



**DIVISION OF CHILDREN'S SYSTEM OF CARE  
(DCSOC)**

**CANS TOOLS**

**(Strengths & Needs Assessment and Crisis Assessment Tools)**



***Modules Manual***

**RUTGERS**  
University Behavioral  
Health Care



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2019

The Child Adolescent Needs & Strengths (CANS) Tool is designed as a structured assessment strategy for identifying youth and family actionable needs and useful strengths. It provides a framework for developing and communicating about a shared vision and uses youth and family information to inform care planning, support decisions, and monitor outcomes. It provides a ‘common language’ for multidisciplinary settings for consensus building.

New Jersey Children’s System of Care has embedded the CANS Tool from the start back in 2001. All of the Information Management Decision Support (IMDS) Tools are rooted in the CANS. This Manual Module can be used by Care Management Organizations (CMO), Children’s Mobile Response and Stabilizations Services (CMRSS) and Intensive In-Home Providers (IIC/IIH) All of the CANS/IMDS Tools should be utilized as part of the child/family ‘team’ planning process to support decision making about the individual care planning for children/youth and families within the Children’s System of Care. It supports the rapid and consistent communication of the strengths and needs of children/youth being served through the Children’s System of Care. The *modules* are completed when a rating other than a ‘0’ is given to the following areas of needs:

- **Developmental**
- **Medical/Physical**
- **Exposure and Response to Implicit Trauma**
- **Exposure and Response to Explicit Trauma**
- **Substance Use**
- **Problematic Sexual Behavior**
- **Legal/Juvenile Justice**
- **Fire Setting**
- **Out of Home Care**
- **Readiness for Adulthood**
- **Parenting**

The *modules* are intended to be completed with information provided to the Care Manager and/or Parent/Caregiver by individuals with specialized education/training, certification/licensure, for both assessment and treatment as part of ‘child/family team’ process. Information within the *modules* is to be updated as appropriate in the CYBER system by Care Management Entity (CME) or Children’s Mobile Response & Stabilization Services (CMRSS).

The SNA/CAT assessment tool, along with the *modules*, serves to document the identified strengths and needs of the child/family throughout the time they are in the Children’s System of Care. Both the Strength & Needs and the Crisis Assessment Tool serve as the documentation of the progress as well as to ensure the child and family receive the appropriate services for the appropriate length of time. Since this tool has been designed from a *communication theory perspective*, the modules have key information needed in order to determine the most appropriate type and intensity of service to meet specific needs of child/youth and family. The understanding of assessment information gathered is *valuable to all members*, especially the parent/caregiver throughout the care planning process.

For each indicator, four levels are anchored in order to translate the indicator into a level of action. There are four levels can be generally translated into the following:

### **NEEDS**

- 0** indicates no evidence or no reason to believe that the rated item requires any action.
- 1** indicates a need for watchful waiting, monitoring or possibly preventive action.
- 2** indicates a need for action. Some strategy is needed to address the challenge/need.
- 3** indicates a need for immediate or intensive action. This level indicates an immediate safety concern or a priority for intervention.

### **Best Practice Guidelines for Modules**

In order to enhance the reliability of the Children’s System of Care CANS/IMDS Tools, anchor points have been designed to facilitate the translation each indicator into the four levels (see above) The scores of ‘0’ or ‘1’ are considered non-actionable items (not necessarily included in care plan). Scores of ‘2’ or ‘3’ are actionable levels, which should be included in plans of care. It should be noted that these anchor points represent guidelines.

Care Management Entity (CME) or Children’s Mobile Response & Stabilization Services (CMRSS) can complete the modules with the most “recent” and thorough information from assessments/evaluations. However, if an assessment/evaluation is being sought by CME/CMRSS a copy of the individual module(s) should be given to evaluator to ensure that evaluation is comprehensive. Once evaluation has been completed by specialist the CME/CMRSS inputs the information in CYBER which is to be used in care planning process (Individual Service/Crisis Plan) within the context of the *child-family team* meeting(s).

