



# Using administrative CANS data for benchmarking and outcomes monitoring in state-wide Wraparound initiatives

Eric J. Bruns

Jennifer Schurer Coldiron

Spencer Hensley

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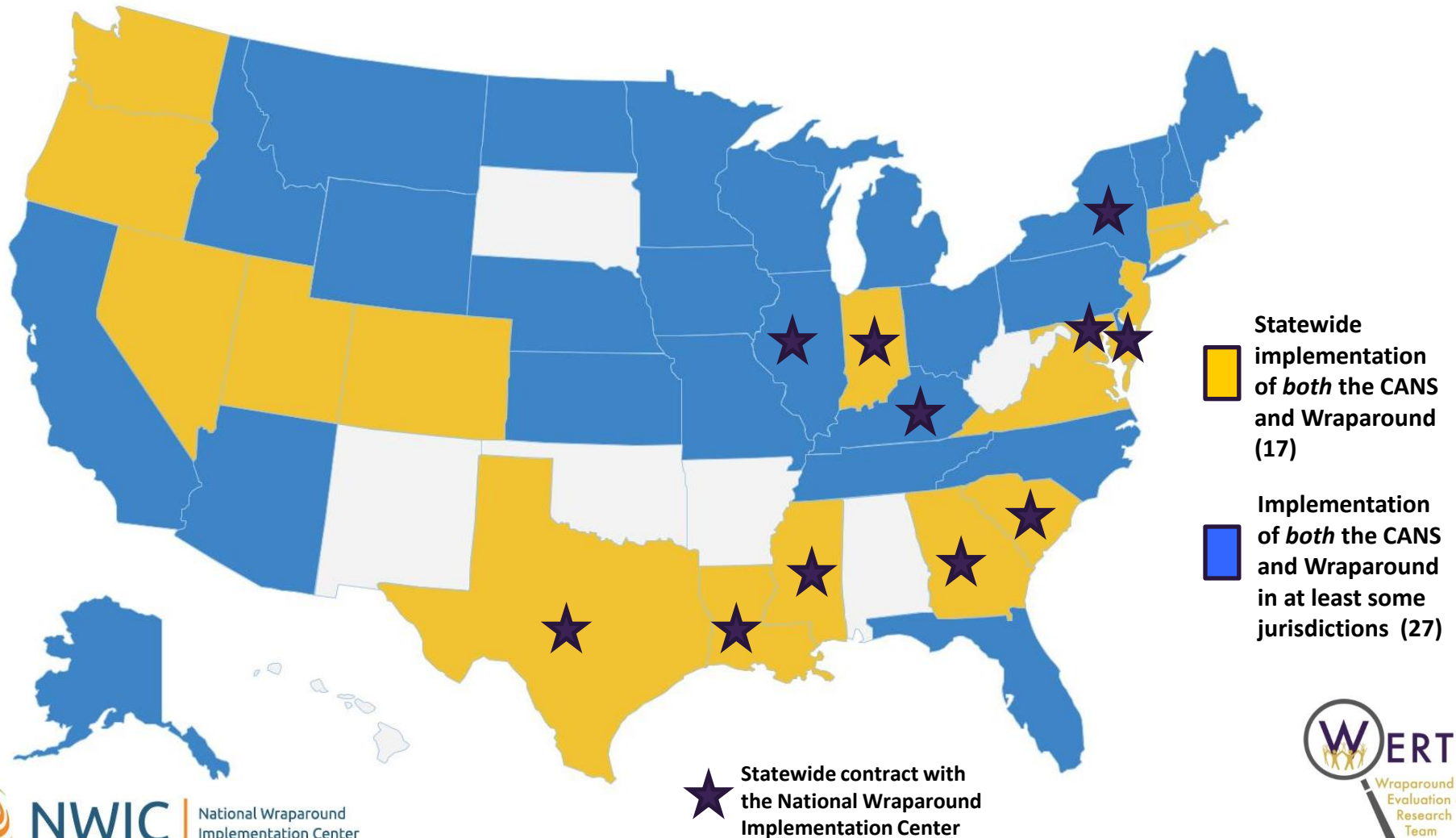


Wraparound Evaluation & Research Team  
2815 Eastlake Avenue East Suite 200 · Seattle, WA 98102  
P: (206) 685-2085 · F: (206) 685-3430  
[www.depts.washington.edu/wrapeval](http://www.depts.washington.edu/wrapeval)

# CANS is one of many assessments of youth functioning used in SOCs

- Developed by Dr. John Lyons
- Often customized for each site
  - Comprised of 40-50 core items, divided into 5-6 domains
  - In-depth modules can also be used for more information on topics relevant to the particular youth
- A professional administers the tool based on their knowledge of the youth and family, typically every 3-6 months from enrollment
  - Needs are rated from 0, “No evidence” to 3, “Immediate/Intensive Action Needed”
  - Strengths are scored from 0, “Centerpiece Strength” to 3, “No Strength Identified”

# CANS and Wraparound are being implemented in nearly every state



# CANS and Wraparound: Points of connection

- Focus on the whole family, not just the “identified child”
- Base planning on presence of Needs and Strengths rather than symptoms or deficits
- Aim to identify issues that demand action (Needs) or that could be leveraged into productive strategies that bolster the family’s existing capacities (Strengths)

