

	<b>INDIANA DEPARTMENT OF CHILD SERVICES</b> <b>CHILD WELFARE POLICY</b>	
	<b>Chapter 5:</b> General Case Management <b>Section 19:</b> Child and Adolescent Needs and Strengths (CANS) Assessment	
	<b>Effective Date:</b> January 1, 2025	<b>Version:</b> 6

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## POLICY OVERVIEW

The Child and Adolescent Needs and Strengths (CANS) Assessment identifies a child's strengths and needs and is the basis for planning individualized services for a child. The CANS Assessment is used to document and communicate the strengths and needs of the child to determine the appropriate level of behavioral health services. The CANS also plays a critical role in assisting the Child and Family Team (CFT) in determining the appropriate category of placement to support a child's individual needs.

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## PROCEDURE

The Department of Child Services (DCS) will complete an initial CANS Assessment for each child in the home within five (5) calendar days of a substantiated Child Abuse and/or Neglect (CA/N) finding when DCS involvement will continue through an open case, including when:

1. A Program of Informal Adjustment/Prevention Plan (IA) has been initiated (see policy 5.09 Informal Adjustment/Prevention Plan [IA]);
2. An In-Home Child in Need of Services (CHINS) has been initiated;
3. The child is placed in out-of-home care during a CA/N Assessment; and/or

**Note:** For a child who will be placed out-of-home, a CANS Assessment will be completed prior to placement. In cases of an emergency removal, the CANS assessment should be completed within five (5) calendar days.

4. 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 DCS substantiates CA/N but does not open a case, DCS will complete an initial CANS Assessment on all children in the home who are three (3) years of age or younger prior to the completion of the Assessment of Alleged Child Abuse or Neglect (311).

**Note:** A CANS Assessment is not required for children over three (3) years of age when DCS substantiates but does not open a case. When this occurs, an **exception** must be created in the case management system.

Throughout DCS involvement, a new CANS Assessment will be completed:

1. Prior to the development of the IA or Case Plan/Prevention Plan;
2. Prior to any placement change;
3. Within five (5) calendar days of each case juncture which may impact the Case Plan/Prevention Plan, Safety Plan, and/or Plan of Safe Care; and
4. Every 180 days (at a minimum) and at case closure, unless an assessment has been completed in the 30 days prior to case closure.

The CANS ratings and recommendations will be used as guidance to determine and update the appropriate level of services and to plan for the category of placement, if appropriate. See policies 4.26 Determining Service Levels and Transitioning to Ongoing Services, 5.10 Family Services, and 8.50 Determining and Reviewing Categories of Supervision for more information.

The Family Case Manager (FCM) will:

1. Complete and maintain CANS certification to complete the CANS Assessment. See the CANS Certification tutorial;
2. Engage the CFT, including the resource parent and youth (as developmentally and age appropriate), to review the Safety and Risk Assessments to assist in identifying the strengths and needs of the child and family (see the CANS Family Friendly Interview Guides in Practice Guidance);
3. Gather information from the child, family, Court Appointed Special Advocate (CASA)/Guardian Ad Litem (GAL), resource parent, service providers, school, and other members of the CFT to complete the CANS Assessment;
4. Complete the appropriate CANS Assessment in KidTraks;

**Note:** DCS will use the Birth to five (5) Assessment or the six (6)+ to 17 Assessment, as indicated based on the age of the child and developmental level as follows:

- a. Youth 17 ½ years of age 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 the family's or unpaid caregiver's ability to fulfill the caregiver functions, and
  - b. Use the CANS six (6)+ to 17 Assessment for youth who are 18 years of age or older.
5. Review and discuss the appropriateness of the CANS Assessment recommendations with the parent, guardian, or custodian, resource parent (if applicable), and youth (as developmentally and age appropriate), during the CFT prep meeting;
  6. Distribute copies of the CANS Assessment to the CFT members (including resource parents, incarcerated parents, if applicable and youth (as developmentally and age appropriate), and encourage discussion of the ratings and recommendations with the CFT 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 Case Plan Conference to build consensus among team members (see policy 8.50 Determining and Reviewing Categories of Supervision);

**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 Assessment recommendations and has the opportunity to discuss any questions or concerns.

