

Effectively Integrating the CANS into the Wraparound Process

A joint statement from: Chapin Hall at the University of Chicago, The National Wraparound Initiative (NWI), The National Wraparound Implementation Center (NWIC), and The John Praed Foundation

INTRODUCTION

The Wraparound process is the most common practice model focused on coordination of services and supports for children and youth with complex behavioral health needs. Meanwhile, the Child and Adolescent Needs and Strengths (CANS) is now the most widely used assessment tool in public systems serving children and families. Given the increasing number of states and systems using both approaches, it is increasingly common for the CANS to be mandated for use within Wraparound programs around the country.

In states and systems that use both approaches, the CANS is typically used system-wide to determine service eligibility and monitor outcomes for a broad population of youth presenting with behavioral health needs, while Wraparound is reserved for youth with multi-system involvement and/or the most serious and persistent needs. Some states, systems, and provider organizations have determined how the Wraparound process and the CANS

assessment — and its Transformational Collaborative Outcomes Management (TCOM) philosophy — can co-exist and even enhance each other. However, others have struggled, undermining the positive impact of both implementation efforts.

It is our perspective that these tensions arise mostly from misunderstandings of how the two strategies should be implemented, both individually and collectively. As such, Chapin Hall and NWIC have teamed up to develop the current joint statement, which aims to provide guidance on how to effectively coordinate the CANS assessment within a well-implemented Wraparound process. The document begins with a brief summary of how subtle differences in the Wraparound and TCOM philosophies may raise “operational frictions” and problems in practice. We go on to describe potential ways to effectively coordinate the CANS assessment with Wraparound practice across the four phases of Wraparound.

PERCEIVED PHILOSOPHICAL DIFFERENCES AND ‘OPERATIONAL FRICTIONS’

The CANS aims to be more than an assessment tool. Its underlying theory of Transformational Collaborative Outcomes Management (TCOM) refers to continuously aligning the work of all persons with the identified strengths and needs of children and families at all levels of the system. In the TCOM philosophy, consensus ratings by multiple informants across a consistent and comprehensive set of items (“strengths” and “needs”) help achieve consensus-based assessment — a common language framework that aids system understanding of presenting issues, impact, and effectiveness across multiple levels (family, program, system).

Somewhat contrasting, Wraparound’s core values include being family- and youth-driven, team-based, and individualized.

These principles lead Wraparound practice to emphasize “idiographic” (rather than standardized) assessment that

is individualized to the family. Examples include a recorded narrative of the family story (how, in its own words, the family came to be enrolled in an intensive Wraparound process); construction of a vision of the future that provides an often metaphorical statement describing what positive transformation will look like for the family; and a manageable number of needs statements (different from “needs items” on the CANS), which describe the longstanding underlying conditions that have led to the problematic events or behaviors and around which all planning and strategizing are focused.

“In the TCOM philosophy, consensus ratings by multiple informants across a consistent and comprehensive set of items help achieve consensus-based assessment — a common language framework that aids understanding across multiple levels (family, program, system).”

The team must come to an individualized understanding of the presenting challenges in the context of the family's history around what has brought them to the system and language that is unique to the child and family team. The family vision and underlying needs also provide the basis for measurement: At regular intervals (e.g., each team meeting), 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).

Because of these contrasting points of emphasis, achievement of the two philosophies' core objectives may be lost if only one philosophy is emphasized. Leaders and practitioners oriented to using the CANS and TCOM philosophy have observed that Wraparound practitioners are sometimes hesitant to use standardized, consensus-based assessment approaches to care planning. Adherents to the TCOM approach express concern that without use of a quantitative assessment using a consistent item bank, reliable, objective mechanisms to determine eligibility and learn from implementation may be lost. Moreover, without a shared measurement approach, critical system partners may have less voice in the assessment process and the status of the family's goals for treatment may not be as clear to those "outside the bubble" of the team. In the absence of documentation of the family's status using

a common language, providers may refer to the principle of "family voice and choice" as an excuse for not seeking specific treatments that may be helpful, or for bringing system expertise to bear on problems highlighted by the CANS assessment.

On the other side of the coin, individuals trained in Wraparound often express concern that basing planning and implementation on a standardized set of items can feel expert-driven, and that asking or reviewing a lengthy list of assessment items can interfere with engagement. Overreliance on such tools also can reduce creativity in planning and create missed opportunities for reframing the family's narrative in new ways (such as being framed in terms of unmet needs rather than clinical problems). In extreme examples, practitioners have reported that "the CANS drives the plan," with quantitative ratings of items leading to "cookie-cutter" plans of care that just plug in specific "off-the-shelf" services and does not seek creative strategies that have never been tried before and/or that may rely on natural helpers. Furthermore, care planning via formal assessment often leaves the family feeling like their unique and most important problems are washed over when sterilized within the language of the assessment.

