

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

## Outcomes of the Placement Stability Project

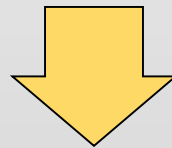
Alison Krompf and Valerie Wood, Ph.D.



# Overview of the Placement Stability Project

Three trauma related concerns were identified in 2013:

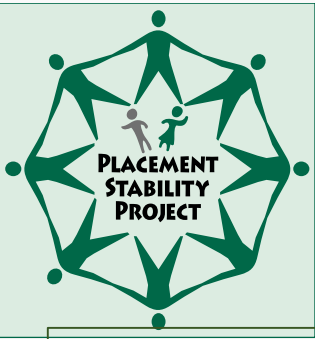
- Placement Stability Rate
- Children in Out-of-Home Care
- Dissolution of Adoptions



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.*



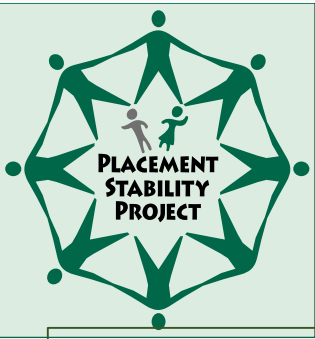
# PSP Core Activities

## 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



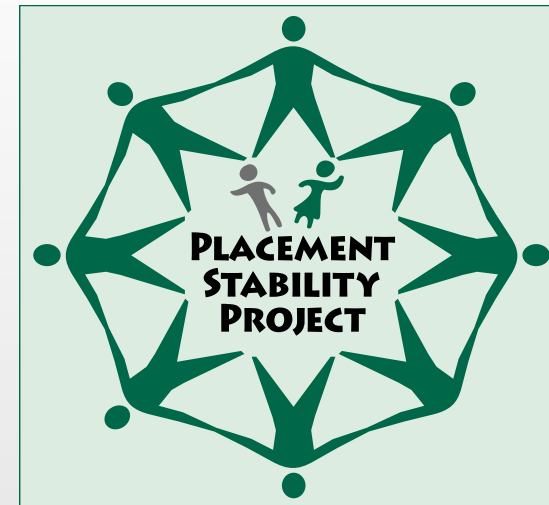
# PSP Core Activities

## 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

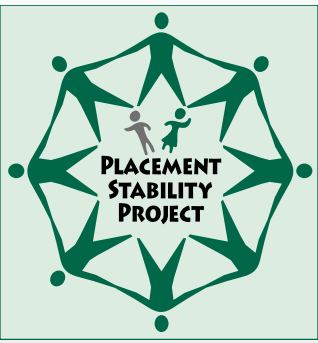
## Evaluation and National Dissemination

- 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

verticalchange

verticalchange

Child Behavioral/Emotional Needs

PSYCHOSIS - Please rate based on the past 30 days. Primary symptoms of psychosis include hallucinations (experience), delusions (a false belief about reality that is firmly sustained), or bizarre behavior.

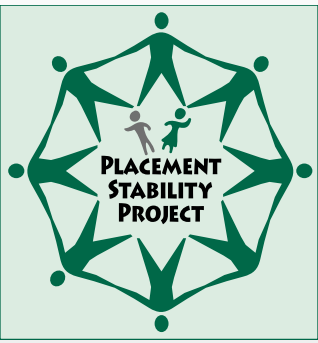
0 - No evidence

1 - History or suspicion of hallucinations, delusions or bizarre behavior that might be associated with some form of

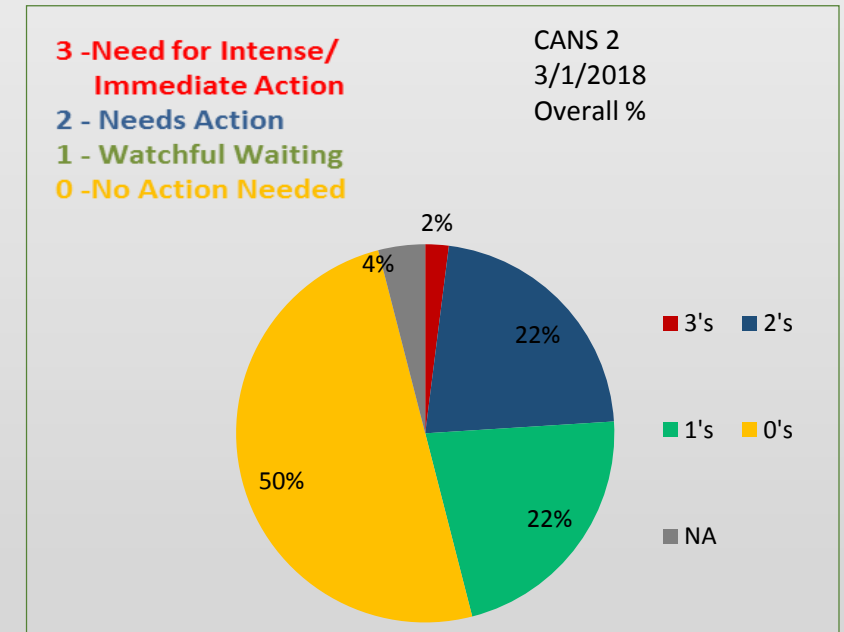
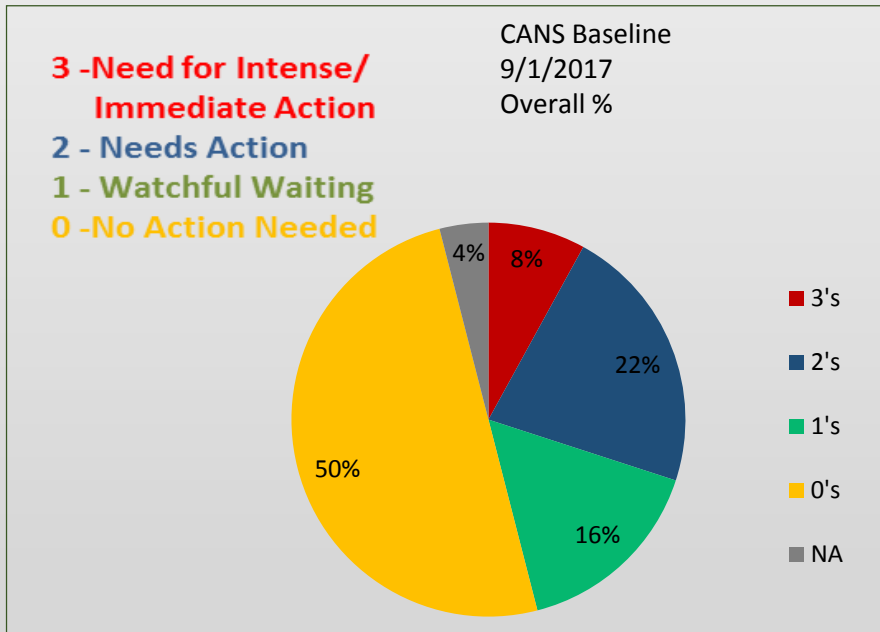
2 - Clear evidence of hallucinations, delusions or bizarre behavior that might be associated with some form of psych

3 - Clear evidence of dangerous hallucinations, delusions, or bizarre behavior that might be associated with some fo child or others at risk of physical harm.

- ✓ **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

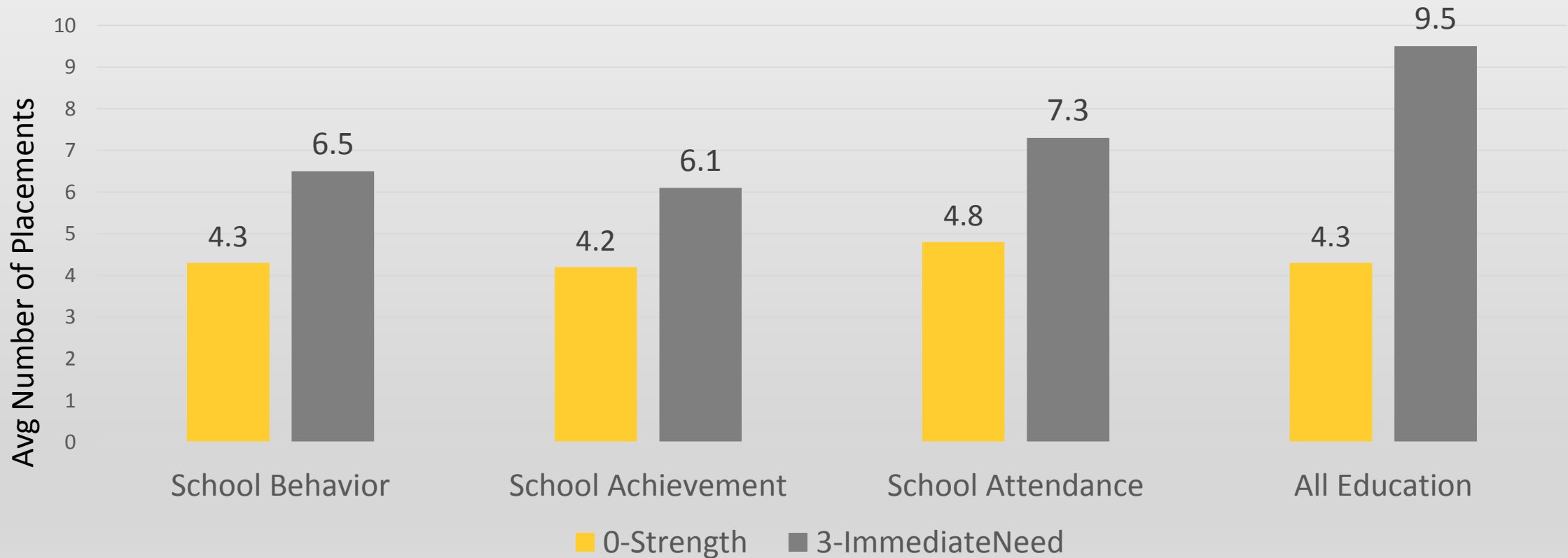


Vertical Change Dashboard shows progress on the overall actions needed as reported by the CANS



