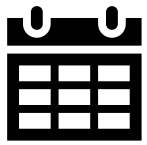
WELCOME AND HOUSEKEEPING



Today's training is for those professionals that have are NOT currently certified in a version of the CANS.

Please keep yourself muted during the presentation

Please use the CHAT feature for questions that arise during the presentation or unmute yourself to ask your question.

All participants will receive the training materials to their registration email point post training event.

The Ohio Children's Initiative
CANS: TCOM and CANS Training

Child and Adolescent Behavioral Health
Center of Excellence

JACK, JOSEPH AND MORTON MANDEL
SCHOOL OF APPLIED SOCIAL SCIENCES
CASE WESTERN RESERVE
UNIVERSITY

Center for Innovative Practices

AGENDA

9:00am -9:20 am	Welcome and Introductions
9:20 am-10:00am	Context of CANS in Ohio TCOM Overview
10:00am-11:00am	Principles of Communimetrics and CANS
11:00am-11:15 am	BREAK
11:15am-12:00pm	Child and Adolescent Needs and Strengths (CANS)
12:00pm-1:00 pm	LUNCH
1:00pm-2:00pm	Child and Adolescent Needs and Strengths (CANS)
2:00pm-3:00pm	Breakout session/Case Vignette
3:00 pm-3:15pm	BREAK
3:15pm- 3:45pm	CANS Ohio Implementation, special considerations Decision Support
3:45pm-4:00pm	Wrap up and next steps

Our Collective Why?

System Transformation: Collectively create a youth and family-centric system of care

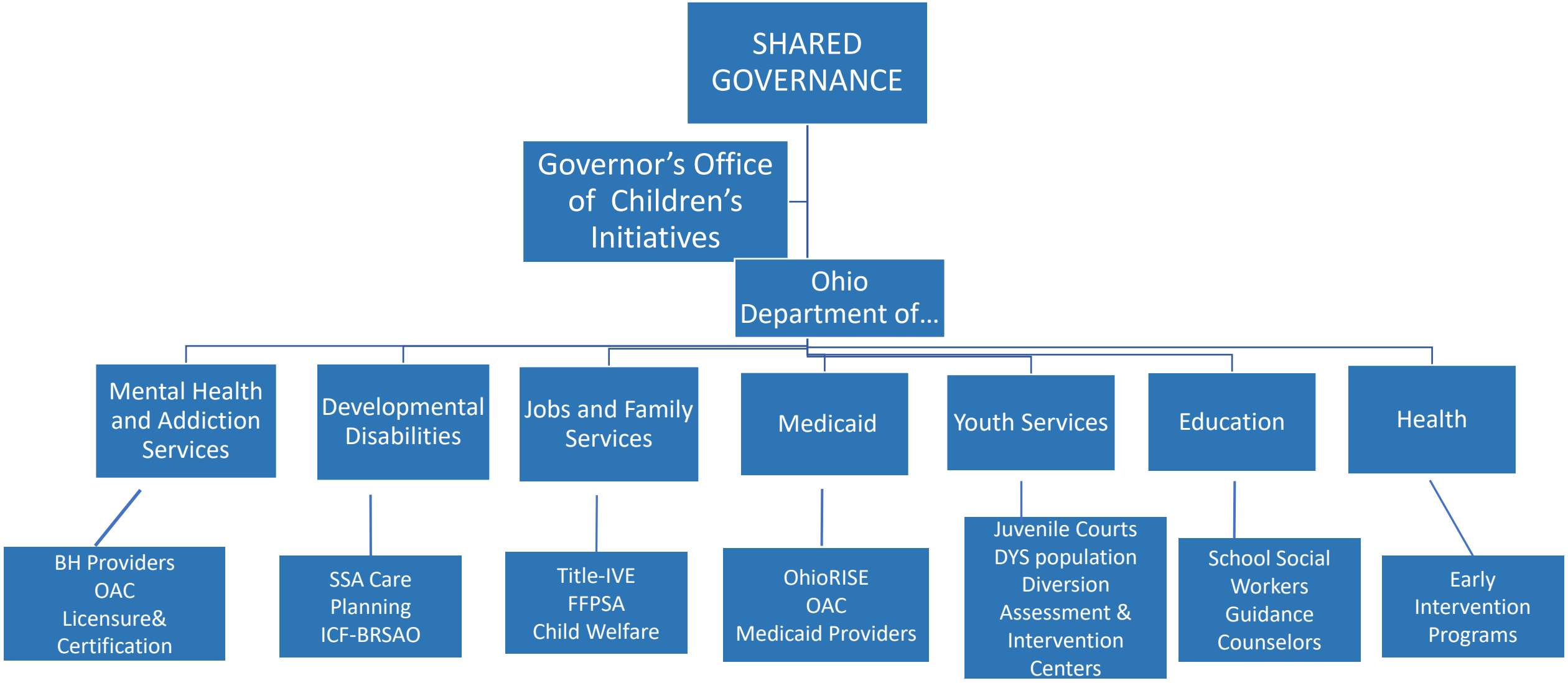
Improve youth and family experience and interactions connecting with helpers

Reduce duplication, redundancy, burden and cease re-traumatization

Improve youth and family outcomes regardless of geography or "system"

Promote shared accountability and shared responsibility practices

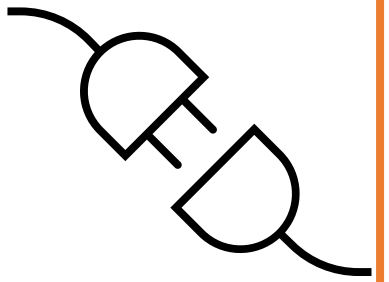
Ohio's One Child, One Team, One CANS LANDSCAPE



Two Versions of the Ohio Children's Initiative CANS

BRIEF CANS

- Eligibility for OhioRise
- Tiers of Care Coordination
- 1915 (C) Waiver OhioRise
- **Qualified Residential Treatment Provider (QRTP) FFPSA and non-FFPSA QRTP**
- ICF-IBSRAO Eligibility and re-determination
- Services: MRSS, IHBT, QRTP, PRTF



Comprehensive CANS

- Time based interval progress monitoring
- Population health activities
- Care and Treatment Planning
- Ongoing assessment

The Ohio Children's Initiative CANS
OhioRISE and FFPSA
WHO CAN BE AN ASSESSOR

OHIO RISE

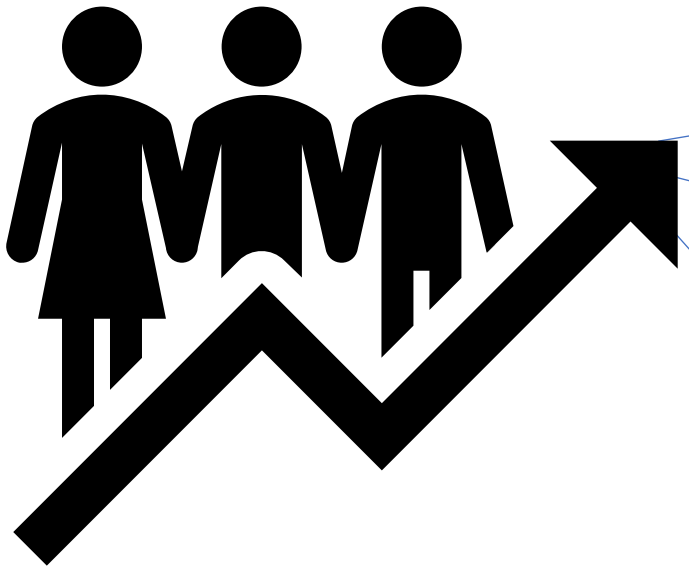
- A licensed or unlicensed professional who has:
- Completed the necessary Ohio CANS training AND
- Passed the annual certification test with a score of .70 or higher
- Annual re-certification test required
- CME staff, Behavioral Health Providers and other professionals Practitioners who are eligible to bill Ohio Medicaid

FFPSA

- Qualified Individual is someone who:
- Trained professional or licensed clinician who is knowledgeable on local resources.
- Is not connected to or affiliated with any placement setting where children may be placed. *CMEs allowable due to firewall
- Is trained to administer the child and adolescent needs and strengths (CANS) tool.
- Must be able to remain objective when determining the most appropriate placement for a child.
  - EXAMPLES:
- PCSA Staff (that have been deemed able to be objective)
- Community Resource (BH Provider or FCFC etc)
- Administrative Agency MOU (partner counties)

Transformational Collaborative Outcomes Management
the Ohio Children's Initiative Comprehensive CANS

