
**ORANGE COUNTY SOCIAL SERVICES AGENCY
CFS OPERATIONS MANUAL**

Effective Date: May 28, 2019

Policy No.: D-0315-D

PDU DISPATCH

Child and Adolescent Needs and Strengths Assessment

Purpose To provide guidelines regarding the completion, update, and use of the Child and Adolescent Needs and Strengths (CANS) assessment.

Approved New.

Background In October 2015, Assembly Bill (AB) 403, commonly known as the Continuum of Care Reform (CCR), was chaptered. The intent of AB 403 is to improve California's child welfare system through, in part, use of comprehensive initial child assessments. As detailed in All County Letter (ACL) 18-09, the California Department of Social Services (CDSS) selected the CANS assessment tool as the functional assessment tool for this purpose.

The CANS assessment tool aids in evaluation of a child/non-minor dependent (NMD), as well as the caregiving environment. When used as part of the Child and Family Team (CFT) process, the CANS:

- 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

In addition, use of the CANS tool over time allows for the monitoring of outcomes and services.

A phased-in approach for implementation of the CANS assessment tool was suggested by CDSS for counties across California. October 1, 2018, was the effective implementation date for Orange County Children and Family Services (CFS) and the Health Care Agency (HCA) Children and Youth Behavioral Health Services (CYBH). Implementation across CFS will be staggered, by program, beginning with a small pilot program in March, 2019. The guidelines detailed in this Dispatch are intended to serve as interim guidance pending full implementation of the CANS assessment across CFS programs.

POLICY

CANS Tool

Per ACL 18-09 and 18-81, the CANS is a multi-purpose assessment tool used by the Child and Family Team (CFT) to:

- Assess well-being (and trauma indicators)
- Identify a range of social and behavioral strengths and healthcare needs
- Support care coordination and collaborative decision-making
- Inform determinations regarding Level of Care (LOC) and service planning. (**Note:** For further guidance regarding LOC, refer to the [CFS Desk Guide—Level of Care](#))

The CANS may also be used as a mental health screening tool. Refer to the “CANS as Mental Health Screening” Policy section for more information.

The California Integrated Practice *CANS Assessment Tool (CA IP-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 (pages 3–4 of the CA IP-CANS), which focuses on the following domains:

- Challenges
- Functioning
- Risk Behaviors & Factors
- Cultural Factors
- Strengths
- Dyadic Considerations

When applicable, the Early Childhood Module of the CANS assessment 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.

Completion of CANS

Per ACL 18-81, a CANS assessment will be completed prior to development of the case plan. Updates to the CANS assessment tool will be completed:

- At least every six months after completion of the initial CANS assessment
- When significant changes in the child/NMD’s functioning or circumstances indicate an update of the CANS assessment (and case plan) may be appropriate

The CANS assessment tool may be completed by the assigned social worker, mental health provider or Wraparound staff; however, the person completing the CANS assessment tool must be certified. Refer to the “Certification” Policy section for certification requirements.

When both CFS and HCA staff are working with the child/NMD/ family, completion of the CANS assessment tool should be a collaborative process. Both agencies are jointly responsible for collaborating to ensure a single CANS tool is completed and entered into each agency’s respective case records.

Note: HCA mental health providers are required to conduct the CANS assessment for children/youth who are six years of age or older, up to their 21st birthday, and who are receiving Specialty Mental Health Services (SMHS). Although mental health providers are not required to complete the **Trauma** domain or the Early Childhood Module on the CANS assessment tool, inter-agency agreements are in place for the HCA Court Evaluation and Guidance Unit (CEGU), Coordinated Case Planning Unit (CCPU), and Wraparound staff to complete both the **Trauma** domain and the Early Childhood Module for a child/NMD being served by CFS and HCA.

For all other cases involving HCA mental health clinicians or HCA contract agency mental health providers, the assigned social worker (or Wraparound staff) will complete the **Trauma** domain and Early Childhood Module sections of the CANS assessment.

