

# CANS (Child and Adolescent Needs and Strengths)

(Revised 10/03/25)

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## Related Policies

Additional Information can be found in the following policies:

- Child and Family Team Meetings
- ERMS and Records Management
- Guardianship
- Structured Decision Making (SDM)

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## Forms

The following forms are referenced in this policy:

- 04-176A Therapy Referral Form (CWS/CMS Template)
- 04-179 CANS Tool (Ages 0 - 5)
- 04-179sp CANS Tool (Ages 0 - 5) Spanish
- 04-180 CANS Tool (Ages 6 - 21)
- 04-180sp CANS Tool (Ages 6 - 21) Spanish
- 04-189 CANS CWS Family Letter
- 04-189sp CANS CWS Family Letter (Spanish)

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## Introduction

The State of California Department of Social Services (CDSS) has created the [Integrated Core Practice Model \(ICPM\)](#) guide which describes how child welfare staff, behavioral health staff, and service providers can work together to address the needs of children, youth, and families in the child welfare system. Within this guide, there is a clear expectation that services are developed through a single assessment process to capture a shared view of the family's strengths and needs as well as a shared planning process.

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## Introduction (cont.)

The CDSS has selected the Child and Adolescent Needs and Strengths (CANS) as the functional assessment tool to be used with the Child Family Team (CFT) process to guide services and case planning decisions for Child Welfare Services Agencies. The single assessment process creates and establishes authentic partnerships with children, youth, Nonminor Dependents (NMD) and families, which result in coordinated and integrated plans that are individualized to address the unique needs and strengths of each child/youth and family member.

The CANS is a multi-purpose assessment tool developed to assess well-being, identify social and behavioral needs, and support collaborative decision-making for service and case planning purposes. The CANS focuses on identifying prioritized views of the strengths and needs of the family, including the consensus of the child and family team when differences occur. The CFT members work together to determine the strengths and needs of the child, parents, and caregivers.

CANS is also an integral component for the Tiered Rate Structure (TRS) and will be used to determine the foster care payment based on the child's needs, and not the child's placement type. During the CFT Meeting (CFTM), the shared assessment will guide the CFWB case plan. When implemented together, the CANS, CFTM, and case plan can improve service integration, inform child placement decisions and enhance the experience of families involved in the foster care system.

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## Policy

Every child/youth, ages 0-21, must have a CANS completed initially upon entering foster care, and updated throughout the life of the case.

The CANS must be completed within 30 days of a new case opening prior to the development of the Case Plan, or no later than the disposition hearing date, and is required for reassessment at least every six months thereafter and/or after a [triggering condition](#) to measure progress in needs and strengths over time. All staff who administer CANS must be certified. Certifications must be renewed yearly through the Transformational Collaborative Outcomes Management ([TCOM](#)) Training website.

The CANS must be informed by the CFT members and its results shared, discussed, and used within the CFT process to support coordination of care, collaborative decision-making, and monitoring progress and outcomes for the family.

Social Workers (SW) currently certified to administer the CANS will complete the initial and updated CANS by gathering information from the child and all parties who have knowledge about the child and family's functioning and well-being, including the parents, resource family, tribal representative (if applicable), informal supports (relatives, neighbors, coaches, etc.) and formal supports (teachers, service providers, etc.). The SW will use the information gathered from these conversations to determine key strengths and needs for the child and caregivers. A discussion of these key areas will occur at the CFTM and will lead to shared agreement/consensus of the CANS rating that supports service referrals for case planning.

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## Policy (cont.)

Only one CANS per child should exist. Other agencies, including behavioral health providers, may be required to administer their own CANS, but ratings must be consistent between CFWB and the other agency's CANS. SWs must communicate with any other agency who is completing their own CANS and collaborate to ensure ratings are consistent. If there is a discrepancy in ratings, CFT members must discuss and come up with a consensus for the rating, at the CFTM. CANS received from other agencies must be entered in [ERMS](#). CANS completed by CFWB will be entered in CWS/CMS and CARES.