7. Review the CANS reassessment if it is determined by any member of the CFT (including resource parents and youth (as developmentally and age appropriate), that any individual item on the CANS Assessment was rated inaccurately or there has been a change in the child's level of need (see policy 8.50 Determining and Reviewing Categories of Supervision);

**Note:** Only one (1) CANS may be completed within a 24-hour timeframe.

8. Complete another CANS assessment prior to the development of the Case Plan/Prevention Plan or IA/Prevention Plan, as additional information may become available throughout the assessment;

**Note:** All needs items rated a two (2) or three (3) on the CANS Assessment should be addressed in the IA/Prevention Plan or Case Plan/Prevention Plan. Strengths rated a zero (0) or one (1) on the CANS Assessment are also useful.

9. Provide the child's parent, guardian, or custodian with information regarding community services and make referrals, as appropriate, for the CANS Behavioral Health Recommendation;
10. Review the CANS Assessment recommendations with the CFT (including the biological parent, resource parent [when applicable], and youth (as developmentally and age appropriate) to determine the most appropriate placement for the child (see policies 5.07 Child and Family Team Meetings and 8.01 Selecting a Placement Option);

**Note:** Seek approval from the Local Office Director (LOD) or designee prior to placement if it is determined that the child should be placed at a category higher or lower than the CANS Assessment recommendation. Document the reasons for and approval of the placement level change in the case management system.

11. Document all behavioral health recommendations and decisions in the Case Plan/Prevention Plan or the Progress Report on Program of Informal Adjustment/Prevention Plan;

**Note:** Identified needs rated as two (2) and three (3) as well as the identified strengths rated zero (0) and one (1) should be incorporated into the IA/Prevention Plan or the Case Plan/Prevention Plan and should be tied to outcomes and activities.

12. Ensure the CANS Assessment and recommendations are uploaded to the case management system;
13. Complete a CANS Assessment at least every 180 days, at case junctures, when updating the Case Plan/Prevention Plan, and/or when developing an IA/Prevention Plan;

**Note:** An Individual Child Placement Referral (ICPR) must be completed 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).

14. Evaluate the family services and update services based on the CANS results and the needs of the child and family;

15. Modify the Case Plan/Prevention Plan or IA/Prevention Plan based on the progress and changing needs of the youth and family; and

**Note:** This is not applicable when CA/N has been substantiated and the assessment has been closed.

16. Complete a CANS Assessment no more than 30 days prior to case closure and ensure the child, family, and CFT members are aware of additional services that may assist them after case closure.

The FCM Supervisor will:

1. Complete and maintain CANS certification in order to review and support the FCM (see Practice Guidance);
2. Ensure the FCM maintains CANS certification;
3. Discuss any questions or concerns the FCM may have regarding the CANS Assessment ratings and/or recommendations; and

**Note:** FCM Supervisors are responsible for assisting FCMs in their local office in maintaining CANS certification in both the Birth to age six (6) Assessment and the six (6)–17 Assessment. Any questions regarding CANS may be addressed to the CANS mailbox.

4. Monitor the quality of the FCM's CANS Assessments on an ongoing basis.

The LOD or designee will:

1. Complete and maintain CANS certification (see Practice Guidance);
2. Discuss any questions or concerns the FCM Supervisor and FCM may have regarding a child's placement at a higher or lower category of care than the CANS recommendation and any recommendations for admission to a residential treatment facility;
3. 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 admit a child to a residential treatment facility; and
4. Inform the FCM Supervisor and the FCM of the decision to place a child in a different category of care than the CANS recommendation.

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## RELEVANT INFORMATION

### Definitions

#### Case Juncture

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/Prevention 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;
9. Education;
10. Court; and
11. Trial Home Visit (THV); and
12. Change in household composition.

### Child and Family Team (CFT)

The CFT is defined as a group of formal and informal supports, identified by the child and family and convened by DCS, who works together to achieve positive outcomes with the DCS Practice Model by engaging in the Child and Family Team (CFT) Meeting process.

### Child and Family Team Meeting

According to the Child Welfare Policy and Practice Group (CWG), a CFT Meeting is a gathering of family members, friends, members of the family's faith community and professionals who join to jointly develop individualized plans to strengthen family capacity, to assure safety, stability, well-being, and permanency and to build natural supports that will sustain the family over time.

