

REPLACES:

SECTION: PAGE NO.: ISSUED:	<b>CANS ASSESSMENT</b> (CHILD and ADOLESCENT NEEDS and STRENGTHS)	SECTION: 31-190 PAGE NO.: 1 EFFECTIVE: 07-06-20
----------------------------------	---	---

## I. OVERVIEW

In accordance with the Continuum of Care Reform and the Integrated Core Practice Model, the Child and Adolescent Needs and Strengths assessment, also known as “the CANS,” was chosen by the California Department of Social Services as the functional assessment tool developed to support decision-making, including treatment planning, and monitor the outcomes of services. The tool collects information in a consistent manner and improves communication between those providing services and families receiving services. The CANS reviews the strengths and needs of a child/youth considering past behavior but focuses on the current needs to help the child/youth and family.

## II. CANS ASSESSMENT TOOL

The California Integrated Practice CANS Assessment Tool (CANS) focuses on seven primary domains:

- Behavioral/Emotional Needs
- Life Functioning
- Risk Behaviors
- Cultural Factors
- Strengths
- Caregiver Resources and Needs
- Potentially Traumatic/Adverse Childhood Experiences

For children five years of age and younger, there is an alternative component of the CANS assessment tool, the Early Childhood Module, which, when applicable, is to be completed through combined efforts, such as talking with the child, observing the child’s interaction with the environment and others, and interviewing caregivers.

## III. POLICY

- A. The CANS must be completed by a designated CANS-certified Assessor; a CANS-certified Children & Family Services (CFS) Social Worker; or, a CANS-certified Mental Health designee prior to development of the CFS case plan.
- B. The *CANS Early Childhood Module* plus the Trauma 12 Module must be completed for all children in an open case from birth to age 5.
- C. The *CANS Core 50* plus the Trauma 12 Module is completed for all children, youth, and Non-Minor Dependents (NMDs), from age 6 through their 21<sup>st</sup> birthday, who have an open CFS case.

REPLACES:

SECTION: PAGE NO.: ISSUED:	<b>CANS ASSESSMENT</b> (CHILD and ADOLESCENT NEEDS and STRENGTHS)	SECTION: 31-190 PAGE NO.: 2 EFFECTIVE: 07-06-20
----------------------------------	---	---

- a. The *CSEC module* of the CANS should also be completed for children/youth ages 10 and up.
- D. The CANS must be informed by and shared at a collaborative child and family-involved process, such as a Child & Family Team meeting (CFT), or a Wraparound meeting in order to support case planning and care coordination.
  - a. Team Decision-making Meeting (TDM)'s may also utilize CANS assessments when there is a current one on file (i.e. a new CFS cases who may already have had involvement with Specialty Mental Health Services).
- E. The CANS must be completed prior to the team meeting. The CANS is not completed at the meeting.
- F. The most current CANS assessment should be shared amongst all Multi-Disciplinary Team CFT members.
- G. The CANS must be updated every 6 months in all open CFS cases.
- H. CANS assessments must be entered into the CARES system as well as CWS/CMS.

#### IV. AUTHORIZED CANS ADMINISTRATORS

- 1. CANS Assessors must maintain active certification which must be renewed annually.
- 2. CFS Social Workers may complete CANS assessments if they are currently CANS-certified.
  - a. CFS Supervisors must receive CANS training and shall ensure the fidelity of the administration of the CANS assessment during supervision.
- 3. Designated (CANS certified) Mental Health staff; Intensive Care Coordinators (ICCs), members of the Countywide Assessment Team (CWAT), and others deemed appropriate by MH may also complete the CANS assessments.

#### V. ADMINISTRATION OF THE CANS

CFS and MH are jointly responsible for completion of the CANS and thus are expected to share completed CANS information regarding common clients to avoid unnecessary duplication and over-assessment. Ongoing communication among the team and involvement with youth and family members is critical.

**NOTE:** Mental health providers are required to conduct the CANS assessment for children/youth who are six years of age or older (up to their 21<sup>st</sup> birthday) who are receiving Specialty Mental Health Services.

REPLACES:

SECTION: PAGE NO.: ISSUED:	<b>CANS ASSESSMENT</b> (CHILD and ADOLESCENT NEEDS and STRENGTHS)	SECTION: 31-190 PAGE NO.: 3 EFFECTIVE: 07-06-20
----------------------------------	---	---

For situations in which a Behavioral Health Clinician or contract provider completed the current CANS, the CFS Social Worker will not conduct a new CANS assessment, but will collaborate with the mental health provider to consider whether any updates to the existing CANS assessment ratings are appropriate.

