The CANS and the CAT: Two Windows into Vermont's System of Care

Outcomes of the Placement Stability Project

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Overview of the Placement Stability Project

Three trauma related concerns were identified in 2013:
- Placement Stability Rate
- Children in Out-of-Home Care
- Dissolution of Adoptions

These concerns were addressed by:
- Statewide Collaboration and Workforce Development
- Screening, Progress Monitoring, and Collaborative Case Planning (CANs)
- Caregiver Training, Supports, and Mentoring
- Evaluation and National Dissemination

The Placement Stability Project aims to improve placement stability and permanence by enhancing the social and emotional well-being of Vermont’s children and youth who are pre and post permanence, with the broader vision to reach all children in the Vermont child welfare system through the implementation of family engaged, adoption competent, trauma Informed, and evidence based services and supports.
PSP Core Activities

**Statewide Collaboration and Workforce Development**
- Developed UVM’s *Academy for Trauma Informed Practice* and supported approximately 80 students to receive the graduate certificate of completion.
- Adoption Competency, Trauma, and CANS Online Trainings
- Supported evidence-based child trauma treatment training in PCIT, TCPP, and ARC

**Screening, Progress Monitoring, and Collaborative Case Planning (CANS)**
- Inter-organizational database matching CANS data from DAs with DCF data (Vertical Change)
- Analyze CANS data to better understand strengths and needs for kids in care
- Comprehensive case study on CANS implementation
- CANS toolkit and online video training modules
PSP Core Activities

**Caregiver Training, Supports and Mentoring**
- Offered over 30 RPC+ TIPS trainings across state for over 300 caregivers
- Developed mobile app to supplement training
- Developed statewide Caregiver Mentoring Program

**Evaluation and National Dissemination**
- Collaborated w/ local & state partners on journal publications
- Presented at several national conferences, webinars, & created training modules
View 1: The CANS

CANS and Placement Data

Preliminary Findings
Vertical Change

✓ **Integrates data** from *community mental health* agencies and *Vermont State Family Service Division* (Child demographics and outcome: placement stability, child abuse reporting and substantiation, and school placement).

✓ **Shares de-identified data** with *University of Vermont* for evaluation purposes.
Progress Monitoring every 6 months

Vertical Change Dashboard shows progress on the overall actions needed as reported by the CANS

UVM College of Education and Social Services
Project of the Vermont Child Welfare Training Partnership
Children’s Bureau Project No. 90CO1119
How Placement Change effects Child Strengths and Needs

School Strength and Needs

<table>
<thead>
<tr>
<th>Category</th>
<th>0-Strength</th>
<th>3-ImmediateNeed</th>
</tr>
</thead>
<tbody>
<tr>
<td>School Behavior</td>
<td>4.3</td>
<td>6.5</td>
</tr>
<tr>
<td>School Achievement</td>
<td>4.2</td>
<td>6.1</td>
</tr>
<tr>
<td>School Attendance</td>
<td>4.8</td>
<td>7.3</td>
</tr>
<tr>
<td>All Education</td>
<td>4.3</td>
<td>9.5</td>
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</table>

Avg Number of Placements
How Placement Change effects Child Strengths and Needs

<table>
<thead>
<tr>
<th></th>
<th>Family Strengths</th>
<th>Optimism</th>
<th>Community Connections</th>
<th>Resiliency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avg Number of Placements</td>
<td>4.3 (0-Strength)</td>
<td>6 (3-ImmediateNeed)</td>
<td>6.9 (0-Strength)</td>
<td>6.8 (3-ImmediateNeed)</td>
</tr>
</tbody>
</table>

Family and Community Resiliency
Placement Change by Severity Score
CANS Profiles per Caregiver Type

- Severity Score is a general indication of acuity and level of supports needed for the child and family.

