

# Manual

## **SF CANS: Ages 0 to 4 years- 11 months** *An Information Integration Tool for Early Development*

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## 0-4 CANS SCORING MANUAL

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### INTRODUCTION AND METHOD

We have used a uniform methodological approach to develop information integration tools to guide service delivery for children and adolescents with mental, emotional and behavioral health needs, mental retardation/developmental disabilities, and child welfare and juvenile justice involvement. The basic approach allows for a series of locally constructed decision support tools that we refer to as the Child & Adolescent Needs and Strengths (**CANS**). It provides a communication framework so that different child serving partners can develop a common language on which to communicate about the characteristics needs and strengths of children and their families. While blended funding, system of care, and other service integration strategies offer significant potential for helping child serving partners work more closely in the interest of the children they serve, communication represents a separate, independent challenge to these collaborations.

The background of the **CANS** comes from our prior work in modeling decision-making for psychiatric services. In order to assess appropriate use of psychiatric hospital and residential treatment services, we developed the Childhood Severity of Psychiatric Illness (CSPI). This measure was developed to assess those dimensions crucial to good clinical decision-making for expensive mental health service interventions. We have demonstrated its utility in reforming decision making for residential treatment (Lyons, Mintzer, Kisiel, & Shallcross, 1998) and for quality improvement in crisis assessment services (Lyons, Kisiel, Dulcan, Chesler & Cohen, 1997; Leon, Uziel-Miller, Lyons, Tracy, 1998). The strength of the measurement approach has been that it is face valid and easy-to-use, yet provides comprehensive information regarding the clinical status of the child or youth.

The **CANS** builds on the methodological approach for the CSPI but expands the tool to include a broader conceptualization of needs and the addition of an assessment of strengths (Lyons, Uziel-Miller, Reyes, Sokol, 2000). It is a tool developed to assist in the management and planning of services to children and adolescents and their families with the primary objectives of permanency, safety, and improved quality in of life. The **CANS** is designed for use at two levels: 1) for the individual child and family and 2) for the system of care. The **CANS** provides a structured profile of children along a set of dimensions relevant to service planning and decision-making. Also, the **CANS** provides information regarding the child and family's service needs for use during system planning and/or quality assurance monitoring. Due to its modular design the tool can be adapted for local applications without jeopardizing its

psychometric properties. The goal of the measurement design is to ensure participation of representatives of all partners to begin building a common assessment language. The **CANS** measure is then seen predominantly as a communication strategy.

The Child & Adolescent Needs and Strengths for children from birth to four years old (**CANS-0 to 4**) is a tool developed to assist in the management and planning of services to children from birth until four years old to achieve permanency, inclusion, and healthy development. It incorporates commonly-used clinical and diagnostic markers from the fields of psychology, pediatrics, and obstetrics. Thus, for example, the measure's psychological items are based on the Diagnostic and Statistical Manual – Fourth Edition (DSM-IV) disorders of early childhood, as well as on the Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC: 0-3). Items pertaining to prenatal care, labor and delivery, and birth weight are based on well-accepted and frequently-used criteria in obstetrical and pediatric medicine (e.g. the Kessner Index, the Apgar Test).

The **CANS-0 to 4** is designed to be used either as a *prospective information integration* tool for decision support during the process of planning services or as a *retrospective decision support* tool based on the review of existing information for use in the design of high quality systems of services. This flexibility allows for a variety of innovative applications.

As a *prospective* information integration tool, the **CANS-0 to 4** provides a structured profile of children along a set of dimensions relevant to case service decision-making. The **CANS-0 to 4** provides information regarding the service needs of the child and their family for use during the development of the individual plan of care. The information integration tool helps to structure the staffing process in *strengths-based* terms for the care manager and the family.

As a *retrospective* decision support tool, the **CANS-0 to 4** provides an assessment of the children currently in care and the functioning of the current system in relation to the needs and strengths of the child and family. It clearly points out "service gaps" in the current services system. This information can then be used to design and develop the community-based, family-focused system of care appropriate for the target population and the community. Retrospective review of prospectively completed **CANS-0 to 4** allows for a form of measurement audit to facilitate the reliability and accuracy of information (Lyons, Yeh, Leon, Uziel-Miller & Tracy, 1999).

In addition, care coordinators and supervisors can use the **CANS-0 to 4** as a *quality assurance/monitoring* device. A review of the case record in light of the **CANS-0 to 4** tool will provide information as to the appropriateness of the individual plan of care and whether individual goals and outcomes are achieved. The dimensions and objective anchors used in the **CANS-0 to 4** were developed by focus groups with a variety of participants including families, family advocates, representatives of the provider community, case workers and state staff.

The dimensions of the **CANS-0 to 4** are grouped into seven categories:

<p style="text-align: center;"><b>I. Functioning</b></p> <p>Motor Sensory Developmental/Intellectual Communication Physical/Medical Family Depression</p>	<p style="text-align: center;"><b>II. Problems</b></p> <p>Attachment Failure to Thrive Anxiety Regulatory Problems Adjustment to Trauma</p>
<p style="text-align: center;"><b>III. Risk Factors</b></p> <p>Birth Weight Prenatal Care Labor and Delivery Substance Exposure Sibling Problems Abuse/Neglect Maternal Availability</p>	<p style="text-align: center;"><b>IV. Strengths</b></p> <p>Family Interpersonal Relationship Permanence Curiosity Playfulness</p>
<p style="text-align: center;"><b>V. Family/Caregiver Needs &amp; Strengths</b></p> <p>Physical Behavioral Health Supervision Involvement Knowledge Organization Residential Stability Resources Employment Safety</p>	<p style="text-align: center;"><b>VI. Foster Caregiver Resources and Fit</b></p> <p>Self-care / Daily Living Culture Stress Employment / Education Educational Attainment Legal Motivation for Care Financial Resources Transportation</p>
<p style="text-align: center;"><b>VII. Care Intensity &amp; Organization</b></p> <p>Treatment Funding/Eligibility Transportation Service Permanence</p>	

## ADMINISTRATIVE OVERVIEW

When the **CANS-0 to 4** is administered, each of the dimensions is rated on its own 4-point scale, integrating information from sources as diverse as the initial intake interview, routine service contact, or the review of a case file. Even though each dimension has a numerical ranking, the **CANS-0 to 4** tool is designed to give a **profile** or picture of the needs and strengths of the child and family. *It is **not** designed to "add up" all of the "scores" of the dimensions for an overall score rating.* When used in a *retrospective* review of cases, it is designed to give an overall **"profile"** of the system of services and the gaps in the service system not an overall

"score" of the current system. Used as a **profile**-based information integration tool, it is reliable and gives the care coordinator, the family and the agency, valuable existing information for use in the development and/or review of the individual plan of care and case service decisions.