Remember that the primary goal of the CANS/IMDS Tool is to further communication between the individual child/youth, their family and for the ‘team’ as part of the Children’s System of Care. As such, consistency and reliability in the use of the CANS/IMDS Tools within the Children’s System of Care is a priority. Therefore, formal training is required prior to any staff completing and sending care planning documents to the Contracted System Administrator (PerformCare). For more information regarding Information Management Decision Support (IMDS) training please visit the IMDS website at [www.pfccertification.org](http://www.pfccertification.org)

**\*\*EFFECTIVE 10/2007 Children’s System of Care requires annual recertification for all IMDS users\*\***

## I/DD MODULE SUMMARY

### **1. Self Care**

- a. Self-Care Daily Living Skills
- b. Elimination

### **2. Communication**

- a. Receptive Language
- b. Expressive Language
- c. Augmented Communication
- d. Pragmatic Use of Language
- e. Gestures

### **3. Learning**

- a. Cognitive (I.Q.)
- b. Special Education
- c. Persistence
- d. Attention
- e. Adaptation to Change

### **4. Home Living**

- a. Agitation
- b. Sexual Behavior
- c. Repetitive Behaviors
- d. Sensory Responsiveness/Integration
- e. Aggression
- f. Transportation

### **5. Social/Interpersonal Skills**

- a. Social-Emotional Developmental

### **6. Self-Direction**

- a. Autonomy
- b. Executive Functioning
- c. Decision-Making Skills

### **7. Mobility**

- a. Gross Motor
- b. Fine Motor

### **8. Leisure**

- a. Restricted Interests
- b. Playfulness with Others

### **9. Safety**

- a. Monitoring
- b. Exploitation
- c. Independent Living (Age 16-21)

#### **Key**

0=no evidence of challenges

1=history, mild

2=moderate

3=severe

Name of Person completing Evaluation & Credentials (print):

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Signature of Evaluator: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone #: \_\_\_\_\_

## **MEDICAL MODULE SCORING SUMMARY**

**Date of most recent physical examination:** \_\_\_\_/\_\_\_\_/\_\_\_\_

What are the child/youth's medical conditions/diagnoses?

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Immunization History:

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1. PAIN
2. IMPAIRMENT IN FUNCTIONING
3. ACCESS TO HEALTH CARE
4. YOUTH ACCOUNTABILITY MEDICAL CARE PLAN
5. FAMILY MANAGEMENT OF MEDICAL CONDITION

**Key**

0=no evidence of challenges  
1=history, mild  
2=moderate  
3=severe

Medication History:

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Current List of Medical Prescriptions:

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Name of Person completing Evaluation & Credentials (print):

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Signature of Evaluator: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone #: \_\_\_\_\_

# TRAUMA MODULE SUMMARY

Traumatic/Adverse Childhood Experience(s):

- Sexual Abuse
- Physical Abuse
- Emotional Abuse
- Neglect
- Emotional Closeness to Perpetrator(s)
- Medical Trauma
- Witness to Family Violence
- Witness to School and Community Violence
- Natural or Man-Made Disasters
- Witness/Victim to Criminal Activity
- Parental Criminal Behavior(s)
- Disruptions in Caregiver/Attachment Losses

**KEY: Traumatic Experience(s)**

- 0=no evidence
- 1=history or sub-threshold, watch/prevent
- 2=causing challenges, consistent with diagnosable disorder
- 3=causing severe/dangerous challenges

NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Traumatic Stress Symptoms:**

- Traumatic Grief
- Affective and/or Physiological Dysregulation
- Re-Traumatization
- Hyper-Arousal
- Avoidance
- Numbing
- Dissociation
- Reactive Sexual Behavior

**KEY: Adjustment**

- 0=no evidence
- 1=history or sub-threshold, watch/prevent
- 2=causing challenges, consistent with diagnosable disorder
- 3=causing severe/dangerous challenges

What Trauma Treatment/Services have been tried in the past and have been helpful?  
\_\_\_\_\_  
\_\_\_\_\_