A. **Initial CANS Assessment:**

The assigned social worker will communicate with involved mental health providers/Wraparound to determine who will complete the initial *CANS Assessment Tool (CA IP-CANS)*.

The assigned social worker (or Wraparound staff) responsible for completing the initial CANS assessment tool will:

1. Gather information from reports, notes and interview(s) with the family prior to completing the CANS assessment tool.
2. Complete a preliminary CANS assessment.
3. Work with the family prior to the CFT meeting to prepare and educate them regarding the purpose of CANS, how CANS items are scored and the use of CANS to support case plans.
4. During the CFT meeting, share preliminary CANS assessment ratings (priority strengths and needs) with CFT participants for discussion.
5. Modify CANS assessment ratings, as necessary, based on CFT input.
6. After the CFT meeting, finalize the *CANS Assessment Tool (CA IP-CANS)* based on input received from CFT participants.
7. Following completion of the initial CANS assessment tool, the assigned social worker will:
 - a. Input the completed CANS assessment into CWS-CARES or give the completed CANS to clerical staff for data-entry into CWS-CARES.
 - b. Collaborate with the family and CFT to create a Case Plan designed to address CANS scores of “2” or “3” on any of the following domains:
Behavioral/Emotional Needs, Life Functioning,

Cultural Factors, or Risk Behaviors. Refer to the “Use of CANS for Case Planning” Policy section for further guidelines.

- c. As applicable, submit the CANS assessment tool to request a mental health assessment. Refer to the “CANS as Mental Health Screening” Policy section for further information.

See Attachment 1—Workflow to Complete Initial Child and Adolescent Needs and Strengths (CANS) for further guidelines.

B. **Updated CANS Assessment:**

The assigned social worker will communicate with involved mental health providers/Wraparound staff to collaborate in the completion of an updated *CANS Assessment Tool (CA IP-CANS)*.

The assigned social worker (or Wraparound staff) responsible for updating the CANS assessment tool will:

1. Review the previous CANS assessment, in relation to recent reports, notes and interview(s) with the family, and identify areas of change.
2. Update the CANS assessment.
3. Share preliminary CANS assessment ratings with participants for discussion during CFT meeting.
4. Modify CANS assessment ratings, as necessary, based on CFT input.
5. Finalize update to the *CANS Assessment Tool (CA IP-CANS)* based on input received from CFT participants.
6. Following completion of the updated CANS assessment tool, the assigned social worker will:
 - a. Input the completed CANS assessment update into CWS-CARES or give the completed CANS to clerical staff for data-entry into CWS-CARES.

- b. Collaborate with the family and CFT to create a Case Plan designed to address CANS scores of “2” or “3” on any of the following domains:
Behavioral/Emotional Needs, Life Functioning, Cultural Factors, or Risk Behaviors.
- c. As applicable, if the child/youth/NMD is not receiving mental health services, submit the most recent completed CANS assessment tool to request a mental health assessment to determine eligibility for Pathways to Well-Being. Refer to the “CANS as Mental Health Screening” Policy section for further information.
- d. See Attachment 2—Workflow to Update Child and Adolescent Needs and Strengths (CANS) for further guidelines.

Role of the CFT

Per CFS P&P [Child and Family Teams \(D-0314\)](#), one of the purposes of the CFT is to identify the strengths and needs of the child/NMD and the family during a CFT meeting. The CFT helps achieve positive outcomes for safety, permanency, and well-being through support and shared decision-making, which is family-centered, strengths-based, and culturally sensitive. A CFT meeting is one part of a larger strategy to involve children/NMDs and their families in all aspects of care planning, evaluation, monitoring and adapting, to help families successfully reach their goals.

Per ACL 18-81, 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.

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. 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. Refer to the “Exchange of CANS Information” Policy section and CFS P&P [Child and Family Teams \(D-0314\)](#) for guidance to obtain consent to release information among the CFT.

