![San Francisco Health Network - Community Behavioral Health Services - Children, Youth, and Families System of Care]

CANS Priorities for Treatment - Guide for Use in Avatar

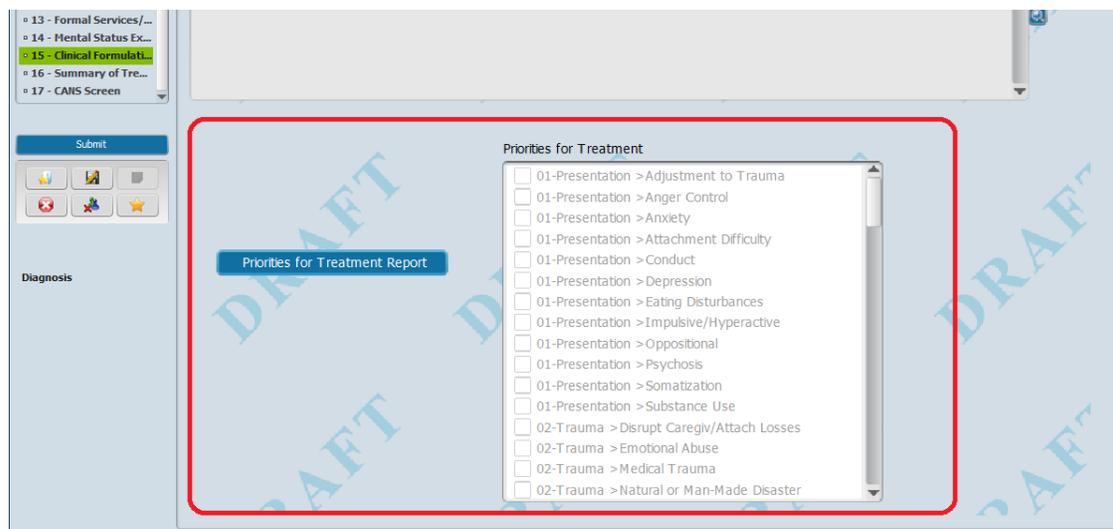## What's the rationale and purpose of this report?

The CANS Assessment, which is a TCOM (Transformational Collaborative Outcomes Management) tool, is an approach based on storytelling. Children, youth, and their families who seek help share their experiences (i.e., tell their stories). Sometimes, parts of their stories are retold by multiple professionals based on their skills and focus. In order to effectively help, these stories must be combined into a single story, and then, common themes from these stories are identified to decide how exactly to help. We do not help based on how people are different but on common themes they share. The CANS Priorities for Treatment aims to strengthen the storytelling aspects of helping our client. It primarily serves to allow collaborative and therapeutic CANS Data Reflection on a client level.

What was our previous process for CANS Priorities for Treatment?

