

Chapter 4: Services to Children

6. Child and Adolescent Needs and Strengths (CANS)

A CANS screening is a process of integrating information on a child's needs and strengths for the purposes of case planning, service planning and determining the supervision needs of the child. There are two versions of the CANS tool: one for children 0 to 5 years and one for children 6 to 20. A CANS screening is done by an individual trained and certified through the department to conduct a CANS screening. The CANS screening provides information to establish a level of care for a child (whether the child will receive an additional level 1, 2, or 3 payment), establish areas where a child has identified supervision needs, and important case planning information.

CANS results contain seven domains. Each domain contains items that identify needs or strengths of a child.

Domains:

Six Needs	One Strength
<u>Risk Factors:</u> Present safety needs.	<u>Strengths:</u> These are items that are considered useful strengths if rated 0-1 and strengths to build on if rated 2-3.
<u>Traumatic Experiences:</u> This reflects all trauma experiences the child or young adult has gone through.	
<u>Adjustment to Trauma:</u> These are the present symptoms the child is exhibiting from trauma he/she has experienced.	
<u>Life Domain Functioning:</u> Daily functioning type needs.	
<u>Acculturation:</u> Cultural, identity and language concerns.	
<u>Emotional/Behavioral Needs:</u> Mental health type needs.	

Each item has a possibility of a rating score between 0-3. Depending on the rating, a different response is needed.

Items:

Needs	Strengths
0- No Evidence/No concern	0- Centerpiece
1- Watch/Prevent	1- Useful Strength
2- Action Needed	2- Potential Strength
3- Immediate/Intensive Action	3- None Identified

Items that are in the need-based domains and are rated a 2 or 3 are considered actionable items. These items are identified needs of the child that should be addressed.

A. Initial CANS Screening

It is the caseworker’s responsibility to refer every child who is placed in substitute care for a CANS screening between the 14th and 21st day of out-of-home care. The CANS screening provides valuable information for case planning, service delivery, and may establish a level of care payment for the enhanced supervision needs of a child.

Procedure

Refer every child entering care for a CANS screening between the 14th and 21st day of the child’s entry into substitute care. Include any information from other evaluations or plans with the referral. The referral is submitted to the identified staff in the branch office who coordinates referrals and sends the completed referral information to the CANS screener.

- The screener submits the results of the CANS screening to a central office level of care supervisor who reviews the results, sets the effective date and approves the CANS, which determines a level of care through an algorithm.
- Once the CANS results have been determined, the caseworker receives the CANS screening results and reviews the information. The information describes the child’s strengths, the presenting behaviors and functioning, the functional domains where additional supervision is necessary to manage the supervision needs of the child and recommendations for services based on the identified needs. When reviewing the information, complete the following:
 1. Does the child currently have suicidal ideation or intent? If so, review the supervisor plan created during the CANS screening and assess whether the plan is appropriate or needs modification. Contact the substitute caregiver to review how the plan is working and whether the child has any immediate supervision needs that are not being met by the substitute caregiver.
 2. Review the CANS screening results with the certified family. This can be done during a required face-to-face contact.

3. Gather information regarding both the child's strengths and the child's supervision needs.
4. Incorporate this information into the case plan:
 - a. Refer the child to services or further assessments recommended by the CANS screening.
 - b. Determine if additional services are needed to provide for the supervision needs of the child.
 - c. Determine if the child's educational needs are being appropriately addressed based upon the information contained in the CANS screening.

B. Level of Care

A CANS screening may result in a child's eligibility for a level of care payment, in addition to the base rate reimbursement to the foster parent or relative caregiver. See [Appendix 4.2](#) for rates for the base rate as well as level-of-care amounts. See Appendices [4.3a](#) and [4.3b](#) to reference the CANS manual in order to understand the individual domains of the screening and the screening results that indicate the child's level-of-care needs. The level of care is established by the level-of-care supervisor in central office based on the CANS screening results.

NOTE:

The base rate is designed to reimburse the foster parent or relative caregiver for the costs of providing the child with the following:

- Food, including the cost to cover a child's special or unique nutritional needs;
- Clothing, including purchase and replacement;
- Housing, including maintenance of household utilities, furnishings, and equipment;
- Daily supervision, including maintenance of household utilities, furnishings, and equipment;
- Daily supervision, including teaching and directing to ensure safety and well-being at a level that is appropriate based on the child's age;
- Personal incidentals, including personal care items, entertainment, reading materials, and miscellaneous items; and
- The cost of providing transportation, including local travel associated with expenditure for gas and oil, and vehicle maintenance and repair associated with transportation to and from extracurricular, child care, recreational, and cultural activities.

C. Supervision Plan

A supervision plan is a documented set of strategies that is developed to assist a certified family in providing the additional support, observation, direction, and guidance necessary to promote and ensure a child's safety and well-being. A supervision plan must be used when a CANS screening results form indicates a level of care requiring enhanced supervision or when a child with a level of care moves from one substitute care placement to another substitute placement.