Recommendations for Treatment Approach:  
\_\_\_\_\_  
\_\_\_\_\_

Name of Person completing Evaluation & Credentials (print):  
\_\_\_\_\_

Signature of Evaluator: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Phone #: \_\_\_\_\_

## SUBSTANCE ABUSE MODULE SUMMARY

<b>DRUG</b>	<b>Rout of Admin.</b> <u>Oral, nasal inhalation, rectal, intravenous</u>	<b>Age at 1<sup>st</sup> Use</b> Age of the first use of the drug.	<b>Regular Use?</b> Pattern of use, daily, weekly, monthly	<b>Past 48 hours?</b> Activity of use in last 48 hours	<b>Use With?</b> Drug use alone, peers, family etc.)	<b>Symptoms Side Effects</b> Paranoia, acute alertness, heart palliations, energetic, sleeplessness, hallucination sweats, shakes, listlessness	<b>Primary, Secondary, Tertiary</b> Which drug do they use first, having a hard time abstaining from	<b>Monthly Cost</b> Money (or goods) spent, bartering for drugs, drugs given to them (including sex)
<b>Alcohol.</b> Shot of Liquor is equal to 8oz glass of wine = 12 oz can of beer	Oral		Y N	Y N		low doses = euphoria, relaxation, higher doses = drowsiness, slurred speech, emotional volatility, loss of coordination, memory	Primary Alcohol	Liquor \$10
<b>Prescription Drugs Amphetamine.</b> Zenedi Adderall, Dexedrine, ProCentra, Vyvanse,	Injected, swallowed, snorted, smoked		Y N	Y N		Feelings of exhilaration, increased energy, mental alertness, and metabolism, reduced appetite,		
<b>Prescription Drugs Barbiturates.</b> usually used for TX of anxiety, insomnia effective <u>anticonvulsants.</u>	Injected, swallowed		Y N	Y N		Sedation, drowsiness, anxiety, lowered inhibitions, poor concentration, dizziness, lowered blood pressure	Secondary Barbiturates	Given to me by a friend
<b>Prescription Drugs Benzodiazepines</b> psychoactive RX drug, useful in treating <u>anxiety, insomnia, agitation, seizures, muscle spasms, alcohol withdrawal</u>	Swallowed		Y N	Y N				
<b>Cannabis</b> aka Marijuana, Synthetic Marijuana (K2)	Smoked and swallowed		Y N	Y N		Euphoria ,relaxation; slowed reaction time; distorted sensory perception; impaired		Marijuana \$10 + Cocaine \$20 + Cigar \$1
<b>Cocaine.</b> Crack, commonly used also mixed with marijuana	Smoked, snorted and injected		Y N	Y N		Increased energy, anxiety, panicky, paranoia		
<b>Ecstasy</b> MDMA, <u>Molly</u> club drugs	Smoked, snorted and injected		Y N	Y N		Feelings of being separate from one's body and environment; impaired motor loss in inhibitions or consciousness while under the influence	Tertiary Ecstasy (Molly's) and Hallucinogens PCP and LSD	Given to me by a friend at first but then I started to purchase them on my own
<b>Hallucinogens.</b> Can refer to a large number of drugs <u>LSD, PCP, Wet, psilocybin, mescaline, marijuana, Salvia divinorum, ketamine (Special K).</u>	Swallowed, absorbed through the skin,		Y N	Y N				
<b>Inhalants.</b> Volatile Solvents: liquids that vaporize including aerosol sprays, markers, glue	Inhaled through the nose and mouth		Y N	Y N		Headache, nausea, vomiting, muscle weakness, depression		
<b>Tobacco/ Nicotine</b> Cigaretts, Chewing Tobacco, E-Cigaretts (w/ Blue Blossom Oil)	Smoked, snorted, chewed		Y N	Y N		Increased blood pressure and heart rate		
<b>Opiates.</b> Heroin psychoactive opiates are <u>morphine, codeine,</u>	Injected, smoked, snorted		Y N	Y N		Euphoria; drowsiness; impaired coordination; dizziness; confusion; nausea; sedation		
<b>OTC Drugs</b> Sizzurp =Cough syrup, soda, fruit candy, and Codeine mix			Y N	Y N				
<b>Other Drugs.</b> Synthetic Drugs, Salvia. K2, Spice, Bath Salts, Kratom	Smoked, snorted		Y N	Y N		Euphoria, slowed reaction time; distorted sensory		