The basic design of the ratings is:

- **'0'** reflects *no evidence*,
- **'1'** reflects a *mild degree of the dimension*,
- **'2'** reflects a *moderate degree*, and
- **'3'** reflects a *severe degree of the dimension*.

Another way to conceptualize these ratings is:

- **'0'** indicates *no need for action*,
- **'1'** indicates a need for *watchful waiting to see whether action is warranted (i.e., flag for monitoring and/or prevention)*
- **'2'** indicates a *need for action*, and
- **'3'** indicates the need for either *immediate or intensive action*.

The rating of 'U' for unknown should be considered a flag for a need to find this information for a complete profile or picture of the needs and strengths of the child and their family. The rating of 'U' should be used only in those circumstances in which you are unable to get any further information. It is considered an item for immediate action to find the missing information in order to have a complete description of the strengths and needs of the child and the family for a viable care coordination plan.

In order to maximize the ease of use and interpretation, please note that items in **one** dimension, Child Strengths, are rated in the **reverse logical manner** to maintain consistency across the measure, i.e., **a rating of "O" is seen as a positive strength**. The following is the conceptualization that we use for the strengths based dimensions:

- **'0'** indicates *a strength on which to build*,
- **'1'** indicates *an opportunity for strength development and use in planning*,
- **'2'** indicates *a need for strength development*
- **'3'** indicates *a need for significant strength identification and/or creation*

It also is important to consider that for some items in the Functioning Domain, a '0' indicates a strength. For example, a '0' on Sensory Functioning is a strength.

The **CANS-0 to 4** is an effective information integration tool for use in either the development of individual plans of care or for use in designing and planning community-based, family-focused systems of care for children and adolescents with serious mental, emotional and behavioral disorders and their families. To administer the **CANS-0 to 4** information integration tool found in this manual, the care coordinator, family advocate or other service provider has several options. 1) The interviewer can read the anchor descriptions for each dimension and then record the

appropriate rating on the **CANS-0 to 4** assessment form or 2) they can use the semi-structured interview questions to generate a discussion with the family.

When the **CANS-0 to 4** is used in an initial interview process with the child and family, the person completing the **CANS-0 to 4** (parent advocate, care coordinator, etc.), should be sufficiently familiar with the form to listen to the family's "story" as they would like to tell it. The interviewer can then ask those questions needed to obtain the information needed to complete the **CANS-0 to 4**.

## PROBLEMS

For Problems, the following categories and ratings are used:

- 0** indicates a dimension where there is no evidence of any needs.
- 1** indicates a dimension that requires monitoring, watchful waiting, or preventive activities.
- 2** indicates a dimension that requires action to ensure that this identified need or risk behavior is addressed.
- 3** indicates a dimension that requires immediate or intensive action.

## ATTACHMENT

*This dimension should be rated within the context of the child's significant parental relationships.*

- 0** There is no evidence of attachment problems. The parent-child relationship is characterized by satisfaction of child's needs and child's development of a sense of security and trust.
- 1** There are mild problems with attachment. This could involve either mild problems with separation or mild problems of detachment. Child does not evidence attachment difficulties in all situations and at all times, but rather at times of stress (e.g. transitions, separations, or reunions).
- 2** There are moderate problems with attachment. Child is having problems with attachment that require intervention. Children with developmental delays may experience challenges with attachment and would be rated here. A child who meets criteria for Separation Anxiety Disorder would be rated here
- 3** There are severe problems with attachment. A child who is completely unable to separate (e.g. cannot leave the vicinity of the caregiver at all) or a child who appears to have severe problem with forming or maintaining relationships with caregivers would be rated here. A child who has received a diagnosis of Reactive Attachment Disorder would be rated here.

## FAILURE TO THRIVE

*Symptoms of failure to thrive focus on normal physical development such as growth and weight gain.*

- 0 The child does not appear to have any problems with regard to weight gain or development. There is no evidence of failure to thrive.
- 1 The child has mild delays in physical development (e.g. is below the 25<sup>th</sup> percentile in terms of height or weight).
- 2 The child has significant delays in physical development that could be described as failure to thrive (e.g. is below the 10<sup>th</sup> percentile in terms of height or weight).
- 3 The child has severe problems with physical development that puts their life at risk (e.g. is at or beneath the 1<sup>st</sup> percentile in height or weight).

## ANXIETY

*Symptoms included in this dimension are those consistent with anxiety disorders of early childhood as described in DSM-IV.*

- 0 This rating is given to a child with no anxiety problems.
- 1 This rating is given to a child with mild anxiety problems. This level is used to rate either a mild anxiety problem or a level of symptoms that is below the threshold for the other listed disorders. For example, infrequent sleep problems, difficulties with transitions, and acute social anxiety or shyness would be rated here.
- 2 This rating is given to a child with a moderate level of anxiety. For example, frequent and disruptive sleep problems or obsessive behaviors in play would be rated here.
- 3 This rating is given to a child with a severe level of anxiety. This level is used to indicate an extreme case of an anxiety disorder of early childhood.