- Severity Score is calculated by adding up only scores of 2 or higher on all items of the CANS.
  - Score of 2 (Need) = 2
  - Score of 3 (Intensive Need) = 3

- Severity Scores for this population ranged from 0 – 83
  - Mean = 22.75

**Average CANS Severity Score per Caregiver Type**

Severity Score = Sum of 2’s and 3’s

<table>
<thead>
<tr>
<th>Caregiver Type</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bio</td>
<td>25</td>
</tr>
<tr>
<td>Foster</td>
<td>20</td>
</tr>
<tr>
<td>Kinship</td>
<td>15</td>
</tr>
<tr>
<td>Adoptive</td>
<td>10</td>
</tr>
</tbody>
</table>
Caregiver Needs

Average Caregiver Needs Domain Score per Caregiver Type (Range of 0-35)

<table>
<thead>
<tr>
<th>Caregiver Type</th>
<th>Bio</th>
<th>Foster</th>
<th>Kinship</th>
<th>Adoptive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average Score</td>
<td>7</td>
<td>4</td>
<td>4</td>
<td>3</td>
</tr>
</tbody>
</table>

% of Caregiver with Need or Intensive Need for Natural Supports (Score of 2 or 3 on CANS Item)

<table>
<thead>
<tr>
<th>Caregiver Type</th>
<th>Bio</th>
<th>Foster</th>
<th>Kinship</th>
<th>Adoptive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Need %</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
What CANS tells us about kids in custody

- **6 out of 9** regions had an absence of **Community Connections** as their highest aggregate scoring item on the CANS for this population.

- Absence of **Resiliency**, **Optimism**, and **Child Involvement with Care** are consistently within the top 10 for all regions.

- **Adjustment to Trauma**, **Family Discord** and **Anxiety** are consistently in the top 10 for all regions.

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**Highest Aggregate Scoring Items on the CANS for Children/Youth in DCF Custody (N = 750)**

- Lack of Community Connections
- Lack of Resiliency
- Adjustment to Trauma
- Family Discord
- Lack of Optimism
- Lack of Child Involvement with Care
- Anxiety
- Attention Deficit Impulse Control
- Lack of Interpersonal Skills
- Lack of Relationship Permanence
- Oppositional
- Lack of Stable Family Strength
- Anger Control
- School Behavior
- Living Situation
- Depression
- School Achievement
Prevalence of Needs Over Time for Children/Youth Receiving Services

% of Individuals with a Need or Immediate/Intensive Need (Score of 2 or 3 on CANS) to Address **Family Discord** Over Time

- Baseline: 13.78%
- 6MO: 14.09%
- 12MO: 8.33%
- 18MO: 3.57%
- Discharge: 5.88%

% of Individuals with Need or Intensive Immediate Need (Score of 2 or 3 on CANS) to Address **Adjustment to Trauma** Over Time

- Baseline: 16.72%
- 6MO: 16.11%
- 12MO: 13.89%
- 18MO: 14.29%
- Discharge: 5.88%
Anxiety Over Time for Children/Youth in Custody Receiving Services

- Anxiety appears harder to move the needle on for children and youth in DCF custody.

- Anxiety slightly increases over time with a notable increase at 12 Months for those scoring a 3 – Intensive and Immediate Need.

<table>
<thead>
<tr>
<th>Time</th>
<th>Immediate/Intensive Need (3)</th>
<th>Need (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline</td>
<td>6.74%</td>
<td>7.38%</td>
</tr>
<tr>
<td>6MO</td>
<td>15.28%</td>
<td>10.71%</td>
</tr>
<tr>
<td>12MO</td>
<td></td>
<td>11.76%</td>
</tr>
<tr>
<td>18MO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discharge</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Building Resiliency Over Time for Children/Youth in Custody Receiving Services

Of all of the items on the CANS, Resiliency consistently scores as the top one or two most prevalent and intense needs for children and youth in our community.

Only 12% of children/youth in DCF custody are assessed as having Resiliency as a Centerpiece Strength (Score of 0) at Baseline on the CANS.

The GOOD NEWS:
Resiliency appears to be a strength that is buildable through services and supports over time.

<table>
<thead>
<tr>
<th></th>
<th>Baseline</th>
<th>6MO</th>
<th>12MO</th>
<th>18MO</th>
<th>Discharge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centerpiece Strength (0)</td>
<td>31.75%</td>
<td>35.57%</td>
<td>27.78%</td>
<td>46.43%</td>
<td>52.94%</td>
</tr>
<tr>
<td>Useful Strength (1)</td>
<td>12.17%</td>
<td>11.41%</td>
<td>19.44%</td>
<td>7.14%</td>
<td>5.88%</td>
</tr>
</tbody>
</table>
Building Optimism and Community Connection for children/youth in custody receiving services