# Substance Abuse Module Scoring Summary

- 1. ACUTE INTOXICATION OR WITHDRAWAL POTENTIAL
- 2. FREQUENCY OF USE
- 3. DURATION OF USE
- 4. ENVIRONMENTAL INFLUENCES
- 5. SUBSTANCE USE AND RISK BEHAVIOR

<b>Key</b> 0=no evidence of challenges 1=history, mild 2=moderate 3=severe
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## SUBSTANCE ABUSE MODULE (continued)

NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

History of treatment? (e.g. Detox, Outpatient, IOP, Partial Care, or Residential). When and how long?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recommendations for Treatment Approach:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Person completing Evaluation & Credentials (print):

\_\_\_\_\_

Signature of Evaluator: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone #: \_\_\_\_\_



# PROBLEMATIC SEXUAL BEHAVIOR MODULE SUMMARY

Date of most recent problematic sexual behavior: \_\_\_\_/\_\_\_\_/\_\_\_\_

Note: Problematic sexual behavior is defined as non-consenting sexual activity initiated by the youth in which one of the following conditions apply: use or threat of physical force, age differential, power differential. A youth is only assessed on this dimension if they were an active abuser in this form of sexual abuse of another person. Please complete this module based upon information provided in the youth's psychosexual evaluation or treatment plan.

Describe the most recent behavior (include activity, circumstances, reasons and results):

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Was sexual act against a family member? (Circle Response) Yes No Identify \_\_\_\_\_

## Section I

Relationship  
Physical Force/Threat  
Age Differential  
Planning  
Temporal Consistency  
History of Problematic Sexual Behavior  
Type of Sex Act  
Towards Others  
Severity of Sexual Abuse  
Prior Treatment

## Section II

Response to Accusation  
Management of Risk  
Treatment Compliance

### **KEY**

0=no evidence  
1=history, watch/prevent  
2=recent, act  
3=acute, act immediately

Is the youth currently subject to the provisions of Megan's Law? (Circle response) YES NO **TIER**  
**I II III**

What treatment/services have been tried in the past and have been helpful?

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What treatment/services have been tried in the past and have **not** been helpful?

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Recommendations for Treatment Approach:

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Name of Person completing Evaluation & Credentials (print):

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Signature of Evaluator: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone #: \_\_\_\_\_

**LEGAL/JUVENILE JUSTICE (JJ) MODULE SUMMARY**

Date of most recent incident resulting in legal charges: \_\_\_\_/\_\_\_\_/\_\_\_\_

Describe any current court orders, including dates and status of charges.

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During the past year, has the youth received charges related to property destruction? **YES NO**

If **YES**, include date(s) of incident(s), provide a clear description of behaviors and specify if injury occurred.

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Has the youth used a weapon in the commission of an act of delinquency? **YES NO**

If **YES**, include date(s) of incident(s), type of weapon used and whether injuries occurred.

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Has the youth received any charges related to the possession or distribution of illegal substances?  
**YES NO** If **YES**, include date(s) of the incident(s), type of substance.

