

Children & Adolescent Needs and Strengths (CANS) Operational Standards

1. Purpose

The Child and Adolescent Needs and Strengths (CANS) is an assessment process in addition to a multi-purpose tool developed for children's services to: support decision making (e.g. level of care and service planning), facilitate quality improvement initiatives, and monitor the outcomes of services. The measure is based on research findings that "optimally effective treatment of children and youth should include both efforts to reduce symptomatology and efforts to use and build strengths" (Lyons, 2009).

2. System Standards

The CANS will be completed with every client served in the Behavioral Health Services Family and Children's Division System of Care for primary mental health programs. The information will be used to inform the client's treatment plan and measure service outcomes.

- a. The CANS will be provided in an interactive process, with the family reviewing CANS scores, in a client-centered and transparent manner.
- b. The CANS will be provided in the preferred language of the client/family members. Santa Clara County Behavioral Health Services Department (SCCBHSD) will provide CANS forms translated into the required threshold languages.
- c. Each agency will ensure that provider staff are trained and certified in the CANS manual appropriate for the clients they serve. Manuals include:
 - i. CANS 5+ (formerly CANS Comprehensive) for staff that serve clients aged 6 to 18 (see Section 3e for information on Transitional Aged Youth over age 18). The CANS 5+ has a CSEC module built in to support youth who are sexually exploited.
 - ii. CANS-Early Childhood [CANS: EC] for staff that serve clients from birth through age 5 (see Section 3d for information on those in Birth to 5 programs who are ages 6-8)
- d. SCCBHSD provided an initial series of trainings for all required provider staff. Each program/agency are to arrange subsequent certification and recertification of their provider staff as needed. Please reference the CANS Certification and Recertification Policy for requirements and recommendations.
- e. Each program/agency will ensure that supervisors/managers are trained and certified in the CANS and that directors/executives receive an overview of the CANS training.
- f. SCCBHSD will provide an initial "Train the Trainer" program. Each program/agency will implement a sustainable "Train the Trainer" method and will follow a program/method approved by SCCBHSD and the CANS developer. Programs/Agencies must have at least 2 trainers to maintain support and sustainability of the CANS.
- g. Any exceptions to use of the CANS 5+ (e.g. CANS Juvenile Justice version) will require approval of SCCBHSD.

3. Standards for CANS Completion

- a. CANS will be completed with new clients and with current clients during treatment plan review/update.
- b. To avoid duplication, a primary service program/agency will be identified and will be responsible for the initial and subsequent CANS.

- c. For clients with multiple MH providers (“open episodes”), each program/agency must collaborate to select the primary provider for CANS completion, which will be identified as follows:
 - i. The program/agency providing the most intensive service level (i.e. hours per month) of service will be considered the primary provider (excluding TBS, which is an adjunct service).
 - ii. For programs of equivalent service level, the program/agency with the longest history and/or expected length of service will be the considered the primary provider.
 - iii. The primary provider will be responsible for completing the CANS and will collaborate with the client, family, and other SCCBHSD network programs/agencies serving the client to share the CANS information. All concurrent providers will use CANS information to create a coordinated treatment plan.
- d. The primary provider will complete the CANS: EC version for clients whose program admit date is prior to their 6th birthday.
 - i. The primary provider will continue to review/update the CANS: EC version until the program discharge date, even if the client turns age 6 prior to program discharge date.
 - ii. In the event the primary provider continues beyond the client’s 8th birthday, the CANS 5+ version will be used for subsequent measures.
- e. 07/2017 UPDATE: Programs that are designed and funded for Transitional Age Youth (TAY) will complete the CANS 5+ with all clients admitted.
 - i. 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.
 - ii. 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.
 - iii. As of July 1, 2017, 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).
 - iv. 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.
- f. The CANS will be initially completed with the client/family within the 60 days of beginning services (admit date), but prior to the treatment plan completion date.
 - i. 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 own EHR/EMR or KIDnet) in case the youth re-opens. This can be helpful historical information for you or others that are working with that youth.
- g. The CANS will be reviewed and updated with the client/family a minimum of every six months from the admit date (or more frequently if clinically indicated to measure progress and revise the treatment plan) and at discharge. Reasons to review/update the CANS include changes in environment or client/family functioning.

- h. If a client is transferred from one program/agency to another, the two programs will work together to ensure that a CANS review/update is completed prior to discharge.
- i. The “receiving” program/agency has the option to review/update the CANS at admission if it is in the client’s best interests. Otherwise, the provider should use the prior completion of the CANS for baseline functioning and treatment planning.
- j. In any event, the “receiving” program/agency will review/update the CANS no later than six months from a prior completion of CANS.

4. Documentation Standards:

- a. The CANS form will not replace the SCCBHSD approved assessment forms (e.g. “orange/salmon assessment form”), but will supplement the assessment process.
- b. Completion of the CANS with the client/family may be billed as “assessment” at any point where review/update is clinically indicated. The provider should consult the SCCBHSD Documentation Manual for recommendations on how to document assessment activities.
- c. 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.

5. Use of CANS for Reporting and Outcomes Measurement

- a. Each program/agency will share CANS information with SCCBHSD to create a reliable data set in order to improve client and system level decision making.
- b. The program/agency will capture CANS data electronically and transmit the data to SCCBHSD using a method and frequency agreed upon with SCCBHSD. Those options include:
 - i. direct entry to KIDnet,
 - or
 - ii. sending an encrypted excel file to Decision Support for upload into KIDnet (this will be phased out by the end of FY 2018 - for those “uploaders,” please contact Decision Support to discuss options)
- c. SCCBHSD will monitor completion rates and provide notices for corrective action.
- d. County sites will utilize KIDnet for entry, alert reports to track dates of CANS completion, and report review.
- e. KIDnet will host reports to inform decisions at the client, program, and system levels. SCCBHSD will also provide extracted reports, as requested, to programs/agencies upon request.