

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 5: General Case Management	Effective Date: January 1, 2019
	Section 19: Child and Adolescent Needs and Strengths (CANS) Assessment	Version: 2

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) utilizes a comprehensive Child and Adolescent Needs and Strengths (CANS) Assessment to document and communicate the strengths and needs of the child and to assist in determining the appropriate level of behavioral health services for the child. The CANS will be the basis for planning individualized services for children based on their identified strengths and needs. The CANS will also play a critical role in informed decision making regarding the category of placement recommended for a child when a decision to place has been made.

KidTraks

The CANS Assessment will be completed by DCS staff in KidTraks. When completed, the CANS will produce a behavioral health recommendation. If a child will be placed out of home, DCS will indicate its decision to remove/place the child within the CANS Assessment to generate the CANS placement recommendation.

KidTraks includes two (2) versions of the comprehensive CANS Assessment; Birth to 5 and 5 to 17. DCS will use the Birth to 5 Assessment or the 5 to 17 year old Assessment as indicated based on the age of the child and developmental level as follows:

1. The version that will best address the child's developmental needs should be used for children who are age five (5). If the child is in school (kindergarten through grade 12), use the CANS 5 to 17 Assessment.
2. Youth age 17 ½ or older who do not have a caregiver, should be rated on their ability to fulfill the following caregiver functions/items: Supervision, Knowledge, Organization, and Residential Stability in the CANS Caregiver Strengths and Needs Domain. Mark remaining items not applicable (N/A) (they are reflected in other items). If the youth has family or an unpaid caregiver, rate their ability to fulfill the caregiver functions.
3. Use the CANS 5 to 17 Assessment for youth who are age 18 or older.

Initial CANS Assessment

DCS will complete the appropriate initial CANS Assessment for each child in the home when:

1. A substantiated Child Abuse or Neglect (CA/N) Assessment will be closed without opening a case;
2. A program of Informal Adjustment (IA) has been initiated;
3. An In-Home Child in Need of Services (CHINS) has been initiated;
4. The child is placed in out-of-home care during a CA/N Assessment; and/or
5. The child is adjudicated a CHINS and placed by DCS in out-of-home care during a Mental Health or Developmental Disability Family Evaluation.

Note: A CANS Assessment must be completed prior to making a service referral unless emergency services are necessary.

When completing a CANS Assessment on a child and his or her family, information should be gathered from readily available sources, which may include the child, family, Court Appointed Special Advocate (CASA)/ Guardian Ad Litem (GAL), resource parent, service providers, school, and other members of the Child and Family Team (CFT).

CANS Reassessment

DCS will continue to complete a CANS a minimum of every 180 days and at [case junctures](#) (i.e., any time there is a new awareness of significant information regarding the child or family's strengths or needs, which may impact the [Case Plan](#) and/or the [Safety Plan/Plan of Safe Care](#) during the life of the IA or CHINS case. A CANS Assessment must be completed at case closure unless one has been completed in the past 30 days.

CANS Recommendations

CANS Behavioral Health Recommendations

When the CANS Assessment is completed in KidTraks, the behavioral health decision model will run and produce one (1) of the following recommendations:

- 0 No Treatment Recommended;
- 1 Outpatient;
- 2 Outpatient with Limited Case Management;
- 3 Supportive Community Services;
- 4 Intensive Community Based Services: High Fidelity Wraparound;
- 5 Intensive Home and Community Based Services; or
- 6 High Intensity Services.

