Human Trafficking Clinical Workgroup
Assessment Tool Subgroup Report

October 25, 2016

Background

The Human Trafficking Assessment Tool Subgroup (Subgroup) was formed pursuant to Title XXX, Chapter 409, Section 409.1754, Paragraph 1, of the Florida Statutes:

409.1754   Sexually exploited children; screening and assessment; training; case management; task forces.
(1)   SCREENING AND ASSESSMENT.
(a)   The department shall develop or adopt one or more initial screening and assessment instruments to identify, determine the needs of, plan services for, and determine the appropriate placement for sexually exploited children. The department shall consult state and local agencies, organizations, and individuals involved in the identification and care of sexually exploited children when developing or adopting initial screening and assessment instruments. Initial screening and assessment instruments shall assess the appropriate placement of a sexually exploited child, including whether placement in a safe house or safe foster home is appropriate, and shall consider, at a minimum, the following factors:
1.   Risk of the child running away.
2.   Risk of the child recruiting other children into the commercial sex trade.
3.   Level of the child's attachment to his or her exploiter.
4.   Level and type of trauma that the child has endured.
5.   Nature of the child's interactions with law enforcement.
6.   Length of time that the child was sexually exploited.
7.   Extent of any substance abuse by the child.
(b)   The initial screening and assessment instruments shall be validated, if possible, and must be used by the department, juvenile assessment centers as provided in s. 985.135, and community-based care lead agencies.
(c)   The department shall adopt rules that specify the initial screening and assessment instruments to be used and provide requirements for their use and for the reporting of data collected through their use.
(d)   The department, the Department of Juvenile Justice, and community-based care lead agencies may use additional assessment instruments in the course of serving sexually exploited children.

The specific charge given to the Assessment Subgroup was to:

- Explore existing assessment tools.
- Identify an assessment tool for service delivery.
- Identify and resolve barriers regarding implementation and billing for a new tool?

The Assessment Tool Subgroup was initially comprised of 20 members and held its first meeting via a conference call on January 21, 2016. Since then, the Subgroup has met five more times, reviewed a variety of assessment tools, identified potential barriers, such as instrument reliability and validity, compatibility with the DCF **Human Trafficking Screening Tool**, utility in informing placement, training,

cost, and ease of dissemination. The Assessment Subgroup was assisted in its work by Dr. Norin Dollard, Dr. John Lyons, Dr. April Fernando, Joelle Aboytes, Esq. and Tisha Pierre.

Selection Process

Screening versus Assessment

One of the first tasks that the Subgroup had to manage was to distinguish between **screening** and **assessment** tools. The Subgroup agreed that the purpose of a **screening tool** is to identify whether or not a young person may have been the victim of human sex trafficking. The purpose of the **assessment tool** is to establish that trafficking has most likely occurred, develop specific treatment recommendations and guide placement decisions. During the course of its study, the Subgroup referred to 409.1754 and CFOP 170-14 (attached) as it identified and reviewed over 25 screening tools along with 3 or 4 placement tools, such as the **Level of Human Trafficking Placement Tool,** currently in use by DCF. Although one member of the workgroup voiced concern about the DCF screening tool, suggesting that the instructions and guide should be contained in a separate document and asking that the tool be turned into a working PDF so that it can be completed electronically, the workgroup agreed to focus its efforts on identifying an effective, evidenced based **assessment** tool that can assist with placement, is trauma informed, strength based and useful in comprehensive treatment planning. Although two or three tools exist, the one that appears to best meet these many requirements (with the added benefit of wide adoption and current usage is the Childhood and Adolescent Needs and Strengths – Child Sexual Exploitation Assessment.

CANS-CSE Tool

The John Praed Foundation, which developed and distributes the CANS as an open domain tool free for use, describes the tool as follows:

> The Child and Adolescent Needs and Strengths (CANS) is a multi-purpose tool developed for children's services to support decision making, including level of care and service planning, to facilitate quality improvement initiatives, and to allow for the monitoring of outcomes of services. Versions of the CANS are currently used in 50 states in child welfare, mental health, juvenile justice, and early intervention applications. A comprehensive, multi-system version exists as well. The CANS was developed from a communication perspective so as to facilitate the linkage between the assessment process and the design of individualized service plans including the application of evidence-based practices. The CANS is easy to learn and is well liked by parents, providers and other partners in the services system because it is easy to understand and does not necessarily require scoring in order to be meaningful to an individual child and family. The way the CANS works is that each item suggests different pathways for service planning. There are four levels of each item with anchored definitions; however, these definitions are designed to translate into the following action levels (separate for needs and strengths): model, approach, outcome and proof.

The usefulness of the CANS-CSE tool was further demonstrated by the USF Louis de la Parte Florida Mental Health Institute's ongoing evaluation of the Citrus Helping Adolescents Negatively Impacted by Commercial Exploitation (CHANCE) program (see attached). The study supports the use of CANS-CSE as

"a multi-purpose tool for children's services used to support decision making (including levels of care and service planning), facilitate quality improvement initiatives, and monitor outcomes of services."

Potential Barriers to Deployment and Use

Reliability and Validity

A 2003 study by Dilley, Weiner, Lyons and Martinovich comparing the CANS and the previously validated Child and Adolescent Functional Assessment Scale (CAFAS) concluded that, while further study was needed, the "CANS is both psychometrically sound and clinically useful, thus supporting the CANS as a viable assessment of youth."

