



ALCOHOL, DRUG & MENTAL HEALTH SERVICES

**Alexander Jackson, LCSW**  
Director, Special Projects  
2000 Embarcadero Cove, Suite 400  
Oakland, California 94606  
**Office:** (510) 567-8123  
**Fax:** (510) 567-8130  
**E-Mail:** [ajackson@acbhcs.org](mailto:ajackson@acbhcs.org)

## February 2014 CANS Update

In Fall 2012, the **CANS Project Workgroup**, was formed to look into the feasibility of implementing a single assessment tool across Children's Services. The outcome was overwhelming support to move forward with the CANS and submission of **White Paper** to HCSA/BHCS Executive Leadership describing a roll-out plan for system-wide implementation in Alameda County. In Spring 2013, HCSA/BHCS Executive Leadership approved the plan and in May 2013 appointed yours truly (Alex Jackson) as the CANS Project Director.

### Committees and Workgroups

Over the past several months, it has been essential to engage a number of stakeholder groups across our Systems of Care and partner agencies to promote the Alameda County CANS Initiative. Within Children's and Transition Age Youth (TAY) Systems of Care, we have roughly 94 providers (county-operated and contracted CBOs) with approximately 2,000 end users requiring CANS training and certification. In order to get buy-in, we have established an inclusive process, which began with the formation of smaller workgroups to provide their expertise in customizing three versions of the Alameda County CANS to accommodate **Early Childhood (0-5)**, **Children/Adolescents (5-17)**, and **TAY (18-24)**. Please note, that I have also been communicating with our **Adult System of Care** and have been promoting the Adult Needs and Strengths (ANSA), which is the Adult version of the CANS for 25+. At this juncture, it is one of two single assessment tools being explored for adults.

To ensure that CANS/ANSA information is immediately available to clinicians, supervisors, and administrators; it was determined that we needed to have a web-accessible data collection and reporting system. Consequently, the **Information Systems/Decision Support (IS/DS) Workgroup** was formed, to review and provide feedback on a commercial off-the-shelf (COTS) solution designed specifically for CANS /ANSA data collection, reporting, training and certification.

Lastly, the **CANS Steering Committee** is made up of representatives from HCSA/BHCS leadership, contracted community-based organizations, and advocacy groups from a variety of disciplines. This advisory Committee provides guidance on key issues related policy, implementation, and ensures that project goals stay in tune with organizational initiatives.

### Alameda County CANS Provider Collaborative

The Learning Collaborative (LC) approach is an adoption and improvement model that is focused on spreading and adapting best practices across multiple settings and creating changes within organizations that promote the delivery of effective practices. Given the number of CANS trained supervisors and managers across our system; this will be an opportunity for these "Super Users" to come together to form the foundation of our LC Network. On 2/3/14, BHCS Leadership approved the CANS Provider Collaborative Proposal and identified MHSAs as the source of funding. The CANS Provider Collaborative consists of a



group of Alameda County Providers (*West Coast Children’s Clinic, Seneca Center, A Better Way, Alternative Family Services and East Bay Agency for Children*) with direct knowledge and experience with implementation of the CANS. It is my hope to harness the energy and collective wisdom of this group to:

- ❖ **Develop materials and tool-kits**, including: score sheets, manuals, glossaries, FAQs, integrated assessment and treatment plan
- ❖ **Develop training curriculum and facilitate workshops**, including: Use of CANS in Supervision, Treatment Planning, Client/Family Engagement, and How to Train Your Agency/Team.
- ❖ **Develop Learning Collaborative (LC) Model**, including: establishing LC groups around specific technical assistance needs; identification of outcomes/performance measures and best practices
- ❖ **Provide on-going technical assistance and supports**

**Alameda County’s CANS Assessment Tools**

**There are 3 Comprehensive Versions of the CANS tools**

- ❖ For children aged 0-5, **Child and Adolescent Needs and Strengths - Early Childhood (CANS-EC)** will be required for all children served. Please note, this will become a requirement when our data collection and reporting system is in place. Until further notice, please continue to complete the Community Functioning Evaluation (0-5 version).
- ❖ For children and adolescents aged 5-17, the **Child and Adolescent Needs and Strengths (CANS)** will be required for all children and adolescents served. This will become a requirement when our data collection and reporting system is in place. Until further notice, please continue to complete the Community Functioning Evaluation (0-5 version).
- ❖ For transition age youth aged 18-24, **Adult Needs and Strengths-Transition Age Youth (ANSA-TAY)** will be required for all young adults.

