

CANS (Child and Adolescent Needs and Strengths)

(Revised 10/22/21)

[Forms](#)
[Introduction](#)
[Policy](#)
[Initial CANS Assessment](#)
[Updated CANS Assessment](#)
[CANS and the Child and Family Team Meeting](#)
[Documentation](#)
[Guardianship Cases](#)
[Training and Certification/Recertification](#)
[Time Study and Kronos Codes](#)
[Resources and Tip Sheets](#)
[Alignment with SET](#)

Forms

This file references the following forms:

- 04-176A Therapy Referral Form (CWS/CMS Template)
 - 04-179 CANS Tool (Ages 0 - 5)
 - 04-179sp CANS Tool (Ages 0 - 5) Spanish
 - 04-180 CANS Tool (Ages 6 - 21)
 - 04-180sp CANS Tool (Ages 6 - 21) Spanish
 - 04-189 CANS CWS Family Letter
 - 04-189sp CANS CWS Family Letter (Spanish)
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Introduction

The State of California Department of Social Services (CDSS) has created the [Integrated Core Practice Model \(ICPM\)](#) guide which describes how child welfare staff, behavioral health staff, and service providers can work together to address the needs of children, youth, and families in the child welfare system. Within this guide, there is a clear expectation that services are developed through a single assessment process to capture a shared view of the family's strengths and needs as well as a shared planning process.

The CDSS has selected the Child and Adolescent Needs and Strengths (CANS) as the functional assessment tool to be used with the Child Family Team (CFT) process to guide services and case planning decisions for CWS. The single assessment process creates and establishes authentic partnerships with children, youth, Non-Minor Dependents (NMD) and families, which result in coordinated and integrated plans that are individualized to address the unique needs and strengths of each child and family member.

Introduction (cont.)

The CANS is a multi-purpose assessment tool developed to assess well-being, identify social and behavioral needs, and support collaborative decision-making for service and case planning purposes. The CANS focuses on identifying prioritized views of the strengths and needs of the family, including the consensus of the child and family team when differences occur. The CFT members work together to determine the strengths and needs of the child, parents, and caregivers. During the CFT Meeting (CFTM), the shared assessment will guide the CWS Case Plan. When implemented together, the CANS, CFTM, and Case Plan can improve the experience of families involved in the foster care system.

Policy

The CANS, which includes an assessment in the Challenges (age 0-5) or Behavioral/Emotional Needs (age 6-21) domains, will function as the required mental health screening tool for children, youth, and NMDs up to age 21 in an open child welfare case.

The CANS is completed within 30 days of a new case opening prior to the development of the Case Plan, and is required for reassessment at least every six months thereafter to measure progress in needs and strengths over time.

The CANS must be informed by the CFT members and its results shared, discussed, and used within the CFT process to support coordination of care, collaborative decision-making, and monitoring progress and outcomes for the family.

Social Workers (SW) currently certified to administer the CANS will complete the initial and updated CANS by gathering information from the child and all parties who have knowledge about the child and family's functioning and well-being, including the parents, resource family, tribal representative (if applicable), informal supports (relatives, neighbors, coaches, etc.) and formal supports (teacher, service providers, etc.). The SW will use the information gathered from these conversations to determine key strengths and needs for the child and caregivers. A discussion of these key areas will occur at the CFTM and will lead to shared agreement/consensus of the CANS rating that supports service referrals for case planning.

Initial CANS Assessment

The initial CANS assessment for all youth in an open CWS case (age 0 – 21) will be completed by either the Court Intervention or Voluntary Services SW prior to the Jurisdiction/Disposition (J/D) Hearing and creation of the Case Plan.

To complete the initial CANS assessment, the SW will:

- Interview the child, parent, caregiver, and any others with relevant information to guide the CANS discussion
 - Conduct an in-person conversation with the child (age 3 and older) to determine potential areas of strengths/needs
 - Gather additional information from case documents and reports
 - Complete and submit a CFTM referral to complete the CANS conversation
 - The CFTM may also cover other topics – refer to [CFTM](#) policy
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Initial CANS Assessment (cont.)

