

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 5: General Case Management	Effective Date: October 1, 2021
	Section 19: Child and Adolescent Needs and Strengths (CANS) Assessment	Version: 3

POLICY OVERVIEW

The Child and Adolescent Needs and Strengths Assessment (CANS) is the basis for planning individualized services for a child, based on the child’s identified strengths and needs. The CANS 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.

PROCEDURE

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. DCS will only complete an initial CANS Assessment for children in the home under the age of three (3) when DCS substantiates CA/N but does not open a case. For a child placed out-of-home, a CANS Assessment will be completed prior to placement (or within five [5] calendar days following an emergency removal).

A new CANS Assessment will be completed prior to the development of the Informal Adjustment (IA)/Prevention Plan or Case Plan/Prevention Plan; prior to any placement change; and within five (5) days of each case juncture which may impact the Case Plan/Prevention Plan, Safety Plan, and/or Plan of Safe Care throughout DCS involvement. At a minimum, a CANS Assessment will be completed every 180 days and at case closure, unless an assessment has been completed in the 30 days prior to case closure.

DCS will engage the Child and Family Team (CFT) to review the Safety and Risk Assessments 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 and update the appropriate level of services and to plan for the placement 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.

Initial CANS Assessment

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

1. The child is age three (3) or younger and the substantiated CA/N Assessment will be closed without opening a case;

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

2. A program of IA has been initiated;
3. An In-Home 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.

The FCM will:

1. 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 Child and Family (CFT) to complete a CANS assessment;
2. Review and discuss the appropriateness of the CANS Assessment recommendations with the parent, guardian, or custodian during the CFT prep meeting;
3. Complete the appropriate CANS Assessment in KidTraks;

Note: 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:

- a. 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,
 - b. 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 the family's or unpaid caregiver's ability to fulfill the caregiver functions, and
 - c. Use the CANS 5 to 17 Assessment for youth who are age 18 or older.
4. Distribute copies of the CANS Assessment to the CFT members 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 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 Assessment recommendations and has the opportunity to discuss any questions or concerns.

5. Complete a CANS Reassessment if it is determined by the CFT that any individual item on the CANS Assessment was rated inaccurately;
6. Complete a CANS Reassessment 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 2 or 3 on the CANS Assessment should be addressed in the IA/Prevention Plan or Case Plan/Prevention Plan. Strengths rated a 0 or 1 on the CANS Assessment are also useful.

7. Provide the child's parent, guardian, or custodian with information regarding community services and make referrals, as appropriate, for the CANS Behavioral Health Recommendation;
8. Review the CANS Assessment recommendations with the CFT to determine the most appropriate placement for the child. See policy 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;

9. Document all behavioral health recommendations and decisions in the Case Plan/Prevention Plan. For all IA/Prevention Plans, document the behavioral health recommendations and decisions in the Progress Report on Program of Informal Adjustment/Prevention Plan;

Note: Identified needs rated as 2 and 3, as well as, the identified strengths rated 0 and 1 should be incorporated into the IA/Prevention Plan or the CHINS Case Plan/Prevention Plan and should be tied to outcomes and activities.

10. Print a hard copy of the CANS Assessment and recommendations and place in the child's file;
11. 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 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.

12. Evaluate the family services and update services based on the CANS results and needs of the family;
13. Modify the Case Plan/Prevention Plan or IA/Prevention Plan 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
14. 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;
2. Ensure the FCM maintains CANS certification, and
3. Monitor the quality of the FCM's CANS Assessments on an ongoing basis.

The LOD or designee will:

1. 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 placement in residential treatment 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 admit a child to a residential treatment facility; and
3. Inform the FCM Supervisor and the FCM of the decision to place a child in a different category of care than the CANS recommendation.

LEGAL REFERENCES

N/A

RELEVANT INFORMATION

Definitions

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.

Resource Parent

For the purpose of DCS policy, the term Resource Parent includes a foster/adoptive parent, foster parent, and relative or kinship caregiver.

Forms and Tools

- [CANS Friendly Interview Guide](#)
- [CANS MyShare](#)
- [Case Plan/Prevention Plan](#) – Available in the case management system
- [DCS Praed Foundation KidTraks DARMHA User Guide](#)
- [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 \(IA\)](#) – Available in the case management system
- [Progress Report on Program of Informal Adjustment](#)
- [Safety Plan](#) – Available in case management system

- [SDM Reunification Assessment](#)

Related Policies

- [4.26 Determining Service Levels and Transitioning to Ongoing Services](#)
- [5.10 Family Services](#)
- [8.01 Selecting a Placement Option](#)
- [8.04 Emergency Shelter and Urgent Residential Placement and Approval](#)
- [8.50 Determining and Reviewing Categories of Supervision](#)

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