Rating Needs and Strengths

The CANS is easy to learn and is well liked by children, youth and families, providers and other partners in the services system because it is easy to understand and does not necessarily require scoring in order to be meaningful to the child and family.

- Basic core items – grouped by domain - are rated for all individuals.
- A rating of 1, 2 or 3 on key core questions triggers extension modules.
- A few additional questions are required for the decision models to function.

The way the CANS works is that each item suggests different pathways for service planning. There are four levels of each item with anchored definitions; however, these definitions are designed to translate into the following action levels (separate for needs and strengths):

The basic design for rating NEEDS

Rating	Level of Need	Appropriate Action
0	No evidence of need.	No action needed.
1	Significant history or possible need that is not interfering with functioning.	Watchful waiting / prevention / additional assessment.
2	Need interferes with functioning.	Action / Intervention required
3	Need is dangerous or disabling.	Immediate action / Intensive action required

The basic design for rating STRENGTHS

Rating	Level of Strength	Appropriate Action
0	Centerpiece strength.	Central to planning.
1	Strength present.	Useful in planning.
2	Identified strength.	Build or develop strength.
3	No strength identified	Strength creation or identification may be indicated.

The rating of *NA* or not applicable should be used with cases in the rare instances where an item does not apply to that particular client. *NA* is available for a few items under specified circumstances (see manual descriptions).

The CANS is an effective information integration tool for use in the development of individual plans of care, to monitor outcomes, and to help design and plan systems of care for children or youth with behavioral health (mental health or substance use) challenges.

To administer the CANS, the staff should read the anchor descriptions for each item (or dimension) and then record the appropriate rating on the CANS assessment form or electronic entry system. This

should be done after gathering relevant information, including talking with the child and other important people in the child's life.

Remember that the item **anchor coding descriptions are examples of circumstances** which fit each rating (0, 1, 2, or 3). The descriptions are **not** inclusive. Sometimes the rating must consider the best meaning of each rating level to determine the appropriate rating on an item (or dimension) for an individual.

Ratings of 1, 2 or 3 on key core items trigger additional questions in extension modules: **School, Developmental Needs, Substance Abuse, Trauma/Sexual Abuse, Suicide Risk, Dangerousness/Violence, Sexually Aggressive Behavior, Runaway, Juvenile Justice, Fire Setting.**

Decision support applications include the development of specific algorithms for levels of care including treatment foster care, residential treatment, intensive community services, supportive, and traditional outpatient care. Algorithms can be localized for sensitivity to varying service delivery systems and cultures.

In terms of quality improvement activities, a number of settings have utilized a fidelity model approach to look at service/treatment/action planning based on the CANS assessment. A rating of '2' or '3' on a CANS need suggests that this area must be addressed in the plan. A rating of a '0' or '1' identifies a strength that can be used for strength-based planning and a '2' or '3' a strength that should be the focus on strength-building activities.

Finally, the CANS tool can be used to monitor outcomes. This can be accomplished in two ways. First, items that are initially rated a '2' or '3' are monitored over time to determine the percent of individuals who move to a rating of '0' or '1' (resolved need, built strength). Or, domain scores can be generated by summing items within each of the domain (Symptoms, Risk Behaviors, Functioning, etc.). These scores can be compared over the course of treatment. CANS dimension (domain) scores have been shown to be valid outcome measures in residential treatment, intensive community treatment, foster care and treatment foster care, community mental health, and juvenile justice programs.

The CANS has demonstrated reliability and validity. With training, anyone with a bachelor's degree can learn to complete the tool reliably, although some applications require a higher degree. The average reliability of the CANS is 0.75 with vignettes, 0.84 with case records, and can be above 0.90 with live cases. The CANS is auditable, and audit reliabilities demonstrate that the CANS tool is reliable at the item level. Validity is demonstrated with the CANS relationship to level of care decisions and other similar measures of symptoms, risk behaviors, and functioning.

The CANS is an open domain tool that is free for anyone to use. There is a community of people who use the various versions of the CANS and share experiences and additional items and supplementary tools.

Reference

Lyons, J.S (2009). *Communimetrics: A communication theory of measurement in human service settings*. New York: Springer.