

Using the Child and Adolescent Needs and Strengths in the California Integrated Core Practice Model

Trainer Guide



August 2018

Table of Contents

Acknowledgements..... 4

Introduction 5

Agenda 7

Learning Objectives 8

Lesson Plan 9

Segment 1: Introduction and Welcome 11

Segment 2: Background and Context: California Implementation of the CANS..... 13

Segment 3: Key Principles of the CANS (Communimetrics) 22

Segment 4: Review of the CA CANS 50/IP-CANS Domains and Items..... 29

Segment 5: The Practice Vignette 34

Segment 6: Online Certification Process 36

Segment 7: Wrap-up..... 38

Materials Checklist..... 39

Acknowledgements

This curriculum, Using the Child and Adolescent Needs and Strengths in the California Integrated Core Practice Model, is the result of the invaluable work and guidance from many people throughout California's Child Welfare system in conjunction with the Praed Foundation.

Founded in 1998, the Praed Foundation seeks to support transformational activities in human services, with a special emphasis on improving the lives of children and families. The Foundation has a variety of projects that support its mission including managing flexible funding for youth with mental health needs in the juvenile justice system. The primary work of the Foundation is in support of a mass collaboration of individuals who seek to use evidence-based assessments as an approach to working together to maintain the focus of human service enterprise on the people they serve. As such, the Praed Foundation maintains the copyrights for the Child and Adolescent Needs and Strengths, the Family Advocacy and Support Tool, the Crisis Assessment Tool, and the Adult Needs and Strengths Assessment to ensure that they remain free for anyone to use who shares this commitment.

The Praed Foundation convened experts throughout California to adapt their curriculum to reflect statewide practice in California. This devoted group of professionals included members from the California Department of Social Services (CDSS), all four Regional Training Academies (RTAs), the University Consortium for Children and Families (UCCF), Los Angeles County Department of Children and Families Training Division, the Resource Center for Family-Focused Practice (RCFFP) and the California Social Work Education Center (CalSWEC). As a result of their efforts, this curriculum is grounded in the framework of the Integrated Core Practice Model, and reflects the connection of the CANS to the CFT process, which supports the values of engagement, teaming, child and family voice and choice, and shared decision making.

California's child welfare system greatly benefits from this collaborative partnership, which helps our workforce improve practice and meet the needs of the state's children and families.

The curriculum was developed with public funds and is intended for public use.

FOR MORE INFORMATION on the latest version of this curriculum, please visit the California Social Work Education Center (CalSWEC) website: <https://calswec.berkeley.edu>, where you can find it under "Quick Links" or via Search.

Introduction

Please read carefully as a first step in preparing to train this curriculum.

The following curriculum is intended to guide trainers in developing their CANS overview and certification preparation (reliability) trainings. While trainers are encouraged to tailor the training to best meet the needs of their trainees, this curriculum highlights a general approach with recommendations for facilitating learning based upon thousands of hours of training administrators, supervisors and front line staff in child and adult serving systems.

COURSE DESCRIPTION

This one-day training gives participants an understanding of how California will use the Child and Adolescent Needs and Strengths (CANS) as a strategy to meet the Integrated Core Practice Model (ICPM) vision for creating behavioral objectives with families and teams. The ICPM articulates the shared values, core components, and standards of practice reflecting findings of current research that demonstrate how collaborative and integrated family services work best in meeting the complex needs of children, youth, nonminor dependents, and families involved with multiple, government-funded organizations.

The CANS is a multi-purpose tool designed to be the output of a collaborative assessment process. It supports care planning and decision-making, facilitates quality improvement initiatives, and allows for the monitoring of outcomes and services.

Using vignettes and small group activities, this 6-hour, interactive session will prepare users for certification and use of the CANS. Principles and best practices in using the CANS as an assessment strategy and tool to monitor outcomes and inform plans will be addressed.

TRAINING MATERIALS TO PREPARE IN ADVANCE

Segment 3: Trainers are encouraged to prepare mini-vignettes as examples to use for a story or activity to illustrate each of the six Key Principles.

Segment 4: For Activity 4B, trainers are encouraged to develop examples to use to convey the CANS domains.

Segment 4: (optional) For Activity 4C, trainers may wish to use unlined index cards that note rating levels 0, 1, 2, and 3.

COMPONENTS OF THE TRAINER AND TRAINEE GUIDES

Learning Objectives

The Learning Objectives serve as the basis for the Training Content that is provided to both the trainer and trainees. All the Learning Objectives for the curriculum are listed in both the Trainer's and Trainee's Guides. The Learning Objectives are subdivided into three categories: Knowledge, Skills, and Values. They are numbered in series beginning with K1 for knowledge, S1 for skills, and V1 for values. The Learning Objectives are also indicated in the Lesson Plan for each segment of the curriculum.

Knowledge Learning Objectives entail the acquisition of new information and often require the ability to recognize or recall that information. *Skill Learning Objectives* involve the application of knowledge and frequently require the demonstration of such application. *Values Learning Objectives* describe attitudes, ethics, and desired goals and outcomes for practice. Generally, *Values Learning Objectives* do not easily lend themselves to measurement, although values acquisition may sometimes be inferred through other responses elicited during the training process.

Agenda

The Agenda is a simple, sequential outline indicating the order of events in the training day, including the coverage of broad topic areas, training activities, lunch, and break times.

Lesson Plan (Trainer Guide only)

The Lesson Plan in the Trainer's Guide is a mapping of the structure and flow of the training. It presents each topic and activity and indicates the duration of training time for each topic.

The Lesson Plan is divided into major sections by Day 1, Day 2, and Day 3 of the training, as applicable, and contains two column headings: (1) Segment and (2) Methodology and Learning Objectives. The Segment column provides the topic and training time for each segment of the training. The Methodology and Learning Objectives column reflects the specific activities and objectives that are covered in each segment.

Training Segments (Trainer Guide only)

The Training Segments are the main component of the Trainer's Guide. They contain guidance and tips for the trainer to present the content and to conduct each Training Activity. Training Activities contain detailed descriptions of the activities as well as step-by-step tips for preparing, presenting, and processing the activities. The description also specifies the Training Content that accompanies the activity, and the time and materials required.

Training Content (Trainee Guide only)

The Training Content in the Trainee's Guide contains the standardized text of the curriculum. In this curriculum, however, most of the Training Content is in the form of Supplemental Handouts, which are numbered for easy referencing. Training activities within a Segment are labeled and numbered to match the titles and numbering in the Lesson Plan. Occasionally, a *Trainer's Supplement* is provided that includes additional information or materials that the trainer needs. (For example, in this curriculum, there is an Excel document that provides guidance for an activity with a vignette.)

Supplemental Handouts

Supplemental Handouts refer to additional handouts not included in the Trainer or Trainee Guide. For example, Supplemental Handouts include worksheets or reference guides for training activities or later use. Some documents in the Supplemental Handouts are not included in the Trainee Guide because their size or format requires that they be printed separately.

Materials Checklist (Trainer Guide only)

In order to facilitate the training preparation process, the Materials Checklist provides a complete listing of all the materials needed for the entire training. Materials specific to each individual training activity are also noted in the Training Segments in the Trainer's Guide.

Agenda

Introduction and Welcome	9:00 – 9:20 am
Background and Context	9:20 – 10:00 am
Key Principles of the CANS (Communimetrics)	10:00 – 10:45 am
<i>BREAK</i>	<i>10:45 – 11:00 am</i>
Key Principles of the CANS (Communimetrics) (continued)	11:00 am – 12:00 pm
<i>LUNCH</i>	<i>12:00 – 1:00 pm</i>
CANS: Domains and Items	1:00 – 2:00 pm
<i>BREAK</i>	<i>2:00 – 2:15 pm</i>
Practice Vignette (small groups)	2:15 – 3:40 pm
Online Certification	3:40 – 3:50 pm
Wrap-up	3:50 – 4:00 pm

Learning Objectives

Knowledge

- K1.** The trainee will be able to articulate the purpose of the CANS as a collaborative, transparent, team-based process.
- K2.** The trainee will be able to identify how the 6 Key Principles of the CANS are used in determining action levels on needs and strengths items.
- K3.** The trainee will be able to promote the linkage between the assessment and planning process using the CANS.

Skills

- S1.** The trainee will be able to demonstrate ability to complete the CANS domains and items and apply the action levels, using a vignette.
- S2.** The trainee will be able to apply knowledge learned to prepare for the online certification test.

Values

- V1.** The trainee will be able to describe how the CANS supports the ICPM and the practice of child and family teaming (CFT).

