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**ORANGE COUNTY SOCIAL SERVICES AGENCY  
CFS OPERATIONS MANUAL**

**Effective Date:** April 11, 2023

**Policy No.:** D-0315

## **Child and Adolescent Needs and Strengths (CANS) Assessment**

**Purpose** To provide guidelines regarding the completion, update, and use of the Child and Adolescent Needs and Strengths (CANS) assessment.

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**Approved** The policy was approved by CFS Director, Christine Snapper.  
*Signature on File.*

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**Most Recent Revision** This Policy and Procedure (P&P), previously a PDU Dispatch of the same title, incorporates:

- Revised [Attachment 1 — Workflow to Complete Initial Child and Adolescent Needs and Strengths \(CANS\)](#)
- Revised [Attachment 2 — Workflow to Complete Updated Child and Adolescent Needs and Strengths \(CANS\)](#)
- New [Attachment 3 — Workflow for Family Preservation Services \(FPS\) \(formerly known as Voluntary Family Services \[VFS\]\) to Complete Child and Adolescent Needs and Strengths \(CANS\)](#)
- New [Attachment 4 — Strength and Needs Decision Process for CANS Scoring](#)
- The use of the [CANS Coversheet/Mental Health Assessment Referral \(F063-25-837\)](#) replaced use of the *Mental Health Screening Checklist (F063-25-731)*
- The *Mental Health Screening Checklist (F063-25-731)* has been rendered obsolete
- Revised [CANS Coversheet/Mental Health Assessment Referral \(F063-25-837\)](#), a CWS/CMS template
- Clarifications on the use of CANS as a case planning tool and as a tool for the required mental health screening

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## Background

In October 2015, [Assembly Bill \(AB\) 403](#), commonly known as the Continuum of Care Reform (CCR), was chaptered. The intent of AB 403 is to improve California's child welfare system through, in part, use of comprehensive initial child assessments. As detailed in [All County Letter \(ACL\) 18-09](#), the California Department of Social Services (CDSS) selected the CANS assessment tool as the functional assessment tool for this purpose.

Per [ACL 18-81](#), the CANS tool replaced the Family Strength and Needs Assessment (FSNA) and Child Strength and Needs Assessment (CSNA) within Structured Decision Making (SDM).

The CANS is a multi-purpose tool to transform the lives of children, youth, and their families and to improve child welfare programs. When meeting children, youth, parents and caregivers, CANS helps to ask questions for information gathering and is one assessment strategy in working with clients. The CANS can also be a communication tool and allows for a shared language in talking with our clients and creates opportunities for collaboration.

The CANS assessment tool aids in evaluation of a child/non-minor dependent (NMD), as well as the caregiving environment. When used as part of the Child and Family Team (CFT) process, the CANS:

- Provides CFT members with information about the well-being of children and NMDs by identifying individual strengths and needs
- Supports care coordination and aids in case planning activities
- Informs decisions about placement

In addition, use of the CANS tool over time allows for the monitoring of outcomes and services. Working with children, youth and families, their needs change over time. Needs may change in response to many factors including quality clinical providers. One way to determine how effective clinical providers are helping to restore functioning is by re-assessing needs, adjusting treatment or service plan, and tracking change.

The full implementation of the CANS assessment within the Child Welfare System (CWS)-California Automated Response and Engagement System (CARES) was effective July 1, 2021, per [ACL 21-27](#).

## Definitions

For this P&P, the following definitions apply:

**Open child welfare cases:** Types of cases include Family Maintenance (court and voluntary), Family Reunification, Other Planned Permanent Living Arrangement, Adoption, Guardianship and Extended Foster Care (EFC). **Excludes** - finalized adoptions (AAP cases), probate, ICPC Courtesy Supervision, Kin-GAP (funding only).

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## POLICY

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### CANS Tool

Per [ACL 18-09](#) and [ACL 18-81](#), the CANS is a multi-purpose assessment tool used by the Child and Family Team (CFT) to:

- Assess well-being (and trauma indicators)
- Identify a range of social and behavioral strengths and healthcare needs
- Support care coordination and collaborative decision-making
- Inform determinations regarding Level of Care (LOC) and service planning. (**Note:** For further guidance regarding LOC, refer to the [CFS Desk Guide—Level of Care](#))

The CANS may also be used as a mental health screening tool. Refer to the “CANS as Mental Health Screening” Policy section for more information.

