



**COUNTY OF SAN DIEGO
HEALTH AND HUMAN SERVICES AGENCY
BEHAVIORAL HEALTH SERVICES
CHILD WELFARE SERVICES**

TCOM Conference 2020

Virtual CANS conversations in Child and Family Team Meetings

November 2020





LIVE WELL SAN DIEGO

San Diego County's vision of region that is
Building Better Health, **Living Safely** and **Thriving**

BUILDING BETTER HEALTH

Improving the health of
residents and supporting
healthy choices

LIVING SAFELY

Ensuring residents are protected
from crime and abuse,
neighborhoods are safe, and
communities are resilient to
disasters and emergencies

THRIVING

Cultivating opportunities
for all people and
communities to grow,
connect and enjoy the
highest quality of life

CONTINUUM OF CARE REFORM (CCR) VISION



LIVE WELL
SAN DIEGO

- To ensure best outcome for children and family's who interact with our systems in California, CCR was created.
- The intent of CCR is to have children and youth, who must live apart from their biological family, live in a permanent home with a committed adult(s) who can meet their needs.
- Youth will receive high quality, effective services to mitigate any impact
- Effective accountability and transparency drive Continuous Quality Improvements for state, county, and providers.

INTEGRATED CORE PRACTICE MODEL



The **Integrated Core Practice Model** provides practical guidance and direction to support counties in the delivery of children, youth, non-minor dependent, and family focused services.

- Receiving services from different public agencies creates major obstacles and challenges for youth and caregivers and is also a barrier for providers.
- Approximately 50% of families will be served by parallel or secondary systems.
- More than 25% of youth will be served by a at least one additional county.
- ICPM closes the gaps to access, coordination, information sharing and service delivery.

The California Integrated Core Practice Model for Children, Youth, And Families



Child Welfare, Juvenile Probation, and Behavioral Health
Building Resilience for Partners

CCR & CHILD AND FAMILY TEAMS (CFTS)



- San Diego County has used family centered meeting for over 10 years (TDM's, Family Centered Meetings)
- Effective January 1, 2017, county child welfare and juvenile probation agencies were required to use the CFT model to all children, youth, and NMDs in out of home care.
- Effective authentic engagement is the single best predictor of treatment success, regardless of the service sector.
- Each family member is asked and supported to voice their strengths, preferences, and needs as equal partners in the decision-making process. The key professional behaviors are to listen and to suspend judgement.

THE CHILD AND FAMILY TEAM



CFT meetings are one tool of the CFT engagement and service delivery process.

Team meetings are critical opportunities to demonstrate the principles of effective core practice, including empathy, empowerment, and awareness about the impact of trauma.

The Child and Family Team:

Child/Youth/NMD
Family

Tribal Partners
Professionals

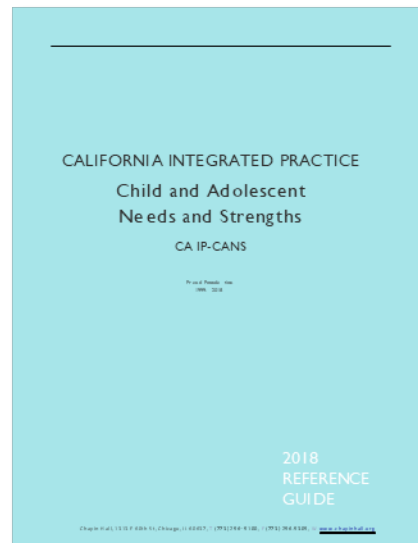
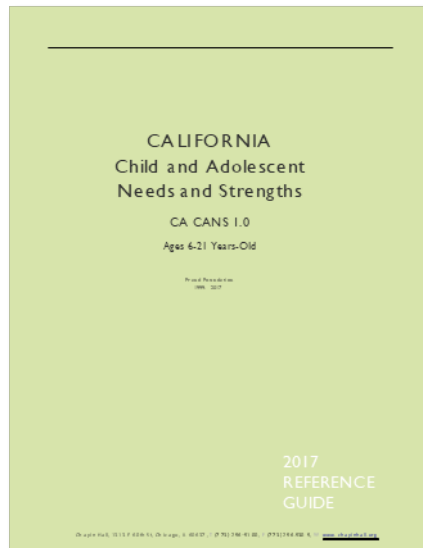
Skilled & Trained
Facilitator

