# Department of Human Resources Social Services Administration 311 W. Saratoga St. Baltimore, MD 21201

DATE:

February 15, 2012

POLICY DIRECTIVE:

SSA# 12-14

(Supercedes Policy SSA #11-23)

TO:

Directors, Local Departments of Social Services

Assistant Directors, Services

FROM:

Carnitra D. White, Executive Director

Social Services Administration

RE:

Maryland Child and Adolescents Needs and Strengths

Assessments

**PROGRAMS** 

AFFECTED:

Out-of-Home Placement Services

ORIGINATING OFFICE:

Out-of-Home Placement

ACTION REQUIRED OF:

All Local Departments

REQUIRED ACTION:

Implement Policy and Procedures

ACTION DUE:

March 1, 2012

CONTACT PERSONS:

Deborah Ramelmeier

Deputy Executive Director of Programs

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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 (MD CANS) Instrument. The implementation of this standardized assessment tool will assist in working toward meeting the needs of children, youth and families through a strength-based needs-driven approach. This policy will outline the timeframes and triggers of completion for the assessment. This assessment shall be utilized for every child with a program assignment of Out of Home Placement over the age of 5 years old.

At the present time In-Home Services will not utilize the MD CANS assessment. The assessment will be continuously evaluated for future use for in-home services.

This policy directive supercedes Policy Directive SSA# 11-23.

## 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 Department of Human Resources as the lead agency, to establish a system as a method of evaluating the value of services to children in out-of-home placement and the resulting outcomes for the children. Maryland joined with the University of Maryland to establish a system for outcome evaluation.

The Maryland Child and Adolescent Needs and Strengths (MD CANS) assessment parallels with Maryland's major initiatives Place Matters and Family Centered Practice. Place Matters emphasizes a data driven child welfare system; and the MD CANS assessment will provide the State measurable data collection. Aligning with Family Centered Practice, the assessment promotes the development of individualized, strength-based, community focused, child and family driven treatment plans.

The Maryland Child and Adolescent Needs and Strengths (MD CANS) instrument was developed for children's services for the following purpose:

- To support decision making, including level of care and service planning;
- To facilitate quality improvement initiatives; and
- To allow for the monitoring of outcome of services.

The MD CANS instrument assesses youth functioning in major life domains, strengths, emotional and behavioral needs, and risk behavior. In addition it measures the strengths and needs of the caregiver. The Maryland Child and Adolescent Needs and Strengths (MD CANS) Comprehensive Assessment is being used throughout Maryland by many different organizations and individuals, including treatment foster care providers. The MD CANS assessment merges assessment language between a diverse service array of stakeholders and links services as identified in the assessment for better service planning.

## **Action Required**

The MD CANS assessment is to be used for every child that becomes involved with out-of-home placement over the age of 5. The MD CANS assessment shall be completed at the following times throughout the life of the case:

#### Out of Home Placement Services:

#### Initial:

As of July 1, 2011, an initial MD CANS assessment shall be completed on every child over age 5 years that enters out-of-home placement within 60 days from the date the child entered care. Prior to completing the MD CANS assessment, it is necessary for the local department staff to gather information on the child and family. This assessment will allow the caseworker and supervisor to determine whether the child is currently placed in the appropriate level of care. The assessment will also provide the caseworker with insight on the strengths and needs of the child and family and the caseworker can better provide services to the family and create the most effective service agreement.

## Service Intensity Shift:

When the local department staff is assessing a child for a higher level of care, the caseworker shall complete a MD CANS assessment. The assessment shall be used when determining the following: raising the foster care board rate from regular care to intermediate care and placing a child in treatment foster care (TFC), group care (RCC), or residential treatment center (RTC) care. The assessment will identify the needs of the child which will allow the caseworker to determine whether the youth requires a higher level of care.

When assessing a child for a step down from a higher level of care, the caseworker shall complete a MD CANS assessment. This includes moving a child from a higher level of care to a less intense level of care. This does not include respite placements or acute hospitalizations, but does include trial home visits.

