

Child And Adolescent Needs and Strengths (CANS) Tool Frequently Asked Questions

The Child and Adolescent Needs and Strengths (CANS) tool was implemented in Wisconsin on February 21, 2011, as part of the Levels of Care Foster Care Licensing Initiative required under 2009 Wisconsin Act 28. The Wisconsin Comprehensive Version of the CANS is a multi-purpose tool developed to: support decision-making; facilitate quality improvement; identify the needs and strengths of the child and family; determine the ability of the provider to meet the child's needs; evaluate the stability of the placement; and monitor service outcomes.

Agencies with "Placement and Care Responsibility" are required to complete the CANS for all children placed in out-of-home care in the following placement settings:

- Unlicensed providers,
- Foster Homes,
- Group Homes, and
- Residential Care Centers.

Additionally, the CANS is a teaming communication tool used to build consensus among the child welfare team. The tool creates a common language and bases of describing a child and family's needs and strengths. In doing so, the CANS tool assesses several areas of the child's functioning, such as, school; trauma; mental health needs; and risk behaviors. These multiple areas are the child and family's strengths and needs.

The purpose of this document is to provide additional policy guidance for child welfare professionals and answer some frequently asked questions related to the CANS. This document is organized into sections that relate to the different processes of the CANS.

Scoring and Applicability

1. Q: How are items rated when the information is not yet known for the child?

A: Often times, when a child is placed in out-of-home care, not everything is known about the child to rate each CANS item. However, child welfare professionals should rate each item with the information that is known. A CANS redetermination may be completed as more information is learned.

2. Q: How should abuse/trauma be rated when there is no confirmation it occurred?

A: When there is a suspicion of abuse, but no confirming evidence, it should be rated as a '1,' as a '1' rating has an action level of "watchful waiting." This means that the items rated a '1' are items that the child welfare professional will be keeping an eye on or will put some preventative measures in place to ensure this area is addressed and the impact of the suspected trauma does not worsen.

3. Q: What is the definition of family, both nuclear and extended, when rating these items?

A: Family – Nuclear refers exclusively to the child's parents and siblings. However, the definition of family should come from the child's perspective (i.e. who the youth describes as their family). The definition of family can be flexible. For example, if a child is being raised by their grandparents and the child was removed from the grandparents, they are functionally parents. Then, the nuclear family would be considered the grandparents and child's siblings. In post-TPR cases, Family-Nuclear would refer to the adoptive resource for that child.

Family – Extended refers to all family members, excluding parents and siblings. Again, the definition of family should come from the child's perspective. In post-TPR cases, this would include the child's biological family members, such as their parents and siblings, and the extended family members of the child's adoptive resource.

4. Q: How are the Non-Suicidal Self-Injurious Behavior, Other Self-Harm, and Intentional Misbehavior items rated?

A: Non-Suicidal Self-injurious behaviors are actions or self-mutilations in which injury to the self is the goal, and the injury meets a psychological need, such as self-soothing or a release from bad feelings.

Other Self-Harm assesses reckless behavior, or thrill seeking. They are unsafe behaviors that may lead to self-harm, but for which injury is not the goal or is one of a set of goals (for example, car surfing or doing an eating challenge).

Intentional misbehaviors are purposeful, and the goal is for the action to result in sanctions. The child is purposefully trying to "get in trouble." For example, a child that acts out at school to purposefully get kicked out of the classroom is an example of intentional misbehavior.

5. Q: How should the Knowledge and Help Seek Congruence items under the Cultural Factors domain be rated?

A: Knowledge congruence refers to a family's explanation about their child's presenting issues, needs, and strengths in comparison to the prevailing professional/helping culture(s) perspective. For example, some families value and function within a hierarchy. Communication and decision-making are made via this structure. This may be different than the prevailing culture and would be rated here. Failing to attend to this cultural perspective properly, prevents engagement and would be a disservice. Rating this family dynamic is not passing judgement. Rather, it accurately captures the family functioning to ensure the services and service provision match the family's needs.

Help Seeking Congruence refers specifically to the family's approach to seeking help in comparison to the prevailing professional wisdom. It indicates whether the family is willing to seek help, and where they go to seek that help. Is there a difference between the way the child or family seek help and the helping professionals' perspective on help seeking? Do the differences between the family's help seeking behavior and the helping professionals' perspectives impact their working relationship?

6. Q: Should the child's parent or guardian ever be chosen as the "considered" Identified Permanent Resource?

A: Yes, the child's parent or guardian could be chosen as the "considered" Identified Permanent Resource (IPR). If the child is in placement, the Current Caregiver is the out-of-home care provider, and the Identified Permanent Resource (IPR) depends on the Permanency Plan goals for the child. If the goal is reunification with parents or guardian, then the parents or guardian would be the IPR. If reunification is not the goal, the parent or guardian may be rated as a "considered" IPR.

7. Q: What if there are two different parents or guardians in two different households that are both listed as the IPR and both moving toward reunification?

A: Both would be rated as the IPR, one would be the primary and the other would be the concurrent.

8. Q: When scoring the current caregiver or an identified permanent resource, are those items rated in relation to the child or are they rated in general for that provider?