### Resource Parent

For the purpose of DCS policy, the term resource parent includes a foster parent, licensed or unlicensed relative or kinship caregiver, and a pre-adoptive parent.

### Safety Plan

A safety plan is a voluntary, non-legally binding written agreement with the family, which identifies interventions to address safety of the child and specifies family support and/or community services that will be utilized.

### **Forms and Tools**

- Assessment of Alleged Child Abuse or Neglect (311) (SF 113) – available in the case management system
- [CANS Certification tutorial](#)
- CANS email - [DCS.CANS@dcs.in.gov](mailto:DCS.CANS@dcs.in.gov)
- [CANS SharePoint](#)
- Case Plan/Prevention Plan – available in the case management system
- [DCS – Family Interview Guide to Explore Strengths and Needs \(Age six \[6\] +\)](#)
- [DCS – Family Interview Guide to Explore Strengths and Needs \(Birth to five \[5\] years.\)](#)
- [Indiana University \(IU\) Expand](#)
- In-Home Risk and Safety Reassessment – available in the case management system
- Initial Safety Assessment – available in the case management system
- Initial Family Risk Assessment – available in the case management system
- Plan of Safe Care – available in case management system
- [Praed Foundation](#)
- Program of Informal Adjustment (IA)/Prevention Plan – available in the case management system
- Progress Report on Program of Informal Adjustment/Prevention Plan (SF 54336) – available in the case management system
- Safety Plan – available in case management system

### **Related Policies**

- [4.26 Determining Service Levels and Transitioning to Permanency Services](#)
- [5.07 Child and Family Team \(CFT\) Meetings](#)

- [5.09 Informal Adjustment/Prevention Plan \(IA\)](#)
- [5.10 Family Services](#)
- [8.01 Selecting a Placement Option](#)
- [8.04 Emergency Shelter Care & Urgent Residential Treatment](#)
- [8.50 Determining and Reviewing Categories of Supervision](#)

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## LEGAL REFERENCES

N/A

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## PRACTICE GUIDANCE- DCS POLICY 5.19

*Practice Guidance is designed to assist DCS staff with thoughtful and practical direction on how to effectively integrate tools and social work practice into daily case management in an effort to achieve positive family and child outcomes. Practice Guidance is separate from Policy.*

### **Child and Adolescent Needs and Strengths (CANS) Certification**

All Family Case Managers (FCMs), FCM Supervisors, Local Office Directors (LODs), and Division Managers (DM) are certified in both the birth to age six (6) assessment and the six (6)-17-year-old assessment, using the web-based training available through the Praed Foundation. Reliability of .70 or higher is required for certification. Periodic re-certification is required.

All FCM Supervisors complete the CANS and Adult Needs and Strengths Assessment (ANSA) Overview: Framework and Utilization through Indiana University (IU) Expand; the 4-hour CANS Supervision Training provided by DCS Staff Development; and maintain certification through the Praed Foundation. See the CANS Certification tutorial.

### **Family Interview Guides**

The CANS Friendly Interview Guides may be referenced for suggested questions when conducting the CANS Assessments. CANS users may want to review the guides for tips and 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 guides are not a required strategy for collecting information to complete the CANS. Rather, the interview guides are intended for use as an aid or supplement to the CANS. (see the DCS-Family Interview Guide to Explore Strengths and Needs (Age [six] 6+) or the DCS-Family Interview Guide to Explore Strengths and Needs (Birth to five [5] years.)

### **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 the Department of Child Services (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:** Any child may also have a combination of any of the above needs.

**Level 4- Group Home (GH)** (15 years of age and older) indicates the child has moderate developmental, physical, or medical needs 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 the level of service and supervision intensity.

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

**Level 6- GH/Treatment GH** (for youth 12-14 years of age) indicates the child has moderate or severe emotional, behavioral, or developmental needs 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 (RTC)** (usually 12 years of age or older) indicates the child has a severe developmental, emotional, behavioral, physical or medical need and/or exhibits severe sexual aggression or delinquency that may require admission to a specialty program provided in a residential setting if a suitable resource home is unable to meet this level of service and supervision.

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