SYSTEM TRANSFORMATION



SYSTEM LEVEL

Policy, rules, funding

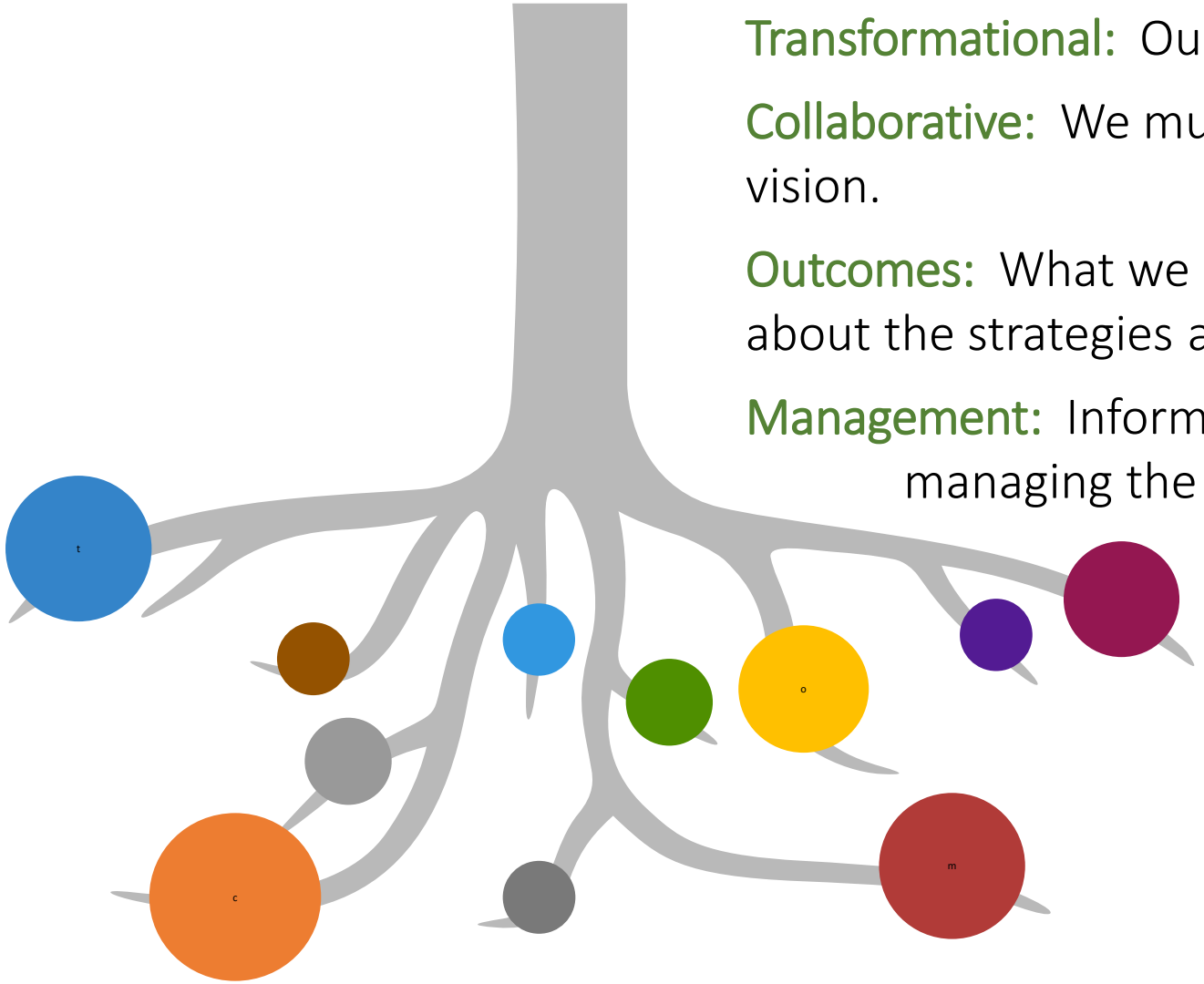
ORGANIZATION PROGRAM LEVEL

Organizational workflow, operations, programs

INDIVIDUAL LEVEL

Direct interactions with children, youth and families

A Philosophy from Which Change Can Grow



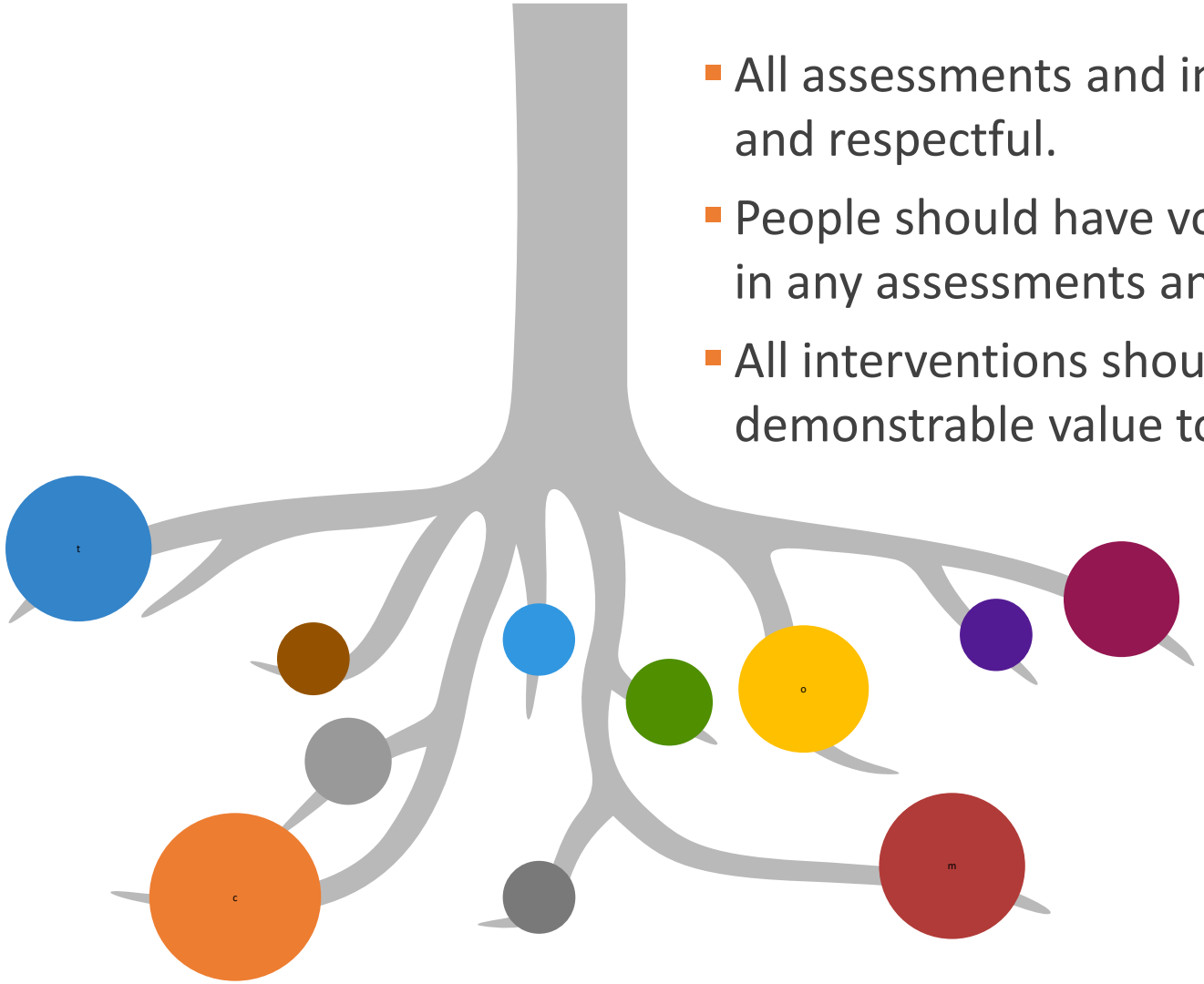
Transformational: Our work is focused on personal change.

Collaborative: We must develop a shared understanding and vision.

Outcomes: What we measure impacts the decisions we make about the strategies and interventions we use.

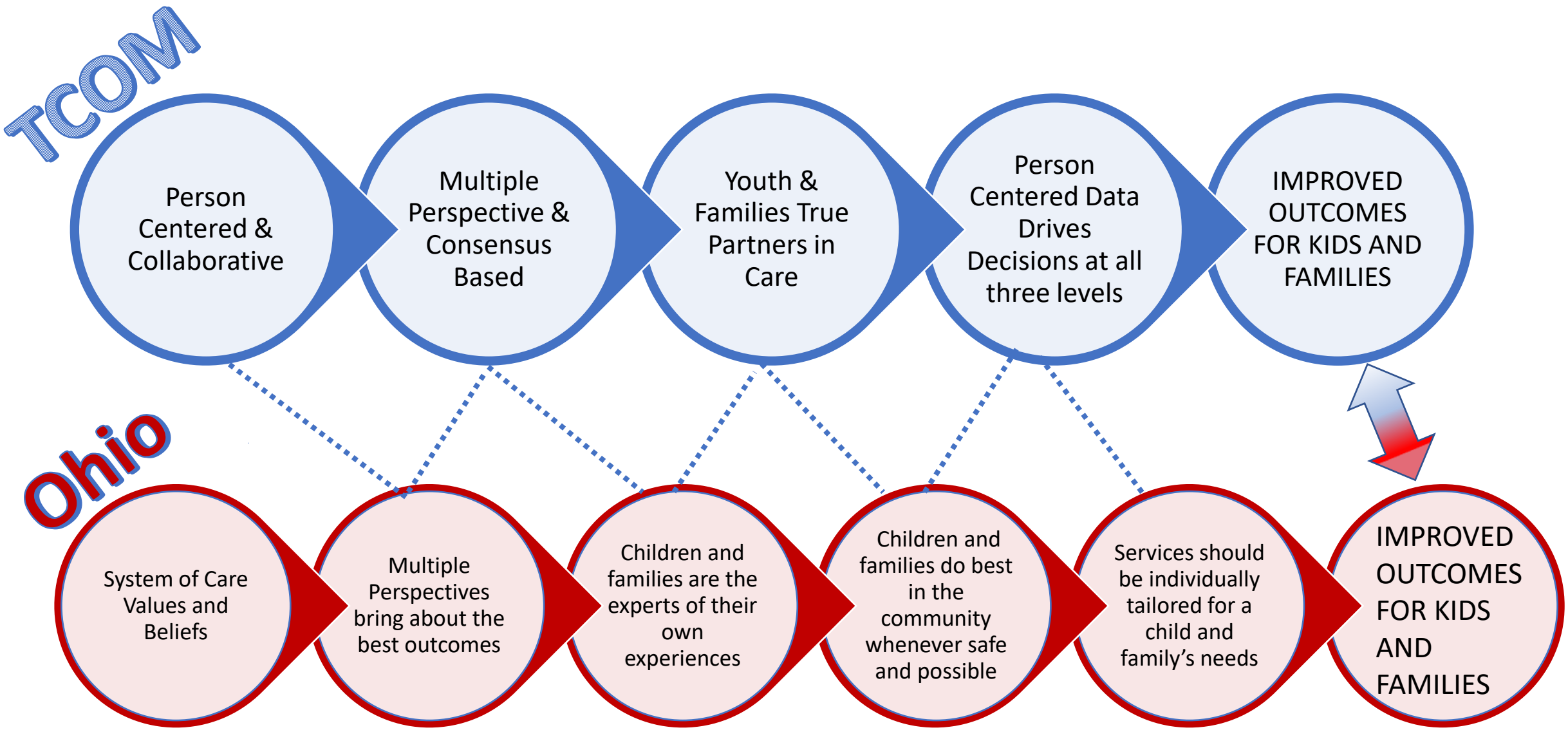
Management: Information gathered is used in all aspects of managing the system from planning for individuals and families, to supervision, and program/ system operations.

TCOM Guiding Values

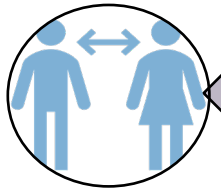


- All assessments and interventions should be culturally responsive and respectful.
- People should have voice and choice regarding their participation in any assessments and interventions.
- All interventions should be personalized, respectful and have demonstrable value to the people they serve.

Making Connections



PHASES OF CARE SUPPORTED BY TCOM PRINCIPLES

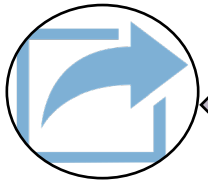


ENGAGEMENT

COLLABORATIVE ASSESSMENT

SERVICE PLANNING AND SERVICE DELIVERY

MONITORING AND ADAPTING

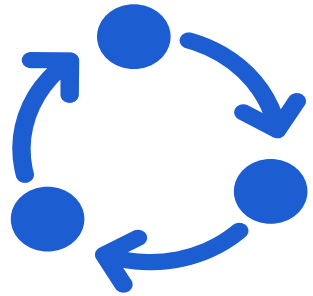


COORDINATION AND CARE MANAGEMENT

TRANSITIONING

“What” is the Ohio Children’s Initiative CANS?

The Ohio CANS is a communimetric tool, rooted in the TCOM principles.



The Ohio CANS is an information integration tool designed to be the output of an assessment *process*

The Ohio CANS is a version of the CANS that has been specifically designed to support Ohio’s state-wide system transformation efforts.

