
Yes We CANS: how a county and one of its community-based organizations are creating a service designed to infuse TCOM principles into all levels of the system

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WESTCOAST CHILDREN'S CLINIC



Alameda County
Social Services
Agency

Introductions

Learning Objectives

- Upon completion of this activity, participants will be able to **identify the method and purpose of collaboration on CANS assessments** between WestCoast Children's Clinic and Alameda County Social Services for youth and families involved in the child welfare system
- Upon completion of this activity, participants will be able to **recognize the challenges and successes of the initial implementation phase of the SSA-CANS** (Social Services Agency Child and Adolescent Needs and Strengths) screening service
- Upon completion of this activity, participants will be able to **indicate the ways in which SSA-CANS assessments are designed to embody the TCOM framework** at every level of the system
- Upon completion of this activity, participants will be able to **define a case example that highlights this service and understand the screening tools** clinicians are utilizing to gather CANS data with clients

History of the SSA-CANS Service

- **California State Mandate for all youth to be screened using the CANS (2018)**
- **Focus of SSA-CANS is youth in care who are *not* currently receiving any mental health services**
- **Initial contact from Social Services to WestCoast Children's Clinic (as extension of our work at the Assessment Center)**
- **Pilot Program development: Oversight Committee with Leadership, Formal Pilot of the Service with a Group of Clinicians**

The Service Today: An Overview

- **30-Day screening service**
- **Gather general information about how the youth/family is doing**
- **Support the youth/family in collaboratively completing the CANS and identifying their top three priorities that will inform case plan**
- **Review the completed CANS/Summary Form with the youth/family *prior* to the case-planning CFT (Child and Family Team Meeting)**
- **Empower the youth/family to take the lead in sharing this information at the meeting**

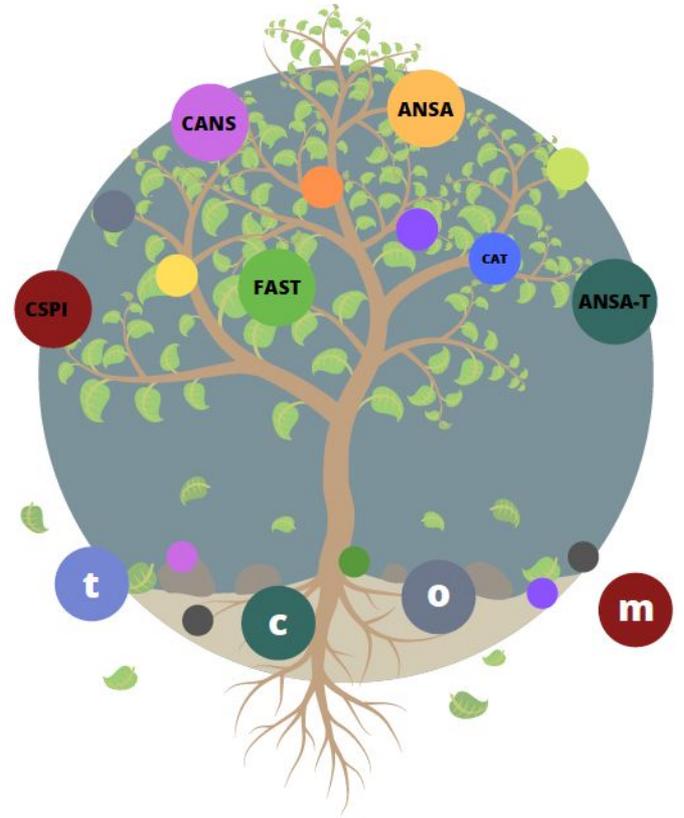
TCOM

Transformational: Our work is focused on personal change.