# How Placement Change effects Child Strengths and Needs

School Strength and Needs

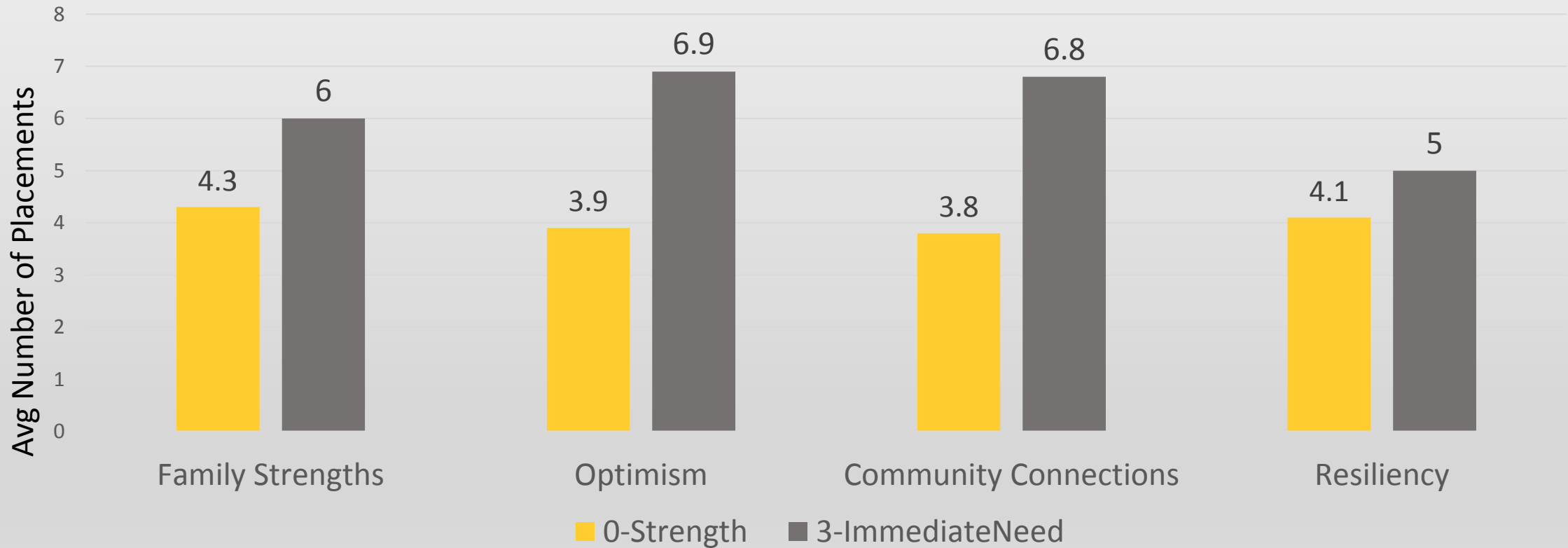






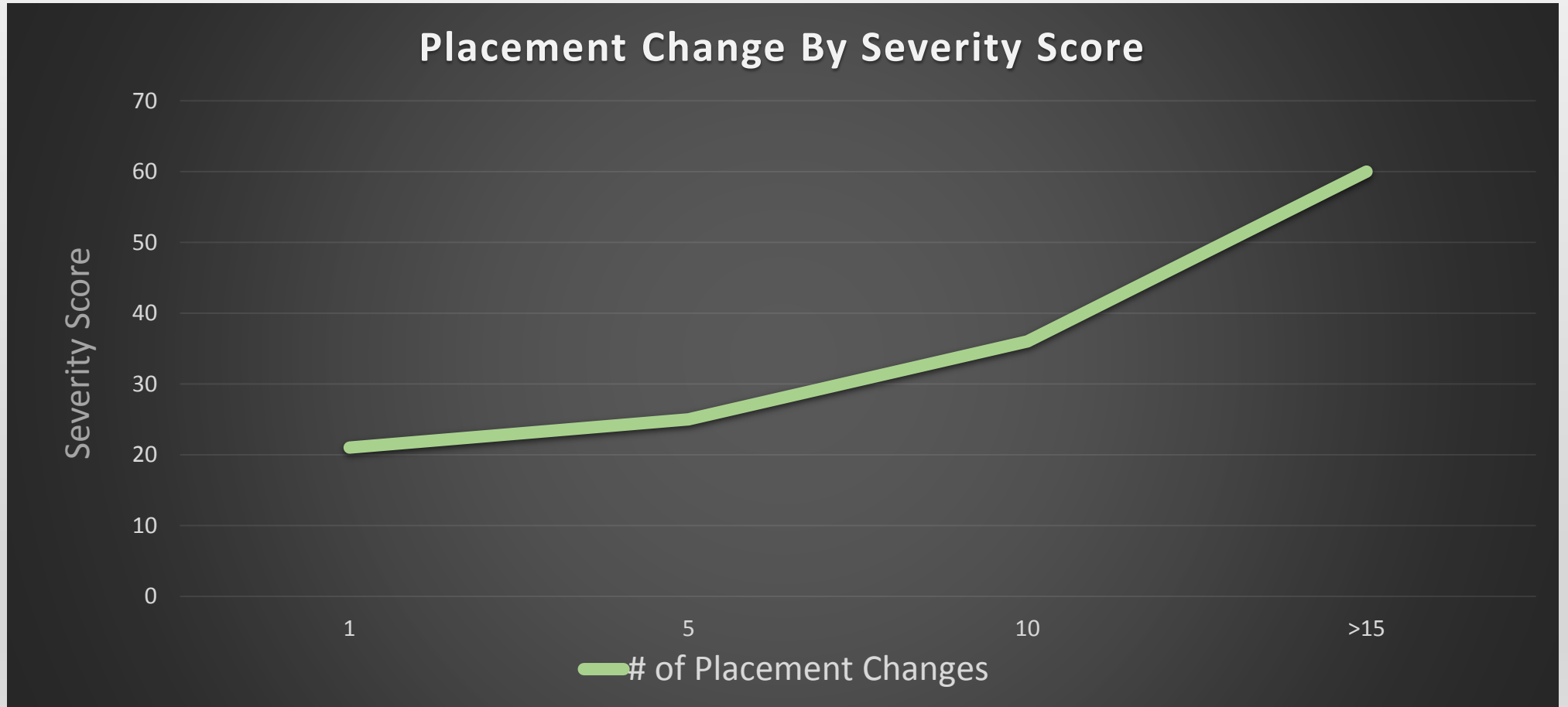
# How Placement Change effects Child Strengths and Needs