A: Because the CANS is scored for a specific child, the items would be rated in relation to that child. A current caregiver or an IPR may have different ratings for different children.

9. Q: If foster parents are doing something that leads to extinguishing a higher-level behavior, should the child be rated as having a higher score due to the necessary behavior on the part of the foster parent?

A: CANS Key Principle #3 addresses this; the child should be rated as describing the child, not the child in services. In addition, Key Principle #3 states that if an intervention is in place that is masking the need but is necessary to address the need of the child, this should be factored into the rating. Consider whether or not it is a sustained change for the child. If it is a sustained change, it would be rated lower; if it is changed only because of the intervention and if the intervention was removed, the behavior would return, then the item would be rated higher.

10. Q: For instances where a child is going to be moving from a highly restrictive environment, such as a residential care center (RCC), to a less restrictive environment, such as a Level 4 foster home, how are the items rated within the 30-day window? For example, a child who sexually assaulted a younger sibling while at home would not really have the opportunity to do so in an RCC with the level of supervision and restriction.

A: Key Principle #6 allows for the action levels to override the determination of the last 30 days. With the above example, the child welfare professional would take the child's history into account and override the last 30 days, as the child will be transitioning to a less restrictive environment. It is recommended to document a note about why the 30-day timeline is being overridden for those items. The child welfare professional will use some discretion taking into account the child's placement and the level of restriction and structure they have had out of the community.

11. Q: How are the Level of Need, mental health screen, and Supplemental Points calculated?

A: There are three different algorithms used to calculate the child's Level of Need, the mental health screen, and the Supplemental Points:

- Decision Support Model Based on CANS: Level of Need
 - [Birth to 5 DCF-P-5689](#)
 - [Age 5 to 21 DCF-P-5691](#)
 - [Mental Health Screen DCF-P-5690](#)
- Supplemental Points:
 - [Foster Care Ages Birth to 5 DCF-P-5695](#)
 - [Foster Care Ages 5 to 21 DCF-P-5696](#)
 - [Child and Adolescent Needs and Strengths \(CANS\) Subsidized Guardianship/Adoption Assistance Supplemental Rate Calculation DCF-P-5694](#)

Placement and Planning

12. Q: When is the initial completion of the CANS required?

A: The initial determination of the child's Level of Need shall be made prior to or within 30 days after the child's placement with an unlicensed provider or a foster parent. The initial determination of the child's Level of Need shall be made prior to placement in a group home or residential care center, unless the placement is completed on an emergency basis. If the placement is completed on an emergency basis the assessment shall be completed within 30 days of the child's placement in a group home or residential care center.

13. Q: When is the re-determination of the CANS required?

A: The agency shall reassess each child and the child's out-of-home care provider within six months after the child's last determination or re-determination. The agency, out-of-home care provider, or licensing agency may request a reassessment more frequently.

14. Q: Is a CANS required for placements in corrections?

A: No, CANS are not required during placements in corrections, hospitals, detention, shelter, missing from care, and trial reunifications.

15. Q: Does a CANS need to be completed for children who have attained the age of 18 but are remaining in foster care?

A: Yes, the CANS must be completed for all children placed in out-of-home care in an applicable placement setting, regardless of the child's age.

16. Q: Can a child with a higher level of need be placed in a foster home certified at a lower level of care?

A: Yes, this is allowable if adequate supports and services are in place to assist the foster parents in caring for the child with higher needs than the foster home's certification. For example, a child with a level of need 4 may be placed in a level 2 foster home, as long as adequate services and resources are in place to support the placement. Please see the Placement Complexity Chart located on the [CANS Desk Guide](#), as well as [Wis. Admin Code ch. DCF 56.22\(7\)\(a\)](#) and [\(b\)](#) for this allowance.

17. Q: What happens when there is a rating of '3' for a CANS item under the Current Caregiver?

A: When any item on the CANS tool for the "Current Caregiver" is rated a '3', the child welfare professional must reassess Placement Danger through the Confirming Safe Environment (CSE) for the child in placement and for all children in the home. A rating of "3" signifies there may be a severe level of impaired functioning of the caregiver that may impact their ability to safely care for the child. A Placement Danger Threat is severe in nature and indicates the placement is an unsafe environment for the child.

18. Q: How are CANS items prioritized in case planning when there are many Actionable Items to plan for?

A: In order to create a manageable number of case planning goals, actionable items can be clustered, which means grouping CANS actionable items together that have a relationship to one another or fit together like a puzzle. This allows one case plan goal to address more than one actionable item. Clustering also helps determine and prioritize the child's service needs. Usually, those will be the items rated a three, or any safety-related item. Once the needs have been prioritized, the child welfare professional will be able to cluster. There are three main strategies to clustering actionable items: Connecting the Dots; Puzzle Strategy; and Service Planning. To learn more about clustering strategies, review the online [CANS certification training](#).

Teaming

19. Q: Can the CANS results be shared with out-of-home care providers?

A: The CANS results should be shared with the out-of-home care providers. Each child welfare agency will determine based upon their confidentiality policies which specific documents of the CANS results pages will be shared with the out-of-home care provider. There is a [Child and Adolescent Needs and Strengths \(CANS\) Desk Guide](#) that has been designed to help better understand the purpose of the CANS.