CANS Placement Recommendations

DCS will utilize the CANS placement recommendation to assist the CFT in determining the appropriate category of placement to support a child's individual needs. When it is indicated on the CANS tool that DCS or the court decided to remove/place the child, the CANS placement decision model will run and produce one (1) of the following recommendations:

- Level 1- Foster Care;
- Level 2- Foster Care with Services (Moderate Foster Care);
- Level 3- Treatment Foster Care;
- Level 4- Group Home (GH)/Treatment GH (Youth age 15 and older)
- Level 5- Treatment Foster Care Plus (Children age 12 and under)
- Level 6- GH/Treatment GH (Youth age 12 to 14);
- Level 7- Residential Treatment Center

Code Reference

N/A

PROCEDURE

Substantiated and Closed CA/N Assessments

For all substantiated CA/N Assessments that are closed without opening a case, the FCM will:

1. Gather the information necessary to complete the CANS Assessment;

2. Complete the initial CANS Assessment within five (5) days of the CA/N Assessment finding; and
3. Provide the child's parent, guardian, or custodian with information regarding community services and make referrals as appropriate for the CANS Behavioral Health Recommendation.

IAs and In-Home CHINS

For all IAs and In-Home CHINS Assessments, the FCM will:

1. Gather the information necessary to complete the CANS Assessment;
2. Complete the initial CANS Assessment within five (5) days of the CA/N Assessment finding; and
3. Complete "additional steps" below.

Placement Out-of-Home during the CA/N Assessment and Out-of-Home CHINS

For all children placed out-of-home during the CA/N Assessment, the FCM will:

1. Gather the information necessary to complete the CANS;
2. Complete the initial CANS Assessment:
 - a. Prior to placement, or
 - b. Within five (5) days of removal or opening the case if there was an "emergency" removal, and
3. Complete "additional steps" below.

Case Junctures

For all children or families who are involved in a [case juncture](#), the FCM will:

1. Complete the CANS Assessment within five (5) days of the beginning of the event, unless a placement change is necessary which would require a CANS Assessment prior to placement; and
2. Complete "additional steps" below.

Additional Steps for CANS Assessments

In addition to the steps listed above, the FCM must:

1. Review and discuss the appropriateness of the CANS recommendations with the parent, guardian, or custodian during the CFT prep meeting;
2. Distribute copies of the CANS Assessment to the CFT members and encourage discussion of the ratings and recommendations with the CFT in an effort to ensure accurate ratings on each CANS item. If the CFT members significantly disagree on any of the item ratings, behavioral health recommendations, or placement recommendations, those disagreements may be further addressed in the CFT meeting or other team meeting in order to build consensus among team members;

Note: If the resource parent is not a part of the CFT, the FCM will ensure the resource parent receives a copy of the CANS and has the opportunity to discuss any questions or concerns.

3. Complete a CANS Reassessment if it is determined by the CFT that any individual item on the CANS was rated inaccurately;
4. Seek the Local Office Director (LOD) or his or her designee's approval prior to placing if it is determined that the child should be placed at a category higher or

- lower than the CANS recommendation. Document the reasons for and approval of the placement level change in the case management system;
5. Document all behavioral health recommendations and decisions in the [Case Plan](#). For all IAs, document the behavioral health recommendations and decisions in the [Progress Report on Program of Informal Adjustment](#).

Note: Identified needs rated as 2 and 3, as well as, the identified strengths rated 0 and 1 should be incorporated into the Informal Adjustment (IA) or the CHINS case plan and should be tied to outcomes and activities.

6. Print a hard copy of the CANS Assessment and recommendation and place in the child's file;
7. Complete a CANS Assessment at least every 180 days, at [case junctures](#), when updating the [Case Plan](#), and/or when developing an IA;

Note: An ICPR must be completed in KidTraks if the child's category of supervision increases or when two (2) consecutive CANS Assessments completed six (6) months apart show the need for a lower category of supervision and DCS concurs with the change. See policy [8.50 Determining and Reviewing Categories of Supervision](#) for further guidance.

8. Evaluate the family services and update services based on the CANS results and needs of the family;
9. Modify the [Case Plan](#) or [IA](#) based on the progress and changing needs of the youth and family. This is not applicable when [CA/N](#) has been substantiated and the Assessment has been closed; and
10. Complete a CANS Assessment no more than 30 days prior to case closure.

