



CANS: CHILD & ADOLESCENT NEEDS AND STRENGTHS
FAQS: Frequently Asked Questions

QUESTIONS	RESPONSES
DEFINITIONS	
<p>1. Who should be trained in the CANS?</p>	<p>Each program/agency will ensure that provider staff are trained and certified in the CANS Comprehensive 5+ (and the CANS: Early Childhood version for provider staff that serve clients birth through age 5).</p> <p>Each program/agency will ensure that supervisors/managers are trained and certified in the CANS Comprehensive 5+ and/or the CANS: Early Childhood.</p> <p>Each program/agency directors/executives will receive an overview of the CANS training.</p> <p>Please refer to the Operational Standards for additional information.</p>
<p>2. Who can be a CANS Peer Mentor (Super User)?</p>	<p>A CANS Peer Mentor is a person identified by the agency who uses the CANS on a regular basis and has the ability to articulate the philosophy of the CANS and person-centered and strengths based way of administration. While trainers can be considered peer mentors, not all mentors are trainers.</p>
<p>3. Who can be a CANS trainer?</p>	<p>To be a CANS Comprehensive 5+ trainer, one must have received a reliability score of .80 or above on the CANS 5+. Potential trainer must also be comfortable making presentations to an audience, comfortable developing a narrative/sponsorship statement and have their own stories to tell about using CANS with families.</p> <p>To be a CANS: EC trainer, one must have been trained in the CANS: EC and received a reliability score of .80 or above. Also must have a foundational knowledge in Early Childhood Development and Mental Health. Potential trainer must also be comfortable making presentations to an audience, comfortable developing a narrative/sponsorship statement and have their own stories to tell about using CANS with families.</p> <p>A trainer is an agency-designated position.</p>
<p>4. What is the Praed Foundation?</p>	<p>The Praed Foundation is a public charitable foundation committed to improving the wellbeing of all through the use of personalized, timely and effective interventions. https://praedfoundation.org/</p> <p>The Praed Foundation maintains the copyrights on the Child & Adolescent Needs and Strengths (CANS), the Family Advocacy and Support Tool (FAST), the Crisis Assessment Tool (CAT), and the Adult Needs and Strengths Assessment (ANSA).</p>



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TRAINER AND PEER MENTOR ROLES	
1. What is the role of the CANS Trainer?	<p>This agency designated person has been trained to be a CANS Trainer either by Dr. Lyons or by an official and approved Trainer by Dr. Lyons.</p> <p>The agency designated trainer will provide training on the CANS to all new hires, transfers, and intern/trainees who provide services to children ages 0-18 and their families and which will lead to their certification.</p> <p>Any staff person who provides therapeutic and/or home visitation services to this population must be trained on the CANS and be certified and recertified annually. Please refer to Operational Standards for program exceptions.</p> <p>As a person-centered and strengths based system of care, there will be emphasis that administering the CANS is an interactive process of engagement and exploration of needs and strengths.</p>
2. What is the role of the CANS Peer Mentor/Super User?	This designated person has the CANS expertise and knowledge to share with peers and, therefore, can be available to provide support and be a “go to” person for questions about the CANS.
3. How will the CANS Peer Mentor/Super User and trainer work together?	Mentor/Super User should provide feedback to the trainer if questions arise repeatedly.
TRAININGS, CERTIFICATION, AND RECERTIFICATION	
1. When will the next CANS trainings be held?	<p>The Behavioral Health Services Department (BHSD) sponsored CANS trainings are offered sparingly through the year. Trainings are also offered through Title IV-E. Certification is completed online with the Praed Foundation (https://tcomtraining.com/login). It is recommended that agencies build trainer capacity in-house to support the use of CANS and preparation for certification/re-certification.</p> <p>The BHSD may sponsor a Train the Trainer option once per year or every other year. The Train the Trainers program will be a 1-day training with Dr. John Lyons or a designated representative from Chapin Hall/Praed Foundation to train agency-designated staff to be a CANS trainer for their agency. This is to build internal capacity to train and support new staff and interns/trainees.</p>
2. Agency does not currently have a CANS trainer, is there another option?	Yes. Please reference the “CANS Certification and Re-certification Policy” posted on the BHSD CANS website (https://www.sccgov.org/sites/BHSD/Providers/PQIC/CANS/Pages/default.aspx).



