

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 4: Assessment (Investigation)	Effective Date: September 1, 2010
	Section 32: Child and Adolescent Needs and Strengths (CANS) Assessment	Version: 1

POLICY [NEW]

The Indiana Department of Child Services (DCS) utilizes the Child and Adolescent Needs and Strengths (CANS) Assessment to document the intensity of behavioral health services needed by the child and family. The CANS will be the basis for planning individualized services for children. The CANS Assessment will also play a critical role in informed decision making regarding the type of placement a child needs once the decision to place has been made.

CANS Certification and Recertification

DCS Family Case Managers (FCMs) and FCM Supervisors must be trained and certified to use the CANS. FCM Supervisors must be certified as CANS “SuperUsers” through additional training. Recertification is required per [Data Assessment Registry Mental Health and Addiction System \(DARMHA\)](#) recertification procedures. Staff must maintain current certification at all times. See Related Information for additional information on CANS certification.

Short CANS Assessment

DCS will complete a Short CANS Assessment for each child in the home when abuse and/or neglect has been substantiated or for each child placed out-of-home during the abuse and neglect assessment.

Note: The Comprehensive CANS Assessment can be completed in place of the Short CANS Assessment, if preferred.

Comprehensive CANS Assessment

DCS will complete a Comprehensive CANS Assessment if any item is rated a 2 or 3 within the Short CANS Assessment, at critical case junctures during the life of the case and prior to the development of the [Case Plan \(SF 2956/DCS0046\)](#).

CANS Re-Assessment

DCS will complete a CANS Re-Assessment after the initial Comprehensive CANS Assessment. DCS will complete a CANS Re-Assessment prior to the [Case Plan \(SF 2956/DCS0046\)](#) being due every 180 days and at critical case junctures during the life of the case.

Note: The Comprehensive CANS Assessment can be completed in place of the CANS Re-Assessment, if preferred.

The CANS Database

The CANS will be completed by DCS staff within the [DARMHA](#) database. When completed, the CANS instrument will produce a behavioral health recommendation. If

there is consideration being given to the child being placed out-of-home, the FCM should indicate this within the CANS, and the placement recommendation will also be produced.

Service(s) and Placement Type Determination

A CANS Assessment should be completed prior to a Child and Family Team (CFT) Meeting. During the assessment phase, this may not be possible prior to the initial CFT if the meeting is held before abuse and/or neglect is substantiated. DCS will engage the CFT to assist in determining the services for the child and family, using the CANS recommendations as guidance. The CANS Assessment should be used in the development of the [Case Plan \(SF 2956/DCS0046\)](#).

Note: Any item rated a 2 or 3 on Needs must be addressed in the [Case Plan \(SF 2956/DCS0046\)](#). Additionally, any item rated a 3 on Needs on the CANS requires immediate attention.

The CFT will also review the family's [Safety Assessment](#), [Strengths and Needs Assessment](#), and [Risk Assessment](#) to assist in identifying the family's needs and corresponding services. See separate policy, [5.10 Family Services](#). The FCM should also engage the CFT in determining the service level and service type for each family. See separate policy, [4.26 Determining Service Levels and Transitioning to Ongoing Services](#).

DCS will also utilize the CANS placement decision model to assist the CFT in determining the appropriate placement for a child as follows:

1. If an out-of-home placement is needed, the FCM will first search for a relative placement and utilize the CANS recommendations to determine any additional services which are needed to support the relative placement, if a relative placement is appropriate;
2. If a non-relative placement is needed and the CANS placement recommendation is a category 1 (Regular Foster Care) or 2 (Foster Care with Services), the child should be placed in a foster home with a regular license (with appropriate services as recommended on the CANS). Any placements at a category of 3 or higher (Special Needs Foster Home, Therapeutic Foster Home, or Residential Facility) will require the DCS Local Office Director or his or her designee's approval.
3. If the CANS placement recommendation is a category 3 (Therapeutic Foster Care), the FCM will review the CANS answers to determine the needs of the child. The FCM should then search for an appropriate foster home (DCS or Licensing Child Placing Agency, LCPA) to meet the identified needs of the child.
4. If the CANS placement recommendation is category 4 or higher (Group Home-15 and older, Group Home-12 to 14, and Residential Facility), the FCM will review the CANS answers to determine the needs of the child. The FCM should then determine if the child should be placed in a congregate setting or be maintained in a lower category such as foster home with services. The FCM should then search for an appropriate placement setting to meet the identified needs of the child. Placement in a lower category than the CANS recommendation will require FCM Supervisor's approval. Placement in a residential facility will require the DCS Local Office Director or his or her designee's approval. DCS will not place a child into a residential care facility prior to receiving court approval of the DCS recommendation. See separate policy. See separate policy, [8.4 Residential Care Review and Approval](#).