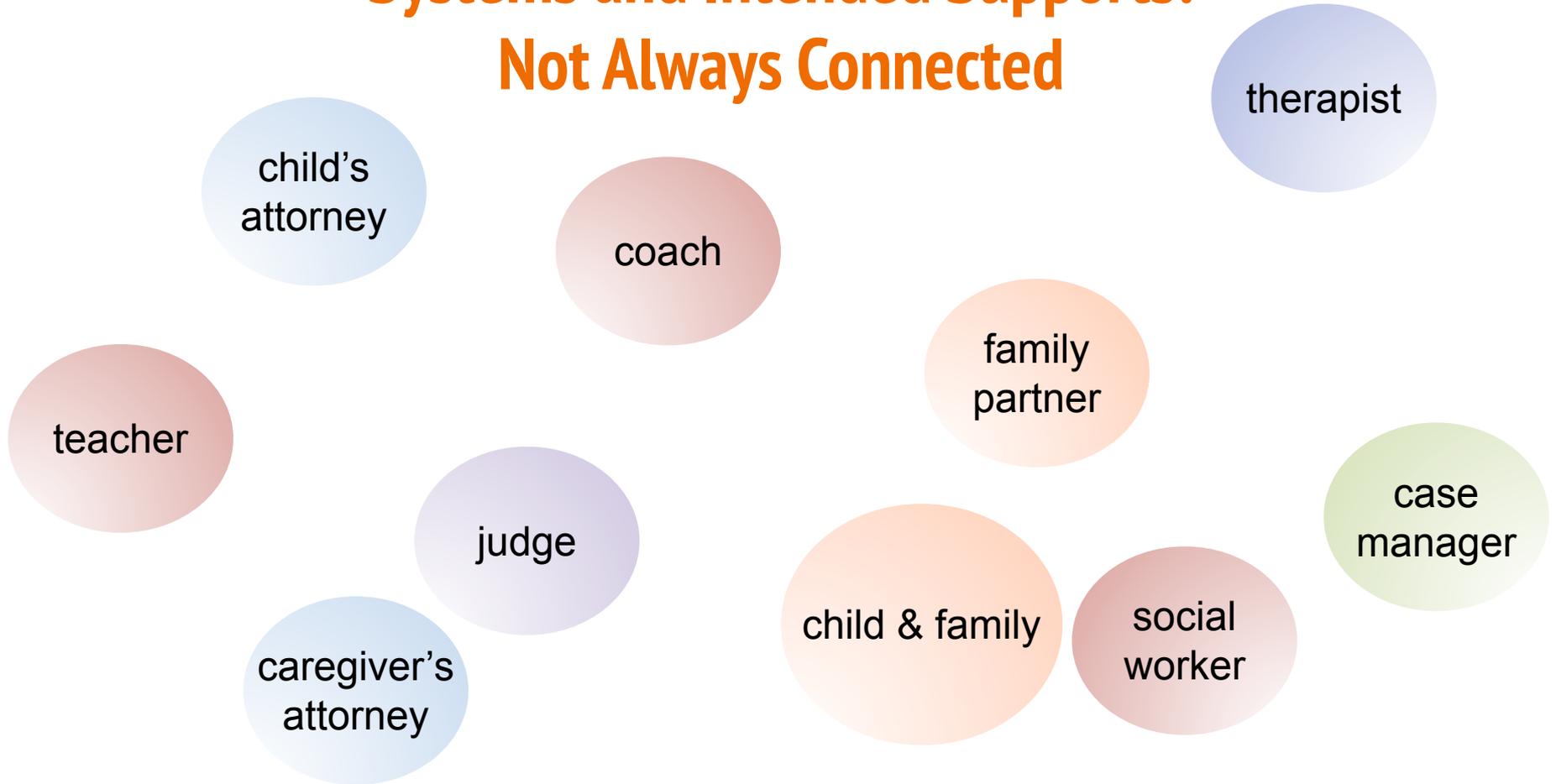
Collaborative: We must develop a shared understanding and vision.

Outcomes: What we measure is relevant to the decisions we make about the strategies and interventions we use.

Management: Information gathered is used in all aspects of managing the system from planning for individuals and families, to supervision, and program/system operation



Systems and Intended Supports: Not Always Connected



Transforming What?



TCOM Framework: Clients ↔ Providers

- **Screenings: short-term, less trauma-saturating, present- and solution-focused, wide range of ages**
- **Helps newly hired providers ease into work**
- **Framed as a collaborative, transparent, therapeutic enterprise from start**
- **Strengths-based and client-centered; no surprises for CWW or family**
- **The service and CFT meetings empower youth and family voice**
- **Process and content are understood as interdependent and providers hold cultural humility and sensitivity throughout**

TCOM Framework: Providers ↔ Coordinator

- **Monthly small-group orientations for new providers**
- **Ongoing trainings/refreshers for providers new to this service**
- **Overview sheets, step by step guides, tools for streamlining the service**
- **Referrals organized by family, language, and CWW**
- **Cases assigned as providers have capacity**
- **Anyone can do the service; they can bill for everything they do (not Medi-Cal)**

TCOM Framework: Providers ↔ Coordinator cont.

