



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

DCYF Standard Operating Procedure

1560.3 COMPLETING THE COMPREHENSIVE CANS – JJS

Policy Directive: **22-51**

Effective Date: **July 2022**

Implements Policy: **1560**

Approved:

Joseph E. Ribsam, Jr., DCYF Director

This SOP outlines how the Comprehensive CANS assessment is completed for a child involved with DCYF through a JJS case (excluding residential placement).

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 JPPO prepares to interview the child and parents/guardians to complete the Comprehensive CANS by:
 - A. Reviewing the referral (specific to Voluntary CHINS) or petitions that lead to current DCYF involvement;
 - B. Reviewing the DCYF electronic information system for prior DCYF involvement (both JJS and CPS);
 - C. Identifying any prior placement or detention history;
 - D. Consulting with any current or previously assigned DCYF staff;
 - E. Identifying previously completed CANS assessments;
 - F. Reviewing any CANS assessments completed within the previous 6 months once verbal consent has been obtained; and
 - G. 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.
- 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 DCYF involvement; and
 - C. Consider what collateral resources might be appropriate, including what releases may be required.
- III. Prior to conducting the interviews, the JPPO discusses the Comprehensive 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 the Dispositional Assessment (when ordered by the Court)
- IV. If the child or parents/guardians decline to participate in the interview process, the 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 Comprehensive CANS assessment, the JPPO is required to report this to the Court.
 - B. For a voluntary case, the JPPO will consult with an Administrator to determine how services may still be provided without a CANS Assessment.
- V. 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.
- VI. 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.
- VII. 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.

- VIII. Once all pertinent information is gathered, JPPOs complete each of the Comprehensive 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.
- IX. Actionable items are used to inform the Prevention Plan/Case Plan and to measure symptom reduction, progress on achievement of objectives, and to set the benchmarks for celebrations, aftercare planning, and service/case closure.
 - A. Actionable items are shared with the child and parents/guardians and discussed as a tool for understanding strengths and needs.
 - B. Actionable items are also shared with the Court (via the court report, when applicable) and may, with the consent of the parents/guardians and child (as appropriate), be shared with (as applicable):
 - 1. Service providers; and
 - 2. Mental health providers, including the Bureau of Children's Behavioral Health (BCBH).
- X. JPPOs update the Comprehensive CANS within 6 months or if the child's circumstances change, to coincide with:
 - A. Updates to the prevention/case plan; or
 - B. Any significant change that is believed may alter previous CANS outcomes, such as a new charge or involvement with CPS.
- XI. Each consecutive Comprehensive CANS builds upon the previous CANS and is used to measure progress.
- XII. Comprehensive 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.

Frequently Asked Questions

Q1. Do I need to do a CANS assessment on a child with a NH court case who lives in another state?

- A** CANS assessments are completed for all NH cases, regardless of where the child resides.

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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