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## Initial CANS Assessment

The initial CANS assessment for all youth in an open CFWB case will be completed by either the Court Intervention or Voluntary Services SW prior to the development of the Case Plan and within 30 days of the case opening or no later than the date of the Disposition Hearing.

To complete the initial CANS assessment, the SW will:

- Interview the child, parent, caregiver, and any others with relevant information to guide the CANS discussion
  - Explain what CANS is to the CFT members you are requesting information from
  - Conduct an in-person conversation with the child (age 3 and older) to determine potential areas of strengths/needs
  - Gather additional information from case documents and reports
  - Complete and submit a CFTM referral to complete the CANS conversation
    - The CFTM may also cover other topics – refer to [CFTM](#) policy
  - Notify CFT members of any urgent intervention required – any potential score of 3 requires an immediate or urgent intervention in the domain areas of:
    - Behavioral/Emotional Needs
    - Life Functioning
    - Risk Behaviors
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## Updated CANS Assessment

The CANS assessment will be updated for all children and youth in an open case at a minimum of every six months post the J/D Hearing and/or after a triggering condition. Assigned SWs will discuss and gather information regarding CANS items during monthly home visits and in their contacts with service providers and collaterals. SWs are encouraged to schedule the CFTM for the CANS conversation within 30 days prior to completion of the case plan update, as noted in [ACL 25-10](#) to ensure that input from the team is obtained prior to creating Case Plan Updates.

CANS should be updated every six months, along with the CFTM, even when trials impact the timeliness of Status Review Hearings.

Children and youth who are eligible for Enhanced Services to support their mental health needs are required to have a [CFTM](#) every 90 days. The CANS for these children and youth must be reviewed during the meeting and updated, if appropriate.

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**Updated CANS  
Assessment (cont.)**

If the CFT determines ratings need to be changed in the CANS because of change in circumstances or a triggering condition, the new CANS must be [documented](#) and submitted to the Health and Education Passport (HEP) Clerk. Enhanced Youth are defined as youth who have an open case, are on medi-cal, have two or more placements due to behavioral health needs, or receiving services from crisis stabilization, placement in a hospital, TBHS, FFAST, CASS or Wraparound.

**NOTE:** Children and youth who may not be in their placement (i.e., have been abducted or ran away) still require a CANS assessment with the CFT to discuss strengths, needs, and any action items that will be included in the updated Case Plan. The SW will note in the contact narrative and on the CANS form that the child was not present for the assessment.

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**Case Closure CANS**

A Case Closure CANS will be completed no more than 60 days prior to case closure, at the closing CFTM.

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**CANS and Court  
Reports**

For court cases, the SW will attach the CANS to the J/D report and Status Reviews and document the following in the court report (for J/D report include information in Social Study and for Status Review reports include under Family Circumstances):

- Date the CANS was completed
- Any items in which a child, youth, or parent disagreed with on the final rating and/or CFT Action Plan (SW will provide that information with an explanation of why the CFTM participants choose a different rating/action plan. It should be clear to the court what the child/youth or parent's objection was to the rating/action item.)

If the CANS will be completed after the J/D hearing, explain in the court report the date the CANS conversation in the CFTM will occur and when and how the Case Plan will be submitted. The timeliness of the CANS is extremely important and tracked by CDSS.

Only CANS completed by SWs using the CANS Tool form can be attached to court reports. The child, youth, and parents can be offered a copy of the CFWB CANS. SWs will provide a copy of the CANS completed by CFWB to mental health providers serving the child and youth. Behavioral Health Services (BHS) mental health providers also complete their own CANS assessment and are expected to provide a copy of the BHS CANS to the SW for review and consideration in the case planning process. The BHS CANS is **not** to be attached to the court report or imported into CWS/CMS. Sharing of the CANS is important to ensure the child maintains consistency in ratings. Any CANS completed and received by another agency will be uploaded into [ERMS](#).

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## Triggering Conditions

The CANS will be updated within 30 calendar days of determining that a triggering condition exists. Significant or sudden changes in a youth's behavior, demeanor, or functioning may be an indication of unmet needs. The update should focus on new or changed information and how this new or changed information affects specific items and their ratings in the CANS and should be discussed with the CFT.