What is the CANS?

The Child and Adolescent Needs and Strengths (CANS) is a tool that summarizes the information gathered through an assessment process. The CANS is an information integration tool that is used to identify the needs and strengths of children/youth and their families. The goal of the CANS is the transformational change of children/youth and their families.

What is the CANS?

- Its underlying philosophy and approach is **person-centered**: continuously aligning the work of all persons with the identified strengths and needs of children and families at all levels of the system.
- Consensus ratings by multiple informants across a consistent and comprehensive set of strengths and needs helps achieve collaborative, **consensus-based assessment** – a common language framework that aids system understanding of presenting issues, impact, and effectiveness across multiple levels—family, program, system.

Understanding a Young Person's Story

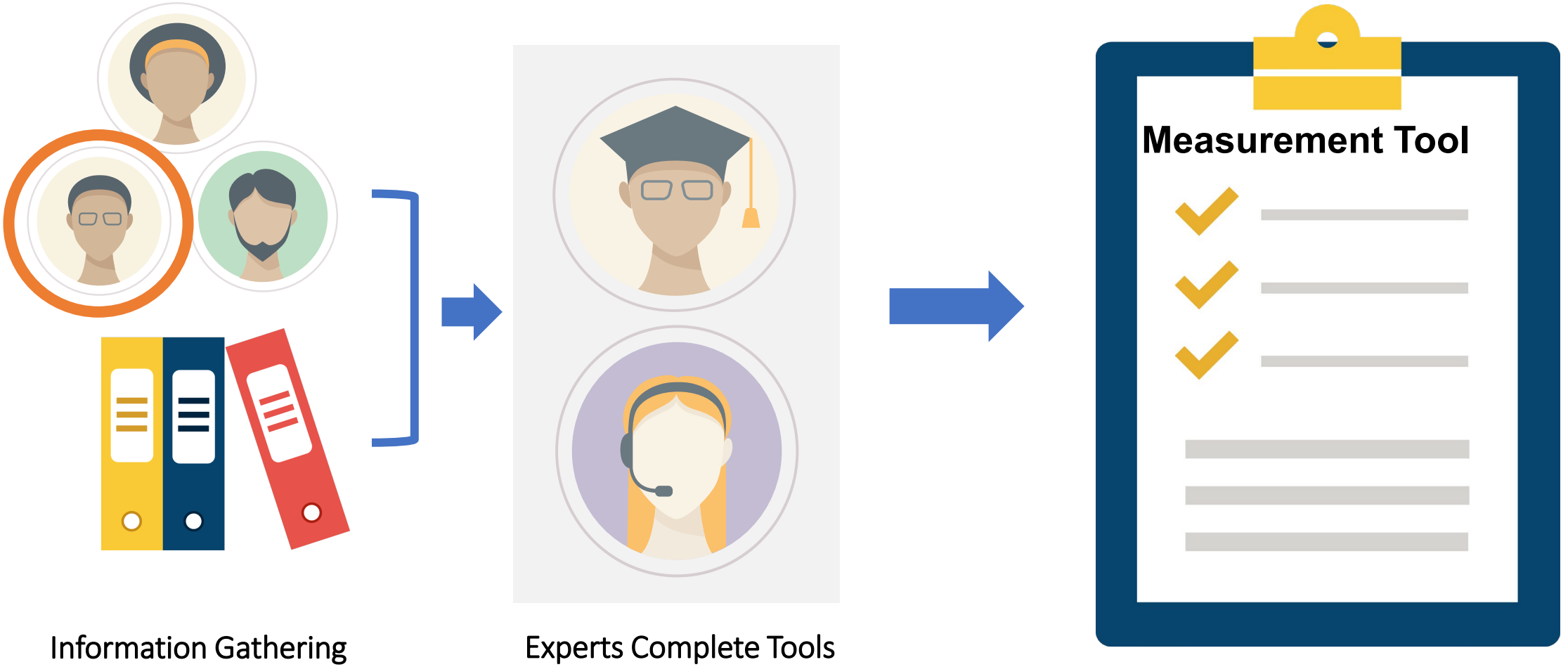
The young person shares their story.

The care provider listens to their story.

The other story tellers share their perspectives.

The stories are combined, and a single narrative is agreed upon.

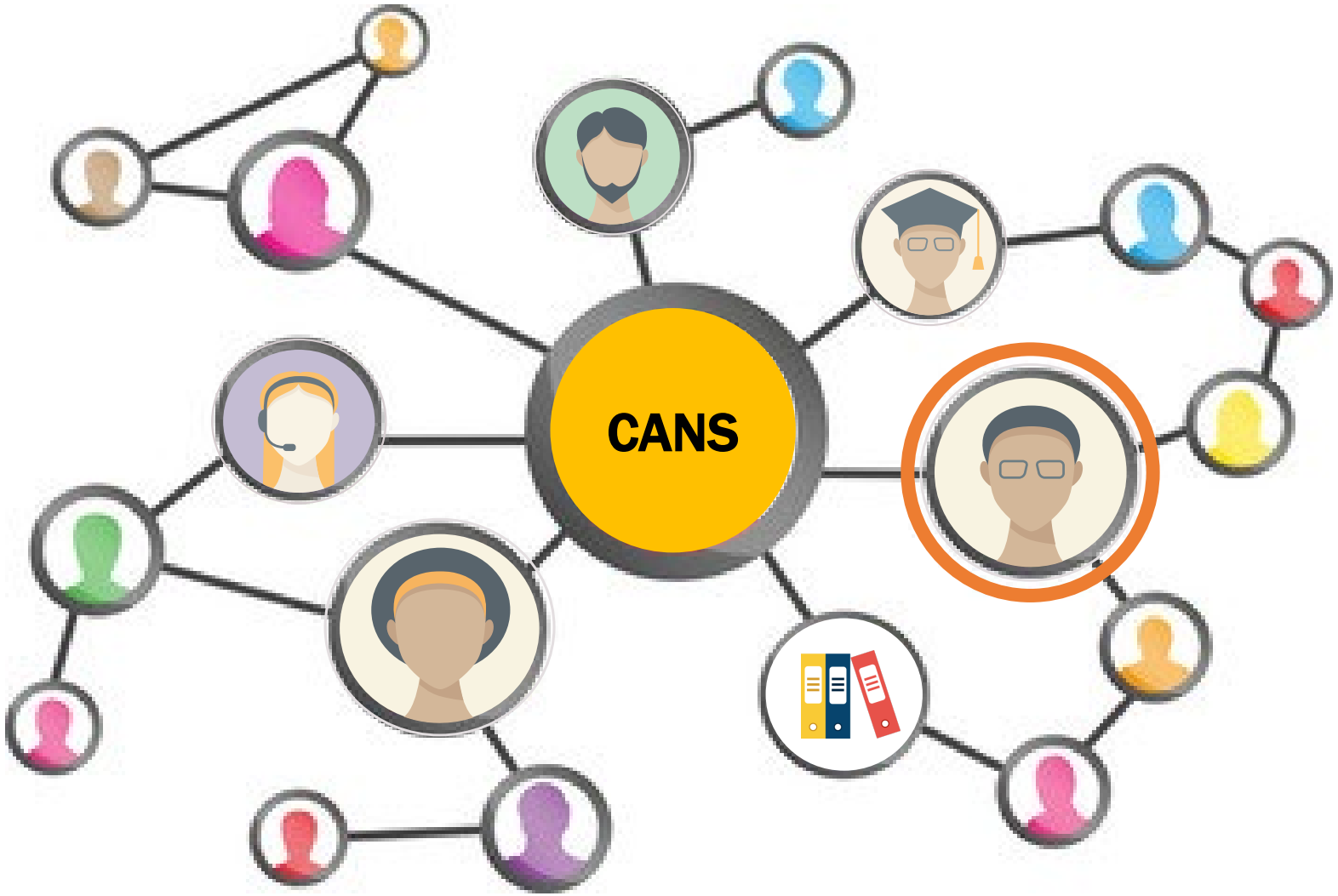
Expert Perspective Tools- Clinimetrics



Information Gathering

Experts Complete Tools

Communimetrics: Integrated, Consensus Based Perspectives, Including the Individual and Family



Small Group Activity: Introductions

You will be randomly assigned a partner and placed in a breakout room.

You and your partner are to develop an introduction to the CANS that you will use with youth and families. The introduction should include:

- What is the CANS?
- How does the CANS work?
- How do youth/families participate in the process?
- How is this “assessment” different from other assessments a family may have experienced?
- What happens with the information?

Share your introduction with your partner and provide each other feedback.

You will have 15 minutes for this activity.