## REGULATORY PROBLEMS

*This category refers to all dimensions of self-regulation, including the quality and predictability of sucking/feeding, sleeping, elimination, activity level/intensity, sensitivity to external stimulation, and ability to be consoled.*

- 0 Child does not appear to have any problems with self-regulation.
- 1 Child has mild problems with self-regulation (e.g. unusually intense activity level, mild or transient irritability).
- 2 Child has moderate to severe problems with self-regulation (e.g. chronic or intense irritability, unusually low tolerance/high sensitivity to external stimulation).
- 3 Child has profound problems with self-regulation that place his/her safety, well being, and/or development at risk (e.g. child cannot be soothed at all when distressed, child cannot feed properly).

## ADJUSTMENT TO TRAUMA

*This rating covers the reactions of children to any of a variety of traumatic experiences from child abuse and neglect to forced separation from family. This dimension covers both adjustment disorders and post traumatic stress disorder from DSM-IV.*

- 0 Child has not experienced any trauma.
- 1 Child has some mild adjustment problems to separation from parent(s) or other caregivers or as a result of earlier abuse. A preverbal child may experience some regression in toileting or sleep behaviors, and a verbal child may be somewhat distrustful or unwilling to talk about parent(s) or other caregivers.
- 2 Child has marked adjustment problems associated either with separation from parent(s) or other caregivers or with prior abuse. Child may have nightmares, night fears, or other notable symptoms of adjustment difficulties.
- 3 Child has post-traumatic stress difficulties as a result of either separation from parent(s), multiple other caregivers, or prior abuse. Symptoms may include intrusive thoughts, hypervigilance, constant anxiety, and other common symptoms of Post Traumatic Stress Disorder (PTSD).

## DEPRESSION

*Symptoms included in this dimension are those consistent with depressive disorders of early childhood as described in the DSM-IV together with symptom descriptions from the DC 0-3R.*

- 0 The child does not appear to have any symptoms of depression.
- 1 The child experiences mild depressive difficulties. This includes either a mild dysthymic disorder or a level of symptoms that is below the threshold for a diagnosis of major depressive disorder. For example, symptoms of frequent low mood or irritability, inconsistent ability to derive pleasure from daily activities or interactions would be rated here. An underdeveloped sense of efficacy, evidenced by a tendency towards low energy or passive withdrawal threatening developmental progress, would also be rated here.
- 2 The child experiences a moderate level of depression. This includes either a moderate to severe dysthymic disorder or a major depressive disorder that does not meet the criteria for Failure to Thrive. Chronic low mood or irritability, marked hypersomnia or frequent disruptive difficulties with sleep, consistent difficulty deriving pleasure from daily activities or interactions, and a lack of a sense of efficacy evidence by consistently low energy or passive withdrawal that undermines developmental progress would be rated here.
- 3 The child experiences severe depression that does not meet the criteria of Failure to Thrive. This level is used to indicate an extreme case of depression in an infant or child.

## FUNCTIONING

For **Functioning Domains**, the following categories and action levels are used:

- 0** indicates a developmental or contextual domain in which the child is excelling. This is an area of considerable strength
- 1** indicates a domain in which the child is doing OK. This is an area of potential strength
- 2** indicates a domain in which the child is having problems. Help is needed to improve functioning into an area of strength.
- 3** indicates a domain in which the child is having significant problems. Intensive help is needed to improve functioning into an area of strength.

### MOTOR

*This rating describes the child's fine (e.g. hand grasping and manipulation) and gross (e.g. sitting, standing, walking) motor functioning.*

- 0** Child's fine and gross motor functioning appears normal. There is no reason to believe that the child has any problems with motor functioning.
- 1** The child has mild fine (e.g. using scissors) or gross motor skill deficits. The child may have exhibited delayed sitting, standing, or walking, but has since reached those milestones.
- 2** The child has moderate motor deficits. A non-ambulatory child with fine motor skills (e.g. reaching, grasping) or an ambulatory child with severe fine motor deficits would be rated here. A full-term newborn who does not have a sucking reflex in the first few days of life would be rated here.
- 3** The child has severe or profound motor deficits. A non-ambulatory child with additional movement deficits would be rated here, as would any child older than 6 months who cannot lift his or her head.

## SENSORY

*This rating describes the child's ability to use all senses including vision, hearing, smell, touch, and kinesthetics.*

- 0 The child's sensory functioning appears normal. There is no reason to believe that the child has any problems with sensory functioning.
- 1 The child has mild impairment on a single sense (e.g. mild hearing deficits, correctable vision problems).
- 2 The child has moderate impairment on a single sense or mild impairment on multiple senses (e.g. difficulties with sensory integration, diagnosed need for occupational therapy).
- 3 The child has significant impairment on one or more senses (e.g. profound hearing or vision loss).

## DEVELOPMENTAL / INTELLECTUAL

*This rating describes the child's development as compared to standard developmental milestones, as well as the child's cognitive/intellectual functioning, including attention span, persistence, and distractibility.*

- 0 Child's development and intellectual functioning appear to be within normal range. There is no reason to believe that the child has any developmental or cognitive problems.
- 1 The child exhibits symptoms of mild developmental delay or intellectual impairment, or moderate to severe impairments in attentional capabilities.
- 2 There is evidence of a pervasive developmental disorder, including Autistic Disorder, Rett's Disorder, Asperger's Disorder, Down's Syndrome, or other significant developmental delay.
- 3 The child exhibits symptoms of severe to profound retardation.

## COMMUNICATION

*This rating describes the child's ability to communicate through any medium including all spontaneous vocalizations and articulations.*

- 0 Child's receptive and expressive communication appears developmentally appropriate. There is no reason to believe that the child has any problems communicating.
- 1 Child's receptive abilities are intact, but child has limited expressive capabilities (e.g. if the child is an infant, he or she engages in limited vocalizations; if older than 24 months, he or she can understand verbal communication, but others have unusual difficulty understanding child).
- 2 Child has limited receptive and expressive capabilities.
- 3 Child is unable to communicate in any way, including pointing or grunting.

