


**DEPARTMENT OF HUMAN RESOURCES
SOCIAL SERVICES ADMINISTRATION
311 W. SARATOGA STREET
BALTIMORE, MARYLAND 21201**

DATE: June 19, 2015

POLICY #: SSA – CW # 16-01

TO: Directors, Local Departments of Social Services
Assistant Directors, Services

FROM: 
Deborah Ramelmeier, Executive Director
Social Services Administration

RE: Child and Adolescent Needs and Strengths – Family
Version for In-Home Services (CANS-F)

PROGRAMS AFFECTED: In-Home Family Services and Inter-agency Family
Preservation Services

ORIGINATING OFFICE: In-Home Services

ACTION REQUIRED OF: All Local Departments

REQUIRED ACTION: Implementation of Policy

ACTION DUE DATE: July 1, 2015

CONTACT PERSON: Steve Berry, Program Manager
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PURPOSE:

The purpose of this policy directive is to provide guidelines to the local departments of social services on the implementation of the Maryland Child and Adolescent Needs and Strengths assessment – Family Version (CANS-F) for In-Home Services.

The implementation of this standardized assessment tool is intended to assist workers in the following:

- Engaging with children and families by establishing a consensus based approach to assessment, in which family and youth voice is an essential component.
- Promoting the accurate assessment of youth and families' strengths, needs and traumatic experiences with the goal of delivering appropriate and effective mental and behavioral health services.
- Measuring change in functioning over time as a means of developing the understanding of effective practice/interventions.

BACKGROUND:

The Maryland General Assembly passed House Bill 1146, *Children in Out-of-Home Placement - Plan for a System of Outcomes Evaluation Act*, in 2004. This legislation mandated the State, with the Department of Human Resources as the lead agency, to establish a system of evaluating the services and outcomes for children in out-of-home placement. This effort led to the implementation of the Maryland Child and Adolescent Needs and Strengths (MD CANS) assessment. This assessment parallels Maryland's major initiatives, Place Matters and Family Centered Practice, by promoting the development of individualized, strength-based, community focused, and child and family driven service plans.

In an effort to create a more unified approach to assessment, the CANS-F was developed by In-Home Services' administrators and supervisors from Anne Arundel, Frederick, and Talbot counties using the MD CANS and the related Family Advocacy and Support Tool (FAST) as their template. The CANS-F is comprised of a family system assessment as well as individual caregiver and child assessments. It centers on the family unit as a whole for the planning and measuring of service needs; therefore, all members of the household, regardless of age, are involved in the assessment. Completing the CANS-F throughout the life of an in-home service case can help verify that the interventions or recommended services are successful in affecting change for the family.

The implementation of the MD CANS and CANS-F across the child welfare system merges assessment language, regardless of program assignment, and creates opportunities for linking child and family assessments with the goal of more consistent and effective service planning. The CANS-F is just one tool Maryland child welfare services will be utilizing to promote a comprehensive family assessment.

COMPLETING THE CANS-F:

In-Home Services (IHFS) and Inter-agency Family Preservation Services (IFPS) caseworkers will complete the CANS-F on families with whom they are working having a Program Assignment of Consolidated Services, Services to Families with Children-Intake (SFC-I), or Inter-agency Family Preservation. This includes Child Protective Services (CPS) staff who are assigned Risk of Harm (ROH) cases (that have a Program Assignment of SFC-I.)

The CANS-F assessment tool is best completed in collaboration with the family. The CANS-F aligns with Maryland's Family Centered practice model in that it prioritizes family and youth voice in the identification of needs and strengths and active participation in the assessment and planning process. In addition, the caseworker should also gather information from supports and collaterals in the community to aid in the completion of the assessment.

TIMEFRAME FOR COMPLETION:

Consolidated In-Home Family Services (IHFS)

All families receiving IHFS will have a CANS-F completed. If a family is opened in IHFS, and a CANS-F has not been completed, the worker must complete a CANS-F within 45 days of acceptance. If an initial CANS-F was completed on the family as part of a SFC-I case, a CANS-F will be completed every 90 days until case closure or a change in family circumstances. A new CANS-F must be completed within 7 days of case closure.