# CANS and Wraparound: Points of connection

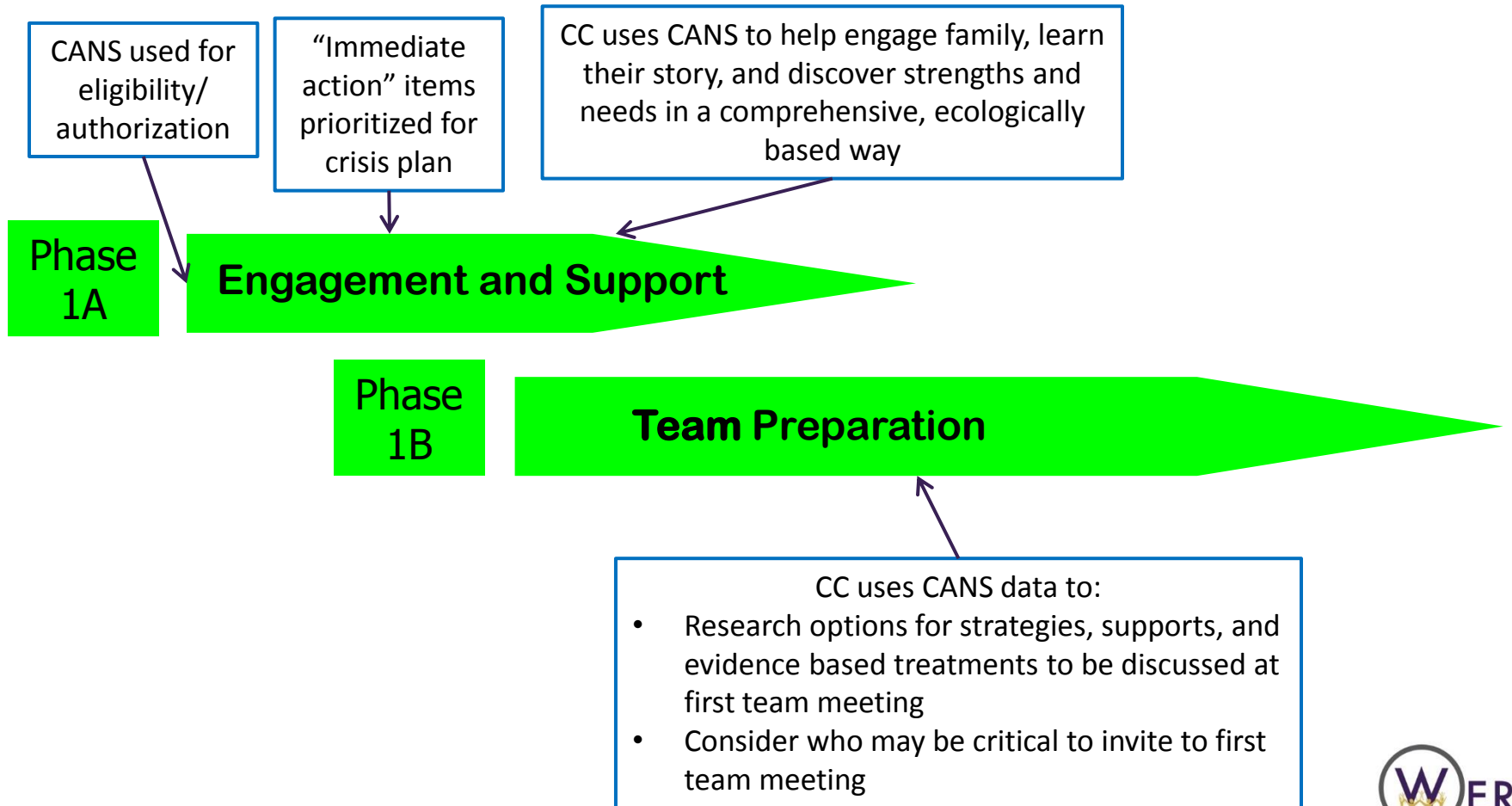
- Data-informed planning
- Measurement-based treatment to target
- Accountability
- Promoting transparency
- Teamwork
- Individualization of care

# Decision support promoted by CANS

	Family and Youth	Program	System
<b>Decision Support</b>	<ul style="list-style-type: none"> <li>• Care planning</li> <li>• Effective practices</li> <li>• Selection of EBPs</li> </ul>	<ul style="list-style-type: none"> <li>• Eligibility</li> <li>• Step-down</li> <li>• Transition</li> </ul>	<ul style="list-style-type: none"> <li>• Resource Management</li> <li>• Right-sizing</li> </ul>
<b>Outcome Monitoring</b>	<ul style="list-style-type: none"> <li>• Service transitions</li> <li>• Celebrations</li> <li>• Plan of care revision</li> </ul>	<ul style="list-style-type: none"> <li>• Evaluation of Outcomes</li> </ul>	<ul style="list-style-type: none"> <li>• Evaluation</li> <li>• Provider profiles</li> <li>• Performance contracting</li> </ul>
<b>Quality Improvement</b>	<ul style="list-style-type: none"> <li>• Care management</li> <li>• Supervision</li> </ul>	<ul style="list-style-type: none"> <li>• Continuous quality improvement</li> <li>• Program redesign</li> </ul>	<ul style="list-style-type: none"> <li>• Transformation</li> <li>• Business model design</li> </ul>