Lesson Plan

Segment	Methodology and Learning Objectives
Segment 1 20 min 9:00–9:20 am Introduction and Welcome	Welcome, Review of the Agenda and Learning Objectives. Briefly explain your experience in working within child-serving systems. Review the agenda and provide context for the training content. Conduct the introduction activity and review the learning objectives. Provide relevant logistics for the training day and training site. <i>PowerPoint slides: 1-4</i>
Segment 2 40 min 9:20 – 10:00 am Background and Context: California Implementation of the CANS	Activity 2A: A History of Team-Based Models in California, using lecture format. This recap of California’s team-based models provides background for introducing the CANS assessment within the TCOM framework. Activity 2B: The TCOM Framework, using lecture format. <i>PowerPoint slides: 5-32</i> <i>Learning Objectives: K1, V1</i>
Segment 3 (part one) 45 min 10:00 – 10:45 am Key Principles of the CANS (Communimetrics)	Through lecture and case examples, review the Key Principles from the California Integrated Practice CANS Reference Guide, first with an overview, then with a “deeper dive.” <i>PowerPoint slides: 33-48 (for parts one and two)</i> <i>Learning Objectives: K1, K2, K3</i>
10:45 – 11:00 am 15 min BREAK	
Segment 3 (part two) 60 min 11:00 am –12 noon Key Principles of the CANS (Communimetrics) (cont’d)	Continue with the deeper dive into the six Key Principles detailed in the California Integrated Practice CANS Reference Guide, using lecture and case examples. <i>PowerPoint slides: 33-48 (for parts one and two)</i> <i>Learning Objectives: K1, K2, K3</i>
12:00 – 1:00 pm 60 min LUNCH BREAK	

Segment	Methodology and Learning Objectives
<p>Segment 4 60 min 1:00 – 2:00 pm</p> <p>Review of the CA CANS 50/ IP-CANS Domains and Items</p>	<p>Activity 4A: Compare the California CANS 50 and the Integrated Practice CANS.</p> <p>Activity 4B: Using the Reference Guide, review the CANS items within each domain.</p> <p>Activity 4C: Participants practice applying action levels to seven vignettes.</p> <p><i>PowerPoint slides 49-66</i> <i>Learning Objectives: K1, K3, S1, V1</i></p>
<p>2:00 – 2:15 pm 15 min BREAK</p>	
<p>Segment 5 85 min 2:15 – 3:40 pm</p> <p>The Practice Vignette</p>	<p>Participants read the vignette individually and then rate the sections together in small groups of three. Review their ratings and ensure that participants have an accurate definition of the items and can apply the correct action levels.</p> <p><i>PowerPoint slides: 67-68</i> <i>Learning Objectives: K1, K2, K3, S2, V1</i></p>
<p>Segment 6 10 min 3:40 – 3:50 pm</p> <p>Online Certification Process</p>	<p>Explain the certification process using the TCOM handouts.</p> <p><i>PowerPoint slides: 69-73</i></p>
<p>Segment 7 10 min 3:50 – 4:00 pm</p> <p>Wrap-up</p>	<p>Review next steps, including those related to the participants' local agencies. Thank participants.</p> <p><i>PowerPoint slide: 74</i></p>

Segment 1: Introduction and Welcome

Segment Time:	20 minutes
Trainee Content:	Agenda Learning Objectives
Slides:	1-4

Description of Activity:

Training should begin with an introduction. The trainer should highlight their experience in working within the child serving systems. Trainers might also highlight how they have used the CANS in their work with children and families. The trainer should get to know the roles that the participants serve within the child serving system, as well as any prior experience they may have had with the CANS. The approach to this will vary depending upon the size of the training group. Briefly explain relevant logistics concerning the training day and training site. A review of the agenda for the day and the objectives would also be appropriate at this time.

Before the activity

- ❑ Set up the classroom.
- ❑ Review the TCOM on-line training and certification process. Be prepared to provide a brief description about the process during this activity.

During the activity

- ❑ **Reminder:** It is important to inform participants that training for the CANS is based on a blended, virtual model. It begins with a live, in-person training (the one being provided) and an on-line, independently paced training on TCOMtraining.com. Everyone will need to go through the on-line training (describe this) and take a few practice tests prior to taking the certification test (or final test).
- ❑ Review the Agenda.

Using the Child and Adolescent Needs and Strengths in the California Integrated Practice Model

General Session Overview



1



- ❑ Participant introductions. Ask participants to introduce themselves and state their affiliations and role. Participants may also wish to share experiences they may already have had with the CANS, and any questions or concerns. Ask each participant about their hopes and expectations for the day's training.

- ❑ Review the Learning Objectives. You may wish to:
 - Instruct participants to review the Learning Objectives.
 - Ask participants to identify one Learning Objective they believe they already understand well.
 - Ask participants to identify one Learning Objective that is their highest priority for the day.
 - Remind participants to pay attention throughout the day for information that will help them meet the Learning Objective they prioritized.

Getting to Know Each Other

- Name, Organization, role
- Experience with the CANS (questions or concerns)
- Hopes for the Day



Learning Objectives

Participants will be able to:

- Knowledge**
- Articulate the purpose of the CANS as a collaborative, transparent, team-based process.
 - Identify how the 6 Key Principles of the CANS are used in determining action levels on needs and strengths items.
 - Promote the linkage between the assessment and planning process using the CANS.
- Skills**
- Demonstrate ability to complete the CANS domains and items and apply the action levels, using a vignette.
 - Apply knowledge learned to prepare for the online certification test.
- Value**
- Describe how the CANS supports the ICFRM and the practice of child and family learning (CFT).

Transition to the next segment

- ❑ Move on to the next segment, Background and Context: California Implementation of CANS.

Segment 2: Background and Context: California Implementation of the CANS

Segment Time:	40 minutes
Activity Time:	30 minutes – Activity 2A: A History of Team-Based Models in California 10 minutes – Activity 2B: The TCOM Framework
Slides:	5-32

Description of Activity 2A:

Trainer will provide context of the implementation of the CANS. It is important to remember that your role is to train on the IP-CANS and not as a representative of CDSS. Any policy questions regarding the use of the IP-CANS should be referred back to CDSS.

This activity provides background to trainees about California's team-based models.

During the activity

❑ Activity 2A: A History of Team-Based Models in California

Provide a brief recap of California's models based on the slides.

- The Continuum of Care Reform efforts are the culmination of more than 30 years of system reform in CA.
- All above approaches or models promote the values of family inclusion, family strengths/needs, family culture, and family voice and choice, which align with the CANS assessment.
- The publication and use of an integrated practice model with universal professional behaviors supports the integrity of these models and the pursuit of Transformational Collaborative Outcomes Management (TCOM).



- The Katie settlement requires a much higher investment and commitment on the part of County Mental Health Plans, their case managers, and care coordinators. It emphasizes not only the delivery of intensive care coordination and behavioral supports, but invites all professionals responsible for coordinating care to act in a more responsive, flexible and youth centered way.
- CCR builds on team-based models for children, youth, NMDs, and families who come into contact with California's child welfare and probation systems.
- CCR recognizes and promotes the experiences and viewpoints of children youth and families in the assessment, placement, and service planning process.
- It acknowledges that children should not have to change placements to get the supports and services they need, including SUD services.
- Agencies must collaborate effectively to engage and surround the family with needed services, resources, and supports, rather than have the family navigate multiple service providers.
- The goal of all children and youth in foster care is normalcy in development while establishing permanent, lifelong, familial relationships.
- The CFT is intended to engage family members, address needs for and decisions around placement, address immediate safety and risk needs, and begin case-planning activities.
- What is a CFT? A group of individuals who are convened by the placing agency and who are engaged through a variety of team-based processes to identify the strengths and needs of the child or youth and his or her family, and to help achieve positive outcomes for safety, permanency, and well-being.
- The CFT process is not linear; it's a fluid process:
 - Engagement and Team Membership
 - Coordination, Communication, and Collaboration
 - Case Plan Development and Permanency Connections
 - Monitoring and Adapting

Katie A. Settlement Agreement

- In July 2002, a class action lawsuit was filed in federal court.
- In December 2011, the court approved a settlement agreement designed to transform the way California's child welfare and mental health systems work together to meet the needs of children and youth involved with both systems.
- Specifically, the parties agree to take steps to ensure services are delivered in a coordinated manner according to the principles of a defined **Core Practice Model (CPM)**.
- The Core Practice Model from the Katie A. Settlement is now known as **The California Integrated Core Practice Model for Children, Youth, and Families**.

Continuum of Care Reform (CCR) Vision

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. When needed, congregate care is a short-term, high quality intensive intervention that is just one part of a continuum of care available for children, youth, and nonminor dependents (NMDs).