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Juvenile Justice Commission Contact Person (for youth currently incarcerated):

Telephone: \_\_\_\_\_

Probation/Parole Officer: \_\_\_\_\_

Telephone: \_\_\_\_\_

Current Living Situation of youth and the date of admission, if applicable (include detention, JJC-Secure Location, JJC-Non Secure Location, County AAC (Adult Correction Center), Other (please specify)

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Provide details if youth is home with electronic monitoring and/or active court restrictions:

Comments:

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**LEGAL/JUVENILE JUSTICE (JJ) MODULE SUMMARY (Continued)**

**Prior and Current Interventions:**

Type	Program(s) / Modality(ies)	Prior/Current (must be indicated for each type of intervention)
Court Intervention / Sanction (In-home detention; Electronic monitoring, Day programs, probation supervision etc.)		
Treatment Intervention through MDT/Court/County contracts, JISP (Juvenile Intensive Supervision Program), CRIS (Community Reintegration Services), Other (Please specify)		

**Section I**  
Seriousness  
History

**KEY**  
 0=no evidence  
 1=history, watch/prevent  
 2=recent, act  
 3=acute, act immediately

**Section II**  
Community Safety  
Peer Influences  
Parental Criminal Behavior  
Environmental Influences

Other Comments:

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## **FIRE SETTING MODULE SUMMARY**

Date of most recent fire-setting behavior \_\_\_\_/\_\_\_\_/\_\_\_\_

Describe the incident including circumstances, reasons, frequency and results/damage:

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Was the child alone at the time of the incident or were other children involved?

(Circle response) **ALONE**      **WITH OTHERS**

### **FIRE-SETTING EVALUATION:**

**Rate the child on the following dimensions:**

#### **Section I**

Seriousness  
History  
Planning  
Use of accelerants  
Intention to harm

**KEY**

0=no evidence  
1=history, watch/prevent  
2=recent, act  
3=acute, act immediately

#### **Section II**

Community Safety  
Response to Accusation  
Remorse  
Likelihood of Future Fire Setting

**Explain your assessment of the child/youth's likelihood of future fire setting:**

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Name of Person completing Evaluation & Credentials (print):

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Signature of Evaluator: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone #: \_\_\_\_\_

## READINESS FOR ADULTHOOD MODULE SUMMARY

This module has been established to assist youth, beginning at age 14 years, primarily those with a ‘special education’ classification, those with intellectual/developmental, who may require ‘transitional planning’ upon completion of secondary education.

Below is a Transitional Timeline Guide, it summarizes the areas for discussion and planning for a youth with an Individual Education Plan (IEP) from secondary education to adulthood. Please note that this is only a guideline and individualize planning will be necessary for each youth.

<p><b><u>Ages 14-15</u></b> <b><u>Grade 9</u></b></p>	<p>IEP Meeting with Child Study Team along with CFT to begin discussion around ‘transitional planning’ for youth-especially regarding whether youth will remain in school up to age 21 years old.</p> <p>Areas for Development-’<b><i>Independent Adult Daily Living Skills (IADLs)</i></b>’-Money management, banking, food shopping &amp; preparation, management of household skills-cleaning, laundry, payment of bills.</p> <p>Job Readiness Skills Development-’<b><i>Soft Skills</i></b>’- Reading &amp; writing, mathematics, continued development of communication &amp; related social skills-including self-advocacy, attention to task and begin pre-vocational evaluations.</p>
<p><b><u>Ages 16-17</u></b> <b><u>Grade 10</u></b></p>	<p>IEP Adherence &amp; Revisions as needed towards transition planning after graduation. Youth &amp; Parent/Guardian to contact the <a href="#">Division of Vocational &amp; Rehabilitation Services (DVRS)</a> for technical consultation and invitation to join Child Study Team-especially if youth is planning on graduating at age 18 years of age.</p> <p>Continued transition assessments, both formal &amp; informal (career interest inventories, vocational, functional, situational, psychological, etc.) in development of post-secondary goals in areas such as: continuing education/training, supportive employment and independent living.</p> <p>Explore both volunteer and paid after-school and/or summer employment to increase both “IADLs and Soft Skills” as well developing in IEP areas for improvement. Goal is for youth to continue developing self-advocacy skills along with a deeper understanding of their strengths &amp; challenges.</p>