Procedure

- Within 30 days of receiving the CANS screening results indicating a level of care requiring enhanced supervision, contact the certified family to explain the identified needs and supervision requirements necessary to maintain the safety and support the well-being of the child.
- When a child with a current supervision plan moves to another certified home, follow the procedures to develop a supervision plan outlined below during or shortly after the placement process but no later than 30 days after placement.
- Arrange a meeting with the certified family, the child when age and developmental level is appropriate, as well as others involved in the child's life. Others may include the child's therapist, a teacher, attorney or a CASA, parents and other relatives, or others as appropriate.
- During the meeting, develop a supervision plan that meets the supervision needs of the child.

1. Focus the meeting on the addressing the issues identified in the CANS screening and include the following:

- a. The actions or activities to be provided by the certified family and any other individuals to meet the child's identified needs. Examples of such actions may include proactive use of space, routine, structure of the environment, positive reinforcement, and de-escalation techniques.
- b. The actions and assistance the department will provide to support the certified family in addressing the needs of the child and maintaining the child in the home. Examples of this may include referral for specific training for the certified family, referral for a service for the child, or increased caseworker contact.
- c. The actions the child is to take, if applicable. For instance, if developmentally appropriate for the child, the child will engage in counseling or participate in Youth Transition services.
- d. The persons responsible for monitoring the child's supervision needs. Most of the time, the child's caseworker will be included, but a plan could also include the family's certifier, or a community partner.

e. How the persons responsible for monitoring the supervision plan will communicate with one another. For instance, there may be regularly scheduled meetings, additional phone contact, or contact required when there are other concerns.

f. When the plan is to be reviewed (at least every 60 days).

2. The caseworker, the certified family and any other individuals who are to provide specific actions in the supervision plan sign the supervision plan.

3. Have the child sign the supervision plan if appropriate.

4. Submit the supervision plan to the supervisor for approval.

5. Review the supervision plan at least every 60 days during a face-to-face contact in the certified family's home.

6. During 30-day face-to-face contact with the child, be sure to address with the child safety and well-being issues and how the child is doing, particularly addressing any concerns raised in the CANS screening.

7. Base the level of supervision actions on the level of care indicated in the CANS screening:

a. Level 1 (moderate needs) means the certified family must provide an environment with the additional support, direction, observation, and guidance from the certified family to ensure a child's safety and well-being, beyond the level of supervision that typically is required for a child of the same age.

b. Level 2 (intermediate needs) means the certified family must provide a structured environment, additional support, direction, observation, and guidance to ensure a child's safety and well-being, beyond the level of supervision that typically is required for a child of the same age.

c. Level 3 (advanced needs) means the certified family must provide a highly structured environment, additional support, direction, observation, and guidance to ensure a child's safety and well-being beyond the level of supervision that typically is required for a child of the same age.

8. Supervision plan with use of physical restraint

a. If the child has significant behavioral issues and use of a planned physical restraint is part of the supervision plan, there are extra responsibilities that must occur.

b. The certified family must have completed the physical restraint training required the department. The caseworker should work with the family's

certifier to refer to the training if the family has not already completed the training.

c. Discuss with the certified family the requirement that the family must document each use of the physical restraint in writing on a Physical Restraint Incident Report as soon as possible after each use and that the family must orally report the circumstances of each physical restraint to the caseworker or the caseworker's supervisor within one business day and submit the Physical Restraint Incident Report to the caseworker within two business days. Involve the family's certifier as needed to discuss these requirements with the family and provide the family with the needed forms.

d. Focus the plan on intervention strategies designed to modify the child's behavior without the need for the physical restraint, and discuss with the certified family that restraint is only to be used when the child's behavior poses an imminent danger to self or others and when no alternate actions are sufficient to stop a child's behavior.

e. Submit the plan to the child welfare program manager for approval.

f. Provide copies of the signed plan to the certified family, certified family's certifier, and file a copy in the child's file.

g. Document a summary of the supervision plan in case notes and in provider notes.

9. Monitoring the supervision plan

a. At each face-to-face contact, assess whether the certified family is meeting the supervision needs of the child and whether the supervision needs of the child have changed.

- If the supervision needs of the child are not being met, the caseworker must assess the child's for safety; refer to [Chapter 3, Managing Child Safety](#).
- If the child is safe, but the supervision needs of the child are not being met, discuss with the family's certifier if there are resources available to provide training or other support to the family.

D. Case Planning

CANS results for the child should be used for case planning purposes. The CANS can be used for placement matching, reunification planning and services/interventions; the focus of which is on the child's well-being.

- Placement matching considerations should include looking over the current CANS results of the child to determine the needs and strengths of that child and how they may fit in a home.