Code Reference

N/A

PROCEDURE

Informal Adjustments (IAs) and In-Home Child in Needs of Services (CHINS)

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

1. Gather information necessary to complete the CANS Assessment;
2. Complete the Short CANS Assessment within five (5) days of the CA/N assessment finding;

Note: The Comprehensive CANS can be completed in place of the Short CANS, if preferred.

3. If any item is rated a 2 or 3 on the Short CANS Assessment, then complete the Comprehensive CANS assessment within 30 days of completion of the Short CANS Assessment;
4. For an In-Home CHINS, if no item is rated a 2 or 3 on the Short CANS Assessment, then the Comprehensive CANS Assessment must be completed prior to development of the [Case Plan \(SF 2956/DCS0046\)](#). See separate policy, [5.8 Developing the Case Plan](#);
5. For an IA, if no item is rated a 2 or 3 on the Short CANS Assessment, the Short CANS must be redone prior to the [Progress Report on the Progress of Informal Adjustment \(IA ProgRptR1073008\)](#); and
6. Complete "additional steps" below.

Placed Out-of-Home During the Child Abuse and/or Neglect (CA/N) Assessment

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

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

Note: The Comprehensive CANS can be completed in place of the Short CANS, if preferred.

3. If any item is rated a 2 or 3 on the Short CANS Assessment, then the Comprehensive CANS Assessment is due within 30 days of completion of the Short CANS Assessment;
4. If no item is rated a 2 or 3 on the Short CANS Assessment, then the Comprehensive CANS Assessment must be completed prior to development of the [Case Plan \(SF 2956/DCS0046\)](#). See separate policy, [5.8 Developing the Case Plan](#); and
5. Complete "additional steps" below.

Critical Case Junctures

For all children or families who are involved in a critical case juncture (e.g., any time there is an apparent change in the child or family needs that might require a different intensity of services), the FCM will:

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

Note: A CANS Re-Assessment can be completed if a Comprehensive CANS Assessment has already been completed.

2. Complete "Additional Steps" below.

Additional Steps to Complete for All CANS Assessments

In addition to the steps listed above, the FCM must complete the following for all CANS Assessments:

1. After receipt of the CANS Assessment recommendation, discuss the appropriateness of the recommendations first with the parent, guardian, or custodian during the CFTM prep followed by a discussion with the CFT;
2. If it is determined that the child should be placed at a category lower than the CANS recommendation, seek the FCM Supervisor's approval and document in Indiana Child Welfare Information System (ICWIS) prior to placing;
3. If it is determined that the child should be placed at a category higher than the CANS recommendation, seek the DCS Local Office Director or his or her designee's approval and document in ICWIS prior to placing;
4. Document all behavioral health recommendations and decisions in the:
 - a. 'Comments' portion of the [Case Plan \(SF 2956/DCS0046\)](#).

Note: Any item rated a 2 or 3 on the CANS must be addressed in the [Case Plan \(SF 2956/DCS0046\)](#).

- b. [Progress Report on Program of Informal Adjustment \(IAProgRptR1073008\)](#) for all IAs.
5. Document the placement recommendation and decisions in the 'Placement' portion of the [Case Plan \(SF 2956/DCS0046\)](#);
 6. Print a hard copy of the CANS Assessment and recommendation and place in the child's file;
 7. Provide a copy of the CANS Assessment and recommendation to the child's parent(s), guardian or custodian if the case plan goal is reunification and provide a copy to service or placement providers as appropriate.
 8. Document the CANS results in the ICWIS;
 9. Complete CANS Re-Assessments every 180 days with the updated version of the [Case Plan \(SF 2956/DCS0046\)](#) and at critical case junctures, using either the CANS Re-Assessment tool or the Comprehensive CANS tool. This is not applicable to the IA; and
 10. Modify [Case Plan \(SF 2956/DCS0046\)](#) based on progress and changing needs of youth and family. This is not applicable to the IA.

The Supervisor will:

1. Discuss any questions or concerns the FCM may have regarding the CANS Assessment and/or its recommendations;

2. Monitor the quality of the FCM's CANS Assessments on an ongoing basis; and
3. Monitor the FCM's CANS certification and recertification.

The DCS Local Office Director or his or her designee's will:

1. Discuss any questions or concerns the Supervisor and FCM may have regarding placements at a higher category of care than the CANS recommendation or any placements in residential facilities; and
2. Make a final decision regarding requests to place a child in a higher category of care than the CANS has recommended or requests to place a child in a residential facility and inform the Supervisor and FCM of his or her decision.

PRACTICE GUIDANCE

The [CANS Friendly Interview Guide](#) can be referenced for suggested questions when conducting the CANS Assessment. CANS users may want to look at the questions for tips and/or ideas about asking sensitive questions in a manner that is respectful to youth and parents. However, good practice is to engage the family and child in telling their story, guiding the conversation to cover relevant issue. 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.

