CANS Desk Guide

The purpose of the Child and Adolescent Needs and Strengths (CANS) tool is to provide a comprehensive assessment of the needs of each child placed in out-of-home care. Wisconsin has chosen a comprehensive version of the CANS that provides an opportunity to assess a child's strengths and needs across several life domains. In addition to looking at the child, the Wisconsin version of the CANS assesses the child in relation to the Current Caregiver and the Identified Permanent Resource(s). The information is used to inform placement decisions, to identify services that may need to be put into place, or to identify specific items that may need to be planned around.

Six Key Principles of the CANS

The CANS is based on six key principles that guide its use and implementation:

1. Items were selected because they are all *relevant to service and treatment planning*.
2. Each item uses a four-level rating system. These levels are designed to *translate immediately into action levels*.
3. The ratings should describe *the child, not the child in services*. If an intervention has been put into place that masks the need but must stay in place to ensure that level of functioning, this is factored into the rating and would be considered an actionable need.
4. Culture and development must be considered prior to establishing the action levels. Cultural sensitivity includes considering whether *cultural factors are influencing the expression of needs and strengths*.
5. The CANS is a descriptive tool: it is about the *'what,'* not about the *'why.'*
6. A *30-day window* is used for ratings to ensure that the assessment is relevant to the child or youth's present circumstances. This 30-day window is arbitrary and can be overridden if it is the best interest of the child to include information that occurred prior to the 30-day window.

What is the CANS Used For?

The algorithms and information gathered in the CANS are to be used:

1. To communicate information about the needs and strengths of the child and child's family.
2. To assist with determining the child's service needs and developing the child's case plan.
3. To determine a level of need for the child.
4. To inform decisions regarding a placement at a level of care that is appropriate to meet the child's level of need.
5. To evaluate the match between the knowledge, skills, and abilities of an out-of-home care provider and the needs and strengths of the child.
6. To assist in the development of services and supports needed for a specific child and out-of-home care provider to promote the stability of the placement.
7. To provide a mental health screen to all children entering out-of-home care.
8. When a child is in foster care, to determine any supplemental payments under s. DCF 56.23 (2) Admin. Code.

Timeframes

Placement Setting	Initial CANS	Re-determination
Unlicensed Provider	Within 30 days of placement	Every six months*
Foster Home	Within 30 days of placement	Every six months*
Group Home	Prior to placement unless an emergency placement – then within 30 days of placement	Every six months*
RCC	Prior to placement unless an emergency placement – then within 30 days of placement	Every six months*

*The out-of-home care provider, licensing agency, or tribe may request a redetermination at any time.

The individual completing the CANS must gather pertinent information from the child's family team and must share the results with the child's family team; tribe, if applicable; and the foster care licensing agency.

Current Caregiver and Identified Permanent Resource

The current caregiver is whomever the child is living with at the time the CANS is completed, whether that be parents, foster parents, relatives, group home or Residential Care Center setting.

The Identified Permanent Resource is defined as the person identified in the Permanency Plan as the child's permanent resource. In the CANS, there is the ability to identify concurrent and considered Permanent Resources, although there cannot be a concurrent Identified Permanent Resource without a primary Identified Permanent Resource.

Algorithm Calculations

The two tables on the pages that follow illustrate the items that are included in the calculations for the algorithms for the Supplemental portion of the foster care rate, as well as Adoption Assistance and Subsidized Guardianship payment.

Algorithms

The CANS provides results based on three algorithms. Not every item rated is used for each algorithm. The results for each algorithm will be calculated by eWiSACWIS and the results will be shown either on the CANS Results tab or the Foster Care Rate page.

Level of Need (LON): The recommended placement level for the child based on their identified needs and strengths. The LON does not prescribe a placement for a child but makes recommendations (please see the Placement Complexity Chart).

Mental Health Screen: States whether or not the child needs to be seen by a mental health professional. http://wcwpds.wisc.edu/cans/resources/MHS_ALGORITHM_11-22-10.pdf

Supplemental Rate: Calculates the supplemental portion of the foster care rate based on ratings of '2' or '3' on specific items. The supplemental portion of the foster care rate is calculated by adding up the items rated a '2' or '3' and multiplying them by the supplemental rate multiplier.

