The Child and Adolescent Needs and Strengths Assessment (CANS)

A Communication Tool to Guide Care Coordination and Focus Services on the Child/Youth's and the Family's Priorities for Treatment

The purpose of these guidelines is to provide clarity on our shared CYF clinical practices and operational procedures in Epic. The goal is to standardize workflows and practices to ensure all children, youth and families receive timely and responsive care, while still allowing for the unique, creative, and individualized care from CYF providers.

The CANS assessment is intended to serve as a multidimensional communication tool engaging the family, child/youth client, and providers in the care process. The CANS provides a standardized way to transparently identify priorities, needs, and goals across important areas of functioning.

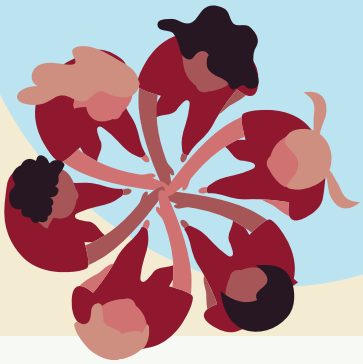
The CANS is designed to be completed collaboratively with the family and child/youth client to facilitate client-centered care planning focused on the most pressing needs and path to goal attainment. It is not meant to be used as a scoring mechanism from the provider perspective. By identifying strengths and needs from multiple lenses, the CANS allows for the child/youth, their families, and the care teams to align on priorities and direction of care and/or services.

Initial CANS

- The initial CANS assessment should be completed as soon as possible after the child/adolescent and/or their families begin receiving services. Completing it early facilitates appropriate care planning.
- The provider who first starts seeing the client is responsible for ensuring the initial CANS is completed.
- An initial CANS is only completed if the client is new to services at BHS.

Shared CANS

- The vision is for there to be one shared CANS assessment for each client, even those served by multiple providers and across programs.
- All providers should operate off this one shared CANS for coordinated care and continuity, which improves engagement and outcomes.
- Clinicians should collaborate to share assessment information and updates on the shared CANS.



Updates and Reassessments

- The CANS should be updated whenever there are significant changes that impact items and recommendations, allowing it to serve as an ongoing progress monitoring tool.
- Providers working with the same client shall communicate regularly and as needed related to changes in service goals, priorities, and needs.

Frequency of Updates

- At a minimum, an updated CANS should be completed every 6 months.
- However, the CANS can be updated more frequently.
- Completing a new CANS assessment restarts the 6-month timeline.
- The CANS can be completed up to 30 days prior to the 6 month due date.
- The plan is to have a notification in Epic if a CANS has not been completed in 6-months. In these situations, the clinician who completed the first CANS is responsible for reviewing and updating the CANS.

Discharge CANS

- A discharge CANS is completed only when the client is discharged from all services.
- The provider closing the final episode of care is responsible for ensuring the discharge CANS assessment is completed.

San Francisco Department of Public Health
Behavioral Health Services
Children, Youth, and Families System of Care