Natural Supports
Community Supports





SHARING CANS = ONE CANS



DHCS CANS: California CANS 50

- Behavioral/Emotional Needs, Life Functioning, Risk Behaviors, Strengths, Cultural Factors and Caregiver Resources and Needs

CDSS CANS: Integrated Practice-CANS

- Includes the items from the CA CANS 50 plus – Traumatic/ Adverse Childhood Experiences and Early Childhood Domain (for birth through age 5)

Use of the CANS over time allows for the monitoring of outcomes and services



IMPLEMENTATION IN SAN DIEGO COUNTY

- Roll out for youth age 6 – 21 effective:
 - BHS – July 1, 2018
 - CWS - October 2018
- Roll out for Early Childhood 0 – 5 years old:
 - BHS - July 1, 2019
 - CWS – October 2018
- Communication, Communication, Training and more Training
 - Super User Group (2018-2020) / Best Practice Group (July 2020)
 - Multiple virtual CANS trainings offered to BHS providers and CWS Social Workers



YEAR 2 - SUPPORTING CANS IMPLEMENTATION

- Leveraging CANS data to develop system tools/resources
 - Graphic report – aligns CANS data to Social Determinants of Health/
LWSD Areas of Influence to measure improvement at system level
 - Helps integrate / guide needed services / interventions
 - Crosswalk ACES to CANS
 - Strengths mapping in Client Plan

CANS DATA – BEHAVIORAL HEALTH



CANS TOOL LINKAGE TO ACES SCREENING

ACES Questions	CANS Trauma Module Item
1. Did a parent or other adult in the household often or very often... Swear at you, insult you, put you down, or humiliate you? or Act in a way that made you afraid that you might be physically hurt?	3. Emotional Abuse
2. Did a parent or other adult in the household often or very often... Push, grab, slap, or throw something at you? or Ever hit you so hard that you had marks or were injured?	2. Physical Abuse
3. Did an adult or person at least 5 years older than you ever... Touch or fondle you or have you touch their body in a sexual way? or Attempt or actually have oral, anal, or vaginal intercourse with you?	1. Risk Abuse
4. Did you often or very often feel that ... No one in your family loved you or thought you were important or special? or Your family didn't look out for each other, feel close to each other, or support each other?	4. Neglect
5. Did you often or very often feel that ... You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? or Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?	4. Neglect

CANS DATA – BEHAVIORAL HEALTH



CANS TOOL LINKAGE TO ACES SCREENING

6. Were your parents ever separated or divorced?

**11. Disruption in Caregiving /
Attachment Losses**

7. Was your mother or stepmother: Often or very often pushed, grabbed, slapped, or had something thrown at her? or Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard? or Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?

**6. Witness to
Family Violence**

8. Did you live with anyone who was a problem drinker or alcoholic, or who used street drugs?

**10. Victim/Witness to
Criminal Activity**

9. Was a household member depressed or mentally ill, or did a household member attempt suicide?

**9. Natural or
manmade disasters**

10. Did a household member go to prison?

**12. Parental Criminal
Behavior**

CANS DATA – BEHAVIORAL HEALTH



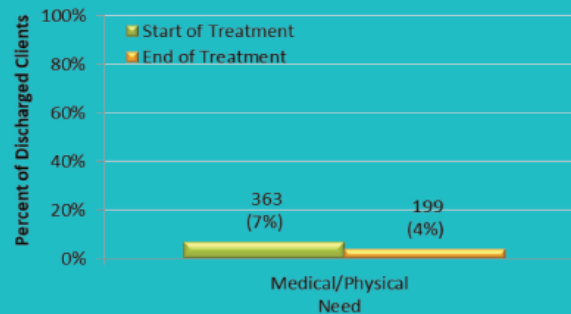
SOCIAL DETERMINANTS OF HEALTH MAPPED TO CANS ITEMS

COUNTY OF SAN DIEGO CHILDREN, YOUTH & FAMILIES BEHAVIORAL HEALTH SERVICES
LIVE WELL SAN DIEGO AREAS OF INFLUENCE: Q1-4 FY 2019-20

Progress on the LWSD Areas of Influence was measured for youth who discharged from services between July 2019 and June 2020. The Child and Adolescent Needs and Strengths (CANS) assessment was chosen to represent San Diego's Areas of Influence because it broadly measures a child's functioning.

