

## 6. Child and Adolescent Needs and Strengths (CANS)

A CANS screening is a process of integrating information on a child's needs and strengths for the purposes of case planning, service planning and determining the supervision needs of the child. There are two versions of the CANS tool, one for children 0-5 years of age, and one for children 6-20. A CANS screening is done by an individual trained and certified through the department to conduct a CANS screening. The CANS screening provides information to establish a level of care for a child (whether the child will receive an additional level 1, 2, or 3 payment), establish areas where a child has identified supervision needs, and important case planning information.

### A. Initial CANS Screening

It is the caseworker's responsibility to refer every child who is placed in substitute care for a CANS screening between the 14th and 20th day of out of home care. The CANS screening provides valuable information for case planning, service delivery, and may establish a level of care payment for the enhanced supervision needs of a child.

#### Procedure

- Refer every child entering care for a CANS screening, between the 14th and 20th day of the child's entry into substitute care. Include any information from other evaluations or plans with the referral. The referral is submitted to the identified staff in the branch office who coordinates referrals and sends the completed referral information to the CANS screener.
- The screener submits the results of the CANS screening to a central office level of care supervisor who reviews the results and determines the level of care.
- Once the CANS results have been determined, the caseworker receives the CANS screening results and reviews the information. The information describes the child's strengths, the presenting behaviors and functioning, the functional domains where additional supervision is necessary to manage the supervision needs of the child and recommendations for services based on the identified needs. When reviewing the information complete the following:

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

### B. Level Of Care

A CANS screening may result in a child's eligibility for a level of care payment, in addition to the base rate reimbursement to the foster parent or relative caregiver. See Appendix 4.2 for rates for the base rate as well as level of care amounts. See Appendices 4.3a and 4.3b to reference the CANS manual in order to understand the individual domains of the screening and the screening results which 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 the CANS screening results.



The base rate is designed to reimburse the foster parent or relative caregiver for the costs of providing the child with the following:

- Food—including the cost to cover a child's special or unique nutritional needs;
- Clothing—including purchase and replacement;
- Housing—including maintenance of household utilities, furnishings, and equipment;
- Daily Supervision—including maintenance of household utilities, furnishings, and equipment;
- Daily Supervision—including teaching and directing to ensure safety and well-being at a level which is appropriate based on the child's chronological age;
- Personal incidentals—including personal care items, entertainment, reading materials, and miscellaneous items; and
- The cost of providing transportation—including local travel associated with expenditure for gas and oil, and vehicle maintenance and repair associated with transportation to and from extracurricular, child care, recreational, and cultural activities.

## C. Supervision Plan

A supervision plan is a documented set of strategies that is developed to assist a certified family in providing the additional support, observation, direction, and guidance necessary to promote and ensure a child's safety and well-being. A supervision plan must be used when a CANS screening results form indicates a level of care requiring enhanced supervision or when a child with a level of care moves from one substitute care placement to another substitute placement.

### **Procedure**

- Within 30 days of the receiving the CANS screening results indicating a level of care requiring enhanced supervision Contact the certified family to explain the identified needs and supervision requirements necessary to maintain the safety and support the well-being of the child.
- When a child with a current supervision plan moves to another certified home, follow the procedures to develop a supervision plan outlined below during or shortly after the placement process, but no later than 30 days after placement.
- Arrange a meeting with certified family, the child when age and developmental level is appropriate, as well as others involved in the child's life. Others may include the child's therapist, a teacher, attorney or a CASA, parents and other relatives, or others as appropriate.
- During the meeting develop a supervision plan that meets the supervision needs of the child.
  1. Focus the meeting on the addressing the issues identified in the CANS screening and include the following:
    - a. The actions or activities to be provided by the certified family and any other individuals to meet the child's identified needs. Examples of such actions may include proactive use of space, routine, structure of the environment, positive reinforcement, and de-escalation techniques.
    - b. The actions and assistance the department will provide to support the certified family in addressing the needs of the child and maintaining 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 increased caseworker contact.
    - c. The actions the child is to take, if applicable. For instance, if developmentally appropriate for the child, the child will engage in counseling or participate in Youth Transition services.

- d. The persons responsible for monitoring the child's supervision needs. Most of the time, the child's caseworker will be included, but a plan could also include the family's certifier, or a community partner.
    - e. How the persons responsible for monitoring the supervision plan will communicate with each other. For instance, there may be regularly scheduled meetings, additional phone contact, or contact required when there are other concerns.
    - f. When the plan is to be reviewed (at least every 60 days).
  2. The caseworker, the certified family as well as any other individuals who are to provide specific actions in the supervision plan sign the supervision plan.
  3. Have the child sign the supervision plan if appropriate.
  4. Submit the supervision plan to the supervisor for approval.
  5. Review the supervision plan at least every 60 days during a face to face contact in the certified family's home.
  6. During 30 day face to face contact with the child, be sure to address with the child safety and well-being issues and how the child is doing, particularly addressing any concerns raised in the CANS screening.
  7. Base the level of supervision actions on the level of care indicated in the CANS screening:
    - a. Level 1, moderate needs, means the certified family must provide an environment with the additional support, direction, observation, and guidance from the certified family to ensure a child's safety and well-being, beyond the level of supervision that typically is required for a child of the same age.
    - b. Level 2, (intermediate needs) means the certified family must provide a structured environment, additional support, direction, observation, and guidance to ensure a child's safety and well-being, beyond the level of supervision that typically is required for a child of the same age.
    - c. Level 3 (advanced needs) means the certified family must provide a highly structured environment, additional support, direction, observation, and guidance to ensure a child safety and well-being, beyond the level of supervision that typically is required for a child of the same age.
  8. Supervision Plan with Use of Physical Restraint
    - a. If the child has significant behavioral issues and use of a planned physical restraint is part of the supervision plan there are extra responsibilities that must occur.