OVERCOMING FRICTIONS AND IMPROVING PRACTICE ACROSS THE PHASES OF WRAPAROUND

“Although the CANS and Wraparound may be based on somewhat different underlying philosophies, the two underlying worldviews are actually more convergent than divergent.”

Although the CANS and Wraparound may be based on somewhat different underlying philosophies, the two underlying worldviews are actually more convergent than divergent. Because the CANS is typically used across youth with all levels of complexity, youth

and families identified as having the most complex needs

require an approach such as Wraparound for convening helpers and organizing provision of care. Meanwhile, Wraparound ideally does not rely solely on idiographic measures — systems of care that use Wraparound for youth with the most complex needs require standardized measurement that provides a common language for evaluating levels of need, eligibility for services, and degree of impact. Below, we discuss recommendations regarding how to integrate the two approaches in practice across the four phases of Wraparound.

ENGAGEMENT PHASE

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. Attempting a CANS assessment as if it were an interview can interfere with the process of allowing family members to tell their story in their words and can interfere with engagement and collaboration. Thus, it is important to remember that the CANS is not intended to be the process by which information is collected. The CANS is intended to be the process by which information is organized, used, and communicated after it has been collected. It is an information integration approach rather than a discovery process in and of itself. The CANS

simply provides a common language framework that provides another method of communicating, within and outside of the child-family team.

Related to the issue of engagement is the use of consensus-based assessment. The CANS and TCOM emphasize collaborative approaches at all levels of the system, including with children and families. Information from

“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.”

multiple perspectives (potential team members) should be considered and infused into the family's story for both Wraparound and CANS scoring. For example, sometimes a child's story of their school experience is different than school personnel's story of the child. In both Wraparound and TCOM, it is the responsibility of the practitioner to help all members of the team come to a shared understanding of the family's story as well as contribute to

its development. Well after initial meetings with the family, after initial needs statements have been developed and after team members (including critical system partners) have been identified, reviewing actionable needs and useful strengths on the CANS can be informative for ensuring a robust strategy brainstorming process within the child and family team meeting, as the team prepares for the next phase: planning.

Engagement Phase Do's and Don't's



Do:

- ▶ 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.



Don'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.

PLANNING PHASE

“Similar terminologies across Wraparound and the TCOM process of completing the CANS can create confusion among practitioners.”

Similar terminologies across Wraparound and the TCOM process of completing the CANS can create confusion among practitioners. The major difference is in the use of the words “underlying needs” within the Wraparound process and the use of the word “need”

as implied in the CANS. In Wraparound, underlying needs are defined as:

- *The set of conditions that cause a behavior or condition to occur or not occur and explain the underlying reasons why behaviors or situations occur.*

Needs statements in Wraparound are not deficits or a need for services. Ideally, they are phrased in a manner

that changes the narrative around the presenting problems (while still getting at the root of the issue) and promotes creative brainstorming of strategies to address the need. Examples include, “Matthew needs to know people can be permanent parts of his life,”¹ or “Miguel needs to know that he can be strong and peaceful at the same time.”² On the other hand, the definition of a “need” on the CANS is:

- *A characteristic of a person (within an environment) that describes a situation where external assistance could be beneficial. It is the interaction of the person and environment that is key to understanding the presence of a need. Although the personal characteristics might directly create a need, it is MORE LIKELY that the person's environment effects the expression of that need. And although environmental characteristics might directly create a need, it is more likely that the presence of specific personal characteristics affects the expression of the need in a particular environment.*

¹As opposed to “Matthew needs trauma-focused therapy” or “Matthew needs to be able to cope with his history of abuse.”

²As opposed to “Miguel needs anger management classes” or “Miguel needs to learn how to control his anger.”

As such, it has been said that in TCOM the need is “the what” — a condition of the family’s circumstances, while in Wraparound, the underlying need is “the why” — an explanation of the cause of the family’s circumstance. As a simple example, a family might have problems with housing stability and the need would be rated a “2” on residential stability on the CANS, while residential stability in Wraparound would be considered a manifestation of some underlying need that should be addressed through an understanding of the family’s history and the reason behind the instability.

For example, if residential stability was the result of substance use, potential child protective service intervention, and subsequent job instability, in Wraparound those underlying issues would be addressed through identification of a potential underlying need, such as “Mr. Thomas needs to know he can meet the daily demands of his family while sober.” While recognizing in this example that more CANS items also would be endorsed, those CANS items can be used to remind the team that strategies brainstormed to meet any specific need or needs should incorporate considerations around residential stability as well as the other endorsed CANS items this scenario would demand. (Remember that Wraparound is reserved for those families whose needs are complex and persistent, and rarely would residential stability be the sole issue for youth referred.)