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

The assigned social worker, Wraparound staff and/or mental health provider collaborate in prioritizing CANS assessment items to be addressed during CFT meetings.

When reviewing the CANS assessment ratings with the child/NMD and/or family, if the child/NMD or family disagrees, efforts will be made to address the concerns and build consensus.

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

**Exchange of
CANS
Information**

A. **Child and Family Team:**
Prior to sharing the CANS assessment in a CFT meeting, the CFT facilitator will obtain authorization to release information regarding the child, NMD, parent, or permanent placement caregiver using:

- *Child and Family Team (CFT) Consent to Release Information (F063-25-805)*

–And/Or–

- *Child and Family Team (CFT) Child's Limited Consent to Share Information (F063-25-804)*

Refer to CFS P&P [Child and Family Teams \(D-0314\)](#) for additional guidance regarding use of the above referenced consent forms prior to release of information within a CFT meeting.

Per ACL 18-81, CFT members should discuss and address concerns related to sharing information openly and transparently. Working as a team to exchange information necessary to the CANS assessment process will help the child/NMD and family determine specific goals, and develop plans to meet those goals. Sharing information also allows families and professionals to build trust in each other and encourages strength-based, collaborative engagement, which is fundamental to the CFT process.

A completed CANS assessment will be provided to the assigned social worker and/or mental health provider, as applicable.

B. Health Care Agency:

Per ACL 18-09, CFS and HCA staff are expected to exchange information regarding the CANS assessment tool as allowed under state and federal privacy laws. As such, CFS staff will provide completed CANS assessments to HCA staff serving a child/NMD to avoid unnecessary duplication and over-assessment.

ACL 18-09 provides instruction that the CFT must use the most recent CANS assessment, regardless of whether the assessment was completed by a social worker, an HCA clinician, or an HCA-contracted provider. For situations in which an HCA 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.

**Use of CANS
for 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. Relevant information from the CANS assessment should be accepted and used to support and inform the case-planning process.

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.

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 and SSSS are responsible for verifying the CANS assessment is reflected in the case plan.

Note: For dual status youth, the lead agency will consider the CANS assessment when developing the case plan. If Probation is the lead agency, the CFS assigned social worker or mental health provider (as applicable) will forward the CANS assessment results to Probation.

CANS as Mental Health Screening

Per ACL 15-11 and CFS P&P [Mental Health Screening and Treatment \(I-0303\)](#), children/NMDs with an open CWS case must be screened for possible mental health needs. ACL 18-81 clarifies the CANS tool may function as the required mental health screening.

Per CFS policy, as the CANS assessment is implemented for open child welfare cases, the *CANS Coversheet/Mental Health Assessment Referral (F063-25-837)* will replace use of the *Mental Health Screening Checklist (F063-25-731)*. The mental health screening procedures detailed in CFS P&P [Mental Health Screening and Treatment \(I-0303\)](#) will be updated at a later date to reflect this change.

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 HCA for a complete mental health assessment.

Note: Ratings on the Early Childhood module (items #EC1-EC46d, on pages 3–4) do not require a request for a mental health assessment.

When making a referral to request a mental health assessment on a child/NMD who is not already connected to mental health services, the assigned social worker will submit the *CANS Coversheet/Mental Health Assessment Referral (F063-25-837)*, the most recent, completed *CANS Assessment Tool (CA IP-CANS)* and *Health Care Agency Informed Consent (F346-301E)* to Health Care Agency (HCA) via secure webmail to the PWB inbox (PWBMHReferral@ochca.com).

Refer to Attachment 1—Workflow to Complete Initial Child and Adolescent Needs and Strengths (CANS) for further guidance.

Refer to the “Documentation” Policy section for additional guidelines on documenting referrals to HCA for a mental health assessment, in a CWS/CMS Contact Narrative.

Certification Per ACL 18-81, staff completing the CANS assessment must be trained and actively CANS-certified. Staff must be re-certified on an annual basis. CFS supervisors must also be CANS-trained and certified and maintain annual re-certification.