HEALTH (N=5,245)

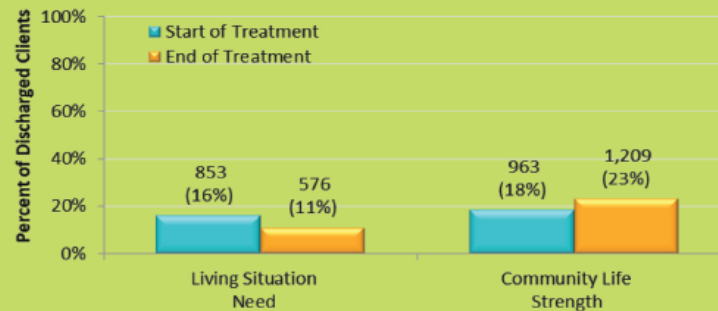
Physical activity
Connection to Health Home
Healthy Food
Immunizations



CANS items
Medical/Physical Need



CANS items
Living Situation Need
Community Life Strength



COMMUNITY (N=5,245)

Safe neighborhoods
Access to Parks
Recreation Centers
Access to Extracurricular Activities

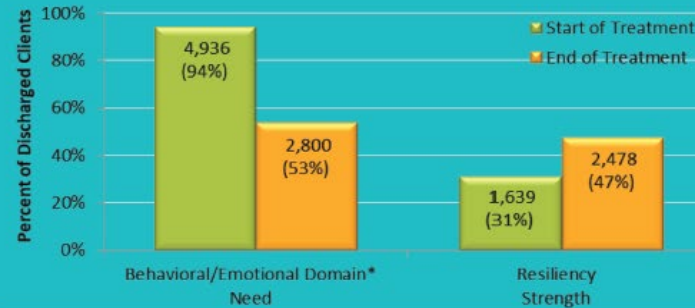
CANS DATA – BEHAVIORAL HEALTH



SOCIAL DETERMINANTS OF HEALTH MAPPED TO CANS ITEMS

STANDARD OF LIVING (N=5,245)

Access to Healthcare
Access to Behavioral Health Services

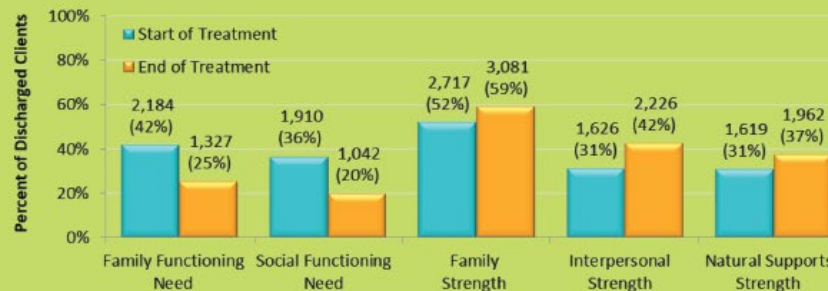


CANS items
Behavioral/Emotional Need
Resiliency Strength

*This Domain is comprised of 9 individual behavioral and emotional needs



CANS items
Family & Social Functioning Needs
Family Strength
Interpersonal Strength
Natural Supports Strength