Communimetrics

and THE 6 KEY PRINCIPLES

The 6 Key Principles of a Communimetric Tool

01 Items are selected because they are relevant to service/case planning.

02 Each item uses a 4-level rating scale that translates into action.

03 Rating should describe child/youth, not the child/youth in services.

04 Consider culture and development before determining ratings.

05 The ratings are agnostic as to etiology; it's about the *What*, not the *Why.*

06 Use a 30-day window in considering what is relevant to children, youth and their families.

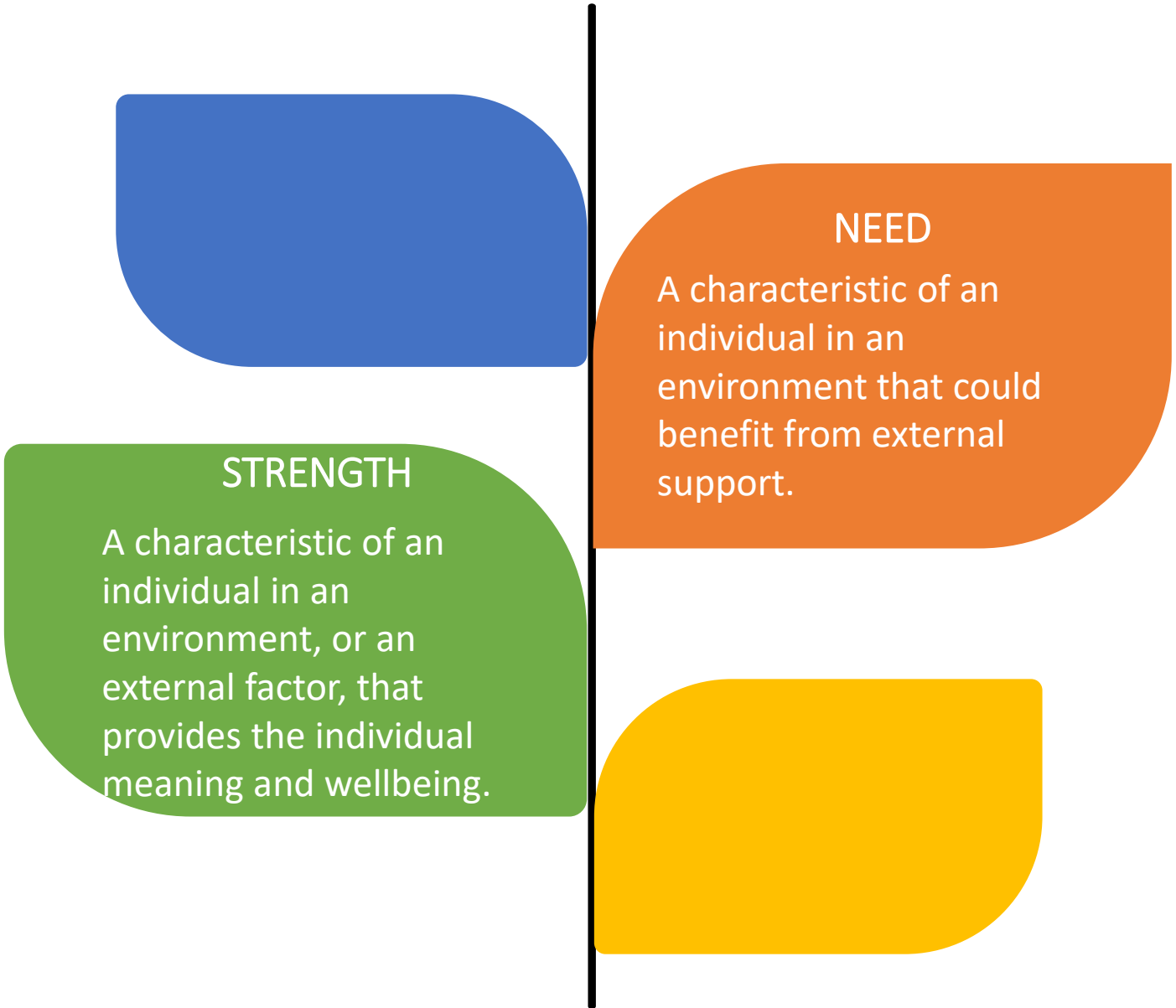
P1. Items are selected because they are relevant to service/case planning.

- Every CANS across the country has a common set of 50 items that span the following domains: Behavioral/Emotional Needs, Life Functioning, Risk Behaviors, Cultural Factors, Strengths, Caregiver Resources & Needs.
- Every state or jurisdiction has the option of adding to these common 50 items, if they feel that the additional items can provide information that can be used to make better decisions and support the children, youth and families that they serve.

P2. Each item uses a 4-level rating scale that translates into action.

- The CANS uses Action Levels as the rating scale.
- The Action Levels are different from Likert Scales. The Action Levels indicate where support would be beneficial and how urgently it is needed.
- There are slightly different Action Levels for Needs and for Strengths.

NEEDS and STRENGTHS



Rating Needs		
Rating	**Level of Need**	**Appropriate Action**
0	No Evidence of the Need	No action needed
1	Significant history or possible need that is not interfering with functioning	Watchful waiting/prevention/additional assessment or monitoring
2	Need interferes with functioning	Action/Intervention required
3	Need is dangerous or disabling	Immediate action/Intensive action required
Rating Strengths		
0	Centerpiece Strengths	Central to planning- fully developed
1	Strength Present	Useful in planning
2	Identified Strengths	Build or Develop strength
3	No Strength identified	Strength creation or identification may be indicated

NEED: A characteristic of an individual in an environment that could benefit from support.

Action Levels

Status and Impact

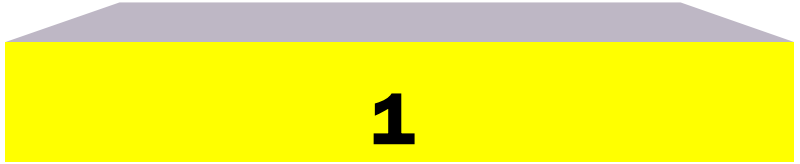
STRENGTH: A characteristic of an individual in an environment or external factor that provides the individual meaning and/or well being

Need is dangerous or disabling.
Immediate/intensive action required.

No strength identified.
Considerable effort or building to create and develop strength.

Need interferes with functioning.
Action/intervention required.

Strength identified.
Requires building in order to be useful for individual or planning.



Significant history of need, or possible need that is not interfering with functioning.
Watchful waiting, additional assessment.

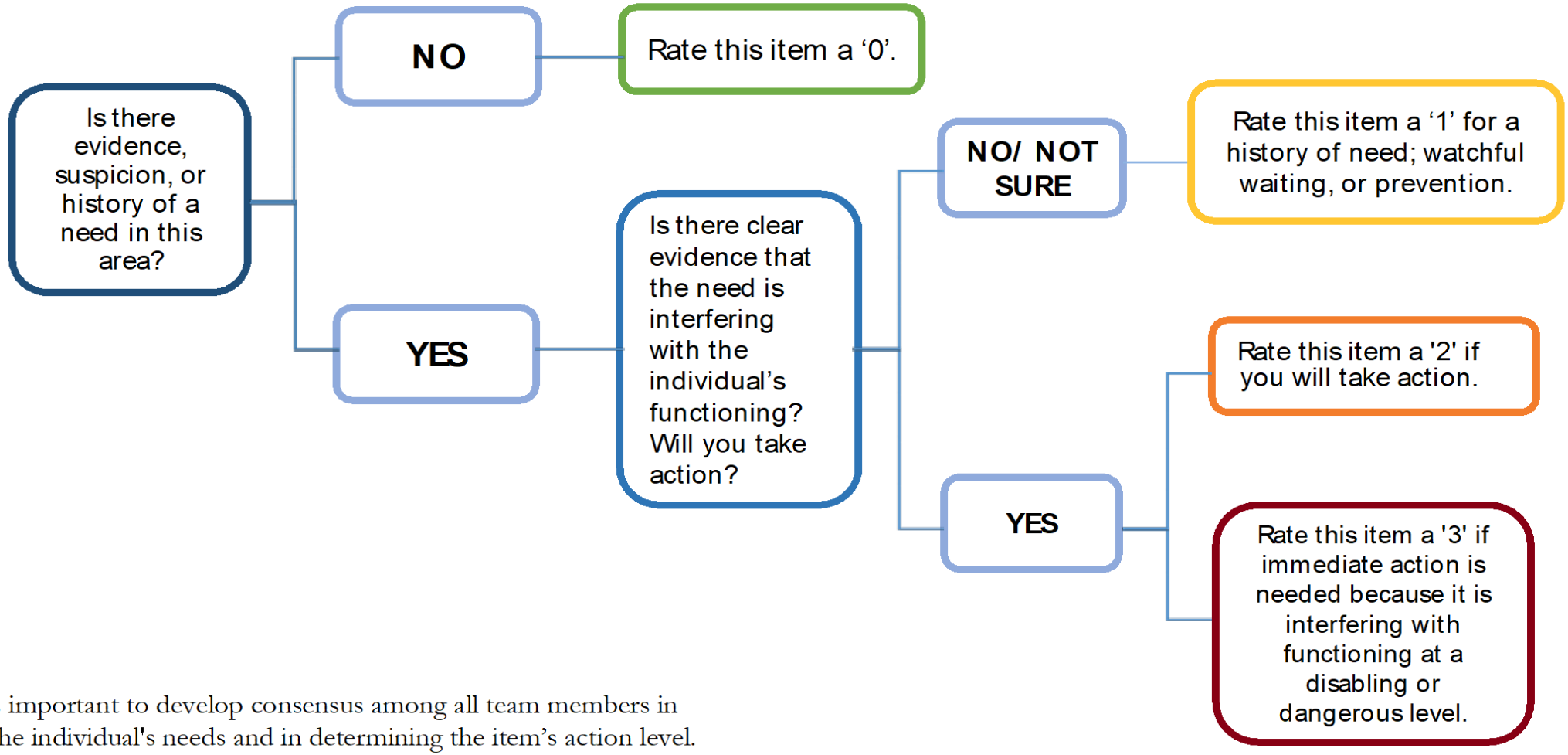
Useful strength.
Evident and can be accessed by individual; useful for planning.

No evidence of need.
No need for action.

Well developed centerpiece strength.
Easily accessible by individual; essential for planning.

ASSESSING FOR NEEDS

Decision of whether or not information represents a NEED



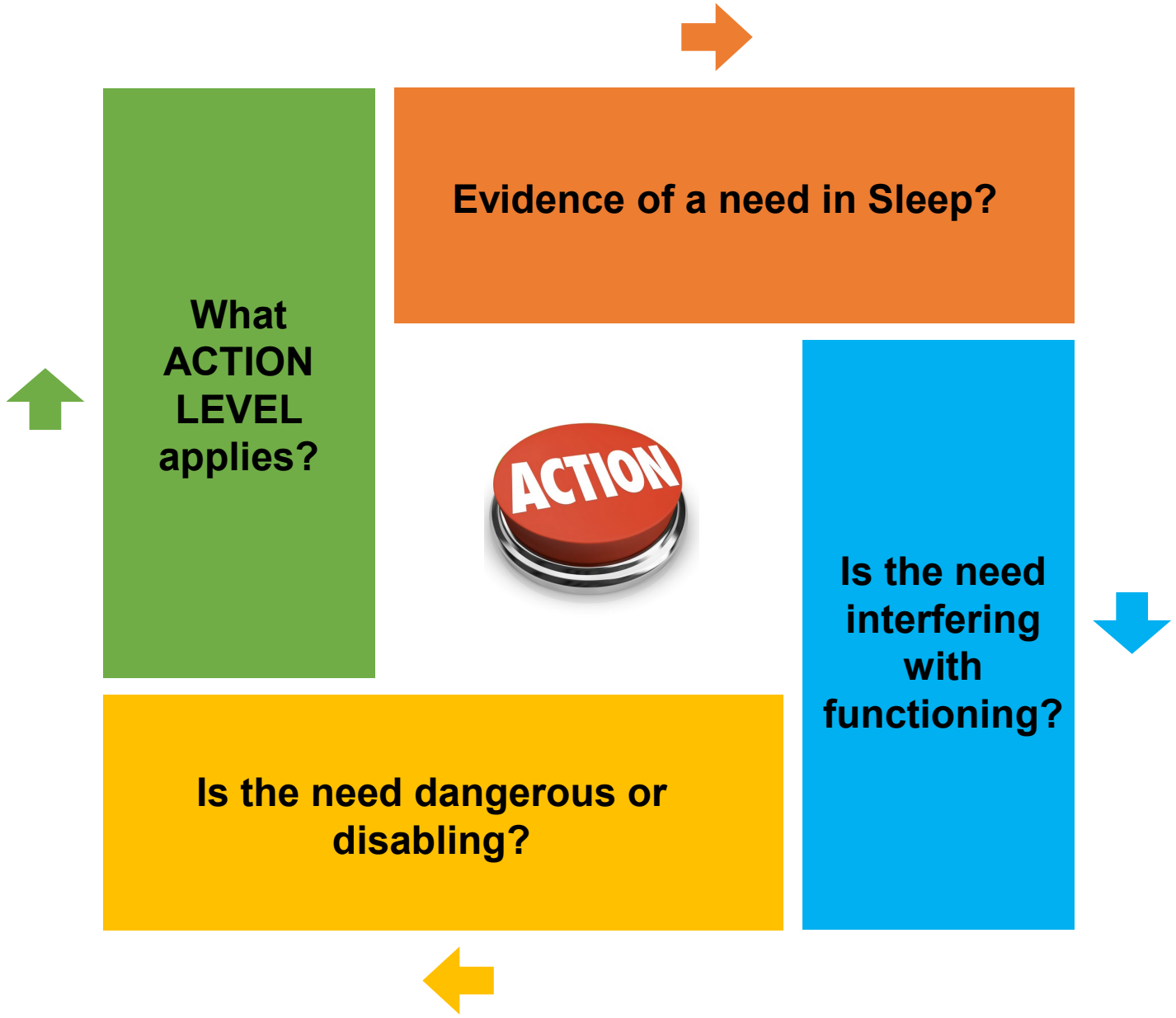
NOTE: It is important to develop consensus among all team members in identifying the individual's needs and in determining the item's action level.