The CANS assessment is used to identify strengths and needs of the child/NMD, inform and support case planning activities and placement decisions. Refer to “Use of CANS for Case Planning” Policy section for more information.

Per [ACL 18-81](#), the California Integrated Practice [CANS Assessment \(CA IP-CANS\)](#) is tool for the purpose of communicating a shared vision of the family, to be used by all levels of the child welfare system. The tool is comprised of functional domains outlined below:

- A. The California Integrated Practice [CANS Assessment \(CA IP-CANS\)](#) focuses on seven primary domains for children aged six years of age, up to 21 years old:
  - Behavioral/Emotional Needs
  - Life Functioning
  - Risk Behaviors

- Cultural Factors
  - Strengths
  - Caregiver Resources and Needs
  - Potentially Traumatic/Adverse Childhood Experiences
- B. For children five years of age and younger, there is an alternative component of the CANS assessment tool, the **Early Childhood Module** which focuses on the following domains:
- Challenges
  - Functioning
  - Risk Behaviors & Factors
  - Cultural Factors
  - Strengths
  - Dyadic Considerations

When applicable, the Early Childhood Module of the CANS assessment is to be completed through combined efforts, such as talking with the child, observing the child's interaction with the environment and others, and interviewing caregivers.

- C. **Caregiver Resources and Needs domain** focuses on the strengths and needs of the caregiver. There could potentially be multiple caregiver households involved to assess.

The following households may be assessed:

- Parent/guardian with legal authority (e.g., reunification households, family maintenance households)
- Caregiver (e.g., resource parent, relative/NREFM, adoption caregiver for Permanent Placement cases only)

**Note:** If the youth does not have a caregiver (i.e., SILP, STRTP) skip Caregiver Resources and Needs domain.

- D. The **Trauma domain** is a series of 12 questions to indicate and recognize trauma experienced by the child/NMD. Trauma could be a suspicion, one incident, multiple incidents, or chronic, ongoing experiences. The items indicate whether a child/NMD experienced a particular trauma, even if the experience is not currently impacting behavior. The traumas are not expected to change unless new trauma is experienced, or historical trauma is identified that was not previously known or remembered.

## Completion of CANS

Per [ACL 18-81](#) and [ACL 21-27](#), a CANS assessment will be completed on open child welfare cases and prior to development of the case plan. Updates to the CANS assessment tool will be completed:

- At least every six months after completion of the initial CANS assessment
- When significant changes in the child/NMD's functioning or circumstances indicate an update of the CANS assessment (and/or case plan) may be appropriate

The CANS assessment tool may be completed by the assigned social worker, mental health provider or Wraparound staff; however, the person completing the CANS assessment tool must be certified. Refer to the "Certification" Policy section for certification requirements.

[ACL 18-09](#) outlines the **most recent CANS assessment must be used**, regardless of whether the assessment was completed by a social worker, Wraparound provider, an HCA clinician, or an HCA-contracted provider. For situations in which a mental health provider completed the most recent CANS, the CFS social worker **will not complete a new CANS assessment but will collaborate with the mental health provider to consider whether any updates to the existing CANS assessment ratings are appropriate.**

Both agencies are jointly responsible for collaborating to ensure a single CANS tool is completed and entered into each agency's respective case records.

When the case plan update and/or a mental health screening is required:

- Utilize the existing CANS if:
  - Existing CANS is still valid (not overdue)
  - Ratings continue to reflect current circumstance
- Or-
- Create a CANS Reassessment

**Note:** Inter-agency agreements are in place for the HCA Court Evaluation and Guidance Unit (CEGU), Coordinated Case Planning Unit (CCPU), HCA mental health clinicians or HCA contract agency providers, and Wraparound-contracted provider to complete both the **Trauma** domain and the Early Childhood Module for a child/NMD being served by CFS and HCA.

CANS assessments completed by Wraparound-contracted provider will be forwarded to the assigned social worker for inclusion into CWS-

CARES. Refer to CFS P&P [Mental Health Screening and Treatment \(I-0303\)](#) for further details.

**A. Initial CANS Assessment:**

The assigned social worker will communicate with involved mental health providers/Wraparound to determine who will complete the initial [CANS Assessment \(CA IP-CANS\)](#).