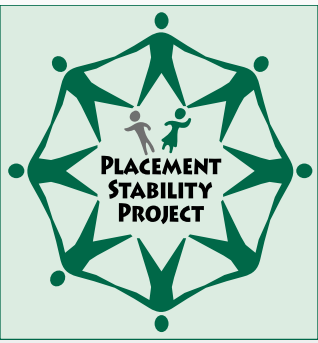
Family and Community Resiliency





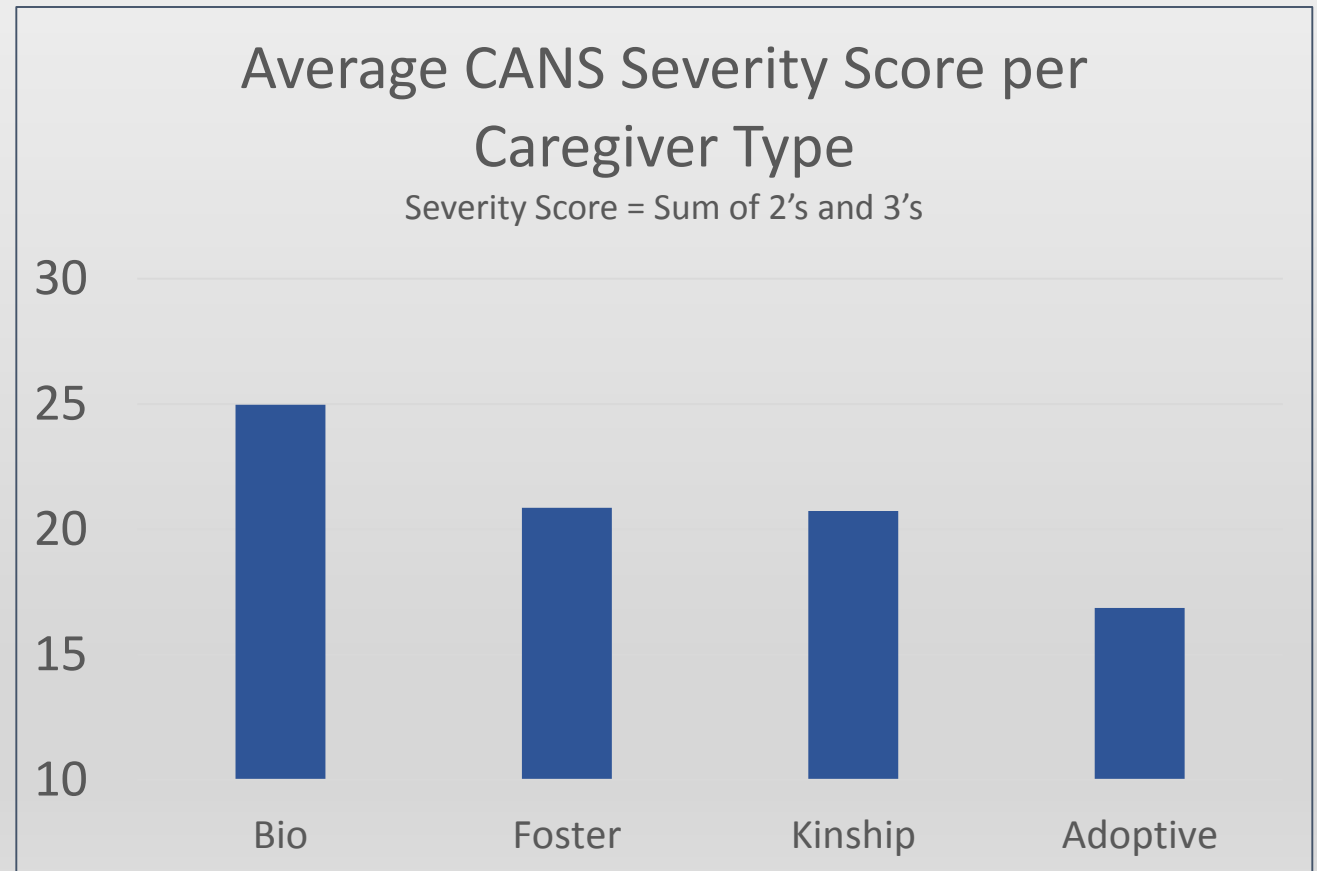
# Placement Change by Severity Score

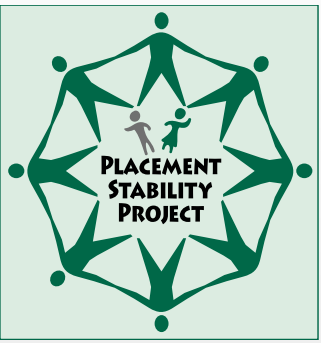




## CANS Profiles per Caregiver Type

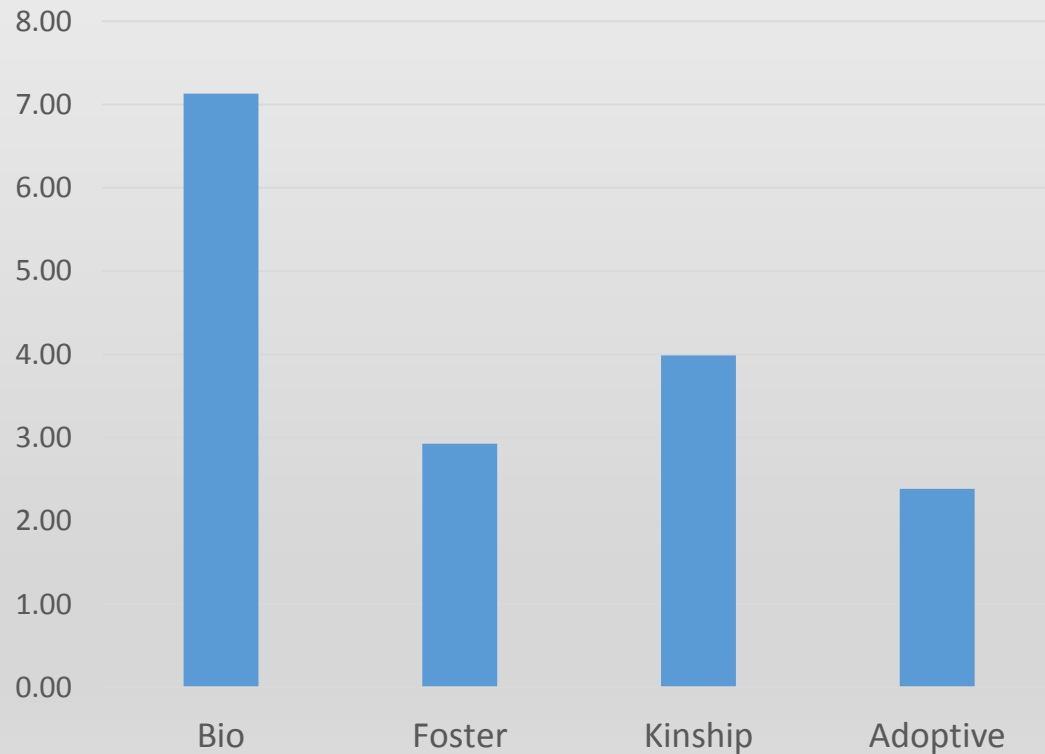
- Severity Score is a general indication of acuity and level of supports needed for the child and family
- Severity Score is calculated by adding up only scores of 2 or higher on all items of the CANS
  - Score of 2 (Need) = 2
  - Score of 3 (Intensive Need) = 3
- Severity Scores for this population ranged from 0 – 83
  - Mean = 22.75



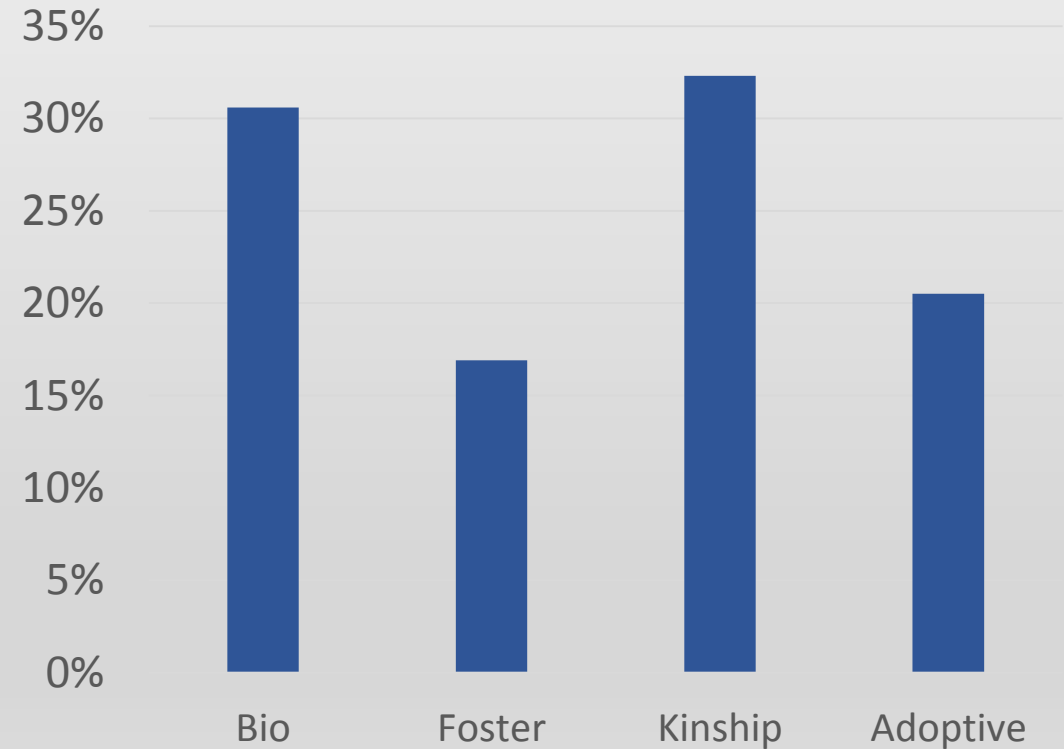


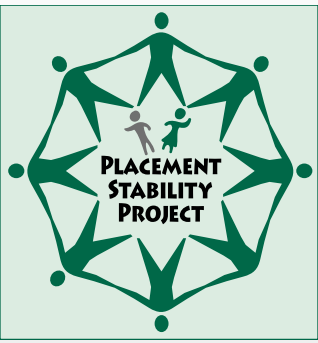
# Caregiver Needs

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



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

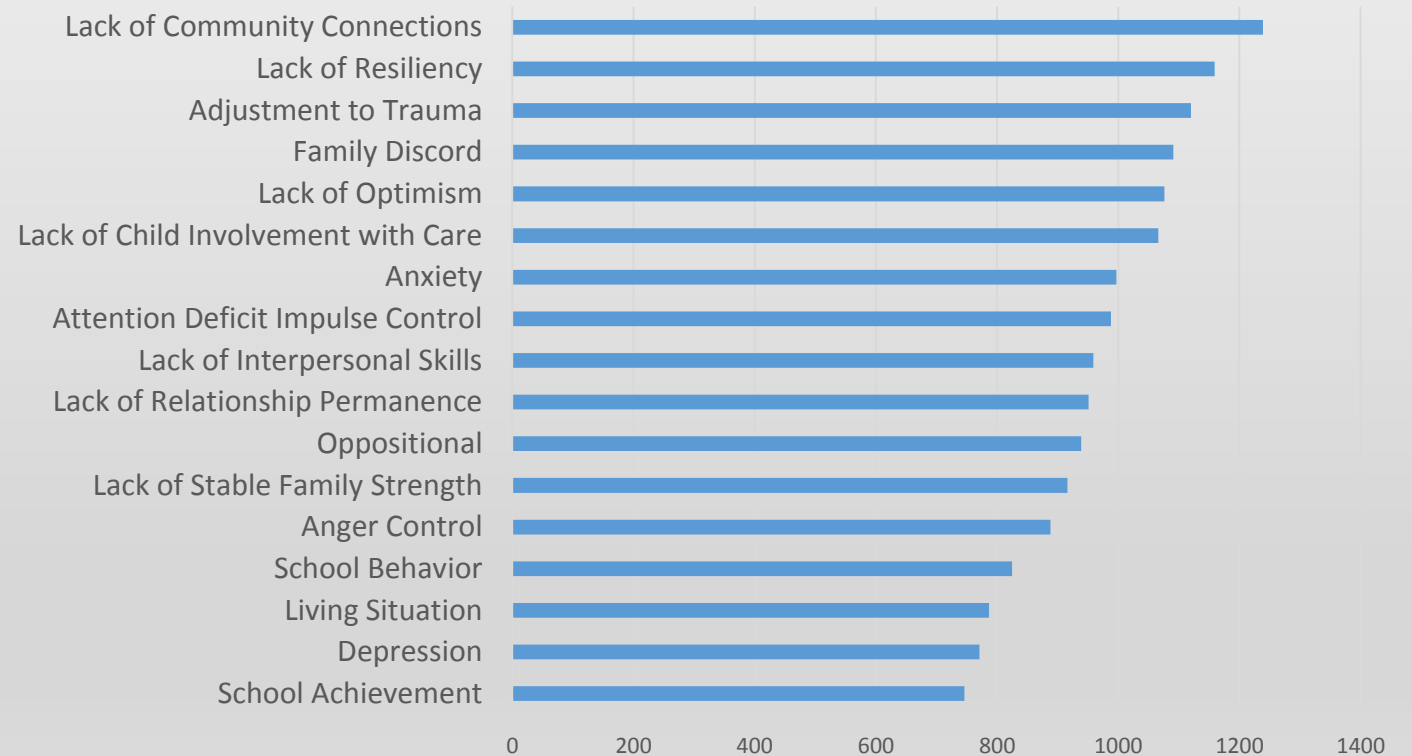


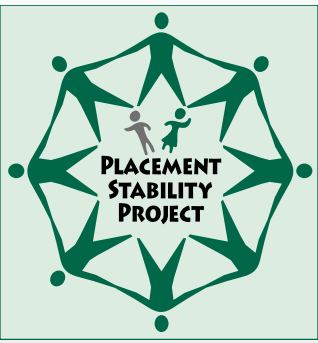


# What CANS tells us about kids in custody

- **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

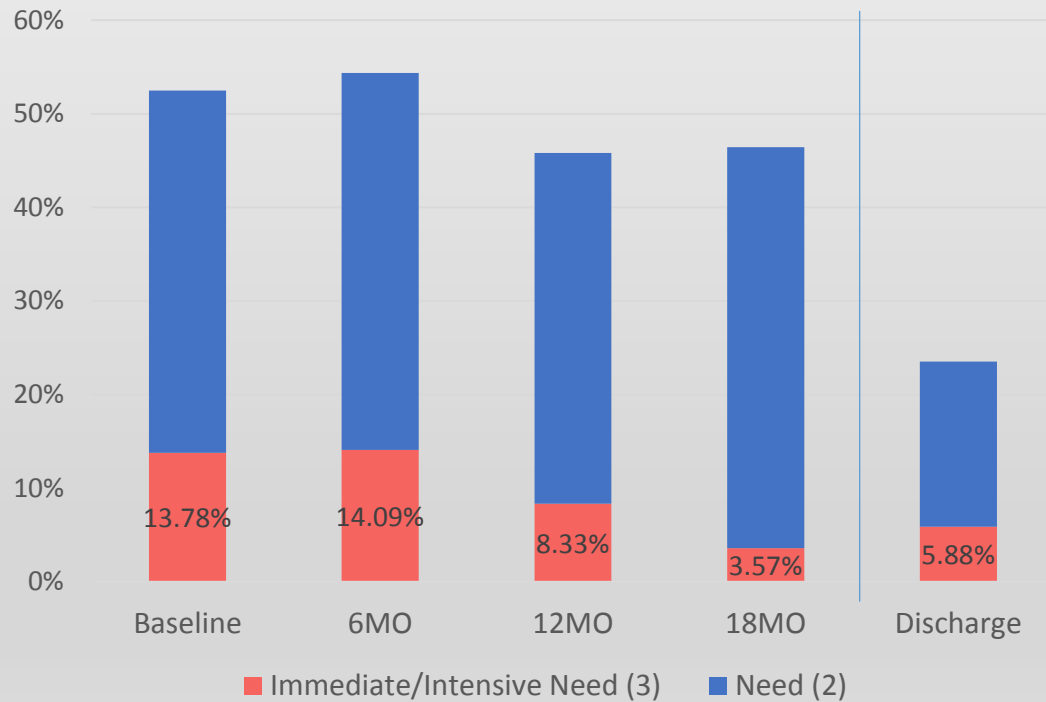
Highest Aggregate Scoring Items on the CANS for Children/Youth in DCF Custody (N = 750)