The CANS training curriculum can be found on the California Social Work Education Center (CalSWEC) [website](#).

Documentation Pursuant to program protocol, the assigned social worker or designee (e.g., IPT, Unit Clerk) will input the completed CANS assessment tool and updates to the CANS assessment into CWS-CARES.

The assigned social worker will document completion of the CANS assessment and referral to HCA for mental health assessment, if applicable, in a CWS/CMS Contact Narrative.

The CFT facilitator will document CANS assessment CFT discussions in a CWS/CMS Contact Narrative. If applicable, the following will also be documented:

- 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
- Ratings for which consensus could not be reached in the CFT meeting

For further guidelines on documenting CFT meetings, refer to CFS P&P [Child and Family Teams \(D-0314\)](#).

REFERENCES

Attachments and CWS/CMS Data Entry Standards Hyperlinks are provided below to access attachments to this P&P and any CWS/CMS Data Entry Standards that are referenced.

- Attachment 1—Workflow to Complete Initial Child and

- Adolescent Needs and Strengths (CANS)
- Attachment 2—Workflow to Update Child and Adolescent Needs and Strengths (CANS)

Hyperlinks

Users accessing this document by computer may create a direct connection to the following references by clicking on the link provided.

- CFS P&P [Child and Family Teams \(D-0314\)](#)
- CFS P&P [Case Plans \(D-0101\)](#)
- CFS P&P [Mental Health Screening and Treatment \(I-0303\)](#)
- CFS P&P [Wraparound Referral and Services \(D-0511\)](#)
- [CFS Desk Guide—Level of Care](#)
- [CDSS CANS Resources Webpage](#)
- [The CANS 2018 Reference Guide](#)
- [The CANS Rating Sheet](#)
- <https://calswec.berkeley.edu/continuum-care-reform-including-cans>
- <http://www.cdss.ca.gov/inforesources/foster-care/child-and-family-teams>

Other Sources

Other printed references include the following:

None.

FORMS

Online Forms

Forms listed below may be printed out and completed, or completed online, and may be accessed by clicking on the link provided.

Form Name	Form Number
CANS Coversheet/Mental Health Assessment Referral	F063-25-837
CANS Assessment Tool	CA IP-CANS
CANS Early Childhood Module	CA IP-CANS (pages 3–4)
CANS Assessment Tool (Spanish)	CA IP-CANS (Spanish)
CANS Early Childhood Module (Spanish)	CA IP-CANS (pages 3–4) (Spanish)

Child and Family Team (CFT) Consent to Release Information	F063-25-805
Child and Family Team (CFT) Child's Limited Consent to Share Information	F063-25-804

Hard Copy Forms

Forms that may be completed in hard copy (including multi-copy NCR forms) are listed below. ***For reference purposes only***, links are provided to view these hard copy forms, where available.

Form Name	Form Number
Health Care Agency Informed Consent	F346-301E

CWS/CMS Forms

Forms that may **only** be obtained in CWS/CMS are listed below. ***For reference purposes only***, links are provided to view these CWS/CMS forms, where available.

Form Name	Form Number
None.	

Brochures

Brochures to distribute in conjunction with this policy may include:

Brochure Name	Brochure Number
None.	

LEGAL MANDATES

[All County Letter \(ACL\) 18-09](#), [ACL 18-81](#) and [ACL 18-81 E](#) provide requirements for administering and implementing the CANS assessment tool within a CFT, including completion of CANS, confidentiality, use of the CANS as a mental health screening tool, data submission, training and automation.

[ACL 18-85](#) provides clarification regarding sharing of CANS assessments between county placing agencies (i.e., child welfare departments) and mental health programs.

[ACL 15-11](#) provides information and instructions related to recording developmental health and mental health screening, referral, and plan intervention information into the Child Welfare Services/ Case Management System (CWS/CMS).

REVISION HISTORY

Since the Effective Date of this P&P, and prior to the Current Revision Date, the following revisions of this P&P were published:

None.