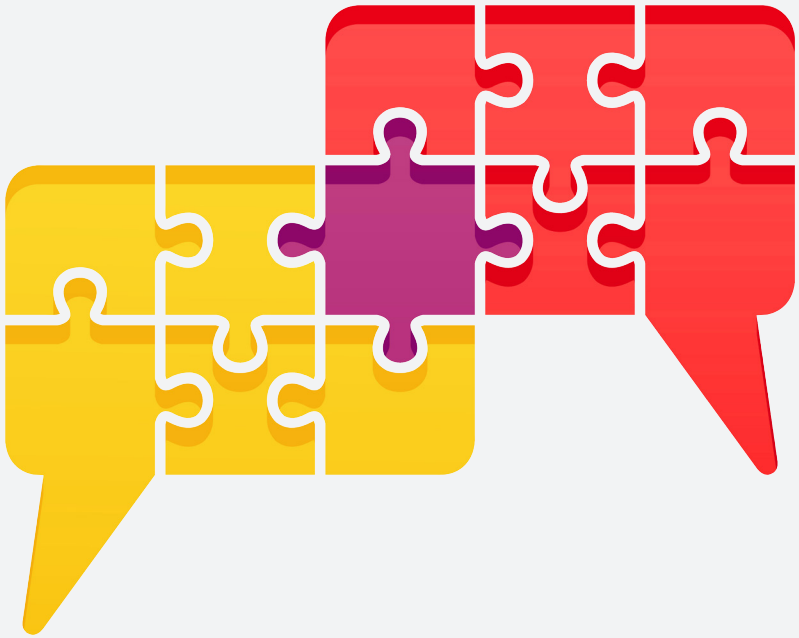
Common Assessment Tools:

Implementation and Implications for Service Integration



PREPARED BY

Bruce Barron

July 2014

The Allegheny County
Department of Human Services
One Smithfield Street
Pittsburgh, Pennsylvania 15222

PHONE 412.350.5701
FAX 412.350.4004
www.alleghenycounty.us/dhs

Allegheny County Department of Human Services

The Allegheny County Department of Human Services (DHS) is dedicated to meeting the human services needs of county residents, particularly the county's most vulnerable populations, through an extensive range of prevention, intervention, crisis management and after-care services.

This report was prepared by the Office of Data Analysis, Research and Evaluation (DARE), an office within DHS. DARE supports and publishes research related to the activities of DHS in a number of categories, including: Aging; Basic Needs; Behavioral Health and Disabilities; Child Development and Education; Children, Youth and Families; Crime and Justice; and Innovation, Reform and Policy.

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Published 2014 by Allegheny County DHS

Once every three months, about three dozen representatives of human services provider agencies come together for about two hours. They share stories, brainstorm and discuss client assessments. While the agenda might be less than thrilling to many, this group of assessment "champions" is firmly convinced that their efforts to reshape how they assess consumers' needs are having a major impact on thousands of lives.

"We see this as a movement, not just a project," said Robin Orlando, the Allegheny County Department of Human Services (DHS) executive staff member who has overseen the county's development and refinement of assessment tools. "In fact, we've compared it to a social movement in terms of its power to change how people interact with each other."

Not many people view client assessments as a way to revolutionize human services and make a powerful difference in the lives of those served. But once one considers what has changed because of this project, Orlando's passion doesn't seem quite so overstated.

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Traditionally, initial client assessment has been just a means of information gathering, a way to find out what the client needs so that helping professionals can plan interventions. But for consumers entering the service system, the initial assessment is often their first impression of that system. And especially when people already feel emotionally scarred and betrayed by their life experiences, that first impression can either encourage them to take advantage of the services offered to them or cause them to become resistant and distrustful.

Allegheny County's revamping of assessments has been built around adaptation of the CANS (Child and Adolescent Needs and Strengths), a tool developed by John Lyons of the University of Ottawa. The CANS makes a strikingly different impression than do traditional psychometric instruments because, if used as intended, it becomes the basis for a conversation rather than a checklist.

"The CANS is a communication tool and a planning tool," Orlando explained. "It opens up new sources of information that can really be extremely useful when working with a child or family. We have had many instances of staff saying something like, 'I had worked with this child for four years and never knew about her traumatic experiences in school until we did the CANS.'"