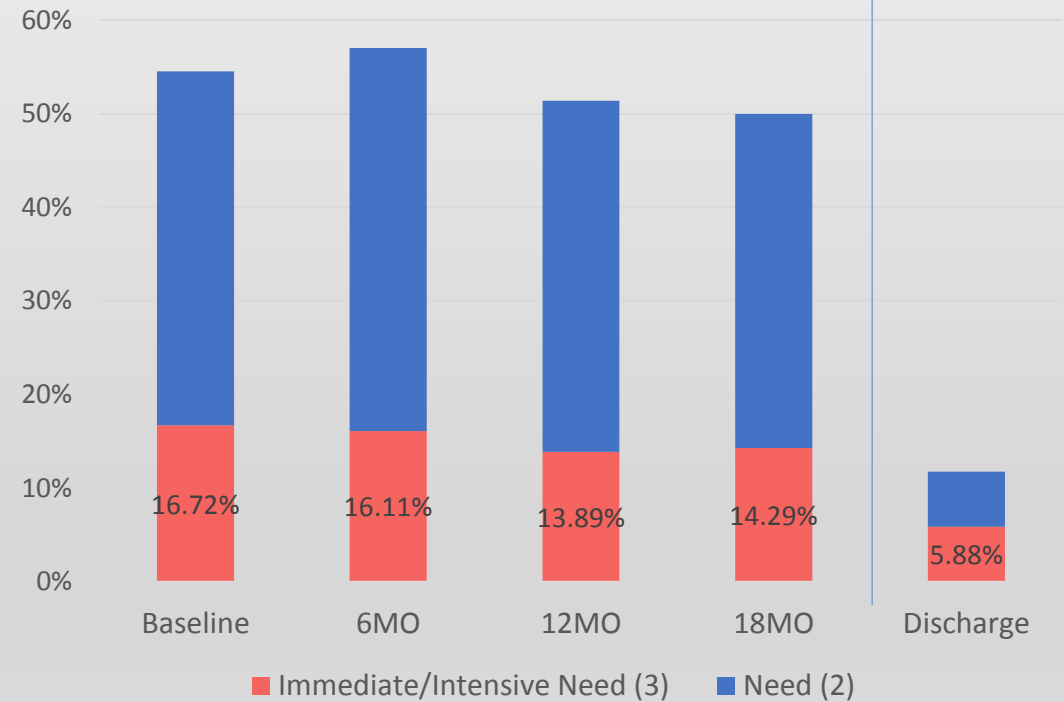


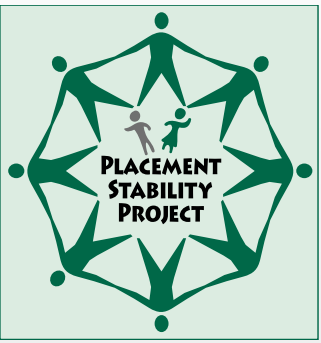
# Prevalence of Needs Over Time for Children/Youth Receiving Services

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



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

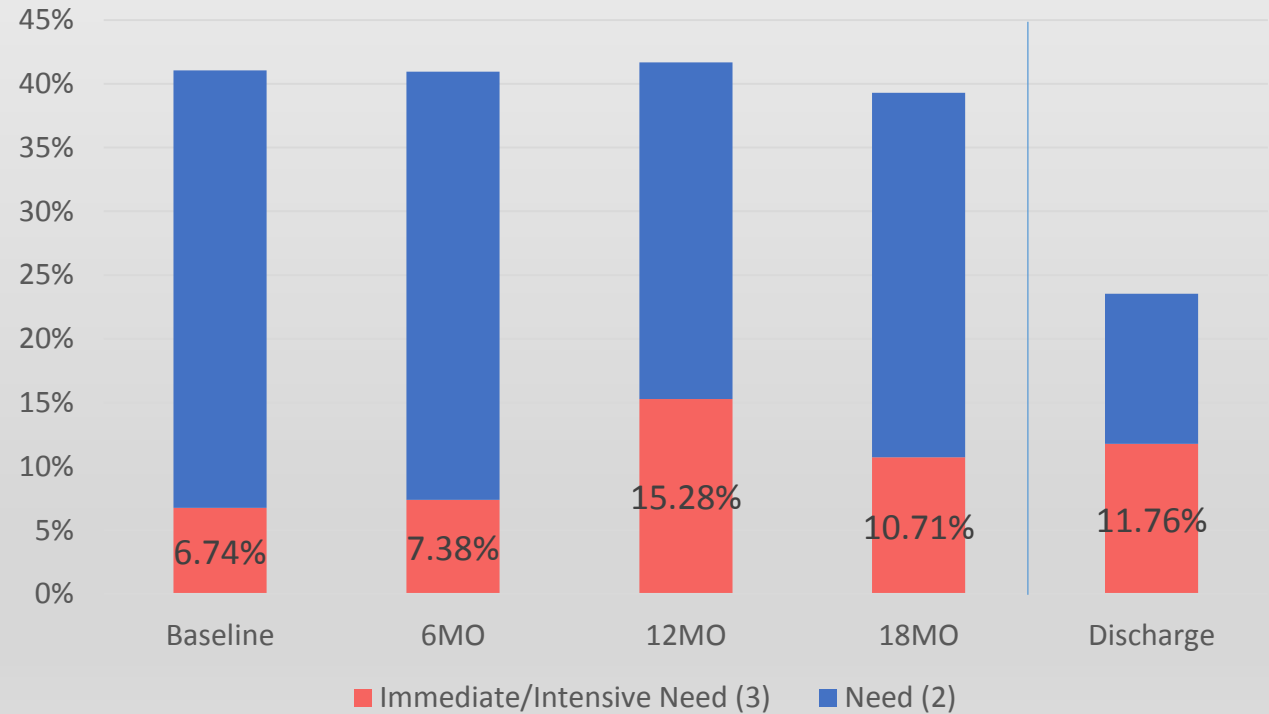


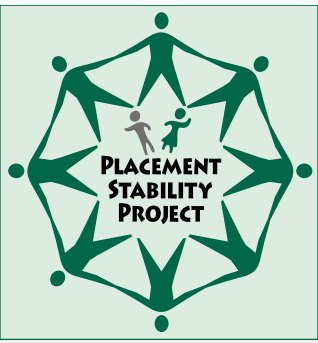


# Anxiety Over Time for Children/Youth in Custody Receiving Services

- 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*

% of Individuals in DCF Custody with a Need or Immediate/Intensive Need (2 or 3) to Address Anxiety over Time





# Building Resiliency Over Time for Children/Youth in Custody Receiving Services

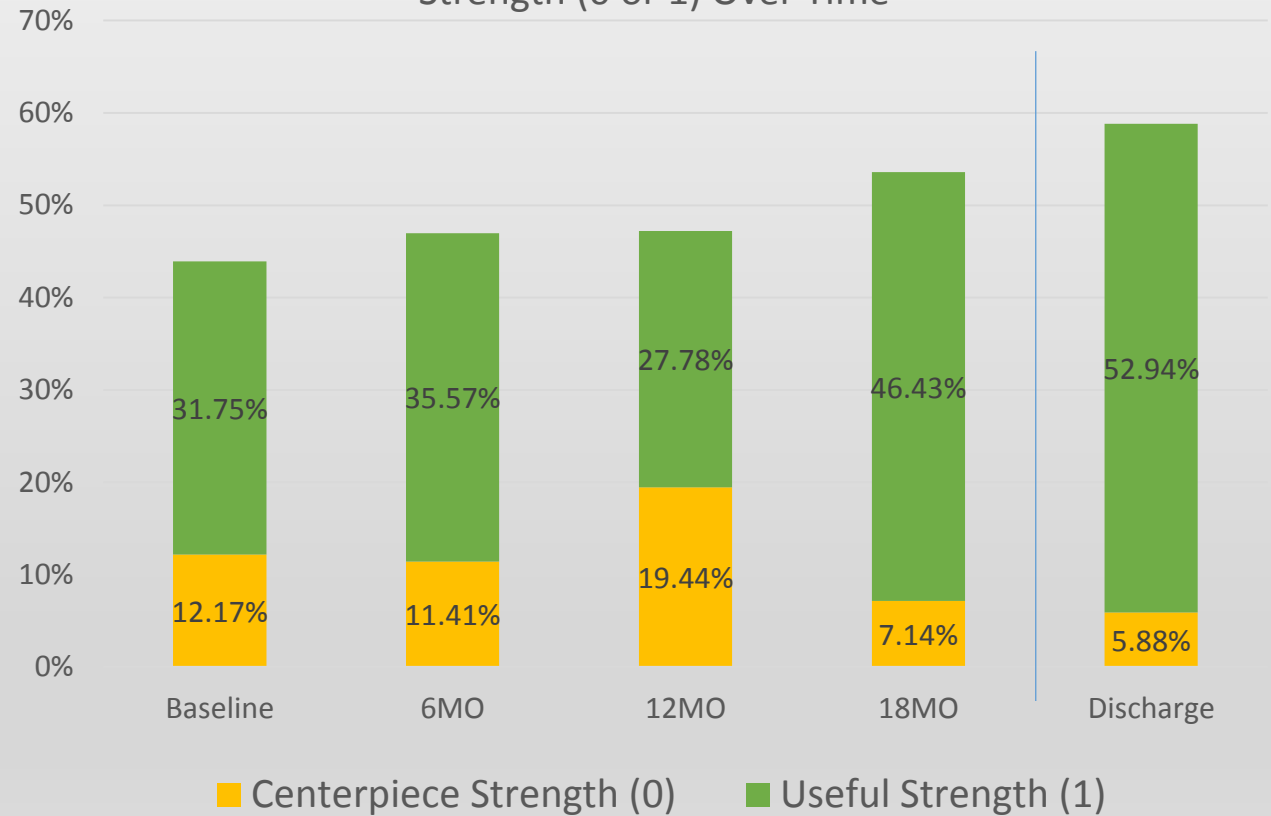
Of all of the items on the CANS, **Resiliency** consistently scores as the top one or two most prevalent and intense needs for children and youth in our community

