

Chapter 5

Section 6: Child and Adolescent Needs and Strengths (CANS)

Child and Adolescent Needs and Strengths (CANS)

CANS screening integrates information about a child’s needs and strengths for the purposes of:

- I. Case planning,
- II. Service planning, and
- III. Determining the supervision needs of the child.

There are two versions of the CANS tool:

- I. One is for children 0 to 5 years, and
- II. The other is for children 6 to 20.

An individual trained and certified through the department conducts a CANS screening. CANS screening provides information to establish:

- I. A level of care for a child (whether the child will receive an additional level 1, 2, or 3 payment);
- II. Areas where a child has identified supervision needs; and
- III. Important case planning information.

CANS results contain seven domains. Each domain identifies needs or strengths of a child.

Domains:

Six needs	One strength
Risk factors: Present safety needs	Strengths: Useful strengths are rated 0-1 Strengths to build on are rated 2-3.
Traumatic experiences: All traumatic experiences the child or young adult has gone through	
Adjustment to trauma: Present symptoms the child exhibits from trauma they have experienced	
Life domain functioning: Daily functioning needs	
Acculturation: Cultural, identity and language concerns	
Emotional and behavioral needs: Mental health needs	

Each item has a possible rating score from 0-3. Depending on the rating, a different response is needed.

Items:

Needs	Strengths
0 – No evidence or no concern	0 – Centerpiece
1 – Watch or prevent	1 – Useful strength
2 – Action needed	2 – Potential strength
3 – Immediate or intensive action	3 – None identified

Items in the need-based domains and rated a 2 or 3 are considered actionable items. These items are the child's needs to address.

Initial CANS screening

You must refer every child placed in substitute care for CANS screening. The timing for this is between the 14th and 21st day of out-of-home care. CANS screening provides valuable information for:

- I. Case planning,
- II. Service delivery, and
- III. Establishing a level of care payment for 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. Submit the referral to the staff member in the branch office who coordinates referrals and sends completed referral information to the CANS screener.

- I. The screener submits the results of the CANS screening to a central office level of care supervisor who:
 - A. Reviews the results,
 - B. Sets the effective date, and
 - C. Approves the CANS.

The above determines a level of care through an algorithm.

- II. Once CANS results have been determined, receive and review the information. The information describes the child's:
 - A. Strengths,
 - B. Presenting behaviors and functioning,
 - C. Functional domains where additional supervision is necessary to manage the needs of the child, and
 - D. Recommendations for services based on the identified needs.

When reviewing the information, complete the following:

- A. Does the child currently have suicidal ideation or intent? If so, review the supervisor plan created during the CANS screening. Assess whether the plan is appropriate or needs modification. Contact the substitute caregiver to review how the plan is working. Also, whether the child has any immediate supervision needs not being met by the substitute caregiver.
- B. Review the CANS screening results with the certified family. This can be done during a required face-to-face contact.
- C. Gather information about both the child's strengths and the child's supervision needs.
- D. Incorporate this information into the case plan:
 1. Refer the child to services or further assessments recommended in the CANS screening.
 2. Determine if additional services are needed to provide for the supervision needs of the child.
 3. Determine if the child's educational needs are being appropriately addressed. Based the determination on the information in the CANS screening.

Level of care

CANS screening may result in a child's eligibility for a level of care payment. This payment would be in addition to the base rate reimbursement to the foster parent or relative caregiver. See Appendix 5.2 for rates for the base rate as well as level-of-care amounts. See Appendices 5.3a and 5.3b to understand the individual domains of the screening and the 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 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:

I. Food

- A. This includes the cost to cover a child's special or unique nutritional needs.

II. Clothing

- A. This includes purchase and replacement.

III. Housing

- A. This includes maintenance of household utilities, furnishings and equipment.

IV. Daily supervision

- A. This includes maintenance of household utilities, furnishings, and equipment. It also includes teaching and directing to ensure safety and well-being at an appropriate level based on the child's age.

V. Personal incidentals

- A. This including personal care items, entertainment, reading materials and miscellaneous items.

VI. Transportation costs

- A. This includes local travel associated with gas and oil expenses. It also includes vehicle maintenance and repair associated with transportation to and from:

1. Extracurricular,
2. Childcare,
3. Recreational, and
4. Cultural activities.

Supervision plan

A supervision plan is a documented set of strategies to help a certified family to provide what is necessary to promote and ensure a child's safety and well-being in the areas of:

- I. Additional support,
- II. Observation,
- III. Direction, and
- IV. Guidance.

A supervision plan must be used when:

- I. CANS screening results indicate a level of care that requires enhanced supervision, or
- II. When a child with a level of care moves from one substitute care placement to another substitute placement.