- Notify CFT members of any urgent intervention required – any potential score of 3 requires an immediate or urgent intervention in the domain areas of:
 - Behavioral/Emotional Needs
 - Life Functioning
 - Risk Behaviors

For court cases, the SW will attach the CANS to the J/D report and Status Reviews and document the following in the court report:

- Date the CANS was completed
- Any items in which a child, youth, or parent disagreed with on the final rating and/or CFT Action Plan (SW will provide that information with an explanation of why the CFTM participants choose a different rating/action plan. It should be clear to the court what the child/youth or parent's objection was to the rating/action item.)

If the CANS will be completed after the J/D hearing, explain in the court report the date the CANS conversation in the CFTM will occur and when and how the Case Plan will be submitted.

NOTE: Only CANS completed by SWs using forms 04-179, 04-179sp, 04-180, and 04-180sp can be attached to court reports. The child, youth, and parents can be offered a copy of the CWS CANS. SWs will provide a copy of the CWS CANS to mental health providers serving the child and youth. Behavioral Health Services (BHS) mental health providers also complete their own CANS assessment and are expected to provide a copy of the BHS CANS to the SW for review and consideration in the case planning process. The BHS CANS is **not** to be attached to the court report or imported into CWS/CMS.

Updated CANS Assessment

The CANS assessment will be updated for all children and youth in an open case at a minimum of every six months post the J/D Hearing. Assigned SWs will discuss and gather information regarding CANS items during monthly home visits and in their contacts with service providers and collaterals. SWs are encouraged to schedule the CFTM for the CANS conversation the month before the court report is due to ensure that input from the team is obtained prior to creating Case Plan Updates.

When trials impact the timeliness of updating the CANS every six months, SWs should align the updated CANS assessment and CFTM conversation with the Case Plan Update that will be submitted at the upcoming court hearing.

CANS may also be updated as needed (i.e., there are changes in the child, youth, or NMD's functioning or circumstances occur that requires an updated Case Plan to reflect the current needs that arise).

NOTE: Children and youth who may not be in their placement (i.e., have been abducted or ran away) still require a CANS assessment with the CFT to discuss strengths, needs, and any action items that will be included in the updated Case Plan. The SW will note in the contact narrative and on the CANS form that the child was not present for the assessment.

CANS and the Child and Family Team Meeting

The CANS conversation in the CFTM will help determine the initial and updated mental health screening for all children and youth ages 0 – 17 as well as the Case Plans. The SW and PSS should discuss potential Case Plan items prior to finalizing the CANS and be prepared to discuss these items at the CFTM.

During the CFTM, the case carrying SW will:

- Lead the CANS discussion
 - Consider handing out the 04-189/04-189sp (CANS Family Letter) to all present
- Actively participate in the CANS conversation and provide CWS perspective while also listening to the voice of others
- With the team, determine the final ratings and use those ratings to guide the CFT Action Plan/initial or updated Case Plan
- Refer the child/youth for a mental health assessment or services as needed
- Use the CFT Action Plan to guide the Case Plan (CANS scores of 2 or 3 may become a Case Plan item)

For additional information on how to discuss CANS with the Child and Family Team, refer to Resources and Tip Sheets section of this policy.

Documentation

The assigned SW and the Regional Health and Education Passport Office Assistants (HEP OA) will be responsible for ensuring that the CANS is documented and accessible for review.

NOTE: Only CANS completed by CWS staff using forms 04-179, 04-179sp, 04-180, or 04-180sp) will be documented and entered into CWS/CMS and the CWS California Automated Response and Engagement System (CWS-CARES) systems.

The table below lists the assigned SW’s responsibility for ensuring that the CANS is documented.