According to CANS-NY Manual, "When clinical vignettes are used as the source of ratings, the average reliability across studies is 0.78. When case records or current cases are used as the source of ratings, the average reliability across studies is 0.85." The CANS-NY Manual goes on to say that, "In numerous jurisdictions, the CANS has been used to predict service use and costs and to evaluate outcomes of services (Lyons, 2004; Lyons & Weiner, 2009; Lyons, 2009)."

Similarly, the John Praed website reports, "The CANS has demonstrated reliability and validity. With training, anyone with a bachelor's degree can learn to complete the tool reliably, although some applications require a higher degree. The average reliability of the CANS is 0.75 with vignettes, 0.84 with case records, and can be above 0.90 with live cases. The CANS is auditable and audit reliabilities demonstrate that the CANS is reliable at the item level. Validity is demonstrated with the CANS relationship to level of care decisions and other similar measures of symptoms, risk behaviors, and functioning." A 2003 study (Anderson, Lyons, Giles, Price, & Estle, 2003) supports this conclusion finding that the "CANS is a reliable measure with an average intra-class correlation of .80."

Ability to Inform Placement

Years of research have documented the usefulness of the CANS in informing clinical practice and aiding in placement decisions with the result that children get better and significant dollars are saved. According to Praed, "The applications of CANS-based decision algorithms have documented dramatic impacts on service system. In Illinois, use of a simple decision model for residential treatment resulted in savings of approximately $80 million per year in residential treatment in the late 1990's. In Philadelphia, their use of a decision model for Treatment Foster Care reduced lengths of stay dramatically and saved the city $11 million in the first year of use."

In a recent email, Dr. Lyons also noted, the Praed Foundations Transformational Collaborative Outcomes Management initiative (TCOM) "has been making steady advances on how to integrate the CANS into a Treatment Plan…. The most common approach is to take actionable needs and sort as (Background Needs, Treatment Target Needs (causes) and Anticipated Outcomes (effects) and Useful Strengths and Strengths to Build as the building block of shifting from the 'what' to the 'why'. A well-managed intervention is What-Why-How-What where the CANS is the what, the collaborative theory of change (formulation) is the why, the interventions are the how and you revisit the what (CANS) to determine if you why and how were effective."

Cost, Training and Ease of Dissemination

As noted above, the CANS instrument is an open domain tool free for use. Users may take on-line classes and an on-line examination certifying them in the use of CANS at no cost. For wider and quicker adoption, the Workgroup recommended that a train the trainer model also be employed, with the Community Based Care Lead Agencies assuming primary responsibility for overseeing dissemination and use of the tool by trained and certified provider staff.

The cost to bring someone in to train runs between $2000-$2500/day. The train the trainer program normally lasts days with day 1 focusing on CANS certification and day 2 on trainer training.   Funding for the CANS-CSE would need to be provided by the DCF or, possibly, participating Lead Agencies. Two trainings should be considered, one in northern Florida and one in southern Florida, to minimize travel costs and facilitate attendance. Lead Agencies would also need to prepare a roll-out plan for assuring maximum dissemination and adoption of the CANS-CSE within their service areas. Careful planning and coordination of efforts could result in the CANS-CSE being deployed throughout Florida's child welfare system within 6 to 8 months at a total out-of-pocket cost of something under $25,000 (including attendees' travel, food and hotel expense).

Another advantage of using the CANS tool is the established relationship that already exists between the Department of Children and Families – Substance Abuse and Mental Health Office (DCF-SAMH) and Dr. John Lyons. It should be noted that a few years back, the DCF SAMH consulted with Dr. Lyons regarding the use of CANS in Florida and worked on a roll out of CANS training to the Community Based Care (CBC) agencies. Many of the CBC's are familiar with and currently use the CANS tool and there are CANS Certified Trainers that exist in the State of Florida.

Reporting of Collected Data

An advantage of the CANS-CSE is that it does not require the use a computer program to score or present its results. As noted previously, "The CANS is easy to learn and is well liked by parents, providers and other partners in the services system because it is easy to understand and does not necessarily require scoring in order to be meaningful to an individual child and family." The disadvantage is that in the absence of online scoring, the challenging of collecting data from the CANS-CSE becomes much more challenging. The workgroup was not able to resolve this issue and recommended, should its recommendation to use the CANS be adopted, that another workgroup be convened to determine how best to capture the information provided by the CANS and its use.

Summary

The Human Trafficking Assessment Tool Subgroup has spent the past 10 months understanding its charter, reviewing assessment tools and examining the issues surrounding the adoption and deployment of the CANS-CSE. Based on its review, the subgroup concluded that the CANS-CSE not only meets the requirements of Title XXX, Chapter 409, Section 409.1754, Paragraph 1, of the Florida Statutes, but has the added advantage of being:

1. Currently in use by providers in all 50 States,
2. Widely used in Florida by providers of child-welfare services,

3. Free to use,
4. Validated by numerous studies,
5. Proven to be clinically useful in developing treatment plans, and
6. Supported by on-line training and certification.

Recommended Next Steps

1. Consult with Dr. Lyons and/ or the TCOM Collaborative to discuss ways to integrate the CANS into a Treatment Plan.
2. Develop and implement training on creating individualized treatment plans
3. Continue to provide trainings to clinicians and assessors regarding the impact of trauma
4. Work with the CBC's to develop a plan for the use of the CSE-CANS
5. Continue to train providers in the CANS and more specifically the CSE-CANS
6. Discuss and develop a way to collect data measures from the CSE-CANS, effectiveness as a tool and treatment outcomes