The following list is a guide of Triggering Conditions, and are not the only reasons to update a CANS:

- Youth's open child welfare case or open probation placement case, per [ACL No. 18-81](#), [ACL 22-35](#), and [WIC Section 16560\(c\)](#).
- Youth's entry into foster care.
- Youth's case closure.
- Youth referred for placement in an STRTP and an assessment by a Qualified Individual, pursuant to [ACL 21-113/BHIN 21-060](#).
- Youth placed in an STRTP or receiving certain Specialty Mental Health Services (SMHS) – review for update simultaneous with CFT meeting required every 90 days ([ACL 22-35](#)).
- Placement Preservation CFT meeting or 14-day Notice received for youth ([ACL 19-26](#)).
- Youth placement change ([ACL 19-26](#)).
- Youth hospitalization (psychiatric or medical).
- Youth incarcerated.
- Youth deemed eligible for Regional Center services.
- Youth newly eligible for special education services or significant change in the youth's existing Individualized Education Plan.
- Youth deemed eligible for [California Children's Services](#) due to an acute or chronic health condition.

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## CANS and the Child and Family Team Meeting

The CANS conversation in the CFTM will help determine the initial and updated mental health needs for all children and youth ages 0 – 17 as well as the Case Plans. The SW and PSS should discuss potential Case Plan items prior to finalizing the CANS and be prepared to discuss these items at the CFTM.

During the CFTM, the case carrying SW will:

- Lead the CANS discussion
  - Consider handing out the [CANS Family Letter](#) to all present
- Actively participate in the CANS conversation and provide CFWB perspective while also listening to the voice of others
- With the team, determine the final ratings and use those ratings to guide the CFT Action Plan/initial or updated Case Plan
- Refer the child/youth for a mental health assessment or services as needed
- Use the CFT Action Plan to guide the Case Plan (CANS scores of 2 or 3 need to have an action item, and may become a Case Plan item)

For additional information on how to discuss CANS with the Child and Family Team, refer to Resources and Tip Sheets section of this policy.

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## Documentation

The assigned SW and the HEP Clerk will be responsible for ensuring that the CANS is documented and accessible for review.

All completed initial and updated IP-CANS must be entered into CARES no more than ten (10) calendar days following their completion ([ACL 25-10](#)). Initial CANS must be entered into CARES no more than ten calendar days following their completion or by the end of the month in which it is completed, whichever is sooner. Updated CANS may be entered into CARES after the end of the month in which it was completed, if data entry does not exceed ten calendar days following completion of the tool.

**NOTE:** Only CANS completed by CFWB staff using [the CANS Tool](#) forms will be documented and entered into CWS/CMS and the CWS California Automated Response and Engagement System (CWS-CARES) systems. Any CANS completed and received by another agency will be uploaded into [ERMS](#).

The table below lists the assigned SW's responsibility for ensuring that the CANS is documented.

Within **10 calendar days** of completing the CANS:

Step	Assigned SW Action
1	<p>Enter a contact narrative in CWS/CMS that the CANS conversation with the CFT was held and include the following information:</p> <ul style="list-style-type: none"><li>• Date CANS was finalized with CFT</li><li>• If CANS was finalized at the CFTM, and if not why CANS was not finalized at CFTM</li><li>• Attendance of child/youth at the CANS CFTM and if not, why child/youth was not present</li><li>• Results of all 9 items in the Challenges Domain (0-5) or Behavioral/Emotional Needs Domain (6-21) If all ratings are zero (0), no services are needed</li></ul>
2	<p>Document the date the mental health services referral was made, as well as the provider's information.</p> <p>Refer to Therapy Flow Chart – Child/Youth for tips on how to refer a child/youth for mental health services</p>

Step	Assigned SW Action
3	Document any other referrals made for the child/family as an outcome of the CFTM.
4	<p>Upload CANS into the CWS/CMS:</p> <ul style="list-style-type: none"> <li>• Open Case Management section (green button)</li> <li>• Upload into Existing Documents folder</li> </ul> <p><b>NOTE:</b> CANS completed and received by other agencies will be uploaded into <a href="#">ERMS</a>.</p>
5	Email the CANS to the Regional/Program HEP OAs within 3 calendar days of completing the CANS. Specify within the email if the CANS is an Initial CANS or Updated CANS.

