Alameda County BHCS
Children’s System of Care
CANS Initiative

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Director, Special Projects

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We are pleased to announce that the CANS (Child and Adolescent Needs and Strengths) has been selected as the single assessment tool for BHCS Children’s Services. The CANS is a standardized, easy-to-use assessment tool developed by John Lyons, Ph.D., that:

• Provides multi-system partners with instantly understandable information about child and youth needs

• Supports care planning, level of care decision-making and treatment recommendations

• Enables clinicians, supervisors, agency directors, and system administrators to effectively monitor progress and outcomes.

• was developed from a communication perspective so as to facilitate the linkage between the assessment process and design of individualized service plans including the application of evidence-based practices.
Why the CANS as the Common Assessment?

One of the primary reasons for implementing the CANS system-wide across HCSA/BHCS Children’s network of county-operated and community-based providers is to create a common language to improve communication between BHCS and its service network, coordinate treatment with other systems in which the child/family is involved, and help clinicians better serve children and their families. Until recently, there has been no centralized way to oversee all of these processes and streamline the flow of information. The CANS (Child and Adolescent Needs and Strengths) assessment, used in 38 states and several California Counties offers this ability.

The CANS...

- Serves as a tool to support transformation and service integration
- Reflects BHCS commitment to systems integration
- Provides a common language across systems
- Honors client/consumer voice and choice, culture, individualized care planning
- Requires collaboration with families and clients
- Allows the family’s story to be heard
- Has a history of success in various programs and systems of care
A Comparison (Other Tools)

- The **Child Behavioral Check List (CBCL)** obtains reports from parents, close relatives, and guardians regarding children’s competencies and behavioral/emotional problems.

- The **Child and Adolescent Functional Assessment Scale (CAFAS)** is a rating scale that assesses a youth’s degree of impairment in day-to-day functioning due to an emotional, behavioral, psychological, psychiatric or substance abuse problem.

- The **Child Functional Assessment Rating Scale (CFARS)** was designed to document and standardized impressions from clinical evaluations or mental status examinations by recording information on an individual’s current cognitive and behavioral (social and role) functioning.

- The Alameda County BHCS **Community Functioning Evaluation (CFE)** for school-aged children and youth is designed to be administered in both school and community settings, by recording information on observed strengths, presenting concerns (academic functioning, social relationships, exposure, emotional/behavioral functioning, health/basic needs, living arrangements and family functioning). This instrument is completed at intake, at end of school year (school-based services), or at 6 months review (community-based services), and at discharge.
Six Key Principles of a Communimetrics Tool

1. Items are included because they might impact service planning.
2. Levels of items translate immediately into action levels.
3. Consider culture and development before establishing the action level.
4. Agnostic as to etiology – descriptive, no cause and effect.
5. It is about the child or youth, not about the service.
6. Use past 30 days to rate needs.
The Philosophy: Total Clinical Outcomes Management (TCOM)

- **Total** – It is embedded in all activities with families as full partners.

- **Clinical** – The focus is on the child and family health, well-being, and functioning.

- **Outcomes** – The measures are relevant to decisions about approach or proposed impact of interventions.

- **Management** – This information is used in all aspects of managing the system from individual care planning to supervision to program and system operations.
# TCOM Grid of Tactics

<table>
<thead>
<tr>
<th>Decision Support</th>
<th>Family &amp; Youth</th>
<th>Program</th>
<th>System</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Service Planning</td>
<td>Eligibility</td>
<td>Resource Management</td>
</tr>
<tr>
<td></td>
<td>Effective practices</td>
<td>Step-down</td>
<td>Right-Sizing</td>
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<tr>
<td></td>
<td>EBP’s</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outcome Monitoring</td>
<td>Service Transitions &amp; Celebrations</td>
<td>Evaluation</td>
<td>Provider Profiles</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Performance/Contracting</td>
</tr>
<tr>
<td>Quality Improvement</td>
<td>Case Management</td>
<td>CQI/QA Accreditation</td>
<td>Transformation</td>
</tr>
<tr>
<td>Supervision</td>
<td>Integrated Care Supervision</td>
<td>Program Redesign</td>
<td>Business Model Design</td>
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<tr>
<td></td>
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<td>Business Model Design</td>
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</table>
Impact of CANS – Illinois Examples

• Elimination of racial disparities in the decision to hospitalize children
• Provided clear evidence that residential treatment and psychiatric hospitalization benefit children who need these interventions but harm children who do not
• Reduction in unnecessary psychiatric hospitalizations; reduction by one-third of residential placements in the child welfare system in an 18 month period.
• Improvement to mental health services for children in the Chicago Public School system.
• Expansion of foster care stabilization services based on the demonstrated effectiveness of the program to reduce placement moves
• Reduction in re-arrest rate for juveniles with serious mental illness who were arrested and detained: 72% to 26%
• Increased recognition of the role trauma experiences and adjustment in the lives of children
A Transparent Collaboration Tool: CANS Ratings

Domains include:
- Life Domain Functioning
- Child Strengths
- Acculturation
- Caregiver Needs and Strengths
- Client Behavioral / Emotional Needs
- Child Risk Behaviors

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>None</td>
<td>No Action</td>
</tr>
<tr>
<td>1</td>
<td>Moderate</td>
<td>Monitor</td>
</tr>
<tr>
<td>2</td>
<td>Severe</td>
<td>Act</td>
</tr>
<tr>
<td>3</td>
<td>Profound</td>
<td>Act Immediately</td>
</tr>
</tbody>
</table>