When we rolled out the CANS 2.0/PSC-35 Implementation on Oct 1, 2019, we introduced the CANS Priorities for Treatment Report. Feedback from providers indicated that the report does not adequately reflect their case formulation and treatment/case planning efforts in terms of CANS items prioritized for treatment and/or case planning. As such, the following are now removed as of May 24, 2019:
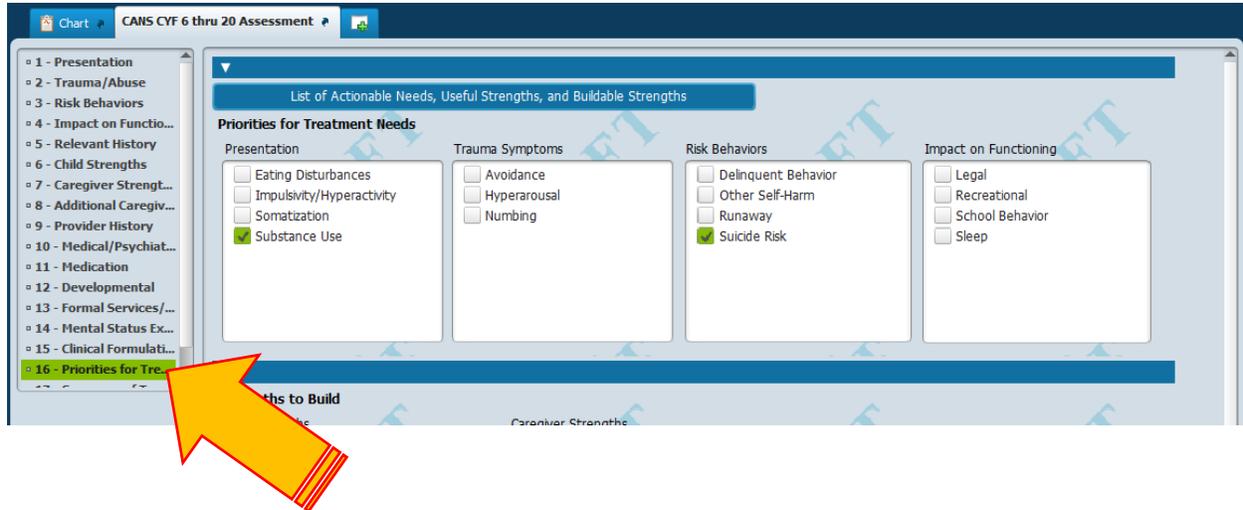
"Priorities of Treatment" in the Clinical Formulation section
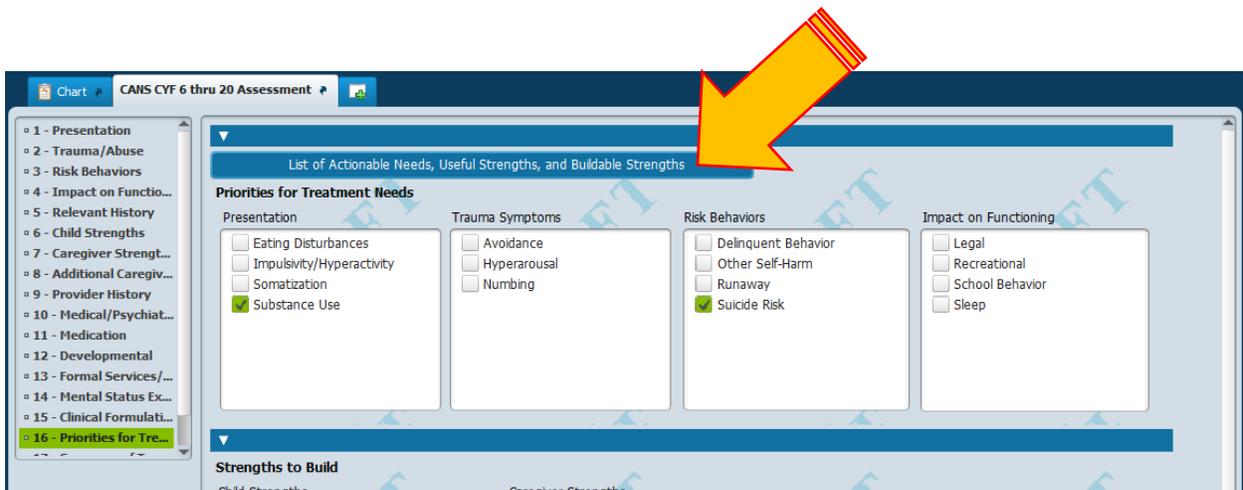"Priorities for Treatment Report" button

What is our NEW process for CANS Priorities for Treatment?

As of May 24, 2019 we have a new process for the CANS Priorities for Treatment. We added a new section in the CANS 0 thru 5 Assessment, and CANS 6 thru 20 Assessment **16 – Priorities of Treatment**.

At the top of that section is <u>new report button</u>: **List of Actionable Needs, Useful Strengths, and Buildable Strengths**. Clicking this button will display a snapshot of the 2's and 3's you have rated for CANS Need and Strength items, and 0's and 1's for the CANS Strength items in the current assessment. This report also explains the five organizational groupings for priorities for treatment. A sample report is included in the next page.