**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

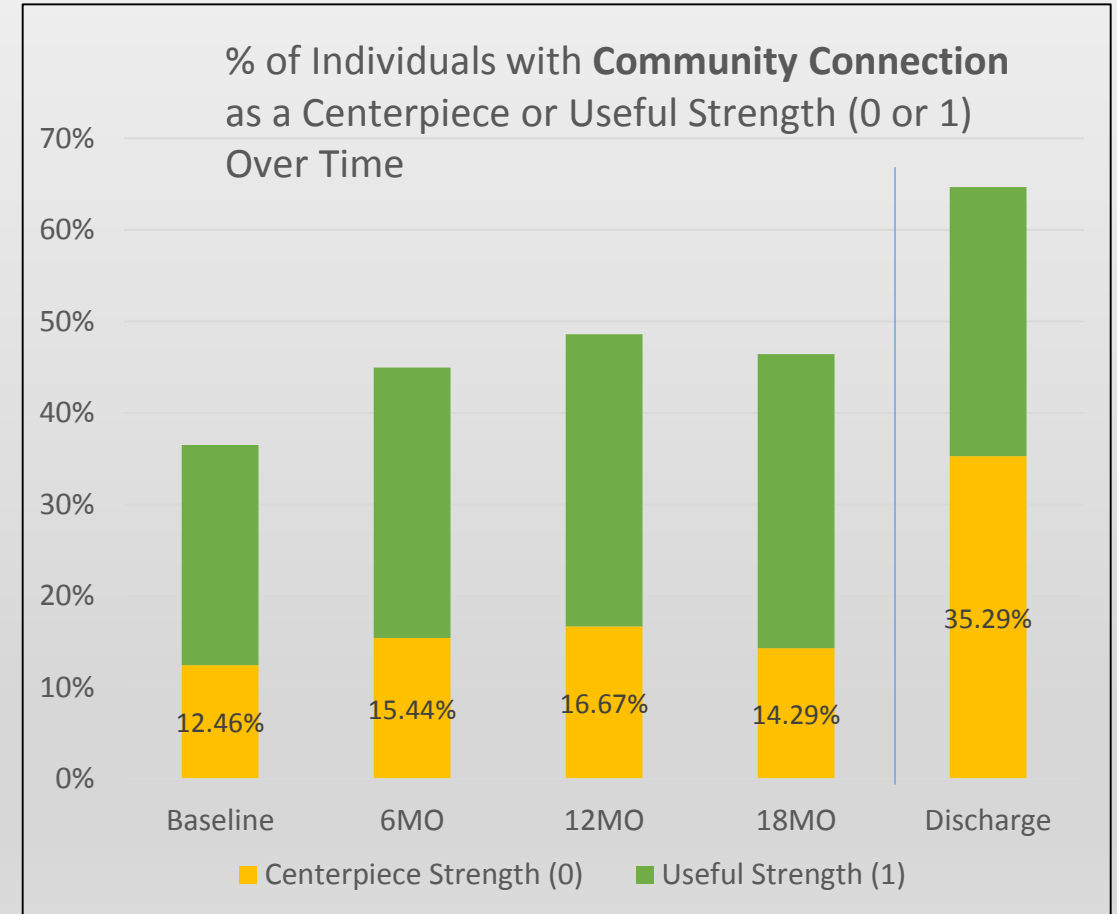
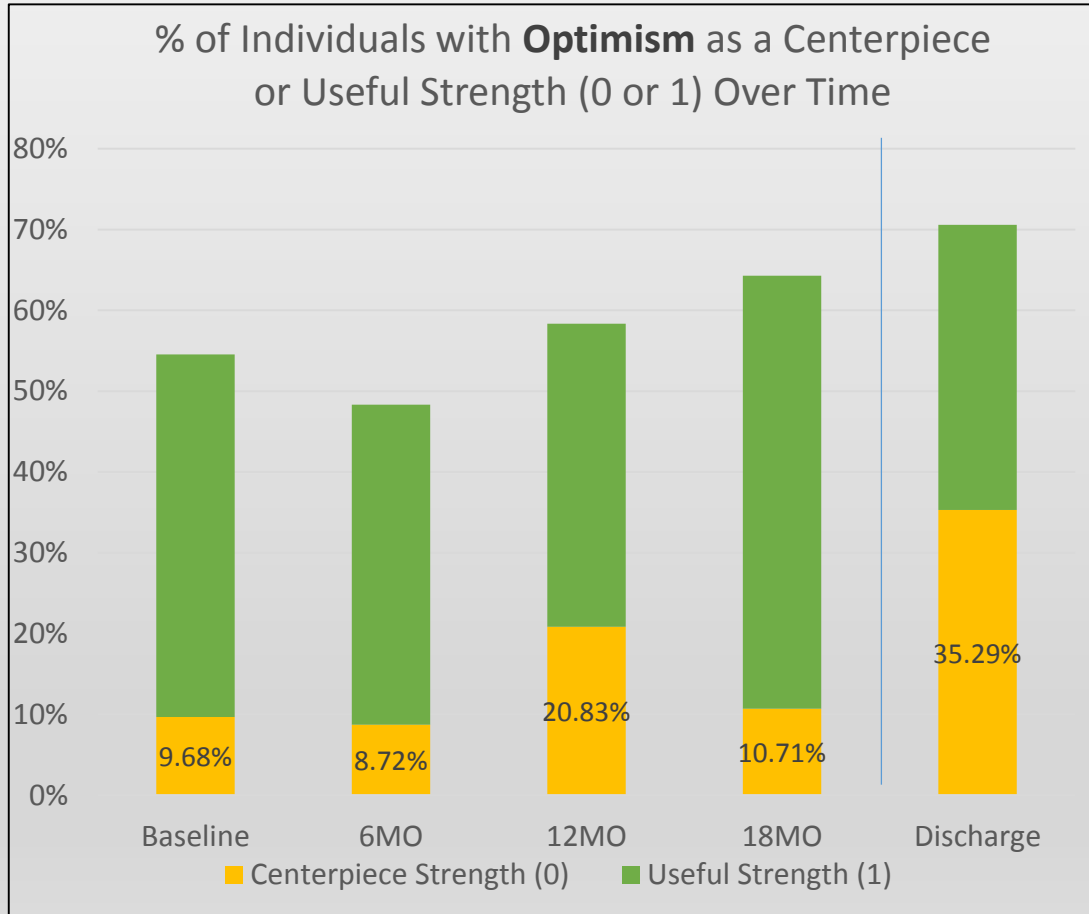
% of Individuals with **Resiliency** as a Centerpiece or Useful Strength (0 or 1) Over Time

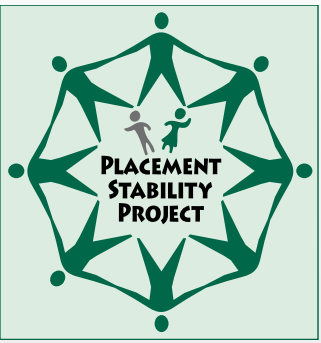






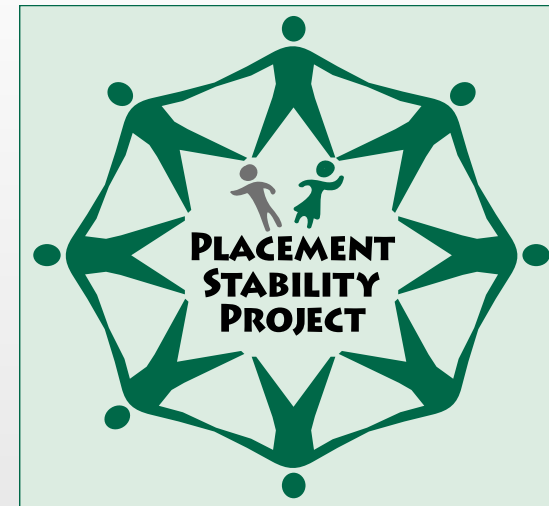
# Building Optimism and Community Connection for children/youth in custody receiving services





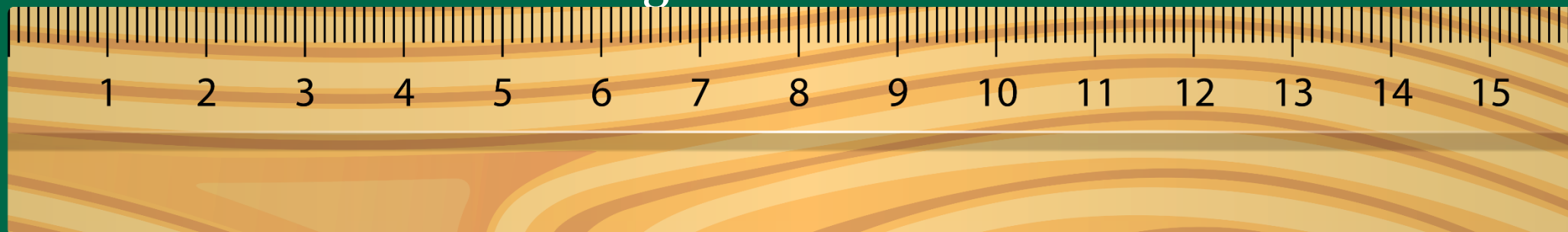
# Do Strengths REALLY Mitigate Needs??