- **Email introduction for all involved to reduce “phone tag”; Zandra as backup**
- **Shorter CANS (California IP-50 version), less paperwork**
- **Weekly spreadsheet to track progress and support CWW engagement**
- **Encrypted email service for sending completed forms to families/CWW's**
- **Coordinator completing screenings alongside clinicians**
- **Ongoing feedback and improvement to the service (Service Overview)**

TCOM Framework: Coordinator ↔ Overall Agency

- **Weekly meetings**
- **Staff engagement strategies**
- **Collaboration across all agency programs**
- **Designated FTE for several clinicians**

TCOM Framework: Agency ↔ Social Services

- **Pre-screening for referral eligibility by Social Services and by Coordinator**
- **Aligned electronic referral system for ease of data entry**
- **Monthly meetings and ongoing email communication**
- **Comprehensive staff rosters created and shared**
- **Service designed to fit existent CFT meeting structure**
- **Monthly data summary sent to Social Services liaisons by Coordinator**
- **Visits in person (pre-COVID) to meet with the others' staff members**

TCOM Framework: Social Services ↔ System Partners

- **Behavioral Health representative now attends meetings and is in communication with Social Services**
- **Efforts to promote cross-system data sharing for the first time**
- **Other counties in the area are seeking out collaboration with us regarding the process and structure of the SSA-CANS service**

Primary NEEDS and How We're Addressing Them

- **Provider and social worker buy-in to a new service**
- **Telehealth challenges (CANS/CFT's)**
- **Ensuring all referrals on list are eligible**
- **Higher rate of declinations among older youth**
- **Linkages and follow up; evidence in case planning**
- **Annual reviews**
- **Data collection and sharing; Developing a survey to hear families' and providers' input and experience of the process**

Primary STRENGTHS

- **Positive feedback about the collaboration from all levels of the system**
- **Communication across systems much improved**
- **Increased rate of successfully completed screenings**
- **Easier and more expedited referral system**
- **Over 400 referrals sent to date with data tracking system in place**
- **Providers now actively seeking referrals, some with designated FTE (0.15); (diversifies caseloads, builds a skillset, reduces burnout)**

Domains of Inquiry

STRENGTHS/ FORTALEZAS

CANS 6-17 Items to Consider/ *Temas del CANS 6-17 a considerar*

Family Strengths <i>Fortalezas de la familia</i>	Interpersonal <i>Interpersonal</i>	Educational Setting <i>Ambiente educativo</i>	Talents and Interests <i>Talentos e intereses</i>
Spiritual/Religious <i>Espiritual/Religiosa</i>	Cultural Identity <i>Identidad cultural</i>	Community Life <i>Vida en comunidad</i>	Natural Supports <i>Apoyos/Suportes naturales</i>
Resiliency <i>Resiliencia</i>	Resourcefulness <i>Ingenio</i>	Optimism <i>Optimismo</i>	

OPENING DISCUSSION

What does your child do well? What are your child's strengths/assets? What makes your child resilient? What are you most proud of in your family; what works well in your family? What helps you get through challenges? What brings you joy?

CONVERSACIÓN INICIAL:

¿Qué hace bien su hijo? ¿Cuáles son las fortalezas o virtudes de su hijo? ¿Qué hace que su hijo sea resiliente? ¿Qué le enorgullece más de su familia? ¿Qué funciona bien en su familia? ¿Qué cosa le ayuda a usted cuando enfrenta dificultades? ¿Qué le provoca a usted alegría?

Brief Case Example

Clinician Feedback

I'd say that both of my experiences with completing CANS assessments were moving. For me it was a great growth opportunity to expand my understanding of child development in application to young kids, because I don't usually work with that age group or with parents. I also really appreciated getting to connect with parents/caregivers, hearing their reflections and observations of the kiddos, and providing space to truly hear them and what was going on, and supporting them in elevating their voice within the child welfare system.

-- WestCoast Provider (TAY Program)

Q & A

Thank You Very Much

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