



Policy Attachment: 11.1

Subject: CANS CASE PROTOCOL

Additional Information:

The Child and Adolescent Needs and Strengths (CANS) tool has been chosen by the Department of Children's Services as the assessment tool which best exemplifies strength-based, culturally responsive and family focused casework. The CANS produces the least stigma or label for the children and families served. It provides a communication basis for understanding the permanency and treatment needs of youth and making decisions about care and services. The CANS consists of approximately sixty-five (65) items that are used to evaluate how the Department and its partners should act in the best interests of children and families. The Department of Children's Services shall use the Child and Adolescent Needs and Strengths (CANS) assessment tool in order to help identify strengths and needs of youth and their families. The CANS assesses the services appropriate to meet the needs of children ages 5 and older.

1. The CANS assessment tool is to be completed by DCS staff in order to assess the strengths and needs of the child and family. Gathering this information may take place by:
 - a. Interviews
 - b. Observations
 - c. Records checks (see form [CS-0687, Background Checklist and Results Summary/Internet Records Clearance](#))
 - d. Collateral reports
 - e. Evaluations
 - f. Pictorial tools (i.e. genogram, timeline, family map)
 - g. Other DCS assessment tools
2. DCS staff shall interact with families and children in a strength-based, culturally responsive, and family centered manner using culturally competent interpersonal skills that demonstrate genuineness, empathy, and respect for the family in accordance with DCS policy [31.7, Building, Preparing and Maintaining Child and Family Teams.](#)
3. Responsibility: All certified DCS employees that work with child and family assessments, as applicable, shall ensure that the assessments are conducted appropriately and contain accurate information on child/youth/family for each case type or program.

Non Custodial CFTM-

1. If DCS staff has specific knowledge of the child and family circumstances leading to a removal or commitment to custody, CPSI/CPSA will initiate the CANS prior to the Initial CFTM and route to supervisor- see [Child and Family Team Meeting Protocol.](#)
2. The CPS Team Leader and COE Field Consultant will review the CANS scores to check for accuracy and reliability and provide supervision to ensure that any needs, risks, strengths or services for the

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family are identified. The Team Leader or COE Field Consultant can approve, deny, or return for re-work.

New Custody Cases-

1. The CANS is to be initiated on children (ages 5 and above) entering custody. It is to be approved by the Team Leader and finalized by the COE Field Consultant within five (5) business days of the child entering custody.
2. For CPS removals, the CPSI/CPSA will initiate the CANS with all known information and then notify the assigned FSW. The assigned FSW will complete the CANS if needed. The Team Leader of the worker that completed the assessment will review the CANS assessment for accuracy. The Team Leader and COE Field Consultant can approve, deny, or return for re-work.
3. For dependent/neglect or unruly children entering custody through the court system, the designated DCS staff person (as identified by each region) will initiate the CANS, complete the assessment and route before the initial CFTM. Review of the CANS assessment by the Team Leader and COE Field Consultant should occur before the CFTM. The Team Leader or COE Field Consultant can approve, deny, or return for re-work.
4. The CANS will be initiated for Juvenile Justice Youth entering custody. It must be completed prior to the initial CFTM.

Note: If Juvenile Justice Youth are placed in a secure setting (YDC, OAC, or Detention), a CANS will be completed prior to entering a community based setting (foster home, residential or group home). Regions can choose to complete CANS on these youth (entering YDC, OAC, or Detention), if they believe it is necessary.

5. The FSW will partner with the regional Psychologist, MSW, Administrative Leadership, Education Specialist and/or Nurse Specialist when a CANS identifies a need that suggests a professional consultation. (Ex. If medical is scored actionable (2 or 3) then the Nurse Specialist will be notified.)

Reassessment CANS-

1. The CANS should always be completed prior to the revision of the custodial permanency plan in order to coincide with permanency plan revisions.

Note: The FSW will contact the provider agency when completing or updating a CANS to make sure that the most current information on the child/family is available. An alert in TFACTS will be generated every 6 months on children (ages 5 and above)

2. For children who are receiving Level 1, 2 and 3 services, *TFACTS* will require a reassessment CANS be completed at least every 6 months and/or the revision of the custodial permanency plan.
3. For children who are receiving Level 4 services, a reassessment CANS should always be completed a minimum of every 3 months or at the request of the regional psychologist.