When any party involved in the case determines that the child may benefit from a less restrictive placement the caseworker shall within 10 days complete a MD CANS assessment on the child. If the assessment concludes that the child does not require the more restrictive level of care, the caseworker shall make it a priority to staff the case with the necessary parties in order to plan for a change in least restrictive placement or less intense level of care.

#### Permanency Plan Change:

The MD CANS assessment shall be completed prior to reporting to the court a change in the permanency plan for a child. When the local department explores changing a permanency plan for any reason, the caseworker shall complete a MD CANS assessment to evaluate the needs of the child. The assessment shall also measure the strengths and needs of the caregiver. This aspect of the assessment will be especially useful for evaluating a caregiver for custody or

adoption. The MD CANS assessment shall be completed within 10 days of requesting a permanency plan change through the courts. If the court orders a permanency plan change without the local department requesting the change, the caseworker shall complete a MD CANS assessment within 10 days of the court ruling.

# Prior to Signing Adoption or Guardianship Assistance Agreements:

A MD CANS assessment shall be completed 10 days prior to the presentation and/or signing of an adoption or guardianship assistance agreement. The caseworker shall complete the assessment in order to assist in determining the special needs of the child for whom the assistance agreement will be awarded. Since all assistance agreements are to be negotiated, this will provide the caseworker the ability to clearly identify the special needs to determine the amount of the assistance payment.

#### Reconsideration:

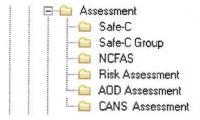
The LDSS caseworker shall complete a MD CANS assessment every 180 days for children as part of the case reconsideration. This includes all children regardless of placement type. At the time of a case reconsideration, the caseworker shall complete a MD CANS assessment prior to completing the case plan and service agreement. The assessment results should be used to inform the case planning and service delivery process.

Resource providers (private foster care agencies and group providers) are mandated to complete a MD CANS assessment every 90 days as part of treatment planning. The caseworker shall interact with the private provider in a collaborative effort to complete the MD CANS assessment. This assessment should also be used to inform case planning and service delivery, in addition to the local department assessment. The caseworker shall obtain a copy of the resource providers' MD CANS assessment for the case record. MD CANS assessments completed by resource providers cannot be substituted for the required MD CANS assessment by the caseworker.

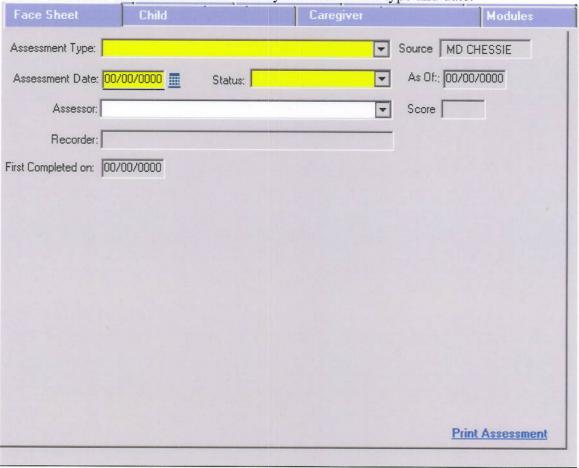
**NOTE**: If the local department completes a MD CANS due to one of the aforementioned triggers within 2 months of another trigger and there have **not** been significant changes in the child's situation, that MD CANS assessment can be utilized for case review and planning.

## **MD CHESSIE**

All children with a program assignment of Out-Of-Home Placement shall have a MD CANS assessment completed in MD CHESSIE. The MD CANS assessment can be located in the services case under the Assessment tab. Once the assessment tab is opened a folder will appear named CANS Assessment.



Click on the CANS Assessment folder to open. The caseworker shall identify which client the assessment will be completed on. Once the worker chooses a client, a Face Sheet will appear which will allow the caseworker to identify the assessment type and date.



# Child tab

The second tab in the CANS folder is the Child tab. The caseworker shall complete any applicable questions pertaining to the child's strengths and needs.