- When planning for a return home, sharing and utilizing the current CANS results should be part of the reunification process in conjunction with assessing parental protective capacities.
 1. The CANS results should be shared with the parent(s) or current guardian and child for them to become aware of the needs the child is exhibiting. The CANS results should also be shared with others who are involved in the reunification process, such as the child's school or mental health providers.
 2. The sharing of the CANS results should result in a discussion between the caseworker and family about how the parental protective capacities are and are not suited to meet the needs of the child. Furthermore, a discussion should take place on how the parent(s) will address those needs.
- The caseworker should identify services and interventions for the child by using the CANS results to determine what the needs are for the child. Have a discussion with service providers and family, and decide which family services and interventions are appropriate. Consider the actionable need-based items, items rated 2 or 3, and use them to help identify services and interventions.

Examples:

- A child or youth who scored a 2 or 3 on anger control, danger to others, or aggressive behavior due to behaviors at home and/or school when frustrated should be referred to wraparound services if available/eligible. An in-home plan should explain how the parents can manage the aggression and should be specific. It should include any physical outlets and alternatives, routines, ownership techniques, clear consequences, positive reinforcement methods and coping techniques. The caseworker, parents/guardian and child/youth should work with a counselor and/or behavior consultant to help develop the plan. The CANS results and the plan should also be shared with the school, and their input should be included in the plan. Additional services such as parenting classes, a mentor for the child, after-school programs, or in-home services should be considered.
- A child or youth who scored a 2 or 3 on anxiety or depression should be working with a counselor to address the anxiety and depression. An in-home plan should explain how the parents can support the child. The plan can include providing relax times, developing routines, monitoring what the child is exposed to (TV, internet, movies), determining what events are stressful and how to recognize them before the anxiety starts, what coping strategies the child can use, physical activities, as well as other suggested strategies. The plan should be developed with the family and a professional counselor as needed. The plan should be shared with those who would be involved in the implementation of the plan. Additional services such as parenting classes, one-on-one counseling, group/family therapy, in-home services, a mentor for the child, or after-school programs should be considered.
- A child or youth who scored a 2 or 3 on sexual behavior should be working with a counselor or therapist as needed to address current behaviors and/or past trauma.

The caseworker should develop an in-home plan for the family that helps the parents establish clear boundaries that protects the child. The plan should include what the parents should do if they see inappropriate sexualized behavior and how they should report it to the caseworker and a therapist, structures and routines, what supervision is required and when, bedroom and bathroom protocols and what appropriate play would be acceptable for the child or youth. Additional services such as parenting classes, one-on-one counseling, group/family therapy, in-home services, a mentor for the child, or after-school programs should be considered.

- If life-changing events occur (e.g., out-of-state placement changes, returns home, death of a family member or separation of siblings), and this results in new behaviors, a CANS rescreen should be considered as outlined in the Subsequent CANS Screening section (Chapter 4, Section 6, E) of this procedural manual.

E. Subsequent CANS Screening

Procedure

- With supervisory approval, refer each child for a CANS screening:
 1. Within 12 months from the date of the initial CANS screening and the child remains with a certified family; or
 2. When a child or young adult returns to a placement with a certified family after a BRS placement of six months or longer.
- With supervisory approval, refer a child for a re-screening, when a child or young adult is living with a certified family and the certified family has observed ongoing, documented changes in behavior or functioning, which:
 1. Has not improved through a revision of the supervision actions and activities provided by the certified family and other individuals; or
 2. Endangers the child's safety or the safety of others; and
 3. The last CANS screen was completed more than 90 days prior than the current CANS re-screening referral. An exception to the 90 days can be approved through the level of care manager.

Examples:

- A bottle of beer is found in the bedroom of a teen. This would not result in a re-screen, though it should result in consequences and possible service referrals for the child. A teen coming home intoxicated and acting belligerent or aggressive over a period of time would result in a request for a re-screening.

- A child receives after-school detention for one day, which would not result in a re-screen. A child suspended from school after serving three in-school detentions or other sanctions over time would result in a request for a re-screen.
- A young adult staying out past curfew or overnight one time would not result in a re-screen. A young adult repeatedly staying out overnight and refusing to abide by curfew rules would result in a request for a re-screening.
- A young child yelling at a foster parent when upset would not result in a re-screening. A young child repeatedly yelling at a foster parent and threatening harm over time or using physical aggression would result in a request for a re-screening.
- A child with a new diagnosis of ADHD would not result in a re-screening. A child whose repeated impulsive behavior results in considerable safety risk and/or interferes with functioning in at least one life domain would result in a request for a re-screen.

NOTE:

- *Observed, documented change:* The change in behavior or functioning must be seen, identified, and recorded. To be considered for a re-screening, the change in behavior needs to endanger the child's own safety or well-being OR endanger the safety of others.
- *Ongoing change:* The observed and documented change needs to occur over time and cannot be a one-time event.
- The emphasis is on a change in behavior and is not meant to capture a new diagnosis or result of urine analysis.

Supervisor Role

- Staff with the caseworker any questions/concerns the caseworker has with CANS screening results.
- Approve the supervision plan in accordance with CANS screening results.
- Review requests for re-screening within the 12-month period and approve as appropriate.
- Determine the appropriateness of planned use of restraint prior to seeking approval on a supervision plan, including physical restraint, from the child welfare program manager.