Per [ACL No. 21-27](#), CANS will be entered in CWS-CARES in an effort to enhance service coordination and provide data to inform cross-agency outcomes.

HEP Clerks are tasked with entering the results of the CANS assessment in both CWS/CMS and CWS-CARES as outlined in the tables below.

Within **7 calendar days** of receiving the CANS from the SW or by the end of the month for initial CANS:

Step	HEP Clerk Action (CWS/CMS Entry)
1	<b>In CWS/CMS, open the child's existing Health Notebook.</b>
2	Select the <b>Screenings</b> tab and click the + (yellow fields will be enabled for the Date and Type boxes).
3	<p>For the Date field, enter the Date Of Assessment listed on the <a href="#">CANS Tool</a>.</p> <p><b>NOTE:</b> Results of CANS completed by BHS or other providers are not entered into CWS/CMS. They are uploaded into ERMS</p>

Step	HEP Clerk Action (CWS/CMS Entry)
4	For the Type dropdown menu field, choose the appropriate option: <ul style="list-style-type: none"> <li>Initial or Updated Mental Health 0-5 Years Old</li> <li>Initial or Updated Mental Health 5+ Years Old (6-21)</li> </ul>
5	For the Results Box: <ul style="list-style-type: none"> <li>Choose Referrals for Services if 1, 2, or 3 are marked in any of the 9 items in the Challenges Domain or Behavioral/Emotional Domain</li> <li>Choose No Referrals Needed if marked zero in all 9 items in the Challenges Domain or Behavioral/Emotional Domain</li> </ul>
6	Save to Database.

HEP Clerks will follow the steps below when entering CANS into CWS-CARES (must be entered within **7 calendar days** of receiving the CANS from the SW or by the end of the month for initial CANS):

Step	HEP Clerk Action (CWS-CARES)
1	Log into <a href="#">CWS-CARES</a> and choose the CANS Dashboard.  <b>NOTE:</b> If accessing CWS-CARES remotely, connection must be secure and established by the county. .
2	Search using “Client Search” and select the child.
3	Select “Add CANS.”
4	Complete the following: <ul style="list-style-type: none"> <li>Enter Assessment Date (the date on the <a href="#">CANS Tool</a>, not the date you are entering the CANS)</li> <li>Select CANS Template</li> <li>Enter who conducted the assessment</li> <li>Choose whether child/youth has caregiver (mark “Yes” if there is an identified in Caregiver Resources and Needs section of CANS)</li> </ul>
5	Send an email to the assigned SW to confirm CANS entry.



**Documentation  
(cont.)**

HEP Clerks may refer to the CWS/CMS and CWS-CARES CANS Data Entry tip sheet for additional information.

**Guardianship (GDS)  
Cases**

After a guardianship is established through Dependency court, the completion of the CANS is no longer required.

Money-Only Guardianship: The Child Strengths and Needs Assessment (CSNA) tool will be used to help guide the case plan. Please refer to the [Structured Decision Making \(SDM\)](#) and [Guardianship](#) policy files for additional information.

388 Modification Hearings: Once the court has established jurisdiction on the child/youth, the Continuing Services SW will collaborate with the CFT to complete the CANS and create the initial Case Plan.

**Training and  
Certification/  
Recertification**

All PSSs and SWs will be trained on the CANS. PSSs and SWs working in a program or are transferring to a program where children, youth, or NMDs require completion of a case plan are required to be certified to administer the CANS via training and the Transformational Collaborative Outcomes Management ([TCOM Training](#)) website. PSSs and SWs are responsible for ensuring their certification is current. Certifications must be renewed annually as they expire after a year.

The following table describes training areas and completion timelines.

