May 16, 2018

## CANS-F FAQ

- Who's voice does the CANS use? The CA worker, family, court?
  - The CANS-F is a collaboration tool that starts with the family voice. CA is asking In-Home service providers to start with the family story and bring in the information from CA, collaterals, courts, etc.
  - At times, there is disagreement between CA worker and the family on the change needed. One role of the provider is to bridge those disagreements to engage parents in a process of change.
- What if DV is an active part of the family, do I rate the item?
  - Any concerns about DV need to be staffed with the CA worker before documenting. The top priority is to minimize any possibility of escalating the situation. Any intervention regarding DV must be directed by the CA worker and be an area where you as a therapist feel safe and competent.
- How can a new provider complete the CANS within 18 days?
  - A new In-Home provider may struggle to meet timeframes and that struggle likely doesn't add value to families. CA suggest that agencies consider allowing new providers to purposely and with planning miss some timeframes to help with their learning curve. This would be time limited and fitting within the 80% rule of the contact.
- How do I complete the CANS in the EBPs?
  - The time to gather the family story and fill out the CANS-F is rolled into the session rate for each EBP. For example, the provider community agreed that it takes about an hour to write the report, and the cost of that hour is spread across a standard number of sessions for that EBP.
- Why complete the CANS if we already know what we're going to focus on (due to EBP structure)?
  - Consensus building with families to engage in a process of change.
  - Ability to highlight areas where you and the family may spend more time, maybe spending more sessions on those topics.
  - Topics you may bump up in the sequences so they don't have to wait till the end of the intervention for the topics they are most interested in.
  - Helps in tracking progress on target needs over time.
- Why would I call something a NEED (2) if the need is addressed/managed already? (CANS Principle)
  - It is important to find the difference between in an item:
    - Recent and active support needed rate as a 2

- A long standing, with clear evidence of reliable maintenance rate as a 1
- CA is exploring alternatives to document these needs.
- Will Courts and CA workers be trained? There is some concern about Courts mis-reading the info.
  - Yes, CA is developing the resources (e.g. CANS Collaborators) to support the broader system to integrate the CANS-F into their work.
- Can a family have a need and strength at the same time, same item?
  - **No**.
- Is the CANS-F Evidence Based? What are you doing with the data?
  - The CANS is an evidenced based assessment. The CANS has been tested across a variety of social services. The evidence is largely on developing family-centered plans and supporting change.
  - At this time, the data will be used for:
    - Help inform CA caseworker on changes the family made
    - Provider Agencies to understand the families they serve and identify the resource their staff need to be most effective.
    - Children's Administration to understand the service needs of families and to understand the impact of service providers.
- Who should I assess? (gave example of reunification case, may not have access initially to the parent being reunified with, case may start with the children in another setting)
  - Anytime we engage in In-Home services, we focus on the family unity we needing to support change.
    - For a child returning home, the CANS-F will be between the child and the parent. The Foster parent should have very little if any role in the assessment.
    - For a child where we are supporting their placement stability with in a foster home, the assessment becomes about the foster parents and that child.
- How does the State recommend we address "Caregiver: Partner relations" item when there is known or suspected DV in the home, with alleged perpetrator present and it is counter-indicated to address relational issues?
  - Any concerns about DV need to be staffed with the CA worker before documenting. The top priority is to minimize any possibility of escalating the situation (see bullet # 2 above).
  - Any intervention regarding DV must be directed by the CA worker and be an area where you, as a therapist, feel safe and competent.
- If I make changes to CANS-F throughout the life of case, does it need to be submitted to CA each time, or SW will see it all when complete in final summary?
  - As the tool is foundationally a communication tool, yes. Updates in email are likely enough for casual changes. If there are significant changes, a call to the CA worker might better support communication.

• When making updates, ensure to notify the CA case worker through a message and on the monthly updates.