Effective accountability and transparency drive Continuous Quality Improvements for state, county, and providers.

CCR & Child and Family Teams (CFTs)

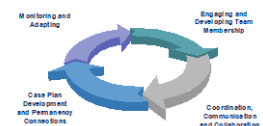
- Effective January 1, 2017, county child welfare and juvenile probation agencies are required to provide a CFT to all children, youth, and NMDs in foster care.
- A team-based approach is the pathway to consistent uniform service planning and provides a standard approach to **Engagement**.
- Effective 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. 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 CFT's Fluid Process



- It's important to understand the difference between the CFT process and CFT meetings. Holding regular CFT meetings is only part of effective engagement and care management.
- Child and Family Teaming is a way of being and behaving with the family:
 - Professional behavior outside the CFT meeting is critical.
 - Live the principles in every encounter.
 - **Nothing about us without us = Respect for voice and choice = Parents and youth are recognized as experts about themselves.**
 - This demonstrates commitment to empowerment of the family and humility from the practitioner.
- The initial CFT is convened as soon as possible, and within the first 60 days of a youth entering foster care.
- Meetings should be held as frequently as needed to address emerging issues, provide integrated and coordinated interventions, and refine the plan. Therefore, frequency of meetings and timeframes should be decided by CFT members. (For children and youth who are not receiving SMHS, frequency is no less than once every six months).
- Times and locations must be convenient for family members' participation.
- For children or youth in placement who are receiving Intensive Care Coordination (ICC), Intensive Home-Based Services (IHBS) or Therapeutic Foster Care (TFC), a CFT meeting must occur at least every 90 days.

From slide "A CFT Must Be Convened":

- To discuss any placement changes and service needs for the child or youth in out-of-home care. The team works together to identify the most appropriate placement of the child or youth, while always considering the least restrictive placement option.
- When a significant event is forthcoming or has occurred that may affect the youth's plan or court ordered services.
- Pending formal changes to the Court Case Plan; and...
- ***When the family or a team member asks for one.***
- The Integrated Core Practice Model (ICPM) provides specific expectations for best practices for staff in child welfare, juvenile probation, mental health, and their community partners.
- The ICPM and the Integrated Training Guide (ITG) are a compilation of the Core Practice Model (CPM) and California's Child Welfare Core Practice Model.
- The model and guide also reflect CCR legislative enhancements, updates for Intensive Care Coordination (ICC), Intensive Home-Based Services (IHBS), and Therapeutic Foster Care (TFC).

Teams vs. Meetings

- Placing agencies must convene the meeting.
- Facilitation of the CFT process may or may not be the responsibility of the placing authority.
- There will be only one team process for any single family in care.
- It is only a CFT meeting if decisions about goals and the strategies to achieve them, are made with involvement of the child, youth, and family members.



Frequency and Timing

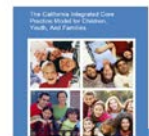
- CFT meeting frequency and duration will look different for each family and is based on the current needs and case plan.
- From the beginning and throughout all work with the child, youth, family, and their team, engage in initial and ongoing formal and informal safety and risk assessment, trauma assessment, and permanency planning.



A CFT Must Be Convened ...

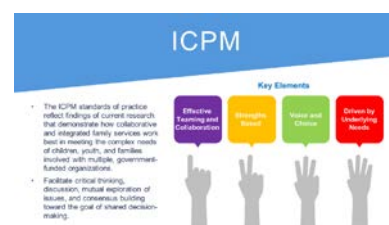
- To discuss any placement changes and service needs for the child or youth in out-of-home care, and the team works together to identify the most appropriate placement of the child or youth, while always considering the least restrictive placement option.
- When a significant event is forthcoming or has occurred that may affect the youth's plan or court ordered services.
- Pending formal changes to the Court Case Plan; and...
- ***When the family or a team member asks for one.***

- The Integrated Core Practice Model provides practical guidance and direction to support counties in the delivery of children, youth, NMD, and family-focused services.
- Its partner document, the Integrated Training Guide, provides recommended training content to support the multisystem approach to administering the various elements of CCR and the ICPM.



Integrated Core Practice Model & Training Guide

- ICPM:
 - Intended to provide practical guidance and direction to support county child welfare, juvenile probation, behavioral health agencies, and community partners to improve delivery of timely, effective, and integrated services to children, youth, and families.
- ITG:
 - Provides support to staff development activities that will ensure fidelity to the practice model.
- From Slide “The Importance of the ICPM”:
 - 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 at least one additional county (Out of County).
 - **Closes the gaps** in access, coordination, information sharing, and service delivery.
- ICPM:
 - ICPM reflects modern best practices for holistically serving children, youth, and families.
 - The ICPM replaces the existing Pathways to Mental Health Services Core Practice Model, and is informed by core values and principles, reflecting the CCR legislative enhancements expected from agencies serving California’s children, youth, and families.
- Children, youth, and families are the experts.
- The CANS and CFT highlight the importance of the child and family voice, and help empower them through identifying their strengths and needs.
- The choices of a child or youth should be solicited and respected whenever possible during the process.
- While the needs and strengths of the child or youth may be the primary target or purpose of interventions, services must be focused on the needs of the whole family, with supports that empower families and enhance their ability to access internal, natural, and community resources.
- When family members see their own choices reflected in integrated service plans, even when that may require having children placed outside their biological family to ensure safety, plans are more likely to be successful.



- This framework is built on the adoption of System of Care and wraparound values and principles that guided the Katie A. Settlement Agreement, as well as other research based values and theories.
- County child welfare, behavioral health, and juvenile probation systems are complex.
- Since systems vary at the county level, it is essential for county public agency staff members of all systems to be cross-trained at the local level, as recommended in the Integrated Training Guide.
- ICPM provides a framework to help build effective cross-system partnerships to improve sustainable safety, permanency, and well-being.

- This framework is built on the adoption of System of Care and wraparound values and principles that guided the Katie A. Settlement Agreement, as well as other research based values and theories.
 - It is a continuous service process that lies at the heart of the ICPM and recognizes family as experts in their own lives.
- Through this framework, members of the Child and Family Team:
 - Support and facilitate the family's capacity to advocate for themselves.
 - Engage the family in communicating their experiences and identify their strengths, needs and safety concerns.
 - Apply information to the assessment process using the child, youth, NMD and family's cultural lens.
 - Explore the child, youth or NMD's permanency wishes, worries, and where they feel safe.
 - Support the development of a single integrated CFT plan with defined outcomes and specific timelines for activities.
- For details regarding requirements and guidelines regarding Child and Family Teams, see All County Letter 16-84: REQUIREMENTS AND GUIDELINES FOR CREATING AND PROVIDING A CHILD AND FAMILY TEAM and All County Letter 18-23: THE CHILD AND FAMILY TEAM (CFT) PROCESS FREQUENTLY ASKED QUESTIONS AND ANSWERS.
- Evidence-based practice research from child welfare, behavioral health, and juvenile probation = highly integrated and coordinated cross-system service planning and delivery, which better meet the needs of children, youth, and families, and which result in:
 - Improved outcomes
 - Lower rates of recidivism
- The ICPM is grounded in a trauma-informed set of principles and practices. Trauma-informed practice focuses on what has happened to a child and his/her family rather than what is wrong with that child or family.
- Many of the families that come to the attention of the child welfare system have experienced multigenerational or historical trauma.



The ICPM Practice Phases

- The family's orientation to service is established as one in which they are recognized as equal partners in a process to identify what a better future looks like to them, what needs and strengths they have as individuals and as a family, and where their choices and preferences are prioritized by the team in creating a plan and strategies for action.
- The family's support system(s) are identified to determine potential members of the CFT and as resources to help bring about success.
- All team members are oriented to the CFT processes, goals and expectations.