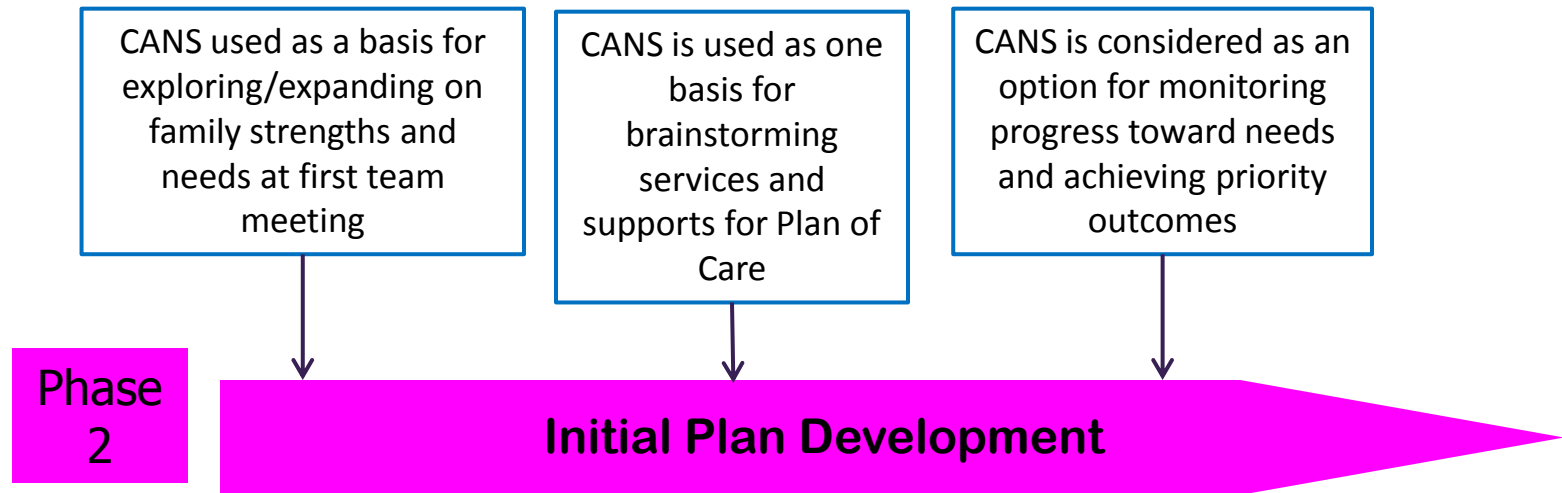
# Use of CANS in Wraparound

## Phase 1: Engagement and Support



# Use of CANS in Wraparound

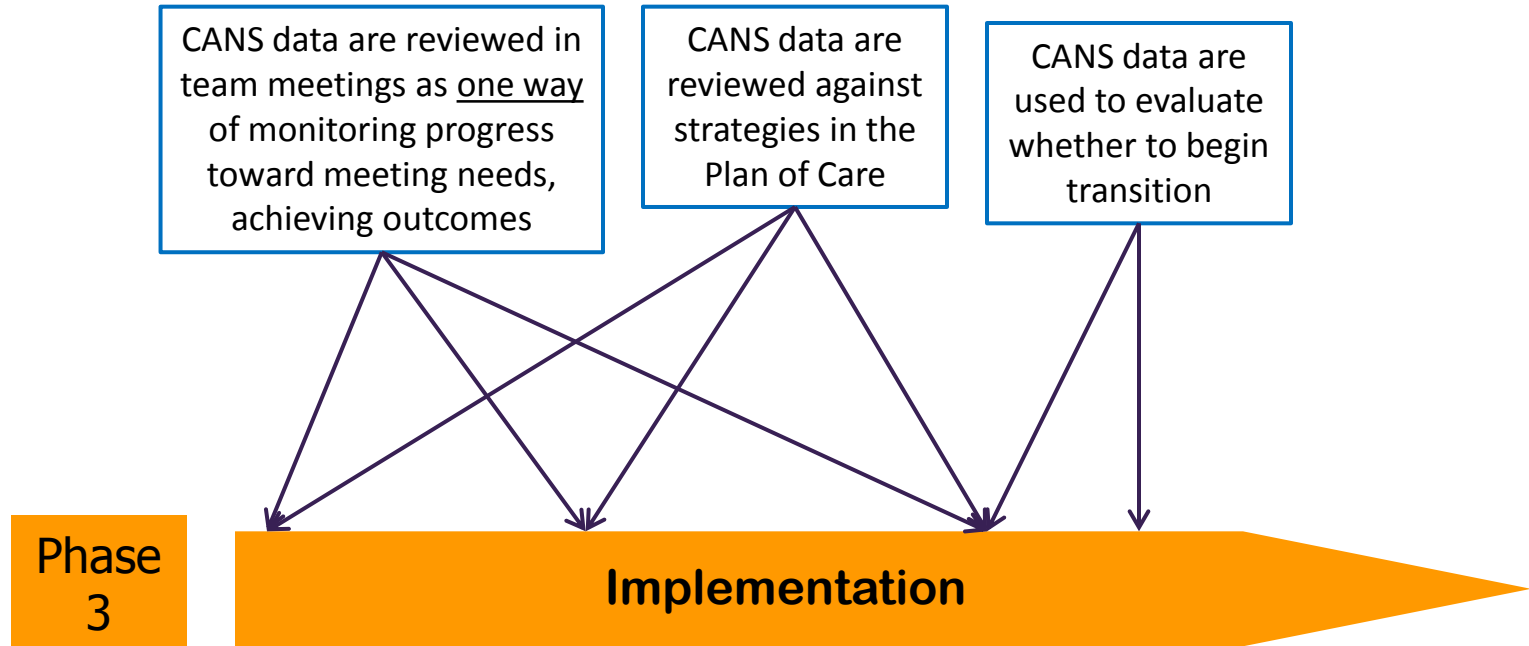
## Phase 2: Plan Development





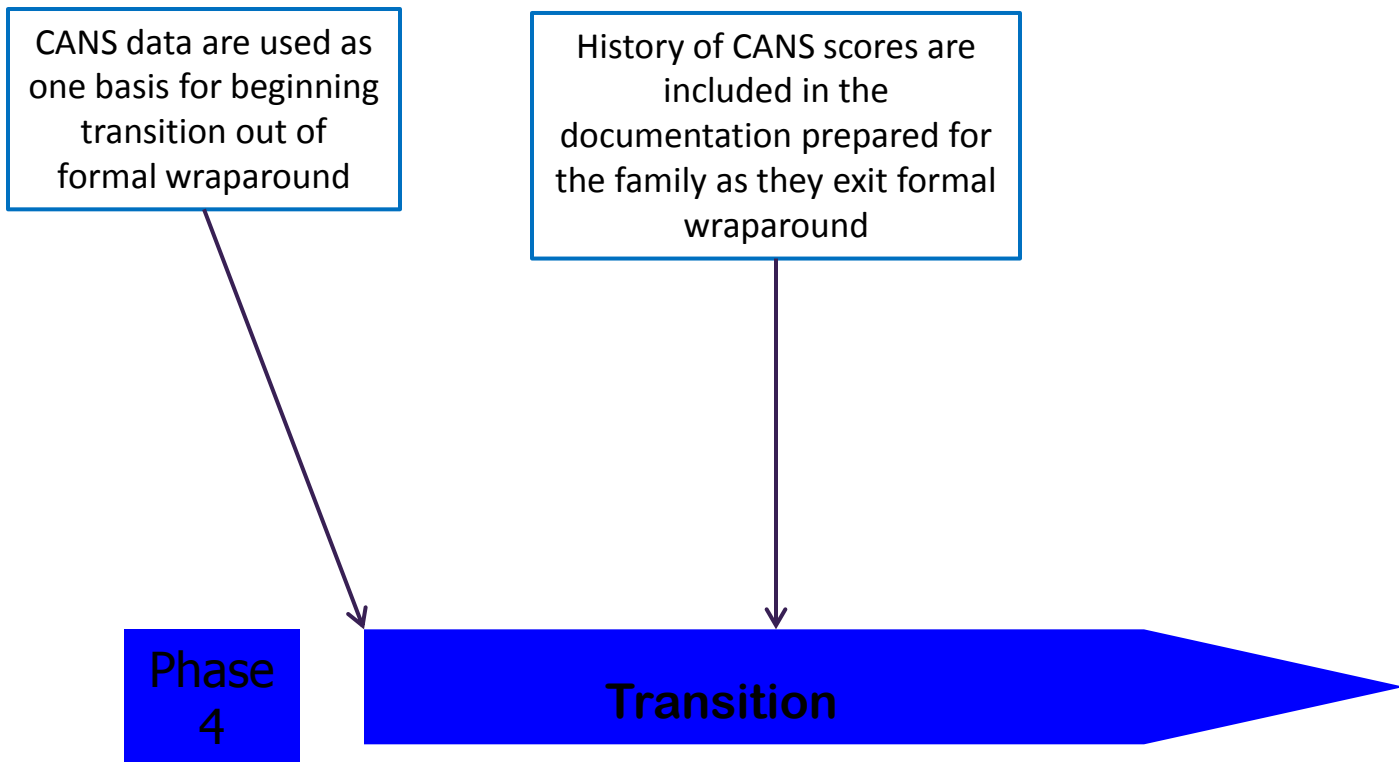
# Use of CANS in Wraparound

## Phase 3: Implementation



# Use of CANS in Wraparound

## Phase 4: Transition



# Decision support promoted by CANS

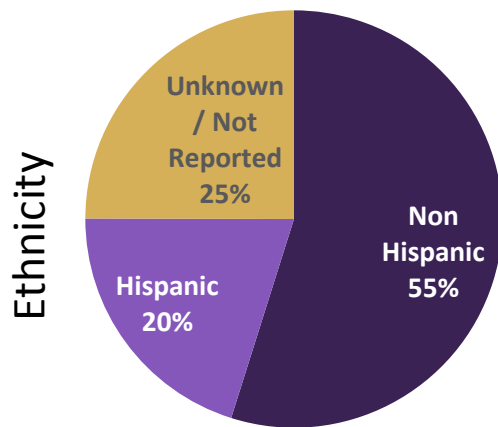
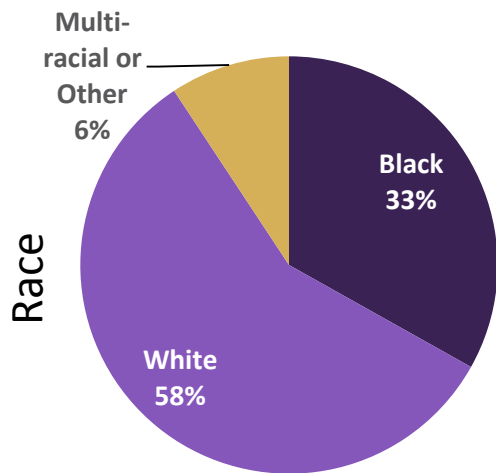
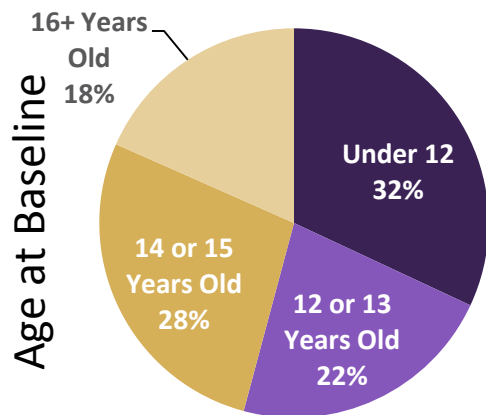
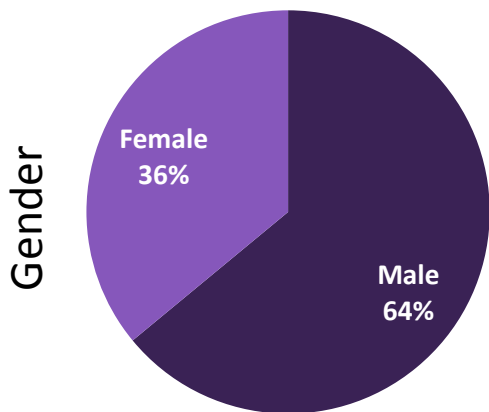