## PHYSICAL / MEDICAL

*This rating describes both health problems and chronic/acute physical conditions.*

- 0 Child appears physically healthy. There is no reason to believe that the child has any medical or physical problems.
- 1 Child has mild or well-managed physical or medical problems. These include well-managed chronic conditions like juvenile diabetes or asthma.
- 2 Child has chronic physical or moderate medical problems, such as a chronic auto-immune disorder.
- 3 Child has severe, life threatening physical or medical problems.

## FAMILY

*The definition of family should be from the perspective of the child (i.e., who does the child consider to be family). The family can include all biological relatives with whom the child remains in some contact with and individuals with relationship ties to these relatives. Family functioning should be rated independently of the problems experienced by the child.*

- 0 The child's family appears to be functioning adequately. There is no evidence of problems in the family.
- 1 There are mild to moderate level of family problems, including marital difficulties or problems with siblings.
- 2 There is a significant level of family problems including frequent arguments, separation and/or divorce, or siblings with significant mental health or juvenile justice problems.
- 3 There is a profound level of family disruption including significant parental substance abuse, criminality, or domestic violence.

## **INFANT / CHILD STRENGTHS**

For Infant / Child Strengths, the following categories and action levels are used:

- 0** indicates a domain where strengths exist that can be used as a centerpiece for a strength-based plan
- 1** indicates a domain where strengths exist but require some strength building efforts in order for them to serve as a focus of a strength-based plan.
- 2** indicates a domain where strengths have been identified but that they require significant strength building efforts before they can be effectively utilized in as a focus of a strength-based plan.
- 3** indicates a domain in which efforts are needed in order to identify potential strengths for strength building efforts.

## FAMILY

*Family refers to all biological or adoptive relatives with whom the child or youth remains in contact along with other individuals in relationships with these relatives.*

- 0 Significant family strengths. This level indicates a family with much love and mutual respect for each other. Family members are central in each other's lives. Child is fully included in family activities.
- 1 Moderate level of family strengths. This level indicates a loving family with generally good communication and ability to enjoy each other's company. There may be some problems between family members.
- 2 Mild level of family strengths. Family is able to communicate and participate in each other's lives; however, family members may not be able to provide significant emotional or concrete support for each other.
- 3 This level indicates a child with no known family strengths. Child is not included in normal family activities.

## INTERPERSONAL

*This rating refers to the interpersonal skills of the child both with peers and adults.*

- 0 Significant interpersonal strengths. Child has a pro-social or “easy” temperament and, if old enough, is interested and effective at initiating relationships with other children or adults. If still an infant, child exhibits anticipatory behavior when fed or held.
- 1 Moderate level of interpersonal strengths. Child has formed a positive interpersonal relationship with at least one non-caregiver. Child responds positively to social initiations by adults, but may not initiate such interactions him- or herself.
- 2 Mild level of interpersonal strengths. Child may be shy or uninterested in forming relationships with others, or – if still an infant – child may have a temperament that inhibits attachment to others.
- 3 This level indicates a child with no known interpersonal strengths. Child does not exhibit any age-appropriate social gestures (e.g. social smile, cooperative play, responsiveness to social initiations by non-caregivers). An infant who consistently exhibits gaze aversion would be rated here.

## RELATIONSHIP PERMANENCE

*This rating refers to the stability of significant relationships in the child’s life. This likely includes family members but may also include other individuals.*

- 0 This level indicates a child who has very stable relationships. Family members, friends, and community have been stable for most of his/her life and are likely to remain so in the foreseeable future. Child is involved with both parents.
- 1 This level indicates a child who has had stable relationships but there is some concern about instability in the near future (one year) due to transitions, illness, or age. A child who has a stable relationship with only one parent may be rated here.
- 2 This level indicates a child who has had at least one stable relationship over his/her lifetime but has experienced other instability through factors such as divorce, moving, removal from home, and death.
- 3 This level indicates a child who does not have any stability in relationships. A child who has been placed in more than one foster home would be rated here.

## CURIOSITY

*This rating describes the child's self-initiated efforts to discover his/her world.*

- 0 This level indicates a child with exceptional curiosity. Infants display mouthing and banging of objects within grasp; older children crawl or walk to objects of interest.
- 1 This level indicates a child with good curiosity. An ambulatory child who does not walk to interesting objects, but who will actively explore them when presented to him/her, would be rated here.
- 2 This level indicates a child with limited curiosity. Child may be hesitant to seek out new information or environments, or reluctant to explore even presented objects.
- 3 This level indicates a child with very limited or no observable curiosity. Child may seem frightened of new information or environments.

## PLAYFULNESS

*This rating describes the child's enjoyment of play alone and with others.*

- 0 This level indicates a child with substantial ability to play with self and others. Child enjoys play, and if old enough, regularly engages in symbolic and means-end play. If still an infant, child displays changing facial expressions in response to different play objects.
- 1 This level indicates a child with good play abilities. Child may enjoy play only with self or only with others, or may enjoy play with a limited selection of toys.
- 2 This level indicates a child with limited ability to enjoy play. Child may remain preoccupied with other children or adults to the exclusion of engaging in play, or may exhibit impoverished or unimaginative play.
- 3 This level indicates a child who has significant difficulty with play both by his/her self and with others. Child does not engage in symbolic or means-end play, although he or she will handle and manipulate toys.

## CAREGIVER NEEDS AND STRENGTHS

*Caregiver refers to parent(s) or other adult with primary care-taking responsibilities for the child. These ratings should be done focused on permanency plan caregivers. Caregiver ratings should be completed by **household**. If multiple households are involved in the permanency planning, then this section should be completed **once for each household** under consideration.*

For Caregiver Needs and Strengths the following definitions and action levels apply:

- 0** indicates a dimension where there is no evidence of any needs. This is a strength
- 1** indicates a dimension that requires monitoring, watchful waiting, or preventive activities.
- 2** indicates a dimension that requires action to ensure that this identified need or risk behavior is addressed.
- 3** indicates a dimension that requires immediate or intensive action.

