

The CANS Webinar will be starting soon . . .



- While you are waiting, we recommend that you:
 - Close all file sharing applications and streaming music or video
 - Make sure your computer audio is working, is not on “mute”, with the volume at the desired level
- This webinar will be recorded and information on its availability will be found on the OCS website at: www.csa.virginia.gov

How to Effectively Use the CANS in Service Planning



PART 2
OFFICE OF COMPREHENSIVE SERVICES
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Quick Review from CANS Webinar 1



- Review purpose of CANS
- How to Rate CANS Accurately and the Importance to Service Planning
 - Six Key Principles
- Tips for successfully completing the CANS certification training process

Outline of Presentation



- General information about service planning
- Service planning in CSA (FAPT)
- Case Conceptualization (background and treatment needs, anticipated outcomes, cross-cutting goals, strengths)
- “Anthony” – A Service Planning Case Example

Our first question . . .



“What’s the one word that comes quickest to mind when you think about the CANS?”

Please post your response in the Question and Answer pane on the right of your screen.

Your presenter



Carol Wilson

So many terms, so little time . . .



- Service plan
- Treatment plan
- Case plan
- Care plan or Plan of care
- Crisis plan
- Action plan
- Goals – long term, short term, or both?
- Priority goals
- Strengths and needs
- Strategies
- Interventions
- Objectives
- Tasks
- Outcomes

Service Planning



- Many ways to do “service planning”
- How does your agency direct service planning?
 - Case worker does it in advance and brings it already “in ink”
 - FAPT team creates it with the youth and family “at the table”
 - Case worker brings an draft for discussion to the FAPT
 - Focus is on agency-specific service planning issues (e.g., probation officer’s plan focuses on obeying rules, DSS plans focus on court requirements, special ed. Plans focus on meeting IEP goals) vs. more holistic planning

Service Planning



Just like assessments provide you with an organized way to gather information . . .

Service plans give you a way to organize assessment information to focus on priority areas for intervention.

Plans are required for CSA . . .



COV, §2.2-5208

The family assessment and planning team, shall assess the strengths and needs of troubled youths and families . . . And identify and determine the complement of services required to meet these unique needs. Every such team . . . shall:

4. Develop an individual family services plan for youths and families reviewed by the team that provides for appropriate and cost-effective services.

COV, §2.2-5209

Except for cases involving only the payment of foster care maintenance that shall be at the discretion of the local CPMT, cases for which service plans are developed outside of the FAPT process or approved collaborative, MDT process shall not be eligible for state pool funds.

Required for CSA . . .



COV, §2.2-5208.2

Every such team . . . shall:

2. Provide for family participation in all aspects of assessment, planning and implementation of services
- Importance of family identifying their own:
 - Priority needs
 - Strengths
 - Hopes (what do they want to see happen?)

Service plans are much more likely to result in desired outcomes if the family is fully involved and invested in the planning.

Commonalities in Service Planning



- Most plans have:
 - Long-term goals
 - Short term or “priority goals” which could also be considered
 - Measurable objectives
 - Tasks/strategies/interventions
 - Persons responsible
 - Time frames

For CSA . . .



- On the Individual Family Services Plan (IFSP):
 - Strengths
 - Needs
 - Long term goals (for DSS, often the permanency goal)
 - Priority goals
 - Strategies
 - Desired outcomes

Things that may not support a child-centered, family-focused approach to planning . . .



- FAPT members meeting *before* the FAPT (and without the parents) to decide the outcome of the service plan
- Talking about the family and their “history” with agencies outside of the presence of the family
- Parents experiencing the FAPT process as adversarial and where the team holds all “the power” about service decisions
- Professionals being the “experts” –no one at the table knows more about the family than the family members

Things that do support a child-centered, family-focused approach to planning . . .