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# National CANS and Wrap data project:

provide guidance for program and system-level CANS usage

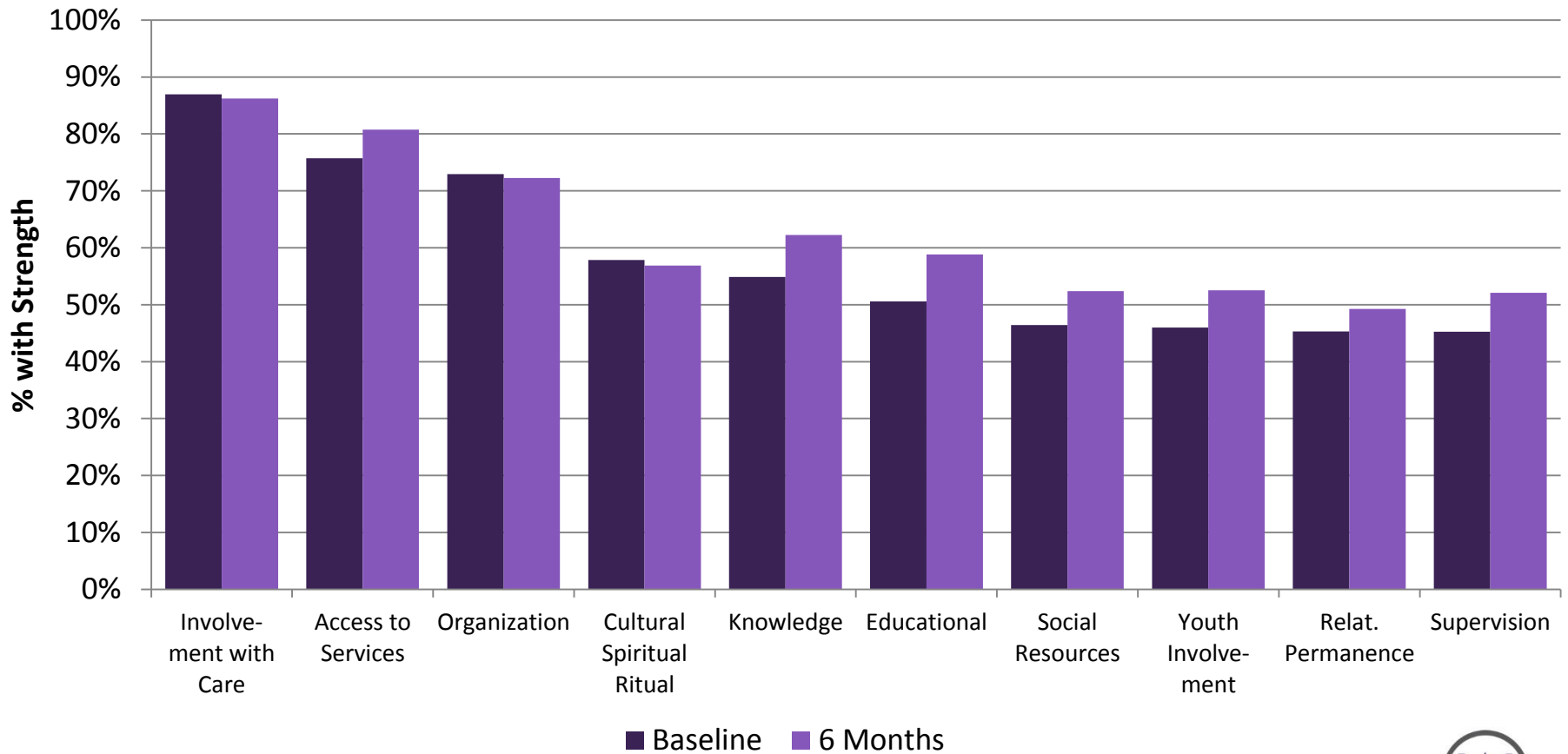
- What are the typical strengths and needs of wraparound-enrolled youth and families?
- What services are needed in service arrays in care management entities (CMEs) and wraparound initiatives?
- What are “benchmarks” for trajectories of improvement on CANS over time?
- What is the variation in CANS profiles across states and sites?