## PHYSICAL HEALTH

*Physical health includes medical and physical challenges faced by the caregiver(s)*

- 0 Caregiver(s) has no physical health limitations that impact assistance or attendant care.
- 1 Caregiver(s) has some physical health limitations that interfere with provision of assistance or attendant care.
- 2 Caregiver(s) has significant physical health limitations that prevent them from being able to provide some needed assistance or make attendant care difficult.
- 3 Caregiver(s) is physically unable to provide any needed assistance or attendant care.

## MENTAL HEALTH

*This item refers to the caregiver's mental health status. Serious mental illness would be rated as a '2' or '3' unless the individual is in recovery.*

- 0 Caregiver(s) has no mental health limitations that impact assistance or attendant care.
- 1 Caregiver(s) has some mental health limitations that interfere with provision of assistance or attendant care.
- 2 Caregiver(s) has significant mental health limitations that prevent them from being able to provide some needed assistance or make attendant care difficult.
- 3 Caregiver(s) is unable to provide any needed assistance or attendant care due to serious mental illness.

## *SUBSTANCE USE*

*This item rates the caregiver's pattern of alcohol and/or drug use. Substance-related disorders would be rated as a '2' or '3' unless the individual is in recovery.*

- 0 Caregiver(s) has no substance-related limitations that impact assistance or attendant care.
- 1 Caregiver(s) has some substance-related limitations that interfere with provision of assistance or attendant care.
- 2 Caregiver(s) has significant substance-related limitations that prevent them from being able to provide some needed assistance or make attendant care difficult.
- 3 Caregiver(s) is unable to provide any needed assistance or attendant care due to serious substance dependency or abuse.

## *DEVELOPMENT*

*This item describes the caregiver's developmental status in terms of low IQ, mental retardation or other developmental disabilities.*

- 0 Caregiver(s) has no developmental limitations that impact assistance or attendant care.
- 1 Caregiver(s) has some developmental limitations that interfere with provision of assistance or attendant care.
- 2 Caregiver(s) has significant developmental limitations that prevent them from being able to provide some needed assistance or make attendant care difficult.
- 3 Caregiver(s) is unable to provide any needed assistance or attendant care due to serious developmental disabilities.

## SUPERVISION

*This rating is used to determine the caregiver's capacity to provide the level of monitoring and discipline needed by the child.*

- 0 This rating is used to indicate a caregiver circumstance in which supervision and monitoring is appropriate and well functioning.
- 1 This level indicates a caregiver circumstance in which supervision is generally adequate but inconsistent. This may include a placement in which one member is capable of appropriate monitoring and supervision but others are not capable or not consistently available.
- 2 This level indicates a caregiver circumstance in which supervision and monitoring are very inconsistent and frequently absent.
- 3 This level indicates a caregiver circumstance in which appropriate supervision and monitoring are nearly always absent or inappropriate.

## INVOLVEMENT

*This rating should be based on the level of involvement the caregiver(s) has in planning and provision of mental health and related services.*

- 0 This level indicates a caregiver(s) who is actively involved in the planning and/or implementation of services and is able to be an effective advocate on behalf of the child.
- 1 This level indicates a caregiver(s) who is actively involved in the planning and/or implementation of services for the child.
- 2 This level indicates a caregiver(s) who is only somewhat involved in the care of the child. Caregiver may consistently visit individual if in out-of-home placement, but does not become involved in service planning and implementation.
- 3 This level indicates a caregiver(s) who is uninvolved with the care of the child.

## KNOWLEDGE

*This rating should be based on caregiver's knowledge of the specific strengths of the child and any problems experienced by the child and their ability to understand the rationale for the treatment or management of these problems.*

- 0 This level indicates that the present caregiver is fully knowledgeable about the child's strengths, needs, and limitations.
- 1 This level indicates that the present caregiver, while being generally knowledgeable about the child, has some mild deficits in knowledge or understanding of either the child's condition or his/her needs and assets.
- 2 This level indicates that the caregiver does not know or understand the child well and that notable deficits exist in the caregiver's ability to relate to the child's problems and strengths.
- 3 This level indicates that the present caregiver has a significant problem in understanding the child's current condition. They are unable to cope with the child, given his/her status at the time, not because of the child's needs but because the caregiver does not understand/ accept the situation.

## ORGANIZATION

*This rating should be based on the ability of the caregiver to participate in or direct the organization of the household, services, and related activities.*

- 0 Caregiver(s) is well organized and efficient.
- 1 Caregiver(s) has some difficulties with organizing or maintaining household to support needed services. For example, may be forgetful about appointments.
- 2 Caregiver(s) has significant difficulty organizing or maintaining household to support needed services. Caregiver has significant impairments in ability to organize necessary medical or rehabilitative care for child.
- 3 Caregiver(s) is unable to organize household to support needed services.

## RESOURCES

*This rating refers to the financial and social assets (extended family) and resources that the caregiver(s) can bring to bear in addressing the multiple needs of the child and family.*

- 0 Caregiver(s) has sufficient resources so that there are few limitations on what can be provided for the child.
- 1 Caregiver(s) has the necessary resources to help address the child's basic needs and are helpful in the care and treatment of the child.
- 2 Caregiver(s) has limited financial and other resources (e.g. grandmother living in same town who is sometimes available to watch child).
- 3 Caregiver has severely limited resources that are available to assist in the care and treatment of the child.

## RESIDENTIAL STABILITY

*This dimension rates the caregivers current and likely future housing circumstance.*

- 0 Caregiver(s) has stable housing for the foreseeable future.
- 1 Caregiver(s) has relatively stable housing but has either moved in the past three months or there are indications that housing problems could arise in at some point within the next three months.
- 2 Caregiver(s) has moved multiple times in the past year. Housing is unstable.
- 3 Caregiver(s) has experienced periods of homelessness in the past six months.