Shawn and Sleep

Shawn's parents worry that he is not getting enough sleep at night because of playing video games with this friends. Shawn agrees.

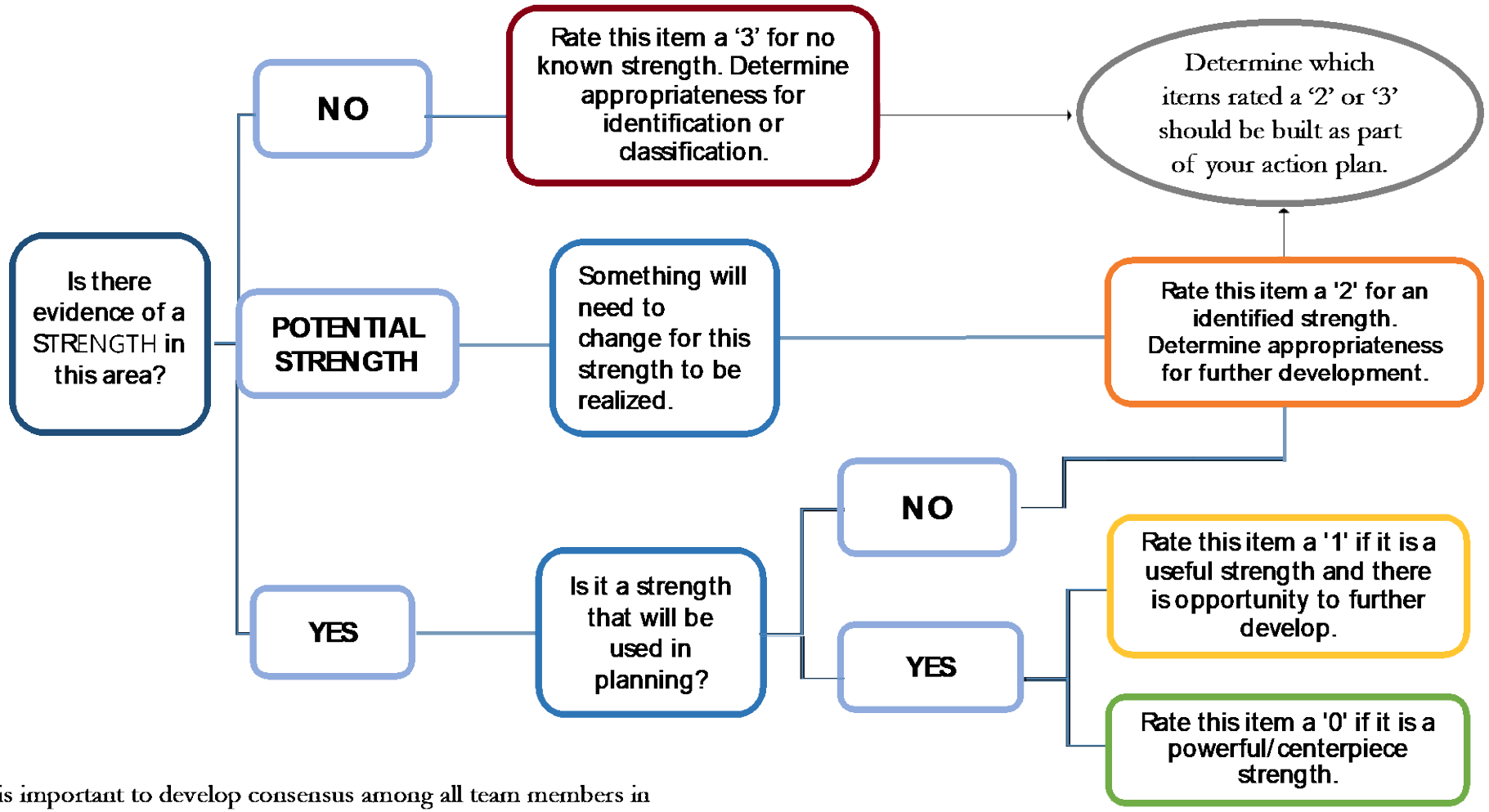
Shawn reports that he is very tired at school, and that his grades are slipping in one course because it is scheduled for early morning, when he is the most tired.

Shawn says he catches up on sleep every weekend, and that other schoolwork and activities are going well.



ASSESSING FOR STRENGTHS

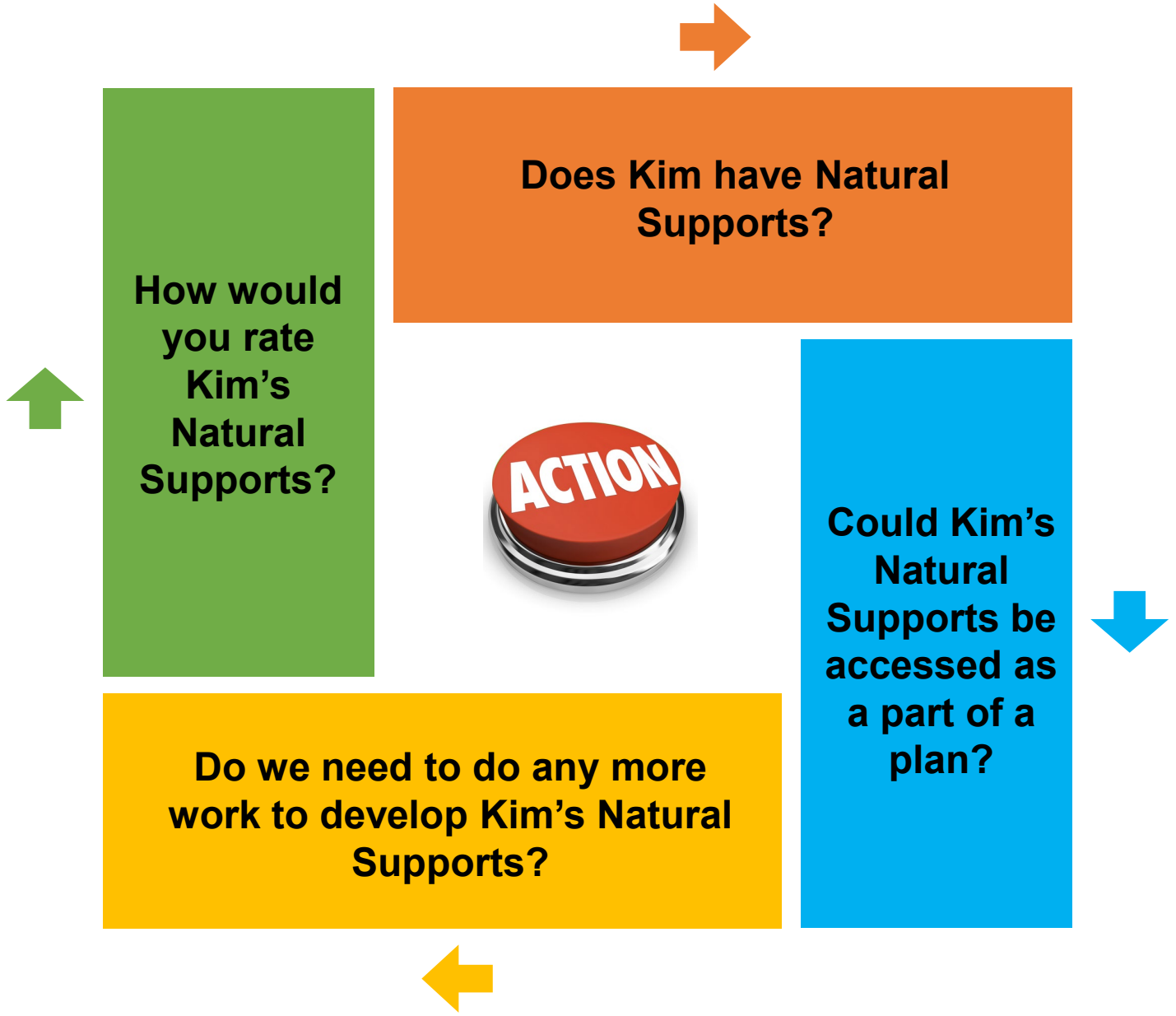
Decision of whether or not information represents a STRENGTH



NOTE: It is important to develop consensus among all team members in identifying the individual's strengths and in determining the item's action level.

Kim and Her Natural Supports

Kim and her Mom have lived in the same neighborhood since she was two. They know all the neighbors well. When Mom is at work, neighbors help by getting Kim off the bus, feeding her a snack, and helping her with schoolwork. Kim's Mom has become particularly close to an elderly woman next door. She and Kim call her "Grandma," and they are invited to dinner at her house most Sundays.



P3. Rating should describe child/youth, not the child/youth in services.

- Interventions/services can sometimes mask needs and strengths. “Service Masking”
- Our ratings should describe the child or youth, not the interventions or services that they are receiving.
- This principle helps to understand what impact the intervention or service has had, and what level of need must be addressed, or strength building that must still be done.

Example: CAROLINA

- Carolina is a 17-year-old struggling to manage her depressed mood, so her aunt brought her to individual therapy. After a month of therapy, Carolina is feeling much better and has not had an episode of feeling “down” or “sad” in the past few weeks. The clinician informs Carolina and her aunt that therapy seems to be showing positive results but notes that the treatment should continue for another four weeks to ensure that Carolina is stabilized and does not regress when treatment ends.

P4. Consider culture and development before determining ratings.

- The culture of the young person and their family, and the young person's age-appropriate development, should be kept in mind as items are rated.
- This helps in determining whether or not there is a need that could benefit from support, or a strength that could be useful if built.

Holding the Cultural Context

The Approach:

Cultural Humility

A cultural humility perspective challenges us to learn from the people with whom we interact, reserve judgment, and bridge the cultural divide between our perspectives, in order to facilitate well-being and promote improved quality of life.