20. Q: Should children be included in completion of the CANS?

A: Yes! Best practice means including the child, when appropriate; the more children can be included in their planning, the more effective it will be. This is a concrete way to celebrate success with children! Use this as a motivator for children in their treatment planning, especially with older youth (and with parents/guardians).

21. Q: Once a child is placed in a group home or residential care center, is the expectation that the child's team is completing the CANS together?

A: The team does not necessarily need to score the CANS together, but child welfare professionals must gather the information as a team and discuss the child's needs and strengths as a team.

22. Q: The results page of the CANS has a signature section for a variety of people. Are these signatures mandated for all people listed? If not, is anyone's signature mandated?

A: The signatures are not required. The signature page is separate and it is up to each child welfare professional to determine if the results page should be signed. However, child welfare professionals are required to share the results of the tool. The results are not the same as the full details and scoring of each individual items on the CANS. Each child welfare agency will determine based upon their confidentiality policies which specific documents of the CANS results pages will be shared with the out-of-home care provider.

23. Q: Is there a resource that I can give to professionals on the child's team that provides more information about the CANS?

A: Yes! The [Child and Adolescent Needs and Strengths \(CANS\) Desk Guide](#) that has been designed to help better understand the purpose of the CANS.

Training

24. Q: Are child welfare professionals required to be CANS certified?

A: Yes, child welfare professionals must complete the CANS certification training and exam, which is available online through [WCWPDS](#). Child welfare professionals must pass the CANS exam with a score of .70 or higher to be CANS certified and must become recertified annually.

25. Q: Can a supervisor who is not certified to do the CANS tool approve the CANS?

A: Yes, as the supervisor is not scoring the tool; although, the supervisor cannot modify any of the ratings. Policy does not preclude this, although best practice would indicate that supervisors should have an increased level of knowledge in order to approve a CANS. Supervisors who are not yet certified should plan to complete the CANS certification training.

eWiSACWIS

26. Q: What is the CANS effective date?

A: The effective date of the CANS should be when the information was collected and the assessment of the child was completed.

27. Q: Can only the child welfare professional with the primary assignment to the child complete the CANS? Can foster care professionals complete information in the current caregiver section, or supervisors help complete information if their child welfare professional is unexpectedly out of the office without having to change assignments?

A: Anyone with an assignment can work on a CANS, not just the primary child welfare professional. More than one individual cannot work on the CANS in eWiSACWIS at the same time, because data could be lost if answers differ and both individuals try to save.

28. Q: Is there a print feature to print the entire CANS?

A: There are two options to print. Each tab may be printed one by one via the Print icon at the top of the CANS page, and these will contain the "Notes". There is also a template available via the Options drop-down. The template version does not contain the notes.

29. Q: Will a CANS be required if a placement is backdated or a placement correction is documented in eWiSACWIS?

A: Each time an Out-of-Home Placement is documented, the primary child welfare professional will receive a CANS tickler. Therefore, if placements are backdated or there is a placement correction, child welfare professionals will receive the ticklers for those as well.

30. Q: How is a CANS completed in eWiSACWIS when the child is already in placement (for example, a group home) and the treatment team is stating the child may move to a less restrictive setting, but there is no placement identified?

A: The CANS requires an assessment of the Identified Permanent Resource. To complete the CANS when there is no placement identified, the child welfare professional must select the 'Not applicable - no caregiver identified' option in eWiSACWIS. This will allow the CANS to be completed in eWiSACWIS and sent for approval, while also allowing the child's team to assess the child's current needs and strengths to determine if it is appropriate for the child to move to a less restrictive setting.

31. Q: Will information from the CANS prefill into different documents in eWiSACWIS?

A: Yes, CANS information will prefill into various eWiSACWIS documents, such as the supplemental portion of the CANS for the foster care rate, and Adoption Assistance and Subsidized Guardianship payments; Information for Out-of-Home Care Providers Part A and B; the Permanency Plan and Case Plan; and Placement Danger Threats in the Confirming Safe Environment (CSE).

32. Q: Where is the placement exception documented when the LON is greater than the LOC and justification is required?

A: There is a box on the Results tab that will be shown only when the LON is greater than the provider's LOC. The child welfare professional is required to document the services and supports that are in place for that provider in order to meet the child's needs. Notification will also be sent to the primary assignment on the license that says that a child with a specific LON has been placed in the home of a provider with a lower LOC. This is to inform the licensor professional that there is a foster family who may need additional supports from their licensor.

Placement Complexity Chart		Placement Options				
Child's Level of Need (LON)	Provider's Level of Certification (LOC)	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					
		This level of care may be used in transition planning for youth who were previously placed in a higher level of care.				
		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.						

The Department of Children and Families is an equal opportunity employer and service provider. If you have a disability and need to access services, receive information in an alternate format, or need information translated to another language, please call the Division of Safety and Permanence at (608) 266-8787. Individuals who are deaf, hard of hearing, deaf-blind or speech disabled can use the free Wisconsin Relay Service (WRS) – 711 to contact the department.