Statewide Implementation of CANS with the Support of eCANS

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- State administered child welfare system
- 254 counties with 28,304,596 population (2017), of which 7,366,039 were children
- 3 Top 10 cities in US by population
  - Houston (#4), San Antonio (#7) , Dallas (#9)
- Daily in FY2018, 32,415 children were in care
- 174,740 investigations (23.3/ 1000)
- 19,864 children removed in FY2017

Picture of Medical Services

The CPS Medical Services Team consists of well-being specialists, nurse consultants and program specialists housed in state office and regionally across the state. The team has expertise in the following areas:

- Medical Consent
- Star Health
- Primary Medical Needs
- Assessments
- Trauma Informed Care
- Health Passport
- Mental Health and Substance Abuse
- Psychotropic Medications

Why did we need CANS?

- Challenges to person-centered, effective work:
  - Overuse of psychological evaluations
  - Cookie cutter service planning
  - Caseworkers challenged with prioritization of services
- Emphasis on trauma informed care, evidence-based services was growing
- As a "low removal state" (2.65 per 1000), the impression was children that were removed had greater, more complex needs. We had no way of really knowing
- Needs should drive the service delivery
- Permanency and Well-Being of child were impacted by effective assessment of needs and strengths

- In 2015, Texas Legislature enacted law requiring trauma-informed, developmentally appropriate, evidence-based assessment to be determined by the agency within first 45 days of child entering care.

- Contributing factors:
  - Inexpensive, assessors can be any license type.
  - Not intrusive, guides indication for other assessments.
  - CANS was in use by local mental health authority and other service providers already
  - Compatible with the STAR Health program, Medicaid
  - Stakeholder support

- But there were issues to tackle!

Who would be the assessor: Caseworkers or Service Providers?

- IVE waiver initially proposed caseworkers as assessors, due to positive impact on person-centered focus and family engagement
- Residential providers using the CANS used case managers for the assessment
- CPS in many areas experienced high turnover, inadequate resources for super skilled users

- Medicaid covered the cost for the initial CANS and an annual CANS.
- Behavioral health support through STAR Health was available in most areas, with MCO able to train and monitor quality.
- Residential or Behavioral Health providers using the CANS more frequently (every 30 – 90 days) could use the assessment.

Decision: MCO to be assessor (initial and annual). All CANS to use the same version and enter into eCANS.

Texas 2.0

- Foundation was the local mental health version, already in use statewide
- Built with DSHS, for compatibility and to use their lessons learned
- Added trauma scale, suicide screening; tailored version to child welfare
- Built with FSNA tool in use
- Algorithm built with MCO and DSHS to match with services

Why eCANS?

- DFPS already had a data sharing relationship with Chapin Hall
- Needed a single repository that interfaced with the child's health passport
- Needed a single repository accessible by CANS assessors all over the state
- Needed it to be user friendly and available to all types of assessors

- Partnership: CPS, Chapin Hall and Superior
- Business process mapping helped identify the protocol
- Data marriage was tricky

Results: Data interface occurs nightly and (within 2 business days of completion) auto-populates to the Health Passport. It is visible to the caseworker, legal parties, medical consenters, and behavioral health clinicians.

eCANS Demo:

- Home page

- User role
  - Create assessment
  - How to find one
  - How CANS looks in the system

- Analysis role
  - What you can pull up and see

So, how does it work?

- Within 21 days of child's removal, caseworker must complete the Family Strength and Needs Assessment (FSNA) and fax it to STAR Health. There, it is uploaded into the child's Health Passport and used to inform the CANS assessment.

- If child is 3 years or older, CANS must be obtained within the first 30 days of removal. If younger, the CANS is obtained when the child turns 3.

- Upon completion of the CANS, it is automatically transmitted to the child's Health Passport within two business days.

- CANS results are used in the development of the service plan with the family, due to the Court within 45 days of removal.

Initially: we focused on completion rates.

- Staff prompted and reminded direct delivery staff to get a CANS completed.
- We tackled barriers to CANS completion (capacity issues, confusion).
- We monitored through case reviews.
- We improved access to the actual CANS report.
- DFPS and Chapin Hall worked out a data exchange, allowing DFPS to obtain raw data 2x/month for matching with child data.