LIFE DOMAIN FUNCTIONING	312 - 120					
Ratings 0 - no evidence of problems	1 = history, mild		2 = mod	erate	3 = 8	evere
Rema	Prior	Cru	ment 1	2	3	N/A
Family		0	C	C	C	12.71
Uving Stuation		0	0	0	C	
Social Functioning-Peer		0	0	0	~	
Social Functioning-Adult		C	0	C	C	
Medical / Physical		0	HC3		SC.	III.
Enuresis / Encopresis		0	0	C	C	-
Sleeping		0	C	C	0	
ntellectual		00	0	C	C	
Communication		0	0	0	C	
Autism Spectrum / PPD		C	C	C	0	
Recreational		0	0	C	C	
lob Functioning		000000	C	C	C	0
egal		0	0	C	-	
Sudgement / Decision Making		0	C	0	-	
Sexual Development		0	C	C	0	
School Behavior		0	C	C	ווווווו	C
School Achievement		C	C	0	0	0
School Attendance		C	0	C	-	0
CHILD AND ENVIRONMENTAL S	TRENCTUE					
atings 0 = centerpiece 1 = useful	2 = identified		= not ye	et identi	fied	
Roms	Prior	Cur	rent			2000
amily		0	1	2	3	N/A
		0	C	0	C	
ducational		0	0	0	C	
ocational		C	0	C	C	0
pirtual / Religious		0	6	0	0	
ommunity life		C	0	0	C	
elationship Permanence		0	0	0	C	
latural Supports		0	0	0	C	
temenonal-Peer		0	0	0	C	
terpenorial-Adult		0	0	c	C	
Vell Being		0	6	0	0	
ptimism		1	6	6		
		-			0	
alent/interests		-	C	0	C	
outh Involvement with Care		0	0	C	0	
Resiliency		0	C	C	C	
Resourceful		0	C	0	~	
HILD BEHAVIOR / EMOTIONAL	NEEDS					
atings 0 = no evidence of problems	1 = history, mild		= mode	erate	3 - se	vere
Items	Prior	Cun	rent	112	528	-
Contract Con		0	1	2	3	N/A
sychosis		6	0	0	0	
ttention Deficit / Impulse Control		C	C	C	C	
Pepression		0	0	0	0	
roxety		6	0	0	0	
ppositional Behavior Non-Compliance with Authority)		0	C	C	0	
Conduct / Antisocial Behavior		0	^	0	c	
			0			
ubstance Abuse		0	CI		C	
ating Disturbance		0	0	0	0	
nger Control		6	C	0	0	
ttachment Difficulties		C	C	0	0	

CHILD RISK BEHAVIORS						
Ratings 0 = no evidence of problems	1 = history, mild		2 = moc	ierate	3 + s	evere
Rems	Prior	Cu	ment 1	2	3	N/A
Sulcide Risk		C	C	c	C	14//
Self-Injurious Behavior		C	C	c	C	
Reckless Behavior		c	c	c	c	
Danger To Others		c	c	c	0	
Sexual Aggression		c	NO.			
Sexually Reactive Behaviors		C	C	C	C	
Runaway		C	100		-	
Delinguent Schavior		C	C	C	-	
Fre Setting		C	THE PERSON		-	
riterational Misbehavior			HE		-	•
		0	0	0	C	
Bullying		0	0	C	0	
Exploited		C	C	0	0	
ACCULTURATION						
Ratings 0 = no evidence of problems	1 = history, mild		2 = mod	erate	3 = 5	evere
Roms	Prior	Cur	rent 1	2	3	N/A
anguage		C	0	C	C	NUM
Cultural Identity		C	C	0	0	
Gender / Sexual Identity		C				
All the state of t			C	0	C	
Ritual		0	C	0	0	
Culture Stress  FRAUMA EXPERIENCES Skrings 0 = no evidence of problems	1 = history, mild	0	C = mod	C	3=9	evere
TRAUMA EXPERIENCES	1 = history, mild Prior	Cur	2 = mod	erate	3 = 50	
TRAUMA EXPERIENCES Skings 0 = no evidence of problems Roms		Cur	2 = mod rent 1	erate	3=9	
RAUMA EXPERIENCES Ristings 0 = no evidence of problems Rems Sexual Abuse		Cur	2 = mod rent 1	erate 2	3=9	
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FRAUMA EXPERIENCES Skrings 0 = no evidence of problems Rems Sexual Abuse Physical Abuse Emotional Abuse		Our C C C	2 = mod rent 1	2 C	3===	
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ITRAUMA EXPERIENCES Settings 0 = no evidence of problems Rems Sexual Abuse Physical Abuse Important Abuse Regist Medical Trauma Virtness to Family Violence Jommunity	Prior	מים רר רר רר רר רר מים רר רר	2= mod reerst 1 cccccccc	2 CCCCCCCCC	3=88	N/A