- Treating everyone, including family members and other professionals with equal respect
- Facilitating a “team” environment where no one feels like the outsider
- Including the family in all discussions about service planning
- Asking the family what they think

Case Conceptualization



- “Gateway” to effective service planning
- With service plans, you are putting together the pieces you identified on the CANS
- Looking at the causes, precipitants and influences of the child’s behavior
- Helps organize information that is:
 - Inconsistent
 - Complicated
 - Contradictory
 - No empirical treatments
 - Standard treatment used but not successful

Case Conceptualization



- Process – CANS assessment along with other known information
- Content – What accurate information do you have about the child and family, what interventions have been tried before, why they failed
- Hypothesis – Why?

Needs



- Target “2s” and “3s” on Needs items on the CANS for service planning
- Some children and families will have significant needs across multiple domains
- Do you need to develop a priority goal or strategy for each one?
 - No. Develop “cross-cutting” goals!

Background Needs



- Direct the pathway down which treatment is needed, for example, trauma experiences
- Cannot “undo” the traumatic experience
- Way to organize cross-cutting goals

Target Needs



- These are the treatment needs which emerged in the case conceptualization
- Specific interventions, treatment modalities, strategies will focus on these needs

Anticipated Outcomes



Needs that would be expected to respond as a
result of effectively targeting treatment
needs

=

Successful outcomes

Cross-Cutting Goals



- To create cross-cutting goals, identify commonalities across needs – often these will be the “background” or pathway needs
 - Trauma
 - Intellectual disability
 - Patterns of thinking
 - ✦ (e.g., negative perspective → depression)
 - Troubling behaviors
 - ✦ (e.g., oppositional behavior across settings)
 - Attachment issues

An Example



- Alex rates a “2” on sleep, developmental needs (ID), school attendance, school behavior, anxiety, adjustment to trauma, self-mutilation (self-injury), and social functioning

Background (Pathway) Needs



- Intellectual Disability
- Sexual abuse / trauma

The big things

Treatment Needs



- Treatment Needs: (focus for interventions)
 - Anxiety
 - Adjustment to Trauma

Anticipated Outcomes



- Should see improvement in:
 - School attendance
 - School behavior
 - Self-injurious behavior
 - Sleep (?)

Strengths



- Strengths
 - Identify strengths to use in service planning to address needs (tends to be more appropriate for young children)
 - Identify strengths to promote healthy development (older children and youth)
 - Identify strengths which need development or child (or adult) wants to develop – service plan could address how to build those strengths

Anthony



- Read the following vignette and think about how you would rate Anthony on the CANS.



Anthony



- What strengths (rated “0” or “1”) do Anthony and his mother have?

Family

Spiritual/Religious

Relationship permanence

Talents/interests

Anthony



- What actionable needs (rated a “2” or a “3”) does Anthony have?

Family functioning

Sleep

School behavior

Anger control

Danger to others

Adjustment to trauma

Anxiety

Anthony



- What is the background or pathway need?

TRAUMA

Trauma Module



- Sexual Abuse
- Physical Abuse
- Emotional Abuse
- Medical Trauma
- Natural Disaster
- Witness/Domestic Violence
- Witness/Community Violence
- Witness/Victim of Crime

Anthony – Trauma Module



- Witness to Community Violence

(Rate within the lifetime)

- 0 – There is no evidence the child has ever witnessed community violence
- 1 – Child has witnessed fighting or other forms of violence in the community
- 2 – Child has witnessed the significant injury of others in his/her community
- 3 – Child has witnessed the death/ rape of another person in his/her community

Anthony – Trauma Module



- Victim/Witness to Criminal Activity
(Rate within the lifetime)
 - 0 – There is no evidence that child has been victimized or witnessed significant criminal activity
 - 1 – Child has witnessed of significant criminal activity
 - 2 – Child is a direct victim of criminal activity or witnessed the victimization of a family or friend
 - 3 – Child is a victim of criminal activity that was life threatening or caused significant physical harm or child witnessed the death of a loved one

Anthony – Needs



- What are his treatment/service needs for service planning?
- Interventions for symptoms of trauma
 - Anxiety
 - Anger control
 - Family functioning

Anthony – Strengths



- Strengths
 - Family
 - Relationship Permanence
 - Talents/Interests
 - Spiritual/Religious

Anthony – Strengths



- What do you do with these strengths?
 - Relationship with mom
 - Male role model? How will he handle future events?
 - Photography
 - ✦ Church member?
 - ✦ Classes in community or school?