The Practice:

Culturally Responsive Care

The ability to learn from and relate respectfully to people from your own and other cultures.

Culturally Grounded Care

Practice that starts from the values, behaviors, norms and worldview of populations they are intended to serve.

Example: JORGE

- 14-year-old Jorge and his family is referred for wraparound services. Jorge has a diagnosis of Autism Spectrum Disorder and functions more like a 7-year-old (e.g., prefers much younger activities, plays with younger kids).

- Jorge has been recently reunified with his parents after being in foster care for a year. While the parents successfully completed all the CPS requirements to get Jorge back, they are still concerned about not really understanding what Jorge needs and how to parent him. They are worried that he may be removed again if he doesn't improve while under their care.

P5. The ratings are agnostic as to etiology; it's about the *What*, not the *Why.*

- When rating items, it is important that we focus on the behavior – the What. The reason for the behavior is not the focus during assessment, and it sometimes gets in the way of being able to identify needs.
- The Why, or the reason for the behavior, will be brought in during the planning process.

Example: ATTICUS

Atticus, age 15, has come out as male identified and now uses he/him pronouns. He formerly used she/her pronouns and was known by his birth name, Clarissa. He has been rated a ‘2’ on Anger Control for fighting with peers at school. The reasons for his fighting could be:

- His current friends are rejecting him because he is asking them to use his new name and pronouns
- His peers are making fun of him because he cut his hair very short
- His teachers keep calling him by his birth name or referring to him as her

P6. Use a 30-day window in considering what is relevant to children, youth and their families.

- When the behavior happened, or its occurrence, is not the focus, but rather the current relevance of the behavior for the young person and/or the family.
- If the behavior/need is important to consider because it is currently impacting the young person, then you would rate it actionable.
- Rating Caveats: Before making a final rating, the assessor should take into consideration “Chronicity and Severity” for each item as these principles may override a rating

Example: NICK

Nick, age 20, is preparing to exit residential treatment, which he has worries about. He has a history of extensive methamphetamine use, particularly during times of stress, that contributed to some illegal activities. He has not been using substances for the last two years, since he's been in residential care. Two months ago, Nick started a new job and hasn't been able to attend his 12-step meeting as frequently as he has in the past. Nick is worried about missing meetings because of feeling stressed out and says he is having thoughts of using meth.

Determining how to use Rating Caveats

"Does this item need action?"

Service Masking

- Intensity
- Frequency
- Duration
- External reliance
- Environments where the issue exists and where it does not
- Self prompted coping vs. environmental reliance/prompting
- What supports are necessary
- Duration of progress
- Titration

Chronicity

- Frequency
- Duration
- Reinforcers of existence and non-existence
- Environment
- Intervention History
- Time between episodes
- Risk factors

Severity

- Lethality
- Contributing factors
- Duration
- Intensity
- Time between episodes
- Risk factors present
- Environment
- Intervention History
- Protective Factors

I. LIFE FUNCTIONING DOMAIN

Life domains are the different arenas of social interaction found in the lives of children, youth, and their families. This domain rates how they are functioning in the individual, family, peer, school, and community realms. This section is rated using the needs scale and therefore will highlight any struggles the individual and family are experiencing.

Question to Consider for this Domain: How is the child/youth functioning in individual, family, peer, school, and community realms?

For the **Life Functioning Domain,** use the following categories and action levels:

0 No current need; no need for action or intervention.

1 History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.

2 Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.

3 Problems are dangerous or disabling; requires immediate and/or intensive action.

FAMILY FUNCTIONING

This item rates the child/youth's relationships with those who are in their family. It is recommended that the description of family should come from the child/youth's perspective (i.e. who the child/youth describes as their family). In the absence of this information, consider biological and adoptive relatives and their significant others with whom the child/youth is still in contact. Foster families should only be considered if they have made a significant commitment to the child/youth. For children/youth involved with child welfare, family refers to the person(s) fulfilling the permanency plan. When rating this item, take into account the relationship the child/youth has with their family as well as the relationship of the family as a whole.

Questions to Consider	Ratings and Descriptions
☐ Is there conflict in the family relationship that requires resolution? ☐ Is treatment required to restore or develop positive relationship in the family?	0 No current need; no need for action or intervention. No evidence of problems in relationships with family members, and/or child/youth is doing well in relationships with family members.
	1 History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities. History or suspicion of problems. Child/youth might be doing adequately in relationships with family members, although some problems may exist. For example, some family members may have problems in their relationships with child/youth. Arguing may be common but does not result in major problems.
	2 Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed. Child/youth is having problems with parents, siblings and/or other family members that are impacting the child/youth's functioning. Frequent arguing, difficulty maintaining positive relationships may be observed.
	3 Problems are dangerous or disabling; requires immediate and/or intensive action. Child/youth is having severe problems with parents, siblings, and/or other family members. This would include problems of domestic violence, absence of any positive relationships, etc.

Description of the domain or group of items.

Action Levels to be used for this domain or group of items.

Item name and the description of the item.

Anchor Text: Examples(s) of what a '0', '1', '2', or '3' may be for the item.

The general action level is restated first, followed by the example for the specific item.

RUNAWAY*

This item describes the risk of running away or actual runaway behavior.

Questions to Consider	Ratings and Descriptions
☐ Has the child/youth ever run away from home, school, or any other place? ☐ If so, where did the child/youth go? How long did they stay away? How was the child/youth found? ☐ Does the child/youth ever threaten to run away?	**0** No current need; no need for action or intervention. Child/youth has no history of running away or ideation of escaping from current living situation.
	1 Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past. Child/youth has no recent history of running away but has expressed ideation about escaping current living situation. Child/youth may have threatened running away on one or more occasions or has a history of running away but not in the recent past.
	2 Action or intervention is required to ensure that the identified need is addressed. Child/youth has run from home once or run from one treatment setting. Also rated here is a child/youth who has runaway to home (parental or relative).
	3 Intensive and/or immediate action is required to address the need or risk behavior. Child/youth has run from home and/or treatment settings in the recent past and present an imminent flight risk. A child/youth who is currently a runaway is rated here.

If this item is rated '1', '2' or '3,' it is recommended that the Runaway Module be completed.

The Questions to Consider help the assessor better understand what the item is about.

While these are not intended to be used as a semi-structured interview, these questions can help in thinking through how to discuss these issues with young people and families.

This dark bar provides instructions for trigger items: what ratings trigger modules and which module is to be completed. Modules begin on page 64.

EDUCATIONAL SETTING

This item is used to evaluate the nature of the school's relationship with the child/youth and family, as well as the level of support the child/youth receives from the school. Rate according to how much the school is an effective partner in promoting child/youth's functioning and addressing child/youth's needs in school. *Note: This item was previously called Educational System.*

Questions to Consider	Ratings and Descriptions
☐ Is the school an active partner in the child/youth's education? ☐ Does the child/youth like school? ☐ Has there been at least one year in which the child/youth did well in school? ☐ When has the child/youth been at their best in school?	**0** Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan. The school works closely with the child/youth and family to identify and successfully address the child/youth's educational needs OR the child/youth excels in school.
	1 Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment. School works with the child/youth and family to address the child/youth's educational needs OR the child/youth likes school.
	2 Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan. The school is currently unable to adequately address the child/youth's academic or behavioral needs.
	3 An area in which no current strength is identified; efforts are needed to identify potential strengths. There is no evidence of the school working to identify or successfully address the child/youth's needs at this time and/or the school is unable and/or unwilling to work to identify and address the child/youth's needs and/or there is no school to partner with at this time.

Supplemental Information: If the child/youth is not in school due to age (e.g., child is either very young or has already graduated), rate this item a 0.

Supplemental Information section provides additional context regarding an item, or on rating an item.

Strengths Domain pg.15

This domain describes the assets of the child/youth that can be used to advance healthy development. It is important to remember that **strengths are NOT the opposite of needs.**

Increasing a child/youth's strengths while also addressing their behavioral/emotional needs leads to better functioning, and better outcomes, than does focusing just on the child/youth's needs. Identifying areas where strengths can be built is a significant element of service planning. In these items the 'best' assets and resources available to the child/youth are rated based on how accessible and useful those strengths are. These are the only items that use the Strength Rating Scale with action levels.

Strengths Domain

- Family Strengths
- Interpersonal
- Optimism
- Educational Setting
- Vocational
- Talents and Interests
- Spiritual/Religious
- Community Life
- Relationship Permanence
- Resilience
- Resourcefulness
- Cultural Identity
- Natural Supports
- Youth Involvement in Care

Strengths Example

Douglas is a 10-year-old who loves music. He plays the guitar and volunteers at the local Boys and Girls Club. He has been going to the Boys and Girls club since he was in elementary school.

He says playing the guitar or listening to music soothes him when he is stressed and struggling to sleep. He has access to music on his phone, but his parents have a rule about no electronics at bedtime.

Strengths Example

Thirteen-year-old Cole has a family that is very supportive. He reports that, despite some typical family conflicts, he loves his family, and they are very close.

Cole loves school. He is an excellent student and currently has a 3.8 GPA. He is well liked at school, has many friends, and has been active in student government as well as some school clubs. He regularly attends church with his family and has expressed an interest in attending catechism in order to receive his Confirmation. In the past, Cole enjoyed playing baseball despite not being very good at it. His baseball coach remains very supportive of Cole.

Life Domain Functioning pg.25

The life domains are the different arenas of social interaction found in the lives of children, youth, and their families. This domain rates how they are functioning in the individual, family, peer, school, and community realms. This section is rated using the needs scale and therefore will highlight any struggles the individual and family are experiencing.

Life Functioning Domain

- Family Functioning
- Living Situation
- Social Functioning
- Recreational
- *Developmental/Intellectual [A]*
- Legal
- Medical/Physical
- Sexual Development
- Sleep
- School Attendance
- School Behavior
- School Achievement
- Decision Making
- Basic Activities of Daily Living

Life Functioning Example

Dante is a 12-year-old boy who has been living with his paternal grandmother. Dante is having a difficult time following grandma's house rules. When asked to help around the house he always answers 'no'. The grandmother is frustrated by Dante's attitude.

Dante often says he is bored living with his grandmother because, "there is nothing fun to do" and she makes him, "stay in the house all the time". Dante has been cutting school and states that school is a waste of his time, and his grades have dropped significantly.

Behavioral/Emotional Needs Domain pg.35

The ratings in this section identify the behavioral health needs of the youth. **While the CANS is not a diagnostic tool,** it is designed to be consistent with diagnostic communication. In the DSM, a diagnosis is defined by a set of symptoms that is associated with either dysfunction or distress. This is consistent with the ratings of '2' or '3' as described by the action levels.