# Caregiver tab

The third tab in the CANS folder is the Caregiver tab. The caseworker shall complete any applicable questions pertaining to the strengths and needs of the caregiver(s) or potential caregiver(s). Data entered into this tab only applies to current caregiver(s), the most recent caregiver(s), or proposed caregiver(s).

CURRENT CAREGIVER NEEDS AN	ND STREM	NOTH			
Ratings 0 = no evidence of problems	1 = history, m Prior	ald 2	2 = mod	erate	3 - severe
	1 mor	Cur	reent 1	2	3
Supervision		0	C	-	C
Involvement With Care		0	C	C	C
Knowledge		0	C	C	C
Organization		0	0	0	0
Resources		0	C	C	0
Attachment Difficulties		***********	C	233	c
Accessibility to Child Care Services		0	0	C	0000
Residential Stability		C	0	0	0
Family Stress		C	-	-	0
Safety		C	-	-	C
Physical Health		C	C	C	6
Mental Health		-	-	C	0
Substance Use		0	C	-	C
Developmental		0	111	00	ç
Martial/Partner Violence		-	C	C	0
Caregiver Poettraumetic Reactions		0	C	-	c
Parental Criminal Behavior		-	-	-	-
				77	100
PERMANENCY PLAN CAREGIVER	NEEDS A	ND S	TREN	GTHE	3 #1
Identified Caregiver					
Ratings 0 = no evidence of problems	1 - history, m	ild 2	= mod	erate	3 - severe
	Prior	Curr	ent 1	2	3
Supervision		C	C	C	0
Involvement With Care		C	C	C	0
Knowledge		-	0	-	6
Organization		0	0	c	0
Resources		-	6	0	-
Attachment Difficulties		-	0	ווווווווו	C
Accessibility to Child Care Services		-		5	C
Residential Stability		-	-	-	-
Family Stress		C	ונונ	0	וווווו
Safety		6	-	-	C
Physical Health		-	-	~	-
Mental Health		6	000	~	-
Substance Use		C	C	-	-
Developmental		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	6	-	6
Marital/Partner Violence		-	-	-	0
Caregiver Posttraumetic Fleactions		0	c	C	C
Parental Criminal Behavior		-	-	-	-
		-		-	
PERMANENCY PLAN CAREGIVER	NEEDS A	ND ST	REN	GTHS	#2
dentified Caregiver					
Ratings 0 = no evidence of problems 1	- history, mi	ld 2	= mode	erate	3 - severe
Comp.	Prior	Cum	1	2	3
Supervision		0	0	0	0
rivolvement With Care		0	0	0	0
Cnowledge:		0	0	0	0
Organization		0	0	0	0
Resources		0	Õ	0	0
ttachment Difficulties		0	0	0	0
Accessibility to Child Care Services		o	0	0	0
Residential Stability		Ö	0	0	0
amily Stress		0	0	0	0
		0	0	0	0
		0			
Safety			0	0	0
Safety Physical Health					
Safety Physical Health Mental Health		0	0	0	0
Safety Physical Health Mental Health Substance Use		00	0	0	0
Safety Physical Health Werfall Health Wicklamore Use Developmental		000	00	00	0
Safety Physical Health (Agrical Health Substances Use Developmental (antal/Partner Volenice		0000	000	000	000
Safety Physical Health Werfall Health Wicklamore Use Developmental		000	00	00	0

#### Modules tab

The fourth tab in the CANS folder is the Modules tab. The caseworker shall complete this tab based on any of the shaded questions answered on the Child tab.