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3. What is the process of recertification?	<p>Please reference the CANS Certification and Re-certification Policy on the SCCBHSD website (https://www.sccgov.org/sites/BHSD/Providers/PQIC/CANS/Pages/default.aspx).</p> <p>Provider staff need to be recertified annually by the anniversary date of their initial certification. Each agency is responsible to ensure that their staff are certified and recertified though the Praed Foundation, though in-house (live) trainings are recommended, particularly for persons who are new to the material.</p>
4. If staff are re-certifying after July 1, 2017 - assume they are doing so on new manual.	<p>The training has already been updated to reflect the new manual. The online training was updated by the Praed Foundation; the most recent train the trainer was focused on the new manual. As a reminder, trainings are focused on a “how-to” approach, rather than getting into the details of the items. That should be done more under the frame of clinical supervision and general assessment training.</p>
5. What happens when a clinician is not certified or recertified, and a client on their caseload is due for a CANS re-assessment?	<p>A clinician or provider staff person who is not certified or recertified cannot administer the CANS 5+ or CANS: EC. Clinician or provider staff person needs to consult with their clinical supervisor or program manager.</p>
ADMINISTRATION OF CANS	
1. When is the CANS administered?	<p>The CANS will be completed with new clients and with current clients during treatment plan review/update.</p> <p>Please refer to the Operational Standards for additional information.</p>
2. How is the CANS administered?	<p>As a person-centered and strengths based system of care, the administration of the CANS is an interactive process of engagement and exploration of needs and strengths.</p>
3. Do you recommend that the CANS manual be given to the client or just the score sheet?	<p>The administration of the CANS is an interactive and collaborative process of engagement and conversation. Staff administering the CANS should utilize their clinical judgment and best practice on how to administer and complete the CANS with each of their unique families. The CANS does not have to be completed in 1 session. With the CANS: EC, there is a Family Pre-planning Guide that could be given to families prior to administration. Please download from the BHSD website.</p> <p>Staff should seek consultation from their CANS Peer Mentor or their clinical supervisor regarding any questions related to the process of CANS administration.</p>



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<p>4. How do we claim time spent administering the initial and updated CANS?</p>	<p>Completion of the CANS may be billed as “Assessment” at any point where review/update is clinically indicated. Providers should consult the SCCBHSD Documentation Manual for advice on how to document assessment activities.</p> <p>Once the “initial assessment” is done and signed, there can be additional episodes of “follow-up assessment” provided, again when clinically indicated. Assessment is a recurrent process, especially with children and all their developmental changes.</p> <p>Please refer to the Operational Standards for additional information.</p>
<p>5. We have begun assessing a new referral, but they have opted to not continue with services at this time. It is before the 60 day opening window – do we have to complete an initial CANS?</p>	<p>An initial CANS does not have to be completed if a client was not opened or they were closed within the initial 60 day window. That said, if you have completed it, we encourage you to file it (whether in your system or KIDnet) in case the youth re-opens. This can be helpful historical information for you or others that are working with that youth.</p>
<p>6. A client has been transferred to my program or between U-codes and has had a CANS completed upon their discharge. How should the next administration of the CANS be identified?</p>	<p>When someone transfers from U-Code to U-Code, one doesn’t have to do an actual full-blown reassessment. It can be updated to describe the current functioning that is related to the change in U-Code. As long as within the 30 days, they can use the same CANS which is probably the previous program’s discharge CANS.</p>
<p>7. For those who are over 18 or do not have a caregiver at the time, how do we rate caregiver sections? Is there a NA options if not involved?</p>	<p>At this time we do not have a function to indicate the youth does not have a caregiver. It may be of interest to explore within the workgroup why it was not added, then include it for specific populations (such as 18+). For now, it would not be considered as actionable.</p>
<p>8. For TAY clients who will be turning 18, when is the CANS and MORS administered?</p>	<ul style="list-style-type: none"> • The CANS workgroup decided that they would use the CANS 5+ comprehensive with the CANS 18+module for TAY. They developed the module because they felt that the CANS and the module captured better info than the MORS. Once the TAY transitions to Adult services then the agency would use the MORS. • 18+ module is triggered by the age of the youth, not by any specific item within the CANS. You would still use the CANS 5+ if they are 17 at the time of initial assessment, and the next assessment, when they are 18, would trigger the use of the 18+ module.