Procedure

- I. Within 30 days of receipt of the CANS screening results that indicate a level of care that requires enhanced supervision, contact the certified family. Explain the needs and supervision requirements necessary to maintain safety and support the well-being of the child.
- II. When a child with a current supervision plan moves to another certified home, follow procedures to develop a supervision plan outlined below. Do so during, or shortly after, the placement process but no later than 30 days after placement.
- III. Arrange a meeting with:
 - A. The certified family
 - B. The child when age and developmental level is appropriate, and
 - C. Others involved in the child's life. This may include:
 1. The child's therapist,
 2. A teacher,
 3. Attorney or a CASA,
 4. Parents and other relatives, or
 5. Others as appropriate.
- IV. During the meeting, develop a supervision plan that meets the supervision needs of the child.

- A. Focus the meeting on addressing issues identified in the CANS screening. Include the following:
 1. The actions or activities to be provided by the certified family and any other individuals to meet the child's identified needs. Examples of actions may include:
 - Proactive use of space,
 - Routine,
 - Structure of the environment,
 - Positive reinforcement, and
 - De-escalation techniques.
 2. The actions and assistance the department will provide to support the certified family to:
 - Address the needs of the child, and
 - Maintain 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
 - An increase in caseworker contact.
 3. The actions the child is to take, if applicable. For instance, if developmentally appropriate for the child, for the child to engage in counseling or participate in youth transition services.
 4. The people responsible for monitoring the child's supervision needs. Most of the time, this includes the child's caseworker, but a plan can also include the family's certifier or a community partner.
 5. How the people 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.
 6. When the plan is to be reviewed (at least every 60 days).
- B. The caseworker, the certified family and other individuals who are to:
 1. Provide specific actions in the supervision plan, and
 2. Sign the supervision plan.
- C. Have the child sign the supervision plan, if appropriate.
- D. Submit the supervision plan to the supervisor for approval.
- E. Review the supervision plan at least every 60 days. The review takes place during face-to-face contact in the certified family's home.
- F. During 30-day face-to-face contact with the child, be sure to address:
 1. Child safety,

2. Well-being issues,
 3. How the child is doing, and
 4. Particularly address concerns raised in the CANS screening.
- G. Base the level of supervision actions on the level of care indicated in the CANS screening:
1. **Level 1 (moderate needs)** means the certified family must provide an environment with:
 - Additional support,
 - Direction,
 - Observation, and
 - Guidance.

This environment is to ensure a child's safety and well-being, beyond the level of supervision typically required for a child of the same age.
 2. **Level 2 (intermediate needs)** means the certified family must provide a **structured** environment with:
 - Additional support,
 - Direction,
 - Observation, and
 - Guidance.

This environment is to ensure a child's safety and well-being, beyond the level of supervision typically required for a child of the same age.
 3. **Level 3 (advanced needs)** means the certified family must provide a **highly structured** environment with:
 - Additional support,
 - Direction,
 - Observation, and
 - Guidance.

This environment is to ensure a child's safety and well-being beyond the level of supervision typically required for a child of the same age.
- H. Supervision plan with use of physical restraint. If the child has significant behavioral issues and use of a planned physical restraint is part of the supervision plan, extra responsibilities must occur:
1. The certified family must have completed the physical restraint training required by ODHS. Work with the family's certifier to refer for the training if the family has not completed it. Involve the family's certifier as needed to discuss these requirements with the family and provide the family with the forms.
 2. Focus the plan on intervention strategies to modify the child's behavior without the need for the physical restraint. 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

- No alternate actions are sufficient to stop a child's behavior.
- 3. Submit the plan to the child welfare program manager for approval.
- 4. Provide copies of the signed plan to the:
 - Certified family, and
 - Certified family's certifier.

File a copy in the child's file.

- 5. Document a summary of the supervision plan in case notes and provider notes.
- I. Monitoring the supervision plan.
 - 1. At each face-to-face contact, assess whether the certified family is meeting the supervision needs of the child. Also, whether the supervision needs of the child have changed.
- V. If the supervision needs of the child are not being met, you must assess the child for safety; refer to Chapter 4, Managing Child Safety In and Out of the Home.
- VI. If the child is safe, but their supervision needs are not being met, ask the family's certifier if there are resources available to provide the family:
 - A. Training, or
 - B. Other support.

Case planning

Use the child's CANS results for case planning purposes. CANS can be used for:

- I. Placement matching,
- II. Reunification planning,
- III. Services, and
- IV. Interventions.

The focus of this all is the child's well-being.

- I. Look over the current CANS results of the child to determine their needs and strengths and how they may fit in a home. This will help consider if a placement may be a match.
- II. When planning for a return home, share and use the current CANS results as part of the reunification process. At the same time, assess parental protective capacities.
 - A. Share CANS results with the parent(s) or current guardian and child. This will help them become aware of the needs the child is exhibiting. Also share CANS results with others involved in the reunification process. Examples are the child's school or mental health providers.
 - B. When you share the CANS results, discuss with the family how the parental protective capacities are, or are not, suited to meet the needs of the child. Furthermore, discuss how the parent(s) will address those

needs.