Alameda County BHCS
Children’s System of Care
## Scoring Needs

<table>
<thead>
<tr>
<th>Score</th>
<th>Level of Need</th>
<th>Appropriate Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>None</td>
<td>No action needed</td>
</tr>
<tr>
<td>1</td>
<td>History or possible need not interfering with functioning</td>
<td>Monitor/prevent</td>
</tr>
<tr>
<td>2</td>
<td>Need interferes with functioning</td>
<td>Action/Intervention</td>
</tr>
<tr>
<td>3</td>
<td>Need is dangerous or disabling</td>
<td>Act Immediately</td>
</tr>
</tbody>
</table>
## Scoring Strengths

<table>
<thead>
<tr>
<th>Score</th>
<th>Level of Strength</th>
<th>Appropriate Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Centerpiece</td>
<td>Central to planning</td>
</tr>
<tr>
<td>1</td>
<td>Strength present</td>
<td>Useful in planning</td>
</tr>
<tr>
<td>2</td>
<td>Identified Strength</td>
<td>Must be built or developed</td>
</tr>
<tr>
<td>3</td>
<td>No yet identified</td>
<td>Strength creation or identification may be indicated</td>
</tr>
</tbody>
</table>
Life Domain Functioning:

- Family
- Living Situation
- **School**
- Social Functioning
- Recreational
- **Developmental**
- Communication
- Judgment

- Job Functioning
- Legal
- Medical
- Physical
- Sexual Development
- Sleep
- Independent Living Skills
CANS (5-17) Extension Modules

Extension Modules (5-17)

- School
- Developmental Needs
- Family/Caretaker
- Trauma
- Substance Use

- Violence
- Sexually Aggressive Behavior
- Runaway
- Juvenile Justice
- Fire Setting
Stakeholder Engagement & Conceptual Design

• Process and Timeline for New Design

• Interagency Workgroups and Committees
  – CANS Steering Committee
  – Customization Workgroups (0-5, 6-17, TAY)
  – Information Technology & Decision Support Workgroup
Training Design & Delivery Plan

We have a total of 94 providers, including county-operated and contracted community-based organizations that will require CANS training and certification. It should be noted that we contract out approximately 87% and have relatively small county clinic workforce. Overall, we have approximately 1,600 clinicians and 150 clinical supervisors or managers.

☐ The tentative plan is to have Dr. Lyons provide initial two-day “Live” training during the second week of July 2013

- **Day 1** – General CANS Introduction, Orientation & Training for Agency Administrators, Directors and Lead Managers for 75-100 attendees.

- **Day 2** – Super User Training & Certification for 50 clinical supervisors/managers. This “Train-the-Trainer” session is for our group of “Super Users” who are at the supervisory level within programs and agencies. These users receive additional training on the science behind the instruments and certify at a higher level thus allowing them to exercise a level of quality control, as well as provide technical assistance and support.
July 2013 (Train-the-Trainer): Wave 1
Early Adopters, County-Operated Programs,
Mid-to-Large CBOs with L-1 and School-Based Programs

- A Better Way (4)
- Alameda County BHCS (8)
- Alameda Family Services (15)
- Alliant International University PSC (13)
- Alternative Family Services (3)
- Ann Martin Center (9)
- Asian Community Mental Health (6)
- Bay Area Community Resources (5)
- Children's Hospital & Research Center Oakland (9)
- City of Berkeley (1)
- City of Fremont - Youth & Family (5)
- Community Health for Asian Americans (6)
- Crisis Support Services of Alameda County (4)
- East Bay Agency for Children (41)
- Family Paths Inc. (5)
- Fred Finch Youth Center (28)
- Girls Inc. of Alameda County (5)
- La Clinica de la Raza (3)
- Lincoln Child Center (16)
- Oakland Unified School District (9)
- Peers Envisioning & Engaging in Recovery Services (7)
- Portia Bell Hume Behavioral Health (7)
- Seneca Center (50)
- STARS Community Services (19)
- Tiburcio Vasquez (10)
- West Oakland Health Council (3)
- West Coast Children's Clinic (4)
Train-the-Trainer: Wave 2 (TBD)

- Adolescent Treatment Centers (4)
- Children's Learning Center (4)
- Native American Health Center (4)
- Pathways to Wellness (4)
- Family Support Services of the Bay Area (3)
- Horizon Services, Inc. (3)
- Jewish Family & Children's Services of the East Bay (3)

- Center for Family Counseling (2)
- Center for Independent Living (2)
- East Bay Community Recovery Project (2)
- Family Services Agency of San Francisco (2)
- La Cheim School Inc. (2)
- New Bridge Foundation Inc. (2)
- Through the Looking Glass (2)
Train-the-Trainer: Wave 3 (TBD)

- Abode Services (1)
- AchieveKids (1)
- Afghan Coalition (1)
- Axis Community Health (1)
- Berkeley Place (1)
- Berkeley Youth Alternatives (1)
- Brighter Beginnings (1)
- Center for Empowering Refugees & Immigrants (1)
- Children's Health Council, Inc. (1)
- Community Association for Preschool Education (1)
- Filipino Advocates for Justice (1)
- Institute for the Advanced Study of Black Family Life & Culture (1)
- Kidango Inc. (1)
- La Familia Counseling Service (1)
- Latino Commission on Alcohol & Drug Abuse (1)
- Opportunity Plus, Inc. (1)
- Telecare Corporation (1)
- The Perinatal Council (1)
- UCSF Psychiatry (1)
- Youth Uprising (1)
Questions