## EMPLOYMENT

*This dimension describes the caregivers current employment status.*

- 0 Caregiver(s) has stable employment that they enjoy and consider a stable, long-term position.
- 1 Caregiver(s) is employed but concerns exist about the stability of this employment.
- 2 Caregiver(s) is not employed currently but has history of successful employment
- 3 Caregiver(s) is not employed and has no or only very limited history of employment.

## SAFETY

*This rating refers to the safety of the assessed child. It does not refer to the safety of other family or household members based on any danger presented by the assessed child.*

- 0 This level indicates that the present placement is as safe or safer for the child (in his or her present condition) as could be reasonably expected.
- 1 This level indicates that the present placement environment presents some mild risk of neglect, exposure to undesirable environments (e.g. drug use or gangs in neighborhood, etc.) but that no immediate risk is present.
- 2 This level indicates that the present placement environment presents a moderate level of risk to the child, including such things as the risk of neglect or abuse or exposure to individuals who could harm the child.
- 3 This level indicates that the present placement environment presents a significant risk to the well being of the child. Risk of neglect or abuse is imminent and immediate. Individuals in the environment offer the potential of significantly harming the child.

## MARITAL / PARTNER VIOLENCE

*This rating describes the degree of difficult or conflict in the caregiver relationship.*

- 0 Caregivers appear to be functioning adequately. There is no evidence of notable conflict in the caregiver relationship. Disagreements are handled in an atmosphere of mutual respect and equal power.
- 1 Mild to moderate level of family problems including marital difficulties and caregiver arguments. Caregivers are generally able to keep arguments to a minimum when child is present. Occasional difficulties in conflict resolution or use of power and control by one partner over another.
- 2 Significant level of caregiver difficulties including frequent arguments that often escalate to verbal aggression or the use of verbal aggression by one partner to control the other. Child often witnesses these arguments between caregivers or the use of verbal aggression by one partner to control the other.
- 3 Profound level of caregiver or marital violence that often escalates to mutual attacks or the use of physical aggression by one partner to control the other. These episodes may exacerbate child's difficulties or put the child at greater risk.

## CAREGIVER POST-TRAUMATIC REACTIONS

*This rating describes posttraumatic reactions faced by caregiver(s), including emotional numbing and avoidance, nightmares and flashbacks that are related to their child's or their own traumatic experiences.*

- 0 Caregiver has adjusted to traumatic experiences without notable posttraumatic stress reactions.
- 1 Caregiver has some mild adjustment problems related to their child's or their own traumatic experiences. Caregiver may exhibit some guilt about their child's trauma or become somewhat detached or estranged from others.
- 2 Caregiver has moderate adjustment difficulties related to traumatic experiences. Caregiver may have nightmares or flashbacks of the trauma.
- 3 Caregiver has significant adjustment difficulties associated with traumatic experiences. Symptoms might include intrusive thoughts, hypervigilance, and constant anxiety.

## *PARENTAL CRIMINAL BEHAVIOR*

*This item rates the criminal behavior of both biological and stepparents.*

- 0 There is no evidence that youth's parents have ever engaged in criminal behavior.
- 1 One of youth's parents has history of criminal behavior but youth has not been in contact with this parent for at least one year.
- 2 One of youth's parents has history of criminal behavior resulting in incarceration and youth has been in contact with this parent in the past year.
- 3 Both of youth's parents have history of criminal behavior resulting in incarceration.

## **FOSTER CAREGIVER RESOURCES AND FIT**

- 0** no evidence
- 1** history or sub-threshold, watch/prevent
- 2** causing problems, intervene
- 3** causing severe/dangerous problems, immediate and/or intensive intervention

### *SELF-CARE / DAILY LIVING SKILLS*

*This rating describes the caregiver's ability to provide for the basic needs (e.g., shelter, food, safety, clothing) of their youth.*

- 0 The caregiver has the daily living skills needed to care for their youth
- 1 The caregiver needs verbal prompting to complete the daily living skills required to care for their youth.
- 2 The caregiver needs assistance (physical prompting) to complete the daily living skills required to care for their youth.
- 3 The caregiver is unable to complete the daily living skills required to care for their youth. Caregiver needs immediate intervention.

## CULTURAL STRESS

*Culture stress refers to experiences and feelings of discomfort and/or distress arising from friction (real or perceived) between an individual's own cultural identity and the predominant culture in which he/she lives.*

- 0 No evidence of stress between caregiver's cultural identify and current living situation.
- 1 Some mild or occasional stress resulting from friction between the caregiver's cultural identify and his/her current living situation.
- 2 Caregiver is experiencing cultural stress that is causing problems of functioning in at least one life domain. Caregiver needs to learn how to manage culture stress.
- 3 Caregiver is experiencing a high level of cultural stress that is making functioning in any life domain difficult under the present circumstances. Caregiver needs immediate plan to reduce culture stress.

## EMPLOYMENT / EDUCATIONAL FUNCTIONING

*This rates the performance of the caregiver in school or work settings. This performance can include issues of behavior, attendance or achievement/productivity.*

- 0 Caregiver is gainfully employed and/or in school.
- 1 A mild degree of problems with school or work functioning. Caregiver may have some problems in work environment. Caregiver needs to be monitored and assessed further.
- 2 A moderate degree of school or work problems and/or difficulties with learning. Caregiver may have history of frequent job loss or may be recently unemployed. Caregiver needs an intervention to address employment and/or learning difficulties.
- 3 A severe degree of school or work problems. Caregiver is chronically unemployed and not attending any education program. Caregiver needs immediate intervention.

## EDUCATIONAL ATTAINMENT

*This rates the degree to which the individual has completed his/her planned education.*

- 0 Caregiver has achieved all educational goals or has none but educational attainment has no impact on lifetime vocational functioning.
- 1 Caregiver has set educational goals and is currently making progress towards achieving them.
- 2 Caregiver has set educational goals but is currently not making progress towards achieving them.
- 3 Caregiver has no educational goals and lack of educational attainment is interfering with individual's lifetime vocational functioning. Caregiver needs educational/vocational intervention.