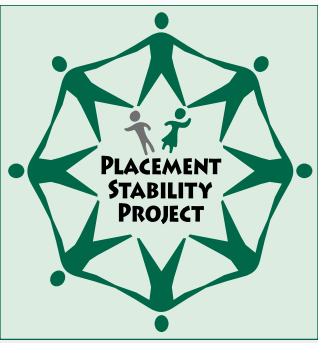




## View 2: The Community Assessment Tool (CAT)

Measuring How Far We've Come





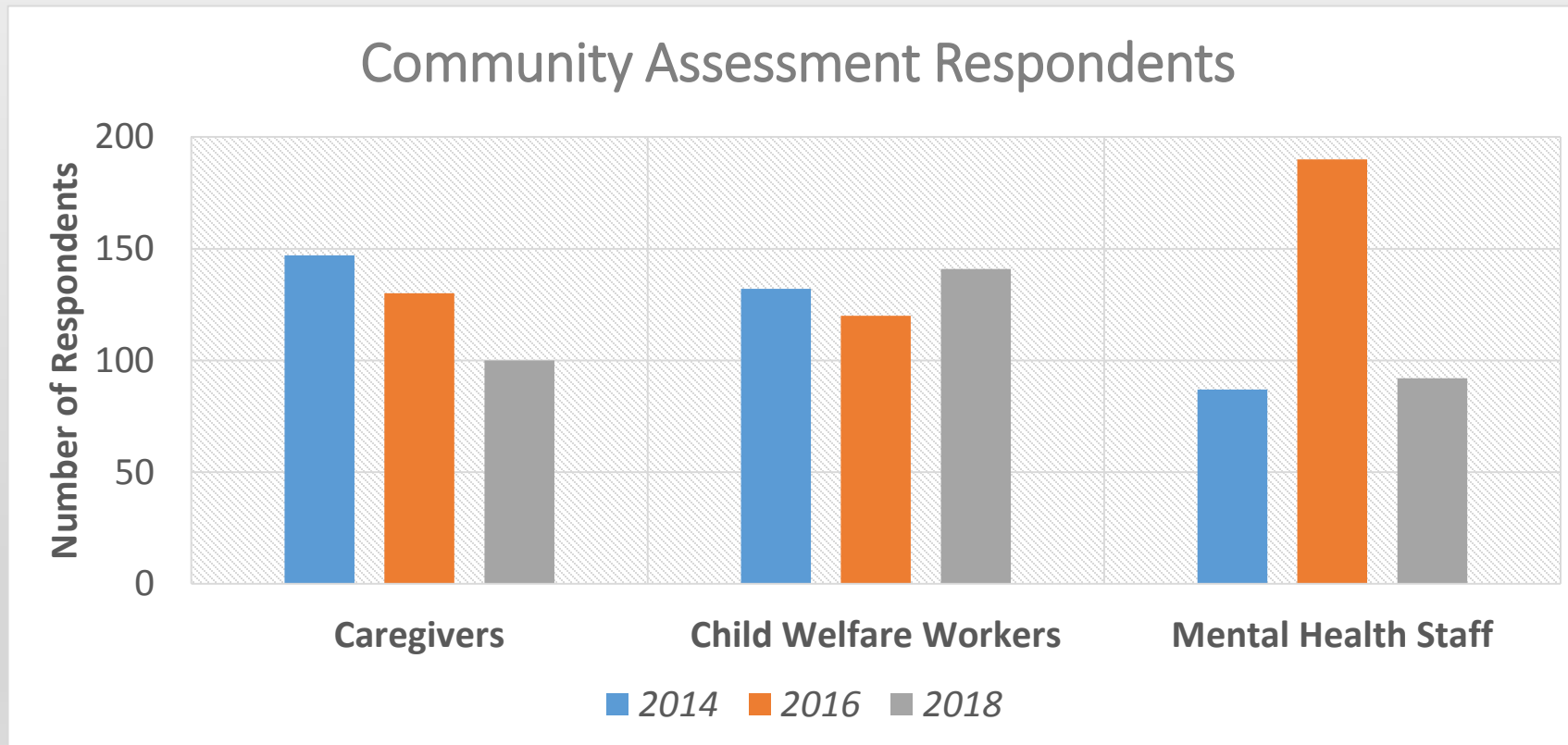
# What did we measure?

- 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



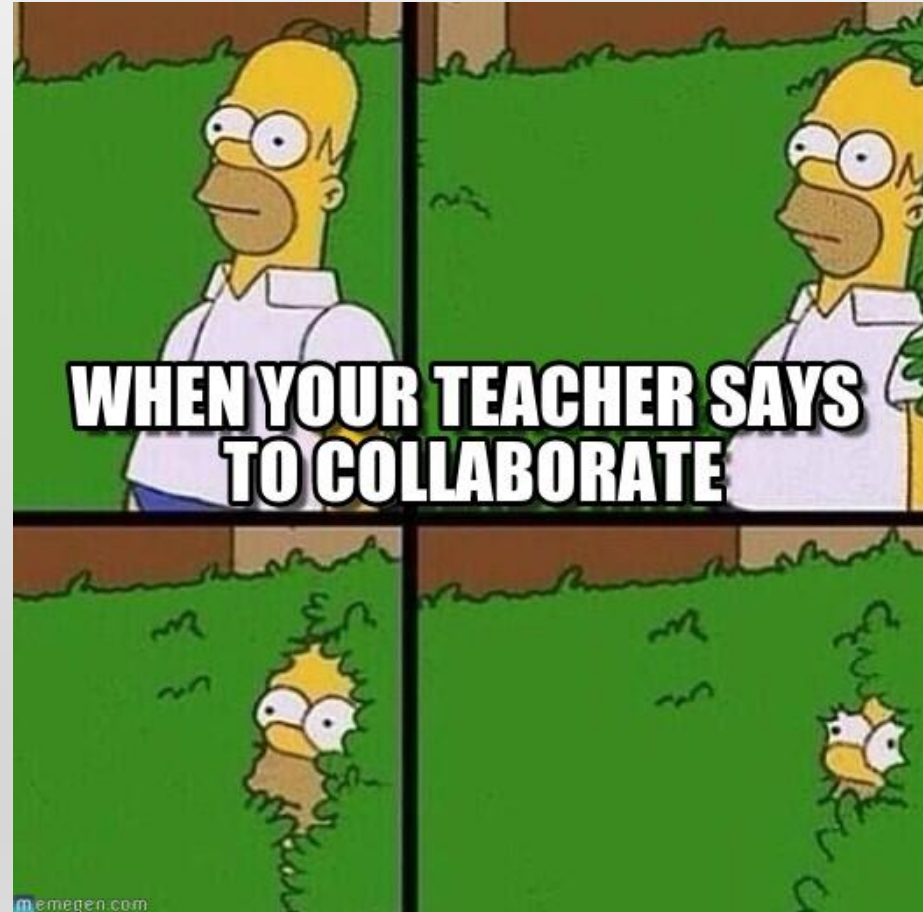
# Who responded?

The survey was administered to all 3 target groups at 3 time points: 2014, 2016, and 2018.





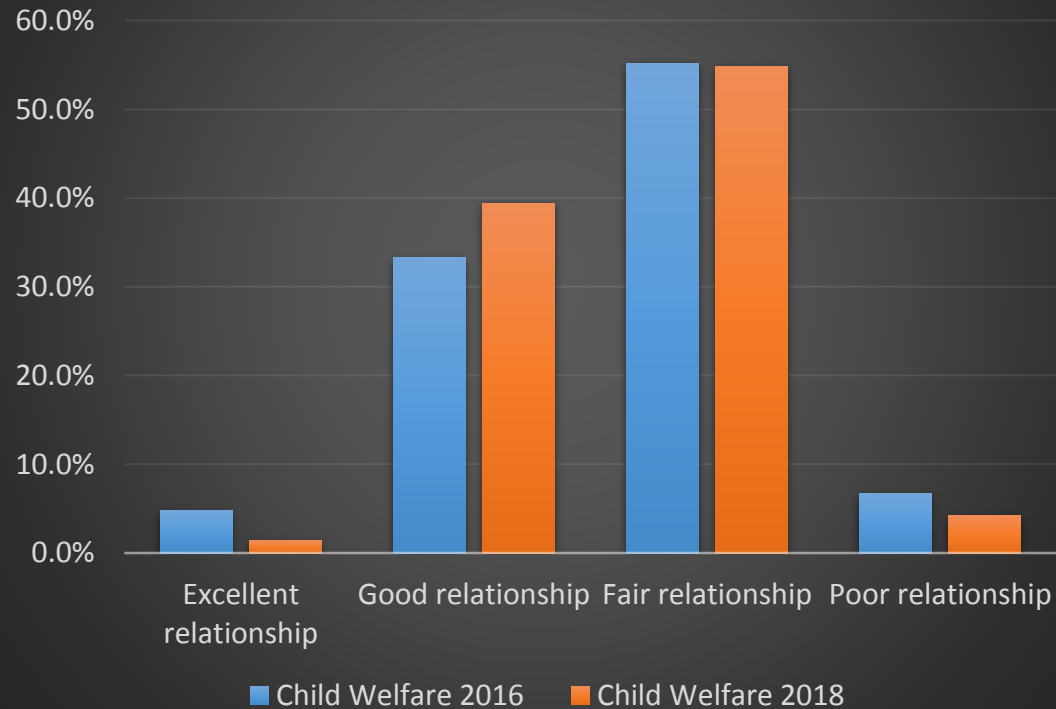
# What did we learn: Inter-Agency Collaboration