Behavioral/Emotional Needs Domain

- Psychosis (Thought Disorder)
- Impulsivity/Hyperactivity
- Depression
- Anxiety
- Oppositional Behavior
- Conduct (Antisocial Behavior)
- *Adjustment to Trauma [B]*
- Anger Control
- *Substance Use [C]*
- *Autism Spectrum [D]*
- Eating Disturbances
- Attachment Difficulties
- Behavioral Regressions
- Somatization
- Attention/Concentration

Behavioral/Emotional Needs Example

Johnny is a ten-year-old who has a difficult time falling asleep and staying asleep in his new adoptive home. He says he has nightmares about his past abuse. Johnny often falls asleep in class the next day. This has been going on for the past month.

When overtired at school Johnny is irritable and often gets in trouble for fighting and lashing out at peers who make fun of him.

Behavioral/Emotional Needs Example

Cammy, age nine, is often described as a “whirlwind” of activity. At school she is easily distracted, moving quickly from one activity to the next which results in her not being able to complete her work or retain any information. She is equally disruptive during play, bossy with her peers and unable to stay focused on their play. This has resulted in her being excluded from peer groups at school. Cammy is at risk of failing this school year.

Cammy was recently separated from her family during a storm and was on her own for a week before being found by rescuers. She is hyper-alert and will often tantrum during transitions or separations from her parents. She is unable to be alone in a room and refuses to go to the bathroom on her own or sleep in her own bed. During her tantrums, she throws and destroys whatever objects are close to her, sometimes hurting herself and others.

Risk Behaviors Domain pg. 58

This section focuses on behaviors that can get children and youth in trouble or put them in danger of harming themselves or others. Time frames in this section can change (particularly for ratings ‘1’ and ‘3’) away from the standard 30-day rating window.

Don’t forget rating caveats: Service Masking, Chronicity and Severity

Risk Behaviors Domain

- Suicide Risk
- Non-Suicidal Self-Injurious Behavior
- Other Self-Harm (Recklessness)
- *Danger to Others [E]*
- *Delinquent Behavior [F]*
- *Runaway [G]*
- Intentional Misbehavior
- *Fire Setting [H]*
- *Victimization/Exploitation [I]*
- *Sexually Problematic Behavior [J]*

Risk Behaviors Example

You are called to a home by foster parents who claim that Steve, their 12- year-old foster son, verbally threatened to kill them and has locked himself in his room.

Steve has a history of aggressive behaviors. Historically, his aggression is directed at furniture and his belongings, not at other people. Steve locked himself in his room 2 weeks ago and in the course of throwing and breaking items in his room, Steve cut himself and required stiches in his arm.

When upset, Steve says he wants to leave the foster home and go live with his Uncle Jake.

Risk Behaviors Example

Beth, age 17, was brought to the emergency room after being found unconscious in her room and a stash of unidentifiable pills next to her. After her stomach was pumped and she regained consciousness, Beth noted wanting to move out of the house due to her stepfather sexually abusing her and her mother defending him. When pressed further she refused to talk.

Beth's mother feels unsure as whether her daughter is truthful about anything and is not sure as to what to do to help her. She noted that Beth recently came home with a tattoo and her nipples pierced. She shared that her "older" boyfriend paid for them but that she would not say who he was. Beth was caught sending provocative pictures of herself to men on her phone. When asked the reason for taking and sending the pictures, Beth noted that she feels like it is the only time she gets positive attention.

Cultural Needs Domain pg.85

These items identify linguistic or cultural issues for which service providers need to make accommodations (e.g., provide interpreter, finding therapist who speaks family's primary language, and/or ensure that children and youth in placement has the opportunity to participate in cultural rituals associated with their cultural identity).
Items in the Cultural Factors Domain describe difficulties that children and youth may experience or encounter as a result of their membership in any cultural group, and/or because of the relationship between members of that group and members of the dominant society.

Cultural Needs (All Ages)

- Language
- Traditions and Rituals
- Cultural Stress
- Cultural Diffs. within the Family

Cultural Factors Example

Luciana is a 17-year-old who finds strength in her Latino culture and her thick, curly hair which she likes to keep ‘large’. She reports that she has experienced steady questioning and even bullying by her peers at school about why she doesn’t straighten her hair and get in under control. She hasn’t made any friends at school because she is getting teased about her hair. She reports feeling depressed and anxious at school daily and does not want to go to school anymore. Luciana’s adoptive parents are white, and they do not understand why it is a big deal to change the way she wears her hair.

Potentially Traumatic/Adverse Childhood Experiences (ACEs) pg.88

The traumatic experiences items are static indicators and identify a child or youth has experienced a particular trauma.

These items are rated over the lifetime of the individual

These ratings are only rated as 0 (no evidence) or 1 (evidence that this occurred)

Potentially Traumatic/Adverse Childhood Experiences (All Ages)

- Sexual Abuse
- Physical Abuse
- Neglect
- Emotional Abuse
- Medical Trauma
- Natural or Manmade Disaster
- Witness to Family Violence
- Witness to Comm/School Violence
- Witness/Victim of Criminal Activity
- War/Terrorism Affected
- Disrupt in Caregiving/Attch Losses
- Parental Criminal Behavior

ACEs Example

Timmy is a sixteen-year-old boy in care. Timmy's mother, Agnes, lost custody a year ago due to her persistent drug use in front of her sons.

Timmy has three brothers that range in age from fourteen to six years old. All four boys were left with a neighbor while mom went out. She was expected to return within an hour. The neighbor kept the boys for three days before she contacted CPS.

Timmy reported that he saw previous partners choke, kick and punch his mother.

ACEs Examples

- Sara is five years old. When she meets a new adult male, she attempts to engage in flirtatious and sexualized behaviors with that person.
- Ben was removed from his mother's care due to severe neglect. He had multiple bruises on his back and arms. He flinches when the pediatrician attempts to examine him.
- Inez has a teenaged sister who is part of a gang that is in a "war" with a neighboring gang. Inez was with her sister on the stoop last week when they witnessed the shooting of one of her peers on the sidewalk. The boy who was shot died after being taken to the local hospital.
- Alice's father was one of the police officers killed in a recent sniper attack.

Early Childhood Domain pg.93

The items in the Early Childhood Domain are intended to focus on elements of a young child's functioning that are salient during the first five years of development. The first 18 items are rated as needs, and the rest of the items are rated as strengths.

- 0-5 youth: Complete EC Domain, Potentially Traumatic Adverse Childhood Experiences, Cultural, Caregiver Resources and Needs

Early Childhood Module (Age 0-5)

Challenges

- Impulsivity/Hyperactivity
- Depression
- Anxiety
- Oppositional

Aggressive Behavior (24 +)

- Attachment Difficulties
- Adjustment to Trauma
- Regulatory
- Atypical Behaviors
- Sleep (12 months +)

Functioning

- Family Functioning
- Early Education
- Social and Emotional Functioning
- Developmental/Intellectual
- Medical/Physical

Risk Behaviors & Factors

- Self-Harm (12 months +)
- Exploited
- Prenatal Care
- Exposure
- Labor and Delivery
- Birth Weight
- Failure to Thrive

Strengths

- Family Strengths
- Interpersonal
- Natural Supports
- Resiliency (Persistence & Adaptab.)
- Relationship Permanence
- Playfulness

Early Childhood Example

Maribel is 2. She lives with her grandmother, who says that she is a terrible sleeper and difficult to manage at night. Grandma says that she is not sure she can handle Maribel unless they get some help with sleeping. Maribel is charming with most adults, but her grandmother says that she is so irritable from her poor sleep habits that she often grabs, kicks, or bites other children on the playground. Grandmother says that she is unable to bring Maribel to playgroups or the Y because of Maribel's aggression toward her peers.

Early Childhood Example

Joey is a 27-month-old boy living with his mother, Lillian. He has functional physical skills, but his physical therapy evaluation resulted in a recommendation that his mother involve him in community activities (playground play, local early years programs) to increase physical gross motor play opportunities.

Joey is demonstrating difficulty with self-regulation, fine motor delays and sensory sensitivities to tactile input affecting food preferences. Mom reports that Joey tantrums at meals sometimes (about 3 times a week) and that his tantrum can last up to 2 hours before he can calm down and be ready to play. When having a tantrum Joey becomes very aggressive and tries to bite, hit and/or kick Mom or other people around him.

Transition Age Youth Domain pg.117

The following items are required for youth ages 14 and older. The Transition Age Youth items are used to assess how well the youth is developing age-appropriate skills for a healthy adulthood.

Please note: All other domains (with the exception of the Early Childhood Domain) must be completed for youth age 14 and older.

Transition Age Youth Domain (14+)

Behavioral/Emotional Needs

Interpersonal Problems

Functioning

Independent Living Skills (K)

Parental/Caregiving Roles (L)

Job Functioning (M)

Medication Adherence

Intimate Relationships

Transportation

Educational Attainment

Transition Age Youth Domain Example

Michael is an 18-year-old African American who was brought to counseling by his aunt, Gloria, with whom he has lived for the past two years. Gloria is concerned about Michael's future as a result of his being present during a recent drug raid of some of friends. He was briefly jailed for drug trafficking and has legal action pending.

Michael graduated from high school and is employed at a fast-food restaurant, where he is being considered for promotion as manager. Despite this, he is frustrated with his work and insufficient income. Michael and wants to be able to live with and support his girlfriend and their 5-month-old son who live with her parents, two hours away. Michael believes that Black men, "don't get a fair shake" in life, and therefore is discouraged about his prospects about getting ahead.

Transition Age Youth Domain Example

Claire is 18 and dropped out of high school two years ago when her daughter was born. Claire lives with her grandmother, who is supporting Claire and taking care of her so that she can be a good parent to her daughter. Claire says that she got involved in hacking credit cards so she could make some extra cash, because the allowance her grandmother gave her was never enough to do what she wanted to do. She also says that her grandmother disapproves of her taking her daughter out with friends at night. Claire doesn't get it; her daughter seems to love being with her and her friends, even if it is hard to get her to Head Start on time in the mornings.

Caregiver Resources and Needs Domain pg.129

These items represent potential areas of need for caregivers while simultaneously highlighting the areas in which the caregivers can be a resource for the child or youth.

Caregiver Resources & Needs (All Ages)

- Supervision
- Involvement with Care
- Knowledge
- Organization
- Social Resources
- Residential Stability
- Medical/Physical
- Mental Health
- Substance Use
- Developmental
- Safety
- Family Stress
- Caregiver Post-traumatic Reactions
- Marital/Partner Viol. In the Home
- Family Relationship to the System
- Legal Involvement

Caregiver Resources & Needs Example

During a meeting, Mrs. Smith states that she feels overwhelmed by caring for Victoria, a seven-year-old girl with special needs. She has not been able to find a respite care provider who can meet Victoria's needs, and she often feels stressed and alone. She shares that she has struggled with feelings of despair in the past but has never seen a therapist. She is open to the possibility of meeting with someone to discuss her feelings.

Caregiver Resources & Needs Example

Spring, age six, is currently living with a relative who has been very supportive. Spring came into protective custody as a result of being physically abused by her mother. She also experienced neglect, often being left alone at home for days at a time. Her caregiver has trouble with mobility. Spring is very active, and her caregiver has trouble keeping up with her. At a recent outing, for example, Spring wandered away from her caregiver and became lost. Her caregiver also has a hard time taking Spring to therapy appointments and has been reported saying, “She doesn’t need those things; she is fine with me.