0-5 Version				

🟩	Supplemental Portion of Foster Care Rate	🟥	Adoption Assistance/Subsidized Guardianship Payments

TRAUMA	0	1	2	3
Sexual Abuse	☐	☐	☐	☐
Physical Abuse	☐	☐	☐	☐
Neglect	☐	☐	☐	☐
Emotional Abuse	☐	☐	☐	☐
Medical Trauma	☐	☐	☐	☐
Natural Disaster	☐	☐	☐	☐
Witness to Family Violence	☐	☐	☐	☐
Witness to Community Violence	☐	☐	☐	☐
Witness / Victim to Criminal Activity	☐	☐	☐	☐

Adjustment to Trauma	0	1	2	3
Affect Regulation	☐	☐	🟥	🟥
Re-Experiencing the Trauma	☐	☐	🟥	🟥
Avoidance	☐	☐	🟥	🟥
Increased Arousal	☐	☐	🟥	🟥
Numbing Responsiveness	☐	☐	🟥	🟥

LIFE FUNCTIONING	0	1	2	3
Family – Nuclear	☐	☐	🟩	🟩
Family – Extended	☐	☐	🟩	🟩
Living Situation	☐	☐	🟥	🟥
Developmental	☐	☐	🟥	🟥
a. Cognitive	☐	☐	🟥	🟥
b. Autism Spectrum	☐	☐	🟥	🟥
c. Communication	☐	☐	🟥	🟥
d. Self-Care/Daily Living	☐	☐	🟥	🟥
Medical	☐	☐	🟥	🟥
a. Life Threat	☐	☐	🟥	🟥
b. Chronicity	☐	☐	🟥	🟥
b. Diagnostic Complexity	☐	☐	🟥	🟥
c. Emotional Response	☐	☐	🟥	🟥
d. Impairment in Functioning	☐	☐	🟥	🟥
e. Treatment Involvement	☐	☐	🟥	🟥
f. Intensity of Treatment	☐	☐	🟥	🟥
g. Organizational Complexity	☐	☐	🟥	🟥
Physical	☐	☐	🟥	🟥
Dental	☐	☐	🟥	🟥
Daily Functioning	☐	☐	🟥	🟥
Social Functioning	☐	☐	🟥	🟥
Recreation/Play	☐	☐	🟥	🟥
Regulatory	☐	☐	🟥	🟥
a. Eating	☐	☐	🟥	🟥
b. Elimination	☐	☐	🟥	🟥
c. Sensory Reactivity	☐	☐	🟥	🟥
d. Emotional Control	☐	☐	🟥	🟥
Communication	☐	☐	🟥	🟥
Sleep	☐	☐	🟥	🟥

CHILD RISK FACTORS	0	1	2	3
Birth Weight	☐	☐	🟩	🟩
Pica	☐	☐	🟥	🟥
Prenatal Care	☐	☐	🟩	🟩
Length of Gestation	☐	☐	🟩	🟩
Labor and Delivery	☐	☐	🟥	🟥
Substance Exposure	☐	☐	🟩	🟩
Parent/Sibling Problem	☐	☐	🟥	🟥
Maternal Availability	☐	☐	🟩	🟩

CHILD RISK BEHAVIORS	0	1	2	3
Self-Harm	☐	☐	🟥	🟥
Aggressive Behavior	☐	☐	🟥	🟥
Social Behavior	☐	☐	🟥	🟥

CHILD / YOUTH AND FAMILY ACCULTURATION	0	1	2	3
Language	☐	☐	🟩	🟩
Identity	☐	☐	☐	☐
Ritual	☐	☐	☐	☐
Cultural Stress	☐	☐	☐	☐
Knowledge Congruence	☐	☐	☐	☐
Help-Seeking Congruence	☐	☐	☐	☐
Expression of Distress	☐	☐	☐	☐

