

FOR YOUR INFORMATION

FYI FYI FYI FYI FYI FYI FYI FYI FYI FYI

Issue 21- 05 (REV)

Date: 04/26/21

The Child and Adolescent Needs and Strengths (CANS) Assessment

In July 2019, the Department released an [FYI \(19-23\)](#) outlining the first phase of the implementation of the use of the CANS assessment. During the first implementation, in collaboration with the Continuing Services (CS) CSW, specialized Level of Care (LOC) CSWs completed the CANS assessment for all children entering care on or after 07/01/2019.

This is to inform staff about the next phase in the County's implementation of the CANS assessment. During this next phase, implementation of the CANS will proceed as follows:

- For all referrals promoted to a case, an Initial CANS assessment will be completed by Emergency Response (ER)/ERCP/MART CSWs.
- For all existing open cases, the CS CSW will complete the CANS as follows:
 - Initial CANS Assessment: This applies to any case that was open prior to July 1, 2019 and remains open. The CS CSW is responsible for completion of the Initial CANS if it was not completed.
 - CANS Reassessment: This applies to existing open cases where an Initial CANS was completed. At a minimum, a reassessment must be completed bi-annually (i.e., every six (6) months).

Implementation

Implementation of the new CANS assessment process will begin April 1st, with full implementation by July 1, 2021:

Phase 1 to commence on April 1, 2021 and will include Pomona, El Monte/Covina, W. San Fernando, Santa Clarita, Lancaster offices and ERCP.

Phase 2 to commence on May 1, 2021 and will include Compton-Carson, Glendora, Vermont Corridor, Wateridge, Hawthorne, Metro North offices and MART.

Phase 3 to commence on June 1, 2021 and will include South County, Santa Fe Springs, Torrance, Palmdale, Belvedere, Pasadena, Van Nuys, W. LA offices.

Training/Certification Requirements

[CANS re-certification training](#) is required annually for the following staff:

- The staff responsible for administering the CANS
- Supervisors of those staff who administer the CANS
- Assistant Regional Administrators (ARAs) are strongly encouraged to be certified and maintain annual certification.
- Other staff, as required by their manager



If you have any questions regarding this release, please e-mail your question to:

Policy@dcsf.lacounty.gov

(right click to open footer section and access link)

Background

After the State of California came to a resolution with the Kate A. lawsuit, [All County Letter \(ACL\) 15-11](#) was issued to remind county child welfare departments that they assume responsibility for ensuring that every child/youth/NMD with an open child welfare case be screened for possible mental health needs at intake and at least annually thereafter. From there, the State introduced the Continuum of Care Reform (CCR) Act.

CCR initiated significant reforms in child welfare, including but not limited to, the introduction of Child and Family Teams (CFTs) and, more recently, the use of the CANS assessment. The State selected the CANS assessment for counties' use to guide and inform team members in Child and Family Team Meetings (CFTMs). Specifically, the CANS assessment aids child welfare agencies in assessing child safety and well-being; identifying a range of social and behavioral healthcare needs; supporting care coordination and collaborative decision-making and; monitoring outcomes and services. The CANS is intended to support better communication between agencies, youth and families to develop a shared vision.

Per All County Letter ([ACL 18-09](#)), the CANS Assessment must be used to:

- Inform case plan goals
- Inform CFTs in key areas, including (as applicable) but not limited to:
 - Identifying immediate safety concerns
 - Determining if the child, youth, or nonminor dependent (NMD) has unmet behavioral health or substance use needs
 - Informing placement decisions
 - Informing the Level of Care (LOC) determination
 - Identifying educational needs
 - Identifying any immediate support needs of the family or care provider, such as coaching or respite care
 - Developing a comprehensive plan to support safety, permanency, and well-being

The CANS assessment will replace the following:

- Mental Health Screening Tool (MHST)
- Family Strengths Needs Assessment (FSNA)
- Child Strengths and Needs Assessment (CSNA)

Administration of the CANS

In addition to the below, staff are encouraged to review and use the [CANS toolkit](#) for guidance on use of the CANS assessment tool.