Although these conceptualizations of need are quite different, the Planning Phase of Wraparound can accommodate both standardized measurement (e.g., via the CANS) and strategizing around a small number of

underlying needs statements. A practitioner can benefit from both a comprehensive, standardized assessment of the family’s current circumstances (needs in the TCOM sense) while also focusing planning around one to three priority underlying needs, used as a basis for helping the team understand the family’s perspective while focusing and reframing the family’s situation. In the TCOM planning approach, the Wraparound underlying needs statement allows for the identification of what TCOM refers to as the background needs (the causes of the family’s current circumstances). In Wraparound, standardized assessments can ensure that, although planning focuses on developing creative strategies to address deep needs, the team is not overlooking any issues that may require intervention. Standardized assessment also can provide a helpful baseline against which progress is evaluated (along with ratings of progress toward meeting underlying needs).

In addition, confusion around strengths as identified in CANS and functional strengths used in Wraparound exists among practitioners. Strengths as identified on the CANS 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. In Wraparound, however, 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. As with the underlying needs, Wraparound processes emphasize a highly individualized idiographic understanding of strengths while the CANS applies a common language framework.

Planning Phase Do's and Don'ts



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.

IMPLEMENTATION PHASE

Hallmarks of the Implementation Phase of Wraparound are the “4 A’s”: (1) Review Accomplishments —what we have done and what’s been going well. (2) Assess whether the plan is working to meet underlying needs. (3) Adjust things that aren’t working. (4) Assign new tasks to team members. Part of the process of assessing progress is to assign a rating of how close the team is to meeting the identified needs, achieving the team mission, how close the family is to achieving its vision for the future, and whether behaviors/situations are changing (outcome statements). While CANS-required assessments may not coincide perfectly with team meetings (team meetings are typically every 30 to 45 days, while the CANS is typically administered every three to six months), updating

the CANS should be done flexibly, when changes to the child and family environment occur.

“The family does not need to retell their story to update the CANS.”

Sometimes practitioners misunderstand the recommended process for updating the CANS and thus apply a process that is potentially inconsistent with the Wraparound process and TCOM philosophy. The family does not need to retell their story to update the CANS. All that needs to happen is at check-in with the family and team, determine which, if any, CANS needs have been resolved, whether new CANS needs have been identified, and the status of existing strengths or any efforts to build new strengths.

Implementation Phase Do's and Don't's



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,



Don't:

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

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

TRANSITION PHASE

Wraparound's truest success is achieved when families can carry on their lives doing things all families enjoy and where their needs and available resources are matched. Like all other publicly funded approaches, Wraparound practitioners should keep the long-term goals in mind and begin planning around building community resources as a part of the engagement process. The stage is set for this transition early in the Wraparound process, when a vision

“A record of progress across multiple CANS assessments also may be useful for the family as they seek help from systems in the future.”

for the future and underlying needs to be addressed are described and recorded. Meaningful

progress toward these outcomes and increased community resources are considered the best representation of readiness to transition out of the full Wraparound process. The CANS is useful both as a way to celebrate the family's successes and plan for addressing any remaining needs and strengths as the family moves forward on their journey. Identifying strengths that have been successfully developed or needs that have been addressed is a great way to help the family realize their progress. A record of progress across multiple CANS assessments also may be useful for the family as they seek help from systems in the future, as a way of explaining its progress and its needs over time.

Transition Phase Do's and Don'ts



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.

In sum, following the do's and don'ts as outlined above should make it possible for an effective use of the CANS within a Wraparound process that does not interfere with or redirect that process or in any way lessen the impact of Wraparound. Instead, the CANS can supplement the outputs of the Wraparound process by providing an alternative, more standardized approach to building a profile of the family and its progress outside the team. At organizational and systems levels, the CANS also can

be used effectively to inform systems of profiles of youth and families served, service gaps, needed workforce development activities, and clinical and functional outcomes across the system. Such use of CANS data can greatly benefit youth and families requiring a Wraparound level of intensity and ensure they have access to a broad array of effective and relevant services and supports, so they can thrive and live together in the community.



www.nwic.org



<https://praedfoundation.org/>



<https://nwi.pdx.edu/>



<https://www.chapinhall.org/>

Authors: Estep, K., Lyons, J.S., Bruns, E.J., & Zabel, M.D. (2019). Effectively Integrating the CANS into the Wraparound Process. Baltimore, MD: National Technical Assistance Network for Children's Behavioral Health.