We integrated CANS results into the health delivery system, using it to determine service delivery needs:

- Data is transmitted daily to STAR Health MCO.
- Raw data contributes to their service delivery analysis and MCO algorithm (helps identify need for service management).
- MCO does the quality assurance, training, assessor recruitment.

In September 2017, Chapin Hall deployed the eCANS system reports suite, which includes four reports that may be generated from approved CANS assessments in eCANS. The four report types are:

- One child/One CANS
- One child/Many CANS
- Many children/One CANS
- Many children/Many CANS

One Child One CANS

- The user can select one CANS assessment for one child and presents the item ratings on the child's needs and strengths in a bar chart. The user can search for a child by unique identification number or by name. The user may select the specific domains (or all) that they would like to include in each report.

- This report is useful for showing a child's needs and strengths at a specific point in time (at initial assessment, re-assessment, closing).

TEXAS
Department of Family
and Protective Services
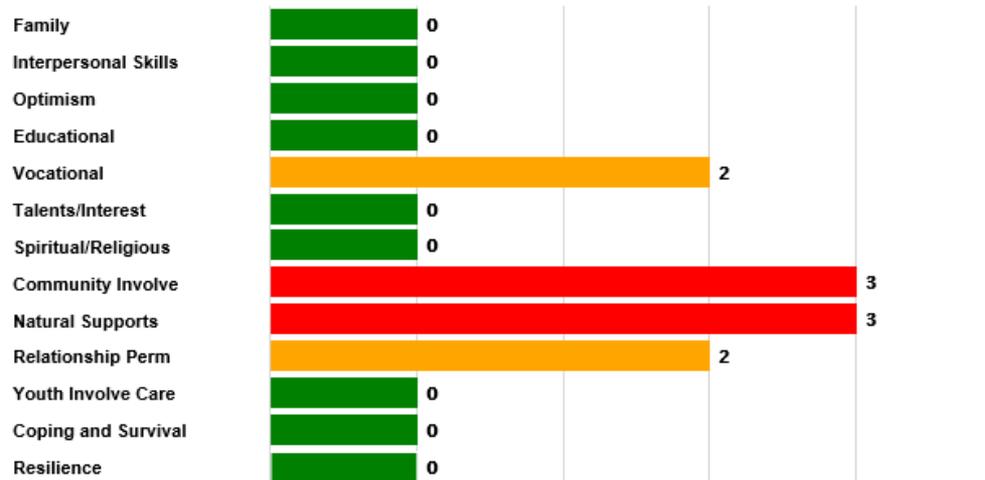
One Child One CANS

Service Recommendations
· Adult Mentor
Youth has met the criteria for an Adult Mentor. Consider contacting community resources (e.g., Boys and Girls Club, Big Brothers/Big Sisters, faith based community resources, community engagement.) When selecting mentors ensure you are following minimum standards and DFPS policy.
· Extracurricular Activities
Youth has met the criteria for Extracurricular Activities. Consider any activities that may be offered in the community. It may be helpful to use the caregiver and other community supports as a resource to identify extracurricular activities in the community (e.g., boys and girls club, recreational sports, dance, boy/girl scouts, art programs).

Child Strengths

Category	Value
Family	0
Interpersonal Skills	0
Optimism	0
Educational	0
Vocational	2
Talents/Interest	0
Spiritual/Religious	0
Community Involve	3
Natural Supports	3
Relationship Perm	2
Youth Involve Care	0
Coping and Survival	0
Resilience	0

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One Child Many CANS

- This report allows the user to quickly access child progress over time on all CANS Needs and Strengths items. The report displays item ratings across any two completed assessments (assessment time-points) that the user selects.