The FCM Supervisor will:

1. Discuss any questions or concerns the FCM may have regarding the CANS Assessment ratings and/or recommendations; and
2. Monitor the quality of the FCM's CANS Assessments on an ongoing basis.

Note: The CANS certification includes the Birth to age 5 Assessment and the 5 to 17 year old Assessment.

The LOD or his or her designee will:

1. Discuss any questions or concerns the FCM Supervisor and FCM may have regarding placement at a higher or lower category of care than the CANS recommendation and any recommendations for placement in residential facilities;
2. Make a final decision regarding requests to place a child in a higher or lower category of care than the CANS recommends and any requests to place a child in a residential facility; and
3. Inform the FCM Supervisor and the FCM of his or her decision.

PRACTICE GUIDANCE

DCS will complete the appropriate CANS Assessment prior to the development of the [IA](#) or [Case Plan](#). DCS will engage the (CFT) to review the family's [Initial Safety Assessment](#) and the [Initial Family Risk Assessment](#) to assist in identifying the strengths and needs of the child and family. The CANS ratings and recommendations will be used

as guidance to determine the appropriate level of services. See policies [5.10 Family Services](#) and [4.26 Determining Service Levels and Transitioning to Ongoing Services](#) for more information.

Note: All needs items rated a 2 or 3 on the CANS should be addressed in the [IA](#) or [Case Plan](#). Strengths rated a 0 or 1 on the CANS are also useful. Best practice is for the second comprehensive CANS to be completed prior to the development of the [Case Plan](#) or [IA](#) as additional information may become available throughout the assessment.

Placement Decision-Making

1. The FCM will search for an appropriate relative placement if out-of-home placement is needed, and the FCM will utilize the CANS behavioral health and placement recommendations to determine if any additional services are needed to support the relative placement.
2. The FCM will search for an appropriate licensed foster care home (DCS or Licensed Child Placing Agency (LCPA) if an appropriate relative placement is not identified. The FCM will utilize the CANS behavioral health and placement recommendations to identify any additional services needed to support the licensed foster home placement.
3. The FCM will review the CANS ratings to determine the needs of the child if the placement recommendation is GH or Residential Facility. The FCM should determine if the child should be placed in a residential setting or be maintained in a lower category of supervision, such as a relative placement or licensed foster home with services. The FCM will then search for an appropriate placement setting to meet the identified needs of the child.

Note: Any placement of a child in a placement type other than the CANS placement recommendation will require the DCS LOD or their designee's approval.

4. Placement in a residential facility will require approval from the Residential Placement Committee (RPC). DCS will not place a child into a residential care facility prior to receiving court approval of the DCS recommendation. See policy [8.4 Emergency Shelter and Urgent Residential Placement Review and Approval](#) for additional information.

FORMS AND TOOLS

1. [Case Plan](#) – Available in the case management system
2. [Safety Plan](#) – Available in case management system
3. [Plan of Safe Care](#) – Available in case management system
4. [Program of Informal Adjustment \(IA\)](#) – Available in the case management system
5. [Initial Safety Assessment](#) - Available in the case management system
6. [Initial Family Risk Assessment](#) - Available in the case management system
7. [CANS Friendly Interview Guide](#)
8. [CANS ShareSite](#)
9. [Praed Foundation](#)
10. [DCS Praed Foundation KidTraks DARMHA User Guide](#)

11. [Progress Report on Program of Informal Adjustment](#)
12. [For information on KidTraks see DCS – KidTraks Financials.](#)

RELATED INFORMATION

CANS Certification

All FCMs, FCM Supervisors, LODs, and Division Managers (DM) must be certified, in both the Birth to 5 Assessment and the 5 to 17 year old Assessment, using the web-based training available through the [Praed Foundation](#). Reliability rating of .70 or higher is required for certification. Periodic re-certification is required based on reliability ratings as follows:

- >.80 valid for two (2) years
- .75 to .80 valid for one (1) year
- .70 to <.75 valid for six (6) months

All FCM Supervisors must attend CANS SuperUser classroom training in order to become certified as a CANS SuperUser/Implementation Coach. A CANS SuperUser/Implementation Coach receives additional training on how to train and mentor CANS users and is required to achieve a reliability rating of .75 or higher on the CANS. FCM Supervisors must attend a CANS SuperUser Booster training annually from the previous date they attended to maintain CANS SuperUser/Implementation Coach status. Recertification must be completed through the [Praed Foundation](#).