CHILD / YOUTH STRENGTHS	0	1	2	3
Relationship Permanence	☐	☐	🟩	🟩
Family – Nuclear	☐	☐	🟩	🟩
Family – Extended	☐	☐	🟩	🟩
Interpersonal	☐	☐	🟩	🟩
Adaptability	☐	☐	🟩	🟩
Persistence	☐	☐	🟩	🟩
Curiosity	☐	☐	🟩	🟩
Resiliency	☐	☐	🟩	🟩

PRESCHOOL/CHILD CARE	0	1	2	3
Preschool/Child Care	☐	☐	🟥	🟥
a. Attendance	☐	☐	🟥	🟥
b. Compatibility	☐	☐	🟥	🟥
c. Behavior	☐	☐	🟥	🟥
d. Achievement	☐	☐	🟥	🟥
e. Relation with Teachers	☐	☐	🟥	🟥
f. Relation with Peers	☐	☐	🟥	🟥

CHILD BEHAVIORAL / EMOTIONAL NEEDS	0	1	2	3
Attachment	☐	☐	🟥	🟥
Failure to Thrive	☐	☐	🟥	🟥
Depression (Withdrawn)	☐	☐	🟥	🟥
Anxiety	☐	☐	🟥	🟥
Atypical Behaviors	☐	☐	🟥	🟥
Impulsive/Hyperactivity	☐	☐	🟥	🟥
Oppositional	☐	☐	🟥	🟥

	Supplemental Portion of Foster Care Rate		Adoption Assistance/Subsidized Guardianship Payments

TRAUMA	0	1	2	3
Sexual Abuse	☐	☐	☐	☐
Physical Abuse	☐	☐	☐	☐
Neglect	☐	☐	☐	☐
Emotional Abuse	☐	☐	☐	☐
Medical Trauma	☐	☐	☐	☐
Natural Disaster	☐	☐	☐	☐
Witness to Family Violence	☐	☐	☐	☐
Witness to Community Violence	☐	☐	☐	☐
Witness / Victim to Criminal Activity	☐	☐	☐	☐

Adjustment to Trauma	0	1	2	3
Adjustment to Trauma	☐	☐	☐	☐
Traumatic Grief / Separation	☐	☐	☐	☐
Intrusions	☐	☐	☐	☐
Attachment	☐	☐	☐	☐
Dissociation	☐	☐	☐	☐

LIFE FUNCTIONING	0	1	2	3
Family – Nuclear	☐	☐	☐	☐
Family – Extended	☐	☐	☐	☐
Living Situation	☐	☐	☐	☐
Developmental	☐	☐	☐	☐
a. Cognitive	☐	☐	☐	☐
b. Autism Spectrum	☐	☐	☐	☐
c. Communication	☐	☐	☐	☐
d. Self-Care/Daily Living	☐	☐	☐	☐
Medical	☐	☐	☐	☐
a. Life Threat	☐	☐	☐	☐
b. Chronicity	☐	☐	☐	☐
c. Diagnostic Complexity	☐	☐	☐	☐
d. Emotional Response	☐	☐	☐	☐
e. Impairment in Functioning	☐	☐	☐	☐
f. Treatment Involvement	☐	☐	☐	☐
g. Intensity of Treatment	☐	☐	☐	☐
h. Organizational Complexity	☐	☐	☐	☐
Physical	☐	☐	☐	☐
Dental	☐	☐	☐	☐
Daily Functioning	☐	☐	☐	☐
Social Functioning – Adult	☐	☐	☐	☐
Legal	☐	☐	☐	☐
a. Seriousness	☐	☐	☐	☐
b. History	☐	☐	☐	☐
c. Arrests	☐	☐	☐	☐
d. Planning	☐	☐	☐	☐
e. Community Safety	☐	☐	☐	☐
f. Legal Compliance	☐	☐	☐	☐
g. Peer Influences	☐	☐	☐	☐
h. Parental Criminal Behavior (Influences)	☐	☐	☐	☐
i. Environmental Influences	☐	☐	☐	☐
Eating Disturbance	☐	☐	☐	☐
Sleep	☐	☐	☐	☐
Sexual Development	☐	☐	☐	☐