ICPM as Family-Centered Practice

- The ICPM supports a cross-system, cross-agency team environment that more effectively and efficiently addresses concurrent and complex child, youth, and family needs.
- The ICPM is a framework that sets the Child and Family Team as the primary vehicle for a team-based process. (ACL 16-84 and ACL 18-23)
- When used as part of the CFT process, the CANS will help CFT members to assess well-being of children, youth, and NMDs, identify their strengths and needs, inform support care coordination, aid in case planning activities, and inform decisions about placement. (ACL 18-41)

CFTs & ICPM

- For children, trauma experiences affect brain function, the attainment of developmental milestones, social perceptions, relationships, health, emotion, and behavior through the life of the individual as first identified by the Adverse Childhood Experiences (ACE) study.
- CDSS has issued statutory requirements for all core services provided to children involved in the child welfare system to be trauma-informed (the Continuum of Care Reform, the ICPM and companion ITG, All County Information Notice I-28-18, and Provider Information Notice 18-06-CRP)
- The CANS = continuous assessment tool used by CANS-certified providers and by certified county staff to inform the case plan goals. The CANS serves as the foundation for ensuring that the strengths and needs of the child, youth, NMD, and family members are incorporated into the case plan.
- The trauma indicators are static, yes or no questions, meaning the indicators are not intended to be impacted by interventions.
- These are to be used by the CFT members to recognize trauma experienced by the child, youth, or NMD and to ensure that these issues are not overlooked.
- CANS aims to be more than an assessment tool.
- For more details, see slide “What is the CANS?”
- Refer to the slide “CANS: Enhancing and Supporting the CFT.”
- “Good questions” to elicit needs and strengths = the Three Questions and solution-focused questions.
- Implicitly verbally scale these means at this stage we don’t ask, “Is this a 2 or a 3?” Rather, we ask questions such as: “Is this an urgent need for the child, i.e., are they going to get kicked out of school or hurt themselves if we don’t address this immediately or intensively?” (i.e., 3) Or, “Is this something that we need to get services in place for within the next couple of weeks?” (i.e., 2) Or, “Is it a past worry, but one that isn’t currently affecting the child?” (i.e., 1).

CFTs, ICPM, CANS and Case Planning



The Child and Adolescent Needs and Strengths is the functional assessment tool chosen by CDSS and DHS for use with children and youth.



California: CANS 50 and the IP-CANS

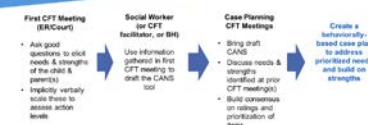
What is the CANS?

The Child and Adolescent Needs and Strengths is an information integration tool that is used to identify the needs and strengths of children/youth and their families. 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 sets system understanding of presenting issues, impact, and effectiveness across multiple levels—family, program, system.

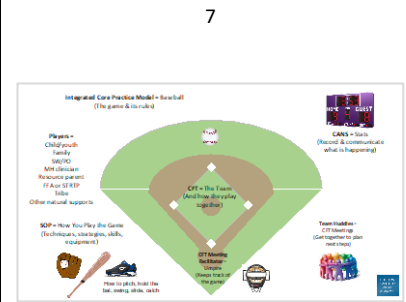
CANS: Enhancing and Supporting the CFT



CFT & CANS: An Organic Process



- If a county is not using SOP, then “how you play the game” would be the tools, techniques, and strategies in which your county trains you to do engagement, assessment, teaming, transition, etc.



Description of the Activity 2B: The TCOM Framework

This activity describes the TCOM framework that employs the CANS as a strategy.

Before the activity

When introducing Transformational Collaborative Outcome Measurement (TCOM), the following approaches are recommended:

- A presentation of TCOM that communicates the centrality of the shared vision concept. TCOM presents an opportunity to focus our work on children/youth/families and their transformation (change). This can be accomplished by highlighting examples in which systems focused on the shared vision (including that of the children and families being served) are able to enhance their ability to measure and manage the successful achievement of positive outcomes.
- A persuasive invitation to view our work differently than we have before. The persuasion could be to “do the right thing” or “practice in a way that enhances success” at each level of the system. An increased focus on children’s and families’ strengths and needs, and less of a focus on the agendas and priorities of systems.
- Communicate the value of the attendee in this change/shift to a transformational process.
- Explain the Philosophy, Strategy (CANS) and the five decision points, and either the Tactics or the Techniques.
- Transformation as systemic change: across all levels of the system and decision points. Present the 5 Decision Points: all actions taken at these points relate to transformational work. Discuss the 5 Decision Points: Can participants provide examples of how these areas are valuable to a transformational process?

During the activity

Activity 2B: The TCOM Framework

- What is TCOM? Transformational Collaborative Outcomes Management or TCOM is a conceptual framework for managing complex systems, and managing our work within these complex systems. Within this framework there is a philosophy, a strategy, and a set of tactics all designed to

facilitate an effective and integrated approach to addressing the needs of people.

- The TCOM approach is grounded in the concept that the various perspectives in a complex system create conflicts.
- Question: How many of you work as part of a team? Are there tensions in those teams?
- The tensions that result from these conflicts are best managed by keeping a focus on common objectives—a shared vision. In human serving enterprises, the shared vision is the person (or people served). By creating systems that all return to this shared vision, it is easier to create and manage effective and equitable systems. Further, TCOM posits that the system should be focused on personal change. It is not a service system which focuses on spending time with people, rather the work is intended to be transformational—helping people change their lives. Not just improving, but thriving.
- From slide “Public Human Serving Systems are Complex Systems.”
 - Complexity theory describes the characteristics of a complex system.
 - Many moving parts. In our systems, that’s a lot of people.
 - It is necessary to integrate these moving parts for effective system functioning—we need to be able to get people working together.
 - The best way to get people to work together is to have a shared purpose or common vision.
 - There are only two known strategies for integrating complex systems.
- Refer to slide “Collaborative Integration.”
- This grid is organized by types of applications of information from the structured assessment in the rows to levels of the system in the columns. The idea is that one strategy — or better yet, the needs and strengths of clients and families — can be used to perform a variety of activities at different levels of the system, from service planning at the individual level to resource management at the system level.
- A persuasive invitation to view our work differently than we have before. The persuasion could be to “do the right thing” or “practice in a way that enhances success” at each level of the system. An increased focus on children’s, families’ and adults’ strengths and needs, and less of a focus on the agendas and priorities of the system.
- Communicate the value of the participant in this change/shift to a transformational process.

An Approach 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.

Public Human Serving Systems are Complex Systems

Complexity theory describes the characteristics of a complex system. Many moving parts. In our systems, that’s a lot of people. It is necessary to integrate these moving parts for effective system functioning—we need to be able to get people working together. The best way to get people to work together is to have a shared purpose or common vision. There are only two known strategies for integrating complex systems.

Collaborative Integration

- Try to establish a consensus understanding and plan.
- Only workable integration strategy where there are multiple lines of authority.
- Open source products and effective wraparound programs are examples of effective collaborative integration.

Hierarchical Integration

- Higher authority tells people what to do and they do it.
- Military is an example of effective hierarchical integration.
- Works well when there is a single line of authority.
- Does not work if there are multiple lines of authority.

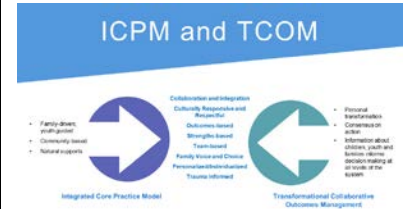
Youth & Family Needs and Strengths Guiding Decisions

	Client & Family	Program	System
Decision Support	Care Planning Effective Practices/EHRs Appropriate Hospitalization	Eligibility and determining the appropriate level of care Step-down	Resource Management How to allocate limited resources
Outcome Monitoring	Service Transitions and Celebrations	Evaluation Using reports to help with identifying successful best practices	Provider Profiles Performance Monitoring Identifying local best practices
Quality Improvement	Care Management Integrated Case Supervision	COGIGA Accreditation Program Redesign: identifying client and staffing needs, and testing needs	Transformation Business Model Design

Transformational Change

Think about your program. What does transformational change look like for the children, youth and families that you serve?

- Explain the Philosophy, Strategy (CANS) and the 5 decision points, and either the Tactics or the Techniques.
- Transformation as systemic change: across all levels of the system and decision points.
- Encourage participants to think of examples when a transformational approach has been successful or when there have been barriers to a transformational approach.
- Refer to the slide “ICPM and TCOM.”



Transition to the next segment

- ☐ Move on to the next segment, Key Principles of the CANS (Communimetrics).

Segment 3: Key Principles of the CANS (Communimetrics)

Segment Time:	120 minutes (including a 15-minute break)
Trainee Content:	Handout #1: California Integrated Practice_CANS Reference Guide Handout #2: Assessing for Strengths (flow chart)
Materials:	Flip chart White board
Slides:	33-48

Description of Activity:

This review should follow the Key Principles as they are presented in the reference guide. It can be helpful to ask participants to refer to their manual during this portion of the training (page 4 of the CA IP-CANS Reference Guide). Remember to allow for a 15-minute break from approximately 10:45 to 11:00 a.m.