**Decrease Number of Core Items on CANS**

We have been advised by Decision Support to decrease the number of core items on the three draft versions (0-5, 5-17, 18-24). Please note that I am in agreement with reducing the number and am working with John Lyons to identify redundancies (target = 60-65). It should be noted that we started with an inclusive stakeholder process and casted a wide net to reflect the needs of the population identified by our providers. So, we must be respectful and have a sound explanation for removing items. Additionally, I anticipate that a number of items may also be identified for removal after the tool has been implemented. It is my hope that the CANS Provider Collaborative will have an opportunity to establish multiple Learning Collaborative Academies that offer feedback on items, as well as, develop other tools and materials etc. Anyhow, here’s a breakdown of the 3 comprehensive versions.

	<b>CANS-EC (0-5)</b>	<b>CANS (5-17)</b>	<b>ANSA-T (18-24)</b>
#Domains	6	6	6
<b>#Core items</b>	<b>76</b>	<b>80</b>	<b>80</b>
#Optional Domains	0	1	2
#Optional Items	0	18	25
#Extension Modules	2	10	9

### **IS/DS Workgroup Update**

In January 2014, Jeff Lilly (RCR Technologies) returned to show us the demo of their Behavioral Health Assessment System (BHAS) 2.0 version that they customized for the State of New Hampshire. As you may recall, we have been patiently waiting for its release that was supposed to happen this past September. Workgroup members were pleased with the product, and on 2/3/14 BHCS Leadership approved use of MHSA funds to acquire this technology. The next step is to send out a Request for Interest (RFI). We anticipate that there may be other local software development firms that may respond and have the capability to provide what we need; however, they will likely need to start from scratch and may exceed acceptable timeline requirements. On the other hand, RCR already has a fully functional web-based solution for CANS/ANSA data collection and outcome reporting that utilizes Dr. John Lyons (CANS Creator) as its subject matter expert. It should be noted, that other jurisdictions have been successful in awarding a single source contract to the Praed Foundation with RCR as a subcontractor (or vice-versa).

### **Training and Certification**

We have approximately 1,600 clinicians across our Children's and TAY Systems of Care who will be using the CANS/ANSA-T throughout Alameda County. At this juncture, it is not possible to provide centralized "live" training to all in any cost effective manner. In Spring 2014, we plan to launch the CANS Learning Collaborative that will offer some additional coaching and support for clinical supervisors who completed the CANS Train-the-Trainer certification, including training curriculum development.

- ❖ **September 2013 Live Training with John Lyons, PhD:** In September 2013, Dr. Lyons facilitated a two-day "live" training to further the implementation of CANS Assessment tool across our network of county operated and contracted community based organizations. Approximately, 100 individuals attended the first day "General CANS Orientation and Training" session that focused on becoming familiar with the tool and its uses, leading to certification. On the second day, 47 clinical supervisors and managers became certified CANS Trainers. Now these "Super Users" will be able to provide training to clinicians within their organization and others across BHCS.
- ❖ **On-Line Training and Certification:** In December 2013 the Alameda County Jurisdiction Established on Praed Foundation CANS Training Website at [www.canstraining.com](http://www.canstraining.com). A standardized training protocol has been developed by Dr. Lyons that includes: video tutorials, practice tests and vignettes, printable certificates, functionality to provide reports identifying certified users by agency or reporting unit, functionality to provide annual reminders to account holders to complete CANS recertification. The cost to become certified and have access to this site is \$10 per year and is the responsibility of each provider until further notice. Please note, that BHCS is currently negotiating a flat fee for the site that would allow everyone under our umbrella has access to site; if you attended the September 2013 Live Training this fee has already been covered. Send e-mail to [ajackson@acbhcs.org](mailto:ajackson@acbhcs.org) to request coupon code to access site.