The assigned social worker (or Wraparound staff) responsible for completing the initial CANS assessment tool will:

1. Gather information from reports, notes and interview(s) with the family prior to completing the CANS assessment tool.
2. Complete a preliminary CANS assessment in CWS-CARES.
3. Work with the family prior to the CFT meeting to prepare and educate them regarding the purpose of CANS, how CANS items are scored and the use of CANS to support case plans.
4. During the CFT meeting, share preliminary CANS assessment ratings (priority strengths and needs) with CFT participants for discussion.
5. Modify CANS assessment ratings, as necessary, based on CFT input.
6. Finalize the *CANS Assessment Tool* based on input received from CFT participants by clicking on the “Complete” button.
7. Following completion of the initial CANS assessment tool in CWS-CARES, the assigned social worker will:
  - a. Complete the *CANS Coversheet/Mental Health Assessment Referral (F063-25-837)* in CWS/CMS following directions on the form.

Inform clerical of the completed *CANS Coversheet/Mental Health Assessment Referral (F063-25-837)* for documentation into the Mental Health Screening tab in CWS/CMS. Refer to CWS/CMS Data Entry Standard (DES) [Developmental & Mental Health Screenings and Services \(J0202\)](#).

- b. Collaborate with the family to create a Case Plan designed to:
- Address CANS scores of “2” or “3” on any of the following domains: **Behavioral/Emotional Needs, Life Functioning, Cultural Factors, or Risk Behaviors**
  - Utilize strengths when CANS scores of “0” or “1” are identified in the Strengths domain

Refer to the “Use of CANS for Case Planning” Policy section for further guidelines.

- c. If the child/MD is **not** already receiving mental health services **and** specified CANS scores meet criteria, complete the [CANS Coversheet/Mental Health Assessment Referral \(F063-25-837\)](#) from CWS/CMS and request a mental health assessment, if applicable. Refer to the “CANS as Mental Health Screening” Policy section for further information.

See [Attachment 1—Workflow to Complete Initial Child and Adolescent Needs and Strengths \(CANS\)](#) or [Attachment 3—Workflow for Family Preservation Services \(FPS\) to Complete Child and Adolescent Needs and Strengths \(CANS\)](#) for further guidelines, as applicable.

**B. CANS Reassessment:**

The assigned social worker will communicate with involved mental health providers/Wraparound staff to collaborate in the completion of an updated [CANS Assessment \(CA IP-CANS\)](#).

The assigned social worker (or Wraparound staff) responsible for updating the CANS assessment tool will:

1. Review the previous CANS assessment, in relation to recent reports, notes and interview(s) with the family, and identify areas of change.
2. Update the CANS assessment.
3. Share preliminary CANS assessment ratings participants for discussion during CFT meeting.
4. Modify CANS assessment ratings, as necessary, based on CFT input.

5. Finalize update to the [CANS Assessment \(CA IP-CANS\)](#) based on input received from CFT participants.
6. Following completion of the updated CANS assessment tool in CWS-CARES, the assigned social worker will:
  - a. Complete the [CANS Coversheet/Mental Health Assessment Referral \(F063-25-837\)](#) in CWS/CMS following directions on the form.

Inform clerical of the completed *CANS Coversheet/Mental Health Assessment Referral (F063-25-837)* for data entry into the Mental Health Screening tab in CWS/CMS. Refer to CWS/CMS Data Entry Standard (DES) [Developmental & Mental Health Screenings and Services \(J0202\)](#).

- b. Collaborate with the family to create a Case Plan designed to:
  - Address CANS scores of “2” or “3” on any of the following domains: **Behavioral/Emotional Needs, Life Functioning, Cultural Factors, or Risk Behaviors**
  - Utilize strengths when CANS scores of “0” or “1” are identified in the **Strengths** domain

Refer to the “Use of CANS for Case Planning” Policy section for further guidelines.

- c. As applicable, if the child/youth/NMD is **not** already receiving mental health services **and** specified CANS scores meet criteria, submit the most recent completed CANS assessment tool and the *CANS Coversheet/Mental Health Assessment Referral (F063-25-837)* in CWS/CMS to request a mental health assessment to determine eligibility for Pathways to Well-Being. Refer to the “CANS as Mental Health Screening” Policy section for further information.
- d. See [Attachment 2—Workflow to Update Child and Adolescent Needs and Strengths \(CANS\)](#) for further guidelines, as applicable.