SPECIAL CIRCUMSTANCES RELATED TO RATING CAREGIVERS

	Permanency Goal				
		Reunification	**Guardianship**	**Adoption**	**Other Planned Living Arrangement**
Child/Youth's Residence	**Foster Home**	Parents and Foster Parents	Parents and Guardians and/or Foster Parents	Pre-adoptive Parents and/or Foster Parents	Foster Parents and Parents (if still involved in child/youth's care)
	****Residential Treatment**	Parents and Foster Parents	Parents and Guardians and/or Foster Parents	Pre-adoptive Parents or No Caregiver	No Caregiver
	*This section is designed to rate those the needs and strengths of a viable caregiver. Who is part of the young person's caregiving system? Foster parents, relatives or family members, biological parents, adoptive parents etc. *Brief CANS- PRIMARY CAREGIVER IS RATED ONLY *Comprehensive CANS- Primary and additional caregivers can be rated **For youth in congregate care settings – Residential Staff are NOT rated as Caregivers. ** Identify the caregiver that the youth will return to, step down to when released and rate that caregiver **For youth where there is NOT an identified caregiver for the young person at the time of the CANS completion, then the caregiver resources and needs domain should not be completed. If you are required to complete the section- all rated as "0"				

MIKE VIGNETTE

- Breakout session into small groups to rate vignette
- Each break out group should rate their assigned section first, then move on to the rest of the vignette domains
- Each break out group will report out on their assigned section and the ratings within

Best Practice: CANS and Safety Planning

- Items to consider in identifying areas of concerns for safety planning:
- RISK BEHAVIORS DOMAIN
- CAREGIVER RESOURCES AND NEEDS DOMAIN

RISK BEHAVIORS
Suicide Risk
Non-Suicidal Self-Injurious Behavior
Other Self Harm (recklessness)
Danger to Others
Delinquent Behaviors
Runaway
Intentional Misbehavior
Fire Setting
Victimization/Exploitation
Sexually Problematic Behavior

CAREGIVER RESOURCES & NEEDS
Supervision
Involvement with care
Knowledge
Organization
Social Resources
Residential Stability
Medical/Physical
Mental Health
Substance Use
Developmental
Safety
Family Stress
Caregiver Post-traumatic reactions
Marital/partner violence in the home
Family relationship to the system
Legal involvement

Best Practice: CANS and Safety Planning

- RISK BEHAVIORS DOMAIN:

- A **NEED rating of 1** on the RISK domains requires watchful waiting, depending on the item that was rated a 1, watchful waiting may still require basic safety planning and DOES require planful time-based symptom and progress monitoring to determine if a shift to action taking is required
- A **NEED rating of 2 or 3** on the following domains **requires safety planning:**
  - Suicide Risk
  - Non-Suicidal Self-Injurious Behavior
  - Other Self Harm
  - Danger to Others
  - Runaway
  - Fire Setting
  - Victimization/Exploitation
  - Sexually Problematic Behavior
- A **NEED rating of 2 or 3** on the following **domains requires further lethality assessment by a clinician:**
  - Suicide Risk
  - Danger to Others

RISK BEHAVIORS
Suicide Risk
Non-Suicidal Self-Injurious Behavior
Other Self Harm (recklessness)
Danger to Others
Delinquent Behaviors
Runaway
Intentional Misbehavior
Fire Setting
Victimization/Exploitation
Sexually Problematic Behavior

Best Practice: CANS and Safety Planning

- CAREGIVER RESOURCES AND NEEDS DOMAIN
- NEED ratings in this domain may require contacting child welfare to report any child abuse or neglect
- A **NEED rating of 1** on the RISK domains requires watchful waiting, depending on the item that was rated a 1, watchful waiting may still require basic safety planning but DOES require planful time-based symptom and progress monitoring to determine if a shift to action taking is required
- A **NEED rating of 2 or 3** on the following domains **requires safety planning:**
  - Supervision
  - Medical/Physical
  - Mental Health
  - Substance Use
  - Developmental
  - Safety
  - Family Stress
  - Caregiver Post-Traumatic reactions
  - Marital/partner violence in the home
- A **NEED rating of 2 or 3** on the following **domains may require immediate connection to local basic needs/ community resources :**
  - Social resources
  - Residential Stability
  - Legal Involvement

CAREGIVER RESOURCES & NEEDS
Supervision
Involvement with care
Knowledge
Organization
Social Resources
Residential Stability
Medical/Physical
Mental Health
Substance Use
Developmental
Safety
Family Stress
Caregiver Post-traumatic reactions
Marital/partner violence in the home
Family relationship to the system
Legal involvement

How is the CANS information used?

- **ELIGIBILITY DETERMINATION** FOR MEDICAID BENEFITS (Decision Support Model)
- **LEVEL OF CARE** and SERVICE DETERMINATION (Decision Support Model)
- **TEAM CARE PLANNING**
- **TEAM COMMUNICATION**
- **PROGRESS MONITORING**

PROGRESS MONITORING

- One child, One Team, One CANS
- Episodes of care
- Significant life events
- Service delivery: time-based intervals
- Service delivery: transitions between levels of care
- Discharge
- An increase or decrease of (1) on a rating item = meaningful change

Ohio CANS Decision Support Model

- Provides consistent framework for making important decisions about a child's care; specifically related to eligibility for:
  - OhioRISE, care coordination tiers within OhioRISE and level of care for QRTP and PRTF
- Facilitates team discussion based on the collaboratively identified child and family's needs and strengths.

- Provides consistency and guidance for decision making at other key decision points:

  *Child and Family Centered Care Planning

  *Guidance on service delivery while maintaining flexibility and individualization.

Decision Support Model: Special considerations

- The CANS decision support model should NOT be the only information that a team uses to determine a level of care decision for a child/youth.
- There are circumstances where the child and family team determines that a child/youth requires a level of care that is higher or lower than the decision support model suggests.
- CANS does NOT replace a comprehensive biopsychosocial
- CANS is NOT a diagnostic tool
- CANS IS a communimetric tool designed to communicate critical information across multiple life domains and identifies the unique NEEDS and STRENGTHS about a child, caregiver and family.
- Results from the CANS helps a child and family team organize and prioritize interventions and strategies for decision making and treatment planning

Decision Support can be found here https://managedcare.medicaid.ohio.gov/wps/wcm/connect/gov/b731a9c5-2a8e-49db-9843-58708237ca35/2021.09.21_DECISION+SUPPORT+MODEL_OH+CANS+LOC+FINAL.pdf?MOD=AJPERES&CVID=nM9GLJC

WHAT'S NEXT? CANS CERTIFICATION: To become a CANS assessor

CURRENT CANS CERTIFICATION

Pre-existing CANS CERTIFICATION SCORE + Ohio CANS BOOSTER 3 hours = ELIGIBLE TO BE OHIO CANS ASSESSOR

Must obtain passing score on the full Ohio CANS certification exam at annual re-certification date

NEW OHIO CANS ASSESSOR

Complete LIVE Ohio Children's Initiative TCOM and CANS training (7 hours) and receive access code from COE +

Register on the Praed Foundation's TCOM training site and complete exam http://www.tcomtraining.com/ +

Ohio CANS certification exam score of .70 or higher =

ELIGIBLE TO BE OHIO CANS ASSESSOR

Resources & More Information

Training: Center of Excellence: Complete Live Training, attend Office Hours for CANS TA to be announced

Certification: Once training is completed, receive **access code from COE** and register at the TCOMTraining.com site. Applicant completes an annual online certification test on this website and receives a minimum score of .70

Questions about the CANS: Heather.Distin@case.edu
Questions about FFPSA: Hannah.Knies@jfs.ohio.gov

https://managedcare.medicaid.ohio.gov/wps/portal/gov/manc/managed-care/ohiorise/2-cans-resources

Ohio Children's Initiative Questions

Ohio Children's Initiative CANS questions:

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FFPSA and QRTP implementation questions:

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THANK YOU!

LIFE DOMAIN FUNCTIONING
Family
Living Situation
Social Functioning
Medical/Physical
Legal
Decision Making
Sexual Development
Basic Activities of Daily Living
School Behavior
School Achievement
School Attendance
Recreational
Developmental/ Intellectual
Sleep
Medication Adherence (14+)

CHILD & ENVIRONMENTAL STRENGTHS
Family
Educational Environment
Vocational (Preferences and Skills)
Spiritual Religious
Community Life
Relationship Permanence
Natural Supports
Interpersonal Skills
Optimism
Talents/Interests
Youth Involvement in Care
Resilience
Resourcefulness
Cultural Identity

CHILD BEHAVIOR & EMOTIONAL NEEDS
Psychosis (thought disorder)
Depression
Anxiety
Oppositional Behavior
Impulsivity/Hyperactivity
Conduct (Anti-social Behavior)
Adjustment to Trauma
Anger Control
Substance Use *
Autism Spectrum
Eating Disturbances
Attachment Difficulties
Behavioral Regressions
Somatization
14+ Interpersonal Problems

BOLD= BRIEF CANS
ITALICS= TRIGGERS MODULE COMPLETION
** Requires ASAM or referral for ASAM level of care*

RISK BEHAVIORS

Suicide Risk

Non-Suicidal Self-Injurious Behavior

Other Self Harm (recklessness)

Danger to Others

Delinquent Behaviors

Runaway

Intentional Misbehavior

Fire Setting

Victimization/Exploitation

Sexually Problematic Behavior

CULTURAL FACTORS

Language

Traditions & Cultural Rituals

Cultural Stress

Cultural Differences within the family

POTENTIALLY TRAUMATIC/ ADVERSE CHILDHOOD EXPERIENCES

Sexual Abuse

Physical Abuse

Neglect

Emotional Abuse

Medical Trauma

Natural or Manmade Disaster

Witness to family violence

Witness to community/school violence

War/Terrorism affected

Witness/Victim to criminal acts

Parental criminal behavior

Disrupt in caregiving/attach losses

CAREGIVER RESOURCES & NEEDS

Supervision

Involvement with care

Knowledge

Organization

Social Resources

Residential Stability

Medical/Physical

Mental Health

Substance Use

Developmental

Safety

Family Stress

Caregiver Post-traumatic reactions

Marital/partner violence in the home

Family relationship to the system

Legal involvement

Specialized Age DOMAINS
Early Childhood Domain (age 0-5)
Transitional Age Youth Domain (14+)

Additional MODULES
Developmental Needs
Traumatic/Stress Symptoms
Substance Use Disorder
Autism Spectrum Module
Dangerousness/Violence
Juvenile Justice
Runaway
Fire Setting
Commercially Sexually Exploited
Sexually Problematic Behavior
Sexually Aggressive Behavior
Independent Activities of Daily Living
Parenting/Caregiving
Vocational/Career