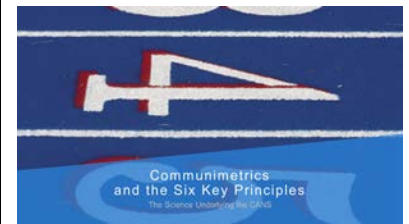
Before the activity

Trainer developed mini vignettes or examples can be quite helpful to use in connection with the discussion of the key principles, noted below. Each key principle should include a story or activity that brings that characteristic to life for the participants. Examples are provided.

During the activity

❑ An Overview of the Key Principles of the CANS, a communimetric tool:

1. **Items were selected because they are each relevant to service/treatment planning.** An item exists because it might lead you down a different pathway in terms of planning actions. *Items are included because they are relevant to supporting decisions for individuals, families, organizations and systems. These action items drive care planning.*
2. **Each item uses a 4-level rating system that translates into action.** Different action levels exist for needs and strengths. *Level of need or strength translates to action. Provides a way to gauge the immediacy/intensity of effort currently needed.*
3. **Rating should describe the youth, not the youth in services.** If an intervention is present that is masking a need but must stay in place, this should be factored into the rating consideration and would result in a rating of an “actionable” need (i.e., ‘2’ or ‘3’). *It is about the individual, not about the individual with interventions or supports in place. Focuses on the extent to which the individual can function without services or intervention.* It may be helpful to distinguish a tool that is based on a Likert scale and how it is different from a communimetric tool.
4. **Culture and development should be considered prior to establishing the action levels.** Cultural sensitivity involves considering whether cultural factors are influencing the expression of needs and strengths. Ratings should be completed considering the youth’s developmental and/or chronological age depending on the item. In other words, anger control is not relevant for a very young youth but would be for an older youth or youth regardless of developmental age. Alternatively, school achievement should be considered within the framework of expectations based on the youth/youth’s developmental age.
5. **The ratings are generally “agnostic as to etiology”.** In other words, this is a descriptive tool; it is about the “what” not the “why”. Only three items (Adjustment to Trauma, Non-Suicidal Self-Injurious Behavior, and Intentional Misbehavior) have any cause-effect judgments. *The assessment focuses on what the individual’s needs are. Avoids explaining needs by looking at underlying causes (the “why”). The “why” is brought into treatment planning.*
6. **A 30-day window is used for ratings in order to make sure assessments stay relevant to the child’s/youth’s present circumstances.** However, the action levels can be used to override the 30-day rating period.



❑ Each key principle should include a story or activity that brings that characteristic to life for the participants. Trainer developed mini vignettes or

examples can be quite helpful to use here. Other examples are included below.

Deeper Dive into the Six Key Principles:

A goal without a plan is just a dream. The plan relies on relevant, actionable information and current information.

Recommended accompanying slides: Trainer is strongly encouraged to use the mini-vignettes in the slides or examples that they developed for these principles.

Principle 1: Relevance-Action items are included because they might impact planning.

For this characteristic, it is helpful to introduce the tool as a way of organizing information that youth/families/adults tell us that helps us be successful in our work with them.

- Ask participants, “What do you need to know about youth/families/adults to be successful in our work with them?” As participants provide answers, write them on a flip chart/white board using CANS items names as often as possible.

Example: Participant says, “We need to know about their culture.”
Trainer writes “Culture Identity” on the white board.

- The CFT Team works with the 2’s and 3’s (the actionable items or behaviors) that are most relevant and impact functioning. The case plan is developed to address the action items/behaviors.

Principle 2: Actionable-Level of items translate immediately into action levels.

Each item uses a 4-level rating system.

1. Review the definitions of needs and strengths; provide examples:
 - A need is a characteristic of a person in the environment that describes a situation in which external assistance could be beneficial.
 - A strength is a characteristic of a person in the environment that describes a situation that promotes meaning and well-being in that person’s life.
2. Review the action levels. Provide examples for each of the levels on both the needs and strengths. Attempt to provide an example of how you would be collaborative in choosing a rating.



Case Example - Needs: *Shawn's parents worry that he is not getting enough sleep at night because of playing video games with his friends. Shawn agrees. Shawn reports that he is very tired at school, and that his grades are slipping in one course because it is held in the 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.*

- #1 – Yes. Shawn and his parents agree
- #2 – Yes. Grades are slipping
- #3 – No.
- #4 – 2. Shawn's functioning in school is impacted; action is needed.

Case Example - Strengths: *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.*

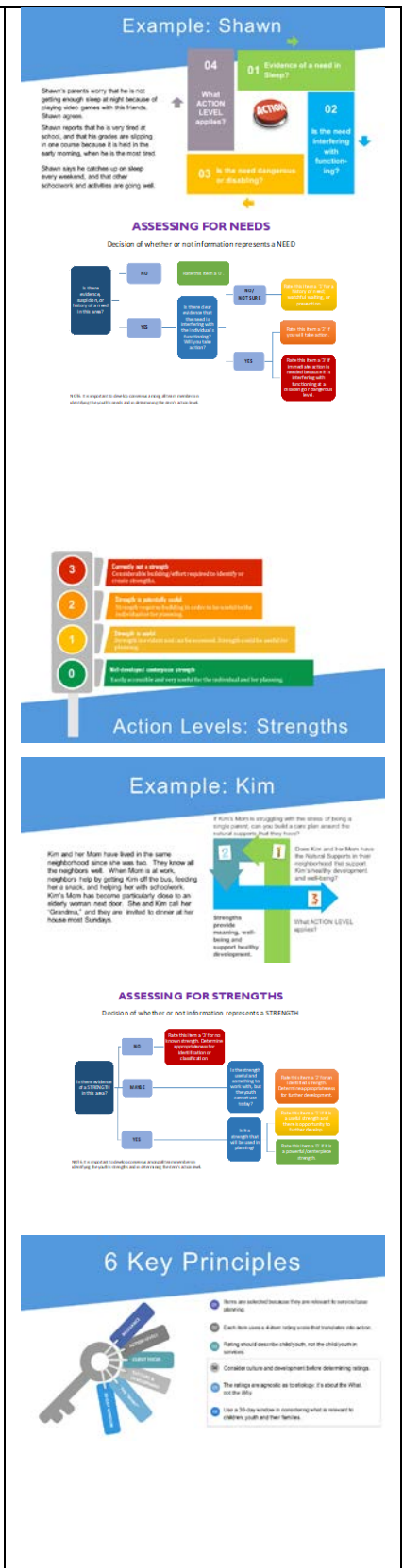
- # 1 – Yes.
- # 2 – Yes.
- # 3 – 0.

- Participants should refer to their handout, "Assessing for Strengths."
- Reminder: It may be helpful to distinguish a tool that is based on a Likert scale and how it is different from a communimetric tool.

Principle 3: Client Focused -- it is about the individual, not about the individual in services.

Emphasize how you help by being developmentally and culturally neutral. This is achieved by remaining client focused and not using "read ins."

Provide an example of how the assessment focuses on individuals, not settings. An example from transition planning can sometimes be useful. Ask participants to provide the action level for a specific item within the scenario.



Case Example – Client Focused: Sophia is an 18-year-old struggling to manage her depressed mood, so the social worker makes a referral for individual therapy. After 4 weeks, Sophia is feeling much better and has not had an episode of feeling “down” or “sad” in the past few weeks. The clinician informs the social worker that therapy seems to be showing positive results but the treatment should continue for another 4 weeks to ensure that Sophia is stabilized and does not regress when treatment is completed.

Question to Participants: What need action level would you use on the “depression/ mood disorder” item to communicate that treatment should continue for another 4 weeks in the absence of symptoms?

Recommended response is “2”. Ask participants to explain how this is an example of these characteristics.

Principle 4: Culture and development.

When we think about development in the context of same age peers, we have to think about balancing the broad areas represented in the slide, “The Developmental Balancing Act.” Balancing these aspects of development is critical when thinking about how to support a young person.

Trainer should give an example of how ratings should be considered from a cultural and developmental lens. Examples should ensure that they are able to communicate that the same behavior can have different meanings depending on the development or culture of the youth. It is also important to emphasize that when behavior is culturally contextualized it can be easier to come to consensus on what are the individual’s and/or family’s needs and strengths.

Case Example - Development: Throwing a tantrum for a child age 2-3 (developmentally appropriate), throwing a tantrum for a 15 year old when they do not get their way (not developmentally appropriate). The first behavior may not require action, while the second would.

Note on Development: Development is based on understanding developmental milestones and comparison to same age peers. By rating the individual in relation to their same age peers, we are better able to identify their needs.

Case Example - Development: 14-year-old Jorge and his family are 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). He 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 does not improve while under their care.