#### **Role of the CFT**

Per CFS P&P [Child and Family Teams \(D-0314\)](#), one of the purposes of the CFT is to identify the strengths and needs of the child/NMD and the family during a CFT meeting. The CFT helps achieve positive



outcomes for safety, permanency, and well-being through support and shared decision-making, which is family-centered, strengths-based, and culturally sensitive. A CFT meeting is one part of a larger strategy to involve children/NMDs and their families in aspects of care planning, evaluation, monitoring and adapting, to help families successfully reach their goals.

The child/NMD, family, members of the safety network, assigned social worker, Wraparound staff and/or mental health provider collaborate in building consensus and prioritizing CANS assessment items addressed during CFTMs. Refer to [Dr. Lyons on CANS](#) for additional information.

When reviewing the CANS assessment ratings with the child/NMD and/or family, if the child/NMD or family disagrees, efforts will be made to address the concerns and build consensus.

Final scoring of the CANS assessment will incorporate input from the CFT in the following areas, as applicable:

- Services and supports needed by the child/NMD and family
- Placement and housing needs
- Identified trauma indicators and unmet behavioral health needs
- Relevant social, cultural, and physical factors
- Educational needs
- Environmental conditions

#### **Exchange of CANS Information**

Prior to the exchange of confidential information among the CFT, the CFT facilitator will ask for authorization to release information regarding the child/NMD and/or family member or caregiver, as applicable. Refer to the “Exchange of CANS Information” Policy section and CFS P&P [Child and Family Teams \(D-0314\)](#) for guidance to obtain consent to release information among the CFT.

After consent for confidential exchange of information is obtained, preliminary CANS assessment ratings will be shared during CFT meetings to provide:

- An opportunity for the CFT to discuss CANS assessment items and ratings
- A platform for the CFT to contribute information to help other CFT members, including the social worker(s), mental health clinicians, and probation officers learn more about the child/NMD and family’s needs, and to help identify behavior patterns

Additional guidelines on obtaining and releasing protected health information refer to CFS P&P [Acquisition of Health Care Information \(I-0404\)](#).

Additional guidelines related to mental health screening and treatment and the confidentiality of mental health information/records refer to CFS P&P [Mental Health Screening and Treatment \(I-0303\)](#).

## **CWS-CARES**

Per [ACL 18-81](#), the CANS in CWS-CARES identifies substance use specific items as “Confidential” (i.e., items 8 and 48; and item 41 of the Early Childhood Module). Confidential items will not be shared and will be redacted for printing **unless** a valid release of information or court authorization is obtained.

**Note:** The most recently signed and valid *Child and Family Team (CFT) Consent to Release Information (F063-25-805)* is an acceptable release of information to share substance use information with the CFT.

The CANS in CWS-CARES allows for the identification of items as “Discretion needed” when a child/NMD does not want their information shared with others when CANS is printed, or if revealing the information is not in the best interest of the child/NMD. The social worker has discretion to include or redact those items.

Refer to [DES Print to PDF](#) for instructions on creating a PDF to share CANS. (*Open the link and sign in with your PC username and password.*)

Refer to CWS-CARES Dashboard, under the Resources section, the CWS-CARES Live Training Portal for various trainings, including but not limited to, how to add, edit and delete CANS assessments.

## **Use of CANS for Case Planning**

The CANS assessment will be completed/updated prior to the development and/or update of each case plan. The CANS assessment serves as the foundational communication tool to identify the child/NMD and the family’s strengths and needs which must be incorporated into the case plan. Relevant information from the CANS assessment should be accepted and used to support and inform the case-planning process. For additional details on case plan requirements refer to CFS P&P [Case Plans \(D-0101\)](#).

Per [ACL 18-81](#), there are key principles of CANS as a communication tool, including but not limited to:

1. The intent of the ratings is to describe the child/NMD behaviors/level of functioning, **not** the child/NMD in services. If an intervention is present that must remain in place, this should be factored into the rating. The item would then be rated as 'actionable' (i.e., "2" or "3").
2. Culture, chronological and/or developmental age should be considered prior to establishing the action levels. Cultural sensitivity involves considering whether cultural factors are influencing the expression of needs and strengths.
3. Ratings are descriptive and should minimize cause-and-effect assumptions. Focus collaborative discussions on the 'what' the behavior is, not about the 'why'. Focusing on the 'what' helps with building consensus on interventions. Only the Adjustment to Trauma has cause-and-effect assumptions.