Ideas for Service Planning



- Refer Anthony for clinical trauma assessment
- Reconnect Anthony with church community
- Provide mother with positive support for her success thus far with Anthony
- Assist Anthony in understanding his mother's role as parent is to protect him
- Assist mother in exploring options regarding moving out of this neighborhood. Does she want to move? Is it financially possible?
- Explore finding a positive male role model for Anthony. Someone at church? A Big Brother? Someone who shares his interest in photography?
- Encourage Anthony's interest in photography (community classes? school?)

Anticipated Outcomes



- Reduction in
 - Sleep problems
 - School behavior
 - Anger control
 - Anxiety
 - Danger to others

And...

- Improved relationship with mother

Next Steps



- Re-evaluate and update plan at periodic intervals
 - Note what has happened to address specific needs and successes
 - Remove things that are no longer relevant
 - If needs remain, reconsider how to address
- Service plans are not static and should be “adjustable” to meet the changing needs and strengths of the child and family

Anthony



- May need to re-evaluate when clinical trauma assessment is completed to determine if therapist has specific recommendations to incorporate into service plan

Next Steps



- Administer CANS at next planning meeting.
 - Note: Has progress been made on the needs items rated “2” and “3”?
- Have new actionable needs been identified?
- What strengths remain and/or have been strengthened?
- Are there new strengths? How/should they be used?

Measure Change



- Graph changes?
- List items which have improved. Celebrate!
- List items which have not improved – are they still needs? Is it okay if they are static?
- Have new priority needs emerged?
- Can you use existing strengths to address new needs?
- Are new strengths emerging?