THE SIX KEY PRINCIPLES OF COMMON ASSESSMENTS (ANSA, CANS AND FAST)

1. **Item Level Tool** Items were selected because of their relevance to service/treatment planning. Any item might lead you down a different planning pathway.
2. **Action Levels for All Items** Each item uses a four-level rating system; each level is designed to immediately translate into action. Action levels are different for needs and strengths.
3. **About the Person — Not the Services** Ratings should describe the child, not the child as he presents while receiving services. If a current intervention is masking a need (and the need would return if the service were withdrawn), then the need still exists and should be factored into the rating.
4. **Consider Culture and Development** The child's/family's culture and the child's developmental level should be considered when establishing action levels.
5. **Descriptive Tool** Consider the "what" — not the "why." *There are four exceptions to this rule: Post-traumatic Reactions, Self-Injurious Behaviors, Intentional Misbehavior, and Adjustment to Trauma.*
6. **30-Day Window** Assessments should reflect a 30-day time period in order to make sure that assessments are "fresh" and relevant to present circumstances. When appropriate, action levels may override this window.

Instead of simply plowing through a long series of yes/no or rating questions, the CANS (see sidebar for further description) assists staff in inviting consumers to talk freely about various areas of their personal experience. When it is used effectively, consumers don't feel as if they are being assessed at all, but as if they were simply telling their life story to a caring, attentive listener.

"The CANS changes everything you do," said Georgianne Palaoro, DHS administrator for children and adolescent mental health services at the time of implementation. "It makes the initial meeting much more consumer-friendly and makes it easier for the service coordinator to engage families and gather relevant information for a service plan.

"I have seen a change in service coordinators' attitudes toward families. They are more positive now, because with the CANS they know a family's issues and challenges better."

WHAT IS THE CANS?

The CANS (Child and Adolescent Needs and Strengths) is an innovative assessment tool developed by John Lyons of the University of Ottawa and now used by human services providers in more than 30 states. Unlike most clinical assessments, which stipulate specific questions to be asked of consumers ("Have you ever had thoughts of suicide?" "Have you used hallucinogenic drugs in the last 30 days?"), the CANS provides "conversation starters" in a series of life areas and a rating system by which to characterize the consumer's replies.

Typically, the person administering the CANS asks open-ended questions, takes notes to help him or her recall important features of the answers, and then uses those notes to complete the CANS rating system and input explanatory comments after the meeting. Each item is rated from 0 (no evidence that a need exists) to 3 (a need that requires immediate or intensive action). A rating of 0 is thus a positive indicator.

Assessment Rating Scale

Needs

0 = No action needed; no evidence

1 = Watch/try to prevent; mild/contention

2 = Help needed — need to do something; moderate

3 = Help needed now — immediate/intensive action; severe

Strengths

0 = Strong; centerpiece to build a service plan

1 = Good; can be strong with some help

2 = Potential; strength identified, need to develop

3 = No identified strength / need to identify strength

Trauma Experiences

0 = No evidence

1 = Single incident or suspicion

2 = Multiple incidents or a moderate degree

3 = Repeated/severe incidents, medical/ physical consequences

The CANS is also distinguished by its strengths section, as Lyons and CANS supporters believe firmly in making use of a consumer's strengths rather than just talking about problems. In this section, 0 represents the presence of a strength while 3 denotes its absence. According to Orlando, Lyons added this section in response to input from Allegheny County families when DHS began using the CANS to assess behavioral health consumers in 1999.

As DHS moved toward integration of its multiple systems (behavioral health, child welfare and intellectual disabilities), staff from these varied disciplines worked together, in conjunction with Lyons, to create an assessment tool suitable for all. This tool, known as the CANS-Comprehensive, was completed in 2008.

The CANS-Comprehensive contains approximately 80 questions in seven main categories: life functioning, youth strengths, caregiver strengths and needs, culture, behavioral and emotional needs, risk behaviors and factors, and trauma experience. In some cases, an answer to one question can trigger additional inquiries; for example, any indication of sexual abuse leads to further questions to ascertain more detail. DHS's CANS-Comprehensive development team significantly expanded and enhanced the trauma experiences section over prior CANS versions so as to more fully address the needs observed in Allegheny County's population.

Because of the breadth of areas covered, a CANS assessment is not usually completed in one sitting. It is considered acceptable for a staff member to provide some answers of "missing information" instead of numerical ratings when entering a consumer's results into the database after the first meeting. These areas are addressed in subsequent sessions, after which the new information is added to the consumer's assessment.