- b. The certified family must have completed the physical restraint training required the department. The caseworker should work with the family's certifier to refer to the training if the family has not already completed the training.
  - c. Discuss with the certified family the requirement that the family must document each use of the physical restraint in writing on a Physical Restraint Incident Report as soon as reasonable possible after each use, and to orally report the circumstances of each physical restraint to the caseworker or the caseworker's supervisor within one business day and submit the Physical Restraint Incident Report to the caseworker within two business days. Involve the family's certifier as needed to discuss these requirements with the family and provide the family with the needed forms.
  - d. Focus the plan on intervention strategies designed to modify the child's behavior without the need for the physical restraint, and discuss with the certified family is only to be used when the child's behavior poses an imminent danger to self or others and when no alternate actions are sufficient to stop a child's behavior.
  - e. Submit plan to the child welfare program manager for approval.
  - f. Provide copies of the signed plan to the certified family, certified family's certifier, and file a copy in the child's file.
  - g. Document a summary of the supervision plan in case notes and in provider notes.
9. Monitoring the Supervision Plan
- a. At each face to face contact assess whether the certified family is meeting the supervision needs of the child and whether the supervision needs of the child have changed.
    - 1) If the supervision needs of the child are not being met, the caseworker must assess the child's for safety, refer to Chapter 3, Managing Child Safety.
    - 2) If the child is safe, but the supervision needs of the child are not being met, discuss with the family's certifier if there are resources are available to provide training or other support to the family.

## D. Subsequent CANS Screening

### Procedure

- With supervisory approval, refer each child for a CANS screening:
  1. Within 12 months from the date of the initial CANS screening when the initial screening results indicated a level of care:
  2. When a child moves from a BRS placement into certified family, and
- With supervisory approval, refer a child for a Re-screening, when there has been an observed, documented, ongoing change in a child's behavior or functioning that:
  1. Has not improved through a revision of the supervision plan or services provided by the department or other agencies;
  2. Endangers the child's safety or the safety of others; or
  3. Is an enduring, consistent change in behavior that persists over time and places the child or others in the household in danger.
- *Examples:*
  1. A bottle of beer is found in the bedroom of a teen. This would not result in a re-screen though it should result in consequences and possible service referrals for the child. A teen coming home intoxicated and acting belligerent or aggressive over a period of time would result in a request for a re-screening.
  2. A child has a consequence of after school detention for one day would not result in a re-screen. A child suspended from school after serving three in school detentions or other sanctions over a period of time would result in a request for a re-screen.



*Observed, documented change:* The change in behavior or functioning must be seen, identified, and recorded. In order to be considered for a re-screening the change in behavior needs to endanger the child's own safety or well being OR endanger the safety of others.

*Ongoing change:* The observed and documented change needs to occur over time and cannot be a one-time event.

The emphasis is on a change in behavior and is not meant to capture a new diagnosis or result of UA.

3. A young adult staying out past curfew or overnight one time 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-screening.
4. A young child yelling at a foster parent when upset 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-screening.
5. 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 and/or interferes with functioning in at least one life domain would result in a request for a re-screen.

### **Supervisor Role**

- Staff with caseworker any questions/concerns a caseworker has with CANS screening results.
- Approve the Supervision Plan in accordance with CANS screening results.
- Review requests for re-screening within the 12 month period and approve as appropriate.
- Determine the appropriateness of planned use of restraint prior to seeking approval on a Supervision Plan including physical restraint, from the Child Welfare Program Manager.

### Forms and References

#### References

- I-E 5.1 Payment for Foster Care Base Rate, Level of Care, Chafee Housing, and Independent Living Housing Subsidy  
[http://www.dhs.state.or.us/policy/childwelfare/manual\\_1/i-e51.pdf](http://www.dhs.state.or.us/policy/childwelfare/manual_1/i-e51.pdf)
- I-B 1.6 Enhanced Supervision [http://www.dhs.state.or.us/policy/childwelfare/manual\\_1/i-b16.pdf](http://www.dhs.state.or.us/policy/childwelfare/manual_1/i-b16.pdf)

#### Forms

- CF 802 - CANS SCREENING REFERRAL (Child and Adolescent Needs and Strengths)  
[http://dhsresources.hr.state.or.us/WORD\\_DOCS/CE0802.doc](http://dhsresources.hr.state.or.us/WORD_DOCS/CE0802.doc)
- CF 803, CANS Scoring/results/conclusion (Kids 0 to 5)  
[http://dhsresources.hr.state.or.us/WORD\\_DOCS/CE0803.doc](http://dhsresources.hr.state.or.us/WORD_DOCS/CE0803.doc)
- CF 804, CANS Scoring/results/conclusion (Kids 6 to 20)  
[http://dhsresources.hr.state.or.us/WORD\\_DOCS/CE0804.doc](http://dhsresources.hr.state.or.us/WORD_DOCS/CE0804.doc)
- CF 994, Supervision Plan