## LEGAL

*Please rate the highest level from the past 30 days*

- 0 Caregiver has no known legal difficulties.
- 1 Caregiver has a history of legal problems but currently is not involved with the legal system.
- 2 Caregiver has some legal problems and is currently involved in the legal system.
- 3 Caregiver has serious current or pending legal difficulties that place him/her at risk for incarceration. Caregiver needs an immediate comprehensive and community-based intervention.

## MOTIVATION FOR CARE

*This rating captures the desire of the caregiver to support their youth in care. The person need not have an understanding of their illness, however they participate in recommended or prescribed care (e.g., taking prescribed medications and cooperating with care providers).*

- 0 The caregiver is engaged in his/her youth's care and supports his/her youth in participating in care.
- 1 The caregiver is willing for his/her youth to participate in care, however the caregiver may need prompts at times. Caregiver needs to be monitored and assessed further.
- 2 The caregiver is often unwilling to support his/her youth's care and is often uncooperative with service providers. Caregiver/youth needs to be engaged in care.
- 3 The caregiver refuses to allow his/her youth to participate in care including taking prescribed medications or cooperating with recommended care. Service coordinator needs to meet with referral source and team to revisit goals.

## FINANCIAL RESOURCES

*Please rate the highest level from the past 30 days*

- 0 Caregiver has sufficient financial resources to raise the youth (e.g., youth rearing).
- 1 Caregiver has some financial resources that actively help with raising the youth (e.g. youth rearing).
- 2 Caregiver has limited financial resources that may be able to help with raising the youth (e.g., youth rearing).
- 3 Caregiver has no financial resources to help with raising the youth (e.g. youth rearing). Caregiver needs financial resources

## TRANSPORTATION

*This rating reflects the caregiver's ability to provide appropriate transportation for his/her youth.*

- 0 Youth and his/her caregiver have no transportation needs. Caregiver is able to get his/her youth to appointments, school, activities, etc. consistently.
- 1 Youth and his/her caregiver have occasional transportation needs (e.g. appointments). Caregiver has difficulty getting his/her youth to appointments, school, activities, etc. no more than weekly.
- 2 Youth and his/her caregiver have frequent transportation needs. Caregiver has difficulty getting his/her youth to appointments, school, activities, etc. regularly (e.g., once a week). Caregiver needs assistance transporting youth and access to transportation resources.
- 3 Youth and his/her caregiver have no access to appropriate transportation and is unable to get his/her youth to appointments, school, activities, etc. Caregiver needs immediate intervention and development of transportation resources.

## **RISK FACTORS**

For Risk Factors, the following categories and action levels are used:

- 0** indicates no evidence of a risk.
- 1** indicates minor problems / risks that do not appear to have had enduring effects.
- 2** Indicates presence of a serious developmental risk / complication.
- 3** indicates a severe risk that had pronounced immediate or ongoing effects.

## *BIRTH WEIGHT*

*This dimension describes the child's weight as compared to normal development.*

- 0** Child is within normal range for weight and has been since birth. A child with a birth weight of 2500 grams (5.5 pounds) or greater would be rated here.
- 1** Child was born under weight but is now within normal range, or child is slightly beneath normal range. A child with a birth weight of between 1500 grams (3.3. pounds) and 2499 grams would be rated here.
- 2** Child is considerably under weight to the point of presenting a development risk to the child. A child with a birth weight of 1000 grams (2.2 pounds) to 1499 grams would be rated here.
- 3** Child is extremely under weight to the point of the child's life is threatened. A child with a birth weight of less than 1000 grams (2.2 pounds) would be rated here.

## PRENATAL CARE

*This dimension refers to the health care and birth circumstances experience by the child in utero.*

- 0 Child's biological mother had adequate prenatal care (e.g. 10 or more planned visits to a physician) that began in the first trimester. Child's mother did not experience any pregnancy-related illnesses.
- 1 Child's mother had some short-comings in prenatal care, or had a mild form of a pregnancy-related illness. A child whose mother had 6 or fewer planned visits to a physician would be rated here (her care must have begun in the first or early second trimester). A child whose mother had a mild or well-controlled form of pregnancy-related illness such as gestational diabetes, or who had an uncomplicated high-risk pregnancy, would be rated here.
- 2 Child's biological mother received poor prenatal care, initiated only in the last trimester, or had a moderate form of pregnancy-related illness. A child whose mother had 4 or fewer planned visits to a physician would be rated here. A mother who experienced a high-risk pregnancy with some complications would be rated here.
- 3 Child's biological mother had no prenatal care, or had a severe form of pregnancy-related illness. A mother who had toxemia/pre-eclampsia would be rated here.

## *BIRTH COMPLICATIONS*

*This dimension refers to conditions associated with, and consequences arising from, complications in labor and delivery of the child.*

- 0 Child and biological mother had normal labor and delivery. A child who received an Apgar score of 7-10 at birth would be rated here.
- 1 Child or mother had some mild problems during delivery, but child does not appear to be affected by these problems. An emergency C-Section or a delivery-related physical injury (e.g. shoulder displacement) to the child would be rated here.
- 2 Child or mother had problems during delivery that resulted in temporary functional difficulties for the child or mother. Extended fetal distress, postpartum hemorrhage, or uterine rupture would be rated here. A child who received an Apgar score of 4-7, or who needed some resuscitative measures at birth, would be rated here.
- 3 Child had severe problems during delivery that have long-term implications for development (e.g. extensive oxygen deprivation, brain damage). A child who received an Apgar score of 3 or lower, or who needed immediate or extensive resuscitative measures at birth, would be rated here.