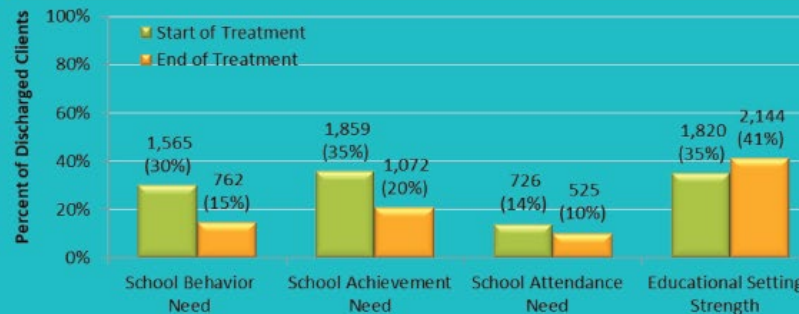


SOCIAL (N=5,245)

Supportive Families
Nurturing Communities
Connection to Natural Supports

KNOWLEDGE (N=5,245)

Education
School Success
Good School Attendance
No Suspensions
No Expulsions



CANS items
School Behavior Need
School Achievement Need
School Attendance Need
Educational Setting Strength

CANS DATA – BEHAVIORAL HEALTH



CANS TO CLIENT PLAN STRENGTHS CROSSWALK

CANS Category	Cerner Applied Strength for Client Plan	
Family Strengths	Stable family life Stable environment Positive relationship with sibling	Support system Positive relationship with parents
Interpersonal	Considerate Empathy/caring Ability to form and maintain relationships	Loyal Support system
Educational Setting	Academic history Support system	Stable environment
Talents/Interests	Athletic Creative Wants to work	Positive identity Artistic
Spiritual/ Religious	Faith/spirituality Support system	Prayerful Religious
Cultural Identity	Strong cultural identity Positive self identity	Self-aware
Community Life	Religious Faith/spirituality	Athletic
Natural Supports	Support system (non family) Previous positive experience in treatment Work history	
Resiliency	Resourcefulness Responsible Capable	Open to change Self efficacy/mastery

CFT FACILITATION



- BHS, CWS and Probation in San Diego County have a joint contract to provide facilitation services via a contracted provider
- We remain committed to these principles:
 - Teaming is the process of a group of people coming together who are committed to a common purpose, approach and performance goals for which they hold themselves mutually accountable. Teaming will be done through formal CFT meetings and informally via regular team member communication.
 - The CFT Meeting is a facilitated meeting process designed to **produce a transparent plan** for safety, placement, and services tailored to the individual needs of the child and family.



VIRTUAL CANS CONVERSATIONS IN CFT SUCCESSES

- Increased attendance at CFT meetings by multiple parties
- Most parents are more comfortable with audio format
 - Increased transparency and disclosure
- More participation overall (team members speak up more)
- Ease of scheduling, including of formal and informal supports
- Facilitators have more authority over upholding group agreements i.e. can mute an attendee, etc.
- Expanded the program's technological capabilities through CARES Act Funding



VIRTUAL CANS CONVERSATION IN CFT WORRIES

- Youth and professionals typically prefer the visual formats (ZOOM, TEAMS, call in option as necessary)
- If using phone app (Conference now) not being able to see participants reactions/expressions can impact effectiveness
- Facilitator must work harder to ensure everyone's voice is heard
- Confidentiality is impacted as people aren't as cognizant of privacy needs
- Attendees familiarity with technology can impact meeting effectiveness

CANS CONVERSATIONS IN THE CFT MEETING



SUCCESS STORIES

- Extended Foster Care Youth
- Parents early involvement in case plans
- 10 year old – voice of child
- Voice of parents and family

Q&A



DEMONSTRATION VIDEOS



- CANS-CFT Part 1: <https://www.youtube.com/embed/p0gVG0IyhVU>
- CANS-CFT Part 2 <https://www.youtube.com/embed/jO9p9o8mNe0>
- CANS-CFT Part 3: <https://www.youtube.com/embed/Qu20NuLyCUg>
- CANS-CFT Part 4: <https://www.youtube.com/embed/I3soZ6SSLyE>
- CANS-CFT Part 5: https://www.youtube.com/embed/UPHSV_uSQaU



QUESTIONS?

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Top 2 San Diego Mottos:

Yes We CANS!

Viva La CANS!

