**CANS Practice Guidelines**

**School Based Programs**

**Why am I using the Child and Adolescent Needs and Strengths Assessment (CANS)?**

The CANS is the chosen progress monitoring tool for children in BI programming as of Fall 2016, per the Department of Mental Health (DMH). It is designed to answer the question “Are children and families getting their needs met through our services?”

At the individual level, the CANS is intended to be a communication tool. The goal is to identify and prioritize a client and family’s needs and strengths in a way that is comprehensive and easy to understand.

The CANS should inform your Treatment Plan and Behavior Support Plan, and be used as a way to celebrate successes that students and their families have made, as well as identify when new approaches are needed if problems are not being resolved.

**When is the tool administered?**

For the first year of implementation, DMH has recommended that the CANS be administered initially in October and then again in May. There will obviously be exceptions to this depending on whether students enter BI programming mid-year. In these cases CANS should be completed when the student enters programming and then can be used for reassessment as long as there is a *3 month gap* in between initial and reassessment. This means if a student enters programming by March it is expected that they have an initial and reassessment completed before the end of the school year.

**How is the tool administered?**

The expectation is that all appropriate parties (parents, DCF, foster parents, counselors, school personnel) are *contributing* to the information collected on the CANS. This does not mean that all questions need to be answered in a team setting.

* A team meeting is ONEway to collect CANS information. If completed in this way the child’s needs and strengths should be discussed and the CANS administrator should guide the discussion to obtain information for scoring. However, *the tool should NOT be read word for word,* and the final decision for the most appropriate score still lies with the certified administrator of the tool.
* A CANS certified provider may score the tool on their own. The expectation is that providers have done their due diligence to collect information from the appropriate parties involved, either by attending team meetings, speaking to parents on the phone or in person, reviewing records in the chart, etc. Providers should be prepared to explain any scoring with the family or team if that is requested and the releases allow.
* Reassessments should not be completed blind. They are meant to be “check ins.” When completing a CANS reassessment it is both convenient and best practice to populate previous answers and “check in” on them with the team, vs. starting from scratch.

**Guidelines on privacy and release of information:**

All requests for a copy of the CANS must go through the Release of Information process to document the information was released from the chart and to whom it was given. Please note that this assessment has *caregiver protected health information* on it. All caregivers should be given the option to review the document before releasing it to third parties. If a caregiver requests information to be redacted before release, please contact your compliance officer for guidance.

**Common Questions:**

**How strict is the “30 days” time frame?**

Most items ask if there is evidence of an issue in the last 30 days. This is not meant to be a rigid guideline. If the child had a significant anger outburst 34 days ago and it is relevant to scoring, then it should be considered. Relevancy trumps the timeline.

**What if certain items have no evidence because a support is in place to maintain appropriate behavior? ie: Student is attending regularly only because truancy specialist is supporting that transition.**

The scoring should reflect the child, *not the child in services.* If the child requires a targeted service to support attendance, then attendance issues should be rated as a need. Or if the child has not harmed anyone in the last 30 days due to seclusion from peers due to concern about harming others, then this item should *not* be rated as a 0, but should be reflected as a need.

**How do I know which caregiver to score? What if the child is in DCF custody?**

The caregiver scored should be the one identified in the permanency plan by DCF. ie: If bio parents are the plan for permanency and there is visitation to support gathering information about their current caregiver capacity, then they should be considered the caregiver. The question should be what do the caregivers need in order to effectively parent the child, even if the child is not in their home at the moment.

**What if no permanency plan is available***?*

General rule is DCF states the current expectation is to return the child to their bio parents within 6 months, and the bio parent currently has access to the child for visitation, then score them as the caregiver. If DCF cannot say they plan to do that, or the child has not seen their bio parent in the last 30 days, then score the foster parent.

**What if one parent/caregiver has a need in an area and their partner does not? Which one do I rate?**

Score caregivers as a unit *as it relates to the child.* For example, with Organization - If one parent is very disorganized, but this does not result in the child not getting to school, or missing appointments, because the other parent is organized and makes up for that issue, then organization is not a need as it relates to the child.