The assigned social worker and SSSS are responsible for verifying the CANS assessment is reflected in the case plan.

Refer to [Attachment 4 – Strength and Needs Decision Process for CANS Scoring](#).

A. **Crossover Cases (Dual Status)**

For crossover youth involved with both Probation and CFS, the lead agency will consider the CANS assessment when developing the case plan. If Probation is the lead agency, the CFS assigned social worker or mental health provider (as applicable) will share the CANS assessment results with Probation. Refer to CFS P&P [Dual Status \(G-0403\)](#) for working with crossover youth.

B. **Missing/Runaway/Abducted Children**

CANS assessment is required for missing/runaway/abducted children **if** there remains an open child welfare case.

Per CFS Policy, it is a best practice to enter the missing/runaway or abducted status information in the CANS domains "Comments" boxes.

Enter ratings in each domain based on the last known information.

Refer to CFS P&P [Missing/Runaway/AWOL \(K-0124\)](#) for information on case management and documentation

responsibilities or CFS P&P [Child Abduction \(B-0119\)](#) guidelines when children are abducted.

## **CANS as Mental Health Screening**

Per [ACL 15-11](#) and CFS P&P [Mental Health Screening and Treatment \(I-0303\)](#), children/NMDs with an open CWS case must be screened for possible mental health needs at a minimum of every six months after the Initial screening. [ACL 18-81](#) clarifies the CANS tool may function as the required mental health screening.

Per CFS policy, the [CANS Coversheet/Mental Health Assessment Referral \(F063-25-837\)](#) will be used as the Mental Health Assessment referral to HCA.

### **Mental Health Screening Results**

For a child/NMD who is **not** already connected to mental health services, **and** per CFS Policy, are rated on the CANS assessment as a “1” or above in specific domains, a referral to HCA for a mental health assessment will be completed, as applicable. Refer to [Attachment 2 – Mental Health Screening Outcomes](#) and [Attachment 3 – Mental Health Referral Submission](#) (if applicable), as detailed in CFS P&P [Mental Health Screening and Treatment \(I-0303\)](#).

**Note:** If the child/NMD is already receiving mental health services, including services from CEGU at Orangewood Children and Family Center (OCFC) a referral to HCA for a mental health assessment is not required.

For detailed guidelines on mental health assessments, referrals, and Pathways to Well-Being (PWB) for children/NMDs, refer to CFS P&P [Mental Health Screening and Treatment \(I-0303\)](#).

## **Case Closure**

An open case will be closed when CFS involvement will not be required per CFS P&P [Case Closure \(E-0106\)](#). Completion of CANS is not required when recommending case closure. **Exception:** If the CANS is “In Progress”, the assigned social worker will complete the CANS.

## **Certification**

Per [ACL 18-81](#) and [ACL 21-27](#), social work staff completing the CANS assessment must be trained and actively CANS-certified. The assigned social worker must be re-certified on an annual basis. CFS supervisors must also be CANS-trained and certified and maintain annual re-certification when supervising social workers who complete CANS.

The CANS training curriculum can be found on the California Social Work Education Center (CalSWEC) [website](#).

**Documentation** The assigned social worker will input the completed CANS assessment and reassessments into CWS-CARES.

The completion of CANS in CWS-CARES, will be documented in CWS/CMS Mental Health Screenings tab as detailed in CWS/CMS Data Entry Standard (DES) [Developmental & Mental Health Screenings and Services \(J0202\)](#).

The assigned social worker will document completion of the CANS assessment by completing a [CANS Coversheet/Mental Health Assessment Referral \(F063-25-837\)](#) in CWS/CMS following directions on the form and forwarding the Coversheet to clerical.

The CFT facilitator will document CANS assessment CFT discussions in a CWS/CMS Contact Narrative. If applicable, the following will also be documented:

- Family's refusal to participate in the CANS assessment, including documentation that a conversation was held with CFT participants to understand the underlining factors leading to the family's refusal to participate
- Ratings for which consensus could not be reached in the CFT meeting

For further guidelines on documenting CFT meetings, refer to CFS P&P [Child and Family Teams \(D-0314\)](#).