Quite a few things must happen for the CANS to function effectively. First, it should be refined to suit the needs of the agencies or geographic region using it, as Allegheny County did in creating its own version, known as the CANS-Comprehensive. Next, staff must be trained and certified in its use. They must become sufficiently familiar with its scope so that they can cover the topics contained in the CANS without holding a list of questions in front of them. Finally, for the CANS to promote effective service coordination, one needs a database through which other staff can access the results, and fellow staff must feel confident in the reliability of their colleagues' assessment.

All these things have happened in Allegheny County. Let's see how each of them came to pass.

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"Five or 10 years ago, if you went to any foster care agency, all the kids' service plans looked pretty much the same," recalled then–DHS training coordinator Shauna Lucadamo. "That was not good, but there was no tool to individualize."

That observation drove Lucadamo's interest in the CANS, which she promoted while serving as DHS's primary trainer on the CANS-Comprehensive from 2010 to 2013. During that time, DHS introduced this Allegheny County–specific version of the assessment first in behavioral health services and then in child welfare.

Asked how the CANS has affected service quality, Lucadamo recalled a staff member's story of a teen who was having behavioral challenges in school. The staff member talked with the teen about his trauma experiences, as guided by the trauma domain questions of the CANS, and discovered that he had seen his best friend shot to death. "They had never talked about that trauma before," Lucadamo said. "Then when they started to talk about his school behavior, he said that he got upset in English class when they read about someone being shot. It was the first time that he made the connection between his trauma and his behaviors in class."

All staff learning to use the CANS must pass an initial online certification exam and then be re-certified each year. Lucadamo emphasized, however, that enthusiasm about the CANS usually doesn't blossom until months after the initial training. "At first it feels overwhelming," she stated. "It's a fairly large assessment that they weren't doing before, and it feels like more work. The actual impact comes later. After six months, when consumers' CANS updates are due, staff can see how much the tool has helped the process and their service planning." Lucadamo reassured her trainees that the initial CANS training and certification "doesn't make you an expert — it only gives you enough confidence to get out there and try it."

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Early in 2013, about 50 staff members of A Second Chance Inc. (ASCI), DHS's largest contractor for kinship care services, each received a paper bag on his or her desk. Inside each bag was a soup can with a label reading: "Save the Date for CANS Assessment Preparation Session" and the date of their first CANS training session.

This burst of creativity by ASCI Senior Director of Communication Jay Kadash was designed to set the CANS apart from the many changes that frontline workers experience and to establish it as something special. Sharon McDaniel, ASCI's chief executive officer, said that she and her agency greatly valued the chance to participate with DHS in a "paradigm of change" to benefit vulnerable children.

When each staff member's training day arrived, ASCI leadership made sure that others were available to cover his or her responsibilities. L'Tesha Gamble-Pettis, senior director of child and family services and the person responsible for execution of CANS training, worked diligently to remove every obstacle to attendance.

ASCI considered this event so important because its leadership believed, like Orlando, that the CANS could revolutionize service delivery. The agency's training supervisor, Twanda Clark, had attended a DHS session that featured John Lyons, and had come back highly energized.

After the initial training, ASCI assembled cohorts of staff who reinforced their learning through group sessions. With this well-conceived training support, 70 percent of staff passed the CANS certification test on the first try, well above the national average of about 50 percent. Lucadamo assisted the agency by providing review and remediation for those who did not pass the first time, enabling all frontline staff to re-test successfully.

As Gamble-Pettis explained, "People want to read something into what was going on in the vignettes [on the certification test] rather than taking them at face value. Shauna was able to help our staff focus on going by what you see and hear rather than making assumptions and value judgments."

ASCI further enhanced the training process by having staff complete the CANS with one family in their caseload, then give a presentation on the case to others who reviewed the rating and discussed any disagreements. The presentations also covered how the staff members intended to translate information gleaned from the CANS into the family's service plan.

ASCI's approach to CANS rollout — including their partnership with DHS, their dedication at all levels of leadership, the soup cans, and ongoing follow-up tips — has now become a national model, as agency staff were presenters at the annual conference of CANS users in November 2013. In addition, other Pennsylvania counties have sought ASCI's assistance with their own implementation processes.