# 2843 Wraparound youth from 5 states with Baseline and 6 Month CANS

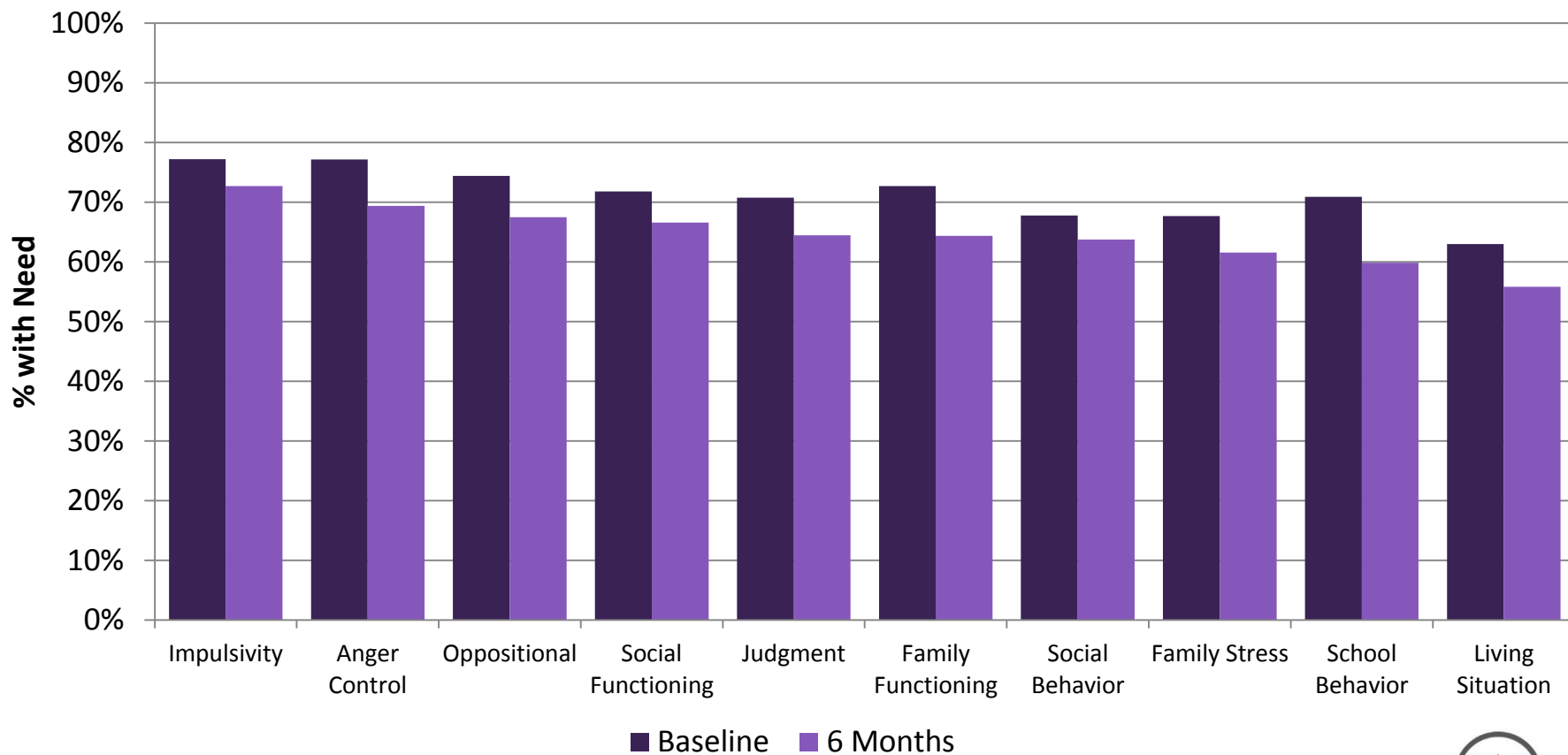


- Average age of 12.2 years
- Assessments done within 45 days (on either side) of Wraparound enrollment date and 6-months
- Majority of items appear in all four datasets, but may be listed under different domains or modules, therefore data analyzed at an item-level

