



Comparison of Assessment Tools for REACH Initiative

March 2025

Child and Adolescent Needs and Strengths (CANS)

Overview of CANS

- ▶ Strength-based assessment tool that considers both a person's strengths and needs by rating items on a scale from 0 – 3.
- ▶ Uses input from child/youth, family, and other people involved in the person's life.

Rating Scales

Basic Design for Rating Needs

Rating	Level of Need	Appropriate Action
0	No evidence of need	No action needed
1	Significant history or possible need that is not interfering with functioning	Watchful waiting/prevention/additional assessment
2	Need interferes with functioning	Action/intervention required
3	Need is dangerous or disabling	Immediate action/Intensive action required

Basic Design for Rating Strengths

Rating	Level of Strength	Appropriate Action
0	Centerpiece strength	Central to planning
1	Strength present	Useful in planning
2	Identified strength	Build or develop strength
3	No strength identified	Strength creation or identification may be indicated

Core Items

- ▶ *Life Functioning Domain*
- ▶ *Strengths Domain*
- ▶ *Cultural Factors Domain*
- ▶ *Caregiver Resources & Needs*
- ▶ *Behavioral/Emotional Needs Domain*
- ▶ *Risk Behaviors Domain*

Family Functioning Example

- ▶ *0: No evidence of any needs; no need for action.*
- ▶ *1: Identified need that requires monitoring, watchful waiting, or preventative action based on history, suspicion or disagreement.*
- ▶ *2: Action required to ensure that the identified need is addressed; need is interfering with functioning.*
- ▶ *3: Need is dangerous or disabling; requires immediate and/or intensive action.*

Family Strengths Example

- ▶ *0: Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/action plan.*
- ▶ *1: Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.*
- ▶ *2: Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.*
- ▶ *3: An area in which no current strengths is identified; efforts may be recommended to develop a strength in this area.*

Implementation Considerations

- ▶ Designed for children and youth aged 6 – 20.
- ▶ Requires states to customize for state context by choosing items from a bank of options.
- ▶ Developer does not have a system that states use to enter data.
- ▶ Takes about an hour to complete.
- ▶ Requires annual training (6 hours) and certification.

Illinois



A behavioral health professional uses CANS to assess need for intensive home and community-based services.



Children who are eligible get assigned to an organization that provides care coordination.



Children are placed in tiers based on need to receive either 1) high fidelity wraparound or 2) intensive care coordination.

Michigan



Providers use the CANS to determine eligibility for Michigan's Children's Mental Health Service Program (CMHSP) and develop a treatment plan.



Providers use the CANS at least annually and when children exit the program.



CMHSP providers coordinate the child's care either directly or by managing a provider network.

Washington



Providers use the CANS to assess children for eligibility for the Wraparound with Intensive Services (WISe) Program.



A WISe provider agency assigns children and youth to a care coordination team.



Washington developed a website to house electronic versions of the CANS.

Child and Adolescent Functional Assessment (CAFAS)

Overview of CAFAS

- ▶ Brief tool that evaluates 'degree of impairment' in young people with behavioral health challenges.
- ▶ A trained assessor selects which statements apply.

Explores 8 Domains

1. *At Home*
2. *In the Community (Delinquency)*
3. *Behavior Toward Others*
4. *Moods/Emotions*
5. *Self-Harm*
6. *Substance Use*
7. *Thinking (Assessing Irrationality)*

Instantaneous Results

- ▶ Software displays results, which are used to evaluate care needs
- ▶ Software can track progress over time

Levels of Overall Dysfunction Based on Youth's Total Scores

- *0 – 10: Youth exhibits no or minimal impairment.*
- *20 – 30: Youth likely can be treated on an outpatient basis.*
- *40 – 70: Youth may need care which is more intensive than outpatient and/or which includes multiple sources and supportive care.*
- *80 and higher: Youth likely needs intensive treatment, the form of which would be shaped by the presence of risk factors and resources available within the family and community.*

Home Subscale" Example

▶ **Severe impairment**

- *Not in the home due to behavior in the home*
- *Extensive management by others required to be maintained in the home*
- *Deliberate and serious threats of physical harm to household members*

▶ **Moderate impairment**

▶ **Mild impairment**

▶ **Minimal or no impairment**

- *Typically complies with reasonable rules and expectations within the home*
- *Minor problems satisfactorily resolved*

Implementation Considerations

- ▶ Designed for children and youth aged 5 – 19 with a corresponding scale for ages 3 – 7.
- ▶ Can be used “off the shelf”.
- ▶ Has its own software and online data entry system.
- ▶ Takes only about ten minutes to complete.
- ▶ Requires review of a self-training manual.

Kansas



An assessor at a **Community Mental Health Center (CMHC)** uses the **CAFAS** and **check list** to **assess eligibility** for a **SED (1915 (b)) waiver**.



The CMHC works with children and their families to create an interim care plan.



A **Managed Care Organization** helps create complete a care plan. The CMHC provides **SED services**.

West Virginia



A Wraparound Facilitator uses CANS or CAFAS to determine eligibility for its Wraparound Program.



The manage care organization connects children to a care coordinator and child welfare worker who creates a service plan.



They update the CANS monthly and prepare the child for wraparound services.