FORMS AND TOOLS

1. [Case Plan \(SF 2956/DCS0046\)](#) - Available in ICWIS
2. [Safety Assessment](#) - Available in ICWIS
3. [Strengths and Needs Assessment](#) - Available in ICWIS
4. [Risk Assessment](#) - Available in ICWIS
5. [CANS Family Friendly Interview Guide](#)
6. [DARHMA](#)
7. [DARMHA Documents Page](#)
8. [Communimetrics](#)
9. [CANS Certification & DARMHA Registration Instructions](#)

RELATED INFORMATION

CANS TOOLS

Indiana's multi-system tools assess the needs and strengths of the child and caretaker. Indiana has three types of CANS tools (Short, Comprehensive and Re-Assessment), broken down by two different age groups (0-5 and 5-17).

Note: For children who are age 5, the version used should be the one that will best address the child's developmental needs. For example, consider the child's school involvement. If the child is in school (kindergarten through grade 12), use the CANS 5 to 17.

The three (3) types of CANS tools can be found on the [DARHMA Documents Page](#).

Short CANS Assessment

The Short CANS Assessment examines life domain functioning, caregiver strengths and needs, child behavioral and/or emotional needs, and child risk behaviors. There is a

further break down by age of the child. There is a version of the Short CANS Assessment for children age 0 to 5 and a version for 5 to 17.

Comprehensive CANS Assessment

The Comprehensive CANS Assessment examines the same areas as the Short CANS Assessment in addition to the child's strengths and acculturation. In the Comprehensive CANS Assessment additional questions are triggered by core questions (e.g. if a child is rated a 1 or higher for sexual aggression under the child risk behaviors category, additional items in the extension module must be rated). There is a version of the Comprehensive CANS Assessment for children age 0 to 5 and a version for 5 to 17.

CANS Re-Assessments

The CANS Re-Assessment examines behavioral health and emotional needs, child life domain functioning, strengths, child substance use, child risk and caregiver strengths and needs. There is a version of the CANS Re-Assessment for children age 0 to 5 and a version for 5 to 17.

CANS RECOMMENDATIONS

CANS 5-17 Behavioral Health Recommendations

When the Short, Comprehensive, or Re-Assessment CANS 5-17 Assessment is completed in [DARMHA](#), the behavioral health decision model will run, producing one of the following recommendations:

0. No Treatment Services Indicated
1. Outpatient
2. Outpatient with Limited Case Management
3. Supportive Community Services
4. Intensive Community Services: Wraparound
5. Intensive Community Services: Community Alternative to Psychiatric Residential Treatment Facility (CA-PRTF Grant)
6. Intensive Services: CA-PRTF Grant, PRTF or State hospital

CANS 5-17 Placement Recommendations

When the FCM indicates on the CANS 5-17 tool that a decision has been made by the court or DCS to remove the child from his or her home, the CANS 5-17 placement decision model will run, producing one of the following recommendations:

0. DCS/JJ current removal not acknowledged
1. Regular Foster Care
2. Foster Care with Services
3. Therapeutic Foster Care
4. Group Home - 15 and older
6. Group Home – 12 to 14
7. Residential Facility (CCI or Private Secure)

CANS 0-5 Behavioral Health Recommendations

When the Short, Comprehensive, or Re-Assessment CANS 0-5 Assessment is completed in [DARMHA](#), the CANS 0-5 behavioral health decision model will run, producing one of the following recommendations:

0. No Treatment
2. Entry Mental Health Services
3. Supportive Community Based Services
4. Intensive Community Based Services.

Note: ICWIS will automatically refer all children age 0-3 to First Steps for services.

CANS 0-5 DCS Placement Recommendations

If the FCM indicates on the CANS 0-5 tool that a decision has been made by the court or DCS to remove the child from his or her home, the CANS 0-5 placement decision model will run producing one of the following recommendations:

0. DCS/JJ current removal not acknowledged
1. Regular Foster Care
2. Foster Care with Services

CANS CERTIFICATION

All FCM Supervisors must attend SuperUser training in order to become certified as a CANS SuperUser. A SuperUser receives additional training on how to train and mentor CANS users and is required to achieve a reliability rating of .75 or higher in the CANS.

Once FCM Supervisors are certified as SuperUsers, they are responsible for assisting FCMs in their DCS local office in becoming certified through the web-based training available at www.comnmometrics.com/CansCentralIndiana. For further information on CANS certification see [CANS certification and DARMHA registration Instructions Tool](#) or contact a SuperUser in your DCS Local Office.

DARMHA

The CANS Assessment, once complete, will be entered into the on-line system (DARMHA), which will produce the behavioral health and DCS placement recommendations. In order for each individual to gain access into DARMHA, they must register in the system by completing the DARMHA [Individual User and Confidentiality Agreement Form](#). For further information on CANS certification see [CANS certification and DARMHA registration Instructions Tool](#) or contact a SuperUser at your DCS local office.

CRITICAL CASE JUNCTURES

An event or episode involving the child or family that may cause a disruption (e.g. trial home visits, potential placement disruptions, new abuse or neglect allegations, potential runaway situations, pregnancy of the child, lack of parental contact, adoption placements, etc.).