



NH Department of Health & Human Services
Division for Children, Youth & Families

DCYF Standard Operating Procedure

1560.2 COMPLETING THE BRIEF CANS – JJS

Policy Directive: **22-51**

Approved:

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Joseph E. Ribsam, Jr., DCYF Director

This SOP outlines how the Brief CANS assessment is completed for a child referred for a JJS Needs Assessment.

Procedure

The following information is to support the implementation of the above referenced policy. This document shall not preclude staff from using their professional judgement based on individual circumstances, consistent with the requirements of the policy.

- I. The Assessment JPPO prepares to interview the child and parents/guardians to complete the Brief CANS by:
 - A. Reviewing the referral and following up with the referring entity for clarification and additional information as necessary;
 - B. Contacting law enforcement to inquire about any current and previous involvement with the child or other household members, including:
 1. Prior police contact with the child, including diversion program referrals and other non-judicial dispositions; and
 2. Any prior police contact concerning immediate family and household members;
 - C. Reviewing the DCYF electronic information system for prior DCYF involvement (both JJS and CPS);
 - D. Identifying any prior placement or detention history;
 - E. Consulting with any current or previously assigned DCYF staff;
 - F. Identifying previously completed CANS assessments; and
 - G. Reviewing any CANS assessments completed within the previous 6 months once verbal consent has been obtained.
- II. Information gathered is used to:
 - A. Formulate a plan around how best to engage the child and parents/guardians;

- B. Focus on the child and family's strengths and the need(s) that led to the child's involvement with law enforcement; and
 - C. Consider what collateral resources might be appropriate, including what releases may be required.
- III. The Brief CANS may also be used to inform the Dispositional Assessment following a dispositional summary (with the child's agreement).
- IV. Prior to conducting the interviews, the Assessment JPPO discusses the Brief CANS and how it will be used with the parents/guardians and child. It is explained that the tool is used to:
- A. Identify the child's strengths and needs;
 - B. Screen for the presence of mental health symptoms;
 - C. Guide referrals for appropriate services;
 - D. Address the child's overall well-being; and
 - E. Inform DCYF's recommendation to the reporting entity.
- V. If the child or parents/guardians decline to participate in the interview process, the Assessment JPPO will engage them as to their reason for this and attempt to overcome barriers to completing the interviews.
- A. For cases where the Court is involved, the JPPO will also explain to the child and parents/guardians that if they decline to participate in the Brief CANS assessment, the JPPO is required to report this to the Court.
- VI. Interviews with the child and parents/guardians should be in a private setting that will maintain the family's confidentiality and should focus on the child and family's strengths and how those strengths can be enhanced to meet the identified needs. Areas to explore include:
- A. Information on the family as a whole, including:
 - 1. Household composition;
 - 2. Cultural identity (including traditions and rituals);
 - 3. Family relationships, including non-custodial parents/guardians (as applicable);
 - 4. Family resources, including family strengths and supports;
 - 5. Health issues that may impact the family, including substance abuse by the child or other household/family members;

6. Criminal and other legal history, including information regarding domestic violence, gang involvement, or child abuse/neglect;
 7. Educational history;
 8. Employment history;
 9. Family stressors and coping mechanisms (including potential language barriers, cultural considerations, or military transitions);
 10. Traumatic life events; and
 11. Potential safety concerns (presence or use of weapons, aggression towards others or animals, etc.);
- B. The child's educational experience, including:
1. Achievements or awards;
 2. Educational coding; and
 3. Educational supports in place;
- C. The child's social relationships and extracurricular activities outside the school setting, such as:
1. Hobbies and special interests;
 2. Recreational activities;
 3. Friends and regular contacts;
 4. Memberships (e.g., clubs, Scouts);
 5. Individual and team sports (e.g., Little League); and
 6. Community service or other volunteer activities; and
- D. The child's medical and mental health, including:
1. Routine medical care;
 2. Any medical or mental health diagnosis; and
 3. Any prescribed medications.
- VII. If a CANS assessment was completed within the preceding 6 months, JPPOs discuss the previous outcomes with the family to assess how strengths or needs may have changed and build upon the child's story.

- A. CANS assessments completed by a mental health provider/center can also be accessed for this purpose with a signed release.
- VIII. Assessment JPPOs identify collateral resources who may provide clarity to develop a comprehensive assessment of the child's strengths and needs. This may include:
- A. Obtaining pertinent information about the child's educational strengths and needs from teachers, guidance counselors, special education coordinators, and school administrators (with a release). Requested information may include:
 - 1. Academic progress and history of the child, including current and previous grades, results of standardized achievement testing, and whether the child has repeated or skipped any subjects or classes;
 - 2. Results of any special education testing or services provided (IEP or 504 Plan), either presently or previously;
 - 3. The child's attendance records, including patterns of excused or unexcused absences;
 - 4. Any conduct issues or behavioral infractions, behavioral assessments, or disciplinary actions (e.g., detention, suspension, expulsion);
 - 5. The child's participation in school-affiliated individual or team extracurricular activities (e.g., academic competitions, clubs, drama, music, sports, student government, etc.);
 - 6. Awards and accomplishments achieved by the child; and
 - 7. Educational goals for the child;
 - B. Obtaining and reviewing any records relevant to the child's substance use, as applicable;
 - C. Consulting with the child's therapist or counselor (as applicable) to determine the child's resiliency factors and establish if the child has any mental health needs, including any mental health diagnosis or trauma history;
 - D. Consulting with the child's medical provider(s), including obtaining and reviewing pertinent medical records, when relevant;
 - E. Consulting with current or former placement providers to gain insight into the child's strengths and challenges; and
 - F. Other collaterals the family identifies as being able to provide insight into the child's strengths and needs.

- IX. Once all pertinent information is gathered, JPPOs complete each of the Brief CANS domains, score the tool, and compare the scores against the decision support criteria as outlined in the CANS Manual.
 - A. A 30-day window is used for ratings to ensure assessments are relevant to the child’s current circumstances.
 - B. Ratings should describe the child without intervention/services and focus on what is occurring in the child’s life, not why it is occurring (with the exception of adjustment to trauma and intentional misbehavior).
 - C. The child’s culture and development should be considered in relation to their strengths and needs prior to establishing action levels.
 - D. Action levels can be used to override the 30-day rating period.
- X. Actionable items determined through the Brief CANS are provided to the child and parents/guardians and discussed as a tool for understanding strengths and needs.
- XI. Actionable items are also used to inform DCYF’s recommendations, and with consent from the child and parents/guardians, are shared with (as applicable):
 - A. The reporting entity;
 - B. The child’s attorney;
 - C. The Court;
 - D. Service providers; and
 - E. Mental health providers, including the Bureau of Children’s Behavioral Health (CBCH).
- XII. Brief CANS scores are maintained in the CANS database.
- XIII. All interviews with the family and collaterals, along with the narrative of the child’s story are documented in the DCYF electronic information system.

Glossary and Document Specific Definitions

A - B C - D E - F G - I J - L M - N O - Q R - S T - V W - Z

Document Change Log

| PD | Modification Made | Approved | Date |
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