Washington State Health Care Authority

What is the CANS and how is it used?

The Child and Adolescent Needs and Strengths (CANS) is a multi-purpose tool that was developed by the Praed Foundation. The purpose of the CANS is to accurately represent the shared vision of a young person, their family, and the systems that are serving them.

Often, a family's first experience with the CANS is when they complete their initial CANS screen to determine if Wraparound with Intensive Services (WISe) is a good fit for the youth. After enrollment, CANS acts as a communication tool throughout the team-based planning process that helps team members stay on the same page regarding a youth and family's strengths and needs.

The CANS is designed to capture and organize information about strengths and needs for youth and family within various areas of life including family, social, education/work, behavioral health, basic needs, etc. These life areas are broken down into specific strengths and needs "items" which are rated using a scale of 0-3. The ratings captured on the CANS should not be seen as a judgment of a young person and their family, but as the communication of "what" is happening in their lives. This canguide the team during the planning process of WISe. The WISe planning process includes developing one plan for all the systems the youth is involved in (The Cross System Care Plan) and working with youth and families to support them in reaching their self defined goals.

How is the CANS different from traditional assessments?

Historically, assessment tools have been used on youth and families in isolation by a single provider, and they often use deficit-based language and phrasing. The CANS is intended to be used with youth and families in a collaborative way by building a consensus on ratings with the youth, family, and team. The CANS focuses on needs rather than deficits, and highlights strengths in addition to needs.

How are strengths captured on the CANS, and how can the team use this information in planning?

Strengths are fundamental in developing plans in WISe. Strength items on the CANS are rated as a 0, 1, 2, or 3 by recognizing how each strength item is actively exercised in a youth and family's life.

Reed, 16-year-old enrolled in	Mark, Reed's PE teacher and a	Eddie, Reed's best friend and
WISe	member of th WISe team	a member of the WISe team
"I like to play basketball with my friends."	"Basketball seems to mean a lot to Reed. This year he made the Varsity team. Last week Reed was in the gym until 7:00pm practicing from the free throw line."	"Reed is always talking about basketball. He says that he's going to get a full scholarship at the end of his senior year, and he is committed. We all think he's going to do it."

Here is an example of how strengths might be used for care planning. In this example we have Reed, a 16 year old who likes to play basketball.

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By considering the perspectives of all team members, the CANS rater can determine that Reed possesses a strength in "Talents and Interests" which is an item in the strengths area of the CANS. This strength may be able to be used in a meaningful way in Reed's Cross-System Care Plan.

0	1	2	3
Centerpiece strength	Strength present	Identified strength	No strength identified

After some conversation, the team creates a plan that is largely centered around Reed's goal to become a college basketball player. Now that this strength is being used in a way that contributes to Reed's development and goals, his strength rating in "Talents and Interests" is captured as a "O", or centerpiece strength.

A family may have a rating of "3", or "No Strengths Identified" in some CANS items. This does not mean that the family has failed or that the tool is suggesting that a family has a shortcoming. Items on the CANS should be seen as potential areas of focus that may aid the team in developing a plan of care. The voice, culture, and values of youth and families is central to planning in the WISe process, and the CANS should never replace or be prioritized over family and youth voice and choice.

How are needs captured on the CANS, and how can the team use this information in planning?

Needs are also captured using a scale of 0-3. The needs section is intended to identify the areas of life where youth and families may need support to meet their self-identified goals.

0	1	2	3
No evidence of a need	Possible need, but not interfering with life	Need is interfering with life	Debilitating level of need

Like the strengths example, the CANS rater will use conversations with the youth, family, and team, to capture areas of need using the scale above. These ratings are designed to measure needs in a way that recognizes the impact a specific need has on a youth and family's quality of life. The team works together to determine which needs are prioritized and addressed on the care plan.

How is CANS data used?

Over time, the information captured through the CANS shows the changes that have taken place while the youth and family have been enrolled in WISe. The CANS is updated every 90 days with the youth and family. The CANS is completed by a certified CANS rater who is typically a member of the WISe team. By comparing the information captured on the CANS over the course of a youth and family's experience in WISe, the team can paint a larger picture of the increased strengths and decreased needs of the youth and family.

The data collected by the state works in a similar fashion, but on a much larger scale. The information collected can lend insight to the effectiveness of WISe across the state and help identify gaps in systems and supports in specific regions. Protected health information and details about you and your family will never be shared without your consent.

To learn more about the CANS, you can visit the Praed foundation's website, or ask your WISe provider. The versions of CANS used in WISe state are called CANS 5- 20, and CANS Birth to 5. These can be found on the Health Care Authority's website.

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