# Most prevalent strengths (rated 0 or 1) at Baseline and 6 Months

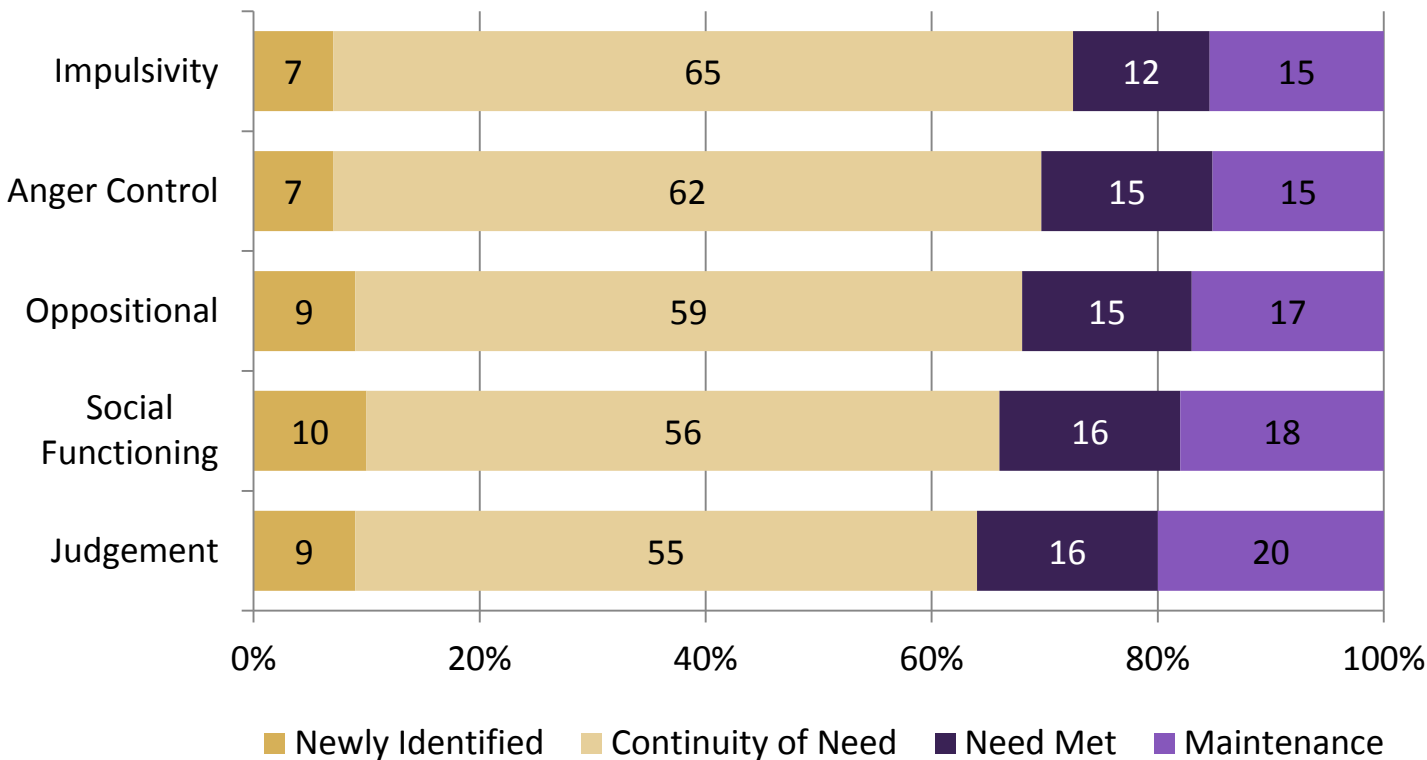


# Most prevalent needs (rated 2 or 3) at Baseline and 6 Months



# At 6 months, the top 5 most prevalent needs are met for 12-16% of youth

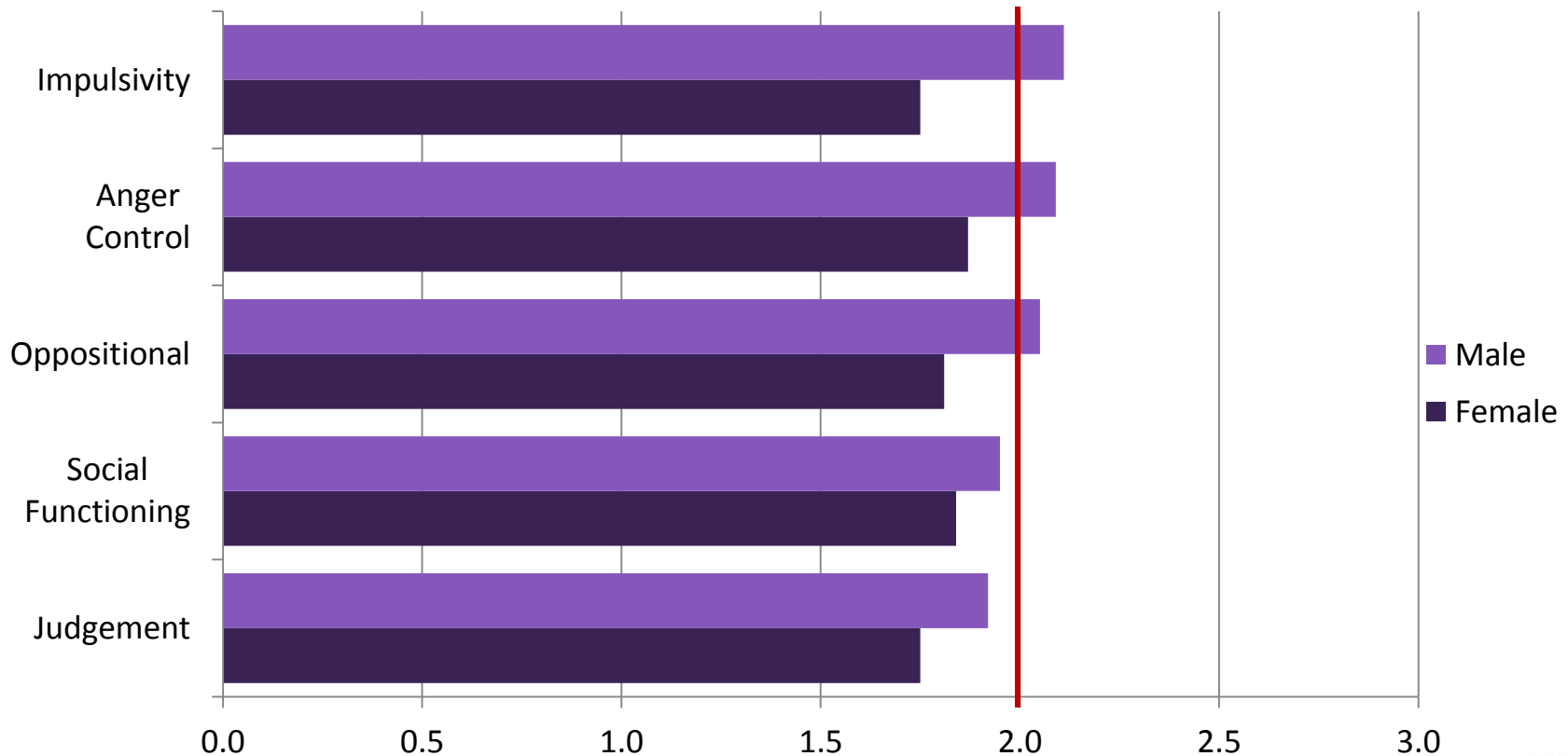
**Change from Baseline to 6 Months for  
Top 5 most Prevalent Needs (n=~2800)**



- 10-20% of youth get at least one need met within 6 months
- 7-9% of youth have newly identified needs at 6 months, compared to baseline