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When troubled teens leave their family and go into emergency shelter care, there are two things that they *don't* need: (1) professional staff gathering information in a clinical style without sensitivity to their emotional trauma, and (2) having to tell their painful story repeatedly to the multiple people involved in their care.

The CANS has taken care of both of these problems, according to Lisa Ashbaugh, program director for child and adolescent services at the Human Services Administration Organization (HSAO), which serves youth in shelter care under a contract with DHS.

"Our staff go into shelters," Ashbaugh explained, "and ask intimate questions about the lives of kids who have never seen them before. People were skeptical that we would be able to get them to talk to us, but with the CANS we have had a good success rate. We can tell them that our goal is to have them share what they want and put it one place [the DHS database] so that they don't have to tell their story over and over again. That is a compelling offer for these kids."

Ashbaugh appreciates the CANS-Comprehensive for its thoroughness, its inclusion of strengths as well as needs, the detailed questions in its trauma module, and its effectiveness in communicating that each person's life story is important, not just his or her problems. She estimated that, of the more than 300 youth each year whom HSAO staff assess in Allegheny County shelters, no more than a dozen decline to complete the CANS.

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THE CANS CAN DO A LOT!

Who would have thought that one assessment tool could be responsible for so many improvements? According to its proponents, use of the CANS-Comprehensive in Allegheny County has had numerous positive results:

- Better rapport between staff and consumers
- More information gathered on a consumer's life experiences and attitudes
- Greater opportunity to incorporate the consumer's voice into planning and thereby motivate consumer engagement
- Greater assessment consistency across staff, due to the CANS certification process
- Elimination of the need for consumers to repeat their stories to multiple staff
- Development of shared assessment information and a common language among agency and provider staff
- Attention to consumers' strengths, not just their needs
- Availability of aggregate data reports to support supervision or system-level interventions

"I think the CANS has helped us speak a common language," stated Palaoro of DHS's behavioral health office. "Now we can look at issues across systems. If I say what's going on with a kid in the CANS, someone in child welfare can easily interpret it."

This communication depends on a shared database. In Allegheny County, everyone who uses the CANS enters the results of an assessment into DHS's database, known as KIDS (Key Information and Demographic System). For the first time, staff from multiple offices can view the same data on a client whom they are all serving. Just as important, since they are all familiar with the CANS, they interpret the information in essentially the same way.

Having all the CANS data residing in a shared database also makes updating the assessment easier. As a result, the client information "is fresh and relevant for today, not perpetually highlighting a bad decision from years ago," Orlando stated. In fact, staff can see only a client's most recent CANS answers in KIDS, unless they seek special permission to access earlier versions.

Sharing consumer information across agencies is the most obvious electronic application of CANS data, but Shayna Sokol, compliance officer at Family Services of Western Pennsylvania, has found more sophisticated ones as well.

"If questions three and 17 are high, I would encourage the staff person to have a presence in the school, because there may be some unaddressed or unidentified needs and the child may not experience success in school," Sokol declared.

What does she mean? On the CANS, question three rates how the child is functioning within a school setting, and question 17 asks about supports available to the child at school. So high scores on both questions means that the child is experiencing severe difficulties at school yet indicates that no one at the school is addressing his or her evident academic or behavioral needs or identifying potential strengths. For Sokol, that combination calls for an effort to involve school staff more actively in the child's life.

Sokol also uses the database for overall caseload analysis — for example, sorting answers to question 17 by school district to assess which districts appear stronger or weaker in supporting troubled youth. And Family Services has begun using the CANS as an outcome measure, looking at changes in ratings over time as an indicator of the consumer's growth or emerging difficulties.

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In addition to crediting the CANS with helping staff to understand and plan suitable services for their consumers, users frequently note that it enhances service outcomes by enabling the consumer's voice to be heard more clearly.

Sokol pointed out that, at Family Services, CANS users determine their ratings in conversation with consumers and families. "If you think they are a three on drug and alcohol needs and they think they are a zero, they may not be ready to actively resolve those concerns," she stated. "The process helps us to be transparent with families even when they don't think there is a problem. The CANS facilitates ongoing assessment and negotiation between the individual or family being served and the staff person."