List of Actionable Needs, Useful Strengths, and Buildable Strengths

The CANS items listed below are rated '2' or '3' in your current assessment of your client for the Needs and Strengths items, and '0' or '1' for the Strengths items. From this list, it is helpful to organize and conceptualize needs and strengths (Lyons, 2018) as follows:

1. **Priorities for Treatment Needs** are actionable needs (rated '2' or '3') in the Impact on Functioning, Behavioral/Emotional Needs, and Risk Behaviors domains that are the focus of intervention.
2. **Strengths to Build** are areas (rated '2' or '3') where no strengths exist, or where you need to help the client build strengths.
3. **Background Needs** are factors that are contributing to the client's problem behaviors, symptoms, and impairments. These are likely not addressable but shift the pathway down which treatment is provided. Examples are significant trauma experiences or intellectual impairment.
4. **Strengths to Use** are protective factors (rated '0' or '1') in your client that help inform a strengths-based approach.
5. **Anticipated Outcome Needs or Strengths** are items that will be expected to change as a result of effectively targeting the priority of treatment needs. For example, helping a client in their Adjustment to Trauma (a priority of treatment need) would be anticipated to have a positive effect on School Behavior and School Achievement.

Please use the list below to organize your client's story of your understanding of your client's needs (and strengths) that inform priorities for treatment or service planning. Then, select those items in the appropriate fields (e.g. Priorities for Treatment Needs, Strengths to Build, Background Needs, etc.) in the "Priorities for Treatment" section. Items selected will be reflected in the CANS-SF Case Formulation and Treatment Planning Worksheet, which you can print and bring to a session with a client or a case planning team for further discussion and collaboration.

1 - Presentation

Attachment Difficulties	3
Anxiety	3
Regulatory	2
Adjustment to Trauma	2
Depression	2
Sleep	2

2 - Trauma/Abuse

Disrupt Caregiv/Attach Losses	2
Emotional/Physical Dysregulation	2
Intrusions/Re-experiencing	2
Traumatic Grief and Separation	2

4 - Impact on Functioning

Early Education	2

6 - Child Strengths

Strengths to Use:

Family Strengths	0
Family Spiritual/Religious	0

Strengths to Build:

Interpersonal	3
Relationship Permanence	2
Curiosity	2
Playfulness	3
Natural Supports	3
Resiliency	2

Review this **List of Actionable Needs, Useful Strengths, and Buildable Strengths**. Then select CANS items you want to prioritize for treatment, for each of **five** subsections:

Priorities for Treatment Needs
Strengths to Build
Strengths to Use
Background Needs
Anticipated Outcomes Needs or Strengths

Each of these subsections contain a multi-select field for each included domain, and these domain fields dynamically populate with the names of the CANS items which have been rated 2 or 3 (and 0 or 1 for strengths items) in the current assessment.

Note about usage: Any time you modify a rated CANS item within a domain, the associated domain-fields on the Priorities of Treatment section will be cleared.   Meaning if you have already finished making selections in Priorities for Treatment, and decide to go back to section "1- Presentation" section, and modify any of the rated CANS items there, all "Presentation" fields on the Priorities for Treatment section will be cleared (i.e., set back to blank and would need to be revisited).

Once you have made your selection of CANS items to prioritize for treatment for each of the **five** subsections, these will be reflected in two sets of reports:

1. Modified Reports

CANS CYF 0 thru 5 Assessment Report
CANS CYF 0 thru 5 Post Filing Report
CANS CYF 6 thru 20 Assessment Report
CANS CYF 6 thru 20 Post Filing Report

The above reports have been updated to print either the new or the old Priorities of Treatment fields depending on which was in place at the time the record was filed. An example is presented below from a **CANS CYF 0 thru 5 Assessment Report**:

<table>
<tr><td rowspan="2">San Francisco Department of Public Health
Community Behavioral Health Services

CANS CYF 0 thru 5
Assessment Report</td><td>**Client Name:** TEST,KIMBERLY</td></tr>
<tr><td>**Client ID:** 999052408
Program: ACCESS Screening(BHAC)
Episode #: 2
Admission Date: 3/7/2017
Discharge Date: 4/7/2017</td></tr>
</table>

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15. Clinical Formulation

A case formulation is the provider's and family's understanding of the child and their current presentations (behaviors and functioning). Helpful case formulations incorporate all that we and the family know into a working theory about why the child is experiencing current challenges. This comprehensive understanding can then lead directly to diagnoses or treatment.