Transition CANS-

1. The CANS will be completed and/or reviewed at any major transitional period throughout the custody episode. These transitions include:
 - Placement change
 - Placement disruption
 - Major goal change
 - Level change (including within the same provider)

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- Lateral move

2. If a new CANS is completed and approved by the COE within 30 days of the move that CANS serves as both the baseline CANS at the new agency and an exit CANS for the discharging agency.

Trial Home Visit CANS-

1. The CANS should be completed prior to the CFTM, if not it will be completed within 24 hours following the CFTM. The completed CANS will be submitted for review to the COE Field Consultant.
2. A Trial Home Visit CANS should be completed to identify ongoing child and family needs and strengths prior to the child going on a Trial Home Visit (THV) even if it is in the context of a discharge CFTM.

Discharge CANS-

1. Discharge CANS will be completed prior to the child being discharged from custody (ending the Trial Home Visit). In the case of immediate discharge action a discharge CANS must be completed, approved and finalized within five (5) days of the child exiting custody. (The CANS will be submitted to the COE Field Consultant within five (5) business days of discharge). This process is completed to ensure that DCS considers the ongoing needs of a child and family after the custody episode ends. The FSW can review any previous CANS generated on the child/family and compare it to the discharge CANS in order to monitor and track the progress of a child and family. By using the following discharge guidelines:
2. The assigned FSW will notify the COE Field Consultant of the upcoming discharge from custody.
3. Prior to a child's release from custody, the FSW will complete and route a discharge CANS assessment. The Team Leader should approve the completed CANS assessment and forward the CANS to the COE Field Consultant for finalization.
4. The CANS will be reviewed by the FSW, Team Leader, and COE Field Consultant to ensure that any needs, risks, strengths, and services for the family are identified. The Team Leader or COE Field Consultant can approve, deny, or return for re-work.

CANS Documentation-

1. CANS are to be initiated, completed, and approved in TFACTS.
2. The CANS manual, glossary, and interview format will all be available in the help link of TFACTS. The CANS definitions/anchors needed to accurately score the CANS are located in the CANS manual under the help link.
3. Information regarding scores of the CANS should be reflected on the Family Functional Assessment in TFACTS. The FFA can be updated at the same time the CANS is completed in TFACTS. At the end of each CANS section: (Safety, Well-being, Permanency, and the modules) text can be added in the text field to provide FFA supporting documentation of the CANS scores to capture the current information on the child and family in greater depth.
4. Copies of all CANS should be placed in the child's record, included in the placement referral packet, and made available to the providers for review. To print off a CANS summary go to "reports" hyperlink for the CANS record and generate the report "CANS".
5. The DCS worker must document the reason the CFTM level recommendation differs from the CANS intensity of service recommendation in the current child welfare data system used by the Department.

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Training and Reliability-

1. All DCS staff with case management responsibility, placement responsibility, or with CFTM involvement will need to be trained yearly on the CANS. Staff must be familiar with its language and be able to demonstrate skill in administering and scoring the CANS. All applicable DCS staff will require yearly certification. Staff should be certified at a .70 or above on a training vignette.
2. Training will be provided by the regional COE Field Consultant. A CANS manual, glossary, and interview format will be provided during training sessions.

DCS Partnership with COE CANS Field Consultants-

1. The FSW, PSD staff, facilitator, TL and CPS will partner with the COE Field Consultant to identify needs, risks, strengths, and services for the child and family, incorporating knowledge of community partners and referral sources. Possible options for intervention and treatment modalities should be discussed and shared with supervisory staff.
2. Well being units will inquire and utilize CANS information
3. Facilitators will inquire about CANS for CFTM purposes and utilize information needed.
4. PSD will inquire and utilize information for placement purposes.
5. DCS staff can contact COE Field Consultants during normal business hours for review and consultation. DCS will utilize and plan for actionable items (2 or 3 on the CANS).

Utilization Review Process-

1. To guide any decisions based on the CANS, the regional Utilization Review process should include a confirmation of a current CANS based on protocol guidelines.