- III. Identify services and interventions for the child by using the CANS results to determine what needs the child has. Discuss these with service providers and family. Decide which family services and interventions are appropriate. Consider actionable need-based items, items rated 2 or 3. Use them to help identify services and interventions.

Examples:

- I. A child or youth scores a 2 or 3 on anger control, danger to others, or aggressive behavior due to behaviors at home or school when frustrated. Refer the child to wraparound services, if available or eligible.

An in-home plan explains how parents can manage aggression and is specific. The plan includes:

- A. Physical outlets and alternatives,
- B. Routines,
- C. Ownership techniques,
- D. Clear consequences,
- E. Positive reinforcement methods, and
- F. Coping techniques.

Work to develop the plan with the parents or guardian and child or youth. Enlist the help of a counselor or behavior consultant. Share the CANS results with the school. Include their input in the plan. Consider additional services, such as:

- A. Parenting classes,
- B. A mentor for the child,
- C. After-school programs, or
- D. In-home services.

- II. A child or youth scores a 2 or 3 on anxiety or depression. Have the child or youth work with a counselor to address the anxiety and depression.

Explain how the parents can support the child in an in-home plan. The plan can include:

- A. Providing relax times;
- B. Developing routines;
- C. Monitoring what the child is exposed to (TV, internet, movies);
- D. Determining what events are stressful and how to recognize them before the anxiety starts;
- E. What coping strategies the child can use, physical activities; and
- F. Other suggested strategies.

Develop the plan with the family and a professional counselor as needed. Share the plan with those involved in the implementation of the plan. Consider additional services such as:

- A. Parenting classes,

- B. One-on-one counseling,
 - C. Group or family therapy,
 - D. In-home services,
 - E. A mentor for the child, or
 - F. After-school programs.
- III. A child or youth scored a 2 or 3 on sexual behavior. Have the child or youth work with a counselor or therapist as needed to address current behaviors or past trauma. Develop an in-home plan for the family that helps the parents establish clear boundaries that protect the child. The plan includes:
- A. What the parents do if they see inappropriate sexualized behavior;
 - B. How they report it to the caseworker and a therapist;
 - C. Structures and routines;
 - D. What supervision is required and when;
 - E. Bedroom and bathroom protocols; and
 - F. What appropriate play would be acceptable for the child or youth.

Consider additional services, such as:

- A. Parenting classes,
 - B. One-on-one counseling,
 - C. Group or family therapy,
 - D. In-home services,
 - E. A mentor for the child, or
 - F. After-school programs.
- IV. 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, consider a CANS rescreen as outlined in the Subsequent CANS Screening section of this chapter.

Subsequent CANS screening

Procedure

- I. With supervisory approval, refer each child for a CANS screening:
 - A. Within 12 months from the date of the initial CANS screening and the child remains with a certified family, or
 - B. When a child or young adult returns to a placement with a certified family after a Behavior Rehabilitation Services (BRS) placement of six months or longer.
- II. With supervisory approval, refer a child for a re-screening, when:
 - A. A child or young adult is living with a certified family, and

B. The certified family has observed:

1. Ongoing, documented changes in behavior or functioning, which:
 - Has not improved through a revision of the supervision actions and activities provided by the certified family and other individuals, or
 - Endangers the child's safety or the safety of others, and
 - The last CANS screen was completed more than 90 days before the current CANS re-screening referral. (An exception to the 90 days can be approved through the level of care manager.)

Examples:

- I. A bottle of beer is found in the bedroom of a teen. This **would not** result in a re-screen. However, it should result in consequences and possible service referrals for the child. A teen coming home intoxicated and acting belligerent or aggressive over time **would** result in a request for a re-screen.
- II. A child receives after-school detention for one day. This **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.
- III. A young adult staying out past curfew or overnight one time. This **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-screen.
- IV. A young child yelling at a foster parent when upset. This **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-screen.
- V. 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 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:

- A. Seen,
- B. Identified, and
- C. Recorded.

To be considered for a re-screen, the change in behavior needs to:

- A. Endanger the child's own safety or well-being, or
- B. Endanger the safety of others.

- VI. **Ongoing change:** The observed and documented change needs to occur over time. It cannot be a one-time event.
- VII. The emphasis is on a change in behavior. It is not meant to capture a new diagnosis or result of urine analysis.

Supervisor's role

- I. Staff with the caseworker any questions or concerns they have with the CANS screening results.
- II. Approve the supervision plan in accordance with CANS screening results.
- III. Review requests for a re-screen within the 12-month period and approve as appropriate.
- IV. Determine the appropriateness of planned use of restraint before seeking approval on a supervision plan from the child welfare program manager. (This includes physical restraint.)