16. Priorities for Treatment

Priorities for Treatment Needs

    Presentation > Adjustment to Trauma
    Trauma Symptoms > Traumatic Grief and Separation

Strengths to Build

    Child Strengths > Playfulness
    Caregiver Strengths > Knowledge

Strengths to Use

    Child Strengths > Family Strengths
    Caregiver Strengths > Involvement With Care

Background Needs

    Trauma/Abuse > Disruptions in Caregiving / Attachment Losses
    Trauma/Abuse > Emotional and/or Physical Dysregulation
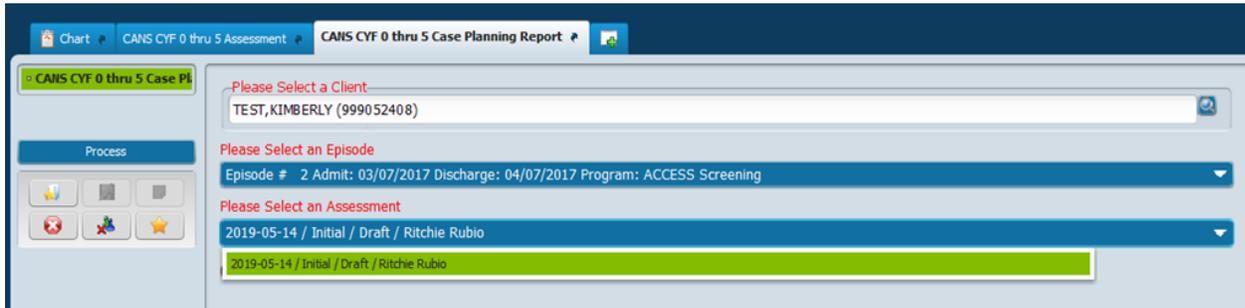
Anticipated Outcome Needs or Strengths

    Presentation > Anxiety
    Presentation > Attachment Difficulties
    Trauma/Abuse > Emotional and/or Physical Dysregulation
    Impact on Functioning > Early Education
    Child Strengths > Curiosity
    Caregiver Strengths > Mental Health

2. New Reports

CANS CYF 0 thru 5 Case Planning Report
CANS CYF 6 thru 20 Case Planning Report

These are new **menu-launched** reports that display the selected Priorities for Treatment (and their associated scores) for a selected CANS assessment record.

This report is what you can bring to a therapy session or planning meeting with a client or client's caregiver/parent; to clinical supervision; or to case presentations/consultations. This can be used to facilitate CANS data reflection on a client level, case formulation, and treatment/case planning. The flow of the report was intended to capture the storytelling aspects of helping your client. A sample of the report is found below and in the next page:

Use this section to hand write a summary of the reason for referral

This displays the items you selected to prioritize for treatment

CANS-SF Case Formulation & Planning Worksheet (0 thru 5)

Client Name:	TEST,KIMBERLY
Client ID:	999052408
Program:	ACCESS Screening
Episode #:	2
Admission Date:	3/7/2017
Discharge Date:	4/7/2017

Assessment Date:	5/14/2019	Assessment By:	Ritchie Rubio (003622)
Assessment Category:	Initial	Assessment Status:	Draft (Last Saved on 5/16/2019)

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Anticipated Outcomes

What needs and/or strengths are expected to change as a result of working with the client?

Presentation > Anxiety	3	Impact on Functioning > Early Education	2
Presentation > Attachment Difficulties	3	Child Strengths > Curiosity	2
Trauma/Abuse > Emotional/Physical Dysregulation	2	Caregiver Strengths > Mental Health	2

Activities or Interventions

Use this section to hand write some activities or interventions relevant to what you have prioritized for treatment