- *Note: A child must have at least 2 approved assessments in order to appear in this report. This report includes child information only; it does not include caregiver information.*

Child Strengths
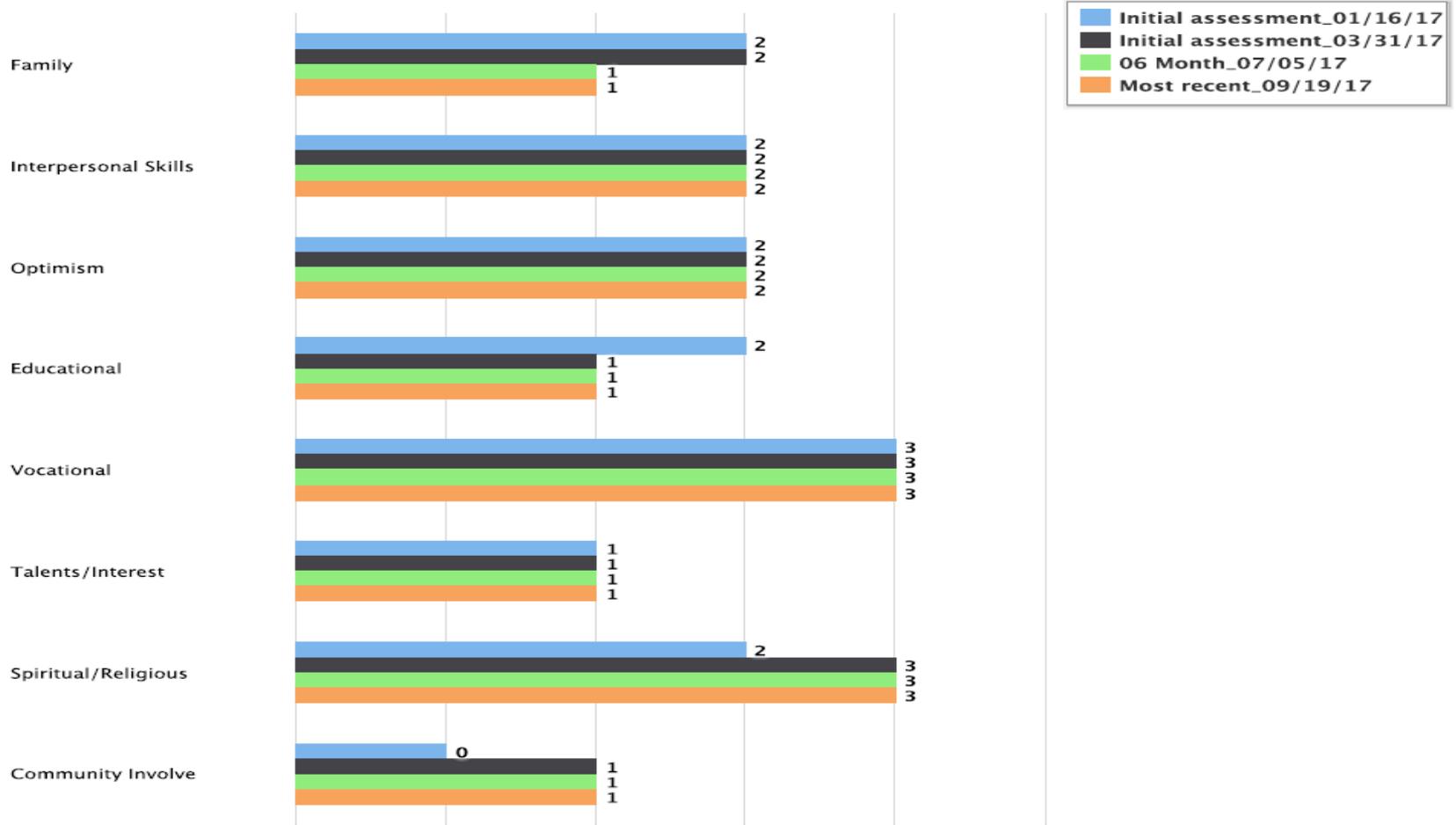
Many Children One CANS

- This report allows the user to select one CANS assessment from more than one child to compare the children selected across specific items. Based on the user access level, the user may have the options to filter comparisons by selecting various fields such as child age, assessor name and status of child welfare involvement. The user may also view aggregate reports by agency and/or county (if applicable) and state; the user will not select children in these instances since children who meet the report criteria will automatically be selected. These reports present the proportion of children at each rating level for items in the domains.