<p><b><u>Ages 17-18</u></b> <b><u>Grades 11-12</u></b></p>	<p>Development of a ‘person-centered plan’ (blending the IEP &amp; ISP) which addresses more long term goals in areas such as: continuing educational/training needs, career preferences, community experiences and independent living.</p> <p>Complete vocational assessments &amp; interest inventories to begin determining preferences, abilities and needs.</p> <p>Explore transportation options (Driver’s License, Travel Training, etc.).</p> <p>Determine if application to the Division of Development Disabilities (DDD) for services is appropriate. Other areas for exploration are guardianship &amp; other legal protections (such as power-of-attorney, healthcare proxy, special needs trust and conservatorship).</p> <p>Explore need for Social Security/Medicaid Benefits and review specific eligibility requirements.</p>
<p><b><u>Ages 18-19</u></b> <b><u>Grade 12 &amp; beyond</u></b></p>	<p>Apply at age 18 years for Social Security/Medicaid (Healthcare) benefits and other legal arrangements &amp; legal protections.</p> <p>If youth is still in school (up to age 21 years) ensure IEP post-secondary goals are specific in areas of independent living (applying for Section 8 Housing voucher, educational/vocational trainings/workshops or DDD services).</p> <p>Child Study Team, Child Family Team along with <a href="#">Division of Developmental Disabilities (DDD)</a> and/or Division of Vocational Rehabilitation Services (DVRS) prepare and implement planning for when youth turns 21 years of age.</p>
<p><b><u>Ages 19-up to age 21</u></b></p>	<p>Begin visiting various community based agencies (Family Support Center of New Jersey, Centers for Independent Living, etc.) which provide habilitation services, enrichment classes and other day/employment supports.</p> <p>If youth is eligible for DDD services then begin coordination and completion of Person Centered Planning Tool with school personnel &amp; DDD. Become familiar with DDD processes including identifying DDD Support Coordination Agencies</p> <p>If youth is eligible for DVRS services ensure that Individual Plan for Employment is in place prior to leaving school system.</p> <p>Coordinate all other necessary adult services which are necessary to ensure smooth transition including securing adult primary care physician, dentist and mental health services.</p>

## **PARENTING MODULE**

“Is the Youth/Young Adult a Parent?” This module is completed if **‘YES’** is Checked off to this question. The module items include:

- INDEPENDENT PARENTING SKILLS
- DEMONSTRATED PARENTING ABILITY
- BALANCE/ORGANIZATION
- HAZARDS
- SUPERVISION
- IDENTIFICATION OF COMMUNITY RESOURCES
- INVOLVEMENT
- SUPPORT
- JUDGMENT
- COLLABORATION WITH OTHER PARENT

If the youth/young adult we are working with is a parent of a child (**either the mother or father**) then the next question would be, “How can we actively support the parent(s) of this child?”

### **New Jersey Parent Link**



The Early Childhood, Parenting & Professional Resource Center is a great place to start... they have resources for [Teen Moms and Teen Dads](#) which are tailored to meet the particular needs of ‘teen parents’ in the areas of:

- [HEALTH & WELLNESS](#)
- [PARENTING & EARLY LEARNING](#)
- [CHILD CARE & PRESCHOOL](#)
- [FAMILY SUPPORT SERVICES](#)

Is [New Jersey Child Protection and Permanency](#)-DCP&P (formerly known as DYFS) involved? If the answer is ‘YES’, their DCP&P worker also has access to resources for the young parent ensuring **safety\*, permanency, and well-being of child** through supporting families.

**\*All referents are legally required to report suspected child abuse or neglect to DCP&P at 877-NJ-ABUSE.**

Other resources for young parents include the following supports embedded in the Department of Children & Families (DCF):

- Family Support Organizations are throughout the state serving all 21 Counties and can be found on the [DCF website](#).
- Family Success Centers also serve all 21 Counties throughout the state and can also be found on the [DCF website](#).
- Care Management Organizations- throughout the state have developed a resource.net to support children/youth & families. For example, you can search [Essex Resource Net](#) for a [Peer Grief Support for Children and Families Coping with Loss](#).