Completing an Initial CANS

For all referrals promoted to a case, an Initial CANS must be completed by the ER/MART/ERCP CSWs no later than thirty (30) days from the date of removal for court and voluntary Family Reunification (FR) cases, or from the date the referral was promoted to a case for all other cases. **Exception: ERCP 2PEN cases may be immediately transferred per current policy. For these cases, the CANS is to be completed by the CS CSW.** If a child has urgent mental health needs, the CSW can submit a Mental Health Referral (MHR) via the DCFS Referral Portal at any time before and after case promotion.

- If the child has Department of Mental Health (DMH) involvement, then the ER/MART/ERCP CSW is to collaborate with the DMH/mental health provider (DMH-MHP) to determine the status of any CANS that they may complete, or



If you have any questions regarding this release, please e-mail your question to:

Policy@dcfs.lacounty.gov

(right click to open footer section and access link)

already completed. The CSW shall obtain confirmation from the provider should the provider take primary responsibility for completing the Initial CANS assessment within the required thirty (30) days.

- The ER/MART/ERCP CSWs are required to complete the CANS unless it is an ERCP 2PEN case (as noted above) and/or the DMH-MHP has confirmed that they will complete it within the required timeframe.

The following table outlines who is responsible for completing the Initial CANS for new cases based on assignment or case-specific circumstances:

Specific Situations	Responsible Agency and CSW for Completing the Initial CANS
New cases and child/youth has current DMH involvement prior to case opening.	The ER/MART/ERCP CSWs are required to complete the CANS unless they obtain the CANS from (the) DMH-MHP or DMH-MHP has confirmed that they will complete it within the required timeframe. <ul style="list-style-type: none"> • Exception: ERCP 2PEN cases
New cases and child/youth does not have current DMH involvement prior to case opening.	The ER/MART/ERCP CSWs are required to complete the CANS. <ul style="list-style-type: none"> • Exception: ERCP 2PEN cases

Procedures

Completion of an Initial CANS Assessment for Newly Opened Cases

The ER/MART/ERCP CSW will complete the CANS except when a case has been identified as an ERCP 2PEN case. ERCP 2PEN cases may be immediately transferred per current policy. For these cases, the CANS is to be completed by the CS CSW,

ER/MART/ERCP CSW Responsibilities

1. The ER/MART/ERCP CSW shall complete the CANS and ensure that the ratings are entered into Child Welfare Services California Automated Response and Engagement System (CWS-CARES).
 - The CWS-CARES, includes an online CANS tool for certified CANS users to enter their communimetric scores.
 - If the child/youth/NMD is currently receiving MH Services from a Community MHP, the ER/MART/ERCP CSW will collaborate with the MHP to obtain or aid in completing the communimetric CANS. If the MHP did not complete the CANS, the ER/MART/ERCP CSW is required to complete the CANS and enter the results into CWS CARES. Designated clerical support can enter ratings into CWS CARES if CSWs complete a Paper CANS.
2. Every effort shall be made by the ER/MART/ERCP CSW to enter a rating for each item in every domain.
3. If unable to determine a rating on any item, proceed as follows:
 - a. Click the “Discretion Needed” box.
 - b. Rate the item a zero “0”
 - c. In the “Comments” box, enter “Unable to rate due to limited information” and document any first impressions.
 - d. In the Domain Comment box, indicate the item number and provide a brief narrative as to why the item could not be fully rated.



If you have any questions regarding this release, please e-mail your question to:

Policy@dcfs.lacounty.gov

(right click to open footer section and access link)

4. When the CANS is completed, save it as pdf, then create the Mental Health Referral (MHR) in the DCFS Referral Portal and upload the CANS pdf as an attachment. All CANS regardless of ratings will be evaluated by DMH Specialized Foster Care (SFC).
 - CANS that have a rating of a "3" in the Behavior Emotional Needs domain and/or the Risk Behaviors domain will be flagged for priority review by CSAT and DMH SFC.
 - a. Be specific about your concerns and documentation of the immediate dangers to self or others.
 - b. Prior to transferring the newly opened case to continuing services (CS), finish rating the unrated CANS items (using the guidelines above for items unable to fully rate).
5. If you learn that the child/youth/NMD is an immediate danger to self or others, contact ACCESS (Psychiatric Mobile Response Team) immediately at 1-800-854-7771. The office's CSAT team is available for consult via telephone or in-person if necessary.
6. Once all of the items in all of the domains have been assigned a rating the ER/MART/ERCP CSW will notify their SCSW via email or hard copy, that they are ready for the SCSW to review the CANS and supporting documentation, if any.
 - The SCSW will review and approve the CANS in CWS-CARES.
 - If the CANS requires modifications, the SCSW will immediately notify the CSW to make the needed revisions and resubmit for approval.
7. [Complete the Initial Case Plan prior to transferring the case to CS](#), if:
 - The CANS assessment is completed and;
 - The CFTM is held prior to transferring the case to CS and;
 - A CS CSW and/or DI CSW was not present at the CFTM.

