



Date: 05/07/2020

Time: 10:00am – 12:30pm

Location: Remote via Zoom

CANS Convening Agenda

Our Vision: We envision a world where the quality of life for individuals, organizations, and communities is transformed into a healthier place.

1. Welcome and Introductions

- a. Group agreements
- b. Hopes for the day

2. CANS/CFT in a remote environment

- How is your county navigating CFTMs and CANS during this time?

OC-mobilized pretty quickly with help of agency partners-not too much of a delay in continuing

- used Sisco webex for CFTm's
- many clients are in STRTP's and they can participate easily
- teleconference via audio, not much virtual. Sometimes parents had a difficult time but SW would assist and connect them via the SW's work cell
- everyone is patient with technology difficulties
- less cancellations and no shows-maybe due to weight being lifted off parents' shoulders by not having to participate in person
- hit the ground running without having a webex platform accessible to be used with other partners, some parts of the county have virtual platforms while others do not. Platforms vary amongst staff but they are getting the job done.
- lull in meetings in first week but it picked up after advertising that the CFTm's would continue
- Engagement-has been very good. Assigned SW talks to family about CFTm, benefits. Facilitator talks to the family ahead of time via a telephone call and there seems to be a lot more front loading with conversations ahead of the



Creating experiences that transform the heart, mind and practice.

CANS Convening

Agenda

meeting as opposed to in person being able to have the conversation right before the meeting starts. More engagement seems to occur some think due to not having to make eye contact, challenges include delays in flow of meeting due to technology issues. Facilitator apologizes and asks for patience at the beginning of every meeting. A lot of checking in during the meeting (like how we are running this convening).

- Webex is free and there is not a limited amount of time like with zoom which is 40 minutes.

Riv-transition, using technology to have as much face to face during CFTM as possible, zoom, web ex, facetime

- behavioral health partners help present the information
- families sometimes speak more freely/transparent maybe due to having less shame with not being face to face
- behavioral health specialists complete the CANS and they participate in the CFTM's. Both behavior health facilitator and CW facilitator during the CFTM

LA

- In process of training CANS in May/June and they will start incorporating CANS at that time
- Virtua, mostly telephonic CFM's meetings with CANS being completed by level of care at this time who reach out to SW's and parents to put info into CANS.
- Those completing CANS are able to obtain more info during this time since they don't have to chase people around the office.
- Using CANS tool to have a conversation
- 100-150 CANS daily
- Decrease in number of family team meetings
- In process of getting everything in place for staff (technology) to increase participation

- What is working well

CANS Convening

Agenda

- What are some challenges and how have you overcome the challenges
 - Concern about needs/supports that won't be available when guidelines are lifted.
 - Reassessments are needed continuously
 - Suggestions about reaching out to other resources, importance of having the conversations at this time for what it looks like now and in the future as we go through different phases of transitions
 - Participants on the call expressed emotion about how to manage the stress they and their staff are feeling. Self care is very important within the agency during this time.

3. Role Play – activity

- Roles (family, worker, observer) see 2nd page
 - Strengths-CANS helped organize info, good eye contact, focused on strengths/goals, good rapport, reality based, open ended questions, used inquiry, reframed and asked for specifics on how to move forward, conveying how much she cared as a SW, really good exercise, addressed each concern, normalized feelings of caregiver, addressed each concern/risk, explained how agency would respond, a lot of listening, strengths based questioning, looking at key points of assessments thoroughly, attention to needs, solution focused,
 - Challenge-CANS too structured, not enough time to practice scenario (x2), increased engagement

4. CFT/CANS Video and Flyer

- a. <https://cdss.ca.gov/inforesources/foster-care/child-and-family-teams>
- b. <https://cdss.ca.gov/inforesources/foster-care/child-and-family-teams/resources>

CANS Convening

Agenda

5. Statewide Regional CFT/CANS Convenings (tentatively late July/early August)
6. Flyers to the for COVID peer learning forum:

Southern Child
Welfare COVID 19 Pe

Southern Child



Southern Child

Southern Child
Welfare COVID 19 Pe

Role Play scenarios:

Caden, age 12, came into care because his mother stated that she could no longer control his behaviors. Caden states that his mother's rules were unreasonable, and he doesn't understand why he can't just do what he wants. Caden is currently staying with his best friend's family. When he does not get his way, he will curse and be disrespectful to his foster parents, then runs away for a few days, during which he drinks alcohol and smokes pot. Caden regularly skips school, and when he is present, he is disruptive and is regularly asked to leave class. He is failing most of his classes except for Math and Music where he is getting 'A's'. Caden recently came out as gay after his foster parents found a gay dating app on his phone. When asked if he was sexually active, he stated, "No, not yet. I'm just curious."

Seventeen year old Beth came into care a few years ago due to her stepfather sexually abusing her. Her mother did not believe Beth when she told her and defended the stepfather. Beth's placement recently failed after she was caught with a large stash of pills. When asked about the pills, she stated, "I was gonna do it." When pressed further she refused to talk.

Beth recently came home with a tattoo and her nipples pierced. She shared that her "older" boyfriend paid for them but that she would not say who he was. Beth was caught sending provocative pictures of herself to men on her phone. When asked the reason for taking and sending the pictures, Beth noted that she likes the attention.

- Worker

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- engage the family
- what are the things that stand out?
- what would the focus of discussion be?
- what would be on the case plan(action items) and why?
- what are the level of need(ratings) (immediate, follow up) and why?
- Clarify case plan goals
- Family member
 - ask questions about the level of need
 - why are these the needs
 - what are next steps.
- Observer
 - how was this experience
 - what went well?
 - what are some upgrades?