Inter-agency Family Preservation Services (IFPS)

All families receiving IFPS will have a CANS-F completed. A CANS-F will be completed within 30 days of acceptance and every 90 days until case closure or a change in family circumstances. A CANS-F must be completed within 7 days of case closure.

Services to Families with Children – Intake (SFC-I)

All families receiving SFC-I will have an initial CANS-F completed within 30 days of acceptance.

Risk of Harm (ROH)

ROH cases have a program assignment of SFC-I. All families accepted as a ROH case will have an initial CANS-F completed within 30 days of acceptance. **NOTE: CPS staff assigned to ROH cases are functioning as In-Home Services staff and should complete a CANS-F.**

The caseworker must choose one of the following timeframes when completing a CANS-F:

- **Initial**
- **Every 3 months**
- **Change in family circumstances**
- **End of service case**

SFC-I cases opened as of July 1, 2015, or later should have a CANS-F completed as per this policy. IHFS and IFPS cases open prior to July 1, 2015 will follow the timeframes for completion as outlined in this policy. If there has been no CANS-F completed on the family in MD CHESSIE, the caseworker should indicate this is the “Initial” CANS-F.

A CANS-F should be completed on all families when a child has been removed on a case with a Program Assignment of SFC-I or IHFS, as if the child were still in the home. This will allow the OHP staff to have a more well-defined starting point of the family’s needs and strengths which will help with case planning.

CANS-F TOOL:

The CANS-F assessment consists of 8 primary sections of rated (scored) items with some sections containing additional sub-sections. These are:

- **Family & Household I**
- **Family & Household II**
- **Family & Household III**
- **Family Assessment I**
- **Family Assessment II**
- **Caregiver Assessment**
 - **Comprehensive Caregiver Assessment**
- **Culture Assessment**
- **Child Assessment**
 - **Child Functioning**
 - **Medical/Dental History**
 - **Trauma Experiences**

There are two additional sections related to youth that will only be completed when the rating is greater than 1. These sections are:

- **Child Behavioral/Emotional Needs**
- **Child Risk Behaviors**

The CANS-F Assessment is scored utilizing a rating scale of 0, 1, 2 or 3. The rating scale is as follows:

- **0 = No evidence of need**
- **1 = Monitor the family and collect more information**
- **2 = Make a plan with the family to address the need**
- **3 = Make an immediate and intensive plan with the family to address the need**

Some of the items can also be indicated as a strength if it is determined that they can be useful in addressing areas of family need or building protective factors for the family. The CANS-F assesses the needs and strengths of caregivers, adults and children in the family. To ensure their inclusion in the CANS-F, the caseworker must indicate in MD CHESSIE that the client is “In Household.”

The caseworker will enter information about the family’s presenting issues, and the caregiver’s and child’s description of the family’s issues.

The caseworker will document current and past services for each client in the family and whether the client perceived the service as helpful.

The **Family Assessment I** Tab will display:

The screenshot shows the MD CHESSIE software interface. At the top, there is a navigation bar with the following text: "Child Protective Services > IIR #2020999 > Assessments > CANS-F Assessment > 04/27/2015". The date "10.28.12.9" is also visible. Below the navigation bar, there are several tabs: "Family Assessment I", "Caregiver Assessment", "Child Assessment", "Family & Household II", and "Family & Household III". The "Family Assessment I" tab is selected. Below the tabs, there is a table with the following columns: "Family Functioning", "Rating (0-3)", and "Strength?". The table contains the following data:

Family Functioning	Rating (0-3)	Strength?
Parental-Caregiver collaboration	0	<input checked="" type="checkbox"/>
Relations among siblings	0	<input checked="" type="checkbox"/>
Extended family relations	0	<input checked="" type="checkbox"/>
Family conflict	0	<input checked="" type="checkbox"/>

Below the table, there is a detailed view for "Family Functioning : Parental-Caregiver collaboration". It includes a "Rating (0-3)" section with radio buttons for 0, 1, 2, and 3. The "0" radio button is selected. There is also a "Strength?" section with a checked checkbox. Below these are "Comments" and "Additional Info on Family Functioning (Family Relationships, Safety/Discipline, Social Supports):" sections, both with "Edit" links.