Per current [case plan development guidelines](#), if a CFTM is not convened following the out-of-home care placement, the ER/MART/ERCP CSW must transfer the case no later than ten (10) calendar days from the date of placement to allow the CS CSW time to convene a CFTM and complete the Initial Case Plan within the required forty-five (45) to sixty (60) day timeframe.
8. File a hard copy of the completed CANS in the purple case folder.

ER/MART/ERCP Supervising CSW (SCSW) Responsibilities

1. Review the completed Initial CANS assessment and, as applicable, the Initial Case Plan to ensure that the CANS assessment aligns with the information obtained during the interview/investigation process and the referral disposition and, as applicable, informs the case plan. The review shall include the following:
 - a. Contacts with child/youth, caregiver, parent(s), CSW and service providers and;
 - b. Case records supporting the CANS assessment results.
2. Review the CANS for ratings of 2's & 3's. Each rating of a 2 or 3 should be accompanied by a comment in the Item Level Comment Box. These comments are to support the context of why the rating of 2 or 3 is warranted and will assist Mental Health and CS with understanding why the rating was applicable.
3. Approve the Initial CANS assessment in CWS-CARES by updating the Assessment Date within the CANS Assessment form to the current date the SCSW is 'approving' the CANS, then, as applicable, approve the Initial Case Plan and return to the ER CSW.

Completion of a CANS Update/Assessment or Reassessment for New and Open/Ongoing Cases

- CANS Update: This occurs when a referral is promoted to a case and the ER/MART/ERCP CSW has completed the Initial CANS, but was unable to fully rate each item/domain. The CS CSW completes the on-going



If you have any questions regarding this release, please e-mail your question to:

Policy@dcfs.lacounty.gov

(right click to open footer section and access link)

assessment process in the context of the CFT. The CS CSW is responsible for updating and finalizing the CANS so that each item in every domain is rated.

- CANS Reassessment: This applies to existing open cases where an Initial CANS was completed. At a minimum, a reassessment must be completed bi-annually (i.e., every six (6) months).
- Initial CANS Assessment: This applies to any case that was open prior to July 1, 2019 and remains open. The CS CSW is responsible for completion of the Initial CANS if it was not completed. This is to be done prior to and in sync with the Case Plan Update.

CS CSW Responsibilities

1. If an MHP is assigned to complete a CANS initial assessment or reassessment, take the following steps:
 - a. Contact the MHP to discuss completion of the CANS assessment.
 - CSWs should be mindful that the completion of the CANS assessment is the responsibility of the assigned CSW based on the above ER/MART/ERCP and CS CSW responsibilities for the Initial CANS assessment and CS CSW responsibilities for CANS reassessments.
2. Follow the ER CSW Responsibilities above for completion of the CANS.
 - The CS CSW should discuss the CANS with their SCSW, hold the Family Engagement and or CFTM, before finalizing the CANS in CWS-CARES.

CS Supervising CSW (SCSW) Responsibilities

1. Review the completed CANS assessment and, as applicable, the Case Plan to ensure that the CANS assessment aligns with known information. The review shall include the following:
 - a. Contacts with child/youth, caregiver, parent(s), CSW and service providers and;
 - b. Case records supporting the CANS assessment results.
2. Review the CANS for ratings of 2's & 3's. Each rating of a 2 or 3 should be accompanied by a comment in the Item Level Comment Box. These comments are to support the context of why the rating of 2 or 3 is warranted.
3. Approve the CANS assessment in CWS-CARES by clicking updating the Assessment Date within the CANS Assessment form to the current date the SCSW is 'approving' the CANS, then, as applicable, approve the Case Plan and return to the CS CSW.



If you have any questions regarding this release, please e-mail your question to:

Policy@dcsf.lacounty.gov

(right click to open footer section and access link)