



## CASEWORK ACTIVITY

## Child and Adolescent Needs and Strengths Assessment for Children who Enter and Continue in Out-of-Home Care

Revised February 17, 2011

*This procedure replaces IA 25.01/OCM 4.02 Mental Health Services for Children Entering Out-of-Home Care.*

### PURPOSE

To ensure children taken into temporary physical custody are screened using the Child and Adolescent Needs and Strengths tool in a timely manner and follow-up services are provided based on the individual child's identified needs.

### PROCEDURES

When a child is taken into temporary physical custody and placed in out-of-home care, the child must be screened for urgent or crisis mental health needs during the initial health screening at the Child Protection Center (CPC). A follow-up needs assessment using the Child and Adolescent Needs and Strengths (CANS) tool will be administered within 30 days of the placement by Ongoing case management.

#### Initial Assessment:

1. When a child is taken into temporary physical custody, the Initial Assessment social worker (IASW) must attempt to obtain pertinent behavioral health information from the parent or caregiver. This should include any:
  - History of behavioral concerns;
  - Prior behavioral health services; and
  - History of prescribed behavioral health medication
2. The assigned IASW will call the Child Protection Center (CPC) to schedule an appointment for the CPC health screen.
3. **Determination:** The IASW or designee accompanying the child to the CPC exam will attend the discussion at the completion of the exam to learn the results of the CPC health screen. If indicated, a recommendation regarding the need for immediate mental health assessment will be made at this time through discussion with CPC staff.

If the IASW was unable to accompany the child to the exam, CPC will notify the IASW of any Crisis/Urgent screening results by phone.



- The Mobile Urgent Treatment Team (MUTT) will be contacted immediately by CPC staff for all *Crisis* referrals so a mental health assessment can be performed *before the child leaves the CPC*.
- For all *Urgent* referrals, MUTT will be contacted by CPC to provide a mental health assessment *as soon as possible*.

**NOTE regarding parental consent:** If immediate crisis intervention is required by MUTT, parental consent is not required prior to service.

4. The IASW is responsible for verbally communicating the results of, or need for, an urgent or crisis mental health assessment and documenting the need on the IA-Ongoing Case Transfer form, including any follow up recommendations to the Ongoing case manager (OCM) at the time of case transfer, and in the child's folder of the paper file.

The IASW is also responsible for arranging and following up on any recommended mental health services that must occur prior to case transfer.

### **Ongoing Case Management: Administration of the Child and Adolescent Needs and Strengths (CANS)**

1. All children entering Court Ordered Kinship Care/Foster Care must be evaluated for mental health needs using the Child and Adolescent Needs and Strengths (CANS) tool. This tool will be administered by the Ongoing case manager (OCM) within 30 days of placement, and every six months thereafter or prior to a Permanency Plan Hearing, whichever comes first.

Use of the CANS tool for new foster home placements is required within 30 days of placement. Existing foster care placements will require the CANS tool be completed at the next six-month Uniform Foster Care Rate Redetermination and every six months thereafter when the child remains with the same provider.

Use of the CANS tool is required prior to placement in any higher level of care, including placement in a group home or residential care center, and every six months thereafter when the child has been placed with the same provider. If the placement in these settings is an emergency placement, the CANS on any emergency higher level of care placement must be completed within 30 days of emergency placement.

To summarize, the CANS tool should be completed within 30 days of new foster care placements, prior to all higher level of care placements (unless an emergency placement), and every six months thereafter or prior to the permanency plan hearing, whichever comes first.

The Wisconsin Department of Children and Families CANS Mental Health referral algorithm should be used to determine the need for mental health service referral. If



the CANS algorithm indicates the need for mental health service referral, an appointment with a qualified mental health provider must be scheduled to occur within 2-4 weeks (or sooner as indicated) of the CANS completion.

**Documentation:** Additionally, in the eWiSACWIS Medical/Mental Health Tab - Health Concern Information screen, enter the date the CANS was completed, enter the results, enter the recommendations for further mental health services, including the dates of those services, if known. If the CANS was not completed, explain why. (This documentation must continue until further notice.)

4. **Disclosure of Information to Foster Parents/Caregivers:** Results of the CANS tool, any mental health assessment, including any identified ongoing mental health needs or concerns, are to be documented on the *Foster Parents Face Sheet and Checklist* (Information for Physical Custodians Part A and Part B) and given to the foster parents/caregiver.

#### **CROSS REFERENCE**

Medical Treatment for Children  
Disclosure of Information to Foster Parent  
Consultation with BMCW Medical Director  
Child and Adolescent Needs and Strengths Tool (CANS)