The Child and Adolescent Needs and Strengths (CANS) Instrument:
A Brief Synopsis of the Instrument and its Utility for Maryland

The Child and Adolescent Needs and Strengths (CANS) instrument was developed for youth services for the following purposes:

- To support decision making, including level of care and service planning,
- To facilitate quality improvement initiatives, and
- To allow for the monitoring of outcomes of services.

The CANS assesses youth functioning in major life domains, strengths, emotional and behavioral needs, and risk behaviors, in addition to caregiver strengths and needs. Versions of the CANS are currently being used in 27 states with child welfare, mental health, juvenile justice, and early intervention applications.

Why was the CANS adopted?
The CANS is being used in jurisdictions throughout Maryland and is recommended for use in several systems of care initiatives funded by the Children's Cabinet. Care management entities (CME) that provide intensive care coordination using a Wraparound service delivery model are required to administer the CANS every three months. Group homes and treatment foster care (TFC) agencies are currently required to complete the CANS assessment for youth in their programs every three months and enter the CANS data into CSOMS. While several highly regarded assessment tools are available, the CANS was adopted in 2005 by the Children's Cabinet for specific interagency initiatives for four primary reasons:

- ***Appropriateness for use with youth ages 5 to 18.*** The CANS has demonstrated reliability and validity with this population, and can also be used with the transition-age youth population.
- ***Ease of administration*** (after completion of training). It is easy to learn how to use the CANS. The tool requires approximately 10-20 minutes to complete, once the administrator has developed a relationship with the youth and family or if the administrator has access to a complete profile.
- ***Utility of scores in developing a profile of strengths and needs***. The CANS is well liked by parents, providers, and other partners in the services system, because it is easy to understand and facilitates discussion important to case conceptualization and treatment planning.
- ***Accessibility, in terms of both cost and manual availability***. The CANS is an open domain tool that is free for anyone to use. With training, anyone with relevant expertise and knowledge of the youth and family can learn to complete the tool reliably.

How does the CANS work?
The CANS provides a common language among the diverse array of stakeholders and facilitates links between the assessment process and the design of individualized service plans. Each item on the CANS suggests areas requiring service planning. This allows the CANS to be used as a care

planning tool to identify an array of home- and community-based services and supports, including natural supports and evidence-based and promising practices.

How can the CANS help improve care and services?
The CANS has three primary uses—as a decision support tool, quality improvement tool and as an outcome monitoring tool.

Decision Support Tool. The CANS can be used by child and family teams to develop more individualized and ultimately more effective treatment plans and service plans. Additional decision support applications can be integrated into Family Involvement Meetings (FIM) at intake and change of placement. Specifically, algorithms could be developed according to local service delivery systems and cultures. The applications of CANS-based decision algorithms have documented benefits to service systems. When the CANS was used in other states, youth experienced greater placement stability and were more likely to return to home care. Furthermore, youth who were matched to care based on a CANS algorithm showed greater improvements in functioning and behavior than those who were not. Use of a CANS decision support model has also been shown to lead to fiscal benefits. In Illinois, use of a simple decision support model for residential treatment resulted in savings of approximately $80 million per year in residential treatment in the late 1990s. In Philadelphia, use of a decision support model for treatment foster care reduced lengths of stay and saved the city $11 million in the first year of use[1].

Quality Improvement Tool. As a quality improvement tool, a number of settings have utilized a fidelity model approach to look at service/treatment/action planning based on the CANS instrument. A high rating on a CANS need item suggests that this area must be addressed in the service plan. On strength items, a low rating identifies a strength that can be used for strength-based planning and a high rating indicates a strength that should be the focus on strength-building activities.

Outcome Monitoring Tool. As an outcome monitoring tool, the CANS may be used by the larger systems of care to track aggregate improvement by youth and families. CANS section scores have been shown to be valid outcome measures in residential treatment, intensive community treatment[2], foster care and treatment foster care, community mental health, and juvenile justice programs. Ultimately, utilizing treatment plans guided by the CANS can lead to reduced duration in care and increased rate of permanency achievement.

In Conclusion...
The CANS has been used across Maryland for over four years with very positive responses from family members, practitioners, agency staff, and others. It has considerable potential to be used to further Maryland's data-driven decision-making processes and to support practice improvement efforts that emphasize family-centered planning and care. It is a natural fit with Maryland Family Centered Practice initiative in that it promotes the development of individualized, strength-based, community-focused, child- and family-driven treatment plans.

[1,2] Lyons, J. (2009). *CANS Executive Summary*