Within **10 working days** of completing the CANS interviews and the CANS conversation in the CFTM:

Step	Assigned SW Action
1	<p>Enter a contact narrative in CWS/CMS that the CANS conversation with the CFT was held and include the following information:</p> <ul style="list-style-type: none">• Results of the mental health screening in all 9 items in the Challenges Domain (0-5) or Behavioral/Emotional Needs Domain (6-21):<ul style="list-style-type: none">○ If all ratings are zero (0), no services are needed○ If the highest rating is a 1, refer for a Mental Health Assessment via the 04-176A

**Documentation
(cont.)**

Step	Assigned SW Action
1 (cont.)	<p>NOTE: While a rating of 1 in other domains typically do not require action, CDSS requires a referral for a mental health assessment in this domain.</p> <ul style="list-style-type: none"> ○ Any rating of 2 or 3 is considered a “positive screening” for mental health needs and require a referral for services by either a BHS or TERM provider via the 04-176A, based on the input of the team at the CFTM <p>Refer to Therapy Flow Chart – Child/Youth for tips on how to refer a child/youth for mental health services.</p>
2	Document the date the mental health services referral was made, as well as the provider’s information.
3	Document any other referrals made for the child/family as an outcome of the CFTM.
4	Ensure each child has a finalized CANS in their individual CWS/CMS case.
5	Email or provide a hard copy of the CANS to the Regional/Program HEP OAs.

Per [All County Letter \(ACL\) No. 21-27](#), CANS will be entered in CWS-CARES in an effort to enhance service coordination and provide data to inform cross-agency outcomes.

HEP OAs are tasked with entering the results of the CANS assessment in both CWS/CMS and CWS-CARES as outlined in the table below.

Within **10 working days** of receiving the CANS from the SW:

Step	Regional HEP OA Action (CWS/CMS Entry)
1	In CWS/CMS, open the child’s existing Health Notebook.
2	Select the Screenings tab and click the + (yellow fields will be enabled for the Date and Type boxes).

**Documentation
(cont.)**

Step	Regional HEP OA Action (CWS/CMS Entry)
3	<p>For the Date field, enter the Date Of Assessment listed on the 04-179, 04-179sp, 04-180, or 04-180sp.</p> <p>NOTE: Results of CANS completed by BHS providers are not entered into CWS/CMS or imported into the child’s case file.</p>
4	<p>For the Type dropdown menu field, choose the appropriate option:</p> <ul style="list-style-type: none"> • Initial or Updated Mental Health 0-5 Years Old • Initial or Updated Mental Health 5+ Years Old (6-21)
5	<p>For the Results Box:</p> <ul style="list-style-type: none"> • Choose Referrals for Services if 1, 2, or 3 are marked in any of the 9 items in the Challenges Domain or Behavioral/Emotional Domain • Choose No Referrals Needed if marked zero in all 9 items in the Challenges Domain or Behavioral/Emotional Domain
6	<p>Save to Database.</p>

Regional HEP OAs will follow the steps below when entering CANS into CWS-CARES:

Step	Regional HEP OA Action (CWS-CARES)
1	<p>Log into CWS-CARES and choose the CANS Dashboard.</p> <p>NOTE: If accessing CWS-CARES remotely, connection must be through Pulse Secure.</p>
2	<p>Search using “Client Search” and select the child.</p>
3	<p>Select “Add CANS.”</p>

**Documentation
(cont.)**

Step	Regional HEP OA Action (CWS-CARES)
4	Complete the following: <ul style="list-style-type: none">• Enter Assessment Date• Select CANS Template• Enter who conducted the assessment• Choose whether child/youth has caregiver (mark “Yes” if there is an identified in Caregiver Resources and Needs section of CANS)
5	Send an email to the assigned SW to confirm CANS entry.

Regional HEP OAs may refer to the CWS/CMS and CWS-CARES [CANS Data Entry](#) tip sheet for additional information.

**Guardianship (GDS)
Cases**

Guardianship cases do not require a CANS assessment.

Money-Only Guardianship: The Child Strengths and Needs Assessment (CSNA) tool will be used to help guide the case plan. Please refer to the Structured Decision Making (SDM) and Guardianship policy files for additional information.

388 Modification Hearings: Once the court has established jurisdiction on the child/youth, the Continuing Services SW will collaborate with the CFT to complete the CANS and create the initial Case Plan.

**Training and
Certification/
Recertification**

All PSSs and SWs will be trained on the CANS. SWs working in a program or are transferring to a program where children, youth, or NMDs require Case Plans are required to be certified to administer the CANS via training and the Transformational Collaborative Outcomes Management ([TCOM Training](#)) website.

