and that directors/executives receive an overview of the CANS training.
- f) ACBHCS will provide an initial "Train the Trainer" program. Each program/agency will implement a sustainable "Train the Trainer" method and will follow a program/method approved by ACBHCS and the CANS developer.
- g) Any exceptions to use of the **CANS/ANSA** will require approval of ACBHCS.

3) Expectations for CANS Completion

- a) In order to phase in use of the **CANS/ANSA**, it will be completed with new clients and with current clients during treatment plan review/update.
- b) For clients with multiple MH providers ("open episodes"), each program/agency will be responsible for CANS completion based upon their respective Reporting Unit episode opening dates.
- c) All providers will be responsible for completing the CANS and will collaborate with the client, family and other ACBHCS network programs/agencies to coordinate treatment
- d) The CANS will be initially completed with the client/family within the 60 days of beginning services (admit date), but prior to the treatment plan completion date.
- e) The CANS will be reviewed and updated with the client/family a minimum of every six months from the admit date (or more frequently if clinically indicated to measure progress and revise the treatment plan) and at discharge. Reasons to review/update the CANS include changes in environment or client/family functioning.
- f) If a client is transferred from one program/agency to another, the two programs will work together to ensure that a CANS review/update is completed prior to discharge.
 - i) The "receiving" program/agency must complete an "Initial" CANS at admission.
 - ii) The "transferring" program/agency must complete a "Discharge" CANS upon closing case.

4) Documentation Standards:

- a) The CANS form will not replace the ACBHCS approved assessment forms but will supplement the assessment process
- b) The CANS will replace the CFE.
- c) Completion of the CANS with the client/family may be billed as "assessment" at any point where review/update is clinically indicated. The provider should consult the ACBHCS Documentation Manual for advice on how to document assessment activities.
- d) Once the "initial assessment" is done and signed, there can be additional episodes of "follow-up assessment" provided, again when clinically indicated. Assessment is a recurrent process, especially with children and all their developmental changes.

5) Use of CANS for Reporting and Outcomes Measurement

- a) Each program/agency will share CANS information with ACBHCS to create a reliable data set in order to improve client and system level decision making.
- b) The program/agency will capture CANS client level data electronically and transmit the data to ACBHCS CANS/ANSA Automated Data Collection and Reporting System
- c) ACBHCS will monitor completion rates and provide notices for corrective action.

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Notes

- We no longer are on a 6-month Treatment Plan cycle and historically the 6-month Treatment Plan was referred to as an “update.” Providers sometime complete an Addendum to a Treatment Plan mid-course to incorporate a change in Treatment. For example, if a client is hospitalized, upon discharge they should be assessed and the Treatment Plan should be considered if it still meets the current Mental Health needs. Sometimes, Providers reference an Addendum as a “update.” If there is an Addendum to the Treatment Plan, a CANS/ANSA should be completed when there is a significant life event that would warrant an assessment if the child’s needs and strengths for a treatment plan.
- There are no current up-to-date ACBHCS approved Assessment forms. The forms found on the Website are inadequate and misleading. QA is working on 3 Documents to be issued as examples. An Assessment, a Treatment Plan, and a Progress Note template that will meet the CA DHCS/ACBHCS requirements. The CANS will not replace the CA DHCS/ACBHCS Documentation Standards and Regulations but will supplement the Assessment process.” The Providers have been trained for the past 4 years to adhere to the Documentation Manual as a guide to their charting.

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