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	<p>As of July 1, 2017:</p> <ul style="list-style-type: none"> For existing TAY clients who have no CANS on record, the CANS 18+ that is administered will be considered an “Initial” CANS. This Initial CANS should be completed over the course of the first quarter of the fiscal year (July-Sept 2017). Those that had a CANS but then given the MORS would also administer the CANS 18+ within the first 3 months of fiscal year (July-Sept 2017) and continue to do MORS during that time of transition.
<p>9. 18+ TAY module- caregiver item- how do you rate if the client/youth lost custody of their child?</p>	<p>If the youth has lost custody of their child permanently, then rate the item ‘0’ and write a note as to the fact that the youth lost parental rights;</p> <p>If the youth has lost custody of their child temporarily, then rate it actionable, as they will need support in addressing whatever lead to the child’s removal. Also write a note regarding this circumstance.</p>
<p>10. For the “disruptions in caregivers” is there a time frame for this? Does it depend on client’s own experience of whether disruption was stressful?</p>	<p>Disruptions in caregiving should be part of the Trauma Exposures section. The entire section is rated for the lifetime of the youth. Disruptions in caregiving should be rated whether or not the youth can state if the event was stressful or not (i.e., some youth were separated from their mothers at birth, and later have challenges around this in relation to adoption, etc.).</p>
<p>11. The manual includes a much broader definition of “Exploitation” in the main section than in the CSE module. It seems “Exploitation” could be bullying, psychological abuse, victimization, but then the module is only for “Commercially Sexually Exploited” (CSE) type of victimization. How do we reconcile this?</p>	<p>“Exploitation” does and should reflect all forms. Our CSE module, which is triggered by this item in the CANS 5+, will only reflect those who have been sexually exploited. Therefore, if the exploitation not related to CSE, then the module would show the areas as not an issue, or “not actionable.”</p>
<p>12. Pregnancies and abortion questions for CSE module - is this only during the time of exploitation or lifetime?</p>	<p>Lifetime of the youth</p>



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13. How should a discharge CANS be handled when the client either no shows, drops out of program, or ends treatment before a discharge CANS is completed and will not be completed?	Do not complete a discharge CANS. The discharge date and reason code will be monitored by BHSD for clients who have been discharged and no CANS associated with that discharge.
14. I completed a CANS update on 6/22, my client has asked to be discharged this month (July) and I will be closing her by early next week (mid-July). Would I need to complete/enter a "discharge CANS"?	If within 30 days of doing CANS, it is just a discharge, no updated CANS is needed. If drop or no show after 30 days, use last CANS.
15. How do we claim the discharge CANS?	Typically, if a discharge CANS is completed with a client, re-assessment can be claimed. How a session is claimed depends on the focus and engagement with client. Consult with QI for clarification.
GENERAL QUESTIONS	
1. Where in the chart should the CANS score form be filed?	For County-operated clinics, please file under the miscellaneous area on the left side of the chart. For CBOs, please file with your clinical assessment ("the orange assessment")
2. Is there a certain color required for the CANS score form?	There is no color requirement for the score form.
3. Where are the CANS Comprehensive 5 + and the CANS: EC materials, manuals, score forms, operational standards, and other information available?	Information related to CANS Implementation for Santa Clara County Behavioral Health Department can be found at the Santa Clara County Mental Health Department website -> Business Partners -> Performance Quality Improvement Committee -> Children and Adolescent Needs and Strengths Assessment (CANS): https://www.sccgov.org/sites/BHSD/Providers/PQIC/CANS/Pages/default.aspx
DATA COLLECTION AND SUBMISSION	
1. Can the CANS scores be entered into Unicare?	We no longer enter CANS data into Unicare. Please see the Operational Standards for information on data collection, including KIDnet enrollment and uploading options.



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2. For agencies not entering CANS scores directly into KIDnet, what is the procedure?	Please refer to the Operational Standards or contact Decision Support. For questions: Veronica Marquez Veronica.Marquez@hhs.sccgov.org and Yasmina Janini Yasmina.Janini@hhs.sccgov.org
3. If agency is emailing the CANS data in an Excel Spreadsheet, how is the information HIPAA compliant and protected?	Contact Veronica Marquez Veronica.Marquez@hhs.sccgov.org and Yasmina Janini Yasmina.Janini@hhs.sccgov.org in Decision Support for detailed instructions.
4. What if I have questions or suggestions about KIDnet?	FAQs for KIDnet are available on the BHSD website. You can also connect with Veronica Marquez Veronica.Marquez@hhs.sccgov.org and Yasmina Janini Yasmina.Janini@hhs.sccgov.org in Decision Support for KIDnet-related questions and suggestions.