The caseworker will assess the needs and strengths of the family’s functioning by rating the following items:

- Parental-Caregiver Collaboration
- Relations Among Siblings
- Extended Family Relations
- Family Conflict
- Family Communication
- Family Role Appropriateness
- Safety
- Social Resources
- Financial Resources
- Residential Stability

The **Family Assessment II** Tab will display:

Family Finances(Income Source)	
Employment income (monthly total from all employment):	\$200.00
Child support (monthly amount via CSE or directly from non-custodial parent):	\$35.00
Temporary Cash Assistance -TCA (monthly amount):	\$100.00
Food Stamps (monthly amount):	\$250.00
SSI/SSDI/Social Security Retirement/Social Security Survivor's benefits (monthly):	\$150.00
Unemployment (monthly):	\$0.00
Other (monthly):	\$50.00
Monthly Total:	\$785.00

Health Insurance

Caregivers have health insurance? Yes No [Edit](#)

If yes, provider name?

Children have health insurance? Yes No [Edit](#)

If yes, provider name?

Does this family need assistance with financial resources (e.g., budgeting, bill payment, debt, insurance)? Yes No [Edit](#)

Explanation:

Does this family own or rent? Own Rent Other [Edit](#)

Explanation:

Does this family have reliable transportation? Yes No

Information about the family's finances, health insurance, housing and transportation are also very important when service planning with a family. The caseworker will identify and document the following items:

- Family's income
- Health Insurance
- Financial Assistance Needs
- Housing
- Transportation

The Caregiver Assessment Tab will display:

Service Cases > Assessment >
CANS-F Assessment > 10/01/2015

Family & Household I | Family & Household II | Family & Household III | Family Assessment I | Family Assessment II | **Caregiver Assessment** | Culture Assessment | Child Assessment

Rating Scale: 0=No evidence of need, 2=ACT to address need 1=Monitor, collect more info, 3=ACT immediately, intensely

Caregiver Advocacy	Rating (0-3)	Strength?
Satisfaction with youth's living arrangement	2	<input type="checkbox"/>
Satisfaction with youth's educational arrangement	2	<input type="checkbox"/>
Satisfaction with service arrangement	2	<input type="checkbox"/>

Caregiver Advocacy : Satisfaction with youth's living arrangement
 Rating (0-3) : 2
 Strength? :
 Comments : [REDACTED] [Edit](#)

Additional Caregiver Advocacy Info: [Edit](#)

Natural Supports: [Select](#)

Collateral Name	Address	Phone
Mary Jones		

Professional Supports/Interested Parties: [Select](#)

Collateral Name	Address	Phone
Mary Jones		

[Caregiver Assessment](#)

The caseworker will assess the caregiver's ability to advocate using the Caregiver Assessment domain by rating the following items:

- Knowledge of Family-Child Needs
- Knowledge of Service Options
- Knowledge of Rights and Responsibilities
- Ability to Listen
- Ability to Communicate
- *Natural Supports
- *Professional Supports/Interested Parties
- Satisfaction w/Youth's Living Arrangement
- Satisfaction w/Youth's Educational Arrangement
- Satisfaction w/Service Agreement

***NOTE: The caseworker will identify natural supports, professional supports, and interested parties in this section. The information for Natural Supports is obtained by documenting them in the Collateral folder located on the family's tree. If the caseworker has not already done so, the collateral section MUST be filled out first so the information will populate into the CANS-F.**

The **Comprehensive Caregiver Assessment** will display when the caseworker selects the Caregiver Assessment hyperlink on the screen:

Category	Rating (0-3)	Strength?
Satisfaction with youth's living arrangement	0	<input type="checkbox"/>
Satisfaction with youth's educational arrangement	0	<input type="checkbox"/>

Category	Strength?
Caregiver	Strength? [dropdown]
Boundaries	<input type="checkbox"/>
Discipline	<input type="checkbox"/>
Post-traumatic Reactions	N/A
Marital/Partner Conflict	N/A

Client ID	Caregiver Name	Rating (0-3)
[redacted]	Saral [redacted]	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3

The caseworker will assess the needs and strengths of each client identified as a caregiver in the Relations folder and selected as a caregiver/adult “In Household.” The caseworker will rate the following items:

- Supervision
- Involvement w/Care
- Emotional Responsiveness
- Boundaries
- Discipline
- Post-Traumatic Reactions
- Marital/Partner Conflict
- Physical Health
- Mental Health
- Developmental
- Substance Use
- Caregiver Criminal Behavior

The **Culture Assessment** Tab will display:

Family & Household I	Family & Household II	Family & Household III	Family Assessment I
Family Assessment II	Caregiver Assessment	Culture Assessment	Child Assessment

**Rating Scale: 0=No evidence of need, 1=Monitor, collect more info, 2=ACT to address need
3=ACT immediately, intensely**

Acculturation	Rating (0-3)	Strength?
Language		<input type="checkbox"/>
Cultural Identity		<input type="checkbox"/>
Gender/Sexual Identity		<input type="checkbox"/>
Ritual		<input type="checkbox"/>

Acculturation : Language

Rating (0-3) : 0 1 2 3

Strength? :

Comments :

[Edit](#)

Additional Family Culture Info:

[Edit](#)

The caseworker will assess any needs and strengths related to the family's culture using the following items:

- Language
- Cultural Identity
- Gender/Sexual Identity
- Ritual

The **Child Assessment-Child Functioning** Tab will display:

CHILD FUNCTIONING
Rating Scale: 0-No evidence of need, 1-Monitor, collect more info, 2-ACT to address need, 3-ACT immediately, intensely (Youth under the age of 5 do not need to be assessed in this Section)

Child Functioning	Strength?
School Behavior	<input type="checkbox"/>
Mental Health Needs (If > 1, complete Behavioral/Emotional Needs Section)	N/A
Risk Behaviors (If > 1, complete Child Risk Behaviors Section)	N/A
Adjustment to Trauma	N/A

Child Functioning Details
Child Functioning: Adjustment to Trauma
Strength? N/A

Client ID Child/Youth Name: [REDACTED] AN [REDACTED]
Rating (0-3): 0 1 2 3

Comments: [REDACTED]

Additional Child Information: [REDACTED]

OK Save Cancel Help

The caseworker will assess the needs and strengths of **ALL** clients identified as children in the household, **including those under the age of 5**, using the following items in the Child Functioning domain:

- Relationship with Biological Mother
- Relationship with Biological Father
- Relationship with Primary Caregiver
- Relationship with Other Family Adults
- Relationship with Siblings
- Medical/Physical
- Intellectual
- Speech/Language Delay
- Autism Spectrum/Pervasive Developmental Disorder (PDD)
- Social Functioning
- School Attendance
- School Achievement
- School Behavior
- Mental Health Needs (If > 1, complete Behavioral/Emotional Needs Section)
- Risk Behaviors (If > 1, complete Child Risk Behaviors Section)
- Adjustment to Trauma

When the caseworker selects a value of 2 or 3 for Mental Health, and/or Risk Behaviors, under Child Functioning factors, an additional assessment specific to these factors will be required.

The **Child Assessment-Medical/Dental History** Tab will display:

Child's Name	Date of Last Physical	Date of Last Dental	Immunizations Up To Date
	10/07/2015	10/13/2015	<input checked="" type="radio"/> Yes <input type="radio"/> No
	10/12/2015	00/00/0000	<input checked="" type="radio"/> Yes <input type="radio"/> No
	10/13/2015	09/14/2015	<input checked="" type="radio"/> Yes <input type="radio"/> No
	00/00/0000	08/04/2015	<input type="radio"/> Yes <input checked="" type="radio"/> No

Medical/Dental History Details

Child's Name: [Redacted]

Date of Last Physical?
Date: Not available:

Date of Last Dental?
Date: Not available:

Immunizations Up To Date? Yes No Edit

Explanation:

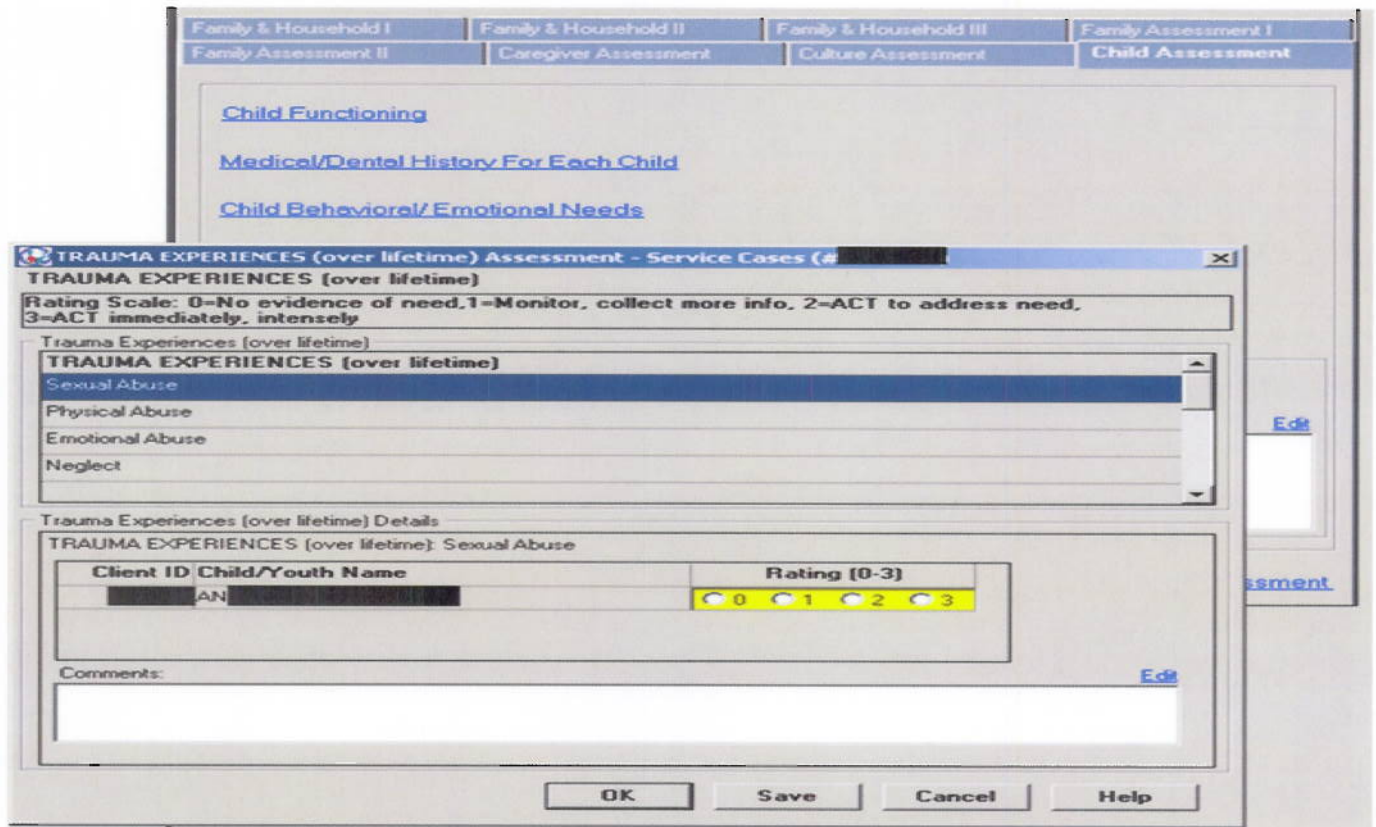
OK Save New Delete Cancel Help

For Medical/Dental History information to appear on the CANS-F, the caseworker **MUST** enter data in the Medi-Alert folder located in the Client’s Health folder on the family’s tree (Casehead Name→Clients folder→Health folder→Medi-Alert folder). Historically many caseworkers have entered information about a client’s physical exam, dental information, etc. only in MD CHESSIE Contacts. As caseworkers’ understanding and MD CHESSIE have evolved, it is no longer feasible to continue this practice. Accurate documentation in the Medi-Alert folder will enable the current caseworker and any future caseworkers to quickly and easily locate the necessary medical information on clients, as well as have the information populate into the CANS-F.

If the necessary information is not in the Medi-Alert folder, the caseworker must go out of the CANS-F, accurately fill in all information on all clients and then proceed with completing this section of the CANS-F.