Example: Sophia

Sophia is an 18-year-old struggling to manage her depressed mood, so the social worker makes a referral for individual therapy. After 4 weeks, Sophia is feeling much better and has not had an episode of feeling “down” or “sad” in the past few weeks. The clinician informs the social worker that therapy seems to be showing positive results but the treatment should continue for another 4 weeks to ensure that Sophia is stabilized and does not regress when treatment is completed.



The Developmental Balancing Act



14-year-old Jorge and his family are 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). He 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.

Example: JORGE

While completing the CANS, the parents become concerned about the number of items rated '2' and '3' for Jorge and ask that his diagnosis be factored into the ratings. How to you address this? Does development play a role in the parents' understanding of the youth's functioning? In deciding upon ratings for social functioning and recreational activities, should you ignore the youth's development stage and focus only on their chronological age?

Refer to the slide, "Holding the Cultural Context."

Please remember the following about culture:

- Culture is defined broadly for the CANS. Review the definition of culture with the group (see the introduction to the Cultural Factors Domain).
- Understanding an individual's or family's cultural background is key to understanding the meaning of their behavior.
- Understanding the cultural context does not preclude rating items as actionable. If the need is interfering with the individual's functioning, then it should be rated a '2' or '3'.

Case Example - Culture: *In certain cultures, handling grief and loss may involve the experience of an ongoing relationship with the loved one that has passed. The behavior may fit the description for the psychosis item, but when viewed through a cultural lens this behavior would not be actionable, rather a normal part of the grief and loss process.*

Case Example - Culture: *Joan is a 12 year old who finds strength in her faith and church. Speaking in tongues is an important part of her worship with the Pentecostal church; however, lately, Joan is focused on increasing her connection to the Holy Spirit and being able to speak in tongues, at the expense of interacting with her family, friends, or going to school.*

Question for the participants: Would this be a need for Joan?

Principle 5: The "What" -- It is about the 'what' not about the 'why'

The trainer should explain that for most items (with the exception of Adjustment to Trauma, Non-Suicidal Self-Injurious Behavior, Intentional Misbehavior) gathering information about the behaviors ("the what") is sufficient to rate the item. Building consensus around "the why" is part of a collaborative planning process.

Example: For the CANS assessment, it does not matter why the child is having trouble behaving at school; the rating only describes the impact of the behaviors on the individual's functioning and urgency for intervention.

Holding the Cultural Context

RESPONSIVE AND RESPECTFUL CARE

It is beneficial to understand cultural competency as a process rather than an end product. Competency involves more than gaining factual knowledge – it includes our ongoing attitudes toward both the people we work with and ourselves.

Cultural Humility

The ability to maintain an interpersonal stance that is other-oriented (or open to the other) in relation to aspects of cultural identity that are most important to the person.

Cultural Responsiveness

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



Joan is a 12 year old who finds strength in her faith and church. Speaking in tongues is an important part of her worship with the Pentecostal church; however, lately, Joan is focused on increasing her connection to the Holy Spirit and being able to speak in tongues, at the expense of interacting with her family, friends or going to school.

Example: Joan

Example – The “What”: *Tom, an 11 year old, has some school behaviors that are interfering with his functioning, so he was rated as a ‘2’ on School Behavior. The reason for the behaviors could be because he has ADHD and cannot sit still, OR because he does not want to be in school and is intentionally trying to get kicked out, OR because he is being bullied and the teacher is responding to the child’s response to the bullying, OR because he reminds the teacher of someone she did not like last year and she is purposefully triggering the child’s behavior. For the CANS assessment, it does not matter why the child is having trouble behaving at school; the rating only describes the impact of the behaviors on the individual’s functioning and urgency for intervention.*



Tom, an 11 year old, has some school behaviors that are interfering with his functioning so he was rated as a ‘2’ on School Behavior. The reason for the behaviors could be:

- he has ADHD and cannot sit still
- he does not want to be in school and is intentionally trying to get kicked out
- he is being bullied and the teacher is responding to the child’s response to the bullying
- because he reminds the teacher of someone she did not like last year and she is purposefully triggering the child’s behavior

Example: Tom

Principle 6: Timely-The 30-day window is to remind us to keep assessments relevant.

The trainer should clarify that the “30-day window” timeframe is intended to communicate relevance. Another way to teach this concept is to focus on behaviors/issues that have been relevant in the past 30 days. This creates an assessment process that is geared towards creating change. If the assessment focuses on the here and now, as behaviors change, the CANS items will be sensitive to those changes.

Case Example – Timely: *John is a 17-year-old youth and is in foster care. John has a history of extensive methamphetamine abuse that contributed to some illegal activities. He has been clean and sober for two years.*

If we look at John’s current behavior, he is currently clean and sober. Is this an action item for John? It should be a “1”- because there is a significant history of need that interfered with John’s functioning. This rating indicates that additional assessment/support for John should continue to help him refrain from using substances.

Example: John

John is a 17-year-old youth and is in foster care. John has a history of extensive methamphetamine abuse that contributed to some illegal activities. He has been clean and sober for two years.



Transition to the next segment

- ❑ After the lunch break, move on to the next segment, Review of the CA CANS 50/IP-CANS Domains and Items.

Segment 4: Review of the CA CANS 50/IP-CANS Domains and Items

Segment Time:	60 minutes
Activity Time:	5 minutes -- Activity 4A: The CA CANS 50 and the IP-CANS Comparison; Reviewing the Reference Guide 25 minutes -- Activity 4B: Review the CANS Items Within Each Domain 30 minutes -- Activity 4C: Applying the Action Levels (to 7 vignettes on slides)
Trainee Content:	Handout #1: California Integrated Practice_CANS Reference Guide Handout #2: Assessing for Strengths (flow chart) Handout #3: CANS Rating Sheet for California Integrated Practice
Materials:	(Optional) Unlined index cards with ratings of 0, 1, 2, or 3 for distribution to each participant
Slides:	49-66

Description of Activities:

This training is intended to be provided to Child Welfare, Behavioral Health and Probation staff. It is important, therefore, to begin the discussion by talking about the two instruments, the CA CANS 50 and the IP-CANS, and how they are alike and different. Then proceed to review the Reference Guide, followed by a review of the CANS items within each domain. After the review of the domains, participants will practice applying action levels to seven vignettes.

Before the activities

The trainer is strongly encouraged to develop examples to use to convey the CANS domains.

During the activities

Activity 4A:

□ The CA CANS 50 and the IP-CANS: Comparison

- The California CANS 50 contains the 50 most commonly used items in all versions of the CANS. These items are also the most commonly studied items in the CANS.
- The Integrated Practice CANS builds on the CA CANS 50: It has all 50 core items, plus:
 - Potentially Traumatic/Adverse Childhood Experiences (12 items)
 - Early Childhood Domain (42 items; 25 of these items are taken from the core 50).



Activity 4C:

Activity – Applying the Action Levels: Participants will practice applying action levels to vignettes.

Practice in applying the action levels is intended to acquaint participants with the vignette environment, how to identify needs and strengths, and how the action levels are used. This practice will also prepare participants for the certification test. By modeling a process of reading a vignette and identifying items in a specific section that need to be considered, participants will be learning skills that can be applied to the certification test as well as scoring the tool in consensus building environments.

- The slides indicate vignettes that accompany each of the following domains:
 - Behavioral/Emotional Needs
 - Life Functioning
 - Risk Behaviors
 - Cultural Factors
 - Strengths
 - Caregiver Resources and Needs
 - Potentially Traumatic/Adverse Childhood Experiences
- At the end of the item review for each section or domain, the trainer should provide a slide with a short vignette (one paragraph) on it. The trainer should read the short vignette and ask participants to identify items that could be rated given the information provided (e.g., put a check mark next to the item on their scoresheet). Participants can share what items they would like to review with the trainer. The trainer then can review each one of those items by reminding participants of the item definition and then asking what action level they would apply to the item.
- To facilitate learning, the trainer should attempt to create an environment where participants are not able to opt out of the practice. One way to accomplish this is to provide participants with cards labeled '0', '1', '2', and '3'. When asking the group how they would rate an item, every participant should raise the card with the number that corresponds to their suggested action. Note: If cards are not available, the trainer can ask for a show of hands on each specific action level.
- Remind participants that items that are not related to the information provided in the vignette should be rated a '0' on the needs sections and '3' on the strengths sections. Draw a comparison between this practice and

California CANS-50/IP-CANS Domains

This domain identifies the mental health needs of the children.

While the CANS is not a diagnostic tool, it is designed to be consistent with diagnostic communication.

EDUCATIONAL/EMOTIONAL NEEDS DOMAIN	0	1	2	3
1. Conduct with Authority				
2. Impulsivity/Hyperactivity				
3. Depression				
4. Anxiety				
5. Oppositional				
6. Conduct				
7. Substantive Use				
8. Anger Control				
9. Adjustment to Trauma				

Johnny is a ten year old who has a difficult time falling asleep and staying asleep in his new foster 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.

Practice: Behavioral/Emotional Needs

California CANS-50/IP-CANS Domains

This domain describes how children and families are functioning in the individual, family, peer, school, and community realms.

LIFE FUNCTIONING DOMAIN	0	1	2	3
10. Family Functioning				
11. Living Situation				
12. Social Functioning				
13. Developmental/Intellectual				
14. Decision Making				
15. School Behavior				
16. School Achievement				
17. School Attendance				
18. Medical/Physical				
19. Sexual Development				
20. Sleep				

Dante is a 13 year old boy who has been living with his paternal grandmother for 8 months. 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.

Practice: Life Functioning

California CANS-50/IP-CANS Domains

Risk behaviors are actions that can get children and youth in trouble, or put them in danger of harming themselves or others.

RISK BEHAVIORS	0	1	2	3
21. Suicide Risk				
22. Non-Suicidal Self-Harmful Behavior				
23. Other Self-Harm (Riskiness)				
24. Danger to Others				
25. Runaway				
26. Sexual Aggression				
27. Delinquent Behavior				
28. Interpersonal Molestation				

how it could apply to their approach to testing and their approach in consensus building environments.

The approach to certification testing (or the practice vignette exercise in the following segment) should parallel these group exercises. The tester should read the vignette, review the items in one of the IP-CANS domains, identify which items are represented in the vignette, determine a rating for those items and then rate the rest of the items '0' (for a needs section) or '3' (for a strengths section). This process should be repeated for each section of the CANS. While this approach takes longer, it seems to increase the likelihood that the tester will pass on their initial attempt.

Practice Reminder: The approach to rating the tool in a consensus building environment should parallel these group exercises. The facilitator should create an opportunity for the family to tell their story. The facilitator can assist in organizing the family's story, clarifying any details that are inconsistent across information sources, and then identify the items within a section that are related to the information provided. The facilitator should conduct a process where the team determines the appropriate action (the rating) for those items (asking clarifying questions to achieve consensus) and then rate the rest of the items '0' (for a needs section) or '3' (for a strengths section). This process should be repeated for each section of the CANS. While this approach may take longer, it seems to increase the likelihood that the team will achieve agreement around next steps.

Recommended accompanying slides: The trainer is strongly encouraged to use the examples that they developed for these domains.

You are called to the Smith's home by the 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 mild cognitive delays and has a history of aggressive behaviors. Typically, his aggression is directed at furniture and his belongings, not at other people.

Practice: Risk Behaviors

California CANS-50/IP-CANS Domains

These items describe difficulties that the 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 FACTOR DOMAIN		Rating			
Item	Description	0	1	2	3
29. Language					
30. Traditions and Rituals					
31. Cultural Stress					

Jai is a 16-year-old, bi-racial girl. She is currently dating a boy at school, but in the past has had intimate and romantic relationships with girls.

Jai's father is a teacher at the local college. Her mother, who immigrated to this country, works in the public library. Recently while cleaning Jai's room, her mother came across Jai's diary and read about a girl Jai previously dated. Jai's parents are quite upset about this and are threatening to send Jai back to her mother's native country and have her live with her aunt unless she stops dating all together.

Practice: Cultural Factors

California CANS-50/IP-CANS Domains

Two types of positive, contextual social and individual variables or strengths are identified that support the youth's development assets and resources.

STRENGTHS DOMAIN		Rating			
Item	Description	0	1	2	3
32. Community strength					
33. Family strength					
34. Educational setting					
35. Talents and interests					
36. Spiritual/Religious					
37. Cultural identity					
38. Community life					
39. Natural supports					
40. Resiliency					

Douglas is a fourteen year old who loves music. He says it soothes him when he is stressed and struggling to sleep. He has an mp3 player in his room but is not able to listen to music without his parent's permission.

Practice: Strengths

California CANS-50/IP-CANS Domains

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

CAREGIVER RESOURCES AND NEEDS		Rating			
Item	Description	0	1	2	3
41a. Supervision					
41b. Involvement with Care					
41c. Knowledge					
41d. Social Resources					
41e. Residential Stability					
41f. Medical/Physical					
41g. Mental Health					
41h. Substance Use					
41i. Developmental					
41j. Safety					

During a session, Mrs. Smith says that she feels overwhelmed by caring for Victoria, an 11-year-old girl with special needs. She does not have 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.

Practice: Caregiver Resources & Needs

California CANS-50/IP-CANS Domains

The traumatic experiences items are static indicators and identify whether or not a youth experienced the particular trauma.

POTENTIALLY TRAUMATIC/ADVERSE CHILDHOOD EXPER.

	NO	YES
T1. Sexual Abuse		
T2. Physical Abuse		
T3. Emotional Abuse		
T4. Neglect		
T5. Medical Trauma		
T6. Witness to Family Violence		
T7. Witness to Community/School Violence		
T8. Natural or Manmade Disaster		
T9. Witness to Crime		
T10. Victim/Witness to Criminal Activity		
T11. Observation in Ganging/At-Risk/Losses		
T12. Parental Criminal Behaviors		

Timmy is a sixteen-year-old boy living in foster 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 six to fourteen 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 child protective services. Timmy reported that he saw previous partners choke, kick, and punch his mother.

Practice: Trauma Exposures

California CANS-50/IP-CANS Domains

Early Childhood Module This section is completed for all domains from birth to age 5. The Secondary Trauma/Adverse Childhood Experiences (ACEs) are completed for ages 6 to 17.

Early Childhood Module	Secondary Trauma/Adverse Childhood Experiences
001. Early Childhood	001. Early Childhood
002. Early Childhood	002. Early Childhood
003. Early Childhood	003. Early Childhood
004. Early Childhood	004. Early Childhood
005. Early Childhood	005. Early Childhood
006. Early Childhood	006. Early Childhood
007. Early Childhood	007. Early Childhood
008. Early Childhood	008. Early Childhood
009. Early Childhood	009. Early Childhood
010. Early Childhood	010. Early Childhood
011. Early Childhood	011. Early Childhood
012. Early Childhood	012. Early Childhood
013. Early Childhood	013. Early Childhood
014. Early Childhood	014. Early Childhood
015. Early Childhood	015. Early Childhood
016. Early Childhood	016. Early Childhood
017. Early Childhood	017. Early Childhood
018. Early Childhood	018. Early Childhood
019. Early Childhood	019. Early Childhood
020. Early Childhood	020. Early Childhood
021. Early Childhood	021. Early Childhood
022. Early Childhood	022. Early Childhood
023. Early Childhood	023. Early Childhood
024. Early Childhood	024. Early Childhood
025. Early Childhood	025. Early Childhood
026. Early Childhood	026. Early Childhood
027. Early Childhood	027. Early Childhood
028. Early Childhood	028. Early Childhood
029. Early Childhood	029. Early Childhood
030. Early Childhood	030. Early Childhood
031. Early Childhood	031. Early Childhood
032. Early Childhood	032. Early Childhood
033. Early Childhood	033. Early Childhood
034. Early Childhood	034. Early Childhood
035. Early Childhood	035. Early Childhood
036. Early Childhood	036. Early Childhood
037. Early Childhood	037. Early Childhood
038. Early Childhood	038. Early Childhood
039. Early Childhood	039. Early Childhood
040. Early Childhood	040. Early Childhood
041. Early Childhood	041. Early Childhood
042. Early Childhood	042. Early Childhood
043. Early Childhood	043. Early Childhood
044. Early Childhood	044. Early Childhood
045. Early Childhood	045. Early Childhood
046. Early Childhood	046. Early Childhood
047. Early Childhood	047. Early Childhood
048. Early Childhood	048. Early Childhood
049. Early Childhood	049. Early Childhood
050. Early Childhood	050. Early Childhood
051. Early Childhood	051. Early Childhood
052. Early Childhood	052. Early Childhood
053. Early Childhood	053. Early Childhood
054. Early Childhood	054. Early Childhood
055. Early Childhood	055. Early Childhood
056. Early Childhood	056. Early Childhood
057. Early Childhood	057. Early Childhood
058. Early Childhood	058. Early Childhood
059. Early Childhood	059. Early Childhood
060. Early Childhood	060. Early Childhood
061. Early Childhood	061. Early Childhood
062. Early Childhood	062. Early Childhood
063. Early Childhood	063. Early Childhood
064. Early Childhood	064. Early Childhood
065. Early Childhood	065. Early Childhood
066. Early Childhood	066. Early Childhood
067. Early Childhood	067. Early Childhood
068. Early Childhood	068. Early Childhood
069. Early Childhood	069. Early Childhood
070. Early Childhood	070. Early Childhood
071. Early Childhood	071. Early Childhood
072. Early Childhood	072. Early Childhood
073. Early Childhood	073. Early Childhood
074. Early Childhood	074. Early Childhood
075. Early Childhood	075. Early Childhood
076. Early Childhood	076. Early Childhood
077. Early Childhood	077. Early Childhood
078. Early Childhood	078. Early Childhood
079. Early Childhood	079. Early Childhood
080. Early Childhood	080. Early Childhood
081. Early Childhood	081. Early Childhood
082. Early Childhood	082. Early Childhood
083. Early Childhood	083. Early Childhood
084. Early Childhood	084. Early Childhood
085. Early Childhood	085. Early Childhood
086. Early Childhood	086. Early Childhood
087. Early Childhood	087. Early Childhood
088. Early Childhood	088. Early Childhood
089. Early Childhood	089. Early Childhood
090. Early Childhood	090. Early Childhood
091. Early Childhood	091. Early Childhood
092. Early Childhood	092. Early Childhood
093. Early Childhood	093. Early Childhood
094. Early Childhood	094. Early Childhood
095. Early Childhood	095. Early Childhood
096. Early Childhood	096. Early Childhood
097. Early Childhood	097. Early Childhood
098. Early Childhood	098. Early Childhood
099. Early Childhood	099. Early Childhood
100. Early Childhood	100. Early Childhood