## *SUBSTANCE EXPOSURE*

- 0 Child had no in utero exposure to alcohol or drugs, and there is currently no exposure in the home.
- 1 Child had either mild in utero exposure (e.g. mother ingested alcohol or tobacco in small amounts fewer than four times during pregnancy), or there is current alcohol and/or drug use in the home.
- 2 Child was exposed to significant alcohol or drugs in utero. Any ingestion of illegal drugs during pregnancy (e.g. heroin, cocaine), or significant use of alcohol or tobacco, would be rated here. Alcohol and/or drug use is not currently in the home.
- 3 Child was exposed to alcohol or drugs in utero and continues to be exposed in the home. Any child who evidenced symptoms of substance withdrawal at birth (e.g. crankiness, feeding problems, tremors, weak and continual crying) would be rated here.

## *PARENT / SIBLING PROBLEMS*

*This dimension describes how this child's parents and older siblings have done/are doing in their respective developments.*

- 0 The child's parents have no developmental disabilities. The child has no siblings, or existing siblings are not experiencing any developmental or behavioral problems
- 1 The child's parents have no developmental disabilities. The child has siblings who are experiencing some mild developmental or behavioral problems (e.g. Attention Deficit, Oppositional Defiant, or Conduct Disorders). It may be that child has at least one healthy sibling.
- 2 The child's parents have no developmental disabilities. The child has a sibling who is experiencing a significant developmental or behavioral problem (e.g. a severe version of any of the disorders cited above, or any developmental disorder).
- 3 One or both of the child's parents have been diagnosed with a developmental disability, or the child has multiple siblings who are experiencing significant developmental or behavioral problems (all siblings must have some problems).

#### *ABUSE / NEGLECT*

*This dimension describes the child's history and current risk for abuse/neglect.*

- 0 There is no evidence that child has been abused or neglected, nor does parent/caregiver have any history of abuse or neglect.
- 1 There is no evidence that child has been abused or neglected. Parent/caregiver does have a history of neglecting or abusing children in the past, but has received treatment to address this behavior.
- 2 There is no evidence that child has been abused or neglected. Parent/caregiver does have a history of neglecting or abusing children in the past, and has not received treatment for the behavior.
- 3 There is evidence that the child has been or is currently being abused or neglected.

## MATERNAL AVAILABILITY

*This dimension addresses the primary caretaker's emotional and physical availability to the child in the weeks immediately following the birth. Rate maternal availability up until 3 months (12 weeks) post-partum.*

- 0 The child's mother/primary caretaker was emotionally and physically available to the child in the weeks following the birth.
- 1 The primary caretaker experienced some minor or transient stressors which made her slightly less available to the child (e.g. another child in the house under two years of age, an ill family member for whom the caretaker had responsibility, a return to work before the child reached six weeks of age).
- 2 The primary caretaker experienced a moderate level of stress sufficient to make him/her significantly less emotionally and physically available to the child in the weeks following the birth (e.g. major marital conflict, significant post-partum recuperation issues or chronic pain, two or more children in the house under four years of age).
- 3 The primary caretaker was unavailable to the child to such an extent that the child's emotional or physical well-being was severely compromised (e.g. a psychiatric hospitalization, a clinical diagnosis of severe Post-Partum Depression, any hospitalization for medical reasons which separated caretaker and child for an extended period of time, divorce or abandonment).

## CARE INTENSITY AND ORGANIZATION

For Risk Factors, the following categories and action levels are used:

- 0** indicates no needs / concerns.
- 1** indicates mild / occasional needs.
- 2** indicates presence of frequent needs or immediate concerns about service availability.
- 3** indicates complex / severe needs or significant conflict between needs and eligibility.

## TREATMENT

*This rating describes the intensity of the treatment needed to address the problems, risk behaviors, and functioning of the child or youth.*

- 0** Child has no behavioral/physical/medical treatment needs to be administered by the parent/primary caregiver.
- 1** Child requires weekly behavioral/physical/medical treatment by the parent/primary caregiver.
- 2** Child requires daily behavioral/physical/medical treatment by the parent/primary caregiver. This would include ensuring the child takes daily medication.
- 3** Child requires multiple and complex daily behavioral/physical/medical treatments by the parent/primary caregiver (complicated treatment cases).

## FUNDING / ELIGIBILITY

*This rating describes the degree of concerns about whether there are any problems with either eligibility or funding for needed services.*

- 0 There are no concerns about eligibility or funding of needed services nor any concerns in the foreseeable future.
- 1 There is a mild level of concern regarding eligibility or funding of needed services in the future.
- 2 Individual is not eligible for some needed services or there is immediate concern regarding the funding of some services.
- 3 Individual is not eligible for significant needed services or there is a significant conflict between program eligibility and/or funding and need.

## TRANSPORTATION

*This rating reflects the level of transportation required to ensure that the child or youth could effectively participate in his/her own treatment.*

- 0 Child has no transportation needs.
- 1 Child has occasional transportation needs (e.g. appointments). These needs would be no more than weekly and not require a special vehicle. Child with a parent(s) who needs transportation assistance to visit a child would be rated here.
- 2 Child has occasional transportation needs that require a special vehicle or frequent transportation needs (e.g. daily) that do not require a special vehicle.
- 3 Child requires frequent (e.g. daily) transportation in a special vehicle.

## SERVICE PERMANENCE

*This dimension rates the stability of the service providers who have worked with the child and/or family.*

- 0 Service providers have been consistent for more than the past two years. This level is also used to rate a child/family who is initiating services for the first time or re-initiating services after an absence from services of at least one year.
- 1 Service providers have been consistent for at least one year, but changes occurred during the prior year.
- 2 Service providers have been changed recently after a period of consistency.
- 3 Service providers have changed multiple times during the past year.

### **CONGRATULATIONS!! YOU'VE COMPLETED THE CANS!**

You may still have questions about how to score certain items. We can help. First, talk to the agency trainer / Super User at your agency for assistance. If your question isn't fully resolved, have them e-mail Nathaniel Israel, or e-mail him directly at: [nathaniel.israel@sfdph.org](mailto:nathaniel.israel@sfdph.org). We'll work to have a definitive answer to you within **2 business days**.