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## REFERENCES

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### **Attachments and CWS/CMS Data Entry Standards**

Hyperlinks are provided below to access attachments to this P&P and any CWS/CMS Data Entry Standards that are referenced.

- [Attachment 1—Workflow to Complete Initial Child and Adolescent Needs and Strengths \(CANS\)](#)
- [Attachment 2—Workflow to Update Child and Adolescent Needs and Strengths \(CANS\)](#)
- [Attachment 3 – Workflow for Family Preservation Services \(FPS\) to Complete Child and Adolescents Needs and Strengths \(CANS\)](#)
- [Attachment 4 – Strengths and Needs Decision Process for CANS Scoring](#)
- CWS/CMS Data Entry Standard (DES) [Developmental & Mental Health Screenings and Services \(J0202\)](#)

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## Hyperlinks

Users accessing this document by computer may create a direct connection to the following references by clicking on the link provided.

- CFS P&P [Child and Family Teams \(D-0314\)](#)
  - CFS P&P [Case Plans \(D-0101\)](#)
  - CFS P&P [Mental Health Screening and Treatment \(I-0303\)](#)
  - CFS P&P [Wraparound Referral and Services \(D-0511\)](#)
  - CFS P&P [Case Compliance and Documentation \(E-0105\)](#)
  - CFS P&P [Missing/Runaway/AWOL \(K-0124\)](#)
  - CFS P&P [Child Abduction \(B-0119\)](#)
  - [CFS Desk Guide—Level of Care](#)
  - [CDSS CANS Resources Webpage](#)
  - [CDSS Child and Family Teams Webpage](#)
  - [The CANS 2018 Reference Guide](#)
  - [The CANS Rating Sheet](#)
  - [CANS Curriculum](#)
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**Other Sources** Other online resources include the following:

- [Dr. Lyons on CANS](#)
  - [What is the Supervisors Role in the CANS?](#)
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## FORMS

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**Online Forms** Forms listed below may be printed out and completed, or completed online, and may be accessed by clicking on the link provided.

Form Name	Form Number
<a href="#">CANS Assessment</a>	CA IP-CANS
<a href="#">CANS Early Childhood Module</a>	CA IP-CANS (pages 3–4)
<a href="#">CANS Assessment (Spanish)</a>	CA IP-CANS (Spanish)
<a href="#">CANS Early Childhood Module (Spanish)</a>	CA IP-CANS (pages 3–4) (Spanish)
<a href="#">Child and Family Team (CFT) Consent to Release Information</a>	F063-25-805

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**Hard Copy  
Forms**

Forms that may be completed in hard copy (including multi-copy NCR forms) are listed below. ***For reference purposes only***, links are provided to view these hard copy forms, where available.

Form Name	Form Number
<a href="#">Health Care Agency Informed Consent</a>	F346-301E

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**CWS/CMS  
Forms**

Forms that may **only** be obtained in CWS/CMS are listed below. ***For reference purposes only***, links are provided to view these CWS/CMS forms, where available.

Form Name	Form Number
<a href="#">CANS Coversheet/Mental Health Assessment Referral</a>	F063-25-837

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**Brochures**

Brochures to distribute in conjunction with this policy may include:

Brochure Name	Brochure Number
None.	

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## LEGAL MANDATES

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[All County Letter \(ACL\) 18-09](#), [ACL 18-81](#) and [ACL 18-81E](#) provide requirements for administering and implementing the CANS assessment tool within a CFT, including completion of CANS, confidentiality, use of the CANS as a mental health screening tool, data submission, training and automation.

[ACL 18-85](#) provides clarification regarding sharing of CANS assessments between county placing agencies (i.e., child welfare departments) and mental health programs.

[ACL 15-11](#) provides information and instructions related to recording developmental health and mental health screening, referral, and plan intervention information into the Child Welfare Services/ Case Management System (CWS/CMS).

[ACL 21-27](#) provides information about CANS training and certification, mandatory entry of CANS data, and introduces the CFT/CANS Implementation Support Toolkit.

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## REVISION HISTORY

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Since the Effective Date of this P&P, and prior to the Current Revision Date, the following revisions of this P&P were published:

None.