CHILD / YOUTH BEHAVIORAL / EMOTIONAL NEEDS	0	1	2	3
Psychosis	☐	☐	☐	☐
Impulsive / Hyperactivity	☐	☐	☐	☐
Depression	☐	☐	☐	☐
Anxiety	☐	☐	☐	☐
Oppositional	☐	☐	☐	☐
Conduct	☐	☐	☐	☐
Anger Control	☐	☐	☐	☐
Substance Use	☐	☐	☐	☐
Somatization	☐	☐	☐	☐
Behavioral Regression	☐	☐	☐	☐
Affect Dysregulation	☐	☐	☐	☐

CHILD / YOUTH RISK BEHAVIORS	0	1	2	3
Suicide Risk	☐	☐	☐	☐
Self-Injurious Behavior	☐	☐	☐	☐
Other Self Harm	☐	☐	☐	☐
Exploited	☐	☐	☐	☐
Danger to Others	☐	☐	☐	☐
Sexual Aggression	☐	☐	☐	☐
Delinquent Behavior	☐	☐	☐	☐
Runaway	☐	☐	☐	☐
a. Frequency of Running	☐	☐	☐	☐
b. Consistency of Destination	☐	☐	☐	☐
c. Safety of Destination	☐	☐	☐	☐
d. Involvement in Illegal Acts	☐	☐	☐	☐
e. Likelihood of Return on Own	☐	☐	☐	☐
f. Involvement of Others	☐	☐	☐	☐
g. Realistic Expectations	☐	☐	☐	☐
Intentional Misbehavior	☐	☐	☐	☐
Fire Setting	☐	☐	☐	☐
Bullying	☐	☐	☐	☐

CHILD / YOUTH STRENGTHS	0	1	2	3
Relationship Permanence	☐	☐	☐	☐
Family – Nuclear	☐	☐	☐	☐
Family – Extended	☐	☐	☐	☐
Positive Peer Relations	☐	☐	☐	☐
Optimism	☐	☐	☐	☐
Decision-Making	☐	☐	☐	☐
Well-Being	☐	☐	☐	☐
Educational	☐	☐	☐	☐
Recreational	☐	☐	☐	☐
Vocational	☐	☐	☐	☐
Talents / Interests	☐	☐	☐	☐
Spiritual / Religious	☐	☐	☐	☐
Community Life	☐	☐	☐	☐
Youth Involvement with Care	☐	☐	☐	☐
Natural Supports	☐	☐	☐	☐
Resiliency	☐	☐	☐	☐
Resourcefulness	☐	☐	☐	☐
Life Skills	☐	☐	☐	☐
Expectant Parent or Parenting	☐	☐	☐	☐

SCHOOL	0	1	2	3
Attendance	☐	☐	■	■
Behavior	☐	☐	■	■
Achievement	☐	☐	■	■
Relation with Teacher(s)	☐	☐	■	■

CHILD / YOUTH AND FAMILY ACCULTURATION	0	1	2	3
Language	☐	☐	☐	☐
Identity	☐	☐	☐	☐
Ritual	☐	☐	☐	☐
Cultural Stress	☐	☐	☐	☐
Knowledge Congruence	☐	☐	☐	☐
Help-Seeking Congruence	☐	☐	☐	☐
Expression of Distress	☐	☐	☐	☐

Placement Complexity Chart

Child's Level of Need (LON)	Provider's Level of Certification (LOC)	Placement Options		
		Foster Home	Group Home	Residential Care Center
1/2	1	Child-Specific		
	2	Basic		
3	3	Moderate Treatment	Group Home	
4	4	Specialized Treatment		
5	5	Exceptional Treatment		Residential Care Center
6	6			

■ (black)	This level of care may be used in transition planning for youth who were previously placed in a higher level of care.
▨ (gray)	Placement of children at this level is not appropriate.
	NOTE: A child in out-of-home care can be served by a placement with a certification level (or its equivalent) lower than the child's level of need if an exception has been granted and documented in the child's electronic case record by the placing agency and the agency shows what services and supports will be provided to meet the child's needs.

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