Many Children One CANS (continued)

This report has many uses:

- Assessors can compare the needs and strengths of children on their caseload to see if they need additional supports.

- Supervisors can look at child needs and strengths on different caseloads to help manage caseload across assessors.

- Aggregate reports show the needs and strengths of children in the agency, county or state by proportion of children being rated at each level, and a user can compare the needs and strengths of the children they serve to other groups to see where they are similar or different, and how this might inform service provision.
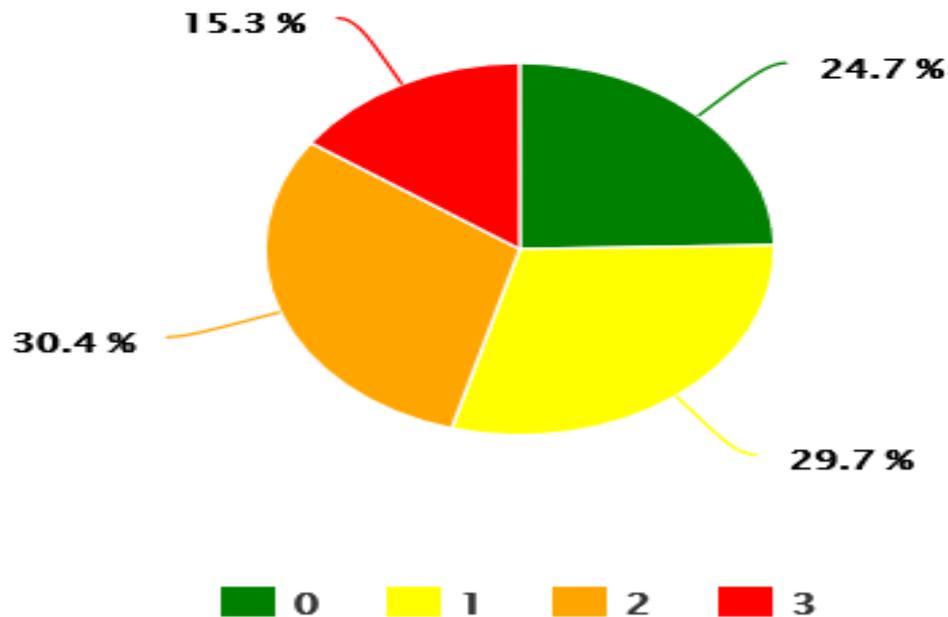
Many Children Many CANS

- This report allows the user to quickly access a cohort's progress over time on items in domains. This report displays the proportion of clients in a given cohort with actionable or non-actionable need on the item at time-point 1, and compares it to the proportion of clients in the cohort who had an actionable or non-actionable need on the same item at time-point 2.

- *Note: This report includes child information only; it does not include caregiver information.*
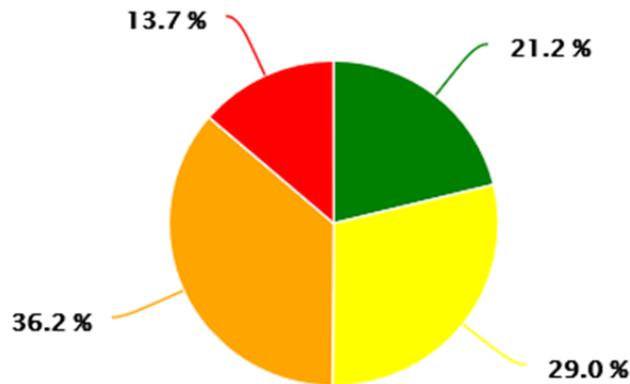
Many Children Many CANS
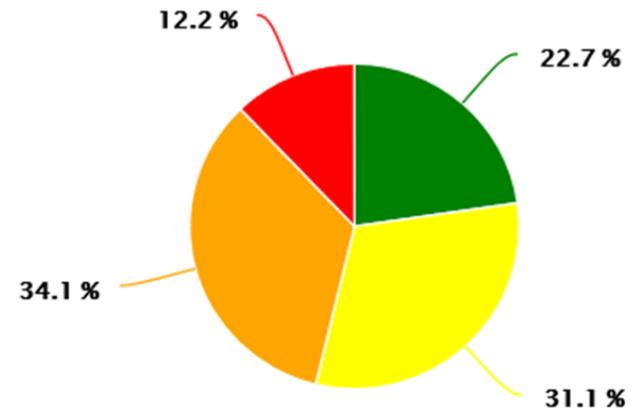
- 23,100 children removed had more than 30 days during which they were eligible to have a completed CANS assessment by virtue of being in care for more than 30 days after the later of either (a) their removal date or (b) their third birthday. Of these children, 15,310 (66%) had a completed CANS.