Once FCM Supervisors are certified as CANS Super Users/Implementation Coaches, they are responsible for assisting FCMs in their local office in maintaining CANS Certification in both the Birth to 5 Assessment and the 5 to 17 year old Assessment. Any questions regarding CANS may be addressed to the CANS mailbox DCS.CANS@dcs.in.gov.

Case Junctures

A case juncture is defined as a new awareness of significant information regarding the child or family's strengths or needs, which may impact the [Case Plan](#), [Safety Plan](#) and/or [Plan of Safe Care](#). Case junctures may include, but are not limited to, transition planning and/or positive or negative changes in:

1. Placement
2. Formal or informal supports
3. Family involvement
4. Visitation
5. Behavior
6. Diagnosis (mental or physical)
7. Sobriety
8. Skills acquisition; or
9. Education

The [CANS Friendly Interview Guide](#) may be referenced for suggested questions when conducting the CANS Assessment. CANS users may want to review the guide for tips and/or ideas about asking sensitive questions in a manner that is respectful to youth and parents. However, best practice is to engage the family and child in telling their story and guiding the conversation to cover relevant issues. The interview guide is not a

required strategy for collecting information to complete the CANS. Rather, the interview guide is intended for use as an aide or supplement to the CANS.

Additional documents are available on the [CANS ShareSite](#) page to assist in accurately rating each CANS measure such as the CANS Manuals, score sheets, and glossary.

CANS Placement Recommendations (Levels)

Level 1- Foster Care is the minimum placement level recommended on the CANS for all children identified as removed/placed by DCS. The child's needs may be met in a family and community setting with access to school, friends, and community-based resources. The child may have a history of mild behavioral, or emotional needs that require a low level of service, such as outpatient therapy.

Level 2- Foster Care with Services (Moderate Foster Care) indicates the child has a moderate developmental, behavioral, or emotional need. In addition to foster care in the community, the child, family, and resource family may be supported with treatment and support services to address and manage identified needs.

Level 3- Treatment Foster Care indicates the child has a severe medical, developmental, behavioral, or emotional need or a high-risk behavior that is moderate to severe. In addition to foster care in the community, the child, family, and foster family are supported with treatment and support services to address and manage identified needs.

Note: A child may also have a combination of any of the above needs.

Level 4- GH (15 and older) indicates the child has a moderate developmental, physical, or medical need and/or moderately exhibits sexual aggression or delinquency that may require placement in a specialty program provided in a GH setting if a suitable resource home is unable to meet this level of service and supervision intensity.

Level 5- Treatment Foster Care Plus (child age 12 and younger) indicates the child has moderate developmental, emotional, behavioral, medical, or physical needs and/or exhibit moderate sexual aggression or delinquency that may require increased intensity of supervision and level of services.

Level 6- GH/Treatment GH (for youth ages 12 to 14) indicates the child has a moderate or severe emotional/behavioral or developmental need; and a physical/medical need and/or exhibits sexual aggression or delinquency that may require placement in a specialty program provided in a GH setting if a suitable resource home is unable to meet this level of service and supervision intensity.

Level 7- Residential Treatment Center indicates the child; usually age 12 or older, has a severe developmental, emotional/behavioral, physical, or medical need and/or exhibits severe sexual aggression or delinquency that may require placement in a specialty program provided in a Residential setting if a suitable resource home is unable to meet this level of service and supervision.