Lucadamo observed that, while it would be irresponsible to make the service process totally consumer-driven — for example, no one would overlook a family member's suicidality just because the family denies that there is a problem — the CANS's open-endedness tends to foster the collaboration between professionals and consumers that is essential to achieving meaningful outcomes. "If you want people to make changes in their lives, they have to be a driving force in deciding on the changes that they want and are willing to make," she said. "Youth who have not bought into the plan are less likely to work toward goals that are decided for them if they don't see the same need."

Sokol agreed: "Success comes only from people having a say in what their success should be. We have tended to measure success by the goals that we set, as opposed to letting families decide who they are and what they want to be. The CANS is a perfect tool to put people in the driver's seat."

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With CANS implementation essentially complete, Allegheny County has moved on to introducing two similar assessments, also created by John Lyons, for use with adults and families, respectively: the Adult Needs and Strengths Assessment (ANSA) and the Family Advocacy and Support Tool (FAST).

As Orlando explained, the FAST introduces additional challenges because now more people are involved. "How do we collect information from an entire family? Do we talk with everyone or just with one person? How do we define who the family is? It's even harder than the CANS because now you have a family interaction component to consider."

While training agency staff and contracted providers on these tools, DHS has worked hard to display consistently what people in human services refer to as "parallel processes" — that is, those in charge live out the principles that they want others to implement. In this case, that means showing as much openness to the voices of agencies using the CANS as caseworkers should show when working with clients.

Sokol said that Orlando and the CANS implementation staff at DHS have been great models in this regard: "There is an open-mindedness and open-heartedness that you don't often see. They pull in feedback from all over the county, and they make learning interactive and fun. I appreciate people who genuinely show that they love their job and are focused on staff growth and development."

LOCAL ASSESSMENT IN THE CRIMINAL JUSTICE SYSTEM

Interest in a comprehensive, locally based assessment tool has spread to Allegheny County's justice system as well. DHS, the Allegheny County Jail and Allegheny County Adult Probation (part of the Criminal Division, Fifth Judicial District of Pennsylvania) are collaborating on development of a shared assessment tool with the goals of reducing redundant assessments, improving information sharing and saving money.

Unlike the CANS, criminal justice risk assessment seeks not only to learn the offender's needs but also to predict the likelihood of recidivism (i.e., committing additional crimes), so as to inform correctional and rehabilitation decisions. These multiple purposes add to the challenge of constructing a tool that is not overly long but provides the information needed by all entities involved.

"The jail may need to obtain information to guide its service planning — on mental health challenges, for example — that may not be a strong predictor of recidivism," explained Emily Kulick of DHS's research office, who is a member of the project team.

"So we might end up with a core set of questions that feed the algorithm to predict recidivism, and then add additional questions for other reasons."

Currently, Adult Probation and the jail use two different assessment tools, each with more than 50 questions, although both use a three-question proxy to weed out low-risk offenders who receive less intense supervision. Together, they conduct a combined 39,000 screenings per year at a total cost of less than $70,000 ($1.78 per screening).

Kulick described the local assessment project as a type of "justice reinvestment," in that the money not spent on administering commercially-marketed assessments could be invested in services that contribute to offender rehabilitation and thereby enhance public safety.

To validate the instrument, Adult Probation will administer it to 1,000 offenders; an outside evaluator will then analyze data on additional offenses committed by these individuals over a 12-month period so as to determine the predictive value of each question.

Feedback from the quarterly meetings of assessment "champions" frequently leads to changes and innovations. For example, Allegheny County has added a section on caregivers' trauma experiences to both the CANS and the FAST, to better understand emotional scars that could affect how people relate to children in their care. Similarly, DHS enhanced the ANSA with a module that enables users to record information on sexual orientation if a consumer wishes to discuss that topic.

Allegheny County is helping to replicate its successes as part of a five-county Pennsylvania child welfare demonstration project. Orlando hastened to stress, though, that DHS has learned from many others who have greater experience with these assessment tools, especially in Indiana and Tennessee. Orlando said that DHS's most distinctive innovation is the use of a single CANS version across agencies; Indiana, for example, uses the CANS statewide, but behavioral health and child welfare offices have two different versions.

"We've put a lot into this," Orlando sighed. So much so that, when DHS launched its version of the CANS, someone posted a mock baby announcement that read, "Robin Orlando and DHS are the proud parents of the CANS-Comprehensive." Indeed, just like having a baby, the labor is difficult but the rewards are great.