Show Changes Over Time



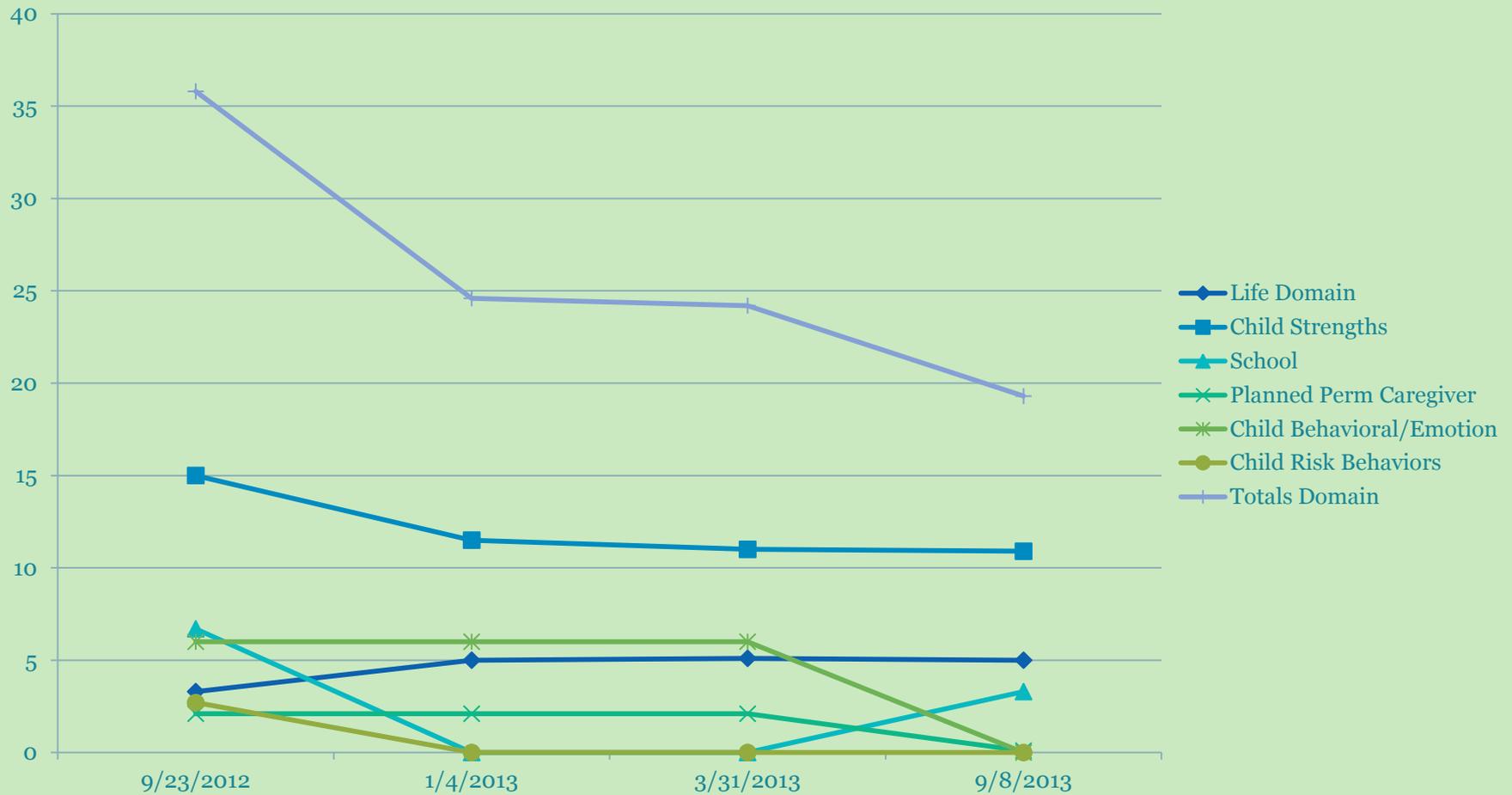
- Many ways to review and analyze data and document changes over time
 - Remember lower is always better (whether strength or need)
 - Can list items that change from “2” or “3” to “1” or “0”
 - Note items that do not change; appear static-if still a “2”, do we need to continue this service, or try something else?
 - Look at changes within specific domains (e.g., school, planned permanent caregiver)
 - Average items within domains (total number of item ratings, divide by number of items in that domain)
 - ✦ Exclude developmental, independent living and vocational
 - ✦ May total domains for an overall rating
 - ✦ Compare domains and overall rating over time

Example - Progress Over Time



| Child's placement | home | home | home | home |
|---|------------------|-----------------|------------------|-----------------|
| Date of Assessment | 9/23/0212 | 1/4/2013 | 3/31/2013 | 9/8/2013 |
| Life Domain | 3.3 | 5 | 5.1 | 5 |
| Child Strengths | 15 | 11.5 | 11 | 10.9 |
| School | 6.7 | 0 | 0 | 3.3 |
| Planned Perm Caregiver | 2.1 | 2.1 | 2.1 | 0.1 |
| Child Behavioral/Emotional Needs | 6 | 6 | 6 | 0 |
| Child Risk Behaviors | 2.7 | 0 | 0 | 0 |
| Totals Domain | 35.8 | 24.6 | 24.2 | 19.3 |

Graph (Domain Change Over Time)



To recap



How are service plans done in your agency or community?

Importance of service planning in CSA

A way to conceptualize the case – background or pathway needs, treatment needs, successful outcomes

Consider progress over time





Thank you for joining us today

Please visit the Virginia CSA website
at: www.csa.virginia.gov for any of
the resources mentioned during this
webinar