# Males have significantly higher needs scores at baseline than females

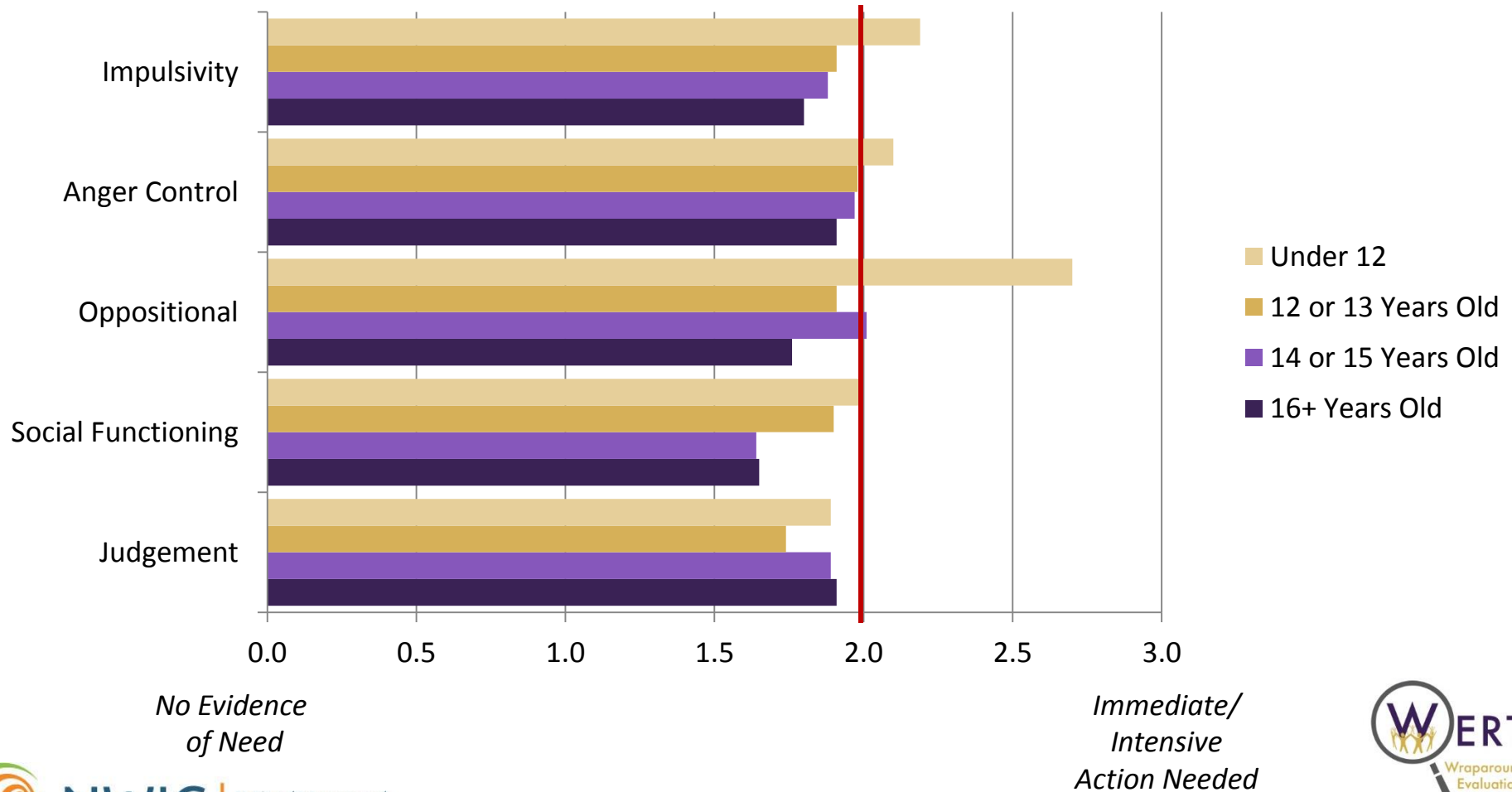


No Evidence  
of Need

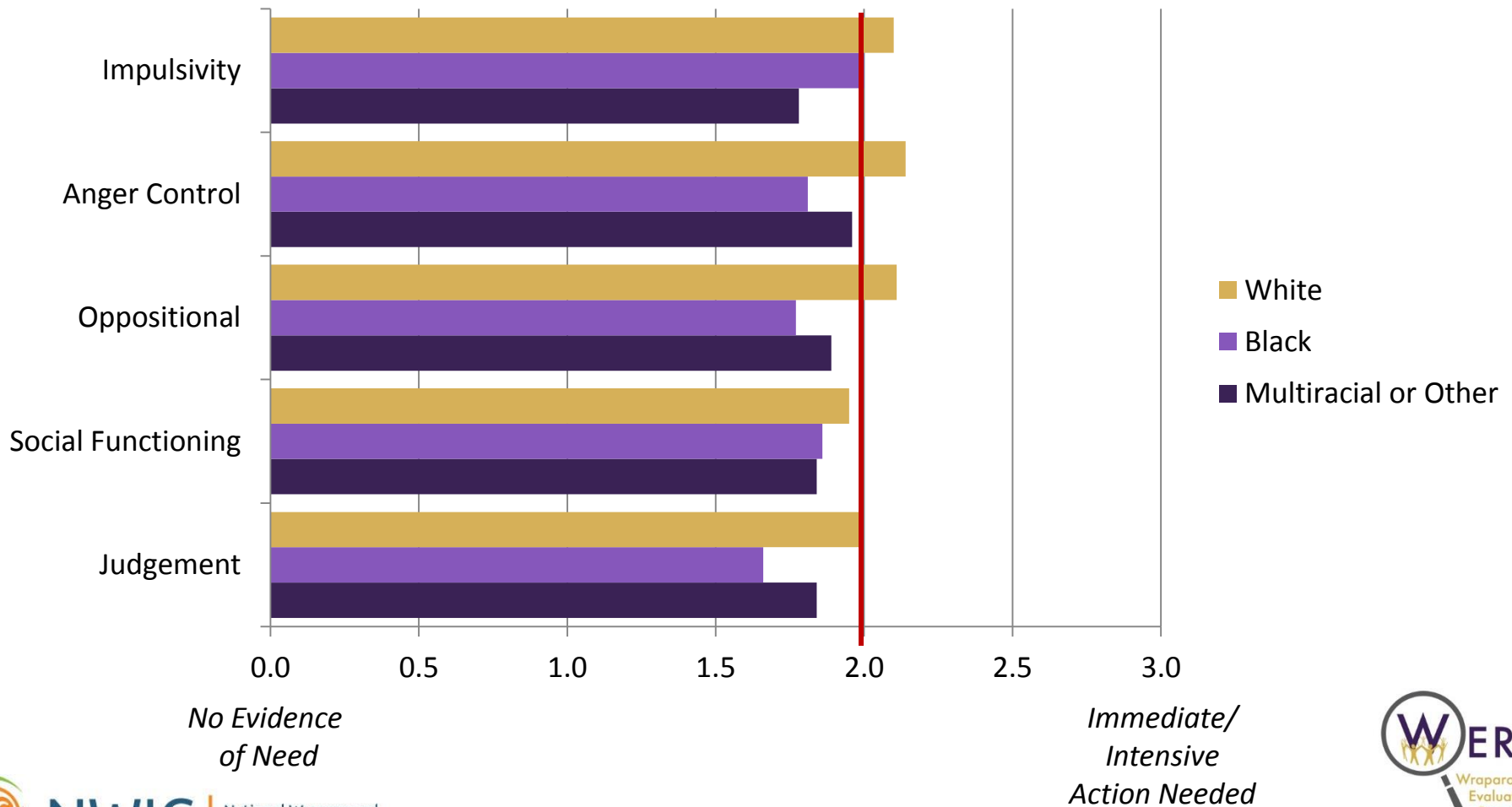
Immediate/  
Intensive  
Action Needed



# Younger youth who enter Wraparound have significantly more intense needs



# Black and multiracial youth enter Wraparound with significantly lower levels of needs



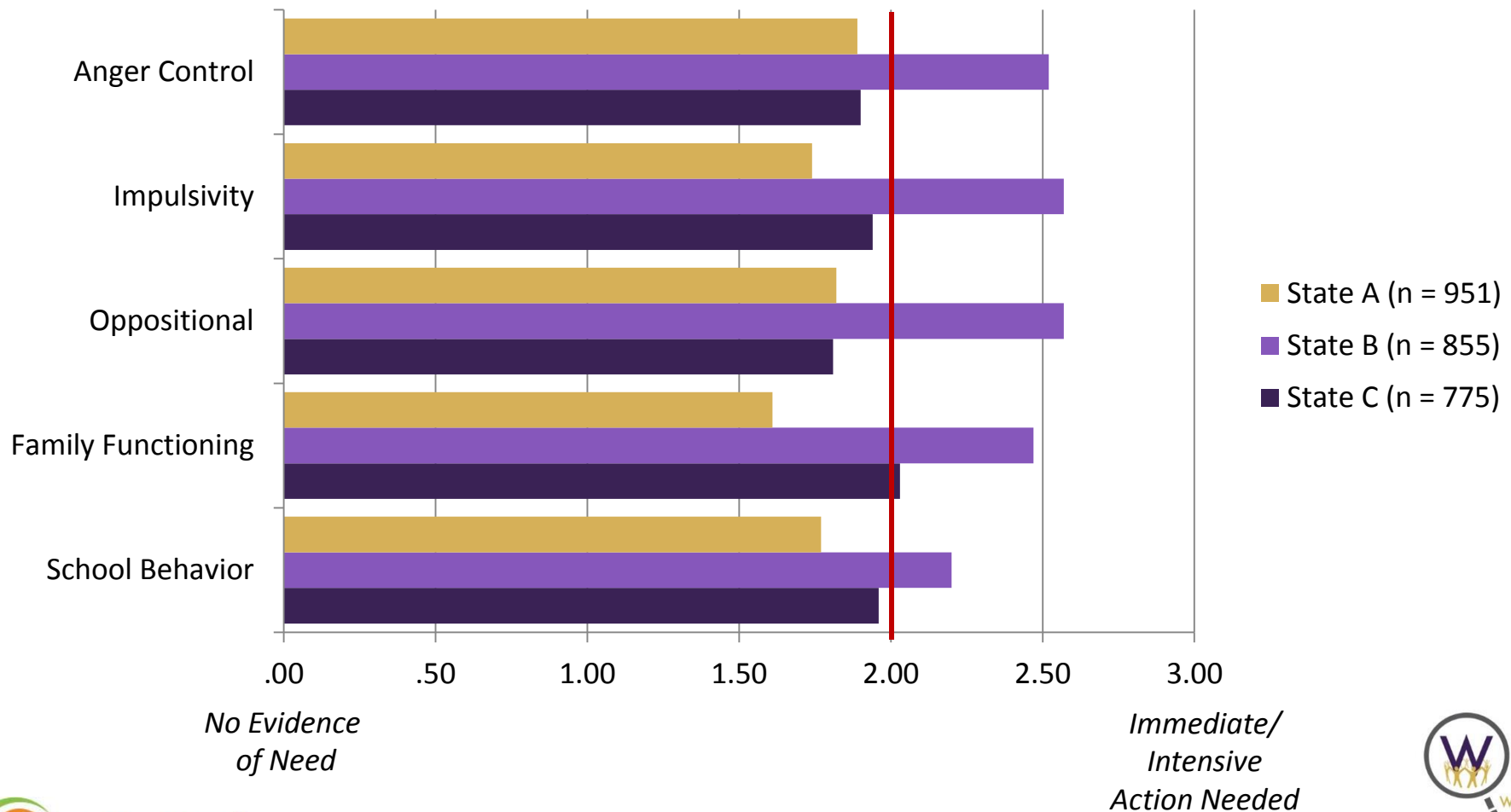
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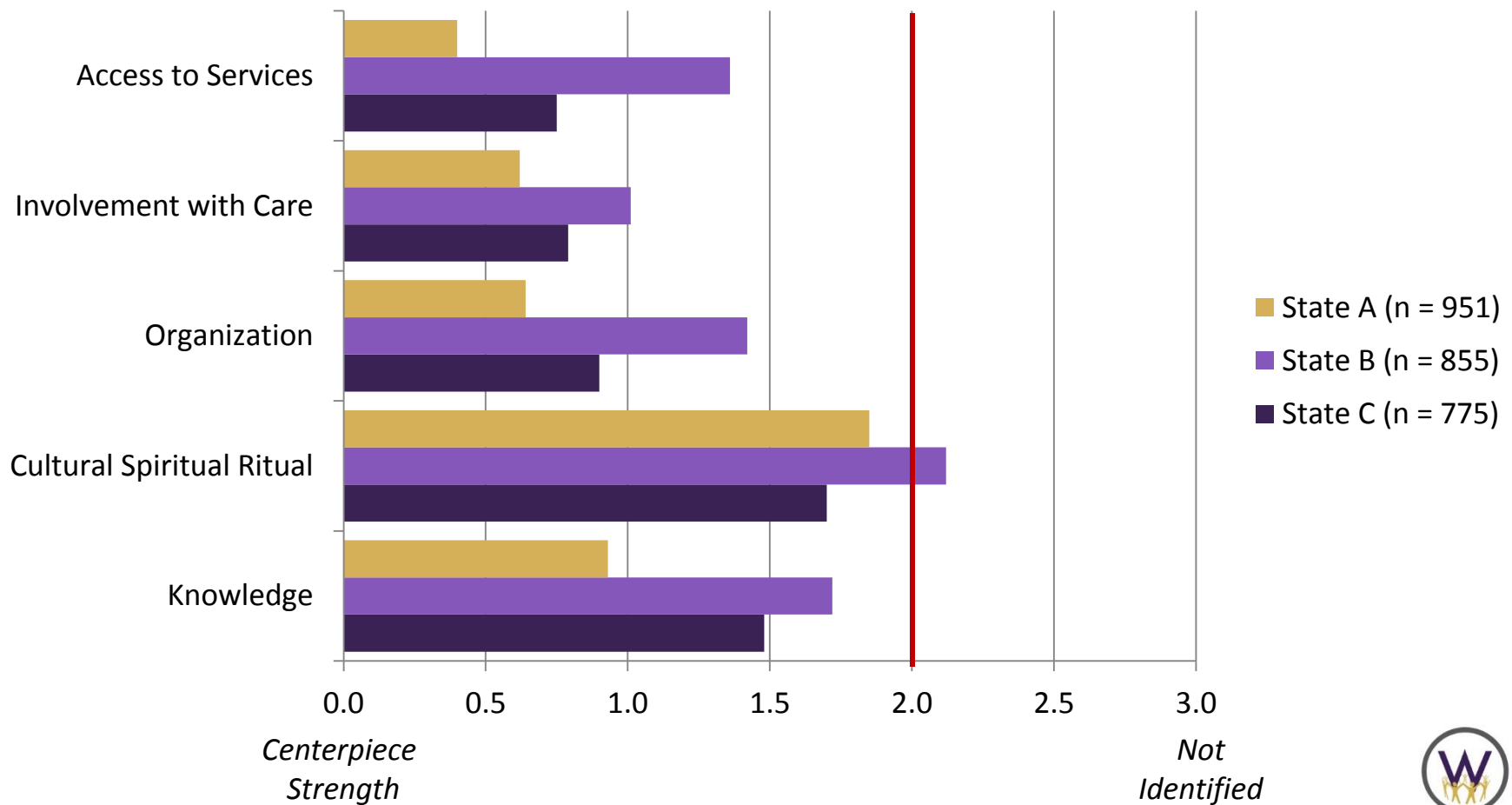
# Despite demographic differences, site/state predicts scores a lot more

- Preliminary regression analyses indicate that site/state explains more variance in CANS scores than race, age, or gender, combined
  - Differences in CANS implementation may impact scores
- Analysis on data from the three states with the largest samples
  - Each had 700-900 youth with matched baseline and 6-month CANS data; total n = 2581

# There are significant differences in intensity of needs by state



# Top strengths are also significantly different across implementation contexts



# What is driving state-level differences?

States  
A & C

## *Population?*

Data from all youth receiving Wraparound in state, regardless of funding stream

## *Timeframe?*

Data from 2014 & 2015

## *Implementation?*

External reviewer responsible for completing baseline CANS for authorization (and often reauthorization)

State  
B

Data from youth receiving Wraparound through 1915i waiver

Data from 2008-2012

Staff internal to the Wraparound provider organization (often the facilitator) responsible for completing the CANS

# Initial implications for systems

- Analyze demographic trends locally to explore and remedy underlying dynamics
  - Is the system racially biased? Are the algorithms? Are there less-intensive alternatives?
- Monitor and foster data integrity
  - Have consistent, possibly external, CANS administrators
  - Consider how CANS implementation and use may impact data
  - Encourage meaningful use of data for practice
    - Feed information back at all levels
    - Incorporate into supervision



# Still a lot of un-answered questions and analyses needed

- Can national benchmarks be established?
  - Especially given state-level differences
- What accounts for the most variance in scores?
- What amount of change can be expected at 12 months?
- What predicts change over time?
  - Are there particular needs and strengths that are more easily resolved?
- Can youth be categorized into different profiles based on their needs and/or strengths?
  - Do those need/strength clusters predict change?