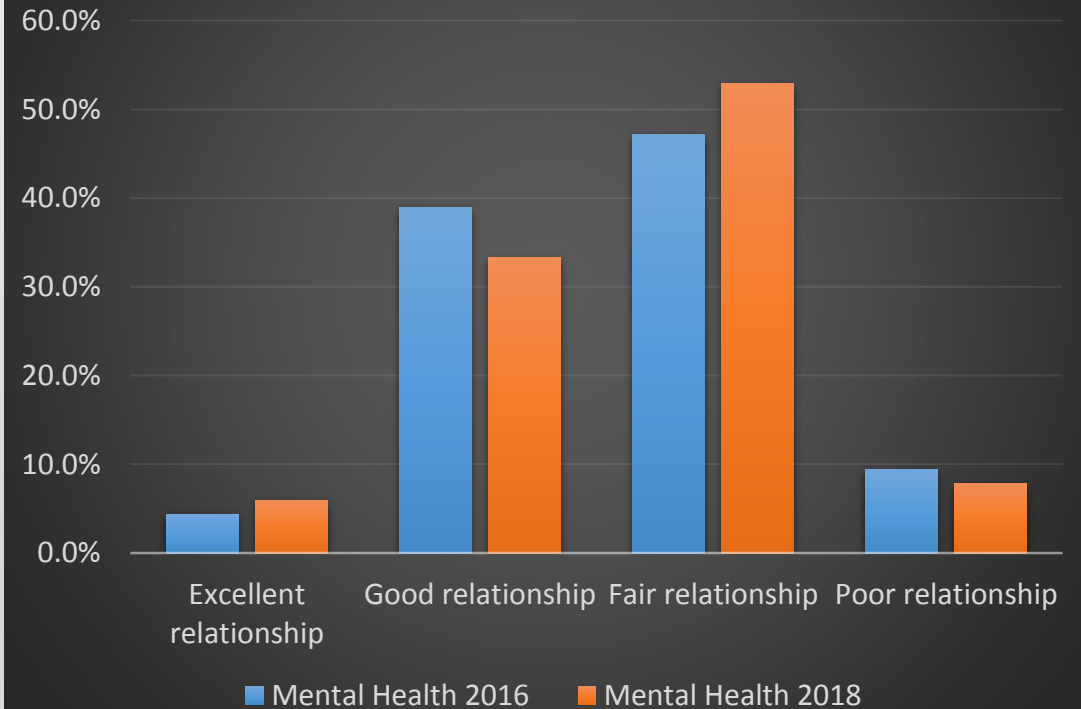


# What did we learn: Inter-agency collaboration

## Changes in Child Welfare Ratings of Collaboration



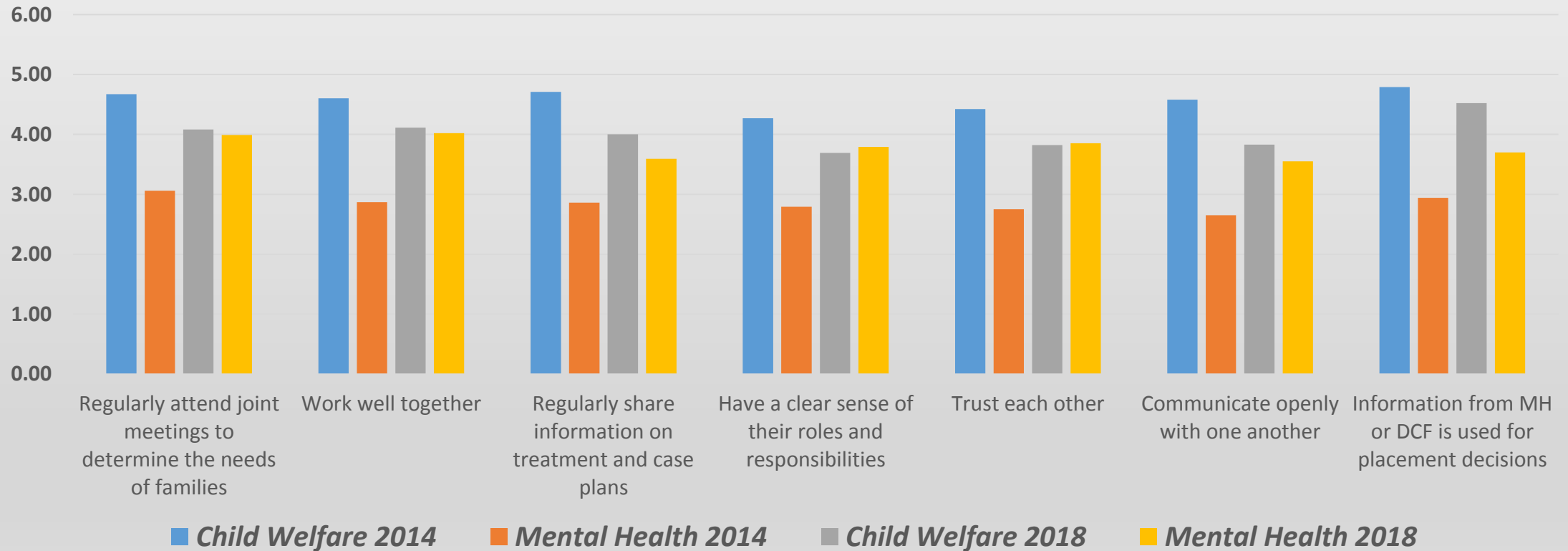
## Changes in Mental Health Ratings of Collaboration





# What did we learn: Inter-agency collaboration

## Comparison of Collaboration Ratings





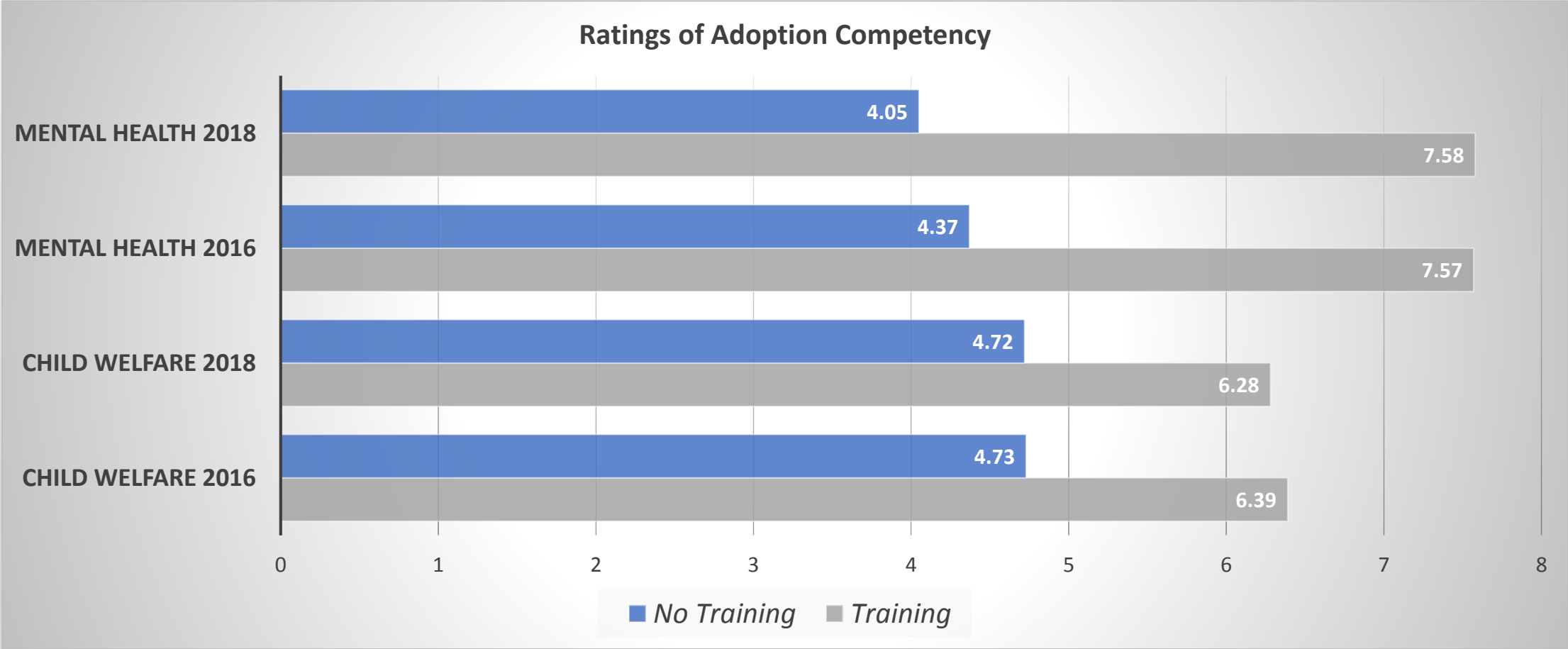


# What did we learn: Competencies





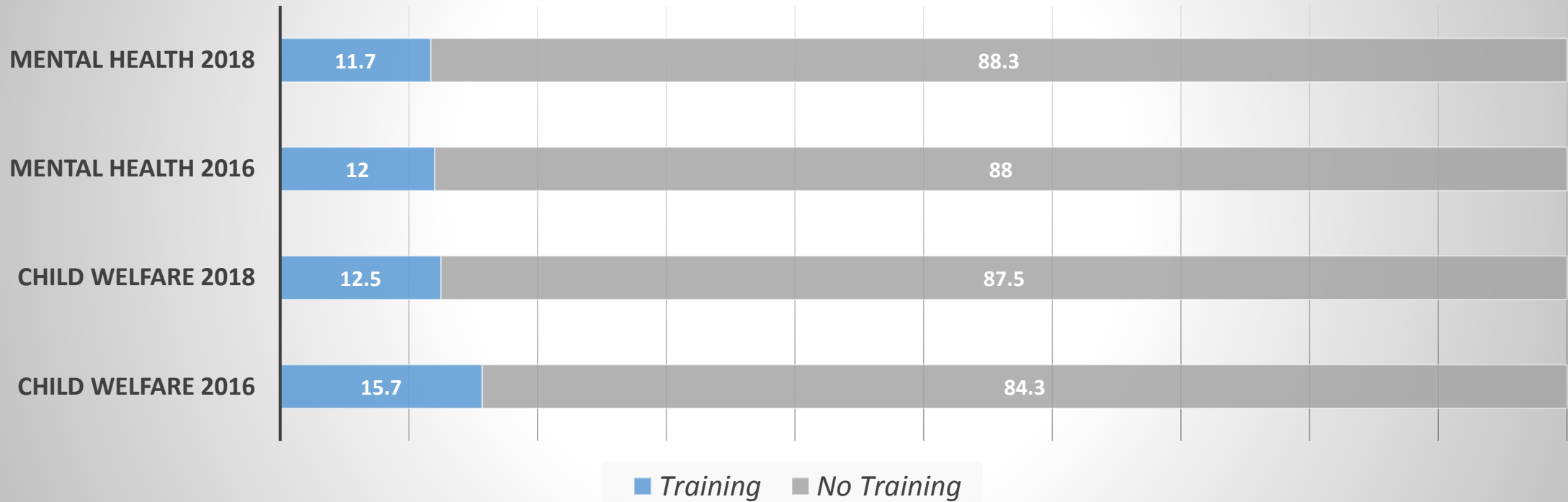
# Ratings of Adoption Competence





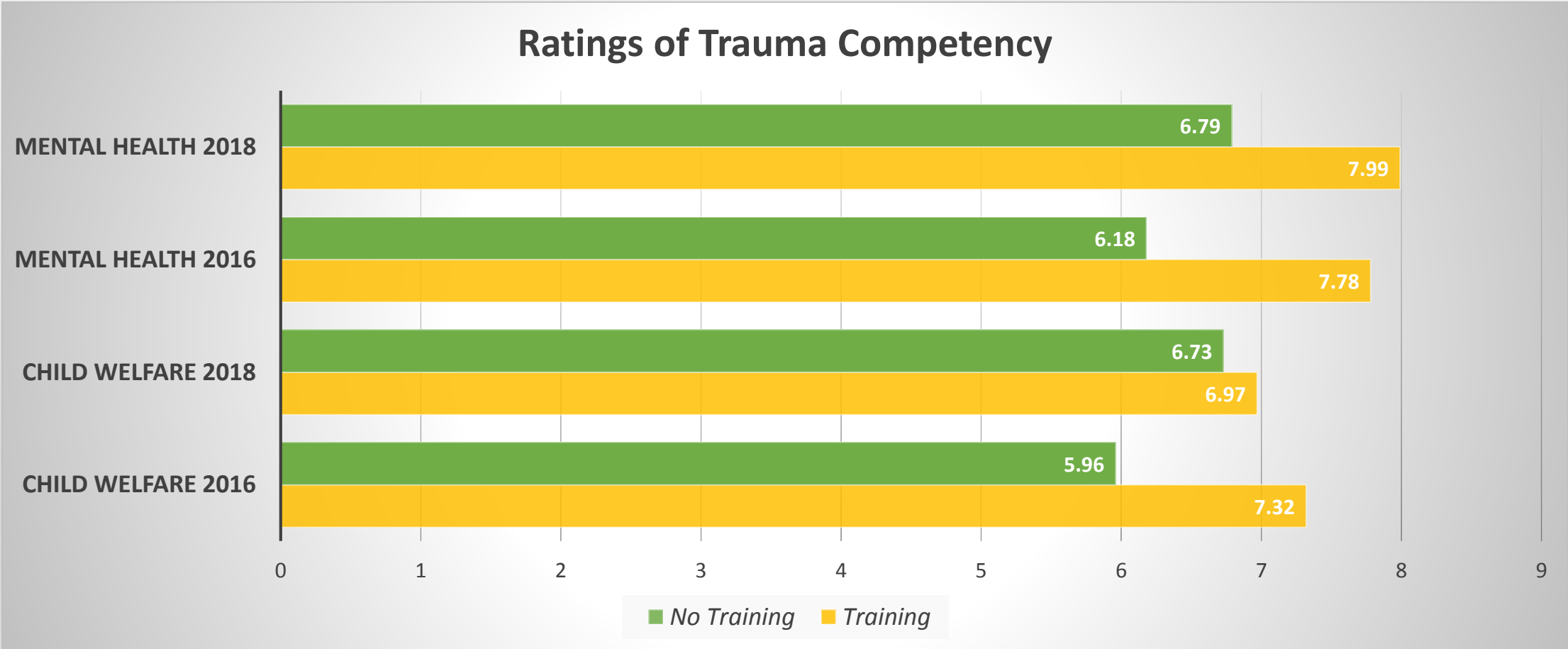
# Trainings in the last 12 months: Adoption competence