- 7,061 children, (31% of the 23,100) had a CANS assessment completed within 30 days of becoming eligible for a CANS assessment.

- 22,899 of the children eligible had more than 45 days of CANS eligibility. Of these, 9,448 children (41%) had a CANS assessment completed within 45 days of becoming eligible for a CANS assessment.

Trends Over Time

- As shown below, for children who entered care since the beginning of FY2018 and who had more than 60 days of CANS eligibility, the proportion of children getting CANS assessments within the first 30/45 days of becoming CANS eligible has remained relatively constant. Children who receive a CANS assessment are most likely to have one by day 30. At present 67% of children with more than 60 days of CANS eligibility since Sept. 1, 2017 have received a CANS assessment.

- The reason that the graph doesn't appear to show that 67% of CANS eligible children have their CANS, is that it is shortened to only include children who became CANS eligible during the current fiscal year. The red portion of the graph (CANS after day 61 of CANS eligibility) gets larger the further back you go, since there has been more time for these children to have a CANS.

**Percentage of Newly Eligible Children
Who Receive CANS based on Week of Initial Eligibility (FY2018)**

Legend:
- 61 days +
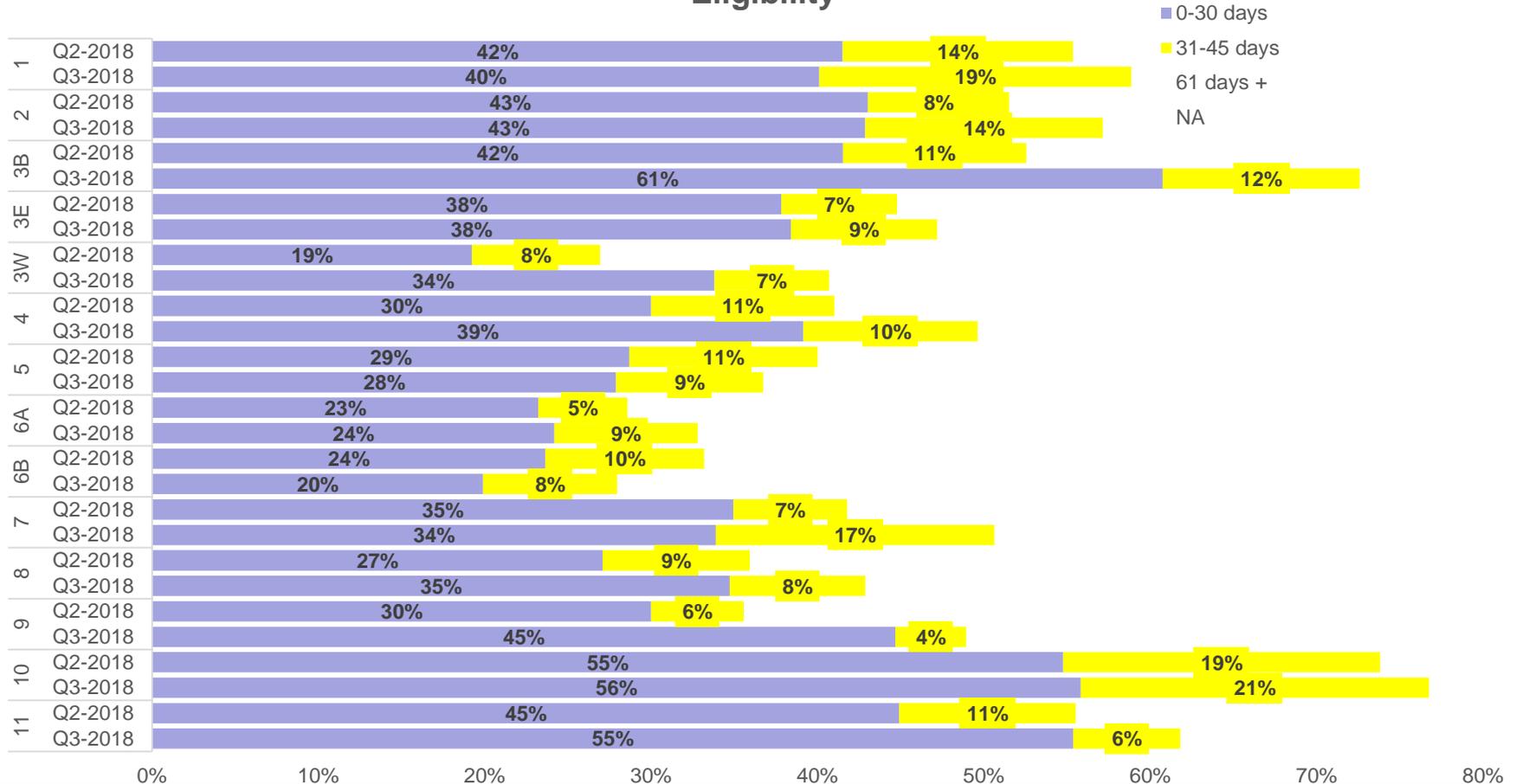- 46-60 days
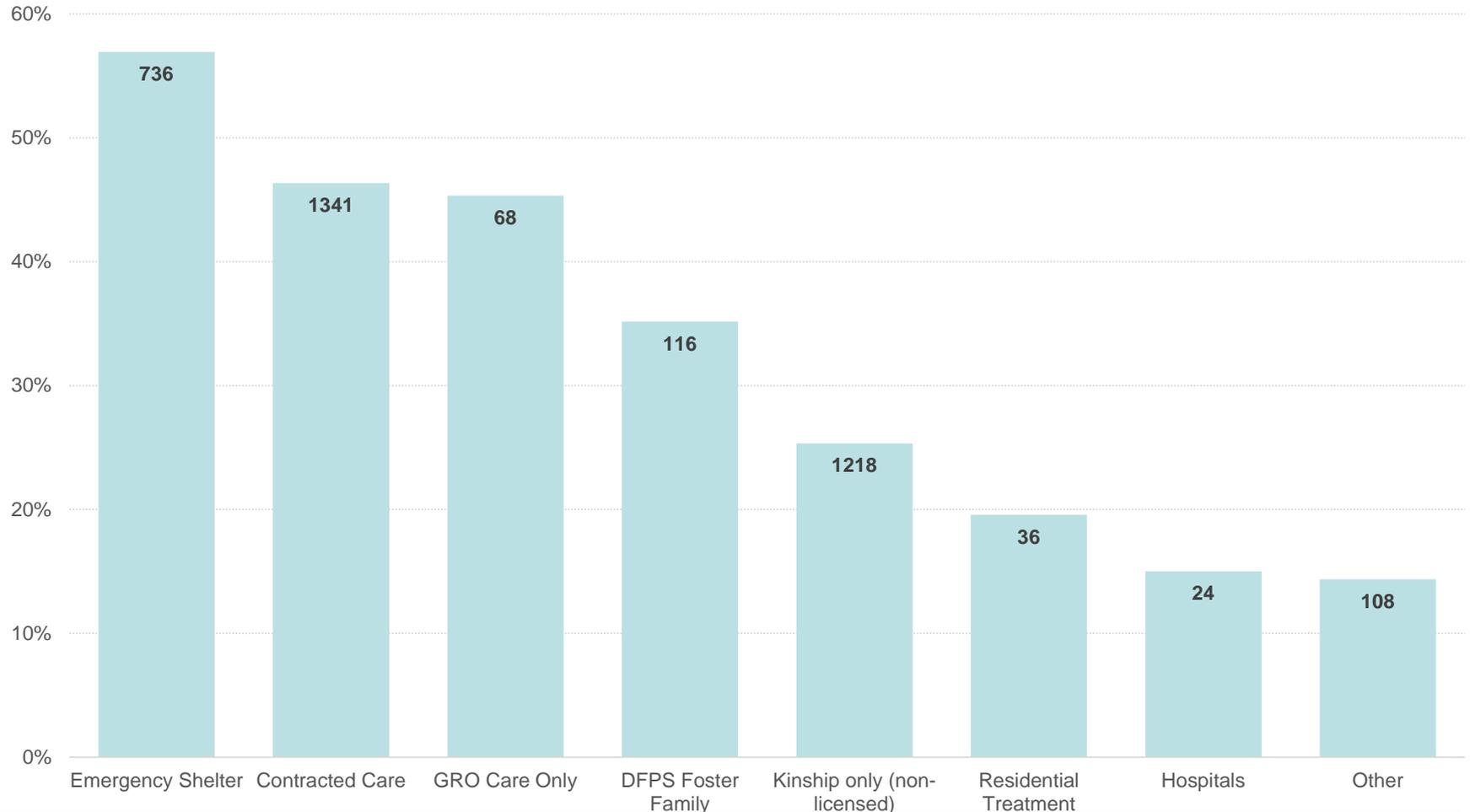- 31-45 days
- 0-30 days

