

# Collaborative Adventures



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## *Using the CANS to Communicate Results*

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Using data to communicate program quality is a must for all system of care communities. Since the CANS was implemented two years ago across the state of Indiana, my life as a communications person has been easier. I no longer have to translate HAPI or CAFAS results to community partners. I can just say “76% of our kids are living in a home that’s consistent with their permanency plan.” This wasn’t possible before the CANS was implemented, at least it didn’t seem possible.

For me, the CANS has a cool factor. It removes the subjectiveness of treatment planning - that’s cool. It helps systems transform services and identify gaps - that’s cool. It helps systems of care more clearly communicate outcomes - that’s cool. At the Dawn Project, I am impressed with how the care coordinators use the CANS to decide which level of care (there are four levels of care within Dawn) each child is placed and then can use the CANS to help families identify what their needs AND strengths are. But, in 2008 when we developed an outcomes report for Dawn funders I really saw the full benefit.

To help illustrate the difference the CANS has made, I dug out a Dawn newsletter from 2002 about “early” Dawn evaluation results from Marion County’s federal grant. “We have 6 and 12 months of clinical functioning scores as measured by the CAFAS, and have found both clinically and statistically significant improvement in the changes in average scores over time. Additionally, our preliminary examination of recidivism suggests that rates are significantly lower for children who successfully complete the Dawn Project as compared to children who leave the program prematurely.” That was how we reported outcomes in 2002.

With the CANS, we report outcomes like:

- 77% of youth were living in the community
- 94% of youth referred by the Marion Superior Court Juvenile Division did not engage in delinquent behaviors at the time of their most recent assessment, compared to only 50% at intake.
- Caregivers enrolled for at least six months had 76% of their physical, mental health, substance use and developmental needs addressed.

The development of our more recent outcomes reports was truly a collaborative process. The Dawn Project leadership team provided important information on the intended audience for the report and on the purpose of the report itself. Specifically, the leadership team identified Dawn’s current funders (i.e., child welfare, juvenile probation and education) as the primary audience for the report. Since these funders had worked with the Dawn Project for many years, our report did not need to include a lot of background information on Dawn, systems of care or wraparound. Had the audience for the report been less familiar with the Dawn Project, as is the case in some of our newer programs, we would have given more attention to introducing the reader of the report to the values and principles of system of care and the wraparound process. Additionally, the leadership team helped clarify that the primary purpose of the report was to assess the effectiveness of Dawn’s new funding structure.

Choices’ outcomes and evaluation team worked closely with me, as the communications director, to understand the CANS, the various levels at which the CANS could be analyzed and how to interpret the results. Through this collaboration, we were able to communicate key results in a way that was simple and easily understood by our funders and other community partners. Even if your organization does not have dedicated outcomes and evaluation and communications staff, the importance of looking at the data from multiple perspectives and making sure the information

needs of your audience are being met, is an important lesson we have learned as we have moved to incorporating the CANS into our reporting process.

If you would like to see other examples of our outcomes reports, visit our Web site [www.choicesteam.org/choicesreports](http://www.choicesteam.org/choicesreports).