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





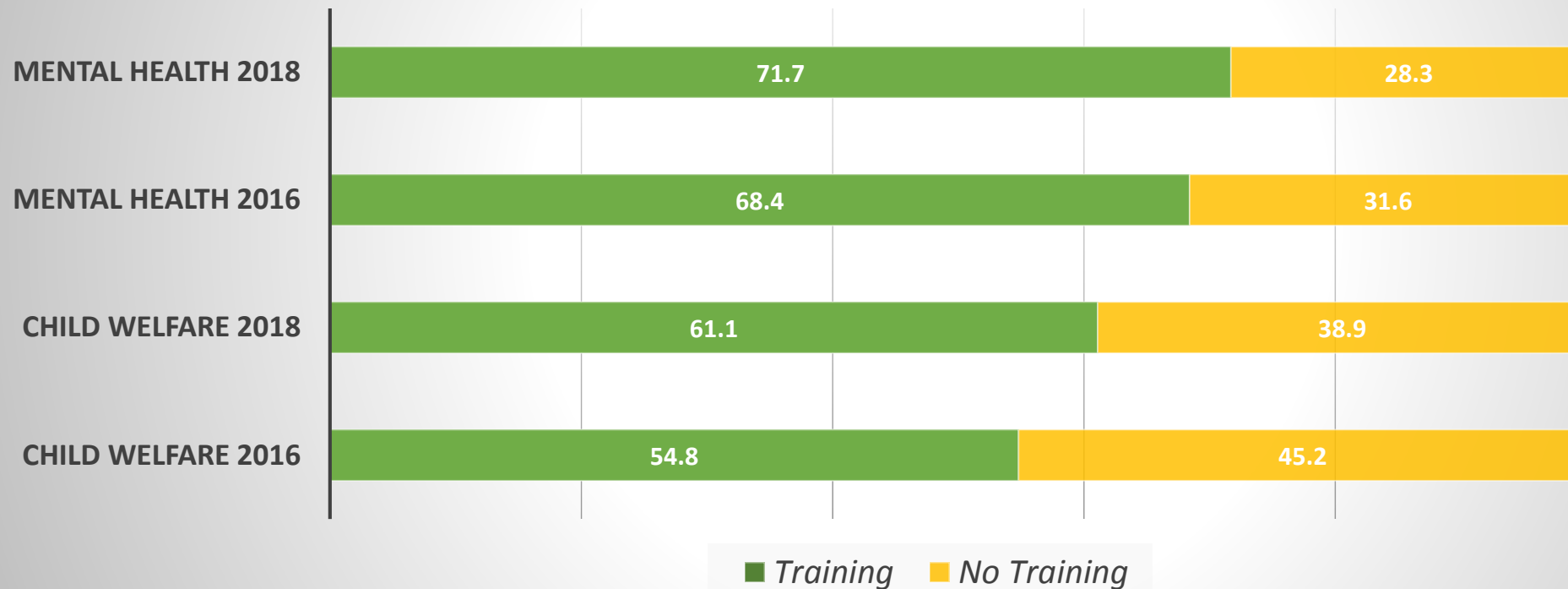
# Ratings of Trauma Competence

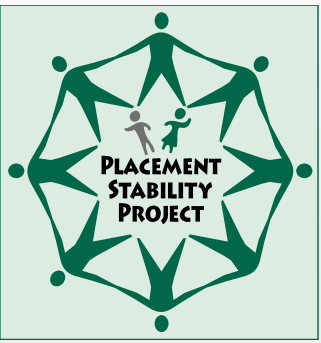




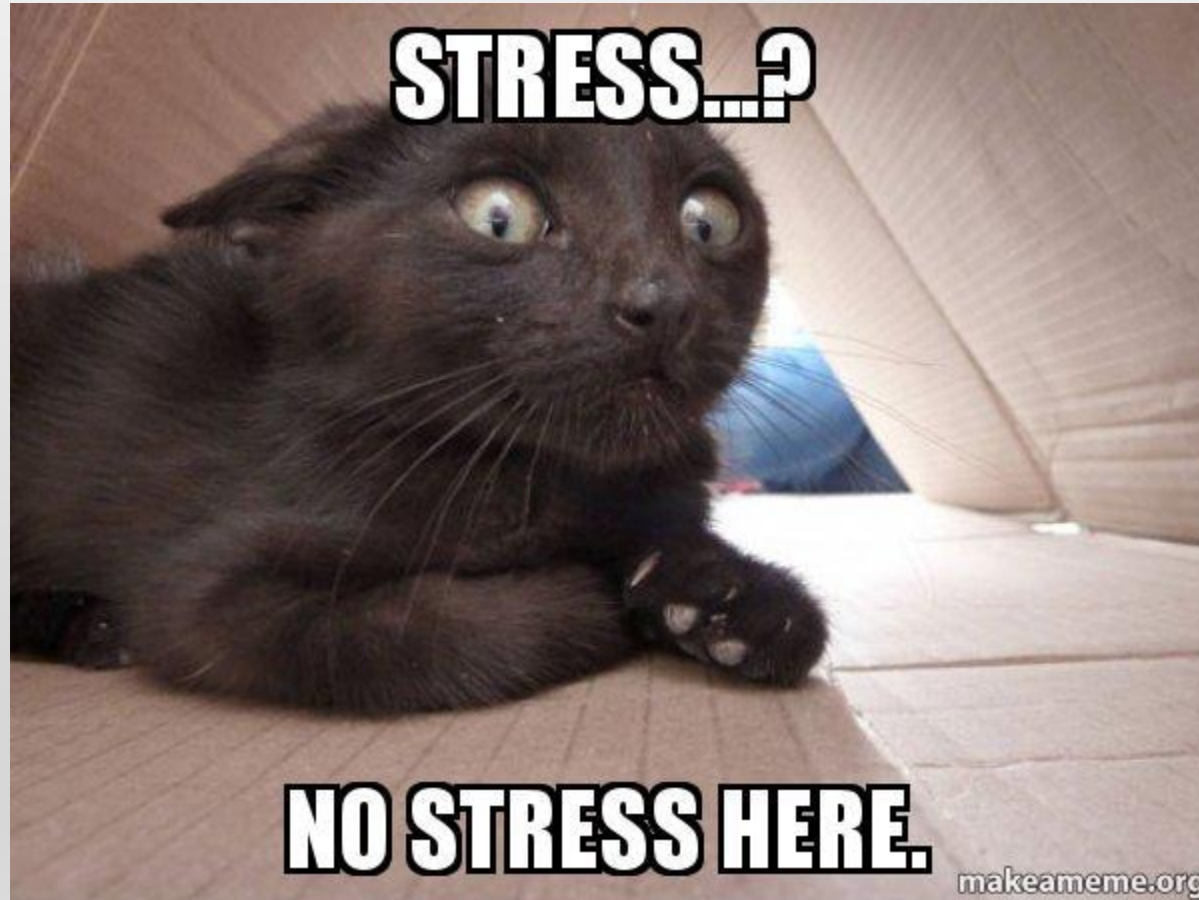
# Trainings in the last 12 months: Trauma competence

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



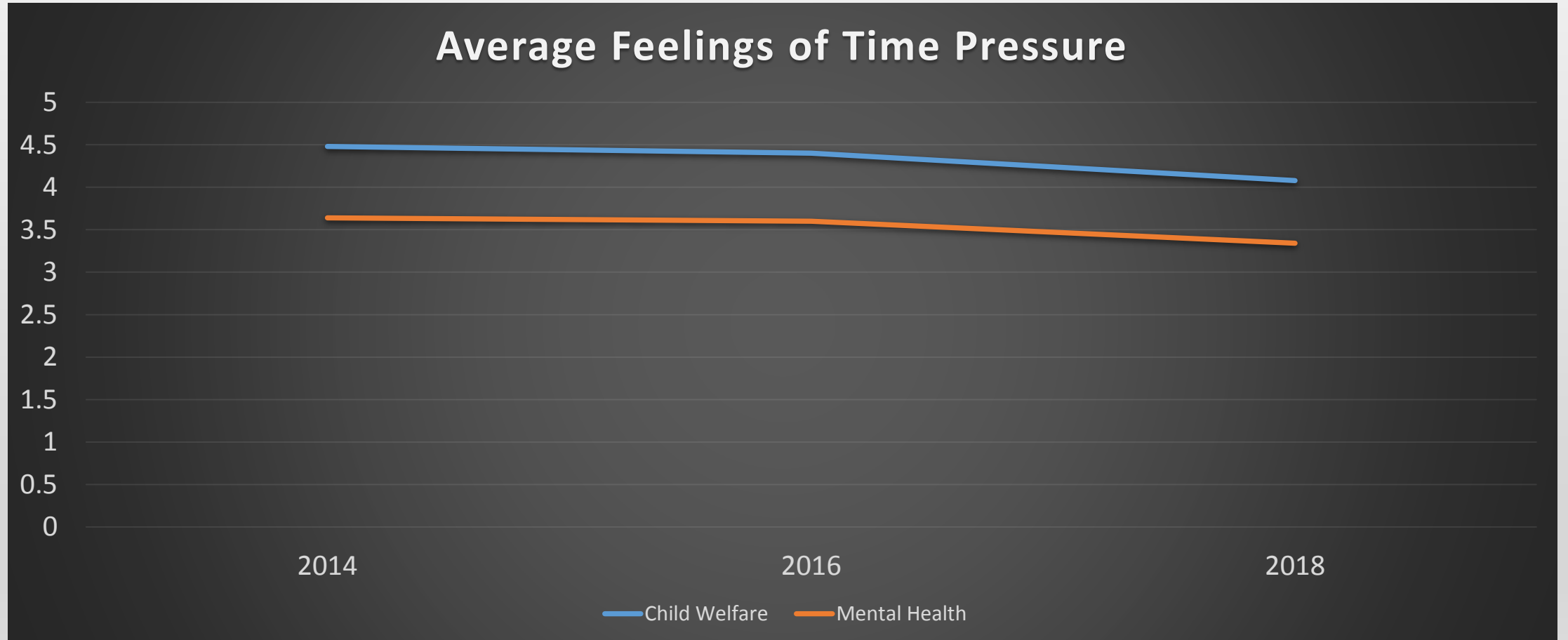


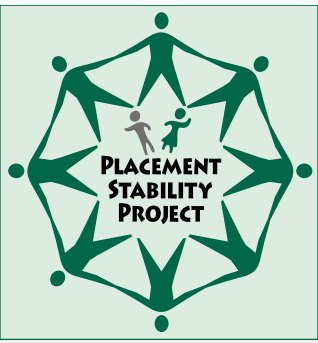
# What did we learn: Time Pressure





# Time Pressure





# 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.