**A. BEHAVIORAL HEALTH (BH) RESPONSIBILITIES – WHEN CANS IS COMPLETED BY BH STAFF**

1. The CANS may be completed by MH within 30 days after the initial placement; anytime there are concerns about a child/youth's mental health; or, at minimum, every six months:
  - a. The Social Worker and Mental Health Liaison jointly complete the Mental Health Screening Tool (MHST).
  - b. If the MHST is positive, the child/youth is referred to the MH Countywide Assessment Team (CWAT) and if the youth meets medical necessity, an ICC is assigned.
  - c. The ICC administers the CANS before the initial ICC-led CFT meeting.
  - d. The CANS is completed by the ICC or a MH designee only for ICC-involved children/youth i.e., Katie A. sub-class, Specialty Mental Health Services.
  - e. The ICC shares and reviews the CANS with the Social Worker prior to the CFT.
  - f. At a minimum of every six months, the ICC completes a CANS re-assessment before the next ICC-led CFT.
  - g. The ICC notifies the Social Worker of all future ICC-led CFT meetings.

**NOTE: The Social Worker is responsible for incorporating the CANS results into the CFS case plan.**

**B. CANS ASSESSOR RESPONSIBILITIES – WHEN CANS IS COMPLETED BY CFS**

1. The CANS is initiated by a certified CFS CANS Assessor (or a voluntarily certified CANS Social Worker) under the following circumstances:
  - a. When the Social Worker and the Mental Health Liaison have completed the MHST and the results are negative i.e., any child in an open CFS case who is not determined to require additional Specialty Mental Health Services.
  - b. Court - A CANS must be completed for the child/youth within 30-60 days from child placement or case opening, and prior to developing

REPLACES:

SECTION: PAGE NO.: ISSUED:	<b>CANS ASSESSMENT</b> (CHILD and ADOLESCENT NEEDS and STRENGTHS)	SECTION: 31-190 PAGE NO.: 4 EFFECTIVE: 07-06-20
----------------------------------	---	---

the CFS court or non-court case plan.

**Note:** The CANS does not replace the Structured Decision Making (SDM) Safety Assessment, Risk Assessment or Risk Re-Assessment.

- c. Continuing Services - During ongoing CFS case planning. The CANS must be completed at a minimum of every six (6) months for case planning purposes e.g., prior to the Court review hearing.
- d. Ensuring timely completion of the CANS is ultimately the responsibility of the CANS assessor and CANS unit. This may include any appropriate follow up with Social Workers who choose to complete their own CANS assessments and the documentation of those CANS assessments into the CARES system.

### C. CASES INVOLVING JUVENILE PROBATION

Juvenile Probation is not required to use the CANS, however, in the event that a youth crosses over from the child welfare system to be served as a youth in foster care under the supervision of Probation (241.1), relevant information from an existing CANS completed by CFS or MH may be useful for case planning and supervision purposes.

## VI. CANS in the Context of the CFT

1. As part of the CFT process, the CANS Assessment:
  - Provides CFT members with information about the well-being of children and NMDs by identifying individual strengths and needs
  - Supports care coordination and aids in case planning activities
  - Informs decisions about placement (including transitions to and from different levels of care).
2. Collaborative Treatment Planning
  - The CANS assessment Integrates data into one place and creates a shared vision of a common goal
3. CFT participants will be informed and educated about the CANS assessment tool, the needs and strengths rating scales, and how the items are used to inform case plans.
4. The assigned CANS Assessor, Social Worker, Wraparound staff and/or mental health provider collaborate in prioritizing CANS assessment items to be addressed during CFT meetings.

REPLACES:

SECTION: PAGE NO.: ISSUED:	<b>CANS ASSESSMENT</b> (CHILD and ADOLESCENT NEEDS and STRENGTHS)	SECTION: 31-190 PAGE NO.: 5 EFFECTIVE: 07-06-20
----------------------------------	---	---

5. When reviewing the CANS assessment ratings with the child/NMD and/or family, if the child/NMD or family disagrees, efforts must be made to address the concerns and build consensus.
6. Final scoring of the CANS assessment will incorporate input from the CFT in the following areas:
  - Services and supports needed by the child/NMD and family
  - Placement and housing needs
  - Identified trauma indicators and unmet behavioral health needs
  - Relevant social, cultural, and physical factors
  - Educational needs
  - Environmental conditions.

## VII. CONFIDENTIALITY/ INFORMATION SHARING

WIC § 832 authorizes sharing of information relevant to case planning between CFT members. Prior to the exchange of confidential information among the CFT, the CFT facilitator will obtain authorization to release information regarding the child/NMD and/or family member.

Questions, responses and ratings on the CANS regarding caregiver or child/youth's substance abuse-specific problems cannot be released without a completed and signed release of information/authorization. If no release on file, MH is still required to share the remaining portions of the CANS, therefore must redact the portion of the CANS that discusses/evaluates the substance abuse-specific information.