X-axis: 8/31/2017, 11/23/2017, 2/15/2018, 5/10/2018

CANS Completion by Legal Region
and Quarter of Eligibility for Children With More than 45 days of CANS Eligibility

Legend:
- 0-30 days
- 31-45 days
- 61 days +
- NA

Region	Quarter	0-30 days	31-45 days
1	Q2-2018	42%	14%
1	Q3-2018	40%	19%
2	Q2-2018	43%	8%
2	Q3-2018	43%	14%
3B	Q2-2018	42%	11%
3B	Q3-2018	61%	12%
3E	Q2-2018	38%	7%
3E	Q3-2018	38%	9%
3W	Q2-2018	19%	8%
3W	Q3-2018	34%	7%
4	Q2-2018	30%	11%
4	Q3-2018	39%	10%
5	Q2-2018	29%	11%
5	Q3-2018	28%	9%
6A	Q2-2018	23%	5%
6A	Q3-2018	24%	9%
6B	Q2-2018	24%	10%
6B	Q3-2018	20%	8%
7	Q2-2018	35%	7%
7	Q3-2018	34%	17%
8	Q2-2018	27%	9%
8	Q3-2018	35%	8%
9	Q2-2018	30%	6%
9	Q3-2018	45%	4%
10	Q2-2018	55%	19%
10	Q3-2018	56%	21%
11	Q2-2018	45%	11%
11	Q3-2018	55%	6%

CANS Completion by Day 30 of CANS Eligibility by Placement Type (FY 2018)

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3 IN 30 — A COMPREHENSIVE APPROACH TO BETTER CARE FOR CHILDREN

1 3-Day Initial Medical Exam
In 3 business days, children entering DFPS care must see a doctor to be checked for injuries or illnesses and get any treatments they need.

2 CANS Assessment
In 30 days, children (3 or older) must get a CANS assessment. The CANS is a comprehensive trauma-informed behavioral health evaluation. It gathers information about the strengths and needs of the child and helps in planning services that will help the child and family reach their goals.

3 THSteps Medical Check-Up
In 30 days, children must see a doctor for a complete check-up with lab work.
This makes sure:
- We address medical issues early.
- Kids are growing and developing as expected.
- Caregivers know how to support strong growth and development.

- Technical Assistance with Chapin Hall to identify aggregate options for analyzing outcomes.

- Involve users in the discussion of options for buy in.

- Strengthen incorporation of CANS results into the service planning.

- Strengthen service availability based on needs identified from CANS for children in care.

- Public agency website:

http://www.dfps.state.tx.us/Child_Protection/Medical_Services/

- Liz Kromrei's contact information:

Elizabeth.kromrei@dfps.state.tx.us

512-438-3291

- CANS email box (answered by Rebecca Pope or Brandi Young)

CANS@dfps.state.tx.us

- Texas 2.0 CANS resources

praedfoundation.org/tools/the-child-and-adolescent-needs-and-strengths-cans/texas/