Ratings 0 = no evidence of problems	1 = history, mild	2	= mod	erate	3 = severe
Items	Prior	Curr	ent 1	2	3
Life Threat		0	0	0	0
Chronicity		0	0	0	0
Diagnostic Complexity		0	0	0	0
Emotional Response		0	0	0	0
Impairment in Functioning		0	0	0	0
Treatment Involvement		0	0	0	0
Family Stress		0	0	0	0
Intensity of Treatment		0	0	0	0
Organizational Complexity		0	0	0	0
RUNAWAY MODULE					
Ratings 0 = no evidence of problems		- 00	= mode	rate	3 = severe
	Prior	Cum	rent 1	2	3
Frequency of Running		0	0	0	0
Consistency of Destination		0	0	0	0
Safety of Destination		0	0		
Involvement in Illegal Activities		0	0	3.5	0
Likelihood of Return on Own		0	0		0
Involvement of Others		0	0	0	200
Realistic Expectations		Õ	0	0	
Planning:		ŏ	O	0	Ö
SUBSTANCE ABUSE MODULE					
Ratings 0 = no evidence of problems	1 = history, mild		= mode	erate	3 = severe
Items	Prior	Cum	rent 1	2	3
Severity of Use	describe colonic	0	0	0	0
Duration of Use		0	0	0	0
Stage of Recovery		0	0	0	0
Peer Influences		0	0	0	0
Parental Influences		0	0	0	0
Environmental Influences		0	0	0	0

Ratings 0 = no evidence of problems	1 = history, mild	2	= mode	rate	3 = severe
Items	Prior	Cum	rent	2	3
Seriousness		0	0	0	0
History		0	0	0	0
Planning		0	0	0	0
Use of accelerants		0	0	0	0
ntention to harm		0	0	0	0
Community Safety		0	0	0	0
Response to Accusation		0	0	0	0
Remorse		0	0	0	0
ikelihood of future fires		0	0	0	0
	Automorphism of the common of	2			
Ratings 0 = no evidence of problems	1 = history, mild		= mode		3 = severe
Ratings 0 = no evidence of problems	Automorphism of the commence o	2 Cum 0	= mode		
SEXUAL AGGRESSION MODULE Ratings 0 = no evidence of problems Items Relationship	1 = history, mild	Cun	= mode	rate	3 = severe
Ratings 0 = no evidence of problems	1 = history, mild	Cun 0	= mode rent 1	rate 2	3 = severe
Ratings 0 = no evidence of problems  Items  Relationship	1 = history, mild	Cum 0	= mode	2 O	3 = severe 3
Ratings 0 = no evidence of problems  Relationship  Physical Force/Threat	1 = history, mild	Cum	= mode	2 0 0 0	3 = severe
Ratings 0 = no evidence of problems  Items  Relationship  Physical Force/Threat  Planning	1 = history, mild	Cum 0	= mode nent 1 0 0 0 0	2 0 0 0	3 = severe 3
Ratings 0 = no evidence of problems  Relationship  Physical Force/Threat  Planning  Age Differential	1 = history, mild	Cum	= mode nent 1 0 0 0 0	2 0 0 0 0	3 = severe 3
Ratings 0 = no evidence of problems  Relationship  Physical Force/Threat  Planning  Age Differential  Type of Sex Act  Response to Accusation	1 = history, mild	Cum 0 0 0	= mode nent 1 0 0	2 0 0 0 0 0 0	3 = severe 3
Ratings 0 = no evidence of problems  Relationship  Physical Force/Threat  Planning  Age Differential  Type of Sex Act  Response to Accusation  Temporal Consistency	1 = history, mild	Cum 0 0 0 0 0 0	= mode rent 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2 0 0 0 0 0 0 0 0	3 = severe
Ratings 0 = no evidence of problems  Relationship  Physical Force/Threat  Planning  Age Differential  Type of Sex Act	1 = history, mild	Cum 0 0 0 0 0 0 0	= mode rent 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2 0 0 0 0 0 0 0 0	3 = severe

The **Print Assessment** hyperlink appears at the bottom of the Face Sheet screen enabling the caseworker to view and print the completed assessment.

After the completion of the MD CANS assessment the caseworker and supervisor shall review this assessment and determine how it can be used effectively in service planning.