After consent is obtained, preliminary CANS assessment ratings will be shared during CFT meetings to provide:

- An opportunity for the CFT to discuss CANS assessment items and ratings
- A platform for the CFT to contribute information to help other CFT members, including the Social Worker(s), Mental Health Clinicians, and Probation Officers learn more about the child/NMD and family's needs, and to help identify behavior patterns

Confidentiality and information sharing practices are key elements throughout the CFT process, and are designed to protect families' rights to privacy without creating barriers to care.

Refer to [CFT Policy](#) for additional guidance regarding use of the above referenced consent forms prior to release of information within a CFT meeting.

REPLACES:

SECTION: PAGE NO.: ISSUED:	<b>CANS ASSESSMENT</b> (CHILD and ADOLESCENT NEEDS and STRENGTHS)	SECTION: 31-190 PAGE NO.: 6 EFFECTIVE: 07-06-20
----------------------------------	---	---

## VIII. CANS IN CASE PLANNING

The CANS assessment will be completed/updated prior to the development and/or update of each case plan. The CANS assessment serves as the foundation to identify the child/NMD and the family's strengths and needs which must be incorporated into the case plan.

- A. A rating of "0" or "1" on the CANS **Strengths** domain identifies a strength that can be used for strength-based SMHS planning; whereas a rating of "2" or "3" identifies an area that may be strengthened and/or further developed, when applicable.
- B. Items within the other CANS domains (e.g., **Behavioral/Emotional Needs, Life Functioning, Risk Behaviors**, etc.) with a rating of "2" or "3" must be addressed in the case plan.

**The assigned Social Worker is responsible for verifying the CANS assessment is reflected in the case plan.**

## IX. CANS AS MENTAL HEALTH SCREENING

ACL 18-81 clarifies the CANS tool may function as the required mental health screening for youth/NMDs in open child welfare cases.

For a child/NMD who is not already connected to mental health services, a CANS assessment rating of "1," "2" or "3" on any **Child Behavioral/Emotional Needs** domain (items #1–9) or **Risk Behaviors** domain (items #21–28) will require a referral to Behavioral Health for a complete mental health assessment.

## X. DOCUMENTATION

1. **The assigned CANS Assessor, Social Worker or designee** (e.g. P & T clerical support) will:
  - a. Input the completed CANS assessment tool and updates to the CANS assessment into CWS-CARES and CWS/CMS and upload the physical CANS assessment into CWS/CMS. See [CANS Quick Guide](#).
  - b. Document completion of the CANS assessment and referral to BH for mental health assessment, if applicable, in a CWS/CMS Contact Notebook.

REPLACES:

SECTION: PAGE NO.: ISSUED:	<b>CANS ASSESSMENT</b> (CHILD and ADOLESCENT NEEDS and STRENGTHS)	SECTION: 31-190 PAGE NO.: 7 EFFECTIVE: 07-06-20
----------------------------------	---	---

2. **The CFT facilitator** will document CANS assessment CFT discussions in a CWS/CMS CFT Action Plan. If applicable, the following will also be documented:
  - a. Family's refusal to participate in the CANS assessment, including documentation that a conversation was held with CFT participants to understand the underlining factors leading to the family's refusal to participate
  - b. Ratings for which consensus could not be reached in the CFT meeting
3. For further guidelines on documenting CFT meetings, refer to CFT Policy 31-200.

## XI. TYPES OF CANS ASSESSMENTS

- Early Childhood (ages 0-5) – 46 questions
- Core 50 (ages 5-20) – 50 questions
- Trauma Exposure – 12 questions
- Commercially Sexually Exploited Children (CSEC) – 13 questions
- Mental Health provides an additional CANS (40 questions), which is utilized as appropriate for mental health assessments.

## XII. REFERENCES

ACL 15-11 Recording Developmental and Mental Health Screening, Referral, and Plan Intervention Information in the Child Welfare Services/Case Management System  
ACL 18-09/ MHSUDS IN 18-007 Requirements for Implementing the CANS Assessment Tool Within a Child and Family Team, dated 1/25/2018  
ACL 18-81 Requirements and Guidelines for Implementing the CANS Assessment Tool with a CFT Process, dated 7/2/2018  
ACL 18-85 & MHSUDS IN 18-029 Clarification Regarding Sharing of CANS Assessments by County Placing Agencies and Mental Health Programs dated 7/1/2018  
MPP, Division 31-201.133(a)  
Welfare & Institutions Code Section 832

**CONTACT PERSON:** Persons with questions concerning this department manual section may contact their supervisor or the CANS supervisor.