Type	Who	Action
CANS Training	All SWs and PSSs	<p>Complete the 12-hour CANS training overview provided by the Regional Training Academy.</p> <p><b>NOTE:</b> Google Chrome is required to be the browser for this website to work correctly.</p>
CANS Certification	All SWs who write Case Plans and all PSSs who sign Case Plans or oversee staff who complete CANS	<ul style="list-style-type: none"><li>• Complete the CANS certification exam via the <a href="#">TCOM Training</a> website</li><li>• Pass the certification exam at a .70 or higher</li><li>• Email your certification to your PSS and PSPM,.</li></ul> <p><b>NOTE:</b> Certification exam can be taken multiple times until passed.</p>

**Training and Certification/Recertification (cont.)**

Type	Who	Action
CANS Recertification	All SWs who write Case Plans and all PSSs who sign Case Plans or oversee staff who complete CANS	<ul style="list-style-type: none"> <li>Retake and pass the CANS recertification within 1 year from the date of prior certification <ul style="list-style-type: none"> <li>This must occur prior to expiration; otherwise, attendance at the CANS training is required prior to recertifying. Training can be accessed at the <a href="#">TCOM</a> website.</li> <li>Refer to the CANS Recertification Instructions listed in the Resources and Tip Sheets section below for additional support</li> </ul> </li> <li>Email your recertification to your PSS and PSPM.</li> <li>PSPM will fill out a CANS tracking sheet for their staff that includes the date each applicable staff member certified and recertified and email to CANS PA twice a year, in January and July.</li> </ul>
CANS for Supervisors	All PSS	<ul style="list-style-type: none"> <li>Complete the 6-hour CANS for PSS training to assist in utilization of the CANS as a supervision tool.</li> </ul>

**Time Study and UKG Codes**

When completing tasks related to the CANS (including interviews and discussions), staff will primarily use the following health related codes:

- CODE 14421 CWS - FAMILY MAINTENANCE PROGRAM
- CODE 14431 CWS - FAMILY REUNIFICATION PROGRAM
- CODE 14441 CWS - PERMANENT PLACEMENT PROGRAM

## Resources and Tip Sheets

The Behavioral Health Services (BHS) Pathways to Well-Being Liaisons can be utilized as a resource for CFWB staff. Clinicians can:

- collaborate with SWs to provide teaming services to children, youth, and families who are not currently receiving mental health services and need a referral,
- review and provide mental health records/history pertaining to the child/youth as known to BHS and provide consultation to the SW as requested,
- attend CFWB Multidisciplinary Team (MDT) Consultation meetings as needed, and
- act as a resource regarding the array of BHS contracted services available to CFWB children and youth.

Staff may also access the following resources and tip sheets for CANS in the CFWB Guides and Resources SharePoint page for additional information:

- [CANS – CFT Part 1](#)
- [CANS – CFT Part 2](#)
- [CANS – CFT Part 3](#)
- [CANS – CFT Part 4](#)
- [CANS – CFT Part 5](#)
- CANS Data Entry Guide
- CANS Early Childhood Manual (0-5 years old)
- CANS FAQ
- CANS Integrated Practice Manual (6 – 21 years old)
- CANS Recertification Instructions
- Therapy Flow Chart – Child/Youth
- Therapy Flow Chart - Adult

Staff may also access additional CANS resources, including videos and webinars, in the [CANS Assessment Tool](#) page of the CDSS website.

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## Alignment with SET

This policy promotes the following SET values:

- SET [Value 1](#) by building shared understanding and agreement through family engagement, collaborating with the whole family to create well-being, and honoring and incorporating the voices of children and youth.
  - SET [Value 2](#) by providing opportunities for biological, kinship, and resource families to communicate and work together for the youth's best interests and utilizing shared decision making with the child/youth voice and well-being at the forefront.
  - SET [Value 3](#) by having a continual focus on children's well-being while they are in the care of CWS.
  - SET [Value 4](#) by maintaining open communication and transparency with families and community partners as well as ensuring that staff and community partners have a shared vision for safety, permanency, and well-being.
  - SET [Value 6](#) and its guiding principle of using real-time data and up-to-date technology to guide organization-wide decisions, as well as the agency practice of valuing the use of data to guide improvements for children, youth, and families.
-