NOTE: The caseworker can obtain information on the Medi-Alert folder, by going to the MD CHESSIE user guide on Knowledge Base. The path to the guide is: DHR Knowledge Base→Social Services Administration→MD CHESSIE→Manuals→Manuals→Service Case User Guide. In the Table of Contents, go to Module 20: Client Health. Click on Client Health and the caseworker will be taken directly to the Medi-Alert information on page 20-1 through 20-8.

The Trauma Experiences (over lifetime) Assessment window will display:



The caseworker will identify the youth's exposure to traumatic events using the following items:

- Sexual Abuse
- Physical Abuse
- Emotional Abuse
- Neglect
- Medical Trauma
- Witness to Family Violence
- Community Violence
- School Violence
- Natural or Man-made Disasters
- War-Affected
- Terrorism-Affected
- Witness/Victim to Criminal Activity

As indicated previously, the caseworker will only answer the Child Behavioral/Emotional Needs, and/or Child Risk Behaviors if a child has a rating of 2 or 3 on the Mental Health Needs, and/or Risk Behaviors on the Child Functioning Assessment screen.

The **Child Behavioral/Emotional Needs Assessment** window will display:

The screenshot displays a software window titled "CHILD BEHAVIORAL/ EMOTIONAL NEEDS Assessment - Service Cases (#)". The window contains a list of "Child Behavioral/ Emotional Needs" with the following items: Psychosis, Attn Deficit / Impulse Control, Depression / Mood Disorder, and Anxiety. The "Psychosis" item is selected, and its details are shown in a sub-section titled "Child Behavioral/ Emotional Needs Details: Psychosis". This sub-section includes a table with columns for "Client ID", "Child/Youth Name", and "Rating (0-3)". The "Rating (0-3)" column shows radio buttons for 0, 1, 2, and 3, with 0 selected. Below the table is a "Comments:" field. The window also includes a "Rating Scale: 0=No evidence of need, 1=Monitor, collect more info, 2=ACT to address need, 3=ACT immediately, intensely" and buttons for "OK", "Save", "Cancel", and "Help".

The caseworker will identify a youth's mental health needs using the following items:

- Psychosis
- Attention Deficit/Impulse Control
- Depression/Mood Disorder
- Anxiety
- Oppositional Behavior
- Conduct/Antisocial Behavior
- Substance Abuse
- Eating Disturbance
- Anger Control
- Attachment Difficulties

The **Child Risk Behaviors Assessment** window will display:

CHILD RISK BEHAVIORS Assessment - Service Cases (4)

CHILD RISK BEHAVIORS

Rating Scale: 0=No evidence of need, 1=Monitor, collect more info, 2=ACT to address need, 3=ACT immediately, intensely

Child Risk Behaviors

Child Risk Behaviors

- ✓ Suicide Risk
- Self-Injurious Behaviors
- Reckless Behaviors
- Danger to Others

Child Risk Behaviors Details

Child Risk Behaviors: Suicide Risk

Client ID/Child/Youth Name	Rating (0-3)
AN	<input checked="" type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3

Comments:

OK Save Cancel Help

The caseworker will identify the youth's risk behaviors using the following items:

- Suicide Risk
- Self-injurious Behavior
- Reckless Behavior
- Danger to Others
- Sexual Aggression
- Sexually Reactive Behaviors
- Runaway
- Delinquent Behavior
- Fire-setting
- Intentional Misbehavior
- Bullying
- Exploited

A blank copy of the CANS-F tool is available in the Documents folder in MD CHESSIE for caseworkers to print out.

UTILIZING THE CANS-F:

Upon completing the CANS-F, the safety assessment and the risk assessment, the caseworker must determine whether or not the family is in need of further LDSS child welfare services. If the family could benefit from further services, the caseworker must develop a Service Plan to build on the strengths and address the areas of need that the CANS-F helped to identify.

The caseworker and supervisor should review the CANS-F often to help determine the progress the family is making and to adjust what services are being provided. Once the caseworker and supervisor determine the case is ready for closure, the final CANS-F can help in determining how well the services provided helped to improve safety, reduce risk and, improve functioning of the youth and caregivers in the home.

MD CHESSIE provides a summary report for each CANS-F completed on a family after it has been approved by the supervisor in MD CHESSIE.