Certification occurs at a minimum .70 score on the CANS test and certification will re-occur annually.

The following table describes training areas and completion timelines.

Type	Who	Action
CANS Training	All SWs and PSSs	Complete the 12 hour CANS training overview, either in person or on-line through the PRAED website.

Training and Certification/Recertification (cont.)

Type	Who	Action
CANS Training (cont.)	All SWs and PSSs	NOTE: Google Chrome is required to be the browser for this website to work correctly.
CANS Certification	All SWs who write Case Plans and all PSS, regardless of program	<ul style="list-style-type: none"> • Complete the CANS certification exam via the PRAED website • Pass the certification exam at a .70 or higher • Email your certification to the mental health policy analyst located at the bottom of this file with a Cc: to your PSS
CANS Recertification	All SWs who write Case Plans and All PSS	<ul style="list-style-type: none"> • Retake and pass the CANS recertification within 1 year from the date of prior certification <ul style="list-style-type: none"> ○ This must occur prior to expiration; otherwise, attendance at the CANS training is required prior to recertifying. Training can be accessed at the TCOM website. ○ Refer to the CANS Recertification Instructions listed in the Resources and Tip Sheets section below for additional support • Email your recertification to the mental health policy analyst located at the bottom of this file with a Cc: to your PSS
CANS for Supervisors	All PSS	<ul style="list-style-type: none"> • Complete the 6 hour CANS for PSS training to assist in utilization of the CANS as a supervision tool.

Time Study and Kronos Codes

When completing tasks related to the CANS (Mental Health Screening including interviews and discussions), staff will primarily use the following health related codes:

- CODE 14421 CWS - FAMILY MAINTENANCE PROGRAM
 - CODE 14431 CWS - FAMILY REUNIFICATION PROGRAM
 - CODE 14441 CWS - PERMANENT PLACEMENT PROGRAM
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Resources and Tip Sheets

The regional Behavioral Health Services (BHS) Pathways to Well-Being Liaisons can be utilized as a resource for CWS staff. Clinicians can:

- collaborate with SWs to provide teaming services to children, youth, and families who are not currently receiving mental health services and need a referral,
- review and provide mental health records/history pertaining to the child/youth as known to BHS and provide consultation to the SW as requested,
- attend CWS Multidisciplinary Case Consultation meetings in region as needed, and
- act as a resource regarding the array of BHS contracted services available to CWS children and youth.

Staff may also access the following resources and tip sheets for CANS in the CWS Guides and Resources SharePoint page for additional information:

[CANS – CFT Part 1](#)

[CANS – CFT Part 2](#)

[CANS – CFT Part 3](#)

[CANS – CFT Part 4](#)

[CANS – CFT Part 5](#)

[CANS Data Entry Guide](#)

[CANS Early Childhood Manual \(0-5 years old\)](#)

[CANS FAQ](#)

[CANS Integrated Practice Manual \(6 – 21 years old\)](#)

[CANS Recertification Instructions](#)

[Therapy Flow Chart – Child/Youth](#)

[Therapy Flow Chart - Adult](#)

Staff may also access additional CANS resources, including videos and webinars, in the [CANS Assessment Tool](#) page of the CDSS website.

Alignment with SET

his policy promotes the following SET values:

- SET [Value 1](#) by building shared understanding and agreement through family engagement, collaborating with the whole family to create well-being, and honoring and incorporating the voices of children and youth.
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Alignment with SET

- SET [Value 2](#) by providing opportunities for biological, kinship, and resource families to communicate and work together for the youth's best interests and utilizing shared decision making with the child/youth voice and well-being at the forefront.
 - SET [Value 3](#) by having a continual focus on children's well-being while they are in the care of CWS.
 - SET [Value 4](#) by maintaining open communication and transparency with families and community partners as well as ensuring that staff and community partners have a shared vision for safety, permanency, and well-being.
 - SET [Value 6](#) and its guiding principle of using real-time data and up-to-date technology to guide organization-wide decisions, as well as the agency practice of valuing the use of data to guide improvements for children, youth, and families.
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