% of Individuals with Optimism as a Centerpiece or Useful Strength (0 or 1) Over Time

% of Individuals with Community Connection as a Centerpiece or Useful Strength (0 or 1) Over Time

Baseline | 6MO | 12MO | 18MO | Discharge
---|---|---|---|---
Optimism | 9.68% | 8.72% | 20.83% | 10.71% | 35.29%
Useful Strength | 0% | 10% | 20% | 30% | 40% | 50% | 60% | 70% | 80%

Baseline | 6MO | 12MO | 18MO | Discharge
Centerpiece Strength | 12.46% | 15.44% | 16.67% | 14.29% | 35.29%
Do Strengths REALLY Mitigate Needs??

GOOD QUESTION

LET'S FIND OUT...
View 2: The Community Assessment Tool (CAT)
What did we measure?

• Three versions of the CAT were created:
  • Resource Parents (Foster and Adoptive Parents)
  • Child Welfare Workers
  • Mental Health Staff

• Areas of inquiry included:
  • Ratings of Inter-agency Collaboration
  • Ratings of Competencies regarding Trauma and Adoption
  • Organizational Support for Training and/or Professional Development
  • Ratings of Time Pressure
The survey was administered to all 3 target groups at 3 time points: 2014, 2016, and 2018.
What did we learn: Inter-Agency Collaboration

When your teacher says to collaborate
What did we learn: Inter-agency collaboration

Changes in Child Welfare Ratings of Collaboration

Changes in Mental Health Ratings of Collaboration
What did we learn: Inter-agency collaboration

Comparison of Collaboration Ratings

- Regularly attend joint meetings to determine the needs of families
- Work well together
- Regularly share information on treatment and case plans
- Have a clear sense of their roles and responsibilities
- Trust each other
- Communicate openly with one another
- Information from MH or DCF is used for placement decisions
### Trainings in the last 12 months: Adoption competence

#### Percentage of staff that have received training in adoption competence in the last 12 months.

<table>
<thead>
<tr>
<th></th>
<th>Training</th>
<th>No Training</th>
</tr>
</thead>
<tbody>
<tr>
<td>MENTAL HEALTH 2018</td>
<td>11.7</td>
<td>88.3</td>
</tr>
<tr>
<td>MENTAL HEALTH 2016</td>
<td>12</td>
<td>88</td>
</tr>
<tr>
<td>CHILD WELFARE 2018</td>
<td>12.5</td>
<td>87.5</td>
</tr>
<tr>
<td>CHILD WELFARE 2016</td>
<td>15.7</td>
<td>84.3</td>
</tr>
</tbody>
</table>
Ratings of Trauma Competence

- **MENTAL HEALTH 2018**
  - No Training: 6.79
  - Training: 7.99

- **MENTAL HEALTH 2016**
  - No Training: 6.18
  - Training: 7.78

- **CHILD WELFARE 2018**
  - No Training: 6.73
  - Training: 6.97

- **CHILD WELFARE 2016**
  - No Training: 5.96
  - Training: 7.32
Trainings in the last 12 months: Trauma competence

Percentage of staff that have received training in trauma competence in the last 12 months.

<table>
<thead>
<tr>
<th>Service</th>
<th>2018</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>MENTAL HEALTH</td>
<td>71.7</td>
<td>68.4</td>
</tr>
<tr>
<td>CHILD WELFARE</td>
<td>61.1</td>
<td>54.8</td>
</tr>
<tr>
<td>MENTAL HEALTH (% with training)</td>
<td>71.7</td>
<td>68.4</td>
</tr>
<tr>
<td>CHILD WELFARE (% with training)</td>
<td>61.1</td>
<td>54.8</td>
</tr>
</tbody>
</table>

Training vs. No Training
What did we learn: Time Pressure

STRESS...?

NO STRESS HERE.
Time Pressure

Average Feelings of Time Pressure

- Child Welfare
- Mental Health

2014 2016 2018

Graph showing the average feelings of time pressure for Child Welfare and Mental Health from 2014 to 2018.
Take-away Messages

• Inter-agency collaboration is moving in a positive direction with continued room for growth.

• Continue to build the knowledge base of the workforce that is engaging in this critical work with families and children impacted by trauma and behavioral health needs.

• Both Child Welfare Workers and Mental Health Staff continue to feel high levels of time pressure.