Transition to the next segment

Take a 15-minute break, then move on to the next segment, The Practice Vignette.

Segment 5: The Practice Vignette

Segment Time:	85 minutes
Activity Time:	85 minutes
Trainee Content:	Handout #1: California Integrated Practice_CANS Reference Guide Handout #2: Assessing for Strengths (flow chart) Handout #3: CANS Rating Sheet for California Integrated Practice Handout #4: Vignette_Mike_age 15
Materials	Trainer Supplement: Mike Vignette Ratings and Rationale (Excel)
Slides:	67-68

Description of Activity:

The practice vignette is one of the best ways to help people understand the items, the ratings scales, and how to use them. Participants will be split into groups of three. They will read the vignette individually and then rate the sections as a group. Review the ratings with the participants. Ensure that participants have an accurate definition of the items and are able to apply action levels accurately.

During the activity

- ❑ It is important to remind people that the certification test is not a clinical test, but rather a vocabulary test on understanding the items, the rating scales, and being able to apply the appropriate rating scale to the identified needs and strengths. Some reminders for participants are:
 - Assume that the vignette represents the summary of the assessment process. This is all that we know about the client at this time.
 - Take the vignette literally; do not read into the vignette or supplement the information with your experience or knowledge.
 - Don't approach the rating sheet as a form – i.e., do not go down the list of items within a section, or follow the order of the sections. Rather, identify the issues you feel need to be rated in the vignette and complete the items within that section. After you have completed a section, check to see if there is anything that you've missed. This approach prevents over thinking.
- ❑ Additional notes:



Why Practice Vignettes?

- Provides an opportunity for a deep dive into understanding the communitric principles of action items.
- Discussions on vignettes and ratings.
- Helps us understand how our assumptions on a case impact how we see a youth's needs and strengths.
- Provides us with an opportunity to practice surfacing disagreements about our perspectives on youth's needs or strengths (pre-rating triangulation).
- Helps us understand that establishing reliability is not separate from our process of relating to, and working with, our children, youth, adult, and family clients.

<ul style="list-style-type: none"> • Pre-rating triangulation: Getting all the important information from all the relevant/available sources before making a rating. The rating is done in consultation with the client and family. This is the heart of therapy, i.e., building and acting on a common understanding (and this is why the collaborative assessment process is associated with better engagement and a small treatment effect). • The CANS is designed to help people get through the toughest, most stigmatizing part of disagreement, i.e., the ‘why’. It does this by allowing you to build an understanding together with the client about why something is happening. • The more we make the ratings about their action implications, the more useful and reliable they become. <p>❑ Structure of the activity:</p> <ul style="list-style-type: none"> • Split participants into groups of 3. Ask them to read the vignette individually and rate the sections as a group. Review ratings with participants. Focus on whether participants have an accurate definition of the items and are able to accurately apply action levels. Avoid conversations about small disagreements in ratings (“off by 1”). • Remind participants that the certification is scored using an intra-class coefficient. It is a test of variance, therefore “close counts”. • Remind participants that this is not a test of their skills in working with children, families, and adults, but rather a test of their ability to master the action levels and their application to CANS items. • This is a learning journey. Practice tests help move us along the path towards mastery. 	
--	--

Transition to the next segment

- ❑ Move on to the next segment, Online Certification Process.

Segment 6: Online Certification Process

Segment Time:	10 minutes
Activity Time:	10 minutes
Trainee Content:	Handout #5: TCOM Tools: Obtaining Certification / Core Domains Handout #6: TCOM: Praed Foundation Collaborative Training Website Handout #7: Frequently Asked Questions
Slides:	70-73

Description of Activity:

The trainer will explain the online certification process, using the TCOM handouts.

Before the activity

Review the TCOM Praed Foundation Collaborative Training Website in order to provide participants with a brief tutorial.

Review the slides contained in the PowerPoint titled, “How to Navigate the TCOM Training Website” (this is a separate slide deck).

During the activity

- ❑ If possible, the trainer should connect to the site to provide participants with a brief tutorial. If that is not possible, the trainer can briefly review the slides contained in the PowerPoint titled, “How to Navigate the TCOM Training Website” (this is a separate slide deck).
- ❑ Direct participants to the Supplemental Handouts:
 - The TCOM Tools: Obtaining Certification
 - TCOM: Core Domains (on the opposite side of the handout Obtaining Certification)
 - TCOM: Praed Foundation Collaborative Training Website
 - Frequently Asked Questions



- ❑ Review the steps noted in the slides for:
 - Logging in
 - Selecting a Course Bundle; and
 - Bundle with No Fee

Logging In

Register for this site

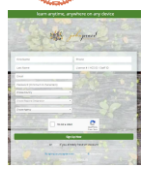
- Ensure you are at the correct site
- Click on the [Register](#) button in the top right corner
- To register, enter your information. Choose a Country, Region, Email Address, Password and Email
- After entering your information select the [I'm not a robot](#) box
- Click Sign up Now

Logging in after registration

- If you have already registered you can go straight to the login site at [https://www.tmbw.org/#!/login](#)
- Enter your Email Address and Password
- Select Login


Forgot Password?

- If you have forgotten your password select the [Forgot](#) link located at the bottom of the login page and follow the instructions to reset your password.




Selecting a Course Bundle

- Prior to taking a course you will need to select the course bundle.
- To select a Bundle go to **TRAINING BUNDLES**
- Select the Bundle of courses you would like to proceed with by clicking on the Name of the Bundle.



Bundle with No Fee

- If your bundle does not have a charge, you can click the **Enroll** button.
- Skip to the **Accessing your Courses** slide to continue with your course.



Transition to the next segment

- ❑ Move on to the next segment, Wrap-up.

Segment 7: Wrap-up

Segment Time: 10 minutes

Activity Time: 10 minutes

Slide: 74

During the activity

- ❑ Review any locally determined next steps with participants. Provide contact information and directions regarding how they can get technical assistance if needed.
- ❑ Thank them for their time, attention and participation in the training.

Thank you for your
time
and attention!
This training was made possible through the
collaboration between:



Materials Checklist

- ☐ Laptop and LCD projector
- ☐ Flip Chart and Markers
- ☐ Slide Deck: CDSS CANS General Overview Training 2018
- ☐ (optional): unlined index cards for distribution to participants with the numbers 0, 1, 2, and 3 noted on each card (only one number per side of each card). Participants can use the cards to indicate the rating that they assign to each item.
- ☐ Trainer Supplement: Mike Vignette Ratings and Rationale (Excel format)
- ☐ Supplemental Handouts:
 - #1_California Integrated Practice_CANS Reference Guide
 - #2_Assessing for Strengths (flow chart)
 - #3_CANS Rating Sheet for California Integrated Practice
 - #4_Vignette_Mike_age 15
 - #5_TCOM Tools: Obtaining Certification / TCOM Core Domains (2-sided document)
 - #6